THE FUNCTIONAL PROGRAM INTRODUCTION

The Functional Program describes the planned operational function of space(s) as it relates to providing direct and indirect patient care. The authors best suited to create the Functional Program are those who have intimate knowledge of the clinical functions of the area; the patient mix, types of procedures, level of sedation and traffic flow. It may become a "living" document that is updated during the development of the project and becomes a final document once it is submitted to and approved by the State. Each project that your organization pursues will require either a Functional Program or a Scope of Work description.

Department of Health (DOH) Construction Review Services (CRS) uses the Functional Program to determine what regulatory requirements will apply to the project as whole as well as to the departments and individual rooms and spaces. The more specific the Program can be, the easier it is for CRS to make that determination. For example, procedure rooms have different requirements than exam rooms due to the nature of activities performed there. A good operational plan should include:

- ***Why*** your facility is undertaking the project,
- ***What*** you will be doing in the space(s),
- ***Who*** you will providing service(s) to, who will be providing the service(s), and who will be supporting the care givers and recipients,
- ***Where*** the service(s) are provided and supported,
- ***When*** the service(s) are provided, and
- ***How*** the service(s) and supporting functions are provided and accommodated.

Depending on the new services or modification to existing services that are being proposed, the detailed requirements of the Functional Program provided to CRS will vary. New construction and some departmental modifications will require an initial Full Functional Program while others may only require an updated Functional Program or a simple Scope of Work narrative. Refer to **Table FP-1.1** to determine which is category is appropriate for your project.

If your facility, department or area is already part of a licensed hospital, chances are there is an existing Functional Program that describes your area and it can be helpful to begin by simply editing and updating the original one. If you are beginning with a new building or new service, you may need to begin a new Functional Program. The attached guideline has been developed to assist you in preparing the appropriate document.

Other useful items in preparing and submitting a Functional Program would be:

- the original functional program (for remodels, re-licensure, change of use)
- the Certificate of Need project number if this project is tied to that application),
- the Risk Assessment (refer to the Risk Assessment documents for additional information), and

FUNCTIONAL PROGRAM INTRODUCTION *(continued)*

- collaboration with facility personnel responsible for planning and construction.

Table FP-1.1

Functional Program Requirement Matrix

	New Construction or Initial Construction in a shelled space	Remodel or Construction to an Existing Area	Other revisions
New Facility or New Service(s)	---------------------------- Full Functional Program ----------------------------		
Relocated Service(s)	---------------------------- Full FunctionalProgram[1] ----------------------------		
Expanded Services or Procedures within an Existing Department	Full Functional Program[1]	Updated Functional Program	Updated Functional Program
No New or Expanded Services but Physical Space Upgrades	N/A	Scope of Work	N/A
Change of Use	N/A	Updated Functional Program[2]	Updated Functional Program[2]
Finishes Only	N/A	Scope of Work	Scope of Work
Equipment Replacement	Updated Functional Program	Scope of Work	Scope of Work
	New Mobile Unit for New Location	**New Location for Existing Mobile Unit**	**Existing Location for New Mobile Unit**
Mobile Unit	Full Mobile Unit Functional Program[3]	Scope of Work and Updated Mobile Unit Functional Program	Updated Mobile Unit Functional Program[3]

[1] The original Functional Program for the service(s) may be adapted to the new location. All aspects of the Full Functional Program are to be addressed.

[2] The original Functional Program for the service(s) may be updated to incorporate the revised areas. For minor impacts to the Functional Plan a simple Change of Use paragraph may be sufficient. Please contact your CRS reviewer for additional information.

[3] Include mobile unit manufacturer's CRS approval information in addition to required Functional Program information.

[4] Description (or scope) of work is a brief description typically included on the project application form to DOH in the Project Description box.

FUNCTIONAL PROGRAM OUTLINE

WHY

A brief description (1 paragraph or less) of the reason "why" this new construction or remodel is being done. Examples:

1. Growth or change of services.
2. Upgrades to meet new regulations or a citation.
3. Safety issue for patients, visitors, staff, etc.
4. Correction of a citation or non-compliant issue (Example: a state fire marshal citation).

WHO

The people affected by this new service or change of service.

1. Who are the patients cared for in this location and their ages? Examples: Elderly, bariatric, pediatric, obstetrical, incarcerated patients, etc.
2. Who will visit the patient in this location? Examples: Family, visitors, only family, no visitors allowed, etc.
3. Who are the staff working in this location? Examples:
   - Clinical staff providing care: nurse, provider, nurse assistant, etc.
   - Qualifications and certifications of clinical staff
   - Other staff: social workers, respiratory therapists, physical therapists, etc.
   - Support staff: Lab, Pharmacy, Diagnostic Imaging, Information Technology (data), Housekeeping, Security, Maintenance, etc.
   - Other: vendors
   - Any staff on-call (sleeping) in the area?
4. Who are the third-party accreditation organizations that will review this location? Examples: FGI, JCAHO, DNV, HFAP, AAAHC, AAAASF, local jurisdictions (city or county), city or state fire marshals, state health organizations, etc.

WHAT

Describe the service provided.

1. What is the acuity, average length of stay and patient capacity (e.g. number of beds if applicable)?
2. What procedures or treatments will be provided? Examples: none (consults only), diagnostic, therapeutic, invasive, non-invasive, etc. Describe the scope of services for different populations, such as specialized needs of bariatric populations.

3. What medications will be administered? Examples: none, non-controlled substances, controlled substances, hazardous vs non-hazardous (chemotherapy), etc.

4. What are planned sedation levels? Examples: none, local only, conscious sedation, anesthesia, etc.

5. What are risk factors for these patients? Examples: immune compromised, agitated psychiatric patients, vulnerable premature infants, anesthetized patients unable to defend themselves, etc.

6. What infection prevention measures will be in place? Examples: airborne isolation rooms, protective isolation rooms, hand wash sink locations, pandemic infection provisions, etc.

7. What safety/security measures are required? Examples: access control, presence of security staff, video surveillance, duress or panic alarms, handrails, limited visitation, etc.

8. What equipment or supplies are used? Examples: clean linen, medical gases (piped or portable), specialized equipment (C-arms, EKG, EMG, x-ray, ultrasound), clean linen, standard medical supplies, sterile medical supplies and instruments, etc.

9. What types of waste are collected? Examples: general waste, biohazardous, chemical, medication, soiled linen, controlled substances, recycle, compost, etc.

10. What patient support areas are present? Examples: waiting room, patient toilet(s), admit/check-out, changing rooms, information (desk, kiosk, literature, etc.)

11. What staff support areas are present? Examples: lockers or means to secure personal belongings, break area, staff toilets, meeting room, etc.

12. What family/visitor support areas are present? Examples: sleep room, waiting room, consult, public toilet, information (desk, kiosk, literature), vending machines, etc.

13. What documentation and communication systems will be used to support patient care? Examples: laptops, computer, electronic medical records, standard paper documentation charts/forms, phones, nurse call systems, telemetry monitoring, etc.

14. What specific waivers, exemptions or alternate methods have been previously approved in this space, if applicable?

15. What waivers, exemptions or alternate methods are being requested for this space, if applicable?

WHERE

Location of the construction or renovation.

1. Is this new construction or renovation of an existing area?

2. Where is the new construction or area that is being renovated? Examples: hospital, outpatient clinic in a Medical Office Building (MOB), department within the hospital (e.g. Radiology, Pharmacy, etc.), Ambulatory Surgery Center, Skilled Nursing Facility, etc.

3. Where will patient care be administered? Examples: patient room, exam room, operating suite, rehab room, diagnostic testing, consult room, etc.

WHEN

The timeframe for the work and the facility.

1. When are the hours of operation?

2. When will patient care be administered? Examples: greater or less than 24 hours, twenty-four hours/day, seven days/week, etc.

3. Are there issues driving the schedule of the project? Are there factors that make this project particularly urgent in terms of review time or approval date? Examples: surge capacity? Citation?

HOW

How will the area work?

1. How will patients physically flow in and out of the space? Examples: Patients are admitted at the check-in station, escorted to an exam room where a medical history and vital signs are recorded, patient is examined by the provider, given written instructions and/or medication prescriptions and then leave by the same (or other) pathway.

2. How will the specific needs of diverse populations be addressed by staff protocols? Examples: describe adult vs pediatric protocols, caring for elderly populations, special considerations for behavioral health patients, etc.

3. How does patient flow affect the capacity of the space? Examples: Pre- and post-operative flexing of space, 15 minute intervals for patient treatments, 6 hours for infusion patients, etc.

4. How will the physical environment be modified to address the specific needs of diverse populations? Examples: lifts or specialized furniture/equipment for bariatric patients, anti-ligature room accessories for behavioral health patients, use of patient sitters, etc.

5. How will family/visitors flow in and out of the space? Examples: remain in the waiting room, accompany the patient, limited visitation hours, etc.

6. How will clinical staff flow in and out of the space?

7. How will support staff flow in and out of the space?

8. How will medications, sterile and/or clean supplies and equipment flow in and out of the space?

9. How will the space be cleaned? Example: all exam rooms are wiped down between patients by clinical staff and cleaned at the end of the work day by housekeeping services per established protocols.

10. How will soiled materials flow out of the space? Example: trash, soiled linen, biohazard waste are removed as needed by staff and transported to the soiled holding/utility for staging until removed on a scheduled protocol by housekeeping services (or others).

11. How will vendors or others (if applicable) flow in/out of the area? Examples: contracted service for patient dialysis, removal of hazardous waste by vendors, etc.

12. How will acoustics be managed to meet HIPPA requirements?