Fraser Health Facilities Management

Clinical Facilities Planning

FUNCTIONAL PROGRAMMING

_ Client Guide –

Enhancing the delivery of care through innovation and leadership in Facilites Management

Create. Build. Sustain.

Our commitment is to support health care by planning and delivering effective space solutions and through stewardship of the physical environment.

Background and Purpose of this Document

Fraser Health Facilities Management (FHFM) provides comprehensive facility planning and real estate development services. The **Clinical Facilities Planning group of FHFM** plays an important liaison role between clinical leadership and facility planning activities.

The execution of a successful planning project requires the coordination and input of many stakeholders, including representatives of clinical teams, physician leaders, allied health profession and logical and support service teams. Clinical team members perform a vital role in ensuring that health care service delivery needs are appropriately translated into the design and construction of facilities by providing clinical, technical, operational, programmatic and equipment information and feedback at defined stages of the process.

This document provides a high level overview of the facility planning process and specific information on **Functional Programming**.

Prior to Functional Programming, a number of data analyses and information collection activities are undertaken to develop a body of knowledge to support evidence based design and more broadly, functional space design. This body of knowledge serves as the **Functional Programming Inputs**; and may include: site master plans, regional clinical service plans, best practice research, demographic analyses and service demand projections.

The **Functional Programming Stage** is a series of interactive meetings that lead to the development of a **Functional Program**; a comprehensive document that specifies the services to be delivered in the newly built/renovated space.

Schematic Design Development is the next stage that involves your input. While the outcome of Functional Programming is a written description of the requirements for the new space, schematic design allows for a "fit test" of the programs to make sure the new space will suit the use.

The development of **the Functional Program** and **Schematic Design** leads to more formal detailed design and ultimately to "working drawings" which can then be tendered for construction. Depending on the size of the project detailed design and working drawings may not be initiated until a formal **Business Case** is approved by Directors, Executive Directors, VP and potentially the Ministry of Health. Once appropriate approvals are secured clinical teams are reconvened for the next steps of **Detailed Design, Working Drawings, Change Management Planning, Construction**, followed by **Commissioning** and then ultimately **Occupancy**.

Functional Programming Stage

Functional Programming is NOT a design process; formal detailed design or architectural drawings come later. This reminder is provided to address the common misconception that teams will be reviewing actual floor plans for their department or making detailed design decisions. Design will come at some point during the Functional Programming process, but will only serve as a prototype so that we can "fit test" our programming to make sure our space requirements FITS. One of the guiding principles of functional programming is "form follows function."

Included in the Function Program document are descriptions of the Functional Components (cohesive groupings of activities and spaces with similar functions (ie. nursing units) or physical requirements), together with an estimate of the space and staff resources required to support them. Ultimately, the Functional Program is a communication tool that explicitly describes to all involved parties (Clinicians, Health Care Administrators, Architects, Engineers, etc.) the resources required to deliver the services being planned for the new space.

A Functional Program is developed through a series of meetings with you and/or your teams. The number of meetings, frequency, timing, and persons attending, will be determined by you and the Clinical Planner depending on the type and scope of the project.   Team members may include both clinical and support services, physicians, program/site administrators, Information Technology, members of the Facilities Design team (Clinical Planner, Equipment Planner, Project Manager), and a consulting Functional Programmer. The objective of our meetings is to receive input and secure validation on the content of a draft Functional Program document until an accurate, final Functional Program is achieved. In some cases, issues raised during meetings may require additional investigation/data collection outside of the scheduled meetings.

The most important contributions that you can make is to come prepared with program documentation and be ready to discuss how you currently do business, best practice and future trends that may impact future care delivery. The success of the Functional Program is dependent on the availability of yourself and your clinical team members. For this reason, <u>you must plan to dedicate the appropriate staff resources needed to attend meetings and make program decisions as required.</u>

Functional Program Content

The Functional Program usually contains the following information:

1. **Functional Description and Objectives** –planning assumptions that influence the project (ie. Tertiary centre, trauma centre, etc.); a description of the scope of services to be delivered; and the associated service delivery principles of both clinical and non-clinical services (ie. Single room model).

2. **Project Drivers** – include the historical and projected demand for the services. This includes the reason for project initiation, how the project aligns with the organization's strategic imperatives and priorities, what is driving the project – is it a new program? An expired lease? Program growth? New equipment?

3. **Context** – a brief description of the clinical program.

4. **Project Methodology** – includes how the functional program was developed, who was involved, and what is in and out of scope.

5. **Program/Service Description** – information on hours of operation, referral patterns, and support services requirements for both current and future state. It is here that we need to begin to look at incorporating LEAN tools and approaches when examining how processes and operations can be streamlined. (This may or may not have been completed by your program prior to functional programming). It may also become apparent that site visits may be helpful.

6. **Staffing** – quantification of the personnel required to meet the service demand. During the development of the operational description and the staffing requirements, current best practices need to be considered.

7. **Design (and layout) Guidance** – descriptions and depictions of the important space relationships (e.g. key department relations and adjacencies).

8. **Space requirements** – a quantification of the sizing and number of specific spaces (rooms) required for the component.

9. **Equipment requirements** – it may be necessary to review and assess your equipment needs which may in turn impact your space requirements.

These steps all lead to the preliminary blocking, or in the case of an entire building, the stacking of the building to determine its approximate size and shape.

Your Roles and Responsibilities

As mentioned, meeting membership may consist of service-specific management, physicians, and front-line staff such as nurses and clerks, families, clinical support and support-services staff. These members may have site-specific or regional expertise. If your clinical service is highly specialized from an equipment perspective you may need an equipment specialist on your team. The key thing to remember is that **each user group needs to include strong clinical leaders that can make key decisions (e.g., Program Directors)**. It is also helpful that, as much as possible, these same people are involved from Functional Programming through to detailed design to avoid programming or design decision contradictions. Ensuring that you have set aside time (and planned back fill for team members if necessary) to meet the agreed upon timeline for creating the Functional Program is critical. You have a key role in this process and we will rely on your commitment of time, people, and information to move things along to completion in a timely manner.

You and your team will be asked to:

- provide expert information and advice on the functions and associated tasks and processes that are being planned for in the new space; this includes providing input related to existing service delivery methods and proposed/expected changes in service delivery (it is here that the Multidisciplinary Study Teams may be asked to consider how to do their work in a way that is centred on the patient and creates efficiencies in processes)

- validate assumptions (e.g., workload, planning, design)

- bring relevant decisions and discussions from the meetings back to your teams and colleagues and back to the project team

- facilitate the process of engaging your teams, clients, patients, families to make every effort to participate in all required activities for the duration of the Functional Programming stage

- review the materials provided to you in advance

- complete any action items assigned to you during Functional Programming meetings

- confirm patient flow descriptions

- confirm clinical support services requirements

- prioritize relationships to external departments / service providers

The **Functional Program** is the critical document that will drive the remainder of the capital project design and build stages, and success of the project is highly dependent on the development of a sound functional program. You play a significant role in reviewing and refining the Functional Program and ensuring that it **<u>effectively</u> describes the physical attributes required to support all the functions that will be performed in the new space**. Your LMFM team looks forward to collaborating with you as we move forward!