

Functional Program Template

Project Title:

Site:

Author:

Date:

Version	Date	Reviewed By

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1 Background

1.1 Functional Program Description and Objectives

Development of a functional program for [Insert Program Name], located at [Insert Program Location].

The functional program provides an overview of the [Insert Program Name] and an analysis of the current and projected service and staffing levels. It also describes how people (staff and clients), work and materials should flow through a physical space.

The functional program includes an assessment and description of the activities of [Insert Program Name]'s functional components, together with an estimate of the space and staff resources required to support them.

The functional program will be used as a communication tool that explicitly describes the resources required to deliver the services being planned for the new space to all involved parties, including user groups, Health Care Administrators, Architects, engineers, etc.

1.2 Project Drivers

Should answer the following questions:

- Why is the project being initiated now?
- How is the project aligned with the organizations strategic imperatives/priorities?
- What is driving the project? Possible Drivers could include:
 - Creation of a new program
 - Expiration of an existing lease
 - A functional assessment has been completed and identified issues to address
 - Program growth (increase in staff numbers or increases in service volumes)
 - Changes in clinical service delivery model (e.g., shifting from 1:1 based client visits to group-based visits)
 - Program restructuring
 - New equipment (e.g., a new MRI)

1.3 Context

- Provide a brief description of the Clinical Program. For example:
 - Where does the clinical program fit operationally within the organization
 - How long has the service been in the current location?
 - Any significant changes (e.g., program was formerly located at an acute care site and was moved to a community site)
- Describe any contextual information. For example:
 - The program has confirmed funding for 5 years from XXX
 - The program was established as pilot project
 - The program is high profile - political pressures, media, etc.

2 Planning Principles & Assumptions

2.1 Principles

Planning principles used during the development of the Functional Program include:

- Operational efficiency and effectiveness
- Evidence based design
- Client centered care

2.2 Assumptions

List any assumptions used during the development of the Functional Program. All assumptions must be confirmed/validated by the Project sponsor. Assumptions could include:

- Electronic Health Records will be used in the new space
- Space optimization is assumed
- Hours of service of the Clinical Program will expand to XXX
- Service delivery model of the Clinical Program will change to XXX

2.3 Planning Horizon

- Identify the planning horizon for the Functional Program (e.g., The functional program assumes a 10 year planning horizon and has projected space requirements to that time based on staffing and service volume projections)

3 **Project Methodology**

3.1 Project Delivery

- Describe how the Functional Program was developed.
 - What was the format (e.g., a series of 4, 1 hour user group meetings held 2 weeks apart)?
 - Who was engaged in the process?
 - Program manager
 - Frontline staff
 - Administrative staff
 - Infection Control
 - Information Technology
 - Support Services
 - Clients
 - etc.
- What information sources were used (e.g., decision support data, staff calendars, direct observation, functional assessment, operational reviews, etc.)?
- Consider adding list of participant names in an appendix

3.2 Project Scope

- Describe what was in scope for the functional program.
 - Provide a written description of what is in scope for the functional program development
 - Provide a floor plan (if available) with area of scope delineated (e.g., space boundaries)
 - List included programs
 - Is there an opportunity for optimizing operations?
- Describe any areas that are out of scope.
 - If the area in scope is part of a broader program, explicitly state the components that are not in scope.
 - If program is co-located with other services, explicitly state that the other services are not included.
 - Identify operations engineering work that may be assumed to be in scope

4 Program/Service Description

4.1 (Clinical) Service Description

- Scope of (Clinical) Services – Use the headings below to provide a comprehensive description of the services provided; *modify the headings as needed for non-clinical programs/services.*
 - Intended clinical outcomes
 - Describe the current goals/objectives of the program.
 - Note planned/likely **FUTURE state** changes (this information would likely come from a program director or ED)
 - Inclusion criteria
 - Document any existing criteria for populations that the program is designed/intended to serve.
 - Note planned/likely **FUTURE state** changes
 - Exclusion criteria
 - Document any existing criteria for populations that it might be assumed the program is intended to serve, but that it is not designed/resourced for.
 - Note planned/likely **FUTURE state** changes
 - Referral patterns
 - Describe how patients are referred to receive the service provided. In the case of non-clinical services, describe the request for service process.
 - Apply quantification of referral patterns, where available (e.g. 78% of ED patient visits are by way of “walk-up”; 18% arrive by ambulance transport, and the remaining 4% are patients with scheduled treatments (such as IV antibiotic therapy)).
 - Identify any unique/unexpected referral patterns.
 - Note planned/likely **FUTURE state** changes
 - Patient/client/resident description
 - Describe the physical, mental, emotional state of the patient; consider providing general-case and worst-case scenarios.
 - Note planned/likely **FUTURE state** changes
 - Patient dispositions
 - Describe the discharge pathways/destinations.
 - Note planned/likely **FUTURE state** changes
 - Service description
 - All headings above describe inputs/outputs and other features “outside of the box” of service description. Use this section to describe how services are delivered (“in the box”).
 - Reference any established Care Delivery Models (e.g., Single Room Maternity Care).
 - Note planned/likely **FUTURE state** changes
- Education
 - Describe any regular educational activities that occur within the program:
 - Patient
 - Family
 - staff

- Note planned/likely **FUTURE state** changes to above
- Academic Teaching
 - Describe any relationships with existing academic institutions, such as internships.
 - Specify all academic bodies and associated activities
 - Note planned/likely **FUTURE state** changes
- Academic Research
 - Describe any research activities related to the program or services provided. Identify the institutions participating in the research.
 - Note planned/likely **FUTURE state** changes

4.2 Operational Description

- Hours of Operation
 - Primary hours vs. alternate service hours vs. scheduled/unscheduled
 - Note planned/likely **FUTURE state** changes
- Staffing

Use whatever descriptors make sense for the program, consider the list below:

 - Work schedule
 - Staffing ratios
 - Include students & academic
 - Identify transient vs. resident providers
 - Quantify maximum people load on space (staff, students, academic)
 - Current and **FUTURE**
- Activity Indicators
 - Current activity
 - Projected activity (**this is FUTURE state**)
 - Past activity is not useful alone, but can used to show projected trend over time
 - Anticipated changes (i.e., resulting from demographic, practice, technology)
 - Benchmarks and Targets

4.3 Flows of Medicine

Only include services that are relevant to clinical planning.
Draw current state (AND **FUTURE state** where a change is planned/likely)

- Patient
 - Into dept → within dept → out of dept
- Family
- Provider
- Information
- IT
- Supplies
- Equipment
- Process
- Medication
- Food

5 **Space Description and Requirements**

Describe the attributes of the existing space as per the sections below (i.e., in the case of renovation of existing space).

5.1 Current Floor Plan

- Include the current floor plan if relevant (i.e., in cases when certain features of the existing space are considered strengths and will be retained) for the existing space,

particularly when the space is being considered for renovation. In the case of a possible move, the existing floor plan will help with the identification of mis-adjacencies that need to be addressed in the new space. Identify the key zones of activity on the floor plan.

5.2 Current Space Inventory

- Complete the table below if there is existing space.

Functional Area	Room Number	Space (NSM)	Additional Details (including comments re. strengths/weaknesses of space)

5.3 Zones of Activity

- Briefly describe the key functions that will be performed in the space from staff work and patient flow perspectives (e.g. booking, registration, direct patient care, indirect patient care, non patient care) with corresponding spaces identified (e.g. care station, waiting area, examination room, inpatient room, surgical suite). All of these spaces should align with those captured in the Space Program.
- Highlight the relationship among key zones of activity within the component in a schematic representation (e.g. component functional diagram). An example is included below.

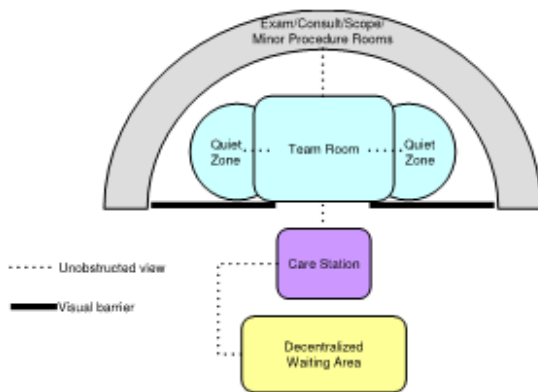
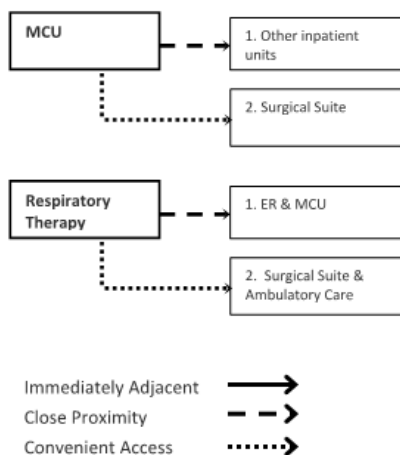


Figure 4. Micro-pod structure, including key zones of activity.

5.4 Adjacency Requirements

- Describe the high level functional relationship requirements for the component and other interdependent components as well as the importance (e.g. critical adjacency, close adjacency requirement, convenient adjacency). An example is included below.

This program has the following external functional relationship priorities.



5.5 Space Program

- Complete the table below.
- Include references to contemporary space standards, benchmarks, guidelines, policies, etc., wherever appropriate and available, and as relates to the size and design of the space. Examples include:
 - CSA Z8000 – Pertains to acute care
 - Health Authority/State guidelines and/or policies
 - Acceptable and appropriate standards adopted elsewhere in the organization
 - SpaceMed Guide
 - Pebble Project (Evidence Based Design)
 - Best practices from leading jurisdictions – Arrange site visits if possible and reference key learnings that apply.
 - FGI Guidelines for Design and Construction of Health Care Facilities

Functional Area	Assumptions Used to Drive Space Projections	Units of Space	NSM/Unit **Reference Standard Used As Footnote**	Total NSM	Additional Details

5.6 Environmental Considerations

- Clarify visual, acoustical, accessibility, etc., design specifications, if these are available.

6 Design (and Layout) Guidance

Specify guidance regarding the design and layout of the envisioned space, details of which will have been vetted and approved by key stakeholders and decision makers.

6.1 Design Principles

- For example, functionality, flexibility, generic, interdisciplinary care, patient centered, optimization, standards, etc. These should be vetted and signed-off by the appropriate group early on in “Space Specifications” discussion.

6.2 Evidence-based Design Considerations and Standards

- Reference appropriate literature and Pebble Project.

6.3 Schematic Space Layout Options

- Include high level schematic (bubble) drawings of potential layouts, highlighting key adjacency requirements.

6.4 Operational Planning Considerations

6.5 Additional Information

- Clarify any other parameters that will influence what the envisioned space will look like.
 - If new space is being considered, describe any geographic location requirements. Provide a map that specifies boundaries.
- Provide direction regarding unresolved issues.