DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT

FUNCTIONAL PROGRAM CAC 7-119 CHECKLIST

Facility Name:			
OSHPD Project Number:			
Facility Number:		Date:	
No. of Beds:			

(a) General	
	1. Functional program requirement. The owner or legal entity responsible for the outcome of the proposed health care facility design and construction project shall be responsible for providing a functional program to the project's architect/engineer and to OSHPD.
	2. Functional program purpose. A. An owner-approved functional program shall be made available for use by the design professional(s) in the development of project design and construction documents, and shall be submitted to OSHPD. B. Revisions to the functional program shall be documented and a final updated version shall be submitted to OSHPD prior to approval of the construction documents. C. C. Retain the functional program with other design data to facilitate future alterations, additions, and program changes.
	3. Nomenclature in the functional program. A. A. The names for spaces and departments used in the functional program shall be consistent with those used in the California Building Code. If acronyms are used, they should be defined clearly. B. B. The names and spaces indicated in the functional program shall also be consistent with those used on submitted floor plans.
(b) Functional program executive summary.	
1. Purpose of the project.	
	A. The narrative shall describe the services to be provided, expanded, or eliminated by the proposed project.
	B. The narrative shall describe the intent of the project and how the proposed modifications will address the intent.
2. Project type and size.	
	A. The type of health care facility(ies) proposed for the project shall be identified as defined by the California Building Code.
	B. Project size in square footage (new construction and renovation) and number of stories shall be provided.

3. Construction type/occupancy and building systems.	
	A. **New construction**. If the proposed project is new construction that is not dependent on or attached to an existing structure, the following shall be included:
	(1) A description of construction type(s) for the proposed project.
	(2) A description of proposed occupancy(ies) and, if applicable, existing occupancy(ies).
	(3) A description of proposed engineering systems.
	(4) A description of proposed fire protection systems.
	B. **Renovation.** For a project that is a renovation of, or addition to, an existing building, the following shall be included in the project narrative:
	(1) A description of the existing construction type and the construction type for any proposed renovations or additions shall be described.
	(2) A general description of existing engineering systems serving project and how these systems will be modified, extended, augmented, or replaced by the proposed project.
	(3) A general description of existing fire protection systems serving the area of the building affected by the proposed project and how these systems will be modified, extended, augmented, or replaced by the proposed project.
(c) Functional program content. The functional program for the project shall include the following:	
1. Purpose of the project.	
	The physical, environmental, or operational factors, or combination thereof, driving the need for the project and how the completed project will address these issues shall be described.
2. Project components and scope.	
	A. The department(s) affected by the project shall be identified.
	B. The services and project components required shall be described.
3. Indirect support functions.	
	The increased (or decreased) demands throughout, workloads, staffing requirements, etc., imposed on support functions affected by the project shall be described. (These functions may or may not reside adjacent to or in the same building or facility with the project.)
4. Operational requirements.	
	The operational requirements, which include but are not limited to the following, shall be described:
	A. Projected operational use and demand loading for affected departments and/or project components.

	B. Relevant operational circulation patterns, including staff, family/visitor, and materials movement.
	C. Departmental operational relationships and required adjacencies.
5. Environment of care requirements.	
	The functional program shall describe the functional requirements and relationship between the following environment of care components and key elements of the physical environment:
	A. **Delivery of care model (concepts).**
	(1) A description of the delivery of care model, including any unique features.
	(2) A description of the physical elements and key functional relationships necessary to support the intended delivery of care model.
	B. **Patients, visitors, physicians, and staff accommodation and flow**. Design criteria for the following shall be described:
	(1) The physical environment necessary to accommodate facility users and administration of the delivery of care model.
	(2) The physical environment (including travel paths, desired amenities and separation of users and workflow) necessary to create operational efficiencies and facilitate ease of use by patients, families, visitors, staff, and physicians.
	C. **Building infrastructure and systems design criteria**.
	Design criteria for the physical environment necessary to support organizational, technological, and building systems that facilitate the delivery of care model shall be described.
	D. **Physical environment.**
	Descriptions of and/or design criteria for the following shall be provided:
	(1) Light and views – How the use and availability of natural light, illumination, and views are to be considered in the design of the physical environment.
	(2) Wayfinding.
	(3) Control of environment – How, by what means, and to what extent users of the finished project are able to control their environment. A. The departments(s) affected by the project shall be identified.
	(4) Privacy and confidentiality – How the privacy and confidentiality of the users of the finished project are to be protected.
	(5) Security – How the safety and security of patients or residents, staff, and visitors shall be addressed in the overall planning of the facility consistent with the functional program.
	(6) Architectural details, surfaces, and furnishing characteristics and criteria.

	(7) Cultural responsiveness – How the project addresses and/or responds to local or regional cultural considerations.
	(8) Views of, and access to, nature.
6. Architectural space and equipment requirements.	
	A. **Space list.**
	(1) The functional program shall contain a list organized by department or other appropriate functional unit that shows each room in the proposed project, indicating its size by gross floor area and clear floor area.
	(2) The space list shall indicate the spaces to which the following components, if required, are assigned:
	(a) Fixed and movable medical equipment.
	(b) Furnishings and fixtures.
	(c) Technology provisions.
	B. **Area.**
	(1) Gross floor area for the project shall be aggregated by department, and appropriate multiplying factors shall be applied to reflect circulation and wall thicknesses within the department or functional area. This result shall be referred to as department gross square footage (DGSF).
	(2) DGSF for the project shall be aggregated, and appropriate multiplying factors shall be applied to reflect inter-departmental circulation, exterior wall thickness, engineering spaces, general storage spaces, vertical circulation, and any other areas not included within the intra-department calculations. This result shall be referred to as building gross square footage (BGSF) and shall reflect the overall size of the project.
7. Technology requirements.	
	Technology systems for the project shall be identified to serve as a basis for project coordination and budgeting.
	A. Any technology systems integration strategy shall be defined.
	B. Department and room specific detail for system and device deployment shall be developed.
C. **Short- and long-term planning considerations.**	
	A statement addressing accommodations for the following, as appropriate for the project shall be included.
	A. Future growth.
	B. Impact on existing adjacent facilities.

	C. Impact on existing operations and departments.
	D. Flexibility.
D. **Patient safety risk assessment**.	
	Projects associated with acute psychiatric hospitals, acute psychiatric nursing units in general acute-care hospitals, and special treatment program service units in skilled nursing facilities shall include a Patient Safety Risk Assessment. At a minimum, a Behavioral and Mental Health Risk Assessment shall be addressed as part of the Patient Safety Risk Assessment. The Patient Safety Risk Assessment shall be subject to review and approval by the California Department of Public Health.
	A. Behavioral and mental health risk assessment.
	A Behavioral and Mental Health Risk Assessment shall be prepared for all acute psychiatric hospitals, psychiatric nursing units within general acute-care hospitals, and special treatment program units in skilled nursing facilities. The risk assessment shall include evaluation of the population at risk and the nature and scope of the project, taking into account the model of care and operational considerations, and proposed built environment solutions to mitigate potential risks and hazards.
	B. Behavioral and mental health elements (psychiatric patient injury and suicide prevention).
	The safety risk assessment report shall identify areas that will serve patients at risk of mental health injury and suicide.
	C. Behavioral and mental health response.
	(1) The safety risk assessment team shall identify mitigating features for the identified at-risk locations.
	(2) The design of behavioral and mental health patient care settings shall address the need for a safe treatment environment for those who may present unique challenges and risks as a result of their mental condition.
	(i) The patient environment shall be designed to protect the privacy, dignity, and health of patients and address the potential risks related to patient elopement; and harm to self, to others, and to the environment.
	(ii) The design of behavioral/mental health patient areas shall accommodate the need for clinical and security resources.