



PLAN REVIEW APPLICATION

Functional Program for Ambulatory Surgery Centers

Ambulatory Surgery Centers (ASC) must comply with the Adopted Regulations of the State Board of Health, Nevada Administrative Code (NAC) 449, and September 27, 1999. NAC 449.9841.1(c) of that document requires that the ambulatory surgery centers' proposed new or renovated construction be in accordance with the standards within the current edition (2006) of "The Guidelines for Design and Construction of Hospital and Healthcare Facilities."

A copy of the guidelines may be obtained from AIA (American Institute of Architects), 1735 New York Ave., NW, Washington, D.C. 20006. The telephone number is (800) 242-3837.

Within those Guidelines, there is a requirement (Section 9.1.D, page 103) that each construction project must submit a "functional program" in accordance with Section 1.1.F (below). There are other "programs" and an "infection control risk assessment" that the facility must determine that augment the functional program and would have an impact upon the design of the proposed facility, addition, or renovation. These programs have been identified and are listed below. Also given are the reference page numbers, section numbers, and the involved areas to assist in one's effort to satisfy and complete the plan review submission.

You will need to supply this information to our office to allow for better assessment of your proposed project for its level of compliance and to allow completion of our project's plan review. Please correlate the reference number with your response and address all items. For those items that are not part of your project, please indicate as N/A (Not Applicable).

Page 1, Section 1.1.F. "The health care provider shall supply for each project a functional program for the facility that describes the purpose of the project, the projected demand or utilization, staffing patterns, department relationships, space requirements, and other basic information relating to the fulfillment of the institution's objectives. The functional program shall include a description of those services necessary for the complete operation of the facility. The program shall address the size and function of each space and any special design features. Include the project occupant load, numbers of staff, patients, residents, visitors, and vendors. In treatment area, describe the types and projected numbers of procedures. Describe the circulation patterns for staff, patients or residents, and the public. Describe also the circulation patterns for equipment and clean and soiled materials. Address equipment requirements; describe building service equipment and fixed and movable equipment. Where circulation patterns are a function of asepsis control requirements, note these features. The program shall use the same names for spaces and departments as used in the Guidelines. If acronyms are used, they shall be clearly defined. The functional program shall address the potential future expansion that may be needed to accommodate increased demand. The approved functional program shall be made available for use in the development of project design and construction documents. The functional

program shall be retained by the facility with the other design data to facilitate future alterations, additions, and program changes.”

ASC Functional Program

<u>Ref.</u>	<u>Page</u>	<u>Section</u>	<u>Area</u>
1.	103	9.1.D	Functional Program as required above.
2.	104	9.2	Common Elements for Outpatient Facilities
3.	104	9.2.B	Common Elements for Outpatient Facilities: Clinical Facilities Inclusion.
4.	109	9.4.F1	Small Primary (Neighborhood) Outpatient Facility: Providing for Diagnostic Facilities
5.	110	9.5	Outpatient Surgical Facility
6.	110	9.5A	Outpatient Surgical Facility: General
7.	110	9.5B	Outpatient Surgical Facility: Size
8.	111	9.5E1	Sterilizing Facilities
9.	111	9.5E2	Sterilizing Facilities Clean Assembly/workroom
10.	111	9.5.F2	Outpatient Surgical Facility: Operating Room Size
11.	112	9.5F3	Outpatient Surgical Facility: Room(s) for post-anesthesia recovery
12.	113	9.5.G	Outpatient Surgical Facility: Diagnostic Facilities
13.	114	9.6.A	Freestanding Emergency Facility: Facility Business Operations and Design.
14.	117	9.7.C	Freestanding Birthing Center: Clinical Facilities
15.	120	9.30.C	Special Systems: Waste Processing Services
16.	126	9.31E5.	Outpatient facilities Mechanical Standards: Station outlets for medical gas installations
17.	126	9.31.E6	Outpatient facilities: Mechanical Standards: Central clinical vacuum system installations
18.	126	9.31.E8	Hemodialysis Inclusion.

Infection Control Risk Assessment

The number and placement of the Airborne Infection Isolation Rooms (AIIR) are determined by the facility’s infection control risk assessment (defined on page 22, Sections 7.2.C). The acceptance of the facility’s decision for the inclusion or exclusion of these rooms in the areas identified below would need to be supported by this document.

<u>Ref.</u>	<u>Page</u>	<u>Section</u>	<u>Area</u>
19.	105	9.2.B11	Common Elements for Outpatient Facilities; Clinical Facilities; AIIR in Rehabilitation Facility
20.	115	9.6.D2(d)	Freestanding Emergency Facility; AIIR in Diagnostic Waiting Area.
21.	118	9.9	Endoscopy; AIIR Requirement.

Other Programs

<u>Ref.</u>	<u>Page</u>	<u>Section</u>	<u>Area</u>
22.	4	1.5.C	Functional Program Contingency Plan
23.	103	9.1.G	Formal Parking Study
24.	110	9.5.B	Outpatient Surgical Facility Size; Narrative Program.