|  |  |
| --- | --- |
| **BJC HealthCare – Entity Abbreviation** | **(firm-TBD)** |
| Entity Name | (firm) Project No. xxx |
| Project Name | BJC Project No. 15Cxxx |
|  | Date |
|  |
| **Functional Program** |
|  |
| **Description of Services/Model of Care:** |
|  |
|  |
|  |
| **Existing and Proposed Location:** |
|  |
|  |
|  |
| **Patient Population:** |
|  |
|  |
|  |
| **Current Volumes vs. Projected Volumes (including assumptions):** |
|  |
|  |
|  |
| **Hours of Operation/Shifts/Visiting Hours:** |
|  |
|  | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |
| **Number of Staff per Shift and Job Descriptions:**  |
|  |
| **Based on Busiest Shift:** |
| Name | Title | Computer Use - % of Shift | Dedicated or Touch-Down? |
| Departmental Staff |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Ancillary Staff |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| **Circulation / Flow:** |
|  |
|  | Patient: |
|  |  |
|  | Visitor: |
|  |  |
|  | Nurse: |
|  |  |
|  | Physician/Resident: |
|  |  |
|  | Ancillary Staff (i.e. Dietary, PT, RT, Lab, Pharmacy, Imaging, Etc.): |
|  |  |
|  | Materials Management/House Keeping/Materials/Supplies/Soiled: |
|  |  |
|  |
| **Key Adjacencies:** |
|  |
|  | Internal: |
|  |  |
|  | External: |
|  |  |
|  |
| **Communication/Information Systems:** |
|  |
| Identify any of the following specialty equipment/software which will be required: |
| Vocera/SpectralinkCisco wireless VOIP Phones:Cell Phone (business use):Video Conferencing:Patient Touch Technology (PTT):Applications (SIS, Metavision, Provation, Mosaiq, Cerner, Dictation, HCLL, etc.): |
|  |
| **Education or Training Initiatives:** |
|  |
|  |
|  |
| **Anticipated Changes/Trends:** |
|  |  |
|  | New Services or Expansion of Existing Services |
|  |  |
|  |  |
|  |  |
|  | Changes in Healthcare Delivery or Technology |
|  |  |
|  |  |
|  |
| **Additional Design Criteria/Considerations:** |
|  |
|  |
|  |
| This document represents the agreement on the functional information provided by you: |
| Sign: | Date: |
| Sign: | Date: |
| Administrator: | Date: |