

Functional Program/Narrative and Architectural Plan Reviews

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Stage 2 Construction Document Reviews

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Stage 3 Onsite Inspections

- After a CMS inspection, when you do the POC, how do you go about asking for inspection on POC. Is it architectural or life safety?

Approvals, denials and reviews

- How long is an approval effective? What happens if there are facility delays?
- What is the approval process for concurrent submittals of functional programs and Stage 1 plans?
- If I disagree with the Department's findings on a functional program, stage 1 or 2 submittal, or construction inspection, how do I get the issue reviewed? How do I resolve an impasse?

General Questions

What can I do to make sure my functional program and plan submittals are processed as expeditiously as possible?

The most important thing you can do is ensure that your submittal is complete. For a complete submittal, you should:

- If the project is for a hospital, use the Hospital Plan Review Submittal Form ODH 698, available at <http://www.ok.gov/health2/documents/MF%20ODH-698hospitalplanreviewsubform.pdfRev>
- If the project is for any other type of health care facility, use the Plan Review Submittal Form ODH 696, available at <http://www.ok.gov/health2/documents/MF%20ODH-696planreviewsubmittalform.01.01.pdf>
- Make sure the Functional Program contains all of the required information/descriptions required in 310:667-41-1(e), and address the applicable sections of Chapter 667 that pertain to the project. The OSDH has developed optional functional program template to help hospitals and ambulatory surgical facilities develop complete functional programs and narratives. The forms are available at [http://www.ok.gov/health/Protective Health/Medical Facilities Service/Health Facilities Plan Review/Application Forms & Fees/index.html](http://www.ok.gov/health/Protective%20Health/Medical%20Facilities%20Service/Health%20Facilities%20Plan%20Review/Application%20Forms%20&%20Fees/index.html)
- Make sure Stage 1 plans contains preliminary plans and outline specifications to include sufficient information to establish the following: scope of project; project location; required fire-safety and exiting criteria; building-construction type, compartmentation showing fire and smoke barriers, bed count and services; the assignment of all spaces, areas, and rooms for each floor level, including the basement. The Form ODH-698 is intended to help in the submittal of complete Stage 1 plans.
- Make sure Stage 2 contains a proposed construction document that includes final drawings and specifications adequate for proposed contract purposes. All final plans and specifications shall be appropriately sealed and signed by an architect registered by the State of Oklahoma. All construction modifications of approved documents are subject to review and approval, and shall be submitted timely. The Form ODH-698 is intended to help in the submittal of complete Stage 2 plans.
- Make sure the plans are legible and are at scale that is easy to read and compute.
- Enclose the plan review fee, if one is required for your project. The applicable fees are shown on Form ODH 698.



Where do I send my programs, plans and fees?

If a submittal includes **fees**, be sure to send the submittal to this address:

Oklahoma State Department of Health
Medical Facilities Service
P.O. Box 268816
Oklahoma City, OK 73126-8816

If the submittal does not include fees, send it to this address:

Oklahoma State Department of Health
Medical Facilities Service
1000 NE 10th Street
Oklahoma City, OK 73117

Where do I find the current requirements?

- www.health.ok.gov
- http://www.ok.gov/health2/documents/MFS%20AC310-667_hospitals.eff.07.25.2013.pdf (direct route on OSDH website)
- <http://www.oklegislature.gov/osstatuestitle.html>
- <https://www.sos.ok.gov/>

May I hand-deliver programs and plans to the OSDH?

Yes, you may hand-deliver programs and plans to the Medical Facilities Service Office in Room 1113 of the OSDH Building, at 1000 NE 10th Street in Oklahoma City.

If your submittal includes a fee, proceed first to the Financial Management Service receipting windows on the first floor of the OSDH building. The security staff will be available to help you find the receipting windows. After you have paid the fee, proceed to Room 1113 of the OSDH Building and submit your programs and plans along with the fee receipt.

In what format should plans, programs, and closeout documents, be filed?

The rules do not specify formats, such as paper, electronic or scale. The OSDH is developing an Internet portal for electronic submittal of applications, documents and fee payments. That system is projected to be available in 2017. For the present, OSDH requests submittals as follows:

- Functional program: paper or electronic;



- Stage 1 submittal: One hard copy set dimensioned or scalable drawings at 1/8" = 1'-0" or larger scale that comply with OAC 310:667-47-2(a);
- Stage 2 submittal: Two hard copy sets full sized drawings, one hard copy set paper half sized, one CD with pdfs, one set of specifications, paper or pdf on CD, to meet the requirements of OAC 310: 667-47-2 (b); and
- At closeout: One hard copy of all close out documents, reports and certifications;
- All certifications and one copy of record documents pdf on CD.

Whom should I contact for assistance?

In general, you may email medicalfacilities@health.ok.gov for answers to questions or to request assistance.

If your question relates to a functional program, you may contact:

Email: medicalfacilities@health.ok.gov
Phone: 405/271-6576 (Tracy Bishop or Terri Cook)
Mail: OSDH, Medical Facilities, 1000 NE 10th Street, OKC, OK 73117.

If your question relates to a Stage 1 or 2 plan review, you may contact:

Email: medicalfacilities@health.ok.gov
Phone: 405/271-6576 (John Larson)
Mail: OSDH, Medical Facilities, 1000 NE 10th Street, OKC, OK 73117.

How does a facility obtain clarification and answers to questions about planned or pending programs or plans?

Questions may be directed as follows:

- Email: medicalfacilities@health.ok.gov
- Via mail to the OSDH, Medical Facilities Service, 1000 NE 10th Street, OKC, OK 73117
- Phone: 405/271-6576 (ask to speak to the Service Director)

How do I submit customer feedback for OSDH to use to improve review processes?

A customer service survey is available on the Internet at this address:

<https://www.surveymonkey.com/r/RCTCustSvc>

Additionally, customer comments are welcome via these addresses:

- Email: medicalfacilities@health.ok.gov



- Via mail to the OSDH, Medical Facilities Service, 1000 NE 10th Street, OKC, OK 73117
- Phone: 405/271-6576 (ask to speak to the Service Director)

What is the goal of the Oklahoma State Department of Health (OSDH) in the review of functional programs and design and construction plans?

The goal of OSDH is to enable health care providers to be successful in the development of designs and plans and in the construction and modification of health care facilities.

How does a facility self-report problems and correct them? Can a facility submit a plan of correction to resolve a problem over time? What is a plan of correction and what is the process?

A facility initiates the self-report and correction by submitting required documentation for the functional program, Stage 1 and 2 drawings, and construction review process.

What thresholds trigger the need to file plans for nursing homes?

Any project that is required to obtain a certificate of need is subject to the requirements for submitting plans and specification for the construction or establishment of a new long-term care service, or the expansion of an existing service, pursuant to 63 O.S. Section 1-857. This includes any project with a capital cost of \$1 Million or more, or an increase in beds, whether through establishment of a new facility or expansion of an existing facility, pursuant to 63 O.S. Section 1-852.

Functional programs and narratives

Which types of facilities submit functional programs and narratives?

Hospitals submit functional programs and ambulatory surgical centers submit a similar document called a Narrative Program. Nursing facilities and other health care facilities are not required to submit functional programs or narratives.

When must a hospital or ambulatory surgical center file a functional program or narrative?

The facility has the option of filing the functional program with the Stage 1 plan submittal, or filing the functional program prior to the Stage 1 plan submittal.

Do I submit a construction Infection Control Risk Assessment (ICRA) with the functional program if I am building from the ground up?

No, an ICRA is not required for a new facility, because existing patient services are not affected.

What is the timeline I can expect for review of my plan submittals?

OSDH is required to review each plan submittal within 45 calendar days after receipt of plans.

What changes in scope require a submittal or resubmittal of a functional program?

An updated functional program is needed if the project includes mechanical/electrical, structural, or functional changes to the facility. If the functional program changes during the design process after an initial approval by the OSDH, the facility may wish to resubmit the program prior to submittal of the Stage 2 construction plans. The facility should contact the Medical Facilities Service to confirm whether the changes in scope make resubmittal of the functional prior to submittal of Stage 2 plans advisable.

How do we scope what should be included in the functional program or narrative?

If a facility has questions about scope, OSDH welcomes contacts at:

- Email: medicalfacilities@health.ok.gov
- Via mail to the OSDH, Medical Facilities Service, 1000 NE 10th Street, OKC, OK 73117
- Phone: 405/271-6576 (ask to speak to the Service Director)

What is the process if there is a change on plans? How is this reconciled with what on function program? How do you submit? How do you note changes? Who does it go to? How does this integrate w/template? Is this documented (the process)

Revise the plans and re-submit. The FP and revised plans will be reviewed together. Email to Chief Architect or mail to OSDH Attn: Medical Facilities or hand deliver to OSDH 1st floor. Note changes in a cloud on plans and/or a cover letter explaining the changes. Submit to Chief Architect. The template can have changes noted by bold and italics. The process requires revisions and will be completed by November 2, 2015.

What constitutes surgery and where can it be performed?

The facility's medical staff specifies which procedures are considered surgery, subject to approval by the facility's governing body. ⁱ



The locations or types of facilities where surgery can be performed generally is a question related to third-party reimbursement. Facilities consult Medicare regulations and with the Centers for Medicare and Medicaid Services for guidelines and restrictions on sites where surgery can be performed. For assistance in contacting CMS, please feel free to contact OSDH at:

- Email: medicalfacilities@health.ok.gov
- Via mail to the OSDH, Medical Facilities Service, 1000 NE 10th Street, OKC, OK 73117
- Phone: 405/271-6576 (ask to speak to the Service Director)

Stage 1 Design Document Reviews

What is the timeline I can expect for review of my plan submittals?

OSDH is required to review each plan submittal within 45 calendar days after receipt of plans.

What is the approval process for concurrent submittals of functional programs and Stage 1 plans?

- OSDH will log in the Stage 1 and Functional Program documents
- OSDH will distribute the Functional Program to the Functional Program Review Staff Person and the Stage 1 plans to the Architect Staff Person.
- OSDH will review the Functional Program and Stage 1 together within 45 days.
- OSDH will notify the Facility CEO and Project contact persons listed on ODH Form 698 page 2 the results of the Functional Program and Stage 1 review.
- If the Functional Program is not approved and Stage 1 is approved notice will be sent regarding the status of the Functional Program and Stage 1 review, requesting changes/amendments/clarification to the Functional Program and recommendation to submit Stage 2 documents.
- If the Functional Program is approved and Stage 1 is not, notice will be sent of the status of the Functional Program and Stage 1 review requesting changes/amendments/clarification to the Stage 1 plans.
- IF both the Functional Program and Stage 1 are approved, notice will be sent of the status of the Functional Program and Stage 1 review recommending submission of Stage 2 documents.
- (Stage 2 will not be approved until the Functional Program has been satisfied/approved)

What are the most common reasons for disapproval of Stage 1 submittals?

The most common problems observed by OSDH are:

- Incomplete drawings;
- Failure to provide the Life-Safety Plan;
- Illegible drawings due to size (being shrunk down to an 8 ½ x 11 document);
- Basic code information is not provided;
- Not all areas are being identified on drawings.

How do we determine guidelines for things not specifically determined in code, for situations such as changing technology?

The hospital and ambulatory surgical center standards are not intended to restrict innovations and improvements in design or construction techniques. Accordingly, the Department may approve plans and specifications which contain deviations if it is determined that the respective intent or objective has been met.

For example, the Imaging Suite rules in OAC 310:667 require a dark room for storage and processing of undeveloped film. Based on new technology going to digital or computerized imaging, the dark room would not be a requirement in the functional program or on the plans.

Questions about changing technology may be directed as follows:

- Email: medicalfacilities@health.ok.gov
- Via mail to the OSDH, Medical Facilities Service, 1000 NE 10th Street, OKC, OK 73117
- Phone: 405/271-6576 (ask to speak to the Service Director)

How do I change out equipment in current space?

Follow the Functional Program and Stage 1 and Stage 2 review processes. Locate the applicable sections of Chapter 667 and follow these requirements:

Ex. 310:667-47-2(3) Radiation protection. Any project that includes radiology or special imaging equipment used in medical diagnosis, treatment, and therapy of patients, shall include plans, specifications, and shielding criteria, prepared by a qualified medical physicist. These plans shall be submitted and approved by the Department prior to installation of the equipment.

Ex. 310:667-49-1(c) Sizes. Department sizes and clear floor areas shall depend upon program requirements and organization of services within the hospital. Some functions may be combined or shared providing the layout does not compromise safety standards and medical and nursing practices.

Ex. 310:49-2(2)(Q) Equipment storage room or alcove. An appropriate room or alcove shall be provided for storage of equipment necessary for patient care and as required by the functional program. Each unit shall provide sufficient storage area(s) located on the patient floor to keep its required corridor width free of all equipment and supplies, but not less than 10 square feet ((0.93 square meters) per patient bed shall be provided.

Ex.310:667-49-7(e)(2)(B) Post-anesthetic care unit (PACU). The design shall provide at least eighty (80) square feet for each patient bed with space for additional equipment described in the functional program, and for clearance of at least five (5) feet (1.52 meters) between patient beds and four (4) feet (1.22 meters) between patient bedsides and adjacent walls.

Ex.310:667-41-4. Provisions for disasters(b)(3) Roof coverings and mechanical equipment shall be securely fastened or ballasted to the supporting roof construction and shall provide weather protection for the building at the roof. Roof covering shall be applied on clean and dry decks in accordance with the manufacturer's instructions, these standards, and related references. In addition to the wind force design and construction requirements specified, particular attention shall be given to roofing, entryways, glazing, and flashing design to minimize uplift, impact damage, and other damage that could seriously impair functioning of the building. If ballast is used it shall be designed so as not to become a projectile.

Ex. 310:667-45-1. General (a) An equipment list showing all items of equipment necessary to operate the facility shall be included on the drawings submitted for review or be on an attached list. This listing shall assist in the overall coordination of the acquisition, installation, and relocation of equipment. The equipment list shall include the classifications identified at 310:667-45-1(b) and whether the items are new, existing to be relocated, owner provided, or not-in-contract.

(b) The drawings shall indicate provisions for the installation of equipment that requires dedicated building services, or special structures, or that illustrate a major function of the space. Adjustments shall be made to the construction documents when final selections are made.

(c) Space for accessing and servicing fixed and building service equipment shall be provided.

(d) Some equipment may not be included in the construction contract but may require coordination during construction. Such equipment shall be shown in the construction documents as owner-provided or not-in-contract for purposes of coordination.

Ex.667-45-2(2) Fixed equipment - medical and nonmedical. Fixed equipment includes items that are permanently affixed to the building or permanently



connected to a service distribution system that is designed and installed for the specific use of the equipment. Fixed equipment may require special structural designs, electromechanical requirements, or other considerations.

(A) Fixed medical equipment includes, but is not limited to, such items as fume hoods, sterilizers, communication systems, built-in casework, imaging equipment, radiotherapy equipment, lithotripters, hydrotherapy tanks, audiometry testing chambers, and lights.

(B) Fixed nonmedical equipment includes, but is not limited to, items such as walk-in refrigerators, kitchen cooking equipment, serving lines, conveyors, mainframe computers, laundry, and similar equipment.

Ex.310:667-45-3. Major technical equipment

Major technical equipment is specialized medical or nonmedical equipment that is customarily installed by the manufacturer or vendor. Major technical equipment may require special structural designs, electromechanical requirements, or other considerations, close coordination between owner, building designer, installer, construction contractors, and others.

Ex.310:667-45-4. Equipment shown on drawings

Equipment that is not included in the construction contract but requires mechanical or electrical service connections or construction modifications shall, insofar as practical, be identified on the design development documents to provide coordination with the architectural, mechanical, and electrical phases of construction.

How do I discontinue the review process if I intend to not resubmit programs or plans for budgetary or other reasons?

Notify the Medical Facilities Service in writing via email or mail if you intend to not proceed. OSDH will confirm receipt of the notice and will close the pending application.



How do we address changes in the code requirements?

Projects are held to the codes that were in existence at the time of plan approval.

Stage 2 Construction Document Reviews

Must I resubmit plans to OSDH if I have to redraw based on State Fire Marshall concerns? What is the process for me to notify OSDH of such changes?

Yes. The rules at Oklahoma Administrative Code (OAC) 310:667-41-2(b) require, in pertinent part, *“All construction modifications of approved documents are subject to review and approval, and shall be submitted timely.”*

Provide a cover letter explaining the changes with a copy of the modified plans to OSDH via delivery to 1st Floor, or via mail to the Oklahoma State Department of Health, Medical Facilities Service, 1000 NE 10th Street, OKC, OK 73117.

Stage 3 Onsite Inspections

After a CMS inspection, when you do the POC, how do you go about asking for inspection on POC. Is it architectural or life safety?

The federal (CMS) inspection is a separate process from the state inspection process. The POC should contain a projected completion date, which can be revised throughout the construction process. The state construction inspection occurs upon notification to OSDH of the construction completion. The federal (CMS) revisit will occur after the latest POC date found on the POC (after the construction completion) to verify compliance with federal requirements for the deficiencies that were previously cited.

Approvals, denials and reviews

How long is an approval effective? What happens if there are facility delays?

There is no time limit set for Hospital construction. However, if a delay should occur submit a revised construction schedule. OAC 310:667-47-3 requires, prior to commencing construction, the contractor to submit a construction schedule which includes, as a minimum, the start date, dates that the heating-ventilation air-conditioning (HVAC), plumbing, and medical gas installation shall commence, and projected date of completion.



If during the delay timeframe changes to current codes occur, you should resubmit Stage 2 documents for review

What is the approval process for concurrent submittals of functional programs and Stage 1 plans?

- OSDH will log in the Stage 1 and Functional Program documents
- OSDH will distribute the Functional Program to the Functional Program Review Staff Person and the Stage 1 plans to the Architect Staff Person.
- OSDH will review the Functional Program and Stage 1 together within 45 days.
- OSDH will notify the Facility CEO and Project contact persons listed on ODH Form 698 page 2 the results of the Functional Program and Stage 1 review.
- If the Functional Program is not approved and Stage 1 is approved notice will be sent regarding the status of the Functional Program and Stage 1 review, requesting changes/amendments/clarification to the Functional Program and recommendation to submit Stage 2 documents.
- If the Functional Program is approved and Stage 1 is not, notice will be sent of the status of the Functional Program and Stage 1 review requesting changes/amendments/clarification to the Stage 1 plans.
- IF both the Functional Program and Stage 1 are approved, notice will be sent of the status of the Functional Program and Stage 1 review recommending submission of Stage 2 documents.
- (Stage 2 will not be approved until the Functional Program has been satisfied/approved)

If I disagree with the Department's findings on a functional program, stage 1 or 2 submittal, or construction inspection, how do I get the issue reviewed? How do I resolve an impasse?

Contact the Medical Facilities Service at medicalfacilities@health.ok.gov or call 405-271-6576 and request a review by the Service Director's management team.

Additionally, the OSDH will offer a consultation or technical assistance meeting or conference call after the second disapproval of a program or plan.

ENDNOTE

The statement regarding the definition of surgery is based on the following federal requirements and guidance taken from the State Operations Manual, Appendix A:

482.12 Condition of Participation: Governing Body

There must be an effective governing body that is legally responsible for the conduct of the hospital.

482.12(a) Standard: Medical Staff. The governing body must:

482.12(a)(4) Approve medical staff bylaws and other medical staff rules and regulations;

Interpretive Guidelines §482.12(a)(4)

The governing body decides whether or not to approve medical staff bylaws submitted by the medical staff. The medical staff bylaws and any revisions must be approved by the governing body before they are considered effective.

482.12(a)(5) Ensure that the medical staff is accountable to the governing body for the quality of care provided to patients;

482.22 Condition of Participation: Medical Staff

The hospital must have an organized medical staff that operates under bylaws approved by the governing body, and which is responsible for the quality of medical care provided to patients by the hospital.

482.22(b) Standard: Medical Staff Organization and Accountability

The medical staff must be well organized and accountable to the governing body for the quality of the medical care provided to the patients.

A-0354

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

[The bylaws must:]

§482.22(c)(1) - Be approved by the governing body.

Interpretive Guidelines §482.22(c)(1)

Medical staff bylaws and any revisions of those bylaws must be submitted to the governing body for approval. The governing body has the authority to approve or disapprove bylaws

suggested by the medical staff. The bylaws and any revisions must be approved by the governing body before they are considered effective.

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(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

[The bylaws must:]

§482.22(c)(2) - Include a statement of the duties and privileges of each category of Medical staff (e.g., active, courtesy, etc.)

Interpretive Guidelines §482.22(c)(2)

The medical staff bylaws must state the duties and scope of medical staff privileges each category of practitioner may be granted. Specific privileges for each category must clearly and completely list the specific privileges or limitations for that category of practitioner. The specific privileges must reflect activities that the majority of practitioners in that category can perform competently and that the hospital can support.

Although the medical staff bylaws must address the duties and scope for each category of practitioner, this does not mean that each individual practitioner within the category may automatically be granted the full range of privileges. It cannot be assumed that every practitioner can perform every task/activity/privilege that is specified for the applicable category of practitioner. The individual practitioner's ability to perform each task/activity/privilege must be individually assessed.

State Operations Manual Appendix A

482.24 Condition of Participation: Medical Record Services

482.51(b)(2) A properly executed informed consent form for the operation must be in the patient's chart before surgery, except in emergencies.

Survey Procedures §482.51(b)(2)

- Verify that the hospital has assured that the medical staff has specified which procedures are considered surgery and, thus, are those that require a properly executed informed consent form.