## Recommended Standards for Newborn ICU Design Proposal

Please fill in the blanks, as appropriate.

Current Standard Name:	
Current Standard Number:	
□ YES – Check YES if New Standard Number (Number to be assigned when adopted)	

Submitted by: \_\_\_\_\_

**Instructions:** Please <u>underline</u> your suggested additions and <del>strikethrough</del> your deletions. Interpretation text accompanies the main text. Interpretations are not enforceable and are intended to clarify the intent of requirements in the main text.

Existing Standard (Type below without revisions. Leave blank if entirely new standard.)

**Proposed change or new standard:** (If existing, repeat existing text with proposed strikethroughs as deletions and underlined additions. If entirely new standard, add here.)

**Substantiation for change:** Please state outcome you are trying to achieve with this proposal. Include any evidence that supports the proposal.

## Application of FGI Guidelines Benefit-Cost Matrix

BENEFIT	Negative Impact			Neutral	Added Benefit		
	High	Medium	Low	No effect	Low	Medium	High
Patient/staff safety							
Fire/life safety							
Clinical quality of care							
Patient experience							
Operational efficiency							
Sustainability							
COST	Increased Cost			Neutral	Reduced Cost		
	High	Medium	Low	No effect	Low	Medium	High
Capital cost							
Clinical operating cost							
Facility operating cost							
Energy cost							