Florida Perinatal Quality Collaborative

SOOTHE Quick Start Checklist

FIRST

- ☐ Recruit QI team – RN, physician, administrator, data champion and parent/community partner
- ☐ Review, complete and return Hospital Commitment Letter
- ☐ Review, complete and return Data Use Agreement
- ☐ Identify team goals focusing on the three main drivers
- ☐ Write down questions or concerns

NEXT

- ☐ Review FPQC SOOTHE website to understand improvement goals and strategies:
    a. Online Toolkit
    b. Overview slide set
    c. Other evidence-based resources in the online Toolbox
- ☐ Attend the SOOTHE Data Collection webinar October 29 at 2:00 pm ET
- ☐ Schedule regular team meetings and develop communication plans to keep stakeholders updated
- ☐ Create a draft 30-60-90-day plan. This plan helps your team decide where to start and identify what you want to accomplish in the first 3 months.
- ☐ Schedule your hospital's own on-site kickoff for January 2026
- ☐ Prioritize and plan your first Plan-Do-Study-Act (PDSA) cycle
- ☐ Schedule virtual consultation with your FPQC Coach-Mentors

ONGOING

- ☐ Participate in monthly coaching calls and other educational activities
- ☐ Meet virtually with your Coach-Mentors quarterly
- ☐ Submit monthly and quarterly data
- ☐ Review data reports with QI team, clinicians and administrators
- ☐ Review and update 30-60-90-day plan at your regular QI meetings
- ☐ Reach out to FPQC for help, and celebrate successes with your team, early and often

All Initiative Resources are available at www.fpqc.org

Quick Start Overview

FIRST

1. Recruit **QI team reps:** Physician, RN, PT, OT, RD, Social Work/Case Management, Administrator, Parent, Community rep and others (EHR expert, QI rep). Recruit champions, not necessarily department managers. Champions have the 5 C's: Commitment, Clout, Credibility, Charisma, and Collaboration. Successful teams include front line clinical experts, operational leaders, quality improvement experts, senior leaders and patient/community representatives.
2. Identify the appropriate parties to review and sign the **Data Use Agreement** and forward the signed agreement to FPQC.
3. Attend **Kickoff meeting** (October 22, 2025). This is a unique opportunity to learn about the toolkit and resources, as well as the scope of the initiative.
4. Complete **the Pre-Implementation Survey**. Please work together as a team to complete the survey. This survey will help you understand current barriers and opportunities for getting started. There are no right answers! It is OK to start with lots of opportunities for improvement. Use this time to develop team goals for the three drivers.
5. Write down questions/concerns. You can contact FPQC (fpqc@usf.edu) or connect with your Coach-Mentors.

NEXT

1. Review the ~~FPQC~~ SOOTHE **Toolkit,** the **Overview Slide Set,** and other evidence-based resources to understand improvement goals and strategies. These are all available at www.fpqc.org
2. Attend the **Data Collection Webinar**. This is your opportunity to review definitions, tools, and procedures for data collection and submission.
3. Schedule regular **QI team meetings (monthly)** and develop a **communication plan** with your hospital's team and other stakeholders to be sure everyone is aware on an ongoing basis of your successes and challenges. Some hospitals find charters helpful to communicate this plan.
4. Create a **30-60-90-day plan**. This plan helps your team decide where to start, identify what you want to accomplish in the first 3 months with all three driver areas and helps you track your progress. Review the **Key Driver Diagram** to identify interventions, focus on activities supporting standardizing how you will address the areas of strengths, challenges, and opportunities.
5. Schedule your **hospital launch** for January 2026. Launch SOOTHE in a manner that effectively communicates to your entire team and supporting departments that you are embarking on this key quality improvement initiative. Consider offering an interdisciplinary Grand Rounds or other presentations at department meetings. Creatively communicate information on the unit and to the departments involved to get your hospital engaged. **Consider inviting C-Suite representatives to the kickoff so they are aware and supportive of the initiative**.
6. Plan your first **PDSA cycle** with your team to address your 30-60-90-day plan. **Small tests of change** help your hospital test process/system changes to reach initiative goals. Start small and test a change/improvement with one nurse, one provider, and one patient for one week. Review results, make improvements and implement if successful, repeat cycle if improvement is needed. Remember the three drivers are quite different with each needing its own focus.
7. Schedule **on-site or virtual consultation** with FPQC and/or your designated Coach-Mentors. Additional options include Grand Rounds, virtual participation in team meetings or other peer to peer modalities. Work with your FPQC Coach-Mentors to determine the best strategy for your team.

ONGOING

1. Participate in **monthly coaching calls and educational activities**. Be prepared to share 1 PDSA cycle quarterly for shared learning experiences. Share coaching call information with the entire ~~PROMPT~~ SOOTHE team after each call.
2. Submit **monthly and quarterly data** timely. Reach out to the FPQC staff with questions anytime! We are here to help!
3. Review quality improvement **data reports** with **entire team**. Keep all clinicians and administrators informed.
4. Review and update as needed, your team's **30-60-90-day plan** for key improvement areas at your regular QI meeting (monthly recommended). Remember we will be working together on this initiative through 2027!
5. Reach out to **FPQC** for help, and celebrate with your team, early and often.