



SOOTHE Initiative Hospital-Level Data Collection Form

- 1 - Not Started
- 2 - Planning/Developing
- 3 - Started Implementing - Started implementing in the last 3 months
- 4 - Implemented - Less than 80% compliance after at least 3 months of implementation (not routine practice)
- 5 - Fully Implemented - At least 80% compliance after at least 3 months of implementation (routine practice)

To what extent has your hospital:	Not Started	Planning/ Developing	Started to Implement	Implemented	Fully Implemented
Implemented a reading program to promote a language-rich environment through shared reading (books and tools available) and engaging families in early communication with the infant?	<input type="checkbox"/>				
Implemented a policy, guideline, and/or procedure for routine use of evidence-based calming sounds (e.g., white noise, lullabies, or recorded parent voice) within recommended noise limits (≤ 45 dBA) with an audio device available to support this practice?	<input type="checkbox"/>				
Implemented written lighting guidelines that include gestational age-appropriate dimming, light cycling for infants ≥ 32 weeks GA, and special population guidance (e.g., procedures, ELBW, Golden Hour, and transitions)?	<input type="checkbox"/>				
Implemented a scent cloth program to promote soothing smell and parent-infant bonding, to include: 1. clean scent cloths available to families, 2. guidance on safe use given to staff and caregivers, and 3. inclusion of program in unit policies or care routines?	<input type="checkbox"/>				
Implemented a policy, guideline, and/or procedure to reduce negative taste and smell experiences? Policy should include the use of unscented products for premature infants and an annual inventory and monitoring strategy to assess scented product use in the NICU, including perfumes used by staff.	<input type="checkbox"/>				
Implemented written guidelines on optimizing central line use, including the maximum number of IV placement attempts by a single clinician and the use of a specialized team for central line placement?	<input type="checkbox"/>				
Implemented written guidelines for pre- and post-procedural pain management, including pharmacologic and non-pharmacologic comfort measures?	<input type="checkbox"/>				
Implemented a process for conducting and documenting procedure time-outs or huddles prior to invasive procedures, integrated into the chart or flowsheet?	<input type="checkbox"/>				
Implemented a process, guideline, and/or protocol to avoid duplicate or redundant tests?	<input type="checkbox"/>				
Implemented written guidance on parents/family holding the infant during and after enteral feedings once the infant becomes eligible?	<input type="checkbox"/>				
Engaged a Patient Advisor in the QI team?	<input type="checkbox"/>				



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Sound Levels

Conduct daily spot checks of the sound level in the NICU (recorded in decibels) conducted within the 2-hour quiet time - once on day shift and once on night shift. In the section below, please record the monthly averages for the reporting quarter (spreadsheet to track daily measurement available at fpqc.org)

Month 1: _____	Average Sound Level (in dB): _____
Month 2: _____	Average Sound Level (in dB): _____
Month 3: _____	Average Sound Level (in dB): _____

Are environmental noise education materials* available to staff and families? Yes No

* Include: 1. The impact of environmental noise on infant development; 2. The purpose and expectations of quiet time in the NICU; 3. Recommended noise thresholds; 4. A QR code/link to a Sound Level Meter app (e.g., NIOSH Sound Level Meter app) for awareness; 5. Unit's Quiet-Time schedule

Staff Education and Training

NOTE: Count as "trained in a group" (A or B) only if all topics in that group are completed. Please add the percentage of nurses, physicians & therapists that are educated on the following topics:

What % of your staff has received education on...	Nurses	Physicians	Therapists
A. Developmentally appropriate care practices: - Environmental noise in the NICU - Midline flexion with 360-degree containment (including positioning guidelines, use of a validated positioning tool such as IPAT, observation, and supervised practice) - Safe sleep modeling (e.g., "Clear the Crib" practice) - Developmentally supportive infant handling and transfers (simulation, bedside observation, direct assistance), including the "two-person care" or "four-handed care" framework	_____ %	_____ %	_____ %
B. Minimizing stress or pain - Unit's central line use and guideline - Stress cue recognition and setting intention before physical contact (clear purpose, pre-arranging supplies, clustering care) - Pain recognition using a standardized pain management scale	_____ %	_____ %	_____ %
C. Respectful Care Training Respectful Care training since October 2025 and committed to Respectful Care practices	_____ %	_____ %	_____ %

Questions? Please contact FPQC@usf.edu