



# FPQC SOOTHE

## SUPPORTING OPTIMAL OUTCOMES THROUGH A HEALING ENVIRONMENT

### Frequently Asked Questions

***What is SOOTHE?***

The SOOTHE initiative is focused on supporting hospitals and care teams in fostering a neuroprotective NICU culture by training staff and providers, engaging families, optimizing developmentally appropriate sensory care, and minimizing unnecessary interventions to promote a nurturing environment for infants.

***Where can I find the tools that are required to carry out the initiative?***

We have a wide variety of resources to support your efforts in the [SOOTHE Initiative Toolbox](#).

***If we do not have a therapist, what is considered “trained staff”?***

“Trained staff” refers to NICU team members (e.g., nurses, nurse practitioners, physicians, respiratory therapists, OT/PT/SLP, or other bedside staff) who have received education and demonstrated competency in setting individualized sensory/touch goals, providing anticipatory guidance using structured tools (e.g., SENSE, Discharge Parent Pass), and supporting neuroprotective practices such as kangaroo care, music/voice exposure, scent cloths, light and sound regulation, and OT/PT/SLP-informed interventions.

Training may occur through in-house education, competency training, skills days, onboarding modules, SENSE or other neurodevelopmental program training. The key expectation is that staff have been trained and are supported by unit leadership to apply the practices.

***Do you have any training recommendations we can use to train staff?***

Many hospital learning management systems and educational platforms already include modules that address several topics required within the SOOTHE educational bundle. We recommend reviewing what is currently available in your hospital’s educational platform and mapping those offerings to the SOOTHE requirements.

If your hospital uses the SENSE program, most SOOTHE-related educational topics are already covered within SENSE. For topics not addressed through existing competencies or educational platforms, the [SOOTHE Initiative Toolbox](#) includes multiple additional training resources.

If you are unable to locate specific topics within your hospital resources or the SOOTHE Toolkit, please reach out to FPQC for assistance.

***Do all NICU team members need to sign the Respectful Care Commitment again, or can we use previously signed forms for Homeward Bound and only have those without one on file sign a new one?***

All of your hospital’s SOOTHE team members should sign the Respectful Care Commitment for SOOTHE. We also ask that those who sign the commitment have a record of taking a Respectful Care training since October 2025. The SOOTHE Respectful Care Commitment can be found here on our website [insert link].

***When collecting baseline data, should we record “did not receive” if the patient did not receive the intervention because the positioning tool is not currently available?***

Yes.

***What if the labs are drawn simultaneously?***

You should count lab results as a separate test, regardless of whether they were drawn simultaneously.

***How do we obtain equipment to measure sound decibels?***

This decision is up to your unit. Ensure the equipment can calculate the average sound level at the time of recording. We suggest using the Sound Level Meter App by the National Institute for Occupational Safety and Health. A link to the app is provided in the [SOOTHE Initiative Toolbox](#).

***How do we record sound levels if our NICU has private rooms?***

Select a few meaningful locations where infants are most likely to be exposed to noise and use those same locations consistently throughout the initiative.

In NICUs with private rooms, we recommend measuring inside patient rooms. Your largest opportunity may be machine and alarm noise within the room; also consider selecting rooms closer to noisier areas (e.g., nurse stations or busy hallways). A mix of room types is advised.

Based on capacity, selecting **3–5 locations** is sufficient. Once locations are chosen, continue recording in those same areas for the duration of the initiative.

***If we use Cavilon, does it count as a skin condition if it's preventative?***

No, using Cavilon preventively without any skin breakdown does not count as a skin condition.

**FOCUS POPULATION**

***Who is the population of focus?***

NICU admissions with a minimum 7-day stay who survived discharge.

***Who are we excluding from data abstraction?***

Infants who are discharged as deceased and readmissions.

**Should the infants be included if they are discharged to another unit outside of the NICU?**Yes.

***Should the infant be counted as discharged if they are transferred between NICU wards?***

No, transfers between NICU wards do not count as a discharge.

However, if an infant is transferred from the NICU to another inpatient unit (e.g., pediatrics) with no plan to return to the NICU, that transfer should be considered a NICU discharge for the purposes of SOOTHE data collection.

***What if an infant is transferred into the NICU, and the first oral feeding occurred before transfer and cannot be verified?***

If the first oral feeding occurred prior to NICU transfer and cannot be verified, document who provides the first oral feeding in the NICU.

***For milk drops, does donor milk count?***

Yes.

***For skin integrity, would a severe diaper dermatitis with skin breakdown count as open wounds?***

For this measure, severe diaper dermatitis is explicitly excluded, even if there is skin breakdown. It does not need to be reported; however, hospitals can track internally to identify opportunities for improvement.

***For skin integrity, would an IV infiltrate count if it does not progress to an open wound?***

No, if an IV infiltrate occurs without progression to an open wound or skin injury, it would not count.

### ***How do we count “First Oral Feeding”?***

First oral feeding experience with a parent or family member refers to the infant’s **first nutritive oral feeding** (breastfeeding or bottle feeding).

When a formal oral feeding readiness evaluation is conducted, **parents or family caregivers should be intentionally included**. The first oral feeding is best provided by the parent or family caregiver whenever feasible. Care teams should proactively coordinate evaluations and initial feeding attempts around caregiver availability to support family inclusion during this key developmental milestone.

**Do NOT include:** Colostrum or milk for oral care or swabbing, trophic feeds, gavage or tube feedings, non-nutritive sucking without milk transfer.

## **DATA ABSTRACTION AND REPORTING**

### ***When should we start collecting data, and when is the first data submission due?***

Your first quarterly hospital-level data submission was due January 25, 2026.

Your first monthly infant-level data, consisting of up to 20 abstracted infants discharged in January 2026, is due February 15, 2026.

### ***What are we collecting for baseline data, and when is it due?***

Baseline patient-level data for infants discharged in October, November, and December 2025 was due January 15.

Baseline hospital-level data covers the period of October – December 2025 and was due January 15.

Links to submit your baseline data will be sent out after your DUA is completed. If you have any questions, please email Leomar ([leomarwhite@usf.edu](mailto:leomarwhite@usf.edu)) and Alexa ([alexamutchler@usf.edu](mailto:alexamutchler@usf.edu)).

### ***Didn’t we turn in our baseline hospital-level data at the kickoff meeting?***

You submitted the policies, procedures, and guidelines, but we request that you also submit a simplified form with information not collected at kickoff (e.g. sound level checks, staff education on SOOTHE training bundle). This form will be sent to you once your hospital’s DUA is completed.

### ***How many infant discharges need to be reported to FPQC monthly?***

Hospitals should report up to 5 infants for each birth weight category per month (20 total):

- 2500 grams and above
- 2499-1500 grams
- 1499-750 grams
- less than 750 grams

### ***What if I don’t have a high frequency of infants in a particular weight category?***

To opt out of submitting a specific weight category, complete the following steps:

- 1) Access your EHR and identify infants meeting the criteria for each birth weight group from Q4 2024 through Q3 2025.
- 2) Review the counts to see if any birth weight category stays below 5 cases across all four quarters.
- 3) Submit your opt-out request using this link: <https://redcap.health.usf.edu/surveys/?s=7TYMC8MX4E4LDYTT>

### ***How do we decide which infants to abstract monthly?***

For abstraction, report the first five discharges per birth weight category for the reporting month or as many as you have.

### ***What if we do not have infants to report for a particular month? Do I still have to submit data?***

Yes. Please submit the form and select the option indicating that there are no eligible patients to report. If no submission is received in REDCap, the month will be marked as incomplete, which may result in the loss of your Data Star.

### ***When do we start counting the length of stay for the 7-day minimum?***

After the infant has been admitted to the NICU, regardless of whether they spent time in the hospital prior to admission.

***When counting qualifying birth weight categories, are we counting the number of babies born in each quarter, or the number discharged in that quarter?***

To determine which birth weight categories to report, use the number of NICU discharges that meet eligibility criteria (minimum 7-day NICU stay and survived to discharge), not the number of births. If your hospital consistently has less than 5 infants per quarter for a given category, your hospital can opt out of reporting for that birthweight category. This step is completely optional; you're welcome to continue reporting for all birthweight categories if you prefer, even when your numbers are small

***How do we set up our EMR system to allow for efficient chart review?***

Each hospital system will handle this differently. Some have already gone through the process of building out a report in their EMR system. We suggest contacting your IT team to discuss this.

***If we add additional neuroprotective practices, do we report on that in addition to the practices we started reporting on in the beginning?***

Yes, then make sure to continue reporting any procedures you report to us throughout the entire initiative.

***If an infant doesn't have Mother's Own Milk (MOM) in the first 3 days, does oral care with sterile water count?***

No.

***Do we count point-of-care testing for Lab Tests?***

Yes.

***Do we count oral swabs and urine samples as Lab Test?***

Count lab results as they are documented in your EHR. The Total Number of Tests should include all laboratory tests results (both blood-based and non-blood tests). If oral swabs and urine samples are included in the lab results tab, include them.

***Are we counting blood cultures (bilirubin, NBS, glucose POC, etc.)?***

Yes.

***What about non-blood tests (urine caths, HSV swabs, CMV swabs, MRSA swabs, etc.)?***

Count lab results as they are documented in your EHR. The Total Number of Tests should include all laboratory tests results (both blood-based and non-blood tests).

***Do you report a lab test if the infant had a line?***

Yes.

***What do we do if there is no documented way to verify that an additional sample was drawn?***

For this measure, only test results are counted. There is no need to verify or document that an additional sample was drawn.

***Are the "oral care" and "provided with drops of milk" activities independent of each other, or do you log them together?***

Please report oral care and provide drops of milk as separate items, even if they are performed during the same care episode.

***Will we have the chance to enter "test" data?***

Click these links to access development versions of the [Patient-Level](#) and [Hospital-Level](#) forms.

Real data should not be entered here, as it will be deleted after the trial period.

***Where do we submit our data?***

Links to submit your data will be sent as soon as your Data Use Agreement is complete. If you need the links sent to you again, please reach out to Leomar ([leomarwhite@usf.edu](mailto:leomarwhite@usf.edu)) and Alexa ([alexamutchler@usf.edu](mailto:alexamutchler@usf.edu)).

***Do we need to submit a new REDCap survey for each infant?***

Yes, each infant will need to be submitted on their own REDCap survey. After submission, you'll receive a code for each infant entry. Use a case log to keep track of these codes. If you lose a code, the data team can assist in retrieving it.

***Our coding information is typically not available until after the 15th of the month.***

If you need a deadline extension, please contact the data team at [leomarwhite@usf.edu](mailto:leomarwhite@usf.edu) and [alexamutchler@usf.edu](mailto:alexamutchler@usf.edu).

## **MISCELLANEOUS**

***Who can I reach out to if I need help with my Data Use Agreement?***

Please reach out to Linda Detman ([ldetman@usf.edu](mailto:ldetman@usf.edu)) or Shelby Davenport ([davenport3@usf.edu](mailto:davenport3@usf.edu)).

***Where can we review the PowerPoint slides and recordings of the data webinars?***

The webinar recordings and PowerPoint slides are available [here](#), under "Archived SOOTHE Presentations & Webinars".