

SOOTHE

Supporting **Optimal Outcomes**
Through a **Healing Environment**



SOOTHE Data Collection and Submission Instructions

Thank you for participating in the SOOTHE Initiative! As the initiative and data lead, you will receive notifications to submit your hospital's monthly and quarterly data. Please find specific information below for your submission.

For SOOTHE, we are collecting 2 types of data:

1. **Abstracted sample patient data:** patient demographics, developmental and neuroprotective care activities and family caregiver involvement.
2. **Hospital-level data:** structural measures such as policies/guidelines to support the initiative, monthly average sound level in your NICU and education and training for your staff.

1. Abstracted Sample Patient Data

Step 1. Determine the number of NICU discharges each quarter for each of the following birthweight categories A. 2500 grams and above; B. 1500-2499 grams; C. 750-1499 grams; D. less than 750 grams

Use the table below to track your qualifying NICU discharges by birthweight category each quarter for the last 12 months. This will help determine whether your hospital qualifies to opt out of reporting for a specific category.

birthweight	# NICU discharges			
	Q4 2023	Q1 2024	Q2 2024	Q3 2024
2500g and above				
1500-2499g				
750-1499g				
less than 750g				

Step 2. 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. If your hospital chooses to opt out of reporting for a certain birthweight category, please report here:

<https://redcap.health.usf.edu/surveys/?s=7TYMC8MX4E4LDYTT> by December 31st, 2025.

Step 3. Monthly sampling: Determine the number of NICU discharges for the month within each reporting birthweight category. Only include infants who spent at least 7 days in the NICU and survived to discharge.

For reporting, always report the first five discharges per birth weight category for the reporting month or all available discharges if fewer than five.

Step 4. Chart Abstraction, Study ID Assignment and Tracking Log

After identifying your monthly sample, **abstract each patient's medical chart using the [SOOTHE Patient-Level Data Collection Form](#).**

The first element in the form is the "Study ID#".

This is a unique identifier **assigned by the abstractor** to each case reported to FPQC.

- Begin numbering sequentially with **001** and continue throughout the entire initiative.
- **Do not restart every month** or by birth weight category.
- Simply assign the next consecutive number as you abstract each case for FPQC submission.

Important note: Never include or share the patient medical record number with FPQC. Each case must be deidentified and identified only by the **assigned Study ID#**.

Internal Tracking Log: Maintain an internal [tracking log](#) of all patients whose data are submitted to FPQC. This log should include:

- The patient's medical record number
- The assigned study ID
- The return code generated after submitting each case to FPQC (one return code per patient/survey)

This log is essential for verifying submissions and making any necessary data corrections, but it is strictly for internal hospital use only.

Do not send or share this log with FPQC under any circumstances.

Step 5. Data Submission:

- SOOTHE patient-level data submission begins with **October 2025 discharges**.
- Baseline data will include all cases from **October through December 2025** and is **due by January 15, 2026**.
- Starting in January 2026, all data are due by the 15th of the following month and will continue this monthly schedule through the end of the initiative (June 2027).
- Complete one REDCap submission per patient.
- Immediately after submitting each survey, you will receive a return code confirming

successful submission. Be sure to record this return code in your internal tracking log.

- Once your Data Use Agreement (DUA) is fully executed, FPQC will email your SOOTHE data and project lead the REDCap submission link.
- Please bookmark this link and use it consistently for all submissions throughout the initiative.

2. Hospital-Level Data

Step 1. Review the form and set up data collection:

Use the [SOOTHE Hospital-Level Data Collection Form](#) and establish how your team will capture each measure:

- Structural Measures – facility practices/policies supporting SOOTHE (Likert scale: Not Started → Fully Implemented; see scale instructions at top of form).
- Average monthly sound level (dB) – obtained from daily NICU spot checks.
 - o Use the Excel “Average Sound Level in the NICU” tracker to record daily checks; it auto-calculates monthly averages.
 - o Assign staff to collect readings (ideally one day-shift and one night-shift lead). Ensure the Excel tracker is shared and accessible to all responsible team members.
- Staff Training for two educational bundles – track Physicians, Nurses, and Therapists. Credit is all-or-nothing (all topics in a bundle must be completed).
 - FPQC will provide a list of resources for each topic.

Step 2. Establishing Baseline

- Submit monthly sound average for December 2025 and baseline staff-training status for both bundles.
- **Baseline due date: January 25, 2026.**

Step 3. Ongoing Reporting Schedule

- FPQC sends a reminder a day after the end of the reporting quarter.
- Quarterly submissions are due by the 25th of the month following the reporting quarter. **Example: For Jan–Mar 2026, reminder on April 1, 2026; due April 25, 2026.**
- **This cadence continues every three months through June 2027.**

Step 5. Submission Method

- Complete the SOOTHE Hospital-Level Data Collection Form in REDCap.
- FPQC will send the REDCap submission link via email; please bookmark this link and use it consistently for all future submissions.

Questions? Email us: leomarwhite@usf.edu , alexamutchler@usf.edu, erubio1@usf.edu

v 11/10/2025



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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implemented written guidelines for pre- and post-procedural pain management, including pharmacologic and non-pharmacologic comfort measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implemented a process, guideline, and/or protocol to avoid duplicate or redundant tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaged a Patient Advisor in the QI team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SOOTHE Initiative Hospital-Level Data Collection Form

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



SOOTHE Initiative



Complete for up to 20 infants (see back for sampling instructions)

STUDY ID # _____ (start with 001 and number sequentially until the end of the initiative)

Patient Demographics

Discharge month _____ Discharge year _____	Length of stay _____ days (count if patient was in bed at midnight)	Discharge to: <input type="checkbox"/> Another hospital/unit <input type="checkbox"/> Home <input type="checkbox"/> DCF
Primary caregiver preferred language <input type="checkbox"/> English <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Primary caregiver race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Primary caregiver ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown
GA at birth (complete weeks only) _____	Type of insurance (check all that apply) <input type="checkbox"/> Medicaid/Medicaid plans <input type="checkbox"/> Tricare <input type="checkbox"/> Private <input type="checkbox"/> Self-pay <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Inborn <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth weight (grams) _____		

Developmental and Supportive Care Activities

Mark the timing of <u>the first</u> completed activity:	Within 3 DOL	4 - 7 DOL	> 7 DOL	Did Not Receive	Per Unit Guideline
Oral Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided breastmilk drops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin-to-skin contact by family caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Documented</u> use of a validated positioning tool (e.g., IPAT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Caregiver Involvement

Was the infant's first oral feeding experience from a parent/family member? Yes No

Regarding Family Caregiver training and inclusion in care, check only items with a <u>documented date</u> :	Family Caregiver:	Caregiver who Completed Activity:
	<input type="checkbox"/> Received training on recognizing infant cues	→ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
	<input type="checkbox"/> Demonstrated ability to recognize infant cues	→ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
	<input type="checkbox"/> Received training on intentional, positive touch	→ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
	<input type="checkbox"/> Demonstrated ability to respond with intentional, positive touch to infant cues	→ <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
<input type="checkbox"/> None		

Which activities were completed with the Family Caregiver in collaboration with a therapist or trained team member? *Check all that apply*

Setting individualized sensory/touch goals

Providing anticipatory guidelines using structured tools (e.g., SENSE, Discharge Parent Pass, etc.)

Other neuroprotective practices (please specify: kangaroo care, music/voice therapy, scent cloths, light/sound regulation, PT/OT/SLP interventions): _____

None

Family caregiver HRSN screening was Positive Negative Declined Not documented

→ If positive HRSN: Appropriate resources/referrals provided for all +HRSN
 Some resources/referrals provided
 No resources/referrals provided

Skin Management

Check any skin conditions documented throughout the entirety of the infant's NICU stay:

Pressure injuries

Medical Adhesive-Related Skin Injury (MARS) Other non-surgical open wound: _____

CPAP-related injuries None

Number of Laboratory Test Results (see details on the back)

Total # _____

Hematology # _____

Chemistry # _____

Coagulation # _____

Blood Gases # _____



SOOTHE Initiative

PATIENT SAMPLING INSTRUCTIONS

Include: NICU admissions with minimal 7-day stay.

Exclude: Infants discharged as deceased.

Report **up to 20 eligible patients every month**, including **up to 5 infants** for each birth weight category, as follows: a) 2500 grams and above; b) 1500-2499 grams; c) 750-1499 grams; d) less than 750 grams.

Abstract and report on **the first infants discharged each month** within each birth weight category (up to 5 per group).

If fewer than 5 are discharged in a category, report all available infants.

At the beginning of the initiative, your hospital has the option to opt out of reporting information on smaller birth weight categories if the number of infants in a specific category is consistently less than 5 per quarter.

DATA DEFINITIONS

Lab Test Result: Count all lab results from DOL 1–7.

- Panels = 1 result each (e.g., BMP = 1, CMP = 1).
- If multiple panels are drawn at the same time (e.g., CBC + blood gas), count each separately.
- Include all statuses: valid, hemolyzed, clotted, insufficient/QNS, unable to analyze, or other “no result.”
- If a test is repeated, count each occurrence.

Where to Count: Use the Review Summary tab and rely on the EHR’s built-in lab groupings.

Duplicates Across Groups: If the same result appears in more than one EHR built-in group (e.g., Chemistry and Coagulation), count it once (e.g., under Chemistry - be consistent!).

Pick one method and apply it consistently across all patients and throughout the initiative.

Appropriate resources/referrals provided for positive Health Related Social Needs (HRSN) categories: verify if appropriate resources or referrals were given for each positive HRSN category, in accordance with your unit policy and available community resources (e.g. if a patient screened positive for food insecurity, food vouchers and list of local food banks were provided).

If discharged to long term care, mark "Other hospital/unit"