Database Eligibility

VLBW Database Eligibility

Any infant who is born alive at your hospital and whose birth weight is from 401 to 1500 grams OR whose gestational age is from 22 weeks 0 days to 29 weeks 6 days is eligible, regardless of where in your hospital the infant receives care. A live born infant is one who breathes or has any evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscle, regardless of whether the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.1 Stillborn infants (those who are not live born) are not eligible for the VLBW database.

Any outborn infant who is admitted to any location in your hospital within 28 days of birth, without first having gone home, and whose birth weight is from 401 to 1500 grams OR whose gestational age is from 22 weeks 0 days to 29 weeks 6 days is eligible, regardless of where in your hospital the infant receives care.

Examples

These examples assume that the infant was born in your hospital or was admitted to your hospital within 28 days of birth.

<table>
<thead>
<tr>
<th>Birth Weight (grams)</th>
<th>Gestational Age (Weeks/Days)</th>
<th>Eligible for VLBW Database?</th>
</tr>
</thead>
<tbody>
<tr>
<td>350</td>
<td>22/0</td>
<td>Yes</td>
</tr>
<tr>
<td>400</td>
<td>21/6</td>
<td>No</td>
</tr>
<tr>
<td>401</td>
<td>21/6</td>
<td>Yes</td>
</tr>
<tr>
<td>400</td>
<td>22/0</td>
<td>Yes</td>
</tr>
<tr>
<td>1500</td>
<td>30/0</td>
<td>Yes</td>
</tr>
<tr>
<td>1501</td>
<td>30/0</td>
<td>No</td>
</tr>
<tr>
<td>1501</td>
<td>29/6</td>
<td>Yes</td>
</tr>
<tr>
<td>1600</td>
<td>28/4</td>
<td>Yes</td>
</tr>
<tr>
<td>1600</td>
<td>30/0</td>
<td>No</td>
</tr>
</tbody>
</table>


Expanded Database Eligibility

All infants eligible for the VLBW Database are also eligible for the Expanded Database.

In addition, the following infants are also eligible for the Expanded Database only:

(1) Any infant whose birth weight is over 1500 grams and who is admitted to a neonatal intensive care unit (NICU) in your hospital within the first 28 days of life without first having gone home, regardless of gestational age. A NICU is any location within the hospital in which newborn infants receive continuous positive airway pressure (CPAP) or intermittent mandatory ventilation (IMV). When applying this definition, do not include those areas in which these modalities of respiratory support are used only for brief periods of stabilization prior to transfer to another location. The intent is that units designated as a NICU routinely provide these services for ongoing care beyond an initial period of stabilization.

(2) Any infant whose birth weight is over 1500 grams and who dies at any location in your hospital within 28 days of birth without first having gone home. This includes inborn and outborn infants.
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Introduction

The Vermont Oxford Network Database Manual of Operations consists of two parts.

• Part 1 provides information about the Vermont Oxford Network and the programs and services provided by the Network. It includes guidelines for database participation and information that you will need to prepare for and manage collection and submission of data to the Network.

• Part 2 includes data item definitions, data forms, and the data submission timeline for infants born in a specific birth year. It is updated annually.

Current versions of both parts of the Manual and other Vermont Oxford Network instructions and forms are available at www.vtoxford.org/downloads.
CHAPTER 1
Welcome to the Vermont Oxford Network

About the Vermont Oxford Network

The Vermont Oxford Network (“VON” or “Network”) is a non-profit voluntary collaboration of health care professionals established in 1988. Today, the Network is comprised of nearly 1,000 Neonatal Intensive Care Units around the world.

The mission of the Vermont Oxford Network is to improve the quality and safety of medical care for newborn infants and their families through a coordinated program of research, education and quality improvement projects.

The vision of the Vermont Oxford Network is to establish a worldwide community of practice, dedicated to providing all newborn infants and their families with the best possible and ever-improving perinatal and neonatal care.

The Vermont Oxford Network provides several programs and services to the neonatal community in support of its mission. The Network:

- Maintains databases that contain information about the care and outcomes of high-risk newborn infants. The Network databases:
  - Provide unique, reliable and confidential data to participating units for use in quality management, process improvement, internal audit, and peer review.
  - Provide core data for outcomes research, randomized clinical trials, and epidemiological studies.
  - Create the foundations for educational materials and programs for healthcare professionals, policy makers, families of high-risk infants, and the public.

- Coordinates quality improvement programs that bring together individuals and groups from various centers to explore opportunities for improving infant care, and also provide options for earning Continuing Medical Education (CME) credit.
  - iNICQ collaboratives use online learning to share presentations from expert speakers, encourage centers to examine their own practices for improvement opportunities, and engage centers in quality improvement discussions and activities.
  - NICQ collaboratives use a combination of online and onsite learning to promote quality improvement with a focus on hands on participation.

- Convenes an Annual Meeting and Quality Congress to bring together neonatal professionals from all disciplines of practice for discussion of
cutting edge clinical topics, formal and informal networking opportunities, and exhibition of improvement stories from member centers.

For more information on any of the Vermont Oxford Network’s programs or events, visit the Network website at www.vtoxford.org.

Network Database Options

Members of the Vermont Oxford Network may choose to participate in either the Very Low Birth Weight (VLBW) Database or in the Expanded Database.

- The VLBW Database includes data for each eligible infant whose birth weight is from 401 to 1500 grams, or whose gestational age is from 22 weeks, 0 days to 29 weeks, 6 days, regardless of where in your center the infant receives care.
- The Expanded Database includes data for all eligible VLBW infants, as well as for eligible infants over 1500 grams who are not eligible for the VLBW Database. A Supplemental Data Form is completed for all eligible infants by Expanded Database Participants.

Details about infant eligibility criteria for these databases are in Chapter 4.

Data Submission and Reporting

Each January 1st marks the beginning of a new cycle of data submission and reporting. Data are submitted, finalized and reported for all eligible infants born during the entire calendar year. Members confirm that data for all eligible infants are submitted and that data records for each infant are accurate and up-to-date.

The Network produces quarterly and annual reports to provide participating members with feedback about their performance. Reports include:

- Patient characteristics
- Treatment practices
- Morbidity and mortality
- Length of stay at your center.

Data Submission Options

Members may submit data to the Vermont Oxford Network in one of two ways:

- eNICQ: The Vermont Oxford Network produces data collection and submission software called eNICQ, which is available to all member centers as a benefit of membership. For more information about eNICQ, visit www.vtoxford.org/enicq.
- Data extraction from your electronic data collection system: Member centers may extract data from their existing electronic medical records
systems to data files that may be uploaded on the Vermont Oxford Network website, or imported into eNICQ for validation and submission. For more information, visit http://www.vtoxford.org/eds/eds.aspx.

Confidentiality and Patient Privacy

The Vermont Oxford Network strictly maintains the confidentiality of the data in its databases. Center data are available only to individuals authorized by the center.

Patient identifiers are protected health information as specified in the US Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the regulations implementing HIPAA. Patient identifiers cannot be sent to Vermont Oxford Network unless the submitting member has the appropriate agreement(s) in place with the Vermont Oxford Network. Your center must take appropriate measures to assure that patient data stored at your center are protected and secured from unauthorized access.

Getting Help

A Network Account Manager is assigned to assist your center in organizing your system and managing your data submissions. See Chapter 3 for more details on getting help.
CHAPTER 2
The Annual Data Submission and Report Cycle

Introduction

All centers that complete data for a birth year and fulfill the data finalization requirements will receive an Annual Report, which analyzes center data and provides comparisons to Network data. Annual Reports are based on birth year. Each January 1st marks the beginning of a new cycle, which includes data submission for each eligible infant born in the calendar year. The events in this annual cycle are listed in Table 2.1.

Following the end of a birth year and before reports are published, your Account Manager will provide the timeline for data finalization. The expectation is that members will assure that records for all eligible infants have been submitted and that all submitted records are accurate and up-to-date on or before the due dates specified in the annual Data Finalization Guidelines.

<table>
<thead>
<tr>
<th>The Annual Cycle for Data Submission and Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop and submit an Eligibility Verification Plan (EVP) before submitting data for a new birth year.</td>
</tr>
<tr>
<td>2. Submit data for each eligible infant over the course of the year.</td>
</tr>
<tr>
<td>3. Correct data as necessary as the year progresses.</td>
</tr>
<tr>
<td>4. Complete the annual Membership Survey after the calendar year has ended.</td>
</tr>
<tr>
<td>5. Finalize data for the Annual Report after confirming that data for each eligible infant born in the birth year were submitted.</td>
</tr>
<tr>
<td>6. Use the Nightingale Internet Reporting System regularly to review up-to-date information on patient demographics, outcomes and interventions to support your quality improvement activities throughout the year.</td>
</tr>
</tbody>
</table>

Table 2.1: The Annual Cycle for Data Submission and Reporting
1. Develop and Submit an Eligibility Verification Plan

The Eligibility Verification Plan (EVP) is intended to help establish a method for identifying eligible infants and their locations in your center, and is prepared by your center and submitted annually to the Network. When your center becomes a member of the Network and at the beginning of each calendar year, your center is required to complete an Eligibility Verification Plan. The EVP should be completed online within Member’s Area – Data Management at www.vtoxford.org before data submissions begin for the birth year. For more detail about the EVP, see Chapter 4.

2. Collect and Submit Data for Each Eligible Infant

Members of your data collection team need to fully understand the eligibility criteria described in Chapter 4. These criteria depend on whether your center participates in the VLBW or the Expanded Database.

When eligible infants are identified, use the logs and worksheets discussed in Chapter 4 to keep track of each infant and to assign Network ID numbers. The Network ID Number that you assign is the unique identifier created for each Vermont Oxford Network infant record submitted.

For each eligible infant, collect and submit data based on the procedures described in Chapter 5 and using the data definitions in Part 2 of this manual.

3. Correct Data as Necessary

When data are submitted to the Network, extensive error checking is done to help assure that the data are complete and correct. Chapter 6 describes the process for data correction and finalization. Follow the guidelines in Chapter 6 to make corrections and assure that all data are complete and correct.

4. Complete the Annual Membership Survey

At the beginning of each year, the Membership Survey must be completed based on your center characteristics for the previous year. The Membership Survey is available for completion within Member’s Area – Data Management at www.vtoxford.org.

Data from the membership surveys are summarized and reported in the Nightingale Internet Reporting System. These reports allow you to compare characteristics and capabilities at your center to other centers in the Network. Reports are also generated using survey data which allow you to compare your center’s infant procedures and outcomes to those at similar centers.
5. Finalize Data for the Annual Report

Data finalization is a key component of the annual data submission and reporting cycle. Your center will receive detailed Data Finalization Guidelines each year to assist with finalizing the previous year’s data. See Chapter 6 for more detail about the data finalization process.

6. Use the Network Reports for Quality Improvement

The Network reports provide a wealth of information that can be used by your center to improve the quality of care. The Nightingale Internet Reporting System provides up-to-date information on patient demographics, outcomes and interventions with the ability to compare your center’s data to the Network, and different NICU types. See Chapter 7 for more detail about reports.
CHAPTER 3
Organizing Your Network Data Management System

Introduction

Your center will be assigned a VON Account Manager once your center has selected a database option and signed a Membership Agreement. Your Account Manager will familiarize your team with the data collection and submission process, point you to training materials and tutorials to help you get started, answer any questions you may have about collecting, recording, or submitting data, and support your center in achieving accurate and timely data reporting throughout your membership. See the Manual of Operations, Part 2 or visit www.vtoxford.org for a listing of Account Managers.

If you have questions at any time, you are encouraged to contact your Account Manager. If your Account Manager is unavailable, you can speak to anyone on the Account Management Team. To telephone the Network from the United States, Canada or Puerto Rico, dial 1-802-865-4814; otherwise, dial 001-802-865-4814. To email a Network representative, send email to mail@vtoxford.org.

The steps in this Chapter will help you to set up a system for collecting, submitting, and using Network data and reports. Table 3.1 provides an outline of these steps.

If you need help with any aspect of organizing your system or managing your data, contact your Account Manager. Your Account Manager will help you keep your center’s data up-to-date and assist you with any problems that arise.

<table>
<thead>
<tr>
<th>Steps to Organize Your VON Data Management System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: Choose a database option.</td>
</tr>
<tr>
<td>Step 2: Organize a multidisciplinary team.</td>
</tr>
<tr>
<td>Step 3: Establish procedures for data security and patient privacy.</td>
</tr>
<tr>
<td>Step 4: Establish procedures for data collection, submission and correction.</td>
</tr>
<tr>
<td>Step 5: Train data management staff.</td>
</tr>
<tr>
<td>Step 6: Provide team members with access to Vermont Oxford Network’s Web Services</td>
</tr>
</tbody>
</table>

Table 3.1: Steps to Organize Your VON Data Management System
Step 1: Choose a Database Option

Your center may choose to participate in the Very Low Birth Weight (VLBW) Database or the Expanded Database, as discussed in Chapter 1. When deciding on a database option, keep in mind that you must submit data for all the infants at your center who meet the eligibility criteria for that database (see Chapter 4). Contact your Account Manager with any questions about changing your database option.

Step 2: Organize a Multidisciplinary Team

Your center should establish a multidisciplinary team to:

- Ensure accurate and complete data submission
- Review and evaluate your center’s data on Nightingale and in your center’s quarterly and annual reports
- Promote use of your center’s reports across your team

This team will help direct your center’s local quality improvement efforts using Network reports to target specific clinical practices, to identify opportunities for improvement, and to monitor quality improvement over time. Team members will work together to develop and maintain an internal system for collecting and submitting infant data to VON as well as a process for regularly sharing and reviewing the data and annual reports with your NICU team(s).

Each center’s core team should include individuals assigned to the following roles. The individuals will communicate with VON about specific aspects of your center’s participation as outlined below:

- Team Leader
- Neonatology Contact
- Data Contact(s)
- Report Contact
- Web Services Administrator(s)
- Financial Contact
A **Team Leader** should be identified to coordinate the activities associated with Network participation and quality improvement. Responsibilities associated with this role include the following:

- Establishing procedures for data collection and submission, and monitoring their implementation.
- Training staff to collect, submit, and correct Network data.
- Educating your NICU team about your center’s VON membership and the information and tools available to them.
- Encouraging the participation of new and existing staff at your center by sharing reports and findings, and ensuring they have access to VON tools.

The **Neonatology Contact** has clinical and/or research experience and should be available to the Data Contact as a resource for medical questions pertaining to the data definitions. This is the person to whom the Network sends information about ongoing clinical trials, research projects, and quality improvement collaboratives.

The **Data Contact** is the person responsible for collection and submission of all infant data to VON, and will receive all Network correspondence regarding data status, submission, and errors. Depending on the size of your center, the Data Contact may be the person who actually collects and submits the data or someone who supervises other data management staff. It is recommended that your center assign a Primary Data Contact and an Alternate Data Contact.

The **Report Contact** at your center receives published Network reports. This person should be a member of your center’s peer review committee and be active in quality improvement activities. S/he will be responsible for sharing your Network reports with the appropriate team members at your center, and also for ensuring that the appropriate staff are aware of and have access to the Nightingale reporting tool.

The **Web Services Administrator(s)** will be responsible for ensuring the staff at your center has access to the appropriate VON tools and web sites. The Web Services Administrator will be provided a tool that allows him/her to create user accounts to allow staff members at your center to access the member tools, data, reporting and educational materials at [www.vtoxford.org](http://www.vtoxford.org); to assist users with password questions; and to periodically review the list of users who have been granted Member’s Area access, ensuring that your center’s information is available to the appropriate staff members. VON recommends that your center identify more than one Web Services Administrator.

The **Financial Contact** is the person who handles membership agreements and ensures payment of membership fees.

When personnel in these roles changes or a new team leader is assigned, it is important to notify your Network Account Manager.

In addition to these roles, we encourage you to engage your entire interdisciplinary NICU team. Team members may include doctors, nurses, respiratory therapists,
nutritionists, pharmacists, social workers, and other healthcare professionals involved in NICU care at your center, as well as parents.

**Step 3: Establish Procedures for Data Security and Patient Privacy**

Your center must protect patient privacy and ensure that patient data are secure according to your center’s policies and procedures. Patient identifier information should be protected based on applicable laws and center policies. Do not send any patient identifier information to the Network. The Vermont Oxford Network does not accept protected health care information.

**Step 4: Establish Procedures for Data Collection, Submission and Correction**

Follow the guidelines in Chapters 4, 5 and 6 of this manual to identify and report data for all eligible infants. To collect, submit, correct and finalize data, use these guidelines to create a system that works in your center.

**Step 5: Train Data Management Staff**

Use this manual to train your center’s data management staff. Staff members who are involved in data collection, data submission, and quality improvement should understand the following areas:

- Patient eligibility criteria.
- Data definitions for each data item.
- Procedures for filing and storing forms.
- Data security and protection of patient identifier information.
- Procedures for collecting, submitting and correcting data.
- Procedures for data management and data finalization.
- Use of Network reports for monitoring and improving patient care.
- Use of Network resources available at www.vtoxford.org.

**Step 6: Provide Team Members with access to Vermont Oxford Network’s Web-Based Tools and Services**

The Vermont Oxford Network makes a number of online resources available to your center to support your membership and quality improvement efforts:
• **Member Home** provides tutorials and other information about upcoming training sessions and other events, your center’s participation in the Network, and other VON announcements.

• **Data Management** provides tools to monitor data submissions, review errors and warnings, and complete data finalization tasks.

• **Nightingale Internet Reporting System** provides access to up-to-date infant data reporting, as well as Annual Reports and Network comparisons.

• **Collaborative Learning Center** provides videos and reading material for education and quality improvement.

Vermont Oxford Network encourages your center to provide access to all staff members involved in neonatal care who may benefit from access to these tools.

Your center’s Web Services Administrator(s) will be provided with the ability and information to grant access to the Vermont Oxford Network’s Web Services, assist users with questions or problems, and update user accounts.

VON offers online tutorials and web-based training to help your team learn to navigate and better use the tools provided. Your VON Account Manager can provide you with further information about training available to your team members.
CHAPTER 4
VLBW and Expanded Database Eligibility Criteria

To assure that data from your hospital are useful for quality improvement and comparisons of your hospital performance, data must be collected for each eligible infant. To determine which infants are eligible, first determine whether your hospital participates in the VLBW Database or the Expanded Database. If your hospital participates in the VLBW Database, only Table 4.1 below is applicable. If your hospital participates in the Expanded Database, both Tables 4.1 and 4.2 are applicable. As Table 4.2 shows, the Expanded Database is a superset of the VLBW Database.

**Table 4.1: Eligibility Criteria for the VLBW Database**

<table>
<thead>
<tr>
<th>Birth Weight (grams)</th>
<th>Gestational Age (Weeks/Days)</th>
<th>Eligible for VLBW Database?</th>
</tr>
</thead>
<tbody>
<tr>
<td>350</td>
<td>22/0</td>
<td>Yes</td>
</tr>
<tr>
<td>400</td>
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</tr>
<tr>
<td>401</td>
<td>21/6</td>
<td>Yes</td>
</tr>
<tr>
<td>400</td>
<td>22/0</td>
<td>Yes</td>
</tr>
<tr>
<td>1500</td>
<td>30/0</td>
<td>Yes</td>
</tr>
<tr>
<td>1501</td>
<td>30/0</td>
<td>No</td>
</tr>
<tr>
<td>1501</td>
<td>29/6</td>
<td>Yes</td>
</tr>
<tr>
<td>1600</td>
<td>28/4</td>
<td>Yes</td>
</tr>
<tr>
<td>1600</td>
<td>30/0</td>
<td>No</td>
</tr>
</tbody>
</table>

Table 4.2: Eligibility Criteria for the Expanded Database

### Applying Eligibility Criteria

### Meaning of “Your Hospital”/“Your Center”

There are situations that may lead to questions about interpreting the meaning of “your hospital” or “your center” when applying infant eligibility criteria. These include legal and leasing arrangements whereby different locations within the hospital are under the control of different authorities, as well as situations in which the same group of neonatologists care for infants at multiple locations. In such situations it is important to recognize that eligibility is determined based on all infants delivered or cared for at “your hospital” or “your center.” “Hospital” or “Center” refers to a building or group of buildings on the same campus among which infants can be moved without the routine need for ambulance transfer.

### Meaning of “Live Born”

A *live born* infant is an infant who breathes or has any evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscle, regardless of whether the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac
contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.¹


Stillborn Infants

Stillborn infants are not eligible for the Network databases. Only live born infants that meet the other eligibility criteria are eligible.

Planned Terminations that Result in Live Births

Data for all eligible live born infants should be submitted regardless of the circumstances of birth.

Infants Born at Home or in Transit to Your Center

Infants born at home or in transit are eligible if they arrive at your center alive and meet all the other criteria.

Infants Discharged Home Prior to Admission

Infants who are discharged home from a center prior to admission to your center are not eligible. For instance, infants discharged home from another center before being admitted to your center are not eligible.

Gestational Age and Eligibility

Live born infants with gestational ages from 22 weeks 0 days to 29 weeks 6 days are eligible for both the VLBW and Expanded Databases, if they are born in your center or admitted to your center within 28 days of birth and have not been discharged home. This applies to infants with birth weights less than 401 grams and to infants with birth weights greater than 1500 grams.

Infants Who Die

You should monitor delivery room logs and death reports to verify that all eligible infants are reported.

If your center participates in the VLBW Database the following infants who die should be reported:

- All live born infants who are born in your center and who die are eligible if their birth weights are from 401 to 1500 grams or if their gestational ages are from 22 weeks 0 days to 29 weeks 6 days. This includes infants meeting the delivery room death criteria (Table 4.3 below).
• All outborn infants with birth weights from 401 to 1500 grams or gestational ages from 22 weeks 0 days to 29 weeks 6 days who die are eligible if they have not been discharged home and are admitted to your center within 28 days of birth.

If your center participates in the Expanded Database the following infants who die should be reported:

• Any eligible VLBW infant who dies, as described above for the VLBW Database.
• All infants with birth weights over 1500 grams who die at any location in your center within 28 days of birth are eligible if they have not been discharged home. This includes full-term infants, infants who are not in the very low birth weight category and infants who are never admitted to a NICU.

### Delivery Room Death Criteria

Any eligible inborn infant who dies in the delivery room or at any other location in your hospital within 12 hours after birth and prior to admission to the NICU is defined as a “Delivery Room Death.” These locations may include the mother’s room, resuscitation rooms, or any location other than the NICU in your hospital.

Outborn infants and infants who are admitted to the NICU should not be classified as Delivery Room Deaths.

#### Table 4.3: Delivery Room Death Criteria

---

**The Eligibility Verification Plan**

The Eligibility Verification Plan (EVP) is intended to help establish a method for identifying eligible infants and their locations in your center and is prepared and submitted annually to the Network. At the beginning of each calendar year, your center should use Member’s Area – Data Management at [www.vtoxford.org](http://www.vtoxford.org) to complete an Eligibility Verification Plan for the current birth year. To complete the EVP, indicate the sources you will use to identify eligible infants and the frequency with which you will collect data from these sources. If your center uses a data source that isn’t listed, specify the source on the line below “Other.” The frequency with which you check each source depends on various factors, including the number of infants who are born or receive care at your center, staffing at your center, and whether your center has a computerized clinical data system.

Notice that the EVP has a special section on data sources for Delivery Room Deaths and infants who die in your center. These patients can be difficult to track. Check all the data sources where infants who die in the delivery room,
initial resuscitation areas or at other locations in your center may be documented.

If your center participates in the **Expanded Database**, it is important to identify all locations in your center where an eligible infant may receive continuous positive airway pressure (CPAP) or intermittent mandatory ventilation (IMV). To ensure that these infants are not inadvertently omitted from your center’s data, write down these locations in the section “Locations where Neonatal Intensive Care Is Provided” and routinely check these locations for eligible infants.

### Keeping Track of Eligible Infants

#### The Patient Log

The Vermont Oxford Network recommends that your center maintain a Patient Log. The Patient Log (sample in Figure 4.2) is used to keep track of all infants who are eligible for the Network database. It provides a link between the data in your local system and the data you have submitted to the Network. Because this log contains both patient identifiers, such as the infant’s name and medical record number, and an anonymous Network ID you have assigned to that infant, it allows you to associate a specific infant’s records in your local system with the data about that infant that you have reported to the Network. This is important when you need to make corrections to the data you have submitted, as well as for data audits and peer reviews. **eNICQ** provides an electronic Patient Log, however you may decide to maintain a paper version of the Patient Log to assist your center with recovery in the event of accidental data loss.

| NOTE: | The Patient Log contains patient identifiers which are defined as “protected health care information” by the U.S. HIPAA (Health Insurance Portability and Accountability Act) regulations. Do not submit this log to the Vermont Oxford Network. The Vermont Oxford Network does not accept protected health care information unless the submitting member has appropriate agreements in place with the Vermont Oxford Network. |

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Figure 4.2: Sample Patient Log

Use the Patient Log to assign a unique Network ID number for each infant, to document and track the submission of the necessary data forms, and to re-identify infants you have reported to the Network. Consult this log when you enter data on a form for a particular patient. By cross-checking the Network ID you have entered on the log against the Network ID on each form, you can reduce the chance of reporting data for the wrong infant. The Patient Log can be downloaded from www.vtoxford.org/downloads.
Suggestions for Maintaining a Patient Log

Before you enter data in the Patient Log, establish the infant’s eligibility for inclusion in the Network database (Chapter 4).

Enter your Center Number at the top of the Patient Log. This number was assigned when your center joined the Network.

Enter the applicable birth year at the top of the Patient Log. To make it simpler to keep track of infants and for reporting purposes, it is recommended that you not mix data for infants born in different years on the same Patient Log.

Enter the Network ID number for each patient. Assign a unique sequential number for each new patient. If you are just beginning data entry, assign ID number 1 to the first patient record and increment the number for each additional infant record. Different Network ID numbers must be assigned to each eligible infant for multiple births. At the beginning of each new year, sequential numbering must continue so that ID numbers from previous years are not reused. For example, if the last Network ID number assigned to an infant born last year was 535, the first eligible infant born this year should be assigned Network ID number 536. If your center uses eNICQ for data submission, the application will automatically assign the appropriate Network ID number.

Enter the patient’s name, medical record number, and birth date. With this information you will be able to accurately match the patient with the data submitted to VON.

In the column labeled “DR Death?” enter “Yes” or “No” to indicate whether the infant meets the delivery room death criteria described in Table 4.3.

Enter the Patient’s Birth Location. If outborn, enter the date that the infant was admitted to your center, the name of the center from which the infant transferred and the transfer code of the center from which the infant transferred. Transfer codes may be found on the Network web site, http://www.vtoxford.org/transfers.

Enter the infant’s initial disposition (Home, Transfer, Died or Still Hospitalized as of First Birthday, whichever is first) and the date of initial disposition when these data become available. Network data collection ends at the infant’s first birthday if the infant is still hospitalized and has not been discharged home.

Table 4.4: Suggestions for Maintaining a Patient Log
The Transfer Log

The Transfer Log (sample in Figure 4.3) is used to keep track of all infants who transfer from your center to another center. For infants transferred from your center to another center, your center must submit data indicating the infant’s post-transfer disposition, and in some cases you will need to provide information about diagnoses and interventions performed at the transfer center. The Transfer Log captures information that will be helpful for tracking infants who transfer from your center to another center. The Transfer Log can be downloaded from www.vtoxford.org/downloads. eNICQ provides an electronic Transfer Log, however you may decide to maintain a paper copy of the Transfer Log to assist your center with recovery in the event of accidental data loss.

NOTE:

- The Transfer Log contains patient identifiers which are defined as “protected health care information” by the U.S. HIPAA (Health Insurance Portability and Accountability Act) regulations. Do not submit this log to the Vermont Oxford Network. The Vermont Oxford Network does not accept protected health care information.

- Infants who relocate from one unit in your center to another unit within your center are NOT considered to have transferred. Do not complete the Transfer Log in these cases.
**Figure 4.3: Sample Transfer Log**
Suggestions for Completing the Transfer Log

Enter your Center Number at the top of the Transfer Log. This number was assigned when your center joined the Network.

Enter the applicable birth year at the top of the Transfer Log. To make it simpler to keep track of infants and for reporting purposes, it is recommended that you not mix data for infants born in different years on the same Transfer Log.

Enter the Network ID number that was assigned to the infant in the Patient Log.

Enter the patient’s name, birth date, transfer center name and the center’s transfer code. Transfer codes for all Vermont Oxford Network centers and for other hospitals may be found on the Network web site, http://www.vtoxford.org.

Enter the infant’s Post Transfer Disposition. This is the status of the infant when the infant was first discharged from the “transferred to” center (initial transfer). Enter Home, Transferred Again, Died, Readmitted, or Still Hospitalized as of First Birthday (whichever occurred first following initial transfer). Network data collection ends at the infant’s first birthday if the infant is still hospitalized and has not been discharged home.

If the infant was readmitted to your center after initial transfer, enter the Disposition after Readmission (Home, Transferred Again, Died or Still Hospitalized as of First Birthday).

If the infant was transferred more than once, either after readmission to your center or after initial transfer, enter the infant’s Ultimate Disposition (Home, Died, or Still Hospitalized at First Birthday, whichever occurs first). The Ultimate Disposition is the infant’s final discharge status if transferred more than once.

Enter the date that the infant was discharged home or died or the infant’s first birthday (if still hospitalized), whichever is first.

Table 4.5: Suggestions for Completing the Transfer Log
CHAPTER 5
Collecting and Submitting Data for Eligible Infants

Introduction

Network data collection for eligible infants begins when the infant is born and ends when the infant is discharged home, dies or is still hospitalized as of the first birthday, whichever is first. Eligibility criteria are described in Chapter 4.

Submission of data to the Vermont Oxford Network is handled either by the eNICQ software, or by extracting data from your electronic system and submitting data files to the Vermont Oxford Network. More information about data submission options is available at http://www.vtoxford.org/eds/eds.aspx.

Collecting Infant Data

The Vermont Oxford Network recommends collecting data on paper, then entering the data electronically. Keeping paper copies of your data is important in order to allow for data audits by your center’s team. To improve data accuracy, collect data for each infant while the infant is still hospitalized and when procedures are performed or events are observed.

The Vermont Oxford Network data items are included on the 28 Day Form, the Discharge Form, the Transfer and Readmission Form, the Supplemental Data Form and the Delivery Room Death Form. The Transfer and Readmission Form items are applicable only to infants who transfer from your center to another center. The Supplemental Data Form items are applicable to centers that participate in the Expanded Database. The 28 Day Form and the Discharge Form are required when submitting data for eligible infants except for those that meet the delivery room death criteria. The Delivery Room Death Form is used in lieu of the 28 Day Form, Discharge Form and Supplemental Data Form for eligible infants who meet the delivery room death criteria. The delivery room death criteria are described in Table 4.3. Copies of all the Vermont Oxford Network data forms are available at www.vtoxford.org/downloads.

Data in the Network database are organized into individual infant records, and each record includes all the data items on the various data forms. Examples of data items are birth weight, coagulase negative staphylococcal infection and initial length of stay. Each data item is identified by an item number and an item name.
Patient Data Booklet and Delivery Room Death Booklet

There are two types of Patient Booklets. The Patient Data Booklet is used for infants who do not die in the delivery room. The Delivery Room Death Booklet is used for infants who meet the delivery room death criteria (Table 4.3). Each booklet includes a confidential Patient Identification Worksheet and the Network data forms that are completed for an infant. The Patient Identification Worksheet and all forms for an infant should be kept together to assure that the data collected are all for the same infant.

Patient Data Booklet

The Patient Data Booklet includes a Patient Identification Worksheet, as well as a 28 Day Form, a Discharge Form, a Transfer and Readmission Form and a Supplemental Data Form. The Patient Identification Worksheet is used to identify the infant's name, medical record number, and mother's name, and to keep track of important dates that are necessary for completing the Network data forms. Guidelines for completing the Patient Identification Worksheet are provided in Table 5.1. When completing the Network data forms, refer to Part 2 of the Network Manual of Operations for the infant’s birth year. Part 2 of the manual is updated each year and provides the definitions of the items on the Network data forms for a particular birth year.
Guidelines for Completing the Patient Data Booklet

Patient Identification Worksheet

Enter your Center Number and the patient’s Network ID Number at the top of the Patient Booklet.

Enter the patient’s name, mother’s name, patient’s medical record number and patient’s date of birth in items W1 to W4. Check to be sure that the patient ID number and patient name are consistent with the Patient Log.

**Date of Admission:** enter the date of birth if the infant is born in your hospital. If the infant is born elsewhere, enter the date that the infant was admitted to your hospital.

**Date of Day 28:** Enter the date on which the infant is 28 days old. The Date of Day 28 is determined by using the calendar date of birth as day 1, regardless of the time of birth, and adding 27 to this date. Thus, for an infant born at 11:59 PM on September 1, day 1 is September 1. Day 28 for this infant is September 28. A chart for determining the Date of Day 28 may be downloaded from [www.vtoxford.org](http://www.vtoxford.org). *eNICQ* calculates the Date of Day 28 based upon the Date of Birth entered.

**Date of Week 36:** This date is calculated using the procedures shown in Table 5.2. A chart for determining the Date of Week 36 may be downloaded from [www.vtoxford.org](http://www.vtoxford.org). *eNICQ* calculates the Date of Week 36 from dates entered.

**Date of Initial Disposition:** This is the date that the infant was discharged home from your hospital, first transferred to another hospital, died in your hospital or the date of the infant’s first birthday if still hospitalized, whichever comes first.

**NOTE:** Infants transferred from one unit in your hospital to another unit within your hospital are not considered to have been transferred or discharged.

**Date of Final Disposition** (infants who transfer only): If the infant is transferred from your center to another hospital, enter the date that the infant was discharged home, died or reached his or her first birthday (if still hospitalized), whichever comes first.

**NOTE:** The Patient Data Booklet Patient Identification Worksheet contains patient identifiers which are defined as “protected health care information” by the U.S. HIPAA (Health Insurance Portability and Accountability Act) regulations. Do not submit these worksheets to the Vermont Oxford Network. The Vermont Oxford Network does not accept protected health care information unless the submitting member has appropriate agreements in place with the Vermont Oxford Network.

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**Table 5.1: Guidelines for Completing the Patient Data Booklet**

**Patient Identification Worksheet**

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Delivery Room Death Booklet

The Delivery Room Death Booklet includes a Patient Identification Worksheet and a Delivery Room Death Form. The Delivery Room Death Form includes some of the items from the 28 Day Form, Discharge Form and Supplemental Data Form. The Delivery Room Death Patient Identification Worksheet is used to identify the infant’s name and medical record number, to identify the infant’s mother and to note the infant’s date of birth.

To complete the Patient Identification Worksheet, enter your Center Number and the patient’s Network ID Number at the top of the Patient Booklet. Enter the patient’s name, mother’s name, patient’s medical record number and patient’s date of birth in items W1 to W4. Check to be sure that the Network ID Number and patient name are consistent with the Patient Log. When completing the Network data forms, refer to Part 2 of the Network Manual of Operations for the infant’s birth year. Part 2 of the manual is updated each year and provides the definitions of the items on the Network data forms for a particular birth year.

Data Collection

When eligible infants are identified, use the logs and worksheets described in Chapter 4 to keep track of each infant and to assign Network ID numbers. The Patient Log, Transfer Log and Patient Identification Worksheets will allow you to associate data reported to the Network with patient records at your center. See Appendix A for a diagram of the Data Collection Process, including information about determining which forms are applicable for a particular infant.

Use only the forms applicable to the infant’s birth year when collecting data. Copies of current data forms are available at www.vtoxford.org/downloads.

When Data Items are Unknown

Record data items as “Unknown” only if the answer to an item is truly unknown and cannot be obtained. Do not record items as unknown to indicate temporary or pending values. Leave these items blank until an answer is known.

Identifying Data Items as “Not Applicable”

Data items that do not apply are coded as “Not Applicable” or N/A in the databases. For example, all items on the Transfer and Readmission Form are N/A for infants that do not transfer from your center to another center; if your center participates in the VLBW Database only, all items on the Supplemental Data Form are N/A; if an infant does not have an eye examination, the stage of ROP is N/A.

The Vermont Oxford Network’s enICQ software is designed to automatically code items as “Not Applicable” as needed. The Electronic Data Submission (EDS) Instructions provide assistance with coding items as “N/A” for centers that
choose not to use eNICQ. The current version of the EDS Instructions is available at www.vtoxford.org/downloads.

Recording Data Items that Require Calculation

eNICQ completes calculations of the Date of Day 28 and the Date of Week 36 from other dates entered. You may find it helpful to use the calculation charts on the Network web site, www.vtoxford.org, to manually calculate the Date of Day 28, the Date of Week 36 and Total Length of Stay. Note that the charts for calculating dates are created for a specific birth year. Use the Length of Stay Calculation Worksheet in Part 2 of this manual when manually calculating the initial length of stay or total length of stay items. A Fahrenheit to centigrade conversion chart is provided on the Network web site.

<table>
<thead>
<tr>
<th>Calculating the Date of Week 36</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify the infant’s gestational age in weeks and days.</td>
</tr>
<tr>
<td>2. Round the gestational age to the nearest week. If the value of GA days is between 0 and 3 round the number of weeks to the value of GA weeks. If the value of GA days is between 4 and 6 round the number of weeks to the value of GA weeks plus 1.</td>
</tr>
<tr>
<td>3. If the rounded gestational age is greater than 36, the Date of Week 36 is N/A.</td>
</tr>
<tr>
<td>4. If the rounded gestational age is equal to 36, the Date of Week 36 is the infant’s date of birth.</td>
</tr>
<tr>
<td>5. If the infant’s rounded gestational age is less than 36:</td>
</tr>
<tr>
<td>a. Subtract the rounded gestational age from 36 to get the number of weeks for the infant to reach the Date of Week 36.</td>
</tr>
<tr>
<td>b. Multiply the number of weeks for the infant to reach the Date of Week 36 by 7 to get the number of days for the infant to reach the Date of Week 36.</td>
</tr>
<tr>
<td>c. Add the number of days for the infant to reach the Date of Week 36 to the infant’s birth date and subtract 1 day to get the Date of Week 36.</td>
</tr>
</tbody>
</table>

**NOTE:** A chart for determining the Date of Week 36 may be downloaded from www.vtoxford.org/downloads.

Table 5.2: Procedures for Calculating the Date of Week 36
For each eligible infant, start data collection by choosing either the Patient Data Booklet or the Delivery Room Death Booklet that is applicable for the infant’s birth year. Refer to Part 2 of the Network Manual of Operations for samples of the booklets and Network data forms. The Network data forms may be modified each year when new items are added or items are no longer collected for the Network database. Part 2 of the manual is updated each year and shows the data forms and definitions that are applicable for a particular birth year. Copies of Network data forms and Part 2 of the Network Manual of Operations are available at www.vtoxford.org.

Keep Forms and Worksheets Together

To ensure data integrity, keep all original forms and worksheets for each infant together. The Patient Data Booklet and the Delivery Room Death Booklet help you keep the data for each infant separate from the data for other infants. If infants transfer from your center to another center, the Transfer and Readmission Form should be kept with the other forms in the Patient Data Booklet.

Completing Infant Data Forms

Data on the 28 Day Form and Discharge Form must be completed for each eligible infant who does not meet the delivery room death criteria described in Table 4.3. Begin data entry by reviewing the Patient Log to confirm that a Network ID has not already been assigned to the patient. If not, add the patient to the Patient Log and complete the Patient Identification Worksheet. Copy the Network ID number from the Patient Log to the Patient Booklet and the forms. Enter your Center Number and the infant’s Network ID number and year of birth at the top of the Patient Booklet, the 28 Day Form and the Discharge Form. If your center participates in the Expanded Database, enter your center number and the infant’s Network ID number and year of birth at the top of the Supplemental Data Form.

The 28 Day Form and Discharge Form include data items related to infant characteristics, interventions, diagnoses, initial length of stay and status at initial disposition. The Supplemental Data Form includes additional information on interventions and diagnoses. When completing the forms, be sure that the data item definitions in Part 2 of this manual are understood and uniformly applied to all eligible infants. The data item definitions are published each year and apply to infants born in a specific birth year.

Outborn Infants

For infants admitted to your center within 28 days of life who meet the other eligibility criteria, events that occur prior to admission to your center and while in your center should be recorded. For example, if an infant had a cranial ultrasound exam at the transferring center, answer this item “Yes” on the 28
Day Form and record the worst grade of PIH; if an infant received indomethacin at the transferring center, answer this data item “Yes” on the Discharge Form.

**Frequently Asked Questions on Data Collection for Outborn Infants**

**Q:** An eligible outborn infant was transferred from another Vermont Oxford Network center. Should our center also send data on this infant?

**A:** Yes, if the infant is admitted to your center within 28 days of life and meets the other eligibility criteria, your center should submit data for this infant.

**Q:** An eligible outborn infant was transferred to our center from another center. Should events that occurred at the transferring center be recorded on data forms submitted by our center?

**A:** Yes. Data items on the 28 Day Form and Discharge Form submitted by your center for eligible outborn infants should reflect events that occur prior to admission to your center. If your center participates in the Expanded Database, please refer to the definitions for the Supplemental Data Form items in Part 2 of the Network Manual of Operations for the infant’s birth year.

**Q:** An eligible outborn infant was admitted to our center for surgery and transferred back to the other center on the same day. Should data be reported on this infant?

**A:** Yes. If the infant meets the eligibility criteria, your center should submit data for this infant, regardless of the reason for admission or the length of stay at your center.

**Infants Who Transfer to Other Centers**

Complete Part A of the Transfer and Readmission Form when eligible infants transfer from your center to another center prior to discharge home and prior to the infant’s first birthday. Part A is completed the first time the infant transfers and is not updated if the infant transfers from your center more than once.

**NOTE:** Infants who relocate from one unit in your hospital to another unit within your hospital are NOT considered to have transferred. Do not complete the Transfer and Readmission Form in these cases.

Discharge Form should only reflect events which occur prior to initial transfer.
If an eligible infant is readmitted to your center following initial transfer to another center, complete Part B of the Transfer and Readmission Form. When eligible infants are readmitted, collect data for events on the 28 Day Form and Discharge Form which occur at the center to which the infant transferred (as well as which occur at your center) until the date the infant is discharged home, dies or is transferred a second time, whichever occurs first. Refer to instructions on the Transfer and Readmission Form in Part 2 of the Network Manual of Operations for the infant’s birth year when updating items on the 28 Day Form, Discharge Form and Supplemental Data Form for infants who are readmitted.

If an infant transfers more than once, either after initial transfer or after readmission, complete part C of the Transfer and Readmission Form. Do not continue to track events on the 28 Day Form or Discharge Form after the infant transfers a second time, even if the infant is readmitted to your center after multiple transfers.

When final disposition is known (discharge home, death or first birthday, whichever is first), complete Part D of the Transfer and Readmission Form. Use the Length of Stay Calculation Worksheet in Part 2 of this manual if you need to manually calculate the infant’s total length of stay.

**Completing Data Forms for Infants Who Meet the Delivery Room Death Criteria**

Data on the Delivery Room Death Form must be completed for each eligible infant who meets the delivery room death criteria described in Table 4.3. Begin data entry by reviewing the Patient Log to confirm that a Network ID has not already been assigned to the patient. If not, add the patient to the Patient Log and complete the Delivery Room Death Patient Identification Worksheet. Enter your Center Number and copy the infant’s Network ID number from the Patient Log to the Patient Booklet and the Delivery Room Death Form.

The Delivery Room Death Form includes a subset of infant characteristics, delivery room interventions and diagnoses from the 28 Day Form, Discharge...
Form and Supplemental Data Form. When completing the form, be sure that the
data item definitions in Part 2 of this manual are understood and uniformly
applied to all eligible infants. The data item definitions are published each year
and apply to infants born in a specific birth year.

Submitting Data to the Network

Electronic data may be submitted using the Network eNICQ software or by using
software provided by your center.

eNICQ
The eNICQ software allows electronic data entry and secure submission of de-
identified data via the Internet and may be downloaded from the Network web site
www.vtoxford.org. The software supports both the Very Low Birth Weight (VLBW)
Database and the Expanded Database and includes the following features:

- Extensive range and error checking.
- On-line help includes all data item definitions.
- Customizable logs to simplify tracking of infants and record status.
- Automatic calculation of key dates and length of stay items.
- Administrator control of user access.
- Version checking and downloading of new versions via the Internet.
- Multiple search criteria for finding and viewing records.
- Embedded User’s Guide.

The eNICQ software assists with resolving data errors before data is submitted to the
Vermont Oxford Network. Centers that use other software to collect and submit data
to the Vermont Oxford Network may find that there are errors present in the data
once the data is subjected to range and error checking by the Vermont Oxford
Network. Any data errors will need to be corrected by the center submitting updated
records. The Vermont Oxford Network’s website provides extensive resources for
data management, which are described in Chapter 6.

Electronic Data Submission from Another System
Data may be submitted to the Vermont Oxford Network in a file created by your
center’s data collection application or EHR over a secure HTTPS connection.
Instructions for submitting electronic data using software other than eNICQ are
CHAPTER 6
Data Management and Finalization

Introduction

Data Management is an important component of data accuracy. Although data is finalized on an annual basis, keeping your center’s infant records up-to-date throughout the year will make the annual finalization process easier for your center, and will improve the year-to-date reporting available from the Nightingale Internet Reporting System, which is discussed in greater detail in Chapter 7.

Interactive assistance with data management and finalization is available as part of the web services provided to members at www.vtoxford.org. Your center’s Web Services Administrator is encouraged to provide access to the Data Management service to your center’s Data Contact and Report Contact, and also to other staff members involved with data management and finalization.

Maintaining Infant Records

As stated in Chapter 2, finalization guidelines are distributed and data checks are performed to assure that all errors in submitted records have been corrected, all submitted records are complete, and all eligible infants have been identified. Data for a birth year are considered complete and accurate when the requirements in Table 6.1 are met:

<table>
<thead>
<tr>
<th>Maintaining and Finalizing Infant Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Records are complete and correct for all eligible infants who have died, who have been discharged home or who have reached their first birthday.</td>
</tr>
<tr>
<td>Records are accurate and up-to-date for all eligible infants who are less than a year old and are still hospitalized without being discharged home.</td>
</tr>
<tr>
<td>No errors exist in any data for the birth year being finalized or for prior years.</td>
</tr>
<tr>
<td>Your center has accounted for any unused ID numbers (gaps in ID number sequencing).</td>
</tr>
<tr>
<td>Your center has confirmed the number of records submitted for the birth year.</td>
</tr>
<tr>
<td>Your center has confirmed the first and last ID numbers used for the birth year.</td>
</tr>
<tr>
<td>Your center has confirmed that all eligible infants have been reported for the birth year, including eligible infants who die in the delivery room/initial resuscitation area.</td>
</tr>
</tbody>
</table>

Table 6.1: Maintaining and Finalizing Infant Records
Early in the year following the birth year for which data will be finalized, your center will receive guidelines for data finalization. These guidelines include a timeline showing when criteria listed in Table 6.1 must be completed, along with procedures for submitting data for infants who are still hospitalized. Data finalization for the previous birth year must be completed as specified in the data finalization guidelines.

**Data Management**

Each time your center submits data to the Network, your center should review the data status summaries in the Data Management section of the Member’s Area on the Network web site, www.vtoxford.org. These summaries show how many records have been submitted and when submissions have occurred, identify the status of each record, list errors and warnings and provide other information for monitoring the accuracy and completeness of your center’s data. They include the Data Management Summary, the Data Form Status Summary, the Error and Warning Summary, the Infant ID Gaps Summary, the Unknown Items Summary, and the Transfer Summary.

**Data Management Summary**

When you click on the Data Management link in the Member’s Area of the Network web site, the Data Management Summary is displayed (Figure 6.1). This summary provides a one-page synopsis of the status of Network data submitted by your center.

At the top of the summary, the last date that data were submitted by your center and successfully processed by the Network is displayed. You can also view the history of all data submitted during the past year by clicking the link below the box showing the last submission.

The Data Summary box shows the number of infant records submitted by your center during the last four years, the number of delivery room deaths and the first and last Network ID number submitted in each year. When determining whether data for all eligible infants have been submitted to the Network, verify whether the record totals for each year are reasonable and consistent with logs and other documentation maintained by your center.

The Record Status Summary box of the Data Management Summary provides information on the status of each infant record submitted to the Vermont Oxford Network. Finalize data for infants still hospitalized more than a year after birth, update incomplete records when data become available and correct records that have errors. The Record Status Summary shows the numbers of incomplete records, records with errors, records for still hospitalized infants, and orphan records. An orphan record occurs when the ID number or birth year for an infant is outside the range established for your center. This “certification range” is
specified by your center and your Account Manager based on choices made by your center for data submission.

### Data Management Summary

#### Data Summary

<table>
<thead>
<tr>
<th>Birth Year</th>
<th>First ID</th>
<th>Last ID</th>
<th>Number of Infants</th>
<th>Delivery Room Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>2040</td>
<td>2096</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>2012</td>
<td>1878</td>
<td>2006</td>
<td>83</td>
<td>1</td>
</tr>
<tr>
<td>2011</td>
<td>1741</td>
<td>1877</td>
<td>137</td>
<td>3</td>
</tr>
<tr>
<td>2010</td>
<td>1570</td>
<td>1740</td>
<td>162</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Record Status Summary

<table>
<thead>
<tr>
<th>Birth Year</th>
<th>Correct</th>
<th>Incomplete</th>
<th>Records with Errors</th>
<th>Still Hospitalized</th>
<th>Orphan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2012</td>
<td>81</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2011</td>
<td>137</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2010</td>
<td>162</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Data Management Checklist

<table>
<thead>
<tr>
<th>Steps for Birth Year</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility Verification Plan</td>
<td>✔ Completed</td>
<td>OVERDUE</td>
</tr>
<tr>
<td>Survey</td>
<td>✔ Completed</td>
<td>Due 4/1/2014</td>
</tr>
<tr>
<td>VON Data Contact Confirmation</td>
<td>OVERDUE</td>
<td>Due 5/1/2014</td>
</tr>
<tr>
<td>VON Report Contact Finalization</td>
<td>OVERDUE</td>
<td>Due 6/1/2014</td>
</tr>
</tbody>
</table>

#### Submission Certification

<table>
<thead>
<tr>
<th>Start Year</th>
<th>End Year</th>
<th>Start ID</th>
<th>End ID</th>
<th>Database</th>
<th>Method</th>
<th>Date Certified</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>None</td>
<td>1146</td>
<td>None</td>
<td>VLBW</td>
<td>Electronic</td>
<td>3/30/2007</td>
</tr>
</tbody>
</table>

When finalizing data for a birth year, refer to the “Data Management Checklist.” The finalization steps and due dates are displayed, as well as the status of each step. To be sure that your center’s data will be included in the Network database.

Figure 6.1: Data Management Summary
and that your center will receive the Annual Report, complete the finalization steps on or before the due dates.

The Submission Certification box on the Data Management Summary page shows a history of the submission certification ranges used by your center to submit data (electronic data submissions versus paper submissions) and database participation by your center (Very Low Birth Weight Database or Expanded Database).

**Data Form Status Summary**

The Data Form Status Summary (Figure 6.2) allows you to view the status of each record submitted to the Network for one or more years within the past four years. Each row of the summary shows the Network ID number, birth year, birth weight, whether the infant died in the delivery room, the infant’s initial and total length of stay, the status of each data form and the overall status of the record. To view records that are not complete and correct, click on the check box labeled “Hide Complete Records” on the Data Form Status Summary page. This will limit the list to records that are incomplete, have errors, are orphan records, or which indicate that the infant is still hospitalized.

The Start Year and End Year drop down boxes at the top of the Data Form Status Summary page allow you to limit the list to be viewed to any birth year(s) during the last four years.

An explanation of the record and form status codes is provided at the bottom of the Data Form Status Summary (Figure 6.1).

- **C – Correct:** When you see records with a record or form status other than “C,” some action is indicated.

- **E – Error:** Records with errors have an “E” status and require correction.

- **I – Incomplete:** Incomplete records have an “I” status and should be completed when data are available and prior to finalization. You can identify the specific errors and items that have not been completed by viewing the Error and Warning Summary, discussed below.

- **S – Still Hospitalized:** “S” status records should be completed when the infant is discharged home, dies, or reaches his or her first birthday, whichever is first. A record with “S” status at the time of data finalization must be updated to “C” status upon the infant’s first birthday, or by finalization of the following birth year at the latest. Completing records as soon as possible after an infant is discharged is recommended.

- **O – Orphan Record:** An “O” status record occurs when your Account Manager has changed your center’s certification status to show that you will not be completing data for a birth year after you have already submitted one or more records for that birth year. Only records at centers
that submit data for all eligible infants born during the year are maintained in the Network database. If your center is unable to complete submissions for all eligible infants born during a birth year but has already submitted one or more records for infants born during that year, the records submitted for that birth year will be removed from the database and are given an “O” status until they are removed.

The form status codes on the Data Form Status Summary provide additional information about the status of each data form.

**N – Not Applicable:** Forms that are not applicable have a form status code of “N.” For example, the Transfer and Readmission Form is not applicable to infants unless they transfer to another center. The Supplemental Data Form is applicable only if your center participates in the Expanded Database.

**P – Pending:** When an infant record is submitted and an applicable form contains no data, the form will have a status code of “P” for pending.

**I – Incomplete:** Forms with an “I” status (incomplete) have some but not all of the items on the form completed, and no errors were found for the items that were completed.

**E – Error:** Forms with an “E” status have one or more errors for the items submitted. If an incomplete form also has an error for one or more items, the form will be given an “E” status.

**R – Received:** A status code of “R” means that the form is complete and has no known errors. Since error checking for items on the form cannot be completed due to issues with other form items, the form is given an “R” status (received) rather than a “C” status (correct).
Error and Warning Summary

When data are submitted by your center, the infant records are processed using software that does extensive error checking to identify data items that are missing, out of range, inconsistent, or which have an unusual value. The results of this process are reflected in the Error and Warning Summary (Figure 6.3), which documents all records that require correction or verification.
When submitted records are incomplete, have errors, or include data values that require attention, the Error and Warning Summary shows the infant ID number and birth year, as well as the data form abbreviation, the item number, the module, the date of last error check, the message and whether you have reviewed the message. The data form abbreviations are explained at the bottom of the Error and Warning Summary. The item number identifies the specific form item number for the infant’s birth year (see Part 2 of this manual).

Three kinds of messages appear on the Error and Warning Summary. Messages that begin with the word “ERROR” indicate that the record requires correction, and the error message describes the problem with the data item. If the word “BLANK” appears in the beginning of the message, this means that an incomplete record was submitted and some items on a form were left blank. A message that begins with the word “WARNING” means that an unusual value was recorded and should be checked to be sure no mistake was made during data entry.

At the top of the Error and Warning Summary page there are drop-down boxes to select a range of years for records submitted during the past four years. There is also a check box to hide messages about items that are blank on incomplete forms, as well as a filter to show all warnings, hide warnings, or display only
warnings identified in the last 30 days. Finally, at the right of each message, you have the ability to indicate that an item on the summary has been reviewed, as well as to suppress items that have been reviewed by clicking the “Hide Reviewed” box at the top right of the summary. By clicking the “Reviewed” check box after checking the warning messages, you can keep track of which warnings you have reviewed.

**Infant ID Gaps Summary**

Assigning sequential Network ID numbers to infants born in your center has the advantage of making it easy to identify when ID numbers are skipped. Gaps in the ID number sequence may indicate that one or more eligible infants were not reported. During data finalization, your Account Manager will ask you to determine the reasons for any gaps in the ID number sequence. When gaps are determined not to be a problem with reporting all eligible infants, check the “Confirmed” box within the ID Gaps Summary to indicate that the ID will not be used for the selected birth year. The Infant ID Gaps Summary (Figure 6.4) provides feedback on any gaps that exist and whether the gaps have been confirmed.

![Infant ID Gaps Summary](image)

**Figure 6.4: Infant ID Gaps Summary, Unused IDs Not Confirmed**

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The Infant ID Gaps Summary includes drop-down boxes that allow you to select the birth year and whether you want to view all infant ID numbers submitted during the year, only unused ID numbers, only IDs that are unused but not confirmed, or only records that have been deleted by your center.

**Unknown Items Summary**

When data submitted by your center are coded as “Unknown,” the Network reports may be incomplete and the value of the reports for quality improvement is diminished. Items should be coded as unknown only when the data are unobtainable. When more than 20% of any item values are unknown for the previous birth year, your center’s Report Contact will be requested to verify that the data cannot be obtained.

For each item with unknown values, the Unknown Items Summary (Figure 6.5) shows the item number, item name, item description, number of infant records (Number Applicable), number of records where the value of the item is unknown and the percent unknown. At the top of the Unknown Items Summary there is a drop down box to control the birth year for which you would like to view items with unknown values. There is also a check box to show the Network ID number(s) for records that have an unknown value for the item. You can also click in the link “View Unknown Items by Infant ID” to reorganize the display by Network ID number.

![Figure 6.5: Unknown Items Summary](image-url)
Transfer Summary

The Transfer Summary provides a list of all records your center has submitted for infants who transferred into or out of your center.

Submitting Data Corrections

All errors must be corrected by your center. Make the corrections using eNICQ or your computer software and submit the corrected records to the Vermont Oxford Network. Data submissions may include both new and updated records. Corrections will be accepted for records for the current birth year, as well as the three prior birth years. Records for birth years older than the current year minus three are considered archived, and will not be accepted.
CHAPTER 7
Using Center and Network Reports for Quality Improvement

Introduction

One of the important benefits of membership in the Vermont Oxford Network is the feedback you get through the Network’s confidential, customized reports. The reports document patient characteristics, treatment practices, morbidity, mortality, and length of stay at your center. They also track performance over time, comparing your center’s performance with its performance in previous years, with that of the Network as a whole, and with subgroups of centers similar to your own. Table 7.1 lists the reports provided by the Network for centers participating in the VLBW and Expanded databases. Most reports can be accessed using the Member’s Area Nightingale service at www.vtoxford.org.

<table>
<thead>
<tr>
<th>Report System or Report Name</th>
<th>Purpose</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nightingale Internet Reporting System</td>
<td>Comprehensive historical and up-to-date information on patient demographics, outcomes and interventions via the Internet, substantially extending the availability and timeliness of audit and quality improvement data. Nightingale provides secure access to confidential center and Network data, with access controlled by your center.</td>
<td>Reports reflect center data processed to date</td>
</tr>
<tr>
<td>Quarterly Reports</td>
<td>To track the clinical picture to date and identify any trends that indicate clinical problems or problems in data reporting.</td>
<td>Quarterly - April, July, October, and January</td>
</tr>
<tr>
<td>Annual Reports</td>
<td>To make quality improvement interventions and for data audit and peer reviews.</td>
<td>Annually – typically in September</td>
</tr>
<tr>
<td>Network Database Summaries</td>
<td>As a summary of clinical results for the entire Network.</td>
<td>Annually -- typically in September</td>
</tr>
<tr>
<td>Group Reports</td>
<td>To assist regional and other groups of centers to improve the quality of care.</td>
<td>Annually, or more frequently, on request (additional fee)</td>
</tr>
<tr>
<td>Special Reports</td>
<td>To analyze center measures in ways not provided in standard reports.</td>
<td>On request (additional fee)</td>
</tr>
</tbody>
</table>

Table 7.1: Network Reports
To effectively use the center and Network reports for quality improvement, we recommend that you organize a multidisciplinary team to review the data as part of the ongoing quality improvement efforts at your NICU as discussed in Chapter 3. The reports can be used as the starting point for in-depth analyses of specific clinical practices and patient outcomes at your center, as well as to develop and evaluate quality improvement activities.

We recommend you create an internal plan for how the Report Contact shares the information in the reports with the rest of the multidisciplinary team.

**Nightingale Internet Reporting System**

Named after the renowned 19th century nurse and statistician Florence Nightingale (1820-1910), the Nightingale Internet Reporting System allows users to access historical and up-to-date information on infant care and outcomes. Access to your center’s data on the Nightingale system is controlled by Web Services Administrators appointed by your center. All transmissions to the Nightingale server are encrypted using 2048 bit secure socket layer technology.

On Nightingale, [https://nightingale.vtoxford.org](https://nightingale.vtoxford.org), you can:

- View your center data and Network or group comparison data for each of these populations.
  - Infants with birth weights from 501 to 1500 grams.
  - Infants whose gestational age is from 22 weeks 0 days to 29 weeks 6 days.
  - All VLBW infants (infants with birth weights from 401 to 1500 grams or whose gestational age is from 22 weeks 0 days to 29 weeks 6 days).
  - All Expanded Database infants (Expanded Data centers only).
- Select from four different types of charts or view the results in a table. Once displayed, you can download tables and charts as PDF or Excel documents and save or print them.
- View results by birth year, birth weight category, gestational age category or birth location.
- View risk adjusted outcome data by birth year and for three-year periods.
- Drill down to the infant level to identify specific infant characteristics, outcomes and procedures.
- View year-to-date reports on Nightingale that are similar to the quarterly reports distributed to members. Nightingale users can view up-to-date information on all collected data items for the current birth year and prior years.
- Download your center’s infant data as an Excel or XML file for current or prior years (Web Services Administrators only).
• View annual Membership Survey data for your center as compared to the entire Network and to your center's NICU Type.
• Save a set of queries for future reference.
• Provide online feedback and suggest improvements to the Nightingale system.

Annual Reports

The Annual Report provides a comprehensive, confidential analysis of your center's individual data and that of the Network as a whole. The graphs and tables allow you to confidentially compare your center’s morbidity, mortality, and length of stay to the total Network.

The reports for a given birth year cohort are generally produced in August and September of the following calendar year. The reason for this reporting lag is the long length of stay for some infants (disposition information is not available for some infants until six months or more after birth).

Annual Report for VLBW Infants

The VLBW Annual Report is based on a cohort of infants born in a calendar year with birth weights from 501 to 1500 grams. The report includes measures that have been risk adjusted to account for case mix at your center, as well as data stratified by birth weight and gestational age.

Annual Report for Expanded Data Centers

If your center participates in the Expanded Database, you will receive the Annual Report for Expanded Data Centers in addition to the VLBW Annual Report. See Chapter 4 for details on the population included in the Expanded Database. This report is similar to the VLBW Annual Report, except that it includes eligible records on infants with birth weights over 1500 grams and responses to items on the Supplemental Data Form. As with the VLBW Annual Report, risk adjusted measures and summary measures stratified by birth weight and gestational age are provided to facilitate comparisons of your center’s performance with other Expanded Database participants.
Quarterly Reports

The Quarterly Reports are sent to your center’s Report Contact in April, July, October and January. These reports provide a snapshot of the clinical data reported by your center for the current year-to-date.

The reports can be used to determine accuracy of data submitted as well as indicate changes in clinical practices in your center. A dramatic change in demographics, interventions, diagnoses, or outcomes may signal a trend you should investigate.

Network Database Summaries

The Network Database Summaries report the results for all eligible infants who were born during the birth year at all Network institutions. The reports summarize Network results; there are no institution-specific data included other than a list of participating institution names, countries, cities and states.

Group Reports

For an additional fee and on request, reports are prepared for groups of centers that wish to view comparative data for individual group centers and for the group as a whole. Comparison data for the entire group are also available in Nightingale for all measures collected by the Network. These reports can be useful for facilitating collaborative efforts by group members and are available on request. Please contact your Network Account Manager if you have questions about receiving group reports.

Special Reports

Reports not available in Nightingale may be prepared on request for an additional fee. Please contact your center’s Account Manager with any questions about special reports.
CHAPTER 8
Engaging in Quality Improvement & Education

Vermont Oxford Network offers members the opportunity to participate in a number of quality improvement and education programs and activities.

Quality Improvement Collaboratives

VON Collaboratives are designed to provide the structure, knowledge, measurement tools, and sharing required for multidisciplinary teams of neonatal professionals at centers, as well as statewide collaboratives, to successfully develop and execute their quality and safety agendas.

VON offers two types of Collaboratives, structured to allow centers to select the curriculum and program that best meet their team's improvement goals and schedules.

iNICQ
Vermont Oxford Network's internet-based Quality Improvement Collaborative, iNICQ, allows centers to participate with others through a series of web-based conferences and VON Day Quality Audits. Collaboratives typically last for one year. All sessions are recorded and available online with on-demand access, to enhance the dissemination of knowledge to every member of the healthcare team.

iNICQ Collaboratives typically offer multiple tracks of learning, with an Intensive Curriculum option that provides additional learning sessions and an opportunity for in-person activities. Additional information is available at www.vtoxford.org/iNICQ

NICQ
The NICQ is a two-year hybrid program comprised of virtual and in-person activities. Each NICQ Collaborative typically includes a series of web conferences focused on improving quality, participation in a homeroom affinity group, an ONSITE immersion learning experience at a designated center, and participation at an in-person Quality Symposium in conjunction with the Quality Congress. Additional information is available at www.vtoxford.org/NICQ

Participants in VON QI Collaboratives are offered access to educational and information sharing tools, including the NICQpedia website and a collaborative-specific listserv.
Annual Meeting and Quality Congress

Every fall, Vermont Oxford Network convenes an Annual Meeting and Quality Congress to bring together neonatal professionals from all disciplines of practice for discussion of cutting-edge clinical topics, formal and informal networking opportunities, and exhibition of improvement posters and videos from member centers.

Additional information, including agendas, faculty biographies, and registration are available at www.vtoxford.org/annualmeeting
Appendix A: The Data Collection Process

Patient Eligible?

Yes

Patient: Sam Jones
Network ID: 002

Delivery Room Death Booklet

Delivery Room Death Patient ID Worksheet
Items W1 - W4

Delivery Room Death Form
All Delivery Room Death Form Items, including applicable items on the Supplemental Data Form for hospitals participating in the Expanded Database.

Length of Stay Worksheet
L1 Initial Length of Stay
L2 Total Length of Stay

Discharge Form
All Discharge Form Items

If your center is an Expanded Database participant, collect and submit Supplemental Data.

For all infants readmitted to your hospital without first being discharged home, update items on the 28 Day Form and the Discharge Form as specified in Part 2 of this manual.

Transfer and Readmission Form
Part A: All Transfers
Part B: Readmitted
Part C: Transferred More than Once
Part D: All Transfers

No

Do not include in VON Database

Patient Data Booklet

Patient ID Worksheet
Items W1 - W9

28 Day Form
All 28 Day Form Items

If the patient is transferred to another hospital, collect and submit data on the Transfer and Readmission Form.

No

DR Death?

Yes

Patient Log
001 Janet Smith
002 Sam Jones

Keep at your center
Collect and submit data
Instructions
The Vermont Oxford Network Database is owned and maintained by Vermont Oxford Network, Inc. in Burlington, Vermont. The Vermont Oxford Network Database data forms and data submitted to Vermont Oxford Network, Inc. are the property of Vermont Oxford Network, Inc.

Institutions and individuals participating in the Vermont Oxford Network Database may be identified by name in reports or descriptions of the database. Data and summaries of data from the Vermont Oxford Network Database may be published and distributed at the discretion of Vermont Oxford Network, Inc. Data specific to an individual center will not be publicly released without the center’s permission.

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