



VERMONT OXFORD NETWORK

**MEMBER INSTRUCTIONS FOR
ELECTRONIC DATA SUBMISSION IN 2012**

Version 13.2

October 2011

Purpose of Member Instructions for Electronic Data Submission (EDS)

These instructions supplement the Database Manual of Operations by providing Members with advice and assistance for collecting and submitting data in electronic format. This document provides specifications for application programmers who design and develop systems in support of the Vermont Oxford Network Database, as well as guidelines for center staff that enter and submit electronic data files to the Network.

Patient Privacy

Privacy rules defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) specify that patient-specific dates and zip codes (postal codes) are personal identifiers and classify these items as “protected health care information”. All personal identifier fields have been removed from the export file format and may not be included in electronically submitted records.

The Vermont Oxford Network does not accept protected health care information, as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Members with questions about patient privacy or electronic submission should contact the Network HIPAA Coordinator (Section XII on page 13) and their local Patient Safety Officer or HIPAA Compliance Officer.



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- I. **Introduction.** These instructions apply to all data files submitted in 2012, and are for use with the Vermont Oxford Network Database Manual of Operations for Infants Born in 2012, Release 16.0 (to be published). Data files submitted on or after January 1, 2012, must be submitted in accordance with these instructions. Version 12.1 of these instructions must be used for data files submitted in 2011. **Revisions to electronic data files and submission procedures in 2012, as compared to 2011, are discussed in Appendix B.**

The Vermont Oxford Network Database Manual of Operations for Infants Born in 2012, Release 16.0, will be published later in 2011 and will provide 2012 data forms, definitions of data items and guidelines for submitting data for infants born in 2012. The purpose of the instructions in this document is to supplement the Database Manual of Operations by providing Members with advice and assistance for collecting and submitting data in electronic format. These instructions provide specifications to applications programmers who design and develop systems in support of the Vermont Oxford Network Database, as well as guidelines in Appendix C for center staff that maintain patient data and submit electronic data files to the Network. **If you need further assistance** with electronic data submission, please contact your Network Account Manager (Section XII on page 13).

- II. **Vermont Oxford Network Mission.** The mission of the Vermont Oxford Network (“the 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. In support of this mission the Network maintains a Database including information about the care and outcomes of infants treated at Member institutions.

- III. **Patient Privacy.** Privacy rules defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) specify that patient-specific dates and zip codes (postal codes) are personal identifiers and classify these items as “protected health care information”. All personal identifier fields have been removed from the export file format and may not be included in electronically submitted records. See Appendix A for the record structure requirements for 2012 submissions. **Note: The Vermont Oxford Network does not accept protected health care information, as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).** Members with questions about patient privacy or electronic submission should contact the Network HIPAA Coordinator (Section XII on page 13) and their local Patient Safety Officer or HIPAA Compliance Officer.

IV. **Network Databases.**

- A. **VLBW Database.** The Very Low Birth Weight (VLBW) Database includes eligible infants whose birth weight is between 401 and 1500 grams, or whose gestational age is between 22 weeks 0 days and 29 weeks 6 days (inclusive). The VLBW Database includes data items on the 28 Day Form, Discharge Form, and Transfer and Readmission Form or the Delivery Room Death Form.



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B. Expanded Database. All infants eligible for the VLBW Database are also eligible for the Expanded Database. In addition, the Expanded Database includes infants whose birth weights are over 1500 grams and who are admitted to the NICU on or before Day 28 of life or who die on or before Day 28 without first having gone home. The Expanded Database includes all items in the VLBW Database and additional data items on the Supplemental Data Form. These supplemental data items are collected for all eligible infants.

NOTE: A NICU is any location in the hospital where infants receive hypothermic therapy for encephalopathy or where infants receive CPAP or IMV for ongoing care. This does not include areas in which CPAP or IMV are used only for brief periods of stabilization prior to transfer to another location.

V. Data Submission Options.

Members participating in VLBW database or the Expanded database may submit data electronically using the procedures described in these instructions or using the Network's *eNICQ* software. Members submitting data for the Neonatal Encephalopathy Registry (NER) must submit all data electronically, either using *eNICQ* or an approved application. The *eNICQ* software is available to all Network members at no charge and will allow entry and submission of electronic records for the VLBW, the Expanded Database and the NER. To learn more about *eNICQ*, visit the Network web site, www.vtoxford.org.

VI. Data Submission Procedures for Center Electronic Data Submission (EDS) Files.

- A. Submitting Electronic Data for the First Time.** Before submitting electronic data to the Network, Members must set up an account for electronic data submission (EDS), as described in section X, paragraph A, on page 10.
- B. Changing Database Options.** When changing the submission option from the VLBW Database to the Expanded Database or vice versa, Members must follow the procedures described in section X, paragraph B, on page 11.
- C. Neonatal Encephalopathy Registry (NER) Files.** Procedures for data collection and eligibility criteria for the NER are published separately. For additional information about NER, please contact your Network Account Manager or the Network NER Coordinator (see page 13).



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D. File Formats and Naming Conventions. The following file formats are currently supported. Additional export formats may be supported with prior approval.

1. XML File Format (preferred): The root element of the document is <tblVtOxUd> which should contain the following attributes: ALLRECORDS (indicating whether this is an AllRecords file), FILEDATE (in XML datetime format), FILENUM (next file number in sequential order, APPLICATION (used to create the file), VERSION (of APPLICATION). Each record in the file is wrapped by a <row> element and each <row> must have at a minimum <HOSPNO>, <ID>, and <BYEAR>. While order of the data fields is not important, capitalization is. All data fields are capitalized, as are the file attributes mentioned previously. The file must be named HxxxxEDSyyyy.xml, where xxxx represents the 4-digit Vermont Oxford Network Hospital Number and yyyy represents the 4-digit file number. The file number (FILENUM) field is described in paragraph L of this section. Use leading zeros when necessary for the hospital number and file number, e.g. H0355EDS0025.xml for hospital 355, file number 25. For more information on the standard, the XML Schema Definition (XSD) file used in validation of XML file submissions can be helpful in creating your XML file and can be found at the following link: <http://www.vtoxford.org/xml/data/combined.xsd>. A sample XML file can be found at this link: <http://www.vtoxford.org/xml/data/H0999EDS0099.xml>. Please contact the VON Technical Support Team, support@vtoxford.org, if you need assistance with submitting XML files.
2. Comma Delimited ASCII Text File Format (CSV files): Each record must be terminated by a carriage control / line feed pair (ASCII characters 13 and 10). The first record must be column headers, using the field names in Appendix A. Do not include other header records or trailer records. Fields and column headers must be separated by commas (ASCII character 44). Dates must be exported in mm/dd/yyyy format. The text fields BDEFECT and OSRGDESC must be enclosed in double quotes (ASCII character 34), with no embedded double quotes in the body of the text. The file must be named HxxxxEDSyyyy.csv, where xxxx represents the 4-digit Vermont Oxford Network Hospital Number and yyyy represents the 4-digit file number. The file number (FILENUM) field is described in paragraph L of this section. Use leading zeros when necessary for the hospital number and file number, e.g. H0355EDS0025.csv for hospital 355, file number 25.

Note: Use double quotes for the BDEFECT and OSRGDESC fields, even if the answers are coded 'N/A' ("77") or 'UNKNOWN' ("99").



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3. Microsoft® Access 97, Access 2000, Access 2002, Access 2003, Access 2007 or Access 2010: Export all data in a single table named **tblVtoxUd**. Do not include additional tables in a submitted file. All fields for an infant must be in a single row (record) in the table. The file must be named HxxxxEDSyyyy.mdb where xxxx represents the 4-digit Vermont Oxford Network Hospital Number and yyyy represents the 4-digit file number. The file number (FILENUM) field is described in paragraph L of this section. Use leading zeros when necessary for the hospital number and file number (H0033EDS0004.mdb for hospital number 33, file number 4). **Note:** Submitted Microsoft® Access files should allow “write” access and not be “read only”. This is necessary because the file data must be parsed during Network pre-processing.

E. Required Data Fields.

1. XML Files. Files in XML format must as a minimum include the following fields in each file submitted (see Appendix A): HOSPNO, ID and BYEAR. Fields with null values should not be included in XML files.
2. CSV and Microsoft Access Files. Files in CSV or Microsoft Access format must include all fields in in the Data Fields Table in Appendix A, including the Supplemental Data Form fields. Members that only participate in the VLBW Database should submit the Supplemental Data Form items with N/A codes as shown in Appendix A.

F. Submission Methods. File upload for members using eNICQ is handled by the eNICQ software. Other members should submit electronic files to the Network using the Network web site.

1. The login page may be reached by selecting Member Tools / Electronic Data & eNICQ/Upload Data and is at the following URL:
<https://www.vtoxford.org/eds/upload/login.aspx?ReturnUrl=%2feds%2fupload%2fupload.aspx>.
2. After logging on to the web site file export screen and entering your EDS password (assigned at the time of EDS certification), you may select the file to be uploaded from your computer and press submit – the submission process is automatic. Either .mdb, .csv, or xml files may be sent using this method. The file is encrypted using the 128-bit secure socket layer (SSL) protocol. After the file is uploaded, you will be notified that the process is complete.



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- G. Export Types.** Members must have the capability to submit two types of electronic files.
1. New/Updated/Deleted Records Export: Routine data files submitted by Members to the Network need only include new, updated and deleted records. Static records (unchanged since the last export) need not be re-sent but will be accepted.
 2. All Records Export. In special circumstances, Members may be asked to submit all records (including New, Updated, Deleted and Static records). This may be necessary to verify that all records are processed correctly.
- H. Range Checking.** Prior to export by the Member, data should be subjected to appropriate range checks for each field, as described in Appendix A. To avoid errors, there should be no out-of-range value for any field included in a submitted record. Additional validation of data items is performed by *eNICQ* software and by software used to process records at Network.
- I. Data Editing and Field Updates.** Members must have the capability of editing every field submitted in electronic records. This is necessary because the Network normally will not change data sent electronically. Except in very unusual situations, all data inconsistencies must be corrected by the Member with an electronic data submission.
- J. Records of Infants Who Die in the Delivery Room or in a Resuscitation Area within 12 Hours of Birth and Prior to NICU Admission.** For infants who die in the delivery room or in a resuscitation area within 12 hours of birth and prior to NICU admission, the fields which appear on the 28 Day Form, Discharge Form, and Transfer and Readmission Form, but which do not appear on the Delivery Room Death Form, must be coded using the appropriate not applicable (N/A) code in Appendix A. If your center submits Expanded Data, two of the fields on the Supplemental Data Form apply to infants who die in the delivery room; other fields on the Supplemental Data Form should be coded as not applicable. The fields on the Supplemental Data Form which are applicable include: (a) Item S.2.B.1: Meconium Aspiration Syndrome (MECASP); and (b) Item S.2.B.2: Tracheal Suctioning for Meconium Attempted in the Delivery Room (TRCSUCMA).
- K. Records of Infants Who Do Not Transfer.** If an infant does not transfer from your center to another hospital, all fields on the Transfer and Readmission Form should be submitted with the appropriate N/A codes, as specified in Appendix A.



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L. Housekeeping Fields. The following fields are used for record and file control. Although these fields are not included on the Vermont Oxford Network data forms, they are part of the export file structure as indicated in Appendix A.

1. File Number (FILENUM) – The FILENUM field must be sequentially numbered by the Member's system to uniquely identify each electronic file submitted to the Network (no gaps in sequence). The first file submitted after certification normally has file number 0001. Every file submitted after the first submission must have the file number incremented by 1 so that missing file submissions can be identified. Every record in an export file must have the same File Number, and no file will be processed until the previous File Number has been processed.
2. File Date (FILEDATE) – The FILEDATE field identifies the date that the file was exported from the Member's system. Every record in a file must have the same File Date.
3. Deleted Records (DELETED). There are occasions when an infant record must be removed from the database. For example, a user may discover that a reported infant was not eligible. To accommodate these situations, each record must include a field named DELETED. To delete a record, the DELETED field must be coded with the numeric value 1. For records that have not been deleted, the DELETED field should be left blank. When a valid or deleted record has been submitted to the Network, the ID number of the infant must not be re-used for another infant. **Note:** Records deleted before being exported to the Network may be removed from the Member's computer system entirely and the ID number may be reused.
4. Application Used to Submit Records (APPLICATION). This text field names the computer software which is used to submit to Network. Although not required, the application name will be useful if Network assistance is needed to resolve file submission problems.
5. Application Version (VERSION). This text field identifies the version number of the computer software application which is used for data submissions. Although not required, the application version information will be useful if Network assistance is needed to resolve file submission problems.
6. All Records File (ALLRECORDS). This indicates whether an all records file is being submitted. The field is coded 0 or left blank if the file is not an All Records file and is coded 1 if the file is an All Records file. All Records files should be limited to all records of infants born during the past four years, if your center has participated that long. Records for infants born more than four years from the current year are considered archived and are not processed. For example, in 2012 records of infants born in 2008 and prior years are archived and should not be submitted.



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M. Record Keys. The Center Number (HOSPNO) and Network Patient Identification Number (ID) fields must uniquely identify each record in an exported file.

1. The HOSPNO field is the confidential code number representing the Center Number and has been provided to the Member by the Network. If you are submitting files on behalf of more than one center (e.g. for a group), please see section XI for instructions.
2. Each patient record must include a unique Network Patient Identification Number (ID), which is assigned based on procedures described in the Manual of Operations. No two infants at a center may have the same ID.

N. Coding of Unknown Items for Dependent Fields. In order for the database to be useful for quality improvement, data items must be as complete and accurate as possible. When data cannot be obtained, however, items must be coded as “Unknown” (see Appendix A for unknown codes). When one item on a form depends on another, this affects the coding of unknown values. For example, if it is unknown whether the infant had a cranial ultrasound on or before day 28 (Item 20a on the 2012 28 Day Form), then this variable (USOUND1) should be coded as “Unknown” (9), and the dependent field Worst Grade of PIH (UGRADE1, Item 20b) should also be coded as “Unknown” (9). The table below shows the 2012 dependent fields, as well as the fields on which these depend. Dependent fields should be coded as “Unknown” whenever the fields on which they depend are unknown.

Note: Do not use the unknown codes to temporarily fill fields until data can be obtained. Only code fields as “Unknown” when all reasonable attempts have been made to obtain the data and it is determined that the data are not obtainable.

Dependent Items for Coding Unknown Values

Dependent Field: 2012 Item No., Field Name	Depends on: 2012 Item No., Field Name
14b, NBIRTHS	14a, MULT
17b, ATEMP	17a, ATEMPM
20b, UGRADE1	20a, USOUND1
20c, PIHWFO	20a, USOUND1; 20b, UGRADE1
23b, CPAPES	23a, CPAP
24c, SURF1DHR	24b, SURFX
24d, SURF1DMIN	24b, SURFX; 24c, SURF1DHR
25b, INOWG	25a, INO
27b, STERBPDWG	27a, STERBPD



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Dependent Field: 2012 Item No., Field Name	Depends on: 2012 Item No., Field Name
32b, ROPSURGWD	32a, ROPSURG
33b, SRGLIGWD	33a, SRGLIG
36b, SRGCD1-SRGCD10	35, OSURG
36b, SRGLOC1-SRGLOC10	36b, SRGCD1-SRGCD10
36b, OSRGDESC	35, OSURG
38b, PNTXWO	38a, PNTX
40b, NECWO	40a, NEC
41b, GIPERFWO	41a, GIPERF
42b, LBPATHWO	42a, LBPATH
43b, CNEGWO	43a, CNEGSTAPH
44b, FUNGALWO	44a, FUNGAL
46b, ISTAGE	46a, EYEX
47, BDCD1-BDCD5	47, CMAL
47, BDEFECT	47, CMAL
54, TRANSCODE	50, FDISP
55, XFER_CTR	50, FDISP
56, F2DISP	50, FDISP
57, F3DISP	50, FDISP; 56, F2DISP
58, F3WGT	50, FDISP; 56, F2DISP
59, UDISP	50, FDISP; 56, F2DISP; 57, F3DISP
Supplemental Data Items (NER and Expanded Data Centers Only)	Depends on: 2012 Item No., Field Name
S1.A2, VENTDAYS	S1.A1, DURVENT
S1.C2, COOLMETH	S1.C1, COOLED
S2.A1, HYPOIEP	2a, GAWEEKS
S2.A2, HYPOIES	S2.A1, HYPOIEP
S2.B2, TRCSUCMA	S2.B1, MECASP

VII. Network File Processing and Error Checking. Files submitted to the Network in the appropriate format and record structure will be processed. Otherwise, files will be rejected and the Member notified by email. Error checking includes an extensive series of range, logic, and consistency tests. Incomplete records may be submitted, but some error checks cannot be done if data are missing from the record. Records are processed as logical forms, corresponding to Network data forms, and each processed form is assigned a status code. The Data Fields Table in Appendix A shows the fields on each form for the VLBW and Expanded databases. Members can view data summaries with form status and specific error and warning messages in the Data Management section of the Member's Area on the Network web site, www.vtoxford.org.



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VIII. Data Completeness and Accuracy. Records must be submitted on all eligible infants. At the end of each year, the center Report Contact must complete a Report Contact Finalization and assure that records for all eligible infants have been submitted. All fields in records submitted electronically must be verified by the Member as adhering to the definitions and procedures described in the Manual of Operations.

IX. Annual Changes to the Database. The Network Database is reviewed annually by the Database Advisory Committee (<http://www.vtoxford.org/about/staff.aspx>). Please see Appendix B for a description of all changes for the 2012 birth year.

X. Electronic Data Submission Accounts.

A. Centers Submitting Electronically for the First Time. Contact your Network Account Manager (Section XII on page 13) if your center intends to begin submitting data electronically. The following are necessary before live electronic data submissions may begin for Members submitting electronic data for the first time in 2012:

1. An addendum to the Network Membership Agreement may be required, depending on when your center joined the Network.
2. A password must be assigned, a Start Date for beginning electronic submission and a Start Network Patient Identification (ID) Number must be specified.
3. For centers choosing the Expanded Database option, all units in the center must be identified where eligible infants receive intensive care.
4. Submission capabilities required (not applicable for eNICQ users):
 - a. Export files must meet the file structure specifications in Appendix A of these instructions and must be in an acceptable format.
 - b. There must be the capability to submit two file types: (1) New, updated and deleted records, and (2) All records in the member database for the last four years. For example, in 2012 an "All Records" file would include all records for infants born between 2009 and 2012, if your center was certified to submit electronic data in these years.
 - c. There must be the capability to range check and edit all submitted fields.
 - d. The center staff must be aware of correct procedures for file submission, coding of N/A and Unknown values, completing Delivery Room Death records, completing records for infants who do not transfer, and file and table naming and file numbering.
5. In some cases, centers will be requested to verify file submission capabilities using the Network EDS file test utility on vtoxford.org.



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B. Centers Changing the Database Submission Option. If your center decides to change from one electronic submission option to another (VLBW to Expanded or vice versa), contact your Network Account Manager to plan the transition.
Please Note: All records for infants born in any given year must be submitted for the same database. You cannot choose to submit records for some of the babies born in 2012 to the VLBW Database and other records to the Expanded Database. The following are necessary before changing database options:

1. A Changeover Year for implementing a new format must be established. All infants born in the previous year will be submitted with the old database submission option; all infants born in the changeover year will be submitted with the new database submission option.
2. A Changeover Patient Identification (ID) Number must be assigned. All infant records submitted with the old database submission option will have a Network ID number less than the Changeover ID Number; all infant records submitted with the new database submission option will have a Network ID number greater than or equal to the Changeover ID Number.
3. For centers changing from the VLBW Database to the Expanded Database option, all units in the center where infants receive intensive care must be identified.

C. Centers Submitting Data for the Neonatal Encephalopathy Registry (NER). To submit data for the NER, please contact your Network Account Manager or the Network NER Coordinator (page 13) for information about submissions to the Registry.

XI. Group File Submissions. Prior to first submission of files which include data for more than one hospital (two or more Network center numbers), the group must coordinate file submission with the Groups Coordinator, Nancy Cloutier (ncloutier@vtoxford.org). Group files are submitted in the same structure as shown in Appendix A but must be named and numbered differently, and housekeeping fields are completed differently as compared to individually submitted hospital files.



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XII. Vermont Oxford Network Support.

A. Assistance with Data Submissions. If your center is interested in submitting data electronically to the Network, please contact your Account Manager, (802) 865-4814, at the extension below.

Account Manager	Extension	Email
Paula Beales	214	paula@vtoxford.org
Annie Blanchette	218	ablanchette@vtoxford.org
Marilyn Eick	227	marilyn@vtoxford.org
Pat Lavalette	260	pat@vtoxford.org
Amber Palladino	242	apalladino@vtoxford.org
Joan Schillhammer	224	joan@vtoxford.org
Susi Taylor	219	staylor@vtoxford.org
Andy Warner	226	awarner@vtoxford.org
Ellen Wilhite	216	ellen@vtoxford.org

Note: Please do not send electronic data submissions to your Network Account Manager. Submit files as specified in paragraph VI.F on page 6.

B. HIPAA Assistance. For assistance with HIPAA privacy-related questions, contact **Nancy Cloutier, HIPAA Coordinator**, phone: (802) 865-4814, extension 208; email: ncloutier@vtoxford.org.

C. Assistance with Participation in the Neonatal Encephalopathy Registry (NER). Please contact the **Network NER Coordinator, Nancy Cloutier**, phone: (802) 865-4814, extension 208; email: ncloutier@vtoxford.org.



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Appendix A, Year 2012 Data Fields

- A. Introduction.** This Appendix specifies the data fields to be submitted for the VLBW and Expanded Databases in 2012 and summarizes changes to submissions in 2012 as compared to 2011. This appendix does not include data fields for the Neonatal Encephalopathy Registry (NER). For assistance with NER submissions, please contact your Network Account Manager or the Network NER Coordinator (page 13).
- B. Data Fields Table.** The Data Fields Table below includes the 2012 Form Item Number (if applicable) for each field, the Field Name, a brief Description of the field, the Field Type and the Field Codes and Ranges.
1. Applicability. The Data Fields Table applies to any electronic data file submitted on or after January 1, 2012, even if all infants reported in the file were born prior to 2012. Export files in 2012 may include data for infants born between 2009 and 2012, if your center was certified to submit electronic data in these years.
 2. Electronically Submitted Records. Infant records submitted in 2012 must include all of the fields listed in the Data Fields Table below for each eligible infant. This includes the Housekeeping Fields (FILENUM, FILEDATE, DELETED, APPLICATION, VERSION and ALLRECORDS), the HOSPNO and ID fields, and all fields on the 28 Day Form, Discharge Form, Transfer and Readmission Form and Supplemental Data Form. Members choosing the VLBW option may code the items on the Supplemental Data Form as N/A or leave these items blank in submitted records. Members choosing the VLBW NER option must submit data items on the Supplemental Data Form. **Note:** Please submit records with fields ordered as listed in the Data Fields Table.
 3. Changes to the Data Fields Table for 2012. See Appendix B for more information about the database changes for 2012.
 - a. The maternal race field used in 2011 (NEWRACE) is discontinued for infants born in 2012 and will be replaced by a new maternal race field (MATRACE) with slightly different categories and codes. Continue to use the NEWRACE field and values for infants born prior to 2012. The MATRACE field is Item 6b on the 28 Day Form. The new categories and codes are 1=Black or African American, 3=White, 4=Asian, 5=American Indian or Alaska Native, 6=Native Hawaiian or Other Pacific Islander, 7=Other. The discontinued field is highlighted in blue and the new field is highlighted in green in Appendix A.
 - b. In addition to the new MATRACE field, three other new fields have been added to the Data Fields Table for 2012. These new fields are highlighted in green in Appendix A and are only applicable to infants born in 2012.
 - (1) Antenatal Magnesium Sulfate (AMAGSULF): This is item 9 on the 28 Day Form.
 - (2) Probiotics (PROBIOTICS): this is Item 30 on the Discharge Form.
 - (3) Treatment of ROP with Anti-VEGF Drug (ROPANTIVEGF): this is Item 31 on the Discharge Form.
 - c. A code for Both Selective Head and Whole Body has been added to Item S2.C2 (Cooling Method, COOLMETH) on the Supplemental Data Form.



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Appendix A, 2012 Data Fields Table

2012 Item No.	Field Name	Description	Field Type	Field Codes and Ranges
		Housekeeping Fields		
N/A	FILENUM	Sequential File Submission Number	Integer	Range: Sequential positive integer
N/A	FILEDATE	File Submission Export Date	Date	Range: Valid date, mm/dd/yyyy
N/A	DELETED	Record Deleted	Byte	Range: 1 if record is deleted, blank otherwise
N/A	APPLICATION	Application Submitting the Data File	Text25	
N/A	VERSION	Version of Application Submitting the Data File	Text15	
N/A	ALLRECORDS	Type of file submitted (All Records or Update)	Byte	Range: 0 or blank if not an All Records file, 1 if an All Records File (all records for infants born between 2009 and 2012 in your center database).
		28 Day Form Fields		
None	HOSPNO	Center Number	Integer	Range: Network-assigned hospital number
None	ID	Network Patient Identification Number	Integer	Range: Positive integer between 1 and 99,999 (sequential from Start ID Number)
None	BYEAR	Birth Year	Integer	Range: 2009 to 2012



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Appendix A, 2012 Data Fields Table

2012 Item No.	Field Name	Description	Field Type	Field Codes and Ranges
1	BWGT	Birth Weight (grams)	Long	Range: <u>VLBW Database:</u> 401 to 1500 grams or may be < 401 or > 1500 if GA WEEKS is between 22 and 29. <u>Expanded Database and</u> Same as VLBW Database but also includes infants > 1500 grams who are otherwise eligible. See eligibility criteria in Manual of Operations. Codes: 99999=Unknown
2a	GA WEEKS	Gestational Age, Weeks	Integer	Range: 15 to 46, 99; Codes: 99=Unknown
2b	GADAYS	Gestational Age, Days	Integer	Range: 0 to 6, 99; Codes: 99=Unknown
3	DELDIE	Died in Delivery Room or, if inborn, in an initial resuscitation area within 12 Hours of Birth and Prior to NICU Admission	Byte	Range: 0, 1; Codes: 0=No, 1=Yes
4a	LOCATE	Location of Birth	Byte	Range: 0, 1; Codes: 0=Inborn; 1=Outborn
4b	DAYADMISS	Day of Admission to Your Hospital (outborn infants only)	Integer	Range: 77 if [LOCATE]=0, 1 to 28 if [LOCATE]=1 Codes: 77=N/A
4c	OUTB_CTR	Transfer Code of Center from which Infant Transferred (outborn infants only)	Long	Range: 77777777 if [LOCATE]=0 or [BYEAR] < 2009; Transfer Code provided by VON or 99999999 if [LOCATE]=1 and [BYEAR] ≥ 2009; Codes: 77777777=N/A, 99999999=Unknown



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2012 Item No.	Field Name	Description	Field Type	Field Codes and Ranges
5	BHEADCIR	Head Circumference at Birth (in cm to nearest 10 th of a cm)	Single	Range: 777.7 if [BYEAR] < 2006; 10.0 to 70.0, 999.9 if [BYEAR] ≥ 2006; Codes: 777.7=N/A, 999.9=Unknown
6a	HISP	Ethnicity of Mother	Byte	Range: 0, 1, 9; Codes: 0=Not Hispanic, 1=Hispanic, 9=Unknown
Discontinued	NEWRACE	Race of Mother	Byte	Range: 77 if [BYEAR] > 2011; 1, 3, 4, 5, 6, 99 if [BYEAR] ≤ 2011; Codes: 1=Black, 3=White, 4=Asian or Pacific Islander, 5=Native American, 6=Other Race, 77=N/A, 99=Unknown
6b	MATRACE	Race of Mother	Byte	Range: 77 if [BYEAR] < 2012; 1, 3, 4, 5, 6, 7, 99 if [BYEAR] ≥ 2012; Codes: 1=Black or African American, 3=White, 4=Asian, 5=American Indian or Alaska Native, 6=Native Hawaiian or Other Pacific Islander, 7=Other Race, 77=N/A, 99=Unknown
7	PCARE	Prenatal Care	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
8	ASTER	Antenatal Steroids	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
9	AMAGSULF	Antenatal Magnesium Sulfate	Byte	Range: 7 if [BYEAR] < 2012, 0, 1, 9 if [BYEAR] ≥ 2012; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
10	CHORIO	Chorioamnionitis	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
11	MHYPERTENS	Maternal Hypertension, Chronic or Pregnancy-Induced	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
12	VAGDEL	Mode of Delivery	Byte	Range: 0, 1, 9; Codes: 0=C-Section, 1=Vaginal, 9=Unknown



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13	SEX	Sex of Infant	Byte	Range: 0, 1, 9; Codes: 0=Female, 1=Male, 9=Unknown
14a	MULT	Multiple Gestation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
14b	NBIRTHS	Number of Infants Delivered	Integer	Range: 77 if [MULT]=0 or [BYEAR] < 2005; if [BYEAR] ≥ 2005: 99 if [MULT]=9; 1 to 10, 99 if [MULT]=1; Codes: 77=N/A, 99=Unknown
15a	AP1	APGAR Score, 1 Minute	Integer	Range: 0 to 10, 99; Codes: 99=Unknown
15b	AP5	APGAR Score, 5 Minutes	Integer	Range: 0 to 10, 99; Codes: 99=Unknown
16a	DROX	Oxygen during Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
16b	DRBM	Face Mask Ventilation during Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
16c	DRET	Endotracheal Tube Ventilation during Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
16d	DREP	Epinephrine during Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
16e	DRCC	Cardiac Compression during Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
16f	DRCPPAP	Nasal CPAP during Initial Resuscitation	Byte	Range: 7 if [BYEAR] < 2011; 0, 1, 9 if [BYEAR] ≥ 2011; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
17a	ATEMPM	Temperature Measured within One Hour of Admission to Your NICU	Byte	Range: 7 if [DELDIE]=1 or [BYEAR] < 2006; 0, 1, 9 if [DELDIE]=0 and [BYEAR] ≥ 2006; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown



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17b	ATEMP	Temperature at Admission to Your NICU (in degrees centigrade to nearest 10 th of a degree)	Single	Range: 777.7 if [DELDIE]=1 or [ATEMPM]=0 or [BYEAR] < 2006, 20.0 to 45.0, 999.9 if [DELDIE]=0 and ATEMPM=1 and [BYEAR] ≥ 2006; Codes: 777.7=N/A, 999.9=Unknown
18	EBSEPS	Bacterial Sepsis, on or before Day 3	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
19	NEWOX28	Oxygen on Day 28	Byte	Range: 7 if [DELDIE]=1 or infant not hospitalized on Day 28; 0, 1, 9 if [DELDIE]=0 and infant hospitalized on Day 28; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
20a	USOUND1	Cranial Imaging on or before Day 28	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
20b	UGRADE1	Periventricular-Intraventricular Hemorrhage (PIH), Worst Grade	Byte	Range: 7 if [USOUND1] in (0,7); 9 if [USOUND1]=9; 0 to 4, 9 if [USOUND1]=1; Codes: 7=N/A, 9=Unknown
20c	PIHWFO	PIH, where First Occurred	Byte	Range: 7 if [USOUND1] in (0, 7) or [UGRADE1]=0 or [BYEAR] < 2009; 1, 2, 9 if [USOUND]=1 and [UGRADE1] between 1 and 4 and [BYEAR] ≥ 2009; 9 if ([UGRADE1]=9 or [USOUND1]=9) and [BYEAR] ≥ 2009; Codes: 1=Your Hospital, 2=Other Hospital, 7=N/A, 9=Unknown.
21	DIE12	Died within 12 Hours of Admission to Your NICU	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown



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		Discharge Form Fields		
22a	OXY	Oxygen after Initial Resuscitation	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
22b	VENT	Conventional Ventilation after Initial Resuscitation	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
22c	HFV	High Frequency Ventilation after Initial Resuscitation	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
22d	HFNC	High Flow Nasal Cannula after Initial Resuscitation	Byte	Range: 7 if [DELDIE]=1 or [BYEAR] < 2006; 0, 1, 9 if [DELDIE]=0 and [BYEAR] ≥ 2006; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
22e	NIMV	Nasal IMV or SIMV after Initial Resuscitation	Byte	Range: 7 if [DELDIE]=1 or [BYEAR] < 2006; 0, 1, 9 if [DELDIE]=0 and [BYEAR] ≥ 2006; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
23a	CPAP	Nasal CPAP after Initial Resuscitation	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
23b	CPAPES	Nasal CPAP before ETT Ventilation	Byte	Range: 7 if [CPAP] in (0, 7); 9 if [CPAP]=9; 0, 1, 9 if [CPAP]=1; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
24a	DRSURF	Surfactant during Initial Resuscitation	Byte	Range: 0, 1, 9 ; Codes: 0=No, 1=Yes, 9=Unknown
24b	SURFX	Surfactant at any Time	Byte	Range: 0, 1, 9 ; Codes: 0=No, 1=Yes, 9=Unknown



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24c	SURF1DHR	Age at First Dose of Surfactant, Hours	Integer	Range: 7777 if [SURFX]=0; 9999 if [SURFX]=9 or SURF1DMIN=99; 0 to 6665, 9999 if [SURFX]=1; Codes: 7777=N/A; 9999=Unknown
24d	SURF1DMIN	Age at First Dose of Surfactant, Minutes	Byte	Range: 77 if [SURFX]=0; 99 if [SURFX]=9 or SURF1DHR=9999; 0 to 59, 99 if [SURFX]=1; Codes: 77=N/A; 99=Unknown
25a	INO	Inhaled Nitric Oxide	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
25b	INOWG	Inhaled Nitric Oxide, Where Given	Byte	Range: 7 if [INO] in (0, 7) or [BYEAR] < 2009; 1, 2, 3, 9 if [INO]=1 and [BYEAR] ≥ 2009; 9 if [INO]=9 and [BYEAR] ≥ 2009; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown.
26a	OX36	Oxygen at 36 Weeks	Byte	Range: 7 if [DELDIE]=1 or infant not hospitalized at week 36; 0, 1, 9 if [DELDIE]=0 and infant hospitalized at week 36; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
26b	VENT36	Conventional Ventilation at 36 Weeks	Byte	Range: 7 if [BYEAR] < 2011 or [DELDIE]=1 or infant not hospitalized at week 36; 0, 1, 9 if [BYEAR] ≥ 2011 and [DELDIE]=0 and infant hospitalized at week 36; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
26c	HFV36	High Frequency Ventilation at 36 weeks	Byte	Range: 7 if [BYEAR] < 2011 or [DELDIE]=1 or infant not hospitalized at week 36; 0, 1, 9 if [BYEAR] ≥ 2011 and [DELDIE]=0 and infant hospitalized at week 36; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown



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26d	HFNC36	High Flow Nasal Cannula at 36 Weeks	Byte	Range: 7 if [BYEAR] < 2011 or [DELDIE]=1 or infant not hospitalized at week 36; 0, 1, 9 if [BYEAR] ≥ 2011 and [DELDIE]=0 and infant hospitalized at week 36; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
26e	NIMV36	Nasal IMV or SIMV at 36 Weeks	Byte	Range: 7 if [BYEAR] < 2011 or [DELDIE]=1 or infant not hospitalized at week 36; 0, 1, 9 if [BYEAR] ≥ 2011 and [DELDIE]=0 and infant hospitalized at week 36; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
26f	CPAP36	Nasal CPAP at 36 Weeks	Byte	Range: 7 if [BYEAR] < 2011 or [DELDIE]=1 or infant not hospitalized at week 36; 0, 1, 9 if [BYEAR] ≥ 2011 and [DELDIE]=0 and infant hospitalized at week 36; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
27a	STERBPD	Steroids for CLD	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
27b	STERBPDWG	Steroids for CLD, Where Given	Byte	Range: 7 if [STERBPD] in (0, 7) or [BYEAR] < 2009; 1, 2, 3, 9 if [STERBPD]=1 and [BYEAR] ≥ 2009; 9 if [STERBPD]=9 and [BYEAR] ≥ 2009; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown.
28	INDOMETH	Indomethacin	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
29	IBUPROFEN	Ibuprofen for PDA	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown



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30	PROBIOTICS	Probiotics	Byte	Range: 7 if [BYEAR] < 2012 or [DELDIE]=1; 0, 1, 9 if [BYEAR] ≥ 2012 and [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
31	ROPANTIVEGF	Treatment of ROP with Anti-VEGF Drug	Byte	Range: 7 if [BYEAR] < 2012 or [DELDIE]=1; 0, 1, 9 if [BYEAR] ≥ 2012 and [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
32a	ROPSURG	ROP Surgery	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
32b	ROPSURGWD	ROP Surgery, Where Done	Byte	Range: 7 if [ROPSURG] in (0, 7) or [BYEAR] < 2009; 1, 2, 3, 9 if [ROPSURG]=1 and [BYEAR] ≥ 2009; 9 if ROPSURG=9 and [BYEAR] ≥ 2009; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown.
33a	SRGLIG	PDA Ligation	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
33b	SRGLIGWD	PDA Ligation, Where Done	Byte	Range: 7 if [SRGLIG] in (0, 7) or [BYEAR] < 2009; 1, 2, 3, 9 if [SRGLIG]=1 and [BYEAR] ≥ 2009; 9 if SRGLIG=9 and [BYEAR] ≥ 2009; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown.
34	NECSURG	NEC Surgery	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
35	OSURG	Other Surgery	Byte	Range: 7 if [DELDIE]=1 or [BYEAR] < 2006; 0, 1, 9 if [DELDIE]=0 and [BYEAR] ≥ 2006; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown



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36a	SRGCD1	First Surgery Code	Text6	Range: "77" if [NECSURG] in (0,7) and [OSURG] in (0,7), "99" if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9)); Surgery Code if [NECSURG]=1 or [OSURG]=1. Codes: "77"=N/A, "99"=Unknown, Surgery Codes in Appendix D of Manual of Operations.
36a	SRGLOC1	Location of Surgery for First Surgery Code Procedure	Byte	Range: 1, 2, 3, 9 if [NECSURG]=1 or [OSURG]=1; 7 if [NECSURG] in (0,7) and [OSURG] in (0,7); 9 if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9)). Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown.
36a	SRGCD2	Second Surgery Code	Text6	Range: "77" if [NECSURG] in (0,7) and [OSURG] in (0,7) or no more surgery done; "99" if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9)); Surgery Code if [NECSURG]=1 or [OSURG]=1 and 2 nd NEC surgery or other surgery done. Codes: "77"=N/A, "99"=Unknown, Surgery Codes in Appendix D of Manual of Operations.



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2012 Item No.	Field Name	Description	Field Type	Field Codes and Ranges
36a	SRGLOC2	Location of Surgery for Second Surgery Code Procedure	Byte	Range: 7 if ([NECSURG] in (0,7) and [OSURG]) in (0,7) or [SRGCD2]="77"; 1, 2, 3, 9 if [NECSURG]=1 or [OSURG]=1 and [SRGCD2] has valid surgery code; 9 if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9)). Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown.
36a	SRGCD3	Third Surgery Code	Text6	Range: "77" if [NECSURG] in (0,7) and [OSURG] in (0,7) or no more surgery done; "99" if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9)); Surgery Code if [NECSURG]=1 or [OSURG]=1 and 3 rd NEC surgery or other surgery done. Codes: "77"=N/A, "99"=Unknown, Surgery Codes in Appendix D of Manual of Operations.
36a	SRGLOC3	Location of Surgery for Third Surgery Code Procedure	Byte	Range: 7 if ([NECSURG] in (0,7) and [OSURG]) in (0,7) or [SRGCD2]="77"; 1, 2, 3, 9 if [NECSURG]=1 or [OSURG]=1 and [SRGCD3] has valid surgery code; 9 if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9)). Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown.



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36a	SRGCD4	Fourth Surgery Code	Text6	<p>Range: “77” if [NECSURG] in (0,7) and [OSURG] in (0,7) or no more surgery done; “99” if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9)); Surgery Code if [NECSURG]=1 or [OSURG]=1 and 4th NEC surgery or other surgery done.</p> <p>Codes: “77”=N/A, “99”=Unknown, Surgery Codes in Appendix D of Manual of Operations.</p>
36a	SRGLOC4	Location of Surgery for Fourth Surgery Code	Byte	<p>Range: 7 if ([NECSURG] in (0,7) and [OSURG]) in (0,7) or [SRGCD2]=“77”; 1, 2, 3, 9 if [NECSURG]=1 or [OSURG]=1 and [SRGCD4] has valid surgery code; 9 if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9)).</p> <p>Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown.</p>
36a	SRGCD5	Fifth Surgery Code	Text6	<p>Range: “77” if [NECSURG] in (0,7) and [OSURG] in (0,7) or no more surgery done; “99” if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9)); Surgery Code if [NECSURG]=1 or [OSURG]=1 and 5th NEC surgery or other surgery done.</p> <p>Codes: “77”=N/A, “99”=Unknown, Surgery Codes in Appendix D of Manual of Operations.</p>



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36a	SRGLOC5	Location of Surgery for Fifth Surgery Code Procedure	Byte	<p>Range: 7 if ([NECSURG] in (0,7) and [OSURG]) in (0,7) or [SRGCD2]="77"; 1, 2, 3, 9 if [NECSURG]=1 or [OSURG]=1 and [SRGCD5] has valid surgery code; 9 if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9)).</p> <p>Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown.</p>
36a	SRGCD6	Sixth Surgery Code	Text6	<p>Range: "77" if [NECSURG] in (0,7) and [OSURG] in (0,7) or no more surgery done; "99" if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9)); Surgery Code if [NECSURG]=1 or [OSURG]=1 and 6th NEC surgery or other surgery done.</p> <p>Codes: "77"=N/A, "99"=Unknown, Surgery Codes in Appendix D of Manual of Operations.</p>
36a	SRGLOC6	Location of Surgery for Sixth Surgery Code Procedure	Byte	<p>Range: 7 if ([NECSURG] in (0,7) and [OSURG]) in (0,7) or [SRGCD2]="77"; 1, 2, 3, 9 if [NECSURG]=1 or [OSURG]=1 and [SRGCD6] has valid surgery code; 9 if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9)).</p> <p>Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown.</p>



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36a	SRGCD7	Seventh Surgery Code	Text6	<p>Range: “77” if [NECSURG] in (0,7) and [OSURG] in (0,7) or no more surgery done; “99” if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9)); Surgery Code if [NECSURG]=1 or [OSURG]=1 and 7th NEC surgery or other surgery done.</p> <p>Codes: “77”=N/A, “99”=Unknown, Surgery Codes in Appendix D of Manual of Operations.</p>
36a	SRGLOC7	Location of Surgery for Seventh Surgery Code Procedure	Byte	<p>Range: 7 if ([NECSURG] in (0,7) and [OSURG]) in (0,7) or [SRGCD2]=“77”; 1, 2, 3, 9 if [NECSURG]=1 or [OSURG]=1 and [SRGCD7] has valid surgery code; 9 if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9)).</p> <p>Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown.</p>
36a	SRGCD8	Eighth Surgery Code	Text6	<p>Range: “77” if [NECSURG] in (0,7) and [OSURG] in (0,7) or no more surgery done; “99” if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9)); Surgery Code if [NECSURG]=1 or [OSURG]=1 and 8th NEC surgery or other surgery done.</p> <p>Codes: “77”=N/A, “99”=Unknown, Surgery Codes in Appendix D of Manual of Operations.</p>



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36a	SRGLOC8	Location of Surgery for Eighth Surgery Code Procedure	Byte	<p>Range: 7 if ([NECSURG] in (0,7) and [OSURG]) in (0,7) or [SRGCD2]="77"; 1, 2, 3, 9 if [NECSURG]=1 or [OSURG]=1 and [SRGCD8] has valid surgery code; 9 if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9)).</p> <p>Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown.</p>
36a	SRGCD9	Ninth Surgery Code	Text6	<p>Range: "77" if [NECSURG] in (0,7) and [OSURG] in (0,7) or no more surgery done; "99" if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9)); Surgery Code if [NECSURG]=1 or [OSURG]=1 and 9th NEC surgery or other surgery done.</p> <p>Codes: "77"=N/A, "99"=Unknown, Surgery Codes in Appendix D of Manual of Operations.</p>
36a	SRGLOC9	Location of Surgery for Ninth Surgery Code Procedure	Byte	<p>Range: 7 if ([NECSURG] in (0,7) and [OSURG]) in (0,7) or [SRGCD2]="77"; 1, 2, 3, 9 if [NECSURG]=1 or [OSURG]=1 and [SRGCD9] has valid surgery code; 9 if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9))</p> <p>Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown.</p>



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36a	SRGCD10	Tenth Surgery Code	Text6	<p>Range: "77" if [NECSURG] in (0,7) and [OSURG] in (0,7) or no more surgery done; "99" if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9)); Surgery Code if [NECSURG]=1 or [OSURG]=1 and 10th NEC surgery or other surgery done.</p> <p>Codes: "77"=N/A, "99"=Unknown, Surgery Codes in Appendix D of Manual of Operations.</p>
36a	SRGLOC10	Location of Surgery for Tenth Surgery Code Procedure	Byte	<p>Range: 7 if ([NECSURG] in (0,7) and [OSURG]) in (0,7) or [SRGCD2]="77"; 1, 2, 3, 9 if [NECSURG]=1 or [OSURG]=1 and [SRGCD10] has valid surgery code; 9 if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9)).</p> <p>Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown.</p>



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36b	OSRGDESC	Surgical Code Description	Text255	Range: "77" if [NECSURG] in (0,7) and [OSURG] in (0,7) or if the surgery code(s) do not require a description; "99" if ([NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9)); description of surgical procedure(s) if [NECSURG]=1 or [OSURG]=1 and code for surgery requires a description. Codes: "77"=N/A, "99"=Unknown. Surgery Codes are in Appendix D of the Network Manual of Operations, Part 2.
37	RDS	Respiratory Distress Syndrome	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
38a	PNTX	Pneumothorax	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
38b	PNTXWO	Pneumothorax, Where Occurred	Byte	Range: 7 if [PNTX] in (0, 7) or [BYEAR] < 2009; 1, 2, 3, 9 if [PNTX]=1 and [BYEAR] ≥ 2009; 9 if [PNTX]=9 and [BYEAR] ≥ 2009; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown.
39	PDA	Patent Ductus Arteriosus	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
40a	NEC	Necrotizing Enterocolitis	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown



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40b	NECWO	Necrotizing Enterocolitis, Where Occurred	Byte	Range: 7 if [NEC] in (0, 7) or [BYEAR] < 2009; 1, 2, 3, 9 if [NEC]=1 and [BYEAR] ≥ 2009; 9 if [NEC]=9 and [BYEAR] ≥ 2009; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown.
41a	GIPERF	Gastrointestinal Perforation	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
41b	GIPERFWO	Gastrointestinal Perforation, Where Occurred	Byte	Range: 7 if [GIPERF] in (0, 7) or [BYEAR] < 2009; 1, 2, 3, 9 if [GIPERF]=1 and [BYEAR] ≥ 2009; 9 if [GIPERF]=9 and [BYEAR] ≥ 2009; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown.
42a	LBPATH	Bacterial Pathogen after Day 3	Byte	Range: 7 if [DELDIE]=1 or infant not hospitalized after Day 3; 0, 1, 9 if [DELDIE]=0 and infant hospitalized after Day 3; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
42b	LBPATHWO	Bacterial Pathogen after Day 3, Where Occurred	Byte	Range: 7 if [LBPATH] in (0, 7) or [BYEAR] < 2009; 1, 2, 3, 9 if [LBPATH]=1 and [BYEAR] ≥ 2009; 9 if [LBPATH]=9 and [BYEAR] ≥ 2009; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown.
43a	CNEGSTAPH	Coagulase Negative Staph Infection after Day 3	Byte	Range: 7 if [DELDIE]=1 or infant not hospitalized after Day 3; 0, 1, 9 if [DELDIE]=0 and infant hospitalized after Day 3; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown



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43b	CNEGWO	Coagulase Negative Staph Infection after Day 3, Where Occurred	Byte	Range: 7 if [CNEGSTAPH] in (0, 7) or [BYEAR] < 2009; 1, 2, 3, 9 if [CNEGSTAPH]=1 and [BYEAR] ≥ 2009; 9 if [CNEGSTAPH]=9 and [BYEAR] ≥ 2009; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown.
44a	FUNGAL	Fungal Infection after Day 3	Byte	Range: 7 if [DELDIE]=1 or infant not hospitalized after Day 3; 0, 1, 9 if [DELDIE]=0 and infant hospitalized after Day 3; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
44b	FUNGALWO	Fungal Infection after Day 3, Where Occurred	Byte	Range: 7 if [FUNGAL] in (0, 7) or [BYEAR] < 2009; 1, 2, 3, 9 if [FUNGAL]=1 and [BYEAR] ≥ 2009; 9 if [FUNGAL]=9 and [BYEAR] ≥ 2009; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown.
45	PVL	Cystic Periventricular Leukomalacia	Byte	Range: 7 if [DELDIE]=1 or cranial ultrasound not done; 0, 1, 9 if [DELDIE]=0 and cranial ultrasound done; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
46a	EYEX	Retinal Examination	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
46b	ISTAGE	ROP Stage	Byte	Range: 7 if [EYEX] in (0,7); 9 if [EYEX]=9; 0 to 5, 9 if [EYEX]=1; Codes: 7=N/A, 9=Unknown
47	CMAL	Major Birth Defect	Byte	Range: 0, 1, 9 ; Codes: 0=No, 1=Yes, 9=Unknown



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2012 Item No.	Field Name	Description	Field Type	Field Codes and Ranges
47	BDCD1	First Birth Defect Code	Integer	Range: 7777 if [CMAL]=0, 9999 if [CMAL]=9; Birth Defect List if [CMAL]=1; Codes: 7777=N/A, 9999=Unknown; Birth defect codes are in Appendix C of the Network Manual of Operations, Part 2
47	BDCD2	Second Birth Defect Code	Integer	Range: 7777 if [CMAL]=0 or if no more defects, 9999 if [CMAL]=9; Birth Defect List if [CMAL]=1 and 2nd Defect; Codes: 7777=N/A, 9999=Unknown; Birth defect codes are in Appendix C of the Network Manual of Operations, Part 2
47	BDCD3	Third Birth Defect Code	Integer	Range: 7777 if [CMAL]=0 or if no more defects, 9999 if [CMAL]=9; Birth Defect List if [CMAL]=1 and 2nd Defect; Codes: 7777=N/A, 9999=Unknown; Birth defect codes are in Appendix C of the Network Manual of Operations, Part 2
47	BDCD4	Fourth Birth Defect Code	Integer	Range: 7777 if [CMAL]=0 or if no more defects, 9999 if [CMAL]=9; Birth Defect List if [CMAL]=1 and 4th Defect; Codes: 7777=N/A, 9999=Unknown; Birth defect codes are in Appendix C of the Network Manual of Operations, Part 2



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47	BDCD5	Fifth Birth Defect Code	Integer	Range: 7777 if [CMAL]=0 or if no more defects, 9999 if [CMAL]=9; Birth Defect List if [CMAL]=1 and 5th Defect; Codes: 7777=N/A, 9999=Unknown; Birth defect codes are in Appendix C of the Network Manual of Operations, Part 2
47	BDEFECT	Birth Defect Description	Text255	Range: "77" if [CMAL]=0 or no description required; "99" if [CMAL]=9; Text description of birth defect if [CMAL]=1 and description required (see Manual of Operations); Codes: "77"=N/A, "99"=Unknown
48	ENTFEED	Enteral Feeding at Discharge	Byte	Range: 7 if [DELDIE]=1; 0, 1, 2, 3, 9 if [DELDIE]=0; Codes: 0=None, 1=Human Milk Only, 2=Formula Only, 3=Human Milk with Fortifier or Formula, 7=N/A, 9=Unknown
49a	OXFINAL	Oxygen at Discharge	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
49b	ACFINAL	Monitor at Discharge	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
50	FDISP	Initial Disposition	Byte	Range: 7 if [DELDIE]=1; 1, 2, 3, 5, 9 if [DELDIE]=0; Codes: 1=Home, 2=Transferred, 3=Died, 5=Still Hospitalized as of First Birthday, 7=N/A, 9=Unknown
51	DWGT	Weight at Initial Disposition	Long	Range: 77777 if [DELDIE]=1; 201 to 66665, 99999 if [DELDIE]=0; Codes: 77777=N/A; 99999=Unknown



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2012 Item No.	Field Name	Description	Field Type	Field Codes and Ranges
52	DHEADCIR	Head Circumference at Initial Disposition (in cm to nearest 10 th of a cm)	Single	Range: 777.7 if [DELDIE]=1 or [BYEAR] < 2006; 10.0 to 70.0, 999.9 if [DELDIE]=0 and [BYEAR] ≥ 2006; Codes: 777.7=N/A, 999.9=Unknown
53	LOS1	Initial Length of Stay	Integer	Range: 777 if [DELDIE]=1; 1 to 366 (367 if leap day must be added), 999 if DELDIE=0; See Manual of Operations; Codes: 777=N/A; 999=Unknown.
		Transfer and Readmission Form, Part A Fields		
54	TRANSCODE	Reason for Transfer	Byte	Range: 7 if [FDISP] in (1, 3, 5, 7); 9 if [FDISP]=9; 0 to 6, 9 if [FDISP]=2; Codes: 0=ECMO, 1=Growth/Discharge Planning, 2=Medical/Diagnostic Services, 3=Surgery, 4=Chronic Care, 5=Other, 7=N/A, 9=Unknown
55	XFER_CTR	Transfer Code of Center to which Infant Transferred	Long	Range: 77777777 if [FDISP] in (1,3,5,7) or [XFER_OUT]=0 or [BYEAR] < 2009; Transfer Code provided by VON or 99999999 if [BYEAR] ≥ 2009; Codes: 77777777=N/A, 99999999=Unknown
56	F2DISP	Post Transfer Disposition	Byte	Range: 7 if [FDISP] in (1, 3, 5, 7); 9 if [FDISP]=9; 1, 2, 3, 4, 5, 9 if [FDISP]=2; Codes: 1=Home, 2=Transferred Again, 3=Died, 4=Readmitted, 5=Still Hospitalized as of First Birthday, 7=N/A, 9=Unknown



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2012 Item No.	Field Name	Description	Field Type	Field Codes and Ranges
		Transfer and Readmission Form, Part B Fields		
57	F3DISP	Disposition after Readmission	Byte	Range: 7 if [F2DISP] in (1, 2, 3, 5, 7); 9 if [F2DISP]=9; 1, 2, 3, 5, 9 if [F2DISP]=4; Codes: 1=Home, 2=Transfer, 3=Died, 5=Still Hospitalized as of First Birthday, 7=N/A, 9=Unknown
58	F3WGT	Weight at Disposition after Readmission	Long	Range: 77777 if [F3DISP]=7; 99999 if [F2DISP]=9; 201 to 66665 or 99999 if [F3DISP] in (1,2,3,5); Codes: 77777=N/A, 99999=Unknown
		Transfer and Readmission Form, Part C Fields		
59	UDISP	Ultimate Disposition	Byte	Range: 7 if [F2DISP] in (1,3,5,7) or if [F3DISP] in (1,3,5,7); 9 if [F2DISP]=9 or if [F3DISP]=9; 1, 3, 5, 9 if [F2DISP]=2 or if [F3DISP]=2; Codes: 1=Home, 3=Died, 5=Still Hospitalized as of First Birthday, 7=N/A, 9=Unknown
60	LOSTOT	Total Length of Stay	Integer	Range: 777 if [FDISP] in (1,3,5,7); 999 if [FDISP]=9; 1 to 366 (367 if leap day must be added), 999 if FDISP=2; See Manual of Operations; Codes: 777=N/A; 999=Unknown
		Supplemental Data Form Fields		May be left blank by centers participating in the VLBW Database; required for Expanded Data centers and NER Centers.



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2012 Item No.	Field Name	Description	Field Type	Field Codes and Ranges
S1.A1	DURVENT	Duration of Assisted Ventilation (initial stay in your NICU)	Byte	Range: 7 if [DELDIE]=1; 0, 1, 2, 3, 9 if [DELDIE]=0; Codes: 0=None, 1= < 4 Hours, 2= 4 to 24 Hours, 3= > 24 Hours, 7=N/A, 9=Unknown
S1.A2	VENTDAYS	Days of Assisted Ventilation (initial stay in your NICU)	Long	Range: 7777 if [DURVENT] in (0,1,2,7); 9999 if [DURVENT]=9; 2 to 366 (367 if leap day must be added), 9999 if [DURVENT]=3; Codes: 7777=N/A, 9999=Unknown
S1.B	ECMOP	ECMO at your Hospital	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
S1.C1	COOLED	Hypothermic Therapy at Your Hospital	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
S1.C2	COOLMETH	Cooling Method	Byte	Range: 7 if [COOLED] in (0,7); 9 if [COOLED]=9; 1, 2, 3, 9 if [COOLED]=1; Codes: 1=Selective Head, 2=Whole Body, 3=Both Selective Head and Whole Body, 7=N/A, 9=Unknown
S2.A1	HYPUIEP	Hypoxic-Ischemic Encephalopathy (HIE)	Byte	Range: 7 if [DELDIE]=1 or if [GAWEEKS] < 36; 0, 1, 9 if [DELDIE]=0 and if [GAWEEKS] ≥ 36; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
S2.A2	HYPUIES	HIE Severity	Byte	Range: 7 if [HYPUIEP] in (0,7); 9 if [HYPUIEP]=9; 1, 2, 3, 9 if [HYPUIEP]=1; Codes: 1=Mild, 2=Moderate, 3=Severe, 7=N/A, 9=Unknown
S2.B1	MECASP	Meconium Aspiration Syndrome	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown



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2012 Item No.	Field Name	Description	Field Type	Field Codes and Ranges
S2.B2	TRCSUCMA	Tracheal Suctioning for Meconium Attempted in the DR	Byte	Range: 7 if [MECASP]=0; 9 if [MECASP]=9; 0, 1, 9 if [MECASP]=1; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
S2C	SEIZURE	Seizures	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown



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A. Introduction. This Appendix describes the changes to data fields and procedures for 2012 electronic submissions, as compared to 2011.

B. New Data Items. The following new data items apply to infants born in 2012 and later; they do not apply to infants born prior to 2012. These new data items are shown on the draft forms at the end of this appendix and are highlighted in green.

1. Race of Mother (MATRACE): This new field (MATRACE) replaces the maternal race field that is submitted for infants born in 2011 and prior years (NEWRACE). The table below compares the codes and categories of the old and new maternal race fields.

<u>Code</u>	<u>Old Category (NEWRACE)</u>	<u>New Category (MATRACE)</u>
1	Black	Black or African American
2	[unused]	[unused]
3	White	White
4	Asian or Pacific Islander	Asian
5	Native American	American Indian or Alaska Native
6	Other	Native Hawaiian or Other Pacific Islander
7		Other

The definition to the new field (MATRACE) is given below.

ITEM 6b: Race of Mother

The response to this item should be obtained by personal interview with the mother or review of the birth certificate or medical record, in that order of preference. Choose only one response.

Answer “**Black or African American**” if the biological mother is a person having origins in any of the black racial groups of Africa.

Answer “**White**” if the biological mother is a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Answer “**Asian**” if the biological mother is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Answer “**American Indian or Alaska Native**” if the biological mother is a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.



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Answer "**Native Hawaiian or Other Pacific Islander**" if the biological mother is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Answer "**Other**" if none of the race categories above applies to the biological mother.

2. Antenatal Magnesium Sulfate (AMAGSULF): The definition for this new item is given below.

ITEM 9: Antenatal Magnesium Sulfate

Answer "**Yes**" if Magnesium Sulfate was administered intravenously to the mother during pregnancy at any time prior to delivery.

Answer "**No**" if Magnesium Sulfate was not administered intravenously to the mother during pregnancy at any time prior to delivery.

3. Probiotics (PROBIOTICS): The definition for this new item is given below.

Item 30: Probiotics

Answer "Yes" if the infant received any probiotics.

Answer "No" if the infant did not receive any probiotics.

4. Treatment of ROP with Anti-VEGF Drug: The definition for this new item is given below.

ITEM 31: Treatment of ROP with Anti-VEGF Drug

Answer "**Yes**" if the infant received bevacizumab (Avastin) or other anti-vascular endothelial growth factor (VEGF) drug in one or both eyes for the treatment of retinopathy of prematurity (ROP).

Answer "**No**" if the infant did not receive bevacizumab (Avastin) or other anti-VEGF in one or both eyes for the treatment of retinopathy of prematurity (ROP).

C. Modified Fields: An additional code (3, Both Selective Head and Whole Body) has been added to the field COOLMETH on the Supplemental Data Form – Item S1.C2, Cooling Method.

D. Discontinued Fields: The maternal race field (NEWRACE) that is collected for infants born in 2011 and prior years is discontinued and for infants born in 2012 and is replaced by the new MATRACE field, as discussed in paragraph B.1 above.



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E. Removed Fields: The following fields have not been collected since 2008 and are removed from the file structure beginning in 2012. These fields should not be included in records submitted in 2012:

Field Name	Description
XFER_OUT	Transferred to a VON Center
ECMOWD	ECMO, Where Done
NTRCOXT	Nitric Oxide Treatment
NTRCOXWD	Nitric Oxide, Where Done
CARSRGP	Surgery for Congenital Heart Disease
CARSRGWD	Surgery for Congenital Heart Disease, where done



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28 DAY FORM - For Infants Born in 2012



Center Number: _____ Network ID Number: Year of Birth: _____

1. Birth Weight: _____ grams	
2. Gestational Age:	a) Weeks _____ b) Days (0-6) _____
3. Died in Delivery Room: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Use Delivery Room Death Form.)	
4. a) Location of Birth: <input type="checkbox"/> Inborn <input type="checkbox"/> Outborn	
b) If Outborn, Day of Admission to Your Center (Range: 1 to 28. Date of Birth is Day 1): _____	
c) If Outborn, Transfer Code of Center from which Infant Transferred: _____ <small>(List available at http://www.vtoxford.org/tools/transferlist.aspx)</small>	
5. Head Circumference at Birth (in cm to nearest 10 th): <input type="text"/> <input type="text"/> . <input type="text"/>	
6. Maternal Ethnicity/Race (Answer both a and b):	
a) Ethnicity of Mother: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	
b) Race of Mother: <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other	
7. Prenatal Care: <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Antenatal Steroids: <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Antenatal Magnesium Sulfate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Chorioamnionitis: <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Maternal Hypertension, Chronic or Pregnancy-Induced: <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Mode of Delivery: <input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean Section	
13. Sex of Infant: <input type="checkbox"/> Male <input type="checkbox"/> Female	
14. a) Multiple Gestation: <input type="checkbox"/> Yes <input type="checkbox"/> No b) If Yes, Number of Infants Delivered: _____	
15. APGAR Scores: a) 1 minute _____ b) 5 minutes _____	
16. Initial Resuscitation:	
a) Oxygen:	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Face Mask Vent:	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Endotracheal Tube Vent:	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Epinephrine:	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Cardiac Compression:	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Nasal CPAP	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. a) Temperature Measured within the First Hour after Admission to Your NICU: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
b) If Yes, Temperature Within the First Hour after Admission to Your NICU (in degrees centigrade to nearest 10 th): <input type="text"/> <input type="text"/> . <input type="text"/>	
18. Bacterial Sepsis on or before Day 3: <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Oxygen on Day 28: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (See Manual for N/A criteria)	
20. Periventricular-Intraventricular Hemorrhage (PIH):	
a) Cranial Imaging (US/CT/MRI) on or before Day 28: <input type="checkbox"/> Yes <input type="checkbox"/> No	
b) If Yes, Worst Grade of PIH (0-4): _____	
c) If PIH Grade 1-4, Where PIH First Occurred: <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> N/A	
21. Died Within 12 Hours of Admission to Your NICU: <input type="checkbox"/> Yes <input type="checkbox"/> No	



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DISCHARGE FORM - For Infants Born in 2012 **PAGE 1**



Center Number: _____ Network ID Number: Year of Birth: _____

INTERVENTIONS

22. Respiratory Support (at any time after leaving the delivery room/initial resuscitation area):

a) Oxygen after Initial Resuscitation: Yes No

b) Conventional Ventilation after Initial Resuscitation: Yes No

c) High Frequency Ventilation after Initial Resuscitation: Yes No

d) High Flow Nasal Cannula after Initial Resuscitation: Yes No

e) Nasal IMV or Nasal SIMV after Initial Resuscitation: Yes No

23. a) Nasal CPAP after Initial Resuscitation: Yes No

b) *If Yes*, NCPAP before ETT Vent: Yes No

24. a) Surfactant during Initial Resuscitation: Yes No

b) Surfactant at Any Time: Yes No (Item 24.b must be Yes if Item 24.a is Yes)

If Yes, Age at First Dose: c) Hours _____ d) Minutes (0-59) _____

25. a) Inhaled Nitric Oxide: Yes No

b) *If Yes*, where given: Your Hospital Other Hospital Both

26. Respiratory Support at 36 Weeks (See Manual for N/A criteria):

a) Oxygen at 36 Weeks: Yes No N/A

b) Conventional Ventilation at 36 Weeks: Yes No N/A

c) High Frequency Ventilation at 36 Weeks: Yes No N/A

d) High Flow Nasal Cannula at 36 Weeks: Yes No N/A

e) Nasal IMV or SIMV at 36 Weeks: Yes No N/A

f) Nasal CPAP at 36 Weeks: Yes No N/A

27. a) Steroids for CLD: Yes No

b) *If Yes*, Where Given: Your Hospital Other Hospital Both

28. Indomethacin for Any Reason: Yes No

29. Ibuprofen for PDA: Yes No

30. Probiotics: Yes No

31. Treatment of ROP with Anti-VEGF Drug: Yes No

32. a) ROP Surgery: Yes No

b) *If Yes*, Where Done: Your Hospital Other Hospital Both

33. a) PDA Ligation: Yes No

b) *If Yes*, Where Done: Your Hospital Other Hospital Both

34. NEC Surgery: Yes No (If Yes, a Surgery Code is Required in item 36a)

35. Other Surgery: Yes No (If Yes, a Surgery Code is Required in item 36a)

36a. If Yes to NEC Surgery or Other Surgery, Surgical Codes (See Appendix D): If NEC Surgery, one or more of the following codes is required: S302, S303, S307, S308, S309, S333. Indicate location of surgery for each surgery code.

Surgery Code 1: _____ Your Hospital Other Hospital Both

Surgery Code 2: _____ Your Hospital Other Hospital Both

Surgery Code 3: _____ Your Hospital Other Hospital Both

Surgery Code 4: _____ Your Hospital Other Hospital Both

Surgery Code 5: _____ Your Hospital Other Hospital Both

Surgery Code 6: _____ Your Hospital Other Hospital Both

Surgery Code 7: _____ Your Hospital Other Hospital Both

Surgery Code 8: _____ Your Hospital Other Hospital Both

Surgery Code 9: _____ Your Hospital Other Hospital Both

Surgery Code 10: _____ Your Hospital Other Hospital Both

36b. Include description for codes S100, S200, S300, S400, S500, S600, S700, S800, S900, S1000 & S1001:



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DISCHARGE FORM - For Infants Born in 2012

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Center Number: _____ Network ID Number: Year of Birth: _____

DIAGNOSES	37. Respiratory Distress Syndrome: <input type="checkbox"/> Yes <input type="checkbox"/> No
	38. a) Pneumothorax: <input type="checkbox"/> Yes <input type="checkbox"/> No
	b) <i>If Yes, Where Occurred:</i> <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both
	39. Patent Ductus Arteriosus: <input type="checkbox"/> Yes <input type="checkbox"/> No
	40. a) Necrotizing Enterocolitis: <input type="checkbox"/> Yes <input type="checkbox"/> No
	b) <i>If Yes, Where Occurred:</i> <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both
	41. a) Gastrointestinal Perforation: <input type="checkbox"/> Yes <input type="checkbox"/> No
	b) <i>If Yes, Where Occurred:</i> <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both
	Sepsis and/or Meningitis, Late (after day 3 of life): (See Manual for N/A criteria)
	42. a) Bacterial Pathogen: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	b) <i>If Yes, Where Occurred:</i> <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both
	43. a) Coagulase Negative Staph: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	b) <i>If Yes, Where Occurred:</i> <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both
	44. a) Fungal Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	b) <i>If Yes, Where Occurred:</i> <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both
	45. Cystic Periventricular Leukomalacia: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (see Manual for N/A criteria)
	46. ROP: a) Retinal Exam Done: <input type="checkbox"/> Yes <input type="checkbox"/> No
b) <i>If Yes, Worst Stage of ROP (0-5):</i> _____	
47. Major Birth Defect: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Yes, enter codes:</i> _____	
Include description for Codes 100, 504, 601, 605, 901, 902, 903, 904 & 907: _____	
DISCHARGE	48. Enteral Feeding at Discharge:
	<input type="checkbox"/> None
	<input type="checkbox"/> Human Milk Only
	<input type="checkbox"/> Formula Only
	<input type="checkbox"/> Human milk in combination with either fortifier or formula
	49. Oxygen and Monitor at Discharge:
a) Oxygen at Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Monitor at Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No	
50. Initial Disposition (check only one):	
<input type="checkbox"/> Home	
<input type="checkbox"/> Died	
<input type="checkbox"/> Transferred to another Hospital (★ Complete Transfer and Readmission Form)	
<input type="checkbox"/> Still Hospitalized as of First Birthday	
51. Weight at Initial Disposition: _____ grams	
52. Head Circumference at Initial Disposition (in cm to nearest 10th): <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/>	
53. Initial Length of Stay: _____ day(s) (Item L1 on Length of Stay Calculation Worksheet)	



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TRANSFER & READMISSION FORM - For Infants Born in 2012

Center Number: _____ Network ID Number: Year of Birth: _____

Part A. Complete for ALL Transferred Infants

If an infant is transferred to another hospital, complete Items 54 - 56. Post Transfer Disposition (Item 56) refers to the infant's disposition upon leaving the "transferred to" hospital.

54. Reason for Transfer: (Check Only One) Growth/Discharge Planning Medical/Diagnostic Services
 Surgery ECMO Chronic Care Other

55. Transfer Code of Center to which Infant Transferred: _____ (List available at <http://www.vtoxford.org/tools/transferlist.aspx>)

56. Post Transfer Disposition (check only one):

<input type="checkbox"/> Home	<i>Skip Parts B and C. Complete Part D.</i>
<input type="checkbox"/> Transferred Again to Another Hospital (2 nd Transfer)	<i>Skip Part D. Complete Parts C and D when data are available.</i>
<input type="checkbox"/> Died	<i>Skip Parts B and C. Complete Part D.</i>
<input type="checkbox"/> Readmitted to Any Location in Your Hospital	<i>Complete Parts B and D (and C if applicable) when data are available.</i>
<input type="checkbox"/> Still Hospitalized as of First Birthday	<i>Skip Parts B and C. Complete Part D.</i>

Part B. Complete ONLY for Readmitted Infants

If a patient is readmitted to your center after transferring once to another hospital without having been home, answer Items 57 - 58. When infants are readmitted to your center, continue to update Items 18 - 20 on the 28 Day Form, and Items 22 - 49 on the Discharge Form based on all events at both hospitals until the date of Disposition after Readmission. If your hospital participates in the Expanded Database and definition criteria are met, update Items S1.B, S1.C1, S1.C2, S2.A1, S2.A2 and S2.C based on events that occur following transfer and readmission.

57. Disposition after Readmission (check only one):

<input type="checkbox"/> Home	<i>Skip Part C. Complete Part D.</i>
<input type="checkbox"/> Died	<i>Skip Part C. Complete Part D.</i>
<input type="checkbox"/> Transferred Again to Another Hospital	<i>Complete Parts C and D when data are available.</i>
<input type="checkbox"/> Still Hospitalized as of First Birthday	<i>Skip Part C. Complete Part D.</i>

58. Weight at Disposition after Readmission: _____ grams

Part C. Complete ONLY for Infants Who Transferred More Than Once

Answer Item 59 if an infant transferred from your center to another hospital and was then either (1) transferred again to another hospital, or (2) readmitted to your center and then transferred again to another hospital.

59. Ultimate Disposition (check only one):

<input type="checkbox"/> Home	<i>Complete Part D.</i>
<input type="checkbox"/> Died	<i>Complete Part D.</i>
<input type="checkbox"/> Still Hospitalized as of First Birthday	<i>Complete Part D.</i>

Part D. Complete for ALL Transferred Infants

Complete Item 60 when the infant has been discharged Home, Died or is Still Hospitalized as of First Birthday, whichever comes first.

60. Total Length of Stay: _____ day(s) (Item L2 on Length of Stay Calculation Worksheet)



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SUPPLEMENTAL DATA FORM - *For Infants Born in 2012*
(Expanded Database Hospitals)



Center Number: _____ Network ID Number: Year of Birth: _____

S1. Treatments:				
A. 1. Duration of Assisted Ventilation:				
<input type="checkbox"/> None	<input type="checkbox"/> <4 hours	<input type="checkbox"/> 4-24 hours	<input type="checkbox"/> > 24 hours	<input type="checkbox"/> N/A
2. If > 24 hours, Total Days of Assisted Ventilation: _____				
B. ECMO at your Hospital:				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C. Hypothermic Therapy at Your Hospital:				
1. Was Hypothermic Therapy Performed at Your Hospital:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If Yes, Cooling Method:		<input type="checkbox"/> Selective Head	<input type="checkbox"/> Whole Body	<input type="checkbox"/> Both
S2. Diagnoses:				
A. 1. Hypoxic-Ischemic Encephalopathy:				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. HIE Severity (check one):		<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
B. 1. Meconium Aspiration:				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Tracheal Suction for Meconium Attempted in the DR:				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C. Seizures:				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



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DELIVERY ROOM DEATH FORM – For Infants Born in 2012



Center Number: _____ Network ID Number: Year of Birth: _____

1. Birth Weight: _____ grams	
2. Gestational Age:	a) Weeks _____ b) Days (0-6) _____
3. Died in Delivery Room:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If NO, do not use this Form)
4. a) Location of Birth:	<input type="checkbox"/> Inborn <input type="checkbox"/> Outborn (If OUTBORN, do not use this Form)
b and c: Not Applicable	
5. Head Circumference at Birth (in cm to the nearest 10 th):	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .
6. Maternal Ethnicity/Race: (answer both a and b)	
a) Ethnicity of Mother:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
b) Race of Mother:	<input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other
7. Prenatal Care:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Antenatal Steroids:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Antenatal Magnesium Sulfate:	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Chorioamnionitis:	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Maternal Hypertension, Chronic or Pregnancy-Induced:	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Mode of Delivery:	<input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean Section
13. Sex of Infant:	<input type="checkbox"/> Male <input type="checkbox"/> Female
14. a) Multiple Gestation:	<input type="checkbox"/> Yes <input type="checkbox"/> No b) If Yes, Number of Infants Delivered: _____
15. APGAR Scores:	a) 1 minute _____ b) 5 minutes _____
16. Initial Resuscitation:	a) Oxygen: <input type="checkbox"/> Yes <input type="checkbox"/> No b) Facial Mask Vent: <input type="checkbox"/> Yes <input type="checkbox"/> No c) Endotracheal Tube Vent: <input type="checkbox"/> Yes <input type="checkbox"/> No d) Epinephrine: <input type="checkbox"/> Yes <input type="checkbox"/> No e) Cardiac Compression: <input type="checkbox"/> Yes <input type="checkbox"/> No f) Nasal CPAP: <input type="checkbox"/> Yes <input type="checkbox"/> No
17 – 23: Not Applicable	
24. Surfactant Treatment:	
a) Surfactant during Initial Resuscitation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Surfactant at Any Time:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Part b must be answered "Yes" if Part a is "Yes")
If Yes, Age at First Dose:	c) hours _____ d) minutes (0-59) _____
25 – 46: Not Applicable	
47. Major Birth Defect: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter codes _____	
Include description for Codes 100, 504, 601, 605, 901, 902, 903, 904 & 907: _____	
48 – 60: Not Applicable	
<p>If your center participates in the Expanded Database, answer Items S2. B1 and S2. B2 from the Supplemental Data Form. Items S1.A. to S1.C. and Items S2.A and S2.C are not applicable.</p> <p>S2. B. 1. Meconium Aspiration: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. 2. Tracheal Suction for Meconium Attempted in the DR: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	



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Appendix C, User Guidelines for Electronic Data Management

These guidelines are intended to assist the center staff in managing patient data, entering Network data and submitting data files to the Vermont Oxford Network with systems developed by the hospital. If you have any questions about these instructions, please contact your Account Manager.

- A. Patient Log.** Use a patient log to identify, retrieve and edit specific records. This may be a paper log or reports generated by the Member's system. **Note: Patient logs must be kept confidential and treated as "Protected Health Care Information". Patient Logs must not be sent to the Network.**
- B. Patient Identifiers.** Because the Vermont Oxford Network does not collect protected health care information, export records have been de-identified and patient identifier fields are not submitted in export files. However, Members may continue to collect this information for patient re-identification and tracking, providing necessary safeguards are in place to protect patient privacy. The following fields will be helpful for producing patient log reports, identifying the disposition of infants and calculating length-of-stay. **The patient identifiers listed in paragraphs 1 through 3 below include protected health care information and must not be sent to the Network.**
1. Infant Name, Medical Record Number, Date of Birth, Date of Admission to the hospital and Maternal Zip Code (postal code).
 2. Date of Day 28 and Date of Week 36 Adjusted Gestational Age to determine whether the infant was on oxygen on these two dates.
 3. Disposition dates, including Date of Initial Disposition, Date of Post Transfer Disposition, Date of Disposition after Readmission and Date of Final Discharge or Death.
- C. Status of Exported Files and Records.** Record and file management will be facilitated if you create record and file export status fields to track file numbers and file dates of exported files.
- D. Data Entry Forms and Form Status Codes.** Use electronic data entry forms that correspond with the Network data forms to make it easier to track the status of each processed form and understand the Data Form Status Summaries received from the Network. These summaries include the status of each form, and status codes are described in the Network Manual of Operations.
- E. Data Entry Verification and Backup.** Before entering data into the computer, complete the paper data forms to provide a hard copy for verifying the accuracy of data entry and as a backup. Use the Network data forms that are applicable to the infant's birth year.



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Appendix C, User Guidelines for Electronic Data Management

- F. **Data Submissions.** The following procedures apply to centers submitting data with applications other than *eNICQ* (the *eNICQ* software handles file upload automatically):
- a. Upload Method. Submit data electronically and securely via the Internet using the Network upload facility. From the Network web site home page (<http://www.vtoxford.org>), under Member Tools, click on Electronic Data & eNICQ / Upload Data. At the login screen, enter your center number (no leading zeros) and assigned EDS password, then click the *Login* button. You will then browse for the file on your computer, click on the file to be uploaded and click the *Upload* button. The upload utility automatically encrypts the file and notifies you when the upload process is complete.
 - b. Submission Frequency. Unless requested, do not submit more than one file per day. This can cause files to be processed out of sequence and rejected.
 - c. File Naming. Make sure that the export file names are correct. Use the proper naming convention: HxxxxEDSyxxx.mdb, where xxxx is your center number and yyyy is the four-digit sequential file number. If your center number or file number is less than four digits use leading zeros. For example, H0004EDS0065 for center number 4, file number 65. Incorrect file names cannot be processed.
 - d. File Numbers and File Dates. File numbers (FILENUM field) must be in numerical sequence, with the starting file number approved at the time of data certification. There can be no skipped file numbers without prior coordination with your Network Account Manager. Each record included in a file must have the same file number and file date (FILEDATE) fields. If any record is missing the file number or file date, or if there are differences in any of the records for these fields, the file will be rejected.
 - e. Record Structure. Your data export system must be based on the current calendar year's version of the Member Instructions for Submitting Electronic Data, as specified in the Data Fields Table in Appendix A. Do not include any data items in your exported file that are not collected by the Network. Sending files in the wrong format will cause them to be rejected.
 - f. Table Naming. If you are submitting Microsoft® Access files, name the table **tblVtoxUd**. Any other table name will cause the file to be rejected.
 - g. Unknown Codes. Only use the unknown codes for items when the data cannot be obtained. **Do not use the unknown codes as a filler to complete records.**



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Appendix C, User Guidelines for Electronic Data Management

- h. Not Applicable Codes. N/A codes in Appendix A are required when items are not applicable. The only exception to this requirement is that Members choosing the VLBW option may leave the Supplemental Data Form items blank.
- i. Use of Passwords. Use your center-specific password assigned by the Network. Contact your Network Account Manager to confirm your password, if necessary. Passwords are case-sensitive, so enter the password exactly as assigned.
- j. Static Records. It is unnecessary to re-send records which have not changed since the last successful export (Static Records). Under most circumstances, only new or changed records need be exported.

