



**MEMBER INSTRUCTIONS FOR  
ELECTRONIC DATA SUBMISSION IN 2018**

**Version 19.0**

**April 2017**

## **Purpose of Member Instructions for Electronic Data Submission (EDS)**

These instructions supplement the Vermont Oxford Network 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 members who 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 certain patient-specific information items, including dates and zip codes (postal codes), are personal identifiers and classify these items as “protected health care information” (PHI).

**Vermont Oxford Network does not generally accept protected health care information from member centers. Vermont Oxford Network does accept protected health care information, as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), from members who have both voluntarily elected to send this information in addition to the standard Vermont Oxford Network dataset and who have signed an appropriate Business Associate Agreement.**

Members with questions about patient privacy or electronic submission should contact the Network HIPAA Coordinator ([hipaa@vtoxford.org](mailto:hipaa@vtoxford.org)) and their local Patient Safety Officer or HIPAA Compliance Officer.

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**Revised Eligibility:** Eligibility criteria for the Very Low Birth Weight (VLBW) and Expanded Databases have been revised to remove the condition of whether the infant went home.

The new eligibility criteria are:

**Very Low Birth Weight (VLBW) Eligibility**

Any live born 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 who is admitted to or dies in any location in your center within 28 days of birth.

**Expanded Eligibility**

- Any infant who meets the VLBW eligibility, plus:
- Any live born infant whose birth weight is greater than 1500 grams and who:
  - Is admitted to a NICU in your center within 28 days of birth; OR
  - Dies in any location in your center within 28 days of birth.

For more information about eligibility see the VON Manual of Operations, Part 2.

**New Data Items:** The following new Data Items apply to infants born in 2018 and later.

- Maternal Diabetes
- Congenital Infection
- Congenital Infection, Organism(s)
- Laryngeal Mask Airway during Initial Resuscitation
- Nasal Ventilation during Initial Resuscitation
- Bacterial Sepsis and/or Meningitis on or before Day 3, Pathogen(s)
- Acetaminophen (Paracetamol) for PDA
- Caffeine for Any Reason
- Intramuscular Vitamin A for Any Reason
- Surgery or Interventional Catheterization for Closure of PDA
- Surgical Site Infection following Surgery at Your Hospital, 1-10
- Bacterial Sepsis and/or Meningitis after Day 3, Pathogen(s)
- Conventional Ventilation at Discharge
- High Frequency Ventilation at Discharge
- High Flow Nasal Cannula at Discharge
- Nasal Ventilation at Discharge
- Nasal CPAP at Discharge
- Congenital Infections List added – Appendix E – VON Manual of Operations, Part 2

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**Modified Data Items:** The following modified Data Items apply to infants born in 2018 and later.

- Bacterial Sepsis and/or Meningitis on or before Day 3 – name change
- Nasal Ventilation after Initial Resuscitation – name change
- Nasal CPAP or Nasal Ventilation before or without ever having received ETT Ventilation – name and field codes changes
- First Surgery Codes through Tenth Surgery Code – field codes changes
- First Surgery Location through Tenth Surgery Location – field codes changes
- Bacterial Sepsis and/or Meningitis after Day 3 – name change
- Bacterial Sepsis and/or Meningitis after Day 3, Where Occurred – name change
- Nasal Ventilation at 36 Weeks - name change
- Congenital Anomaly – name change
- First Congenital Anomaly Code through Fifth Congenital Anomaly Code – name change
- Congenital Anomaly Description – name change

**Discontinued Data Items and Surgery Code Items:** The following Data Items and Surgery Code Items have been discontinued for infants born in 2018 and later.

- PDA Ligation
- PDA Ligation, Where Done
- Gastroschisis repair (primary or staged)
- Omphalocele repair (primary or staged)

# Vermont Oxford Network

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- I. Introduction.** The purpose of these instructions is to assist Member centers with creating and submitting properly formatted data files to Vermont Oxford Network (VON or “the Network”). These instructions apply to all data files submitted in 2018, regardless of the birth year of records included in the files. Data files submitted on or after January 1, 2018 must be submitted in accordance with these instructions. Please continue to use the 2017 EDS Instructions, located at [www.vtoxford.org/downloads](http://www.vtoxford.org/downloads), for file submissions through December 31, 2017.

You may submit records for only the current year and three prior years. For data definitions, please use the Vermont Oxford Network Database Manual of Operations applicable to the birth year of the relevant infant record.

The Vermont Oxford Network Database Manual of Operations for Infants Born in 2018, Release 22.0, has been published and provides 2018 data booklets, definitions of Data Items, and guidelines for submitting data for infants born in 2018. 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 application programmers who design and develop systems in support of the Vermont Oxford Network Database. **If you need further assistance with electronic data submission**, please contact your Network Account Manager (Section X on page 19).

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

**Patient Privacy.** Privacy rules defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) specify that certain patient-specific information items, including dates and zip codes (postal codes), are personal identifiers and classify these items as “protected health care information” (PHI).

**Vermont Oxford Network does not generally accept protected health care information from member centers. Vermont Oxford Network does accept protected health care information, as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), from members who have both voluntarily elected to send this information in addition to the standard Vermont Oxford Network dataset and who have signed an appropriate Business Associate Agreement.**

- III.** Members with questions about patient privacy or electronic submission should contact the Network HIPAA Coordinator ([hipaa@vtoxford.org](mailto:hipaa@vtoxford.org)) and their local Patient Safety Officer or HIPAA Compliance Officer.

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**IV. Network Databases and Electronic Data Submission Options.** Centers that join the Network select a Network database option.

- A.** Centers participate in either Very Low Birth Weight (VLBW) data submission or Expanded data submission. Eligibility criteria for these submission options are specified in the Vermont Oxford Network Database Manual of Operations, Part 1, which is available at [www.vtoxford.org/downloads](http://www.vtoxford.org/downloads).

- 1. Very Low Birth Weight (VLBW) Data Submission.** VLBW data submission includes infants whose birth weight is from 401 to 1500 grams or whose gestational age is from 22 weeks 0 days to 29 weeks 6 days who are admitted to any location in your center within 28 days of birth. VLBW Data is captured from the Patient Data Booklet. For infants who die in the delivery room or any other location in your hospital within 12 hours after birth and prior to admission to the NICU, the Delivery Room Death Booklet is used to capture data.
- 2. Expanded Data Submission.** Members participating in Expanded data submission submit data for eligible VLBW infants, as well as for infants over 1500 grams or 29 weeks 6 days who are not eligible for VLBW data submission but who are, within 28 days of birth, either admitted to a neonatal intensive care unit, or die at any location in your center. Expanded Data participants complete the Supplemental Data Items for all eligible infants including VLBW infants.

- B. Selecting a Data Submission Option.** Members may submit data electronically using the procedures described in these instructions or using the Network's eNICQ software.

To learn more about eNICQ, visit the Network web site: <https://enicq.vtoxford.org>.

Before submitting electronic data to the Network, Members must work with a Network Account Manager to set up an account for electronic data submission (EDS). Contact your center's Account Manager for details (see page 21).

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**V. File Formatting Requirements.** The following file formats are currently supported. Additional export formats may be supported with prior approval.

**A. File Format Options**

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 G 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:  
<https://www2.vtoxford.org/xml/data/combined.xsd>.

A sample XML file can be found at this link:

<https://www2.vtoxford.org/xml/data/H0999EDS0099.xml>.

Please contact the Vermont Oxford Network Technical Support Team, [support@vtoxford.org](mailto: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 on page 21. The order of the data fields is not important. 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 G 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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#### B. Required Data Fields.

1. XML Files. Files in XML format must at a minimum include the following fields in each file submitted (see Appendix A): FILENUM, FILEDATE, HOSPNO, ID and BYEAR. Fields with null values should not be included in XML files.
2. CSV Files. Files in CSV format must at a minimum include the following fields in each file submitted (see Appendix A): FILENUM, FILEDATE, HOSPNO, ID and BYEAR. CSV files may include fields with null values, including the Supplemental Data Item fields. If Members that only participate in VLBW data submission choose to submit the Supplemental Data Items, the fields should be populated with N/A codes as shown in Appendix A.

**C. Submission Methods.** Members should submit electronic files to the Network using the link in VON Members Area or the Quick Link on the Members Area Data Management Home Page. Access to Members Area and Data Management requires a VON Web Services Login and Data Management permission. If you cannot access Data Management, please contact your center's Web Services Administrator or your center's Network Account Manager.

1. The login page is at the following URL:  
<https://portal.vtoxford.org/portal.aspx>
2. After logging on to VON Members Area, click File Upload:

**Vermont Oxford Network**

MEMBERS HOME DATA MANAGEMENT REPORTING QI & EDUCATION TOOLS LOG OUT

**Reference Quick Links**

Valuable links and materials on the data collection, submission, and finalization process, including eligibility criteria, password information, timelines, and user guides.

[Enter Quick Links Page](#)

**Data Management ?**

Electronic data last submitted on: 10/16/2016  
Data Finalization Status: **Data Finalization Complete**

[View Details File Upload](#)

**Nightingale Reports ?**

**All Infant Admissions**

Year	Infants
2016	100
2015	100

**Vermont Oxford Network News**

**2015 Annual Reports Available for Download**

Nightingale has been updated with 2015 comparison data and your center's risk-adjusted results. A PDF version of your center's 2015 Annual Report has been posted in the [Report Download](#) area of Nightingale. If you cannot access Nightingale, please contact your center's VON Web Services Administrator listed on this page.

We look forward to your feedback.

**Collaborative Learning Center ?**

**Improvement Tools for All Centers**

A basic set of resources any center can use to improve the quality of care at their hospital.

**Network Participation ?**

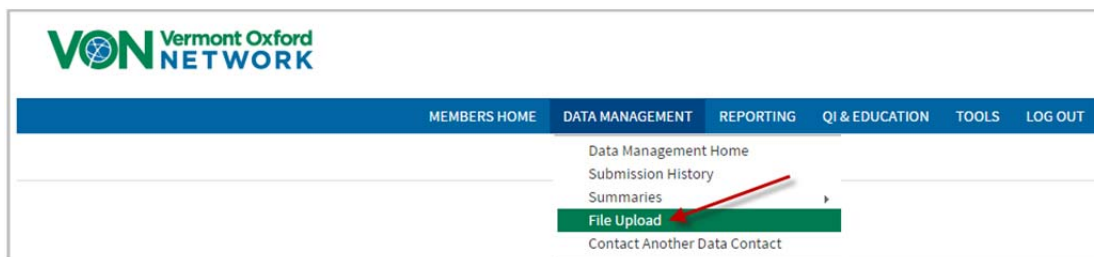
Expanded VLBW

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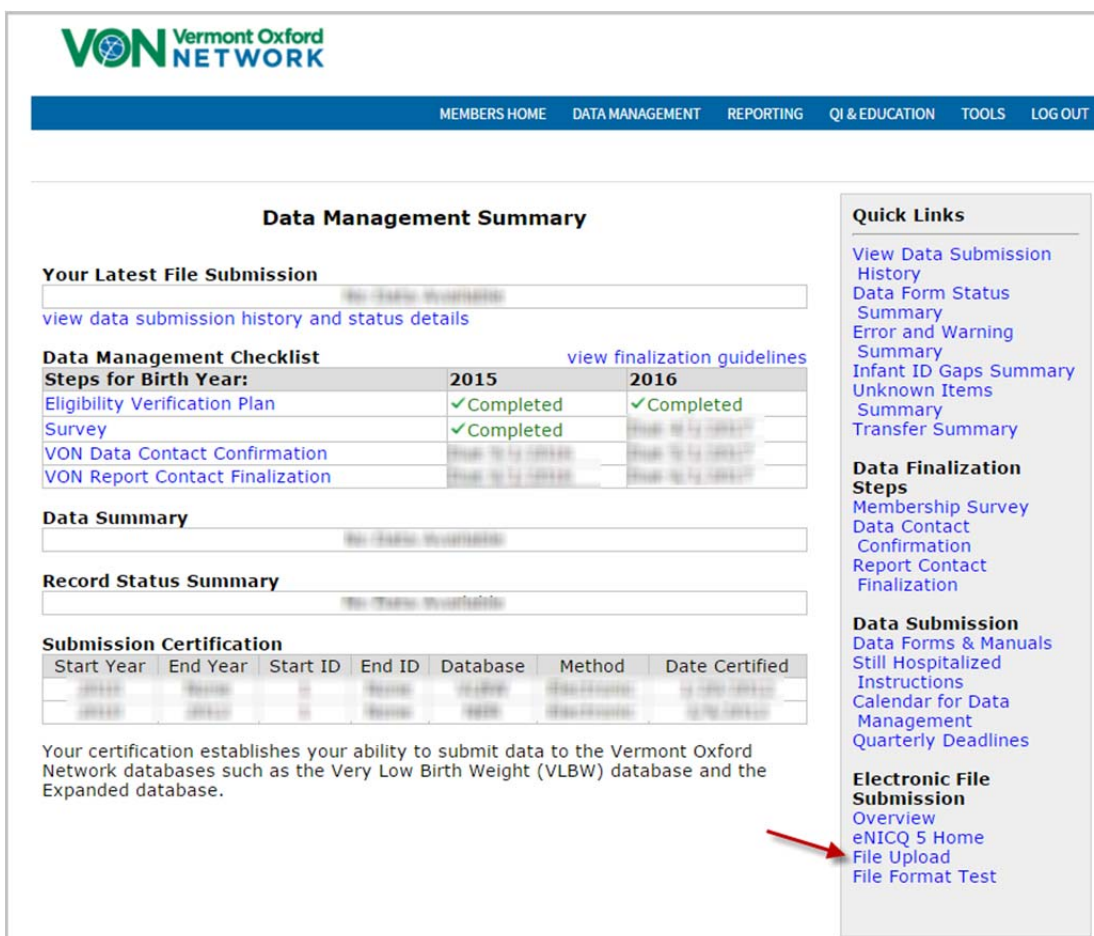
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File Upload is also an option in the Data Management menu on the navigation bar:



Or navigate to the Data Management Home Page and select File Upload from the Quick Links on the right:



From the Upload Data screen, browse to the file to be uploaded, choose it, and click Upload File – the submission process is automatic. Either .csv or .xml files may be sent using this method. The file is encrypted using the 256-bit secure sockets layer (SSL) protocol. After the file is uploaded, you will be notified that the process is complete.

Data submission for Members using eNICQ is handled by the eNICQ software.

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- D. 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.
- E. 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 Vermont Oxford Network after the data are received.
- F. 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.
- G. Housekeeping Fields.** The following fields are used for record and file control. Although these fields are not included in the Vermont Oxford Network data booklets, 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. Files submitted with non-sequential file numbers will be rejected, resulting in an email to your center's Data Contact with information on the steps needed to resolve the problem.
  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

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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 the 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 three years prior to the current year are considered archived and are not processed. For example, in 2018, records of infants born in 2014 and prior years are archived and should not be submitted.

**H. 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 should be completed with the confidential Center Number 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 IX 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.

**I. 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 general Infant Data Booklet, but which do not appear on the Delivery Room Death Booklet, must be coded using the appropriate not applicable (N/A) code provided in Appendix A. If your center submits Expanded Data, two of the Supplemental Data fields apply to infants who die in the delivery room; other Supplemental Data fields should be coded as not applicable. The Supplemental Data fields which are applicable are: Meconium Aspiration Syndrome (MECASP) and Tracheal Suctioning for Meconium Attempted in the Delivery Room (TRCSUCMA).

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**J. Records of Infants Who Do Not Transfer.** If an infant does not transfer from your center to another hospital, all Transfer and Readmission Data Items should be submitted with the appropriate N/A codes, as specified in Appendix A.

**K. Coding of Unknown Data 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, Data Items must be coded as “Unknown” (see Appendix A for “Unknown” codes). When one Data Item 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 (Data Item *Cranial Imaging on or before Day 28*), then this variable (USOUND1) should be coded as “Unknown” (9), and the dependent field *Periventricular-Intraventricular Hemorrhage (PIH), Worst Grade* should also be coded as “Unknown” (9). The table below shows the 2018 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.

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**Dependent Data Items for Coding Unknown Values**

<b>Dependent Field: 2018 Field Name</b>	<b>Depends on: 2018 Field Name</b>
NBIRTHS	MULT
CONGENINFCD1-CONGENINFCD3	CONGENINF
ATEMP	ATEMPM
EBSEPSCD1-EBSEPSCD3	EBSEPS
UGRADE1	USOUND1
PIHWFO	USOUND1; UGRADE1
SURF1DHR	SURFX
SURF1DMIN	SURFX; SURF1DHR
INOWG	INO
STERBPDWG	STERBPD
ROPSURGWD	ROPSURG
SRGLIGWD	SRGLIG
SRGCD1-SRGCD10	OSURG or NECSURG
SRGLOC1-SRGLOC10	SRGCD1-SRGCD10
SRGSSI1-SRGSSI10	SRGCD1-SRGCD10 and SRGLOC1-SRGLOC10
OSRGDESC	OSURG
PNTXWO	PNTX
NECWO	NEC
GIPERFWO	GIPERF
LBPATHTWO	LBPATHT
LBPATHTCD1-LBPATHTCD3	LBPATHT
CNEGWO	CNEGSTAPH
FUNGALWO	FUNGAL
ISTAGE	EYEX
BD1CD1-BD1CD5	CMAL
BDEFECT	CMAL
TRANSCODE	FDISP
XFER_CTR	FDISP
F2DISP	FDISP
F3DISP	FDISP; F2DISP
F3WGT	FDISP; F2DISP
UDISP	FDISP; F2DISP; F3DISP
<b>Supplemental Data Items (Expanded Data Centers Only)</b>	<b>Depends on: 2018 Field Name</b>
VENTDAYS	DURVENT
COOLMETH	COOLED
HYP0I0P	GA0E0EKS
HYP0I0S	HYP0I0P
TRCSUCMA	MECASP

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- L. Coding N/A Values for Delivery Room Deaths.** 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.” Several Data Items are coded as Not Applicable (N/A) for infants who meet the Delivery Room Death criteria. The following Data Items should be coded N/A if the Data Item DELDIE is coded Yes (1). See Appendix A for additional coding information for each Data Item.

**Coding N/A Values for Delivery Room Deaths**

<b>Dependent Field: 2018 Field Name</b>	<b>N/A code</b>
DAYADMISS	77
OUTB_CTR	77777777
ATEMPM	7
ATEMP	777.7
EBSEPS	7
EBSEPSCD1	777
EBSEPSCD2	777
EBSEPSCD3	777
NEWOX28	7
USOUND1	7
UGRADE1	7
PIHWFO	7
DIE12	7
OXY	7
VENT	7
HFV	7
HFNC	7
NIMV	7
CPAP	7
CPAPES	7
INO	7
INOWG	7
OX36	7
VENT36	7
HFV36	7
HFNC36	7
NIMV36	7
CPAP36	7
STERBPD	7
STERBPDWG	7
INDOMETH	7
IBUPROFEN	7

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<b>Dependent Field: 2018 Field Name</b>	<b>N/A code</b>
ACETAMIN	7
PROBIOTICS	7
ROPANTIVEGF	7
CAFFEINE	7
VITAMINA	7
ROPSURG	7
ROPSURGWD	7
SRGLIG	7
SRGLIGWD	7
NECSURG	7
OSURG	7
SRGCD1	“77”
SRGLOC1	7
SRGSSI1	7
SRGCD2	“77”
SRGLOC2	7
SRGSSI2	7
SRGCD3	“77”
SRGLOC3	7
SRGSSI3	7
SRGCD4	“77”
SRGLOC4	7
SRGSSI4	7
SRGCD5	“77”
SRGLOC5	7
SRGSSI5	7
SRGCD6	“77”
SRGLOC6	7
SRGSSI6	7
SRGCD7	“77”
SRGLOC7	7
SRGSSI7	7
SRGCD8	“77”
SRGLOC8	7
SRGSSI8	7
SRGCD9	“77”
SRGLOC9	7
SRGSSI9	7
SRGCD10	“77”
SRGLOC10	7
SRGSSI10	7



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<b>Dependent Field: 2018 Field Name</b>	<b>N/A code</b>
OSRGDESC	"77"
RDS	7
PNTX	7
PNTXWO	7
PDA	7
NEC	7
NECWO	7
GIPERF	7
GIPERFWO	7
LBPATH	7
LBPATHWO	7
LBPATHCD1	7777
LBPATHCD2	7777
LBPATHCD3	7777
CNEGSTAPH	7
CNEGWO	7
FUNGAL	7
FUNGALWO	7
PVL	7
EYEX	7
ISTAGE	7
ENTFEED	7
OXFINAL	7
ACFINAL	7
FDISP	7
DWGT	77777
DHEADCIR	777.7
TRANSCODE	7
XFER_CTR	77777777
F2DISP	7
F3DISP	7
F3WGT	77777
UDISP	7
LOSTOT	777
DURVENT	7
VENTDAYS	7777
ECMOP	7
COOLED	7
COOLMETH	7
HYPOIEP	7
HYPOIES	7
SEIZURE	7

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**VI. 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's Data Contact 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 the Data Items as listed in the data collection booklets, and each processed form is assigned a status code. The Data Fields Table in Appendix A shows the fields for VLBW and Expanded records. Members can view data summaries with specific error and warning messages in the Data Management section of the Member's Area on the Network web site, <https://datamanagement.vtoxford.org/>.

**VII. Data Completeness and Accuracy.** Records must be submitted on all eligible infants. 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.

**VIII. Annual Changes to the Database.** The Network Database is reviewed annually by the Database Advisory Committee ([www.public.vtoxford.org/about-us/advisors/](http://www.public.vtoxford.org/about-us/advisors/)). Please see Revisions for 2018 on pages 4 and 5 for a description of all changes for the 2018 birth year.

**IX. Group File Submissions.** Prior to first submission of files that include data for more than one hospital (two or more Network center numbers), the group must coordinate file submission with the Groups Coordinator. For questions about group file submissions, email [support@vtoxford.org](mailto:support@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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**X. Vermont Oxford Network Support**

- A. Assistance with Data Submissions.** For assistance with technical questions, contact VON Technical Support by email at [support@vtoxford.org](mailto:support@vtoxford.org), or by phone at (802) 865-4814, extension 240.
- B. Assistance with Membership.** For questions about membership or changes to database participation, please contact your Account Manager, (802) 865-4814, at the extension below.

Account Manager	Extension	Email
Paula Beales	214	<a href="mailto:paula@vtoxford.org">paula@vtoxford.org</a>
Annie Blanchette	218	<a href="mailto:ablanchette@vtoxford.org">ablanchette@vtoxford.org</a>
Amy Briody	252	<a href="mailto:ABriody@vtoxford.org">ABriody@vtoxford.org</a>
Marilyn Eick	227	<a href="mailto:marilyn@vtoxford.org">marilyn@vtoxford.org</a>
Pat Lavalette	260	<a href="mailto:pat@vtoxford.org">pat@vtoxford.org</a>
Joan Schillhammer	224	<a href="mailto:joan@vtoxford.org">joan@vtoxford.org</a>
Ellen Wilhite	216	<a href="mailto:ellen@vtoxford.org">ellen@vtoxford.org</a>

**Note:** Please do not send electronic data submissions to your Network Account Manager. Submit files as specified in paragraph V.C on pages 9 and 10.

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**A. Introduction.** This Appendix specifies the data fields to be submitted for VLBW and Expanded data submission in 2018 and summarizes changes to submissions in 2018 as compared to 2017.

**B. Data Fields Table.** The Data Fields Table below includes the 2018 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, 2018, even if all infants reported in the file were born prior to 2018. Files submitted in 2018 may include data for infants born between 2015 and 2018 if your center was certified to submit electronic data in these years.
2. Electronically Submitted Records. At the minimum, infant records submitted in 2018 must include the following fields for each eligible infant (see the Data Fields Table below for details for each Data Item): Housekeeping Fields FILENUM, FILEDATE, DELETED, and ALLRECORDS, and general infant data fields HOSPNO, ID, and BYEAR. For records to be considered complete, values for all General Data Items must be provided. Centers participating in Expanded data submission must also submit values for the Supplemental Data Items for each eligible infant. Members choosing the VLBW option should code the Supplemental Data Items as N/A (or exclude them from .xml submissions). **Note:** Please submit records with fields ordered as listed in the Data Fields Table.
3. Changes to the Data Fields Table for 2018: Please see pages 4 and 5 of this document for all changes. In Appendix A, discontinued fields are highlighted in blue and new fields are highlighted in green.

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Field Name	Description	Field Type	Field Codes and Ranges
<b>Housekeeping Fields</b>			
FILENUM	Sequential File Submission Number	Integer	Range: Sequential positive integer
FILEDATE	File Submission Export Date	Date	Range: Valid date, mm/dd/yyyy
DELETED	Record Deleted	Byte	Range: 1 if record is deleted, blank otherwise
APPLICATION	Application Submitting the Data File	Text25	
VERSION	Version of Application Submitting the Data File	Text15	
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 2015 and 2018 in your center database)
<b>General Data Items</b>			
HOSPNO	Center Number	Integer	Range: Network-assigned hospital number
ID	Network Patient Identification Number	Integer	Range: Positive integer between 1 and 99,999 (sequential from Start ID Number)
BYEAR	Birth Year	Integer	Range: 2015 to 2018

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Field Name	Description	Field Type	Field Codes and Ranges
BWGT	Birth Weight (grams)	Long	Range: <u>VLBW data submission:</u> 401 to 1500 grams or may be < 401 or > 1500 if GAWEEKS is between 22 and 29.  <u>Expanded data submission:</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
GAWEEKS	Gestational Age, Weeks	Integer	Range: 15 to 46, 99; Codes: 99=Unknown
GADAYS	Gestational Age, Days	Integer	Range: 0 to 6, 99; Codes: 99=Unknown
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
LOCATE	Location of Birth	Byte	Range: 0, 1; Codes: 0=Inborn; 1=Outborn
DAYADMISS	Day of Admission to Your Center (outborn infants only)	Integer	Range: 77 if [LOCATE]=0, 1 to 28 if [LOCATE]=1 Codes: 77=N/A

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Field Name	Description	Field Type	Field Codes and Ranges
OUTB_CTR	Transfer Code of Center from which Infant Transferred (outborn infants only) (List available at <a href="https://www.vtoxford.org/tools/transferlist.aspx">https://www.vtoxford.org/tools/transferlist.aspx</a> )	Long	Range: 77777777 if [LOCATE]=0; Transfer Code provided by VON or 99999999 if [LOCATE]=1; Codes: 77777777=N/A, 99999999=Unknown
BHEADCIR	Head Circumference at Birth (in cm to nearest 10 <sup>th</sup> of a cm)	Single	Range: 10.0 to 70.0, 999.9; Codes: 999.9=Unknown
HISP	Ethnicity of Mother	Byte	Range: 0, 1, 9; Codes: 0=Not Hispanic, 1=Hispanic, 9=Unknown
MATRACE	Race of Mother	Byte	Range: 1, 3, 4, 5, 6, 7, 99; 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, 99=Unknown
PCARE	Prenatal Care	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
ASTER	Antenatal Steroids	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
AMAGSULF	Antenatal Magnesium Sulfate	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
CHORIO	Chorioamnionitis	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
MHYPERTENS	Maternal Hypertension, Chronic or Pregnancy-Induced	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
MDIABETES	Maternal Diabetes	Byte	Range: 0, 1, 9 [BYEAR] > 2017; Codes: 0=No, 1=Yes, 9=Unknown
VAGDEL	Mode of Delivery	Byte	Range: 0, 1, 9; Codes: 0=C-Section, 1=Vaginal, 9=Unknown

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SEX	Sex of Infant	Byte	Range: 0, 1, 9; Codes: 0=Female, 1=Male, 9=Unknown
MULT	Multiple Gestation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
NBIRTHS	Number of Infants Delivered	Integer	Range: 77 if [MULT]=0; 99 if [MULT]=9; 1 to 10, 99 if [MULT]=1; Codes: 77=N/A, 99=Unknown
CONGENINF	Congenital Infection	Byte	Range: 0, 1, 9 if [BYEAR] > 2017; Codes: 0=No, 1=Yes, 9=Unknown
CONGENINFCD1	Congenital Infection, organism 1	Integer	Range: 7777 if [BYEAR] > 2017 and [CONGENINF]=0; 9999 if [BYEAR] > 2017 and [CONGENINF]=9; Congenital Infection Code if [BYEAR] > 2017 and [CONGENINF]=1; Codes: 7777=N/A, 9999=Unknown, Congenital Infection in Appendix E of Manual of Operations
CONGENINFCD2	Congenital Infection, organism 2	Integer	Range: 7777 if [BYEAR] > 2017 and ([CONGENINF]=0 or no more infections); 9999 if [BYEAR] > 2017 and [CONGENINF]=9; Congenital Infection Code if [BYEAR] > 2017 and [CONGENINF]=1; Codes: 7777=N/A, 9999=Unknown, Congenital Infection in Appendix E of Manual of Operations
CONGENINFCD3	Congenital Infection, organism 3	Integer	Range: 7777 if [BYEAR] > 2017 and ([CONGENINF]=0 or no more infections); 9999 if [BYEAR] > 2017 and [CONGENINF]=9; Congenital Infection Code if [BYEAR] > 2017 and [CONGENINF]=1; Codes: 7777=N/A, 9999=Unknown, Congenital Infection in Appendix E of Manual of Operations
AP1	APGAR Score, 1 Minute	Integer	Range: 0 to 10, 99; Codes: 99=Unknown
AP5	APGAR Score, 5 Minutes	Integer	Range: 0 to 10, 99; Codes: 99=Unknown



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DROX	Oxygen during Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
DRBM	Face Mask Ventilation during Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
DRLMA	Laryngeal Mask Airway During Initial Resuscitation	Byte	Range: 0, 1, 9 if [BYEAR] > 2017; Codes: 0=No, 1=Yes, 9=Unknown
DRET	Endotracheal Tube Ventilation during Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
DREP	Epinephrine during Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
DRCC	Cardiac Compression during Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
DRNIMV	Nasal Ventilation During Initial Resuscitation	Byte	Range: 0, 1, 9 if [BYEAR] > 2017; Codes: 0=No, 1=Yes, 9=Unknown
DRCPAP	Nasal CPAP during Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
ATEMPM	Temperature Measured within the First Hour after 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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ATEMP	Temperature within the First Hour after Admission to Your NICU (in degrees centigrade to nearest 10 <sup>th</sup> of a degree)	Single	Range: 777.7 if [DELDIE]=1 or [ATEMPM]=0; 20.0 to 45.0, 999.9 if [DELDIE]=0 and ATEMPM=1; Codes: 777.7=N/A, 999.9=Unknown
EBSEPS	Bacterial Sepsis and/or Meningitis 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
EBSEPSCD1	Bacterial Sepsis and/or Meningitis on or before Day 3, pathogen 1	Integer	Range: 7777 if [BYEAR] > 2017 and [EBSEPS]=7; 9999 if [BYEAR] > 2017 and [EBSEPS]=9; Bacterial organism code if [BYEAR] > 2017 and [EBSEPS]=1; Codes: 7777=N/A, 9999=Unknown, Bacterial Pathogen Codes in Appendix B of Manual of Operations
EBSEPSCD2	Bacterial Sepsis and/or Meningitis on or before Day 3, pathogen 2	Integer	Range: 7777 if [BYEAR] > 2017 and ([EBSEPS]=7 or no more pathogens); 9999 if [BYEAR] > 2017 and [EBSEPS]=9; Bacterial organism code if [BYEAR] > 2017 and [EBSEPS]=1; Codes: 7777=N/A, 9999=Unknown, Bacterial Pathogen Codes in Appendix B of Manual of Operations
EBSEPSCD3	Bacterial Sepsis and/or Meningitis on or before Day 3, pathogen 3	Integer	Range: 7777 if [BYEAR] > 2017 and ([EBSEPS]=7 or no more pathogens); 9999 if [BYEAR] > 2017 and [EBSEPS]=9; Bacterial organism code if [BYEAR] > 2017 and [EBSEPS]=1; Codes: 7777=N/A, 9999=Unknown, Bacterial Pathogen Codes in Appendix B of Manual of Operations
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

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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
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
PIHWFO	PIH, where First Occurred	Byte	Range: 7 if [USOUND1] in (0, 7) or [UGRADE1]=0; 1, 2, 9 if [USOUND1]=1 and [UGRADE1] between 1 and 4; 9 if ([UGRADE1]=9 or [USOUND1]=9); Codes: 1=Your Hospital, 2=Other Hospital, 7=N/A, 9=Unknown
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
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
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
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
HFNC	High Flow Nasal Cannula 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

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NIMV	Nasal 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
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
CPAPES	Nasal CPAP or Nasal Ventilation before or without ever having received ETT Ventilation	Byte	Range: 7 if ([DELDIE]=1) or ([BYEAR] < 2018 and [DRCPAP]=0 and [CPAP]=0) or ([BYEAR] > 2017 and [DRCPAP]=0 and [DRNIMV]=0 and [CPAP]=0 and [NIMV]=0); 9 if ([BYEAR] < 2018 and {([DRCPAP]=9 and [CPAP] in (0,9)) or ([DRCPAP]=0 and [CPAP]=9)}) or ([BYEAR] > 2017 and {([DRCPAP]=9 and [DRNIMV] in (0,9) and [CPAP] in (0,9) and [NIMV] in (0,9)) or ([DRCPAP]=0 and [DRNIMV]=9 and [CPAP] in (0,9) and [NIMV] in (0,9)) or ([DRCPAP]=0 and [DRNIMV]=0 and [CPAP]=9 and [NIMV] in (0,9)) or ([DRCPAP]=0 and [DRNIMV]=0 and [CPAP]=0 and [NIMV]=9)}); 0, 1, 9 if [DELDIE]=0 and {[BYEAR] < 2018 and ([DRCPAP]=1 or [CPAP]=1)} or {[BYEAR] > 2017 and ([DRCPAP]=1 or [DRNIMV]=1 or [CPAP]=1 or [NIMV]=1)} Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
DRSURF	Surfactant during Initial Resuscitation	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
SURFX	Surfactant at any Time	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown
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
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

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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
INOWG	Inhaled Nitric Oxide, Where Given	Byte	Range: 7 if [INO] in (0, 7); 1, 2, 3, 9 if [INO]=1; 9 if [INO]=9; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
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
VENT36	Conventional Ventilation 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
HFV36	High Frequency Ventilation 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
HFNC36	High Flow Nasal Cannula 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
NIMV36	Nasal Ventilation 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
CPAP36	Nasal CPAP 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

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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
STERBPDWG	Steroids for CLD, Where Given	Byte	Range: 7 if [STERBPD] in (0, 7); 1, 2, 3, 9 if [STERBPD]=1; 9 if [STERBPD]=9; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
INDOMETH	Indomethacin for Any Reason	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
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
ACETAMIN	Acetaminophen (Paracetamol) for PDA	Byte	Range: 7 if [BYEAR] > 2017 and [DELDIE]=1; 0, 1, 9 if [BYEAR] > 2017 and [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
PROBIOTICS	Probiotics	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
ROPANTIVEGF	Treatment of ROP with Anti-VEGF Drug	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [BYEAR] ≥ 2012 and [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
CAFFEINE	Caffeine for Any Reason	Byte	Range: 7 if [BYEAR] > 2017 and [DELDIE]=1; 0, 1, 9 if [BYEAR] > 2017 and [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
VITAMINA	Intramuscular Vitamin A for Any Reason	Byte	Range: 7 if [BYEAR] > 2017 and [DELDIE]=1; 0, 1, 9 if [BYEAR] > 2017 and [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
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

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ROPSURGWD	ROP Surgery, Where Done	Byte	Range: 7 if [ROPSURG] in (0, 7); 1, 2, 3, 9 if [ROPSURG]=1; 9 if ROPSURG=9; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
SRGLIG (discontinued)	PDA Ligation	Byte	Range: 7 if [BYEAR] < 2018 and [DELDIE]=1; 0, 1, 9 if [BYEAR] < 2018 and [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
SRGLIGWD (discontinued)	PDA Ligation, Where Done	Byte	Range: 7 if [BYEAR] < 2018 and [SRGLIG] in (0, 7); 1, 2, 3, 9 if [BYEAR] < 2018 and [SRGLIG]=1; 9 if [BYEAR] < 2018 and [SRGLIG]=9; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
PDASURG	Surgery or Interventional Catheterization for Closure of PDA	Byte	Range: 7 if [BYEAR] > 2017 and [DELDIE]=1; 0, 1, 9 if [BYEAR] > 2017 and [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
NECSURG	Surgery for NEC, Suspected NEC, or Bowel Perforation	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
OSURG	Other Surgery	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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SRGCD1	First Surgery Code	Text6	<p>Range: “77” if ([BYEAR] &lt; 2018 and [NECSURG] in (0,7) and [OSURG] in (0,7)) or ([BYEAR] &gt; 2017 and [NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)), “99” if ([BYEAR] &lt; 2018 and {[NECSURG] in (0,9) and [OSURG]=9} or ([NECSURG]=9 and [OSURG] in (0,9))) or ([BYEAR] &gt; 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,1)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9)); Surgery Code if {[BYEAR] &lt; 2018 and ([NECSURG]=1 or [OSURG]=1)} or {[BYEAR] &gt; 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1)};</p> <p>Codes: “77”=N/A, “99”=Unknown, Surgery Codes in Appendix D of Manual of Operations</p>
SRGLOC1	Location of Surgery for First Surgery Code Procedure	Byte	<p>Range: 7 if ([BYEAR] &lt; 2018 and [NECSURG] in (0,7) and [OSURG] in (0,7)) or ([BYEAR] &gt; 2017 and [NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or [SRGCD1]=“77”; 9 if ([BYEAR] &lt; 2018 and {[NECSURG] in (0,9) and [OSURG]=9} or ([NECSURG]=9 and [OSURG] in (0,9))) or ([BYEAR] &gt; 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9)); 1, 2, 3, 9 if {[BYEAR] &lt; 2018 and ([NECSURG]=1 or [OSURG]=1)} or {[BYEAR] &gt; 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1)} and [SRGCD1] has a valid surgery code;</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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Field Name	Description	Field Type	Field Codes and Ranges
SRGSSI1	Surgical Site Infection at Your Hospital for First Surgery Code Procedure	Byte	Range: 7 if [BYEAR] > 2017 and {[NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or [SRGCD1]="77" or [SRGLOC1] in (2,3)}; 9 if [BYEAR] > 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9) or [SRGLOC1]=9}; 0,1, 9 if [BYEAR] > 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1) and [SRGCD1] has valid surgery code and [SRGLOC1]=1; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
SRGCD2	Second Surgery Code	Text6	Range: "77" if {[BYEAR] < 2018 and [NECSURG] in (0,7) and [OSURG] in (0,7)) or ([BYEAR] > 2017 and [NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7))} or no more surgery done, "99" if ([BYEAR] < 2018 and {[NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9))} or ([BYEAR] > 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9)}); Surgery Code if {[BYEAR] < 2018 and ([NECSURG]=1 or [OSURG]=1)} or {[BYEAR] > 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1)}; Codes: "77"=N/A, "99"=Unknown, Surgery Codes in Appendix D of Manual of Operations

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SRGLOC2	Location of Surgery for Second Surgery Code Procedure	Byte	<p>Range: 7 if {[BYEAR] &lt; 2018 and [NECSURG] in (0,7) and [OSURG] in (0,7)) or ([BYEAR] &gt; 2017 and [NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7))} or [SRGCD2]="77"; 9 if {[BYEAR] &lt; 2018 and {[NECSURG] in (0,9) and [OSURG]=9 or ([NECSURG]=9 and [OSURG] in (0,9))} or ([BYEAR] &gt; 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9))}; 1, 2, 3, 9 if {[BYEAR] &lt; 2018 and ([NECSURG]=1 or [OSURG]=1)} or {[BYEAR] &gt; 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1)} and [SRGCD2] has a valid surgery code;</p> <p>Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown</p>
SRGSSI2	Surgical Site Infection at Your Hospital for Second Surgery Code Procedure	Byte	<p>Range: 7 if [BYEAR] &gt; 2017 and {[NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or [SRGCD2]="77" or [SRGLOC2] in (2,3)}; 9 if [BYEAR] &gt; 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9) or [SRGLOC2]=9}; 0,1, 9 if [BYEAR] &gt; 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1) and [SRGCD2] has valid surgery code and [SRGLOC2]=1; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown</p>

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Field Name	Description	Field Type	Field Codes and Ranges
SRGCD3	Third Surgery Code	Text6	<p>Range: “77” if {[BYEAR] &lt; 2018 and [NECSURG] in (0,7) and [OSURG] in (0,7)) or ([BYEAR] &gt; 2017 and [NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7))} or no more surgery done, “99” if {[BYEAR] &lt; 2018 and {[NECSURG] in (0,9) and [OSURG]=9} or ([NECSURG]=9 and [OSURG] in (0,9))} or ([BYEAR] &gt; 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)} or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)} or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9)); Surgery Code if {[BYEAR] &lt; 2018 and ([NECSURG]=1 or [OSURG]=1)} or {[BYEAR] &gt; 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1)};</p> <p>Codes: “77”=N/A, “99”=Unknown, Surgery Codes in Appendix D of Manual of Operations</p>
SRGLOC3	Location of Surgery for Third Surgery Code Procedure	Byte	<p>Range: 7 if {[BYEAR] &lt; 2018 and [NECSURG] in (0,7) and [OSURG] in (0,7)) or ([BYEAR] &gt; 2017 and [NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7))} or [SRGCD3]=“77”; 9 if {[BYEAR] &lt; 2018 and {[NECSURG] in (0,9) and [OSURG]=9} or ([NECSURG]=9 and [OSURG] in (0,9))} or ([BYEAR] &gt; 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)} or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)} or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9)); 1, 2, 3, 9 if {[BYEAR] &lt; 2018 and ([NECSURG]=1 or [OSURG]=1)} or {[BYEAR] &gt; 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1)} and [SRGCD3] has a valid surgery code;</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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Field Name	Description	Field Type	Field Codes and Ranges
SRGSSI3	Surgical Site Infection at Your Hospital for Third Surgery Code Procedure	Byte	Range: 7 if [BYEAR] > 2017 and {[NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or [SRGCD3]="77" or [SRGLOC3] in (2,3)}; 9 if [BYEAR] > 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9) or [SRGLOC3]=9}; 0,1, 9 if [BYEAR] > 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1) and [SRGCD3] has valid surgery code and [SRGLOC3]=1; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
SRGCD4	Fourth Surgery Code	Text6	Range: "77" if {[BYEAR] < 2018 and [NECSURG] in (0,7) and [OSURG] in (0,7)) or ([BYEAR] > 2017 and [NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7))} or no more surgery done, "99" if ([BYEAR] < 2018 and {[NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9))} or ([BYEAR] > 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9)}); Surgery Code if {[BYEAR] < 2018 and ([NECSURG]=1 or [OSURG]=1)} or {[BYEAR] > 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1)}; Codes: "77"=N/A, "99"=Unknown, Surgery Codes in Appendix D of Manual of Operations

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SRGLOC4	Location of Surgery for Fourth Surgery Code	Byte	<p>Range: 7 if {[BYEAR] &lt; 2018 and [NECSURG] in (0,7) and [OSURG] in (0,7)) or ([BYEAR] &gt; 2017 and [NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7))} or [SRGCD4]="77"; 9 if {[BYEAR] &lt; 2018 and {[NECSURG] in (0,9) and [OSURG]=9 or ([NECSURG]=9 and [OSURG] in (0,9))} or ([BYEAR] &gt; 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9))}; 1, 2, 3, 9 if {[BYEAR] &lt; 2018 and ([NECSURG]=1 or [OSURG]=1)} or {[BYEAR] &gt; 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1)} and [SRGCD4] has a valid surgery code;</p> <p>Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown</p>
SRGSSI4	Surgical Site Infection at Your Hospital for Fourth Surgery Code Procedure	Byte	<p>Range: 7 if [BYEAR] &gt; 2017 and {[NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or [SRGCD4]="77" or [SRGLOC4] in (2,3)}; 9 if [BYEAR] &gt; 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9) or [SRGLOC4]=9}; 0,1, 9 if [BYEAR] &gt; 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1) and [SRGCD4] has valid surgery code and [SRGLOC4]=1; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown</p>

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Field Name	Description	Field Type	Field Codes and Ranges
SRGCD5	Fifth Surgery Code	Text6	<p>Range: “77” if {[BYEAR] &lt; 2018 and [NECSURG] in (0,7) and [OSURG] in (0,7)) or ([BYEAR] &gt; 2017 and [NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7))} or no more surgery done, “99” if {[BYEAR] &lt; 2018 and {[NECSURG] in (0,9) and [OSURG]=9} or ([NECSURG]=9 and [OSURG] in (0,9))} or ([BYEAR] &gt; 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,1)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9)}; Surgery Code if {[BYEAR] &lt; 2018 and ([NECSURG]=1 or [OSURG]=1)} or {[BYEAR] &gt; 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1)};</p> <p>Codes: “77”=N/A, “99”=Unknown, Surgery Codes in Appendix D of Manual of Operations</p>
SRGLOC5	Location of Surgery for Fifth Surgery Code Procedure	Byte	<p>Range: 7 if {[BYEAR] &lt; 2018 and [NECSURG] in (0,7) and [OSURG] in (0,7)) or ([BYEAR] &gt; 2017 and [NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7))} or [SRGCD5]=“77”; 9 if {[BYEAR] &lt; 2018 and {[NECSURG] in (0,9) and [OSURG]=9} or ([NECSURG]=9 and [OSURG] in (0,9))} or ([BYEAR] &gt; 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9)}; 1, 2, 3, 9 if {[BYEAR] &lt; 2018 and ([NECSURG]=1 or [OSURG]=1)} or {[BYEAR] &gt; 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1)} and [SRGCD5] has a valid surgery code;</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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SRGSSI5	Surgical Site Infection at Your Hospital for Fifth Surgery Code Procedure	Byte	Range: 7 if [BYEAR] > 2017 and {[NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or [SRGCD5]="77" or [SRGLOC5] in (2,3)}; 9 if [BYEAR] > 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9) or [SRGLOC5]=9}; 0,1, 9 if [BYEAR] > 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1) and [SRGCD5] has valid surgery code and [SRGLOC5]=1; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
SRGCD6	Sixth Surgery Code	Text6	Range: "77" if {[BYEAR] < 2018 and [NECSURG] in (0,7) and [OSURG] in (0,7)) or ([BYEAR] > 2017 and [NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7))} or no more surgery done, "99" if {[BYEAR] < 2018 and {[NECSURG] in (0,9) and [OSURG]=9} or ([NECSURG]=9 and [OSURG] in (0,9))} or ([BYEAR] > 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9)}; Surgery Code if {[BYEAR] < 2018 and ([NECSURG]=1 or [OSURG]=1)} or {[BYEAR] > 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1)}; Codes: "77"=N/A, "99"=Unknown, Surgery Codes in Appendix D of Manual of Operations



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Field Name	Description	Field Type	Field Codes and Ranges
SRGLOC6	Location of Surgery for Sixth Surgery Code Procedure	Byte	<p>Range: 7 if {[BYEAR] &lt; 2018 and [NECSURG] in (0,7) and [OSURG] in (0,7)) or ([BYEAR] &gt; 2017 and [NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7))} or [SRGCD6]="77"; 9 if {[BYEAR] &lt; 2018 and {[NECSURG] in (0,9) and [OSURG]=9 or ([NECSURG]=9 and [OSURG] in (0,9))} or ([BYEAR] &gt; 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9))}; 1, 2, 3, 9 if {[BYEAR] &lt; 2018 and ([NECSURG]=1 or [OSURG]=1)} or {[BYEAR] &gt; 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1)} and [SRGCD6] has a valid surgery code;</p> <p>Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown</p>
SRGSSI6	Surgical Site Infection at Your Hospital for Sixth Surgery Code Procedure	Byte	<p>Range: 7 if [BYEAR] &gt; 2017 and {[NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or [SRGCD6]="77" or [SRGLOC6] in (2,3)}; 9 if [BYEAR] &gt; 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9) or [SRGLOC6]=9}; 0,1, 9 if [BYEAR] &gt; 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1) and [SRGCD6] has valid surgery code and [SRGLOC6]=1; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown</p>



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Field Name	Description	Field Type	Field Codes and Ranges
SRGCD7	Seventh Surgery Code	Text6	Range: “77” if {[BYEAR] < 2018 and [NECSURG] in (0,7) and [OSURG] in (0,7)) or ([BYEAR] > 2017 and [NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7))} or no more surgery done, “99” if {[BYEAR] < 2018 and {[NECSURG] in (0,9) and [OSURG]=9} or ([NECSURG]=9 and [OSURG] in (0,9))} or ([BYEAR] > 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)} or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)} or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9)); Surgery Code if {[BYEAR] < 2018 and ([NECSURG]=1 or [OSURG]=1)} or {[BYEAR] > 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1)}; Codes: “77”=N/A, “99”=Unknown, Surgery Codes in Appendix D of Manual of Operations
SRGLOC7	Location of Surgery for Seventh Surgery Code Procedure	Byte	Range: 7 if {[BYEAR] < 2018 and [NECSURG] in (0,7) and [OSURG] in (0,7)) or ([BYEAR] > 2017 and [NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7))} or [SRGCD7]=“77”; 9 if {[BYEAR] < 2018 and {[NECSURG] in (0,9) and [OSURG]=9} or ([NECSURG]=9 and [OSURG] in (0,9))} or ([BYEAR] > 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)} or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)} or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9)); 1, 2, 3, 9 if {[BYEAR] < 2018 and ([NECSURG]=1 or [OSURG]=1)} or {[BYEAR] > 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1)} and [SRGCD7] has a valid surgery code;  Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown

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SRGSSI7	Surgical Site Infection at Your Hospital for Seventh Surgery Code Procedure	Byte	Range: 7 if [BYEAR] > 2017 and {[NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or [SRGCD7]="77" or [SRGLOC7] in (2,3)}; 9 if [BYEAR] > 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9) or [SRGLOC7]=9}; 0,1, 9 if [BYEAR] > 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1) and [SRGCD7] has valid surgery code and [SRGLOC7]=1; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
SRGCD8	Eighth Surgery Code	Text6	Range: "77" if {[BYEAR] < 2018 and [NECSURG] in (0,7) and [OSURG] in (0,7)) or ([BYEAR] > 2017 and [NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7))} or no more surgery done, "99" if ([BYEAR] < 2018 and {[NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9))} or ([BYEAR] > 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9)}); Surgery Code if {[BYEAR] < 2018 and ([NECSURG]=1 or [OSURG]=1)} or {[BYEAR] > 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1)}; Codes: "77"=N/A, "99"=Unknown, Surgery Codes in Appendix D of Manual of Operations

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Field Name	Description	Field Type	Field Codes and Ranges
SRGLOC8	Location of Surgery for Eighth Surgery Code Procedure	Byte	<p>Range: 7 if {[BYEAR] &lt; 2018 and [NECSURG] in (0,7) and [OSURG] in (0,7)) or ([BYEAR] &gt; 2017 and [NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7))} or [SRGCD8]="77"; 9 if ([BYEAR] &lt; 2018 and {[NECSURG] in (0,9) and [OSURG]=9 or ([NECSURG]=9 and [OSURG] in (0,9))} or ([BYEAR] &gt; 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9)}); 1, 2, 3, 9 if ([BYEAR] &lt; 2018 and ([NECSURG]=1 or [OSURG]=1) or [BYEAR] &gt; 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1)) and [SRGCD8] has a valid surgery code;</p> <p>Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown</p>
SRGSSI8	Surgical Site Infection at Your Hospital for Eighth Surgery Code Procedure	Byte	<p>Range: 7 if [BYEAR] &gt; 2017 and {[NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or [SRGCD8]="77" or [SRGLOC8] in (2,3)}; 9 if [BYEAR] &gt; 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9) or [SRGLOC8]=9}; 0,1, 9 if [BYEAR] &gt; 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1) and [SRGCD8] has valid surgery code and [SRGLOC8]=1; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown</p>

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Field Name	Description	Field Type	Field Codes and Ranges
SRGCD9	Ninth Surgery Code	Text6	<p>Range: “77” if {[BYEAR] &lt; 2018 and [NECSURG] in (0,7) and [OSURG] in (0,7)) or ([BYEAR] &gt; 2017 and [NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7))} or no more surgery done, “99” if {[BYEAR] &lt; 2018 and {[NECSURG] in (0,9) and [OSURG]=9} or ([NECSURG]=9 and [OSURG] in (0,9))} or ([BYEAR] &gt; 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)} or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)} or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9)); Surgery Code if {[BYEAR] &lt; 2018 and ([NECSURG]=1 or [OSURG]=1)} or {[BYEAR] &gt; 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1)};</p> <p>Codes: “77”=N/A, “99”=Unknown, Surgery Codes in Appendix D of Manual of Operations</p>
SRGLOC9	Location of Surgery for Ninth Surgery Code Procedure	Byte	<p>Range: 7 if {[BYEAR] &lt; 2018 and [NECSURG] in (0,7) and [OSURG] in (0,7)) or ([BYEAR] &gt; 2017 and [NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7))} or [SRGCD9]=“77”; 9 if {[BYEAR] &lt; 2018 and {[NECSURG] in (0,9) and [OSURG]=9} or ([NECSURG]=9 and [OSURG] in (0,9))} or ([BYEAR] &gt; 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)} or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)} or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9)); 1, 2, 3, 9 if {[BYEAR] &lt; 2018 and ([NECSURG]=1 or [OSURG]=1)} or {[BYEAR] &gt; 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1)} and [SRGCD9] has a valid surgery code;</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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SRGSSI9	Surgical Site Infection at Your Hospital for Ninth Surgery Code Procedure	Byte	Range: 7 if [BYEAR] > 2017 and {[NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or [SRGCD9]="77" or [SRGLOC9] in (2,3)}; 9 if [BYEAR] > 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9) or [SRGLOC9]=9}; 0,1, 9 if [BYEAR] > 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1) and [SRGCD9] has valid surgery code and [SRGLOC9]=1; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
SRGCD10	Tenth Surgery Code	Text6	Range: "77" if {[BYEAR] < 2018 and [NECSURG] in (0,7) and [OSURG] in (0,7)) or ([BYEAR] > 2017 and [NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7))} or no more surgery done, "99" if ([BYEAR] < 2018 and {[NECSURG] in (0,9) and [OSURG]=9) or ([NECSURG]=9 and [OSURG] in (0,9))} or ([BYEAR] > 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9)}); Surgery Code if {[BYEAR] < 2018 and ([NECSURG]=1 or [OSURG]=1)} or {[BYEAR] > 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1)}; Codes: "77"=N/A, "99"=Unknown, Surgery Codes in Appendix D of Manual of Operations

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SRGLOC10	Location of Surgery for Tenth Surgery Code Procedure	Byte	<p>Range: 7 if {[BYEAR] &lt; 2018 and [NECSURG] in (0,7) and [OSURG] in (0,7)) or ([BYEAR] &gt; 2017 and [NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7))} or [SRGCD10]="77"; 9 if {[BYEAR] &lt; 2018 and {[NECSURG] in (0,9) and [OSURG]=9 or ([NECSURG]=9 and [OSURG] in (0,9))} or ([BYEAR] &gt; 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9))}; 1, 2, 3, 9 if {[BYEAR] &lt; 2018 and ([NECSURG]=1 or [OSURG]=1)} or {[BYEAR] &gt; 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1)} and [SRGCD10] has a valid surgery code;</p> <p>Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown</p>
SRGSSI10	Surgical Site Infection at Your Hospital for Tenth Surgery Code Procedure	Byte	<p>Range: 7 if [BYEAR] &gt; 2017 and {[NECSURG] in (0,7) and [OSURG] in (0,7) and [PDASURG] in (0,7)) or [SRGCD10]="77" or [SRGLOC10] in (2,3)}; 9 if [BYEAR] &gt; 2017 and {[NECSURG]=9 and [OSURG] in (0,9) and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=9 and [PDASURG] in (0,9)) or ([NECSURG]=0 and [OSURG]=0 and [PDASURG]=9) or [SRGLOC10]=9}; 0,1, 9 if [BYEAR] &gt; 2017 and ([NECSURG]=1 or [OSURG]=1 or [PDASURG]=1) and [SRGCD10] has valid surgery code and [SRGLOC10]=1; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown</p>

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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.
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
PNTX	Pneumothorax	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
PNTXWO	Pneumothorax, Where Occurred	Byte	Range: 7 if [PNTX] in (0, 7); 1, 2, 3, 9 if [PNTX]=1; 9 if [PNTX]=9; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
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
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
NECWO	Necrotizing Enterocolitis, Where Occurred	Byte	Range: 7 if [NEC] in (0, 7); 1, 2, 3, 9 if [NEC]=1; 9 if [NEC]=9; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
GIPERF	Focal Intestinal Perforation	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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GIPERFWO	Focal Intestinal Perforation, Where Occurred	Byte	Range: 7 if [GIPERF] in (0, 7); 1, 2, 3, 9 if [GIPERF]=1; 9 if [GIPERF]=9; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
LBPATH	Bacterial Sepsis and/or Meningitis 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
LBPATHWO	Bacterial Sepsis and/or Meningitis after Day 3, Where Occurred	Byte	Range: 7 if [LBPATH] in (0, 7); 1, 2, 3, 9 if [LBPATH]=1; 9 if [LBPATH]=9; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
LBPATHCD1	Bacterial Sepsis and/or Meningitis After Day 3, pathogen 1	Integer	Range: 7777 if [BYEAR] > 2017 and [LBPATH]=7; 9999 if [BYEAR] > 2017 and [LBPATH]=9; Bacterial organism code if [BYEAR] > 2017 and [LBPATH]=1; Codes: 7777=N/A, 9999=Unknown, Bacterial Pathogen Codes in Appendix B of Manual of Operations
LBPATHCD2	Bacterial Sepsis and/or Meningitis After Day 3, pathogen 2	Integer	Range: 7777 if [BYEAR] > 2017 and ([LBPATH]=7 or no more pathogens); 9999 if [BYEAR] > 2017 and [LBPATH]=9; Bacterial organism code if [BYEAR] > 2017 and [LBPATH]=1; Codes: 7777=N/A, 9999=Unknown, Bacterial Pathogen Codes in Appendix B of Manual of Operations
LBPATHCD3	Bacterial Sepsis and/or Meningitis After Day 3, pathogen 3	Integer	Range: 7777 if [BYEAR] > 2017 and ([LBPATH]=7 or no more pathogens); 9999 if [BYEAR] > 2017 and [LBPATH]=9; Bacterial organism code if [BYEAR] > 2017 and [LBPATH]=1; Codes: 7777=N/A, 9999=Unknown, Bacterial Pathogen Codes in Appendix B of Manual of Operations



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CNEGSTAPH	Coagulase Negative Staphylococcal 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
CNEGWO	Coagulase Negative Staphylococcal Infection after Day 3, Where Occurred	Byte	Range: 7 if [CNEGSTAPH] in (0, 7); 1, 2, 3, 9 if [CNEGSTAPH]=1; 9 if [CNEGSTAPH]=9; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
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
FUNGALWO	Fungal Infection after Day 3, Where Occurred	Byte	Range: 7 if [FUNGAL] in (0, 7); 1, 2, 3, 9 if [FUNGAL]=1; 9 if [FUNGAL]=9; Codes: 1=Your Hospital, 2=Other Hospital, 3=Both Your Hospital and Other Hospital, 7=N/A, 9=Unknown
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
EYEX	ROP, Retinal Examination	Byte	Range: 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
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
CMAL	Congenital Anomaly	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown

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Field Name	Description	Field Type	Field Codes and Ranges
BDCD1	First Congenital Anomaly Code	Integer	Range: 7777 if [CMAL]=0, 9999 if [CMAL]=9; Congenital Anomaly List if [CMAL]=1; Codes: 7777=N/A, 9999=Unknown  Congenital anomaly codes are in Appendix C of the Network Manual of Operations, Part 2
BDCD2	Second Congenital Anomaly Code	Integer	Range: 7777 if [CMAL]=0 or if no more defects, 9999 if [CMAL]=9; Congenital Anomaly List if [CMAL]=1 and 2nd Defect; Codes: 7777=N/A, 9999=Unknown  Congenital anomaly codes are in Appendix C of the Network Manual of Operations, Part 2
BDCD3	Third Congenital Anomaly Code	Integer	Range: 7777 if [CMAL]=0 or if no more defects, 9999 if [CMAL]=9; Congenital Anomaly List if [CMAL]=1 and 2nd Defect; Codes: 7777=N/A, 9999=Unknown  Congenital anomaly codes are in Appendix C of the Network Manual of Operations, Part 2
BDCD4	Fourth Congenital Anomaly Code	Integer	Range: 7777 if [CMAL]=0 or if no more defects, 9999 if [CMAL]=9; Congenital Anomaly List if [CMAL]=1 and 4th Defect; Codes: 7777=N/A, 9999=Unknown  Congenital anomaly codes are in Appendix C of the Network Manual of Operations, Part 2
BDCD5	Fifth Congenital Anomaly Code	Integer	Range: 7777 if [CMAL]=0 or if no more defects, 9999 if [CMAL]=9; Congenital Anomaly List if [CMAL]=1 and 5th Defect; Codes: 7777=N/A, 9999=Unknown  Congenital anomaly codes are in Appendix C of the Network Manual of Operations, Part 2

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BDEFECT	Congenital Anomaly Description	Text255	Range: "77" if [CMAL]=0 or no description required; "99" if [CMAL]=9; Text description of congenital anomaly if [CMAL]=1 and description required (see Manual of Operations) Codes: "77"=N/A, "99"=Unknown
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
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
VENTFINAL	Conventional Ventilation at Discharge	Byte	Range: 7 if [BYEAR] > 2017 and [DELDIE]=1; 0, 1, 9 if [BYEAR] > 2017 and [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
HFVFINAL	High Frequency Ventilation at Discharge	Byte	Range: 7 if [BYEAR] > 2017 and [DELDIE]=1; 0, 1, 9 if [BYEAR] > 2017 and [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
HFNCFINAL	High Flow Nasal Cannula at Discharge	Byte	Range: 7 if [BYEAR] > 2017 and [DELDIE]=1; 0, 1, 9 if [BYEAR] > 2017 and [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
NIMVFINAL	Nasal Ventilation at Discharge	Byte	Range: 7 if [BYEAR] > 2017 and [DELDIE]=1; 0, 1, 9 if [BYEAR] > 2017 and [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
CPAPFINAL	Nasal CPAP at Discharge	Byte	Range: 7 if [BYEAR] > 2017 and [DELDIE]=1; 0, 1, 9 if [BYEAR] > 2017 and [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
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
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

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DWGT	Weight at Initial Disposition	Long	Range: 77777 if [DELDIE]=1; 201 to 66665, 99999 if [DELDIE]=0; Codes: 77777=N/A, 99999=Unknown
DHEADCIR	Head Circumference at Initial Disposition (in cm to nearest 10 <sup>th</sup> of a cm)	Single	Range: 777.7 if [DELDIE]=1; 10.0 to 70.0, 999.9 if [DELDIE]=0; Codes: 777.7=N/A, 999.9=Unknown
LOS1	Initial Length of Stay	Integer	Range: 1 if [DELDIE]=1; 1 to 366 (367 if leap day must be added), 999 if DELDIE=0; See Manual of Operations; Codes: 999=Unknown
	<b>Transfer and Readmission Data Items</b>		
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
XFER_CTR	Transfer Code of Center to which Infant Transferred  (List available at <a href="https://www.vtoxford.org/tools/transferlist.aspx">https://www.vtoxford.org/tools/transferlist.aspx</a> )	Long	Range: 77777777 if [FDISP] in (1,3,5,7); Transfer Code provided by VON or 99999999; Codes: 77777777=N/A, 99999999=Unknown

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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
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
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
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
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

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	<b>Supplemental Data Items</b>		<b>All Data Items required for Expanded Data centers. VLBW only centers should code each Data Item as “N/A.”</b>
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
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
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
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
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
HYPPOIEP	Hypoxic-Ischemic Encephalopathy	Byte	Range: if [YOB] ≤ 2016 then 7 if [DELDIE]=1 or if [GAWEEKS] < 36; 0, 1, 9 if [DELDIE]=0 and if [GAWEEKS] ≥ 36 else if [YOB] ≥ 2017 then 7 if [DELDIE]=1; 0, 1, 9 if [DELDIE]=0; Codes: 0=No, 1=Yes, 7=N/A, 9=Unknown
HYPPOIES	HIE Severity	Byte	Range: 7 if [HYPPOIEP] in (0,7); 9 if [HYPPOIEP]=9; 1, 2, 3, 9 if [HYPPOIEP]=1; Codes: 1=Mild, 2=Moderate, 3=Severe, 7=N/A, 9=Unknown
MECASP	Meconium Aspiration Syndrome	Byte	Range: 0, 1, 9; Codes: 0=No, 1=Yes, 9=Unknown (only VLBW centers should code this as 7=N/A)

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**Appendix A, 2018 Data Fields Table**

Field Name	Description	Field Type	Field Codes and Ranges
TRCSUCMA	Tracheal Suctioning for Meconium Attempted during Initial Resuscitation	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
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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**General Data Items - For Infants Born in 2018**



Center Number: \_\_\_\_\_ Network ID Number:  Year of Birth: \_\_\_\_\_

Birth Weight: _____ grams																									
Gestational Age Weeks: _____	Gestational Age Days (0-6): _____																								
Died in Delivery Room: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, complete Delivery Room Death Data Items)																									
Location of Birth: <input type="checkbox"/> Inborn <input type="checkbox"/> Outborn																									
If Outborn, Day of Admission to Your Center (Range: 1 to 28. Date of Birth is Day 1): _____																									
If Outborn, Transfer Code of Center from which Infant Transferred: _____ <small>(List available at <a href="http://www.vtoxford.org/transfers">http://www.vtoxford.org/transfers</a>)</small>																									
Head Circumference at Birth (in cm to nearest 10 <sup>th</sup> ): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																									
Maternal Ethnicity/Race (Answer both Ethnicity and Race):																									
Ethnicity of Mother: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic																									
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																									
Prenatal Care: <input type="checkbox"/> Yes <input type="checkbox"/> No																									
Antenatal Steroids: <input type="checkbox"/> Yes <input type="checkbox"/> No																									
Antenatal Magnesium Sulfate: <input type="checkbox"/> Yes <input type="checkbox"/> No																									
Chorioamnionitis: <input type="checkbox"/> Yes <input type="checkbox"/> No																									
Maternal Hypertension, Chronic or Pregnancy-Induced: <input type="checkbox"/> Yes <input type="checkbox"/> No																									
Maternal Diabetes: <input type="checkbox"/> Yes <input type="checkbox"/> No																									
Mode of Delivery: <input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean Section																									
Sex of Infant: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown																									
Multiple Gestation: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Number of Infants Delivered: _____																									
Congenital Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No																									
Congenital Infection, Organism(s): _____ <small>(If Congenital Infection is Yes, enter up to three Congenital Infection codes from Manual of Operations, Part 2 – Appendix E)</small>																									
APGAR Scores: 1 minute _____ 5 minutes _____																									
Initial Resuscitation:	<table style="width: 100%;"> <tr> <td>Oxygen:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Face Mask Vent:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Laryngeal Mask Airway:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Endotracheal Tube Vent:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Epinephrine:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Cardiac Compression:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Nasal Vent:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Nasal CPAP:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	Oxygen:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Face Mask Vent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Laryngeal Mask Airway:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Endotracheal Tube Vent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Epinephrine:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cardiac Compression:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nasal Vent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nasal CPAP:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oxygen:	<input type="checkbox"/> Yes	<input type="checkbox"/> No																							
Face Mask Vent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No																							
Laryngeal Mask Airway:	<input type="checkbox"/> Yes	<input type="checkbox"/> No																							
Endotracheal Tube Vent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No																							
Epinephrine:	<input type="checkbox"/> Yes	<input type="checkbox"/> No																							
Cardiac Compression:	<input type="checkbox"/> Yes	<input type="checkbox"/> No																							
Nasal Vent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No																							
Nasal CPAP:	<input type="checkbox"/> Yes	<input type="checkbox"/> No																							
Temperature Measured within the First Hour after Admission to Your NICU: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																									
If Yes, Temperature Within the First Hour after Admission to Your NICU: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>(In degrees centigrade to nearest 10<sup>th</sup>)</small>																									
Bacterial Sepsis and/or Meningitis on or before Day 3: <input type="checkbox"/> Yes <input type="checkbox"/> No																									
Bacterial Sepsis and/or Meningitis on or before Day 3, Pathogen(s): _____ <small>(If Bacterial Sepsis and/or Meningitis is Yes, enter up to three Bacterial Pathogen codes from Manual of Operations, Part 2 – Appendix B)</small>																									



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**General Data Items - For Infants Born in 2018**



Center Number: \_\_\_\_\_ Network ID Number:      Year of Birth: \_\_\_\_\_

Oxygen on Day 28: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (See Manual of Operations, Part 2 for N/A criteria)	
<b>Periventricular-Intraventricular Hemorrhage (PIH):</b>	
Cranial Imaging (US/CT/MRI) on or before Day 28:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Worst Grade of PIH (0-4): _____	
If PIH Grade 1-4, Where PIH First Occurred:	<input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital
Died Within 12 Hours of Admission to Your NICU: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Respiratory Support</b> (at any time after leaving the delivery room/initial resuscitation area):	
Oxygen after Initial Resuscitation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conventional Ventilation after Initial Resuscitation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Frequency Ventilation after Initial Resuscitation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Flow Nasal Cannula after Initial Resuscitation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nasal Ventilation after Initial Resuscitation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nasal CPAP after Initial Resuscitation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nasal CPAP or Nasal Vent before or without ever having received ETT Vent: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Surfactant during Initial Resuscitation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Surfactant at Any Time: <input type="checkbox"/> Yes <input type="checkbox"/> No (Surfactant at Any Time must be Yes if Surfactant During Initial Resuscitation is Yes)	
If Yes, Age at First Dose of Surfactant: Hours _____ Minutes (0-59) _____	
Inhaled Nitric Oxide: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Inhaled Nitric Oxide, Where Given: <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both	
<b>Respiratory Support at 36 Weeks</b> (See Manual of Operations, Part 2 for N/A criteria):	
Oxygen at 36 Weeks:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Conventional Ventilation at 36 Weeks:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
High Frequency Ventilation at 36 Weeks:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
High Flow Nasal Cannula at 36 Weeks:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Nasal Ventilation at 36 Weeks:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Nasal CPAP at 36 Weeks:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Steroids for CLD: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Steroids for CLD, Where Given: <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both	
Indomethacin for Any Reason: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ibuprofen for PDA: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Acetaminophen (Paracetamol) for PDA: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Probiotics: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Treatment of ROP with Anti-VEGF Drug: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Caffeine for Any Reason: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Intramuscular Vitamin A for Any Reason: <input type="checkbox"/> Yes <input type="checkbox"/> No	
ROP Surgery: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, ROP Surgery, Where Done: <input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both	
Surgery or Interventional Catheterization for Closure of PDA: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, a Surgery Code, Location of Surgery, and an answer to Surgical Site Infection are required at the top of the next page)	
Surgery for NEC, Suspected NEC, or Bowel Perforation: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, a Surgery Code, Location of Surgery, and an answer to Surgical Site Infection are required at the top of the next page)	
Other Surgery: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, a Surgery Code, Location of Surgery, and an answer to Surgical Site Infection are required at the top of the next page)	

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#### General Data Items - For Infants Born in 2018



Center Number: \_\_\_\_\_ Network ID Number: ☐☐☐☐☐☐ Year of Birth: \_\_\_\_\_

**If Yes to Surgery for Closure of PDA, Surgery for NEC, or Other Surgery, enter up to 10 Surgery Codes, Locations of Surgery, and check Yes or No for Surgical Site Infection following Surgery at Your Hospital:**

See Manual of Operations, Part 2 – Appendix D for Surgery Codes.

If Surgery for NEC is Yes, one or more of the following codes is required: S302, S303, S307, S308, S309, S333.

Indicate Location of Surgery for each surgery code.

If a surgical site infection is present, indicate "Yes" for the one surgical code that resulted in the surgical site infection.

Surgery Code 1: _____	<input type="checkbox"/> Your Hospital	<input type="checkbox"/> Other Hospital	<input type="checkbox"/> Both	Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No
Surgery Code 2: _____	<input type="checkbox"/> Your Hospital	<input type="checkbox"/> Other Hospital	<input type="checkbox"/> Both	Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No
Surgery Code 3: _____	<input type="checkbox"/> Your Hospital	<input type="checkbox"/> Other Hospital	<input type="checkbox"/> Both	Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No
Surgery Code 4: _____	<input type="checkbox"/> Your Hospital	<input type="checkbox"/> Other Hospital	<input type="checkbox"/> Both	Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No
Surgery Code 5: _____	<input type="checkbox"/> Your Hospital	<input type="checkbox"/> Other Hospital	<input type="checkbox"/> Both	Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No
Surgery Code 6: _____	<input type="checkbox"/> Your Hospital	<input type="checkbox"/> Other Hospital	<input type="checkbox"/> Both	Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No
Surgery Code 7: _____	<input type="checkbox"/> Your Hospital	<input type="checkbox"/> Other Hospital	<input type="checkbox"/> Both	Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No
Surgery Code 8: _____	<input type="checkbox"/> Your Hospital	<input type="checkbox"/> Other Hospital	<input type="checkbox"/> Both	Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No
Surgery Code 9: _____	<input type="checkbox"/> Your Hospital	<input type="checkbox"/> Other Hospital	<input type="checkbox"/> Both	Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No
Surgery Code 10: _____	<input type="checkbox"/> Your Hospital	<input type="checkbox"/> Other Hospital	<input type="checkbox"/> Both	Surgical Site Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Include description for Surgery Codes S100, S200, S300, S400, S500, S600, S700, S800, S900, S1000, and S1001:**

<b>Respiratory Distress Syndrome:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pneumothorax:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, Pneumothorax, Where Occurred:</b>	<input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both
<b>Patent Ductus Arteriosus:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Necrotizing Enterocolitis:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, NEC, Where Occurred:</b>	<input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both
<b>Focal Intestinal Perforation:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, Focal Intestinal Perforation, Where Occurred:</b>	<input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both
<b>Sepsis and/or Meningitis, Late (after day 3 of life) (See Manual of Operations, Part 2 for N/A criteria):</b>	
<b>Bacterial Sepsis and/or Meningitis after Day 3:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>If Yes, Bacterial Sepsis and/or Meningitis after Day 3, Where Occurred:</b>	<input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both
<b>Bacterial Sepsis and/or Meningitis after Day 3, Pathogen(s):</b> _____	
(If Bacterial Sepsis and/or Meningitis is Yes, enter up to three Bacterial Pathogen codes from Manual of Operations, Part 2 – Appendix B)	
<b>Coagulase Negative Staph Infection after Day 3:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>If Yes, Coagulase Negative Staphylococcal Infection after Day 3, Where Occurred:</b>	<input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both
<b>Fungal Infection after Day 3:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>If Yes, Fungal Infection after Day 3, Where Occurred:</b>	<input type="checkbox"/> Your Hospital <input type="checkbox"/> Other Hospital <input type="checkbox"/> Both
<b>Cystic Periventricular Leukomalacia:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (See Manual of Operations, Part 2 for N/A criteria)
<b>ROP, Retinal Examination</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, Worst Stage of ROP (0-5):</b>	_____

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#### General Data Items - *For Infants Born in 2018*



Center Number: \_\_\_\_\_ Network ID Number:      Year of Birth: \_\_\_\_\_

**Congenital Anomaly:** ☐ Yes ☐ No

**If Yes, enter up to five Congenital Anomaly Codes:** \_\_\_\_\_

See Manual of Operations, Part 2 – Appendix C for Congenital Anomaly Codes.

**If Yes, as needed, include description(s) for Codes 100, 504, 601, 605, 901, 902, 903, 904, and 907:**

**Enteral Feeding at Discharge:**

- ☐ None  
☐ Human Milk Only  
☐ Formula Only  
☐ Human milk in combination with either fortifier or formula

**Oxygen, Respiratory Support, and Monitor at Discharge:**

- Oxygen at Discharge: ☐ Yes ☐ No  
 Conventional Ventilation at Discharge: ☐ Yes ☐ No  
 High Frequency Ventilation at Discharge: ☐ Yes ☐ No  
 High Flow Nasal Cannula at Discharge: ☐ Yes ☐ No  
 Nasal Ventilation at Discharge: ☐ Yes ☐ No  
 Nasal CPAP at Discharge: ☐ Yes ☐ No  
 Monitor at Discharge: ☐ Yes ☐ No

**Initial Disposition (check only one):**

- ☐ Home  
☐ Died  
☐ Transferred to another Hospital (When this Disposition is chosen, also complete Transfer & Readmission Data Items)  
☐ Still Hospitalized as of First Birthday

**Weight at Initial Disposition:** \_\_\_\_\_ grams

**Head Circumference at Initial Disposition (in cm to nearest 10<sup>th</sup>):**

**Initial Length of Stay:** \_\_\_\_\_ day(s) (Data Item *Initial Length of Stay* on Length of Stay Calculation Worksheet)

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#### Transfer & Readmission Data Items - *For Infants Born in 2018*



Center Number: \_\_\_\_\_ Network ID Number:      Year of Birth: \_\_\_\_\_

#### Part A. Complete for ALL Transferred Infants

If an infant is transferred to another hospital, complete Data Items *Reason for Transfer*, *Transfer Code of Center to which Infant Transferred*, and *Post Transfer Disposition* (below). Post Transfer Disposition refers to the infant's disposition upon leaving the "transferred to" hospital.

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

**Transfer Code of Center to which Infant Transferred:** \_\_\_\_\_ (List available at <https://www.vtoxford.org/tools/transferlist.aspx>)

#### Post Transfer Disposition (check only one):

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

#### 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 Data Items *Disposition after Readmission* and *Weight at Disposition after Readmission* (below).

When infants are readmitted to your center, continue to update Items *Bacterial Sepsis and/or Meningitis on or before Day 3* through *PIH, Where First Occurred* and Items *Oxygen after Initial Resuscitation* through *Monitor at Discharge* 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 Data Items *ECMO at your Hospital*, *Hypothermic Therapy at Your Hospital*, *Cooling Method*, *Hypoxic-Ischemic Encephalopathy*, *HIE Severity*, and *Seizures* based on events that occur following transfer and readmission.

#### Disposition after Readmission (check only one):

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

**Weight at Disposition after Readmission:** \_\_\_\_\_ grams

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

Answer *Ultimate Disposition* 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.

#### Ultimate Disposition (check only one):

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

#### Part D. Complete for ALL Transferred Infants

Complete *Total Length of Stay* when the infant has been discharged Home, Died, or is Still Hospitalized as of First Birthday, whichever comes first.

**Total Length of Stay:** \_\_\_\_\_ day(s) (Data Item *Total Length of Stay* on Length of Stay Calculation Worksheet)

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**Supplemental Data Items - *For Infants Born in 2018***  
**(For Expanded Data Submitting Centers)**

Center Number: \_\_\_\_\_ Network ID Number: ☐☐☐☐☐☐ Year of Birth: \_\_\_\_\_

<b>Treatments:</b>			
<p><b>Duration of Assisted Ventilation:</b></p> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> None</span> <span><input type="checkbox"/> &lt;4 hours</span> <span><input type="checkbox"/> 4-24 hours</span> <span><input type="checkbox"/> &gt; 24 hours</span> <span><input type="checkbox"/> N/A</span> </div> <p><b>If &gt; 24 hours, Total Days of Assisted Ventilation:</b> _____</p> <p><b>ECMO at your Hospital:</b> <span style="margin-left: 100px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 100px;"><input type="checkbox"/> No</span> <span style="margin-left: 100px;"><input type="checkbox"/> N/A</span></p> <p><b>Hypothermic Therapy at Your Hospital:</b></p> <p><b>Was Hypothermic Therapy Performed at Your Hospital:</b> <span style="margin-left: 100px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 100px;"><input type="checkbox"/> No</span></p> <p><b>If Yes, Hypothermic Therapy Cooling Method:</b> <span style="margin-left: 20px;"><input type="checkbox"/> Selective Head</span> <span style="margin-left: 50px;"><input type="checkbox"/> Whole Body</span> <span style="margin-left: 50px;"><input type="checkbox"/> Both</span></p>			
<b>Diagnoses:</b>			
<p><b>Hypoxic-Ischemic Encephalopathy:</b> <span style="margin-left: 100px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 100px;"><input type="checkbox"/> No</span> <span style="margin-left: 100px;"><input type="checkbox"/> N/A</span></p> <p><b>HIE Severity (check one):</b> <span style="margin-left: 100px;"><input type="checkbox"/> Mild</span> <span style="margin-left: 100px;"><input type="checkbox"/> Moderate</span> <span style="margin-left: 100px;"><input type="checkbox"/> Severe</span> <span style="margin-left: 100px;"><input type="checkbox"/> N/A</span></p> <p><b>Meconium Aspiration Syndrome:</b> <span style="margin-left: 100px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 100px;"><input type="checkbox"/> No</span></p> <p><b>Tracheal Suction for Meconium Attempted during Initial Resuscitation:</b> <span style="margin-left: 100px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 100px;"><input type="checkbox"/> No</span> <span style="margin-left: 100px;"><input type="checkbox"/> N/A</span></p> <p><b>Seizures:</b> <span style="margin-left: 100px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 100px;"><input type="checkbox"/> No</span> <span style="margin-left: 100px;"><input type="checkbox"/> N/A</span></p>			

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**Delivery Room Death Data Items - For Infants Born in 2018**



Center Number: \_\_\_\_\_ Network ID Number:      Year of Birth: \_\_\_\_\_

Birth Weight: _____ grams																									
Gestational Age Weeks _____	Gestational Age Days (0-6) _____																								
Died in Delivery Room: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If No, do not complete Delivery Room Death Data Items)</small>																									
Location of Birth: <input type="checkbox"/> Inborn <input type="checkbox"/> Outborn <small>(If Outborn, do not complete Delivery Room Death Data Items)</small>																									
Head Circumference at Birth (in cm to nearest 10 <sup>th</sup> ): <input type="text"/> <input type="text"/> . <input type="text"/>																									
Maternal Ethnicity/Race (Answer both Ethnicity and Race):																									
Ethnicity of Mother: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic																									
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																									
Prenatal Care:	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
Antenatal Steroids:	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
Antenatal Magnesium Sulfate:	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
Chorioamnionitis:	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
Maternal Hypertension, Chronic or Pregnancy-Induced:	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
Maternal Diabetes:	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
Mode of Delivery:	<input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean Section																								
Sex of Infant:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown																								
Multiple Gestation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, Number of Infants Delivered: _____</small>																								
Congenital Infection:	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
Congenital Infection, Organisms: _____ <small>(If Congenital Infection is Yes, enter up to three infection codes from Manual of Operations, Part 2 – Appendix E)</small>																									
APGAR Scores:	1 minute _____ 5 minutes _____																								
Initial Resuscitation:	<table style="width: 100%;"> <tr> <td>Oxygen:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Face Mask Vent:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Laryngeal Mask Airway:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Endotracheal Tube Vent:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Epinephrine:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Cardiac Compression:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Nasal Vent:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Nasal CPAP:</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	Oxygen:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Face Mask Vent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Laryngeal Mask Airway:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Endotracheal Tube Vent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Epinephrine:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cardiac Compression:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nasal Vent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nasal CPAP:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Nasal CPAP:	<input type="checkbox"/> Yes	<input type="checkbox"/> No																							
Surfactant during Initial Resuscitation:	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
Surfactant at Any Time:	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Surfactant at Any Time must be Yes if Surfactant During Initial Resuscitation is Yes)</small>																								
If Yes, Age at First Dose of Surfactant: Hours _____ Minutes (0-59) _____																									
Major Birth Defect:	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
If Yes, enter up to five Birth Defect Codes: _____ <small>See Manual of Operations, Part 2 – Appendix C for Birth Defect Codes</small>																									
If Yes, as needed, include description(s) for Codes 100, 504, 601, 605, 901, 902, 903, 904, and 907: _____ _____																									
<small>If your center participates in the Expanded Database, answer Supplemental Data Items Meconium Aspiration Syndrome and Tracheal Suction for Meconium Attempted during IR.</small> Meconium Aspiration: <input type="checkbox"/> Yes <input type="checkbox"/> No Tracheal Suctioning for Meconium Attempted during IR: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																									