



# NEWSLETTER

33 Kilburn Street, Burlington, VT 05401 Tel: 802.865.4814 Fax: 802.865.9613 Email: [mail@vtoxford.org](mailto:mail@vtoxford.org)

## VERMONT OXFORD NETWORK NOW ACCEPTING ELECTRONIC DATA SUBMISSIONS

The Vermont Oxford Network Database Manual of Operations describes in detail how to submit data using standard paper data forms. However, there are now members who would prefer to submit data electronically. In an effort to meet the needs of these members, the Vermont Oxford Network has created and distributed **Member Instructions for Submitting Electronic Data**. These instructions describe in detail the conventions and file formats that are used to submit data to the Network electronically rather than using paper forms. The instructions were first distributed in 1999 along with a brief survey designed to identify interested sites. In 2000, the Network began accepting electronic data submissions in the required format from a few pilot centers that expressed interest. We are pleased to report that this is working extremely well and that the Network is now ready to accept electronic data from all interested members.

Please recognize that centers submitting data electronically must adhere to the conventions and standards in the **Member Instructions for Submitting Electronic Data**. Each center must also pass a "test" in which sample data are submitted in three serial batches to insure that the required conventions and standards are properly implemented. Once the "test" is successfully accomplished, routine electronic data submission may begin.

If you are interested in submitting data electronically or have questions about the process, please contact Eric Hall ([eric@vtoxford.org](mailto:eric@vtoxford.org)) at the Vermont Oxford Network for additional information.

If you are not interested, please don't worry. We are committed to accepting paper data forms from all members who want to send them. Our goal is to allow all members to submit data in the form that is most convenient for them!

Jeffrey D. Horbar, MD

## EXPANDED DATABASE FOR ALL NICU INFANTS

The Vermont Oxford Network Database currently includes infants with birth weight from 401 to 1500 grams. Many members have expressed interest in collecting data for all infants treated in their NICU. We are pleased to announce that beginning in January 2001, the Vermont Oxford Network will support the collection and reporting of data for all NICU infants regardless of birth weight. **Participation will be optional.** Centers that want to continue submitting data for infants 401 to 1500 will, of course, have that choice. We are providing the option for expanded data collection for those centers that are interested.

Centers considering the expanded database must carefully assess the feasibility and desirability of participation. First, they must have the capability of submitting electronic data since centers participating in the expanded database must submit their data electronically. Second, they must assess the trade-offs between the additional effort and resources required and the new information that expanded data collection will provide.

In a pilot project conducted in 1998 and 1999, 17 hospitals submitted data on all NICU infants to the Vermont Oxford Network using software supplied by Apache Medical Systems, Inc. The preliminary results of this pilot project were presented at the 1999 Annual Meeting. Of the 7,934 infants reported, 78% were over 1500 grams. This indicates that expanded data collection on average will involve 4 to 5 times as many infants as the current database. To be worth this extra effort the data must be useful. We believe they will be.

New data items for the expanded database include: **duration of assisted ventilation, hypoxic-ischemic encephalopathy, seizures, meconium aspiration, ECMO, nitric oxide and cardiac surgery.** Data for all NICU infants that include these new items will provide important new opportunities for quality improvement.

We are sending each center a copy of the **Member Instructions for Submitting Electronic Data, Version 2.0** which describes the conventions and standards for submitting data for all NICU infants electronically.

When your center receives these materials, please review them and discuss them with your colleagues. If you are interested in participating in the expanded database or have questions about the process, please contact Eric Hall ([eric@vtxford.org](mailto:eric@vtxford.org)) at the Vermont Oxford Network for additional information. There will be no additional fees for participation in the expanded database during its first year, 2001. We look forward to hearing from you.

Jeffrey D. Horbar, MD

---

### **CURRENT VERMONT OXFORD NETWORK RESEARCH PROJECTS**

Research is an important component of the Vermont Oxford Network's mission. Thanks to the dedication and efforts of the membership, the Network has demonstrated its ability to successfully perform large, pragmatic, multicenter randomized controlled trials and to use the Network Database for valuable outcomes research. The current research projects of the Network are described briefly below.

#### **Neonatal Skin Care Study**

*Supported by a grant from Beiersdorf, Inc.*

The purpose of this study is to evaluate the effect of Aquaphor® original emollient ointment on nosocomial sepsis rates and skin integrity in infants with birth weight from 501 to 1000 grams. Fifty-four hospitals participated in this randomized controlled trial. Enrollment is now complete with 1205 infants entered during a 20 month period. The final analysis of the trial is now in progress. The results will provide valuable evidence regarding a commonly used therapy. Thanks to all of you who worked so hard to make this trial a success!

#### **Early Surfactant Replacement Study**

*Supported by a grant from Ross Laboratories*

This randomized controlled trial will evaluate the effect of intubation and early surfactant administration in spontaneously breathing premature infants with signs of respiratory distress syndrome. The planned sample size of 264 infants with birth weights of 1501 – 2500 grams at over 70 institutions will allow the assessment of the need for assisted ventilation in the first week of life. The study will also evaluate other major complications of prematurity. The study materials have been

distributed to participating centers with institutional review board approval and enrollment is about to begin.

#### **Evidence-Based Surfactant Therapy for Preterm Infants (TRIP-Translating Research Into Practice)**

*Supported by a grant from the Agency for Healthcare Quality and Research*

There is significant variation in surfactant treatment practices. This study will identify infant, provider and institutional factors associated with differences in how surfactant treatment is used. It will also include a randomized controlled trial of a multi-faceted package of quality improvement training and performance feedback designed to promote evidence-based surfactant therapy. Randomization will be at the hospital level. One hundred and fourteen institutions have enrolled in the trial and been randomized to intervention and control groups. This is the first time that the Network has performed a trial in which the hospital rather than the patient is the unit of randomization. This type of design will provide a powerful new research tool for studying hospital level interventions.

#### **Measuring the Quality of Care for High Risk Preterm Infants**

*Supported by a grant from the Agency for Healthcare Quality and Research*

New statistical techniques developed by Douglas Staiger, PhD of Dartmouth College and the Bureau for Economic Research at Stanford will be used to create measures of the quality of care for high-risk preterm infants. By using filtered estimates of performance computed using multiple years of data for multiple outcomes at multiple hospitals, stable quality signals can be extracted from noisy data. These methods have been successfully applied to the evaluation of the quality of cardiac care for Medicare patients and will now be applied to the Vermont Oxford Network Database. Dr. Staiger will be discussing these methods at the Annual Vermont Oxford Network Membership Meeting on Saturday, December 3, 2000 in Washington, DC. We will also preview new quality reports that the Network plans to introduce based on these methods.

#### **Evidence-Based Quality Improvement for Neonatology: NIC/Q 2000**

*Supported by a grant from the David and Lucile Packard Foundation*

The goal of this study is to develop and evaluate new quality improvement tools and resources for use in neonatology. Multidisciplinary teams from 34 Vermont Oxford Network centers have been

working together for nearly two years in the NIC/Q 2000 Evidence-Based Quality Improvement Collaborative to identify and implement potentially better practices designed to improve the quality of care for high risk infants and their families. They have focused their efforts in 6 major areas: family centered care, chronic lung disease, intraventricular hemorrhage, nutrition, nosocomial infection and multidisciplinary team building. The Vermont Oxford Network Database and additional cost information submitted by the participating sites will be used to evaluate the effects of the Collaborative on the quality and cost of neonatal intensive care. Jeannette Rogowski, a senior health economist at Rand Corporation, has been working with us for several years to determine the impact of the Collaborative on the costs of care. Our goal is to expand the Collaborative to additional Network centers beginning in late 2001. Information about the Collaborative, what it has achieved so far and how to get involved will be presented at the First Annual Quality Congress for Neonatology scheduled for Sunday, December 3, 2000 in Washington, DC on the day following the Network Annual Membership Meeting.

**Web Tools for Evidence-Based Quality Improvement**  
*Supported by a grant from the David and Lucile Packard Foundation*

The goal of this research study is to develop and evaluate an Internet site that will support the NIC/Q 2000 Evidence-Based Quality Improvement Collaborative for Neonatology. This site will include novel web tools designed to facilitate collaborative quality improvement among multidisciplinary hospital teams. It will have a searchable archive of documents designed specifically for this project. Currently, a Users' Group is assisting us in designing and implementing the site. The plan is to have an operational site in use by participants in the NIC/Q 2000 Collaborative in September 2000. Pending evaluation and refinement of the site, we plan to make it available to all Vermont Oxford Network members in the future.

**ELBW Follow-Up**

This study will evaluate the 18 month to 2 year neurodevelopmental outcomes of infants with birth weights under 1001 grams at 32 self selected sites that participate in the Vermont Oxford Network Database. Study materials have been distributed and data collection is in progress. This research is an important first step by the Network in developing the capability to assess longer term outcomes for infants treated at participating centers.

**Treatment and Outcomes for VLBW Infants: Trends in the 1990's**

This study will describe trends in treatment practices and outcomes for infants 501 to 1500 grams born in the 1990s. By analyzing the records of over 100,000 infants from approximately 300 institutions that have participated in the Vermont Oxford Network Database, we will identify trends in mortality, morbidity and interventions that have occurred over the decade. The Network's Database Advisory Committee has identified this research as the top priority for Database related research. The results of this research will assist the Network in prioritizing and designing future Database research projects.

Jeffrey D. Horbar, MD

---

**1999 DATA COLLECTION RESULTS**

The Vermont Oxford Network Data Processing and Data Analysis Teams are in the final stages of completing the 1999 data set in preparation for creating the 1999 NICU Quality Management Report.

Over 300 participating Network centers have contributed data on approximately 27,000 infants born in 1999 in the birth weight category of 401 to 1500 grams.

A hearty thank you goes to the many Database participants who made the effort to improve the timeliness and accuracy of data submissions in 1999. We hope to continue to see improvement in these areas in 2000.

Our goal is to mail your center's 1999 NICU Quality Management Report by early September.

Data Processing Team

**2000 ANNUAL MEETING  
AND  
1<sup>ST</sup> ANNUAL QUALITY CONGRESS**  
December 2<sup>nd</sup> and 3<sup>rd</sup>  
Omni Shoreham Hotel  
Washington, DC

Contact Nancy Morse at 802-865-4814 or email [nancy@vtoxord.org](mailto:nancy@vtoxord.org) for registration information.

**2000 NETWORK ANNUAL MEETING AND 1<sup>ST</sup>  
ANNUAL QUALITY CONGRESS FOR  
NEONATOLOGY**

Please join us on Saturday and Sunday, December 2 and 3, 2000 in Washington, DC for the **Vermont Oxford Network Annual Meeting** and the **1<sup>st</sup> Annual Quality Congress for Neonatology**. Both of these meetings are sponsored solely by the Vermont Oxford Network. We have prepared exciting agendas for both meetings. These meetings will precede Jerry Lucey's Hot Topics in Neonatology at the same hotel on December 4<sup>th</sup> and 5<sup>th</sup> so make your reservations early!

On Saturday, the **Year 2000 Annual Meeting** will include updates on Network trials, a review of the most interesting findings from the Database and discussion of ideas and recommendations from the members. The Annual Meeting will also include a special forum on bioethics. Maureen Hack, noted neonatologist and expert in infant follow-up, will review the current state of knowledge about long-term outcomes for extremely low birth weight infants (< 1000 grams). Then Peter Singer, the DeCamp Professor of Bioethics at Princeton University, will discuss the ethical principles for decision making about these infants. Dr. Singer first became well-known for his book *Animal Liberation*, which appeared in 1975 and is widely credited with starting the modern animal rights movement. His other books include *Practical Ethics*, *Should the Baby Live?* (with Helga Kuhse) and *Rethinking Life and Death*. He is also the author of the major article on ethics in the current edition of the Encyclopedia Britannica. His appointment at Princeton in 1999 aroused protests because of his support for euthanasia for some severely disabled newborns. We look forward to a spirited discussion!

On Sunday, the **1<sup>st</sup> Annual Quality Congress for Neonatology** will present an opportunity to learn how to apply the principles of quality improvement to neonatal intensive care and prevent medical errors in neonatology. It will include didactic presentations by well-known authorities and descriptions of first hand experiences by NICU teams that are working on quality improvement in their units. The Congress will provide an opportunity to learn about Vermont Oxford's improvement plans and how to get involved. Don't miss it!

Attendance at the Network Annual Meeting is only

open to health professionals from Vermont Oxford Network member institutions. There is no fee but pre-registration is absolutely required.

Attendance at the Quality Congress is open to all health professionals. Up to four individuals from each Vermont Oxford Network member institution may attend free of charge (pre-registration required). For additional attendees from member institutions and for all health professionals who are not affiliated with a Vermont Oxford Network member institution, the registration fee for the Quality Congress is \$250.

**Please recognize that you must register if you want to attend these meetings.** So don't wait. Register now! The agendas and registration materials can be found in the back pages of this Newsletter.

For information, please call Nancy Morse at 802-865-4814 or email [nancy@vtoxford.org](mailto:nancy@vtoxford.org) at the Vermont Oxford Network.

Jeffrey D. Horbar, MD

---

**SENATORS DRAFT MEDICAL ERRORS BILL**

Washington (Reuters)- Two Republican senators on Thursday (6/15/00) unveiled a bill aimed at reducing the number of deaths from medical errors—the country's eighth leading cause of death—and improving patient safety.

Following an Institute of Medicine report in November 1999 estimating that up to 98,000 Americans die each year because of medical mistakes, making such errors the eighth-leading cause of death, Congress and federal agencies have been working on plans to staunch the errors.

Vermont Republican Senator James Jeffords, chairman of the Senate Health, Education, Labor and Pensions Committee, and Tennessee Republican Senator William Frist unveiled a plan to encourage voluntary confidential reporting of errors. Jeffords held hearings on the issue earlier this year.

[http://dailynews.yahoo.com/h/nm/20000615/pl/congress\\_health\\_dc\\_4.html](http://dailynews.yahoo.com/h/nm/20000615/pl/congress_health_dc_4.html)

The Vermont Oxford Network is now developing an Internet based voluntary reporting system for medical errors in neonatology. Come to the Quality Congress on December 3<sup>rd</sup> in Washington and hear all about it.

Jeffrey D. Horbar, MD

## DATABASE ADVISORY COMMITTEE

The Vermont Oxford Network Database Advisory Committee was created to advise the Directors and membership of the Network regarding the operation and utilization of the Database. The Committee meets twice each year in face-to-face sessions. In addition, the Committee maintains active communication throughout the year via e-mail and conference calls and hears directly from the membership in a panel discussion at the Annual meeting each December. Last year three subcommittees were created to address key issues facing the Network with regard to the Database.

The **Data Quality Subcommittee** (Pat Shiono, PhD, Nathaniel R. Payne, MD and Jeannette Rogowski, PhD) developed recommendations related to maintaining the accuracy and quality of the Database. The Subcommittee made recommendations that the Network design and implement a random audit of selected data items for the purpose of estimating the accuracy of the overall Network data as reported to the membership; design and implement a method for auditing inclusion of all eligible infants; disseminate information on the current data quality efforts of the Network to the membership; and develop enhanced educational materials for local data teams at member hospitals.

The **Expanded Database Subcommittee** (Meena LaCorte, MD, Roderick Phibbs, MD, Thomas Pauly, MD) developed recommendations regarding expansion of the Database to include infants with birth weight over 1500 grams. The subcommittee recommendation is to offer expanded data collection as an option to all members for infants born in 2001.

The **Database Research Subcommittee** (Avroy Fanaroff, MD, Andrew Wilkinson, MD) addressed the use of and access to the Vermont Oxford Network Database for research purposes. The Subcommittee recommended that the creation of a manuscript for a peer review publication that describes the lessons learned from the over 100,000 cases currently in the Vermont Oxford Network Database from the 1990s is the top Database research priority for the Network. After this analysis is complete, the Database Advisory Committee will use the findings to generate a list of research questions that could be answered using the Database and prioritize them for action. Until

this is completed, investigator initiated research proposals for the Database are of lower priority.

On behalf of the membership, we want to extend our sincere thanks to the members of the Database Advisory committee for their efforts. The Directors of the Network will now take their recommendations under advisement and develop plans for implementation. Stay tuned!

At the Network Annual Meeting on Saturday, December 2, 2000, the membership will have an opportunity to speak directly with the Database Advisory Committee and express their opinions. This is an important opportunity for the Committee to hear from you. Please attend and speak up!

Jeffrey D. Horbar, MD

---

## NIC/Q 2000 UPDATE

The Vermont Oxford Network NIC/Q 2000 Quality Improvement Collaborative held its fourth meeting in Phoenix, AZ April 9-11, 2000. Multidisciplinary teams from the 34 participating institutions met to share Potentially Better Practices (PBPs) developed by the six focus groups regarding IVH, CLD, Family Centered Care, Infection, Nutrition/NEC, and Multidisciplinary Teamwork. The theme of the meeting was transforming "Ideas into Action". The participating centers then brought these PBPs back to their hospitals and began implementing them.

The final meeting of the Collaborative is scheduled for September in Seattle, WA. At this "Grand Finale", the 34 centers will report back on the success of the PBP implementation at their centers. The meeting will also serve to kick-off the NIC/Q 2000+ Project, a one year extension of the NIC/Q 2000 Project.

The NIC/Q 2000+ Project will include 28 returning NIC/Q 2000 centers focusing primarily on reducing medical errors; a timely and exciting topic!

A NIC/Q 2000 web site to enhance all aspects of Collaboration is currently under development. "NICQ.ORG" will provide web-based tools and resources for quality improvement in neonatology. Web site features will include: About NIC/Q, Library, Workspaces, Classroom, Data Bank, Medical Errors, Custom Alerts, Directories, and Medline Links.

Kathy Leahy, RN, NNP

## COLLABORATIVE LEARNING DIRECTORY

Collaborative learning is a key habit for improvement. By working together among different disciplines and different institutions we can learn better practices and improve the quality of medical care for newborn infants and their families. In an effort to stimulate collaborative learning, the Network has created the **Collaborative Learning Directory**, a collection of self-reported "Areas of Excellence". Members have been encouraged to submit information about those areas that they are proudest of. They report the area, provide evidence to back up the claim of excellence and describe the practices and processes responsible for their excellent results. The reports include contact information so that other interested health professionals can get more information. The Network gathers all of the reports together and publishes them unedited for distribution.

We would like to thank all of you who submitted "Areas of Excellence" to the 1999 Draft Edition of the Vermont Oxford Network Collaborative Learning Directory. The Directory includes 236 "Areas of Excellence" submitted by 66 member institutions. The Directory was distributed to all Network members in December 1999 at the Annual Meeting. The Collaborative Learning Directory is a novel experiment that we hope will lead to increased collaborative learning among multidisciplinary teams from a large number of different NICUs. Please use it!

In 2000, the Network distributed forms for submitting "Areas of Excellence" to the next edition of the Directory. We have received a large number of high quality submissions and are in the process of compiling the next edition for distribution. Initially, the Directory will be distributed in printed form to all centers that submitted entries. Subsequently, copies will be made available to the entire Network. Our longer range plan is to publish the Directory on the Internet for access by our members. Please let us know your reactions to the Directory and consider submitting an "Area of Excellence" of your own.

Jeffrey D. Horbar, MD

### \*\*\*ATTENTION DATA CONTACTS\*\*\*

#### DEADLINE FOR RECEIPT OF SECOND QUARTER DATA SUBMISSIONS IS JULY 10, 2000.

Contact the Data Processing Team at 802-865-4814 for information on the status of your 2000 data.

## WELCOME TO OUR NEWEST MEMBERS!

Beth Israel Deaconess Med.Ctr	Boston, MA
CARElina Neonatology/Wake Med.	Raleigh, NC
Central Mississippi Medical Center	Jackson, MS
Children's Hospital	Omaha, NE
Children's Hospital of Iowa	Iowa City, IA
Christus Santa Rosa Healthcare	San Antonio, TX
Citrus Valley-Queen of the Valley	W. Covina, CA
Danbury Hospital	Danbury, CT
Desert Regional Med. Ctr.	Palm Springs, CA
Glendale Memorial Hosp & Health Ctr	Glendale, CA
Hackensack University Medical Ctr.	Hackensack, NJ
Hahnemann University Hospital	Philadelphia, PA
Hospital de S. Joao	Porto, Portugal
Instituti Clinica di Perfe Ziona Meito	Milan, Italy
Kaiser Foundation Hospital	Panorama Cty, CA
Kaiser Foundation Hospital	Riverside, CA
Kaiser Foundation Hospital	Baldwin Park, CA
Kaiser Foundation Hospital	Harbor City, CA
Lancaster General Hospital	Lancaster, PA
LDS Hospital	Salt Lake City, UT
Loyola University Medical Center	Maywood, IL
Methodist Children's Hospital	San Antonio, TX
Mission St. Joseph's Hospital	Asheville, NC
MS Baptist Health Systems	Jackson, MS
National Naval Medical Ctr	Bethesda, MD
Naval Medical Center	San Diego, CA
Neonatology Associates	Kingsport, TN
North Shore U. Hospital	Manhasset, NY
Norton Suburban Hospital	Louisville, KY
Phoenix Children's Hospital	Phoenix, AZ
Primary Children's Med. Ctr.	Salt Lake City, UT
Redlands Community Hospital	Redlands, CA
Royal Victoria Hospital	Montreal, Canada
SD Children's at Sioux Valley Hospital	Sioux Falls, SD
St. Elizabeth Regional Med. Ctr.	Lincoln, NE
St. John's Hospital	Santa Monica, CA
St. Joseph Mercy Oakland	Pontiac, MI
St. Vincent Hospital	Green Bay, WI
Theda Clark Medical Center	Neenah, WI
University of Chicago	Chicago, IL
University of WA Med. Ctr.	Seattle, WA
Valley Children's Hospital	Madera, CA
Ventura County Medical Center	Ventura, CA
Wellstar Cobb Hospital	Kennesaw, GA
Western Medical Center	Santa Ana, CA
Willis-Knighton South	Shreveport, LA
Wyckoff Heights Medical Center	Brooklyn, NY
Yale-New Haven Children's Hospital	New Haven, CT
ZOL St. Jan	Genk, Belgium

## ERROR AND WARNING REPORTS

Vermont Oxford Network has implemented a new data entry and reporting system resulting in a change in our procedure for reporting errors and warnings back to centers for correction. An Error and Warning Report sent to centers will list by ID number, all outstanding data errors or answers that are in question. This report will eliminate the need for us to send back copies of data forms to centers for correction/verification. To ease the transition of going from old system to new, we will be sending to each data contact 1) the data forms in need of correction, 2) a Data Form Status Report for Incomplete Records, and 3) the new Error and Warning Report. We will continue to return forms in need of correction with the Error and Warning Reports until we are all comfortable using only the Error and Warning Report and Data Form Status Report. *Data forms will still be sent back if the data cannot be entered.*

The Error and Warning Report gives a brief description of outstanding errors, by ID number, requiring correction and also warns your center of answers that you may want to verify. An item with a warning will appear only once in your center's Error and Warning Report. We will no longer require written verification on warned items but will require a revised data form if the answer to a warned item is changed.

Centers will still be required to submit corrections to data items in error on revised data forms. Please be sure to make all revisions legible and highlight any changes made to data on resubmitted data forms.

Please review the data forms, Error and Warnings Report and Data Form Status Reports and contact us if you have any questions. Your comments regarding our new process will be invaluable in making this transition a smooth one!

Data Processing Team

## DATA CODING POLICY CHANGES

To further ensure the accuracy of data reported the Data Processing Team has implemented several new data entry policies. Please note the following policy changes for coding records on infants born on or after 1/1/00:

- Items coded with any of the following symbols

will be coded as an error:  $\emptyset$ , —, +, -, < or > .

- Birth weight and Discharge weights noted in kilograms or pounds will be coded as an error. Weights must be noted in grams.
- Admission date is no longer collected for infants who were inborn. Records with an admission date noted for inborn infants will require correction.
- Data forms that reference another Vermont Oxford Network participant's assigned Center Number rather than center name and address in the transfer information fields (items 4c, and 41b) will require correction. This confidential information should not be shared with other centers and therefore should not be referenced on data forms. Care should be taken to write name, city and state of hospital clearly on the data forms.
- Forms with incorrectly calculated dates of Day 28 (item 16) and/or 36 Weeks Adjusted Gestational Age (item 22) will require correction even if the answer to the related oxygen items is not affected or should be "N/A".
- Illegible entries will be coded in error and returned for clarification.

Please contact the Data Processing Team if you have any questions or comments regarding these policy changes.

Data Processing Team

---

## SUSAN'S TAKING A LEAVE OF ABSENCE!

As of June 19<sup>th</sup>, Susan Dyer will be taking a leave of absence from Vermont Oxford Network for the summer to further her studies with the goal of becoming a veterinarian. Susan's continued employment with us is contingent upon her acceptance at veterinary school.

Susan joined Vermont Oxford Network in the spring of 1998 as Administrative Assistant and has made invaluable contributions to our organization. Wende Smith has joined Vermont Oxford Network as administrative and Data Processing Team support in Susan's stead.

Susan will be missed by all of us and we wish her much success in studying this area of great interest to her. If Susan's plans for continuing her education are delayed, she will be warmly welcomed back to Vermont Oxford Network!

## WELCOME TO OUR NEWEST STAFF MEMBERS

Vermont Oxford Network welcomes our newest staff members to it's team:

Will Boyd: Will is a retired Air Traffic Controller turned Microsoft Certified Professional. He came aboard Vermont Oxford Network recently to help facilitate the expansion of the Database and the upcoming move to new office quarters.

When not immersed in the world of databases, Will likes to fly stunt kites, and flight simulators, and also is a student of martial arts.

Joe Carpenter: Joe is back! We are pleased to have Joe working with us again. Joe was the Statistician for Vermont Oxford Network for three years before taking a one-year "sabbatical" at the University of North Carolina during the past year. At UNC-Chapel Hill, Joe worked as a statistical programmer with the Department of Biostatistics. He says that it was a great learning experience, but he just couldn't stay away from the Green Mountains and beautiful Lake Champlain. Joe now works as a private consultant and will be helping us with quality management reporting and other operational issues. Welcome back, Joe!

Pam Ford: Pam has been with Vermont Oxford Network since August, 1999 working part-time with Kathy Leahy on the NIC/Q 2000 Project.

Prior to joining the Network, Pam worked for Vermont Information Technology Association for the Advancement of Learning (VITA-Learn), a non-profit organization designed to implement Vermont's State Technology Plan in the area of professional education. She also spent 12 years at the University of Vermont working as a Financial Aid Counselor and Team Leader in the Office of Financial Aid.

Pam graduated from the University of Vermont with a B.A. in English. She lives in Hinesburg, VT with her husband and three children. Pam recently completed two terms on the Hinesburg Elementary School Board.

Jeffrey Lyon: Jeff has been working part-time at Vermont Oxford Network since last September supporting the Data Processing Team.

Jeff is a recent graduate of a Master of Education program at the University of Vermont. Until he can break into the world of public education, Jeff will be our official Officer of Fibrous Organization (OFO). Jeff loves to file...job security looks very good! In

his spare time, Jeff enjoys singing, tennis, Scrabble, and computers. Jeff loves any opportunity to work with children and improve their lives.

Annie Morgan: Annie is a biostatistician at the University of Vermont Biometry Facility who started working at Vermont Oxford Network on a part-time basis last September.

Annie's main projects have included documenting the Automatic Report Generating System; analyses and reporting the results of the Electronic Database Pilot Project; analyses for the TRIP (Evidence-Based Surfactant Therapy for Preterm Infants study) grant planning and recruitment phases; and running SAS reports as needed by the Network.

Dan Morris: Dan started working at Vermont Oxford Network in June of 2000 as an administrative assistant for the Trials projects. Dan graduated from Middlebury College with a B.A. in Russian Language and Literature.

He has returned to Vermont following several years in Georgia. Dan likes reading, yoga, and travel; and aspires to return to graduate school to futher his studies of History.

Wende Smith: Wende joined the Network staff in March 2000 as Administrative Secretary. Along with a variety of administrative and Data Processing Team functions, Wende is the project coordinator for one of the Network's newest studies, "Evidence-Based Surfactant Therapy for Preterm Infants".

Wende's recent experience includes administrative support for the Family, Infant and Toddler Program of Vermont (the Federal-sponsored health and education early intervention program for children birth to three years old) where she worked on data collection systems and database design as well as general administration. Her other experiences include administrative and customer service roles in her native Vermont and in Texas, where she lived for many years.

In her spare time, Wende enjoys sewing, crocheting and cross-stitching for her two lovely granddaughters. Other pastime activities include reading, gardening, restoring old photos, and genealogy.

**IT'S AN ORDER!**

**CLINTON TO ORDER STEP TO REDUCE  
MEDICAL MISTAKES**

**States Will Be Asked to Add Systems to Require the  
Reporting of Errors**

By Robert Pear

Washington, Feb. 21 – President Clinton will order all hospitals in the United States to take steps to reduce medical errors that kill tens of thousands of people each year, and he will urge states to require the reporting of such errors, administration officials said today.

At the White House on Tuesday, Mr. Clinton plans to call for a nationwide system of reporting medical errors, somewhat like the system used by airlines to report aviation safety hazards, the officials said. Rather than trying to impose a federal requirement now, he is pressuring the states to adopt reporting requirements within three years.

The American Medical Association and the American Hospital Association have vehemently opposed mandatory reporting of errors, saying it could expose doctors and hospitals to more lawsuits.

Excerpt from The New York Times,  
February 22, 2000

---

**WHY DO ERRORS HAPPEN?**

The common initial reaction when an error occurs is to find and blame someone. However, even apparently single events or errors are due most often to the convergence of multiple contributing factors. Blaming an individual does not change these factors and the same error is likely to recur. Preventing errors and improving safety for patients require a systems approach in order to modify the conditions that contribute to errors. People working in health care are among the most educated and dedicated workforce in any industry. The problem is not bad people; the problem is that the system needs to be made safer.

Excerpt from *To Err is Human, Building a Safer Health System*  
Linda T. Kohn, Janet M. Corrigan, and Molla S. Donaldson,  
Editors  
Committee on Quality of Health Care in America  
Institute of Medicine

**THANKING PARENTS IN THE CONTROL OR  
TREATMENT GROUP**

I found a recent article in The New York Times, December 19, 1999, by K.R. Rich entitled "Close to the Bone" very thought provoking. Rich was commenting on the recent finding that women with advanced breast cancer who enrolled in trials of bone marrow transplants must be depressed by the recent results of the trials indicating the treatment isn't effective-

"Recently,...I called my friend... whose cancer returned six months after her bone marrow transplant. Do you realize that procedure cost about the same as a Ferrari, I asked. If you were buying a Ferrari, you know they'd fawn all over you, she said. And if you spent 120 grand on a car and they found it didn't work, at the very least you'd get a written apology,...

We were lucky to be alive, we quickly added. But our doctors were fumbling in the dark, and until they found a better path, we were doomed to fumble along with them, like it or not. It wasn't their fault that we were sick. It wasn't even their fault that the treatment that had raised so much hope didn't end up working. But you know what? At that moment, we decided, a single expression of sorrow or regret - one indication that it mattered to them even a fraction as much as it mattered to us - would almost have changed everything. It wouldn't have altered the results. But it would have been a nod toward dignity. And that, for now, would have been change enough."

It occurred to me that few of us probably ever thank parents in the control or treatment group at the end of a trial. We should.

Jerold F. Lucey, MD

---

**LONG DISTANCE LEARNING PROJECT**

[www.NeonatalUniversity.com](http://www.NeonatalUniversity.com)

A poll of 108 fellowship programs resulted in 48 responses, of which 47 were in favor of the project and wanted to hear more details. One voted against the idea. Many volunteered to help. I'm back at the drawing board figuring out how to organize this and find the funds to get it started.

More information to follow at Hot Topics in Neonatology 2000 to be held on December 3-5 in Washington, DC.

Jerold F. Lucey, MD

## HOT TOPICS IN NEONATOLOGY 2000 A Special Ross Conference

December 3 – 5, 2000  
Omni Shoreham Hotel, Washington, DC

Conference Chairman: Jerold F. Lucey, MD  
The Wallace Professor of Neonatology, Vermont

### **FORMAT**

Critical review and debate about exciting and promising new therapies. Four hours allowed for audience participation. Distinguished Guest Discussants and Poster Sessions.

### **TOPICS**

#### **Neonatal Skin Care**

Moderator: Roger Soll, MD

Physiology of Premature Infant Skin: Steven Hoath, MD

Aquaphor Trial-VT Oxford Network: William Edwards, MD

#### **Review & Updates**

Moderator: Andrew Wilkinson, MD

Hypoglycemia: Marvin Cornblath, MD

Nitric Oxide-Current Status: Steven Abman, MD

Stroke & MRI Imaging: Alison Baird, MD

Spina Bifida-Current Status of Intrauterine Surgery &

Trial: William Walsh, MD & Roberta Ballard, MD

NICU Care & Brain Development: Stanley Graven, MD

#### **“Useless Therapies?”**

Moderator: Richard Martin, MD

Methylxanthines for Apnea: Barbara Schmidt, MD

New Thoughts on Apnea: Richard Martin, MD

#### **Mistakes & Near Misses**

Moderator: Jerold F. Lucey, MD

Quality Control-Current Methods: Donald Goldmann, MD

Root Cause Analysis: Roger Soll, MD

Legal Viewpoint: David Hyman, Esq., Professor. Of Law,  
University of Maryland

#### **Prevention of IVH and BPD**

Moderator: Alan Jobe, MD

Overview: Alan Jobe, MD

International Randomized Placebo-Controlled Trial of  
Indomethacin Prophylaxis in Preterm Infants:

Barbara Schmidt, MD

#### **Nutrition**

Moderator: Richard Schanler, MD

Aggressive Early Parental Nutrition: Scott Denne, MD

Aggressive Early Enteral Nutrition: Richard Schanler, MD

PUFAs in Premies: Bill Heird, MD

### **Special Problems-Resuscitation of the Very Low Birth Weight Infant**

Moderator: Neil Finer, MD

Overview: Neil Finer, MD

Review of Very Low Birth Weight Resuscitation:

Ben Stenson, MD

Registration fee is \$525.00 on or before September 22<sup>nd</sup> or \$575.00 after September 22, 2000. CME Credits are available for an additional \$50.00 above the registration fee.

Posters on subjects presented at the meeting will be on display. Abstracts must be received before October 6<sup>th</sup>, 2000 for consideration and inclusion in the syllabus.

For information on registration, CME Credit and Poster Displays, contact Gail Glore, Registrar, by email at [gail@wiredwomen.com](mailto:gail@wiredwomen.com) or by phone at 802-865-2283 or visit the Hot Topics in Neonatology Web site: [www.hottopics.org](http://www.hottopics.org)

---

### **AUSSIE NEONATAL UNITS OUTPERFORM SCOTTISH EQUIVALENTS**

Tired of beating the UK at rugby and cricket the Australians are now apparently delivering better neonatal care. The risk adjusted mortality in neonatal intensive care units in Australia was significantly less than in similar units in Scotland in 1993-94. More infants survived without cerebral damage in Australia, and the differences remained robust after they were subjected to regression analysis. The authors speculate that the care model in Australia, involving more full time neonatologists and longer nurse training, with a staffing ratio of one nurse per ventilated baby may be the explanation. These data are thought provoking, particularly as they reflect similar differences in the outcome of pediatric intensive care, and will be of interest to many.

By Janet Rennie

Source: Arch Dis Child Fetal Neonatal Ed 2000;82:F118-F123  
3/15/00

## RECENTLY PUBLISHED

Neil N. Finer, MD; Jeffrey D. Horbar, MD; Joseph H. Carpenter, MS for the Vermont Oxford Network, Cardiopulmonary Resuscitation in the Very Low Birth Weight Infant: The Vermont Oxford Network Experience, *Pediatrics* 1999;104:428-434

Ira M. Bernstein, MD; Jeffrey D Horbar, MD; Gary J. Badger, MS; Arne Ohlsson, MD; and Agenta Golan, MD for the Vermont Oxford Network, Morbidity and mortality among very-low-birth-weight neonates with intrauterine growth restriction, *Am J Obstet Gynecol* 2000;182:198-206

1

---

### Subject Recruitment Announcement PYRIDOXINE-DEPENDENT SEIZURES REGISTRY

The Pyridoxine-Dependent Seizures (PDS) Registry has been established at the University of California, Davis. Pyridoxine-dependency is a rare autosomal recessive cause of intractable seizures in neonates, infants and young children. First recognized in 1954, there are fewer than 100 cases reported in the medical literature, and recent reports have stressed several atypical clinical presentations. The goal of the Registry is to identify patients with PDS, and to obtain diagnostic, as well as longitudinal clinical and developmental data about these patients. The Registry will promote clinical research into PDS to improve the diagnosis and management of these patients. Physicians who have diagnosed and/or who currently manage a patient with PDS, and parents of PDS patients are encouraged to contact the Registry for information and confidential patient enrollment forms. Since its inception in August, 1999, the Registry has enrolled 32 cases of PDS.

**Pyridoxine-Dependent Seizures Registry**  
c/o Dr. Sydney M. Gospe, Jr.  
Children's Hospital and Regional Medical Center  
4800 Sand Point Way NE  
Neurology CH-49  
Seattle, WA 98105  
Email: [pyridoxine@chmc.org](mailto:pyridoxine@chmc.org)

**!!!REMEMBER!!!**

**PRE-REGISTRATION IS REQUIRED IN ORDER TO ATTEND THE  
VERMONT OXFORD NETWORK ANNUAL MEETING AND 1<sup>ST</sup> ANNUAL  
QUALITY CONGRESS TO BE HELD IN WASHINGTON  
ON DECEMBER 2 AND 3, 2000.**

**SEE ATTACHED REGISTRATION MATERIALS, CONTACT NANCY  
MORSE AT 802-865-4814 OR EMAIL [nancy@vtoxford.org](mailto:nancy@vtoxford.org)**

**WE HOPE TO SEE YOU ALL IN WASHINGTON!**