

Vermont Oxford Network Eligibility Verification Plan

This is our plan for infants born in 2009

To: **Vermont Oxford Network** Data Contact
Fax: **(802) 865-9613 / 0359** Fax:
Phone: **(802) 865-4814** Phone:
Acct Mgr: Center:
Address:

Admissions (Inborn and Outborn)

Frequency (please check only one box per Data Source)

Data Source (check all that apply):

	Daily	Weekly	Monthly	Quarterly
<input type="checkbox"/> NICU Patient Log(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Labor and Delivery Room Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Computerized Report from Clinical Data System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Computerized Report from Medical Record Dept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Birth Certificate Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Death Certificate Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other, Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Infants Who Meet the Delivery Room Death Criteria

Frequency (please check only one box per Data Source)

Data Source (check all that apply):

	Daily	Weekly	Monthly	Quarterly
<input type="checkbox"/> Labor and Delivery Room Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Computerized Report from Clinical Data System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Computerized Report from Medical Record Dept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Birth Certificate Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Death Certificate Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other, Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location(s) where Neonatal Intensive Care Is Provided

Enter the name of each location in your hospital in which newborn infants receive continuous positive airway pressure (CPAP) or intermittent mandatory ventilation (IMV):

By signing below, I certify that a plan is in place at my institution for identifying all infants eligible for the Vermont Oxford Network Database.

Signature

Date

Fax back to: 802-865-9613