

TRANSFER & READMISSION FORM - *Infants Born in 2010*



Center Number: _____ Center Name: _____

Network ID Number:

Year of Birth: _____

Part A. Complete for ALL Transferred Infants

If an infant is transferred to another hospital, please complete Items 51 - 53. Post Transfer Disposition (Item 53) refers to the infant's disposition upon leaving the "transferred to" hospital.

51. Reason for Transfer: (Check Only One) Growth/Discharge Planning Medical/Diagnostic Services

Surgery ECMO Chronic Care Other

52. Transfer Code of Center to which Infant Transferred: _____ (List available at VON website.)

53. Post Transfer Disposition (check only one):

Home *Skip Parts B and C. Complete Part D.*

Transferred Again to Another Hospital (2nd Transfer) *Skip Part B. Complete Parts C and D when data are available.*

Died *Skip Parts B and C. Complete Part D.*

Readmitted to Any Location in Your Hospital *Complete Parts B and D (and C if applicable) when data are available.*

Still Hospitalized as of First Birthday *Skip Parts B and C. Complete Part D.*

Part B. Complete ONLY for Readmitted Infants

If a patient has been readmitted to your center after transferring once to another hospital *without having been home*, answer Items 54 - 55. When infants are readmitted to your center, *continue to update Items 17 - 19 on the 28 Day Form, and Items 21 - 46 on the Discharge Form based on all events at both hospitals until the date of Disposition after Readmission.*

54. Disposition After Readmission (check only one):

Home *Skip Part C. Complete Part D.*

Died *Skip Part C. Complete Part D.*

Transferred Again to Another Hospital *Complete Parts C and D when data are available.*

Still Hospitalized as of First Birthday *Skip Part C. Complete Part D.*

55. Weight at Disposition After Readmission: _____ grams

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

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, please answer Item 56.

56. Ultimate Disposition (check only one):

Home *Complete Part D.*

Died *Complete Part D.*

Still Hospitalized as of First Birthday *Complete Part D.*

Part D. Complete for ALL Transferred Infants

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

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