Center Number:	Network ID Number:
LENGTH OF STAY CALCULATION WORKSHEET FOR INFANTS BORN IN 2024 Protected Health Care Information. <u>DO NOT SUBMIT</u> this Worksheet to Vermont Oxford Network. Use items Date of Admission, Date of Initial Disposition, and Date of Transfer/Discharge Home/Death/First Birthday from the Patient Identification Worksheet when completing this form. Find day numbers corresponding to dates using the Day Number Chart for 2024-25 (www.vtoxford.org/downloads).	
Enter Date of Initial Discharge, Transfer, or Dea	th (Date of Initial Disposition):/ Day #
Subtract Date of Admission to Your Hospital (D	ate of Admission):/
For <u>inborn</u> infants, the date of admission is the Date of Birt For <u>outborn</u> infants, the date of admission is the date the ir	
Add 1:	<u>+ 1</u>
INITIAL LENGTH OF STAY = Note: the maximum value of Initial Length of Stay is 366 (or 367 if	leap day must be added), because tracking ends on the infant's first birthday.
	, ,
	otal Length Of Stay From Your Hospital to Another Hospital.
	ed/Home/Died/1st Birthday):/ Day #
Only For Infants Transferred Enter Date of Final Discharge or Death (Transferred Subtract Date of Admission (Date of Admission): For inborn infants, the date of admission is the Date of Bir	ed/Home/Died/1st Birthday):/ Day #
Only For Infants Transferred Enter Date of Final Discharge or Death (Transferred Subtract Date of Admission (Date of Admission): For inborn infants, the date of admission is the Date of Bir For outborn infants, the date of admission is the date the i	ed/Home/Died/1st Birthday):/ Day #
Only For Infants Transferred Enter Date of Final Discharge or Death (Transferr Subtract Date of Admission (Date of Admission): For inborn infants, the date of admission is the Date of Bir For outborn infants, the date of admission is the date the i Add 1: TOTAL LENGTH OF STAY =	ed/Home/Died/1st Birthday):/ Day # th. infant was admitted to your hospital. Potal Length Of Stay From Your Hospital to Another Hospital. Day # Day # 1
Only For Infants Transferred Enter Date of Final Discharge or Death (Transferred Subtract Date of Admission (Date of Admission): For inborn infants, the date of admission is the Date of Bir For outborn infants, the date of admission is the date the i Add 1: TOTAL LENGTH OF STAY = Note: the maximum value of Total Length of Stay is 366 (or 367 if	tal Length Of Stay From Your Hospital to Another Hospital. ed/Home/Died/1st Birthday):/ Day #
Only For Infants Transferred Enter Date of Final Discharge or Death (Transferred Subtract Date of Admission (Date of Admission): For inborn infants, the date of admission is the Date of Bir For outborn infants, the date of admission is the date the i Add 1: TOTAL LENGTH OF STAY = Note: the maximum value of Total Length of Stay is 366 (or 367 if	tal Length Of Stay From Your Hospital to Another Hospital. ed/Home/Died/1st Birthday):/ Day #/ Day # th. Infant was admitted to your hospital. + 1 Days leap day must be added), because tracking ends on the infant's first birthday.

PLEASE DO NOT SUBMIT THIS WORKSHEET

Protected Health Care Information

Explanation: Date of 02/26/2024 is Day Number 57. Date of 01/13/2024 is Day Number 13. The day numbers for each date are found in the 2024-2025 Day Number Chart on the Network web site, www.vtoxford.org/downloads.



Days

Add 1:

INITIAL LENGTH OF STAY =