

2020 CAUTI Medical Record Abstraction Tool

Refer to associated 2020 MRAT instructions

1. IDENTIFIERS AND ABSTRACTED DATA <i>Use Tables on page 1 to document information as needed to answer questions beginning on page 2.</i>			
State	Facility (NHSN) OrgID	(circle): ACH / LTACH / CancerH / IRF / Other	Date of Audit ___/___/___
Patient ID		Patient DOB ___/___/___	Reviewer Initials
Review Start Time:		End Time:	Time spent reviewing this record (minutes):
FACILITY Admission Date ___/___/___		FACILITY Discharge Date ___/___/___	

2. SCREENING QUESTIONS	
S1. Were ALL positive urine cultures collected on or before facility day 2 (Day of physical admission to an inpatient location is Facility Day 1)?	<input type="checkbox"/> Yes -> STOP, record outcome (a) Not a candidate VL CAUTI <input type="checkbox"/> No -> Continue to S2
S2. Were any positive urine cultures taken during ANY validation location (VL) stay, the day of discharge from the VL, or the following calendar day?	<input type="checkbox"/> Yes -> Continue to S3 <input type="checkbox"/> No -> STOP, record outcome (a) Not a candidate VL CAUTI
S3. Was a urinary catheter in place for >2 calendar days in an inpatient location (day of physical admission to an inpatient location is urinary catheter Day 1) AND in place during a VL stay for any period of time?	<input type="checkbox"/> Yes -> Is a Candidate VL CAUTI, proceed <input type="checkbox"/> No -> STOP, record outcome (a) Not a candidate VL CAUTI

Table 1. Positive Urine Cultures

Columns 3, 4, and 7 are optional (), but some validators may prefer to use these columns to organize their investigation.*

Candidate UTI	Date UC Collection	*VL UC?	*Urinary catheter on this date or day before?	CFU/ml (≥10 ⁵)	Organism genus/species (maximum 2)	Dates of UTI IWP	*Matched uropathogen in blood within UTI IWP?
1	___/___/___	Y N	Y N			___/___/___ to ___/___/___	Y N NA
2	___/___/___	Y N	Y N			___/___/___ to ___/___/___	Y N NA
3	___/___/___	Y N	Y N			___/___/___ to ___/___/___	Y N NA
4	___/___/___	Y N	Y N			___/___/___ to ___/___/___	Y N NA

Add rows if needed

Table 2a. Locations

Document all facility locations and dates for this episode of care chronologically below, and indicate locations being validated for CAUTI by circling Yes (Y) or No (N)

Facility Location Order	Admit/Transfer IN	Discharge/Transfer OUT	Location Name (include ED)	Validation Location (VL)?
1	___/___/___	___/___/___		Y N
2	___/___/___	___/___/___		Y N
3	___/___/___	___/___/___		Y N
4	___/___/___	___/___/___		Y N

Add rows if needed

Table 2b. Urinary Catheters			
<i>Document time periods with ANY Urinary catheter in place for at least part of each day below (do NOT document individual catheters removed and replaced on same/ consecutive days).</i>			
Urinary catheter placed or in place	Urinary catheter removed without replacement	Locations with Urinary catheter	Urinary catheter in validation location
__/__/__	__/__/__		Y N
__/__/__	__/__/__		Y N
__/__/__	__/__/__		Y N
__/__/__	__/__/__		Y N

Add rows if needed

Table 2c. Positive Blood Cultures			
<input type="checkbox"/> No positive blood culture(s) OR			
Candidate UTI (from Table above)	Blood culture collection date	Matching organism(s)	Matching common commensal(s)
1	__/__/__		
2	__/__/__		
3	__/__/__		
4	__/__/__		

3. SYMPTOMS* (Check one or more as required, note date) *Symptoms are required to occur within the IWP to meet UTI definition.

No UTI symptoms	Candidate UTI	Apnea	Bradycardia	CVA pain	Dysuria	**Fever	Frequency	Hypothermia	Lethargy	Suprapubic Tenderness	Urgency	Vomiting
	1											
	2											
	3											
	4											

Add rows if needed

****To use fever in a patient > 65 years of age, the indwelling urinary catheter needs to be in place in the inpatient location > 2 calendar days on day of event.**

4. Using criteria shown on CAUTI instruction sheet, starting with candidate UTI #1 from Table 1, determine which type of UTI was met.

5. Did candidate UTI qualify as a UTI event, using criteria shown on CAUTI MRAT Instruction sheet (begin loop).

<input type="checkbox"/> Yes	<i>If Yes, document type of UTI and Date of Event, RIT # and RIT dates below, and then proceed to 6. Note: there may be more than one UTI during an episode of care if outside the repeat infection timeframe.</i>			
<input type="checkbox"/> No	<i>If no UTI definition was met, record outcome (b) no UTI and reason (e.g. asymptomatic with no matching pathogen in blood,). Loop to next positive urine culture Episode. If no more positive urine cultures, STOP.</i>			
	Type of UTI (SUTI 1a, 1b, SUTI 2, or ABUTI)	Date of UTI (date FIRST required element was met)	UTI RIT #	UTI RIT dates
First candidate UTI		__/__/__		__/__/__ to __/__/__
Second candidate UTI		__/__/__		__/__/__ to __/__/__

Add rows if needed

6. Was UTI Healthcare-Associated (HAI) or Present on Admission (POA)?	
Did the date of event of UTI occur during the time period of 2 days before admission to the day after admission (i.e., POA)? (Select Yes or No)	
<input type="checkbox"/> Yes	If Yes, this UTI was POA; document outcome (c) POA UTI and an RIT is set. Evaluate next positive urine culture collected outside the RIT. If no more urine cultures, STOP
<input type="checkbox"/> No	If No, UTI was an HAI. Proceed to 7.
7. Was this HAI-UTI a CAUTI? (Select Yes or No)	
<i>Note: If the patient was admitted to a facility/ED with a Urinary catheter in place, date of admission to inpatient location is considered to be device day 1</i>	
<input type="checkbox"/> Yes	If Yes, HAI-UTI is CAUTI; proceed to 8.
<input type="checkbox"/> No	If No, HAI-UTI was not CAUTI; document outcome (d) HAI-UTI not CAUTI and a UTI RIT is set. Evaluate next positive urine culture outside the UTI RIT. If no more urine cultures, STOP.
8. Was VALIDATION LOCATION (VL) the Location of Attribution (LOA)?	
a. Was patient in a VL on the date of UTI Event* or day before UTI event? (Select Yes or No)	
<input type="checkbox"/> Yes	If Yes, proceed to b.
<input type="checkbox"/> No	If No, CAUTI was not attributable to VL; document outcome (e) CAUTI not VL attributable and a UTI RIT is set. Evaluate next positive urine culture outside the UTI RIT. If no more urine cultures, STOP
<i>*Date of UTI Event is date when first of required UTI elements occurred during the UTI IWP.</i>	
b. Was patient transferred to VL from another institution or bedded inpatient location, on date of UTI Event or day before UTI Event? (Select Yes or No)	
<input type="checkbox"/> Yes	If Yes, location of attribution was the transferring location**; Proceed to c.
<input type="checkbox"/> No	If No, location of attribution was location at time of UTI Event; STOP, record outcome (f) VL CAUTI
c. Was the transferring location** a validation location (VL)? (Select Yes or No)	
<input type="checkbox"/> Yes	If Yes, location of attribution (transferring location) WAS a validation location; STOP, record outcome (f) VL CAUTI
<input type="checkbox"/> No	If No, location of attribution (transferring location) was NOT a validation location; record outcome (e) CAUTI not VL attributable and a UTI RIT is set. Evaluate next positive urine culture outside the UTI RIT. If no more urine cultures, STOP
<i>**If patient is transferred more than once on the day of or the day before the UTI Event, the FIRST transferring location from that time period is location of attribution.</i>	

9. Outcome of 2018 CAUTI audit:			
Candidate UTI*	Outcome (a-f) (See Key to the right)	Provide detail for Case Determination and Reason (See Key below)	Outcome: (a) Not a candidate VL CAUTI (b) No UTI; reason: <input type="checkbox"/> Asymptomatic but no matching blood pathogen (c) POA UTI (not HAI) (d) HAI-UTI not CAUTI <input type="checkbox"/> Type of UTI _____ <input type="checkbox"/> Date of Event _____ (e) CAUTI not VL attributable <input type="checkbox"/> Type of UTI _____ <input type="checkbox"/> Date of Event _____ <input type="checkbox"/> Location of Attribution _____ (f) VL CAUTI <input type="checkbox"/> Type of UTI _____ <input type="checkbox"/> Date of Event _____ <input type="checkbox"/> Validation location of attribution _____
1			
2			
3			
4			
5			

Case Determination	(A) Correctly Classified	(B) Over-reported HAI	(C) Underreported HAI
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If CAUTI was misclassified (over- or underreported) by facility, what was the reason?

<p><u>(I) General HAI definition misapplication</u></p> <ul style="list-style-type: none"> (Ia) Incorrect location of attribution (Ib) Date of event incorrect (Ic) IWP set incorrectly (Id) RIT applied incorrectly (Ie) Did not identify elements present in IWP (If) POA/HAI applied incorrectly (Ih) Other _____ <p><u>(III) Additional Reasons</u></p> <ul style="list-style-type: none"> (IIIa) Missed case finding/failure to review positive culture (IIIb) Clinical over-rule (IIIc) Used outdated criteria (IIId) No urine culture in chart (IIIe) Other _____ 	<p><u>(II) CAUTI criteria misapplied</u></p> <ul style="list-style-type: none"> (IIa) Urinary catheter not in > 2 days in an inpatient location on date of event (IIb) Urine culture not appropriate (IIc) Asymptomatic CAUTI reported (IId) Missed CAUTI due to catheter removed day of or day before the date of event (IIe) Missed CAUTI due to location transfer/discharge day of or day before the date of event (IIf) ABUTI incorrectly identified (IIh) Other _____
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Don't forget to record the abstraction end time on page 1