2021 CAUTI Medical Record Abstraction Tool (MRAT)

Refer to associated 2021 MRAT instructions for additional details.

1. IDENTIFIERS AND ABSTRACTED DATA			
Use Tables on page 1 to document information as needed to answer questions beginning on page 2.			
State	Facility OrgID (NHSN ID)	Facility type (*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 (the day of physical admission to an inpatient location is Facility Day 1)?	□ Yes -> STOP, record outcome **(a) Not a candidate VL CAUTI** □ 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?	□ Yes -> **Continue to S3** □ 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 (if a urinary catheter was in place on admission, the 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?	□ Yes -> **Is a Candidate VL CAUTI, proceed to Table 1** □ No -> STOP, record outcome **(a) Not a candidate VL CAUTI**

Table 1. Positive Urine Cultures (UC)

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

Candidate UTI	Date of urinary culture collection	*VL UC?	*Urinary catheter on this date or day before?	Organism CFU/ml ($\geq 10^5$)	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. 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)	VL?
1	___/___/___	___/___/___		Y N
2	___/___/___	___/___/___		Y N
3	___/___/___	___/___/___		Y N
4	___/___/___	___/___/___		Y N
Add rows if needed				

Table 2b. Urinary Catheters			
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 the same/ consecutive days.			
Urinary catheter placed or in place	Urinary catheter removed without replacement	Location with urinary catheter	Urinary catheter in VL?
__/___/___	__/___/___		Y N
__/___/___	__/___/___		Y N
__/___/___	__/___/___		Y N
__/___/___	__/___/___		Y N
Add rows if needed			

Table 2c. Positive Blood Cultures			
□ 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 criteria.

Candidate UTI	No UTI symptoms	Apnea ≤ 1yo only	Bradycardia ≤ 1yo only	Costovertebral angle pain	Dysuria	Fever	Frequency	Hypothermia ≤ 1yo only	Lethargy ≤ 1yo only	Suprapubic Tenderness	Urgency	Vomiting ≤ 1yo only
1	□	□	□	□	□	□	□	□	□	□	□	□
2	□	□	□	□	□	□	□	□	□	□	□	□

3	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Add rows if needed

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)?

☐Yes	*If Yes, document type of UTI and Date of Event, RIT #, and RIT dates below. Then proceed to 6.* *Note: there may be more than one UTI during an episode of care if outside the repeat infection timeframe.*
☐ No	*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.*

	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 POA time period of 2 days before admission to the day after admission? Select Yes or No.

☐ Yes	If Yes, this UTI was POA. Document outcome (c) POA UTI and set a UTI RIT. Evaluate next positive urine culture collected outside the RIT. If no more urine cultures, STOP.
☐ No	If No, UTI was an HAI. Proceed to 7.

7. Was this HAI-UTI a CAUTI?

Select Yes or No. Note: If the patient was admitted to a facility/ED with a Urinary catheter in place, date of admission to inpatient location is device day 1

☐ Yes	If Yes, HAI-UTI is CAUTI. Proceed to 8.
☐ No	If No, HAI-UTI was not CAUTI. Document outcome (d) HAI-UTI not CAUTI and set a UTI RIT. Evaluate next positive urine culture outside the UTI RIT. If no more urine cultures, STOP.

8. Was VL the Location of Attribution (LOA)?

8a. Was patient in a VL on the date of UTI Event* or day before UTI event? *(Select Yes or No)*

☐ Yes	If Yes, proceed to 8b.
☐ No	If No, CAUTI was not attributable to VL. Document outcome (e) CAUTI not VL attributable and set a UTI RIT. Evaluate next positive urine culture outside the UTI RIT. If no more urine cultures, STOP.

**Date of UTI Event is date when first of required UTI elements occurred during the UTI IWP.*

8b. Was patient transferred to VL from another facility or bedded inpatient location, on date of UTI Event or day before UTI Event? *(Select Yes or No)*

☐ Yes	If Yes, LOA was the transferring location**. Proceed to c.
☐ No	If No, LOA was location at time of UTI Event. STOP, record outcome (f) VL CAUTI.
8c. Was the transferring location** a VL? *(Select Yes or No)*	
☐ Yes	If Yes, LOA (transferring location) was a validation location. STOP, record outcome (f) VL CAUTI.
☐ No	If No, LOA (transferring location) was NOT a validation location. Record outcome (e) CAUTI not VL attributable and set a UTI RIT. Evaluate next positive urine culture outside the UTI RIT. If no more urine cultures, STOP.
***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 the LOA.*	

9. Outcome of 2021 CAUTI audit:

Candidate UTI	Outcome (a-f) (See Key to the right)	Provide detail for Case Determination and Reason (See Key below)
1		
2		
3		
4		
5		

Outcome:
(a) Not a candidate VL CAUTI
(b) No UTI; reason:
- ☐ Asymptomatic but no matching blood pathogen

(c) POA UTI (not HAI)
(d) HAI-UTI not CAUTI
- ☐ Type of UTI _____
- ☐ Date of Event _____

(e) CAUTI not VL attributable
- ☐ Type of UTI _____
- ☐ Date of Event _____
- ☐ Location of Attribution _____

(f) VL CAUTI
- ☐ Type of UTI_____
- ☐ Date of Event _____
- ☐ Validation location of attribution _____

Case Determination

(A) Correctly Classified **(B) Over-reported HAI** **(C) Underreported HAI**

If CAUTI was misclassified (over- or underreported) by facility, what was the reason?

(I) General HAI definition misapplication (Ia) Incorrect LOA (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 _____ (II) CAUTI criteria misapplied (IIa) Urinary catheter not in place > 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 on date of event or day before (IIf) ABUTI identified incorrectly (IIh) Other _____	(III) Additional Reasons (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 _____

Don't forget to record the abstraction end time on page 1