



## Urinary Tract Infection (Catheter-Associated Urinary Tract Infection [CAUTI] and Non-Catheter-Associated Urinary Tract Infection [UTI]) and Other Urinary System Infection [USI] Events

**Introduction:** Urinary tract infections (UTIs) are tied with pneumonia as the second most common type of healthcare-associated infection, second only to SSIs and account for more than 15% of infections reported by acute care hospitals<sup>1</sup>. Virtually all healthcare-associated UTIs are caused by instrumentation of the urinary tract.

CAUTI can lead to such complications as prostatitis, epididymitis, and orchitis in males, and cystitis, pyelonephritis, gram-negative bacteremia, endocarditis, vertebral osteomyelitis, septic arthritis, endophthalmitis, and meningitis in all patients. Complications associated with CAUTI cause discomfort to the patient, prolonged hospital stay, and increased cost and mortality<sup>2</sup>. It has been estimated that each year, more than 13,000 deaths are associated with UTIs.<sup>3</sup>

Prevention of CAUTI is discussed in the CDC/HICPAC document, *Guideline for Prevention of Catheter-associated Urinary Tract Infection*<sup>4</sup>.

**Settings:** Surveillance may occur in any inpatient location(s) where denominator data can be collected, such as critical intensive care units (ICU), specialty care areas (SCA), step-down units, wards, inpatient rehabilitation locations, and long term acute care locations. Neonatal ICUs may participate, but only off plan (not as a part of their monthly reporting plan). A complete listing of inpatient locations and instructions for mapping can be found in the [CDC Locations and Descriptions](#) chapter.

**Note:** It is not required to monitor for CAUTIs after the patient is discharged from the facility. However, if discovered, any CAUTI with the date of event on the day of discharge or the next day should be reported to NHSN. No additional indwelling catheter days are reported.

### Definitions:

**Present on Admission (POA):** Infections that are POA, as defined in [Chapter 2](#), are not considered HAIs and therefore are never reported to NHSN.

**Healthcare-associated infections (HAI):** All NHSN site specific infections must first meet the HAI definition as defined in [Chapter 2](#) before a site specific infection (e.g., CAUTI) can be reported to NHSN.



Urinary tract infections (UTI) are defined using Symptomatic Urinary Tract Infection (SUTI) criteria, Asymptomatic Bacteremic UTI (ABUTI), or Urinary System Infection (USI) criteria (See [Table 1](#) and [Figure 3](#)).

Date of event (DOE): For a UTI, the date of event is the date when the first element used to meet the UTI infection criterion occurred for the first time within the 7-day Infection Window Period. Synonyms: infection date, event date.

Indwelling catheter: A drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a drainage bag (including leg bags). These devices are also called Foley catheters. Condom or straight in-and-out catheters are not included nor are nephrostomy tubes, ileoconduits, or suprapubic catheters unless a Foley catheter is also present. Indwelling urethral catheters that are used for intermittent or continuous irrigation are included in CAUTI surveillance.

Catheter-associated UTI (CAUTI): A UTI where an indwelling urinary catheter was in place for >2 calendar days on the date of event, with day of device placement being

Day 1,

*AND*

an indwelling urinary catheter was in place on the date of event or the day before. If an indwelling urinary catheter was in place for > 2 calendar days and then removed, the date of event for the UTI must be the day of discontinuation or the next day for the UTI to be catheter-associated.

#### **Example of Associating Catheter Use to UTI:**

A patient in an inpatient unit has a Foley catheter inserted and the following day is the date of event for a UTI. Because the catheter has not been in place >2 calendar days on the date of event, this is not a CAUTI. However, depending on the date of admission, this may be a healthcare-associated UTI.

#### **Notes:**

- SUTI 1b and USI cannot be catheter-associated.
- Indwelling urinary catheters that are removed and reinserted: If, after indwelling urinary catheter removal, the patient is without an indwelling urinary catheter for at least 1 full calendar day (NOT to be read as 24 hours), then the urinary catheter day count will start anew. If instead, a new indwelling urinary catheter is inserted before a full calendar day has passed without an indwelling urinary catheter being present, the urinary catheter day count will continue.



Figure 1: Associating Catheter Use to UTI

	March 31 (Hospital day 3)	April 1	April 2	April 3	April 4	April 5	April 6
Patient A	Foley <b>Day 3</b>	Foley <b>Day 4</b>	Foley removed <b>(Foley Day 5)</b>	Foley replaced <b>(Foley Day 6)</b>	Foley <b>Day 7</b>	Foley removed <b>Day 8</b>	No Foley
Patient B	Foley <b>Day 3</b>	Foley <b>Day 4</b>	Foley removed <b>(Foley Day 5)</b>	No Foley	Foley replaced <b>(Foley Day 1)</b>	Foley <b>Day 2</b>	Foley <b>Day 3</b>

**Rationale:** NHSN surveillance for infection is not aimed at a specific device. Instead surveillance is aimed at identifying risk to the patient that is the result of device use in general.

- In the examples above, Patient A is eligible for a CAUTI beginning on March 31, through April 6<sup>th</sup>, since a Foley was in place for some portion of each calendar day until April 6<sup>th</sup>. A UTI with date of event on April 6<sup>th</sup> would be a CAUTI since the catheter had been in place greater than 2 days and was removed the day before the date of event.
- Patient B is eligible for a CAUTI on March 31 (Foley Day 3) through April 3. The catheter had been in place > 2 days and an HAI occurring on the day of device discontinuation or the following calendar day is considered a device-associated infection.

Location of attribution: The inpatient location where the patient was assigned on the date of the UTI event. See Date of Event definition (above). See Exception to Location of Attribution (below).

**Exception to Location of Attribution**

Transfer Rule: If the date of event for a CAUTI is on the date of transfer or discharge, or the next day, the infection is attributed to the transferring/discharging location. This is called the Transfer Rule and examples are shown below. Receiving facilities should share information about such HAIs with the transferring location or facility to enable reporting.



**Examples of the Transfer Rule:**

- Patient in the SICU with a Foley catheter, which has been in place for 5 days, is transferred to a surgical ward. The next day is determined to be the date of event for a CAUTI. This is reported to NHSN as a CAUTI for the SICU.
- Patient is transferred in the morning to the medical ward from the MSICU after having the Foley catheter removed, which had been in place for 6 days. Later that night, the patient experiences urinary frequency and the next day, all other UTI criteria are met. This is reported to NHSN as a CAUTI for the MSICU as the date of event (date when the first element of UTI criteria, first appeared during the infection window) was the day of transfer from that location.
- On Monday, patient with a Foley catheter in place is transferred from the medical ward to the coronary care unit (CCU). Wednesday in the CCU, patient has a fever and urine culture collected that day is positive for 100,000 CFU/ml of *E. coli*. This is reported to NHSN as a CAUTI for the CCU, as the UTI event date is LATER THAN the day after transfer.
- A patient has a Foley catheter removed on catheter day 5 and is discharged the same day from hospital A’s urology ward. The next day, the IP from Hospital B calls to report that this patient has been admitted to Hospital B meeting UTI criteria. This CAUTI should be reported to NHSN for Hospital A and attributed to the urology ward.

**Multiple Transfers**

In instances where a patient has been transferred to more than one location on the date of a UTI, or the day before, attribute the UTI to the **first** location in which the patient was housed the **day before** the UTI’s date of event.

Figure 2: Multiple Transfers within the Transfer Rule Time Frame

	3/22	3/23	3/24
Locations in which patient was housed	Unit A	Unit A Unit B Unit C	Unit C Unit D This is also the date of event for a CAUTI. CAUTI is attributed to Unit A since Unit A was the first location in which the patient was housed the day before the date of event.



Table 1: Urinary Tract Infection Criteria



Criterion	Urinary Tract Infection (UTI)
	<p><b>Symptomatic UTI (SUTI)</b> Must meet at least <b><i>one</i></b> of the following criteria:</p>
<p><b>SUTI 1a</b></p> <p><b>Catheter-associated Urinary Tract Infection (CAUTI)</b></p>	<p>Patient must meet 1, 2, <u>and</u> 3 below:</p> <ol style="list-style-type: none"> <li>1. Patient had an indwelling urinary catheter that had been in place for &gt; 2 days on the date of event (day of device placement = Day 1) AND was either: <ul style="list-style-type: none"> <li>• Still present on the date of event<sup>†</sup>, OR</li> <li>• Removed the day before the date of event<sup>‡</sup></li> </ul> </li> <li>2. Patient has at least <b><i>one</i></b> of the following signs or symptoms: <ul style="list-style-type: none"> <li>• fever (&gt;38.0°C)</li> <li>• suprapubic tenderness*</li> <li>• costovertebral angle pain or tenderness*</li> <li>• urinary urgency*</li> <li>• urinary frequency*</li> <li>• dysuria*</li> </ul> </li> <li>3. Patient has a urine culture with no more than two species of organisms, at least one of which is a bacteria of <math>\geq 10^5</math> CFU/ml. All elements of the UTI criterion must occur during the Infection Window Period (See Definition <a href="#">Chapter 2 Identifying HAIs in NHSN</a>).</li> </ol> <p><sup>†</sup> When entering event into NHSN choose “INPLACE” for Risk Factor for Urinary Catheter  <sup>‡</sup> When entering event into NHSN choose “REMOVE” for Risk Factor for Urinary Catheter  *With no other recognized cause (see Notes below)</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• An indwelling urinary catheter in place would constitute “other recognized cause” for patient complaints of “frequency” “urgency” or “dysuria” and therefore these cannot be used as symptoms when catheter is in place.</li> <li>• Fever and hypothermia are non-specific symptoms of infection and <u>cannot</u> be excluded from UTI determination because they are clinically deemed due to another recognized cause.</li> </ul>



<p><b>SUTI 1b</b> <b>Non-</b> <b>Catheter-</b> <b>associated</b> <b>Urinary</b> <b>Tract</b> <b>Infection</b> <b>(Non-</b> <b>CAUTI)</b></p>	<p>Patient must meet 1, 2, <u>and</u> 3 below:</p> <ol style="list-style-type: none"><li>1. One of the following is true:<ul style="list-style-type: none"><li>• Patient has/had an indwelling urinary catheter but it has/had not been in place &gt;2 calendar days on the date of event<sup>†</sup></li><li><b>OR</b></li><li>• Patient did not have a urinary catheter in place on the date of event nor the day before the date of event<sup>‡</sup></li></ul></li><li>2. Patient has at least <u>one</u> of the following signs or symptoms:<ul style="list-style-type: none"><li>• fever (&gt;38°C) in a patient that is ≤ 65 years of age</li><li>• suprapubic tenderness*</li><li>• costovertebral angle pain or tenderness*</li><li>• urinary frequency*</li><li>• urinary urgency*</li><li>• dysuria*</li></ul></li><li>3. Patient has a urine culture with no more than two species of organisms, at least one of which is a bacteria of <math>\geq 10^5</math> CFU/ml. All elements of the SUTI criterion must occur during the Infection Window Period (See Definition <a href="#">Chapter 2 Identifying HAIs in NHSN</a>).</li></ol> <p><sup>†</sup> When entering event into NHSN choose “NEITHER” for Risk Factor for Urinary Catheter</p> <p>*With no other recognized cause (see Notes below)</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"><li>• An indwelling urinary catheter in place would constitute other recognized cause for patient complaints of “frequency” “urgency” or “dysuria” and therefore these cannot be used as symptoms when catheter is in place.</li><li>• Fever and hypothermia are non-specific symptoms of infection and cannot be excluded from UTI determination because they are clinically deemed due to another recognized cause.</li></ul>
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<p><b>SUTI 2 CAUTI or Non- CAUTI in patients 1 year of age or less-</b></p>	<p>Patient must meet 1, 2, <u>and</u> 3 below:</p> <ol style="list-style-type: none"><li>1. Patient is <math>\leq 1</math> year of age (with<sup>‡</sup> or without an indwelling urinary catheter)</li><li>2. Patient has at least <u>one</u> of the following signs or symptoms:<ul style="list-style-type: none"><li>• fever (<math>&gt;38.0^{\circ}\text{C}</math>)</li><li>• hypothermia (<math>&lt;36.0^{\circ}\text{C}</math>)</li><li>• apnea*</li><li>• bradycardia*</li><li>• lethargy*</li><li>• vomiting*</li><li>• suprapubic tenderness*</li></ul></li><li>3. Patient has a urine culture with no more than two species of organisms, at least one of which is a bacteria of <math>\geq 10^5</math> CFU/ml. All elements of the SUTI criterion must occur during the Infection Window Period (See Definition <a href="#">Chapter 2 Identifying HAIs in NHSN</a>).</li></ol> <p>*With no other recognized cause</p> <p><sup>‡</sup> If patient had an indwelling urinary catheter in place for <math>&gt;2</math> calendar days, and catheter was in place on the date of event or the previous day the CAUTI criterion is met. If no such indwelling urinary catheter was in place, UTI (non-catheter associated) criterion is met.</p> <p><b>Note:</b> Fever and hypothermia are non-specific symptoms of infection and cannot be excluded from UTI determination because they are clinically deemed due to another recognized cause.</p>
	<p><b>Asymptomatic Bacteremic Urinary Tract Infection (ABUTI)</b></p>



	<p>Patient must meet 1, 2, <u>and</u> 3 below:</p> <ol style="list-style-type: none"><li>1. Patient with* or without an indwelling urinary catheter has <u>no</u> signs or symptoms of SUTI 1 or 2 according to age (<b>Note:</b> Patients &gt; 65 years of age with a non-catheter-associated ABUTI <u>may</u> have a fever and still meet the ABUTI criterion)</li><li>2. Patient has a urine culture with no more than two species of organisms, at least one of which is a bacteria of <math>\geq 10^5</math> CFU/ml (see Comment section below)</li><li>3. Patient has a positive blood culture with at least <u>one</u> matching bacteria to the urine culture, or meets LCBI criterion 2 (without fever) and matching common commensal(s) in the urine. All elements of the ABUTI criterion must occur during the Infection Window Period (See Definition <a href="#">Chapter 2 Identifying HAIs in NHSN</a>).</li></ol> <p>*Patient had an indwelling urinary catheter in place for &gt;2 calendar days, with day of device placement being Day 1, and catheter was in place on the date of event or the day before.</p>
<b>Comment</b>	<p>“Mixed flora” is not available in the pathogen list within NHSN. Therefore it cannot be reported as a pathogen to meet the NHSN UTI criteria. Additionally, “mixed flora” represent at least two species of organisms. Therefore an additional organism recovered from the same culture, would represent &gt;2 species of microorganisms. Such a specimen also cannot be used to meet the UTI criteria.</p>



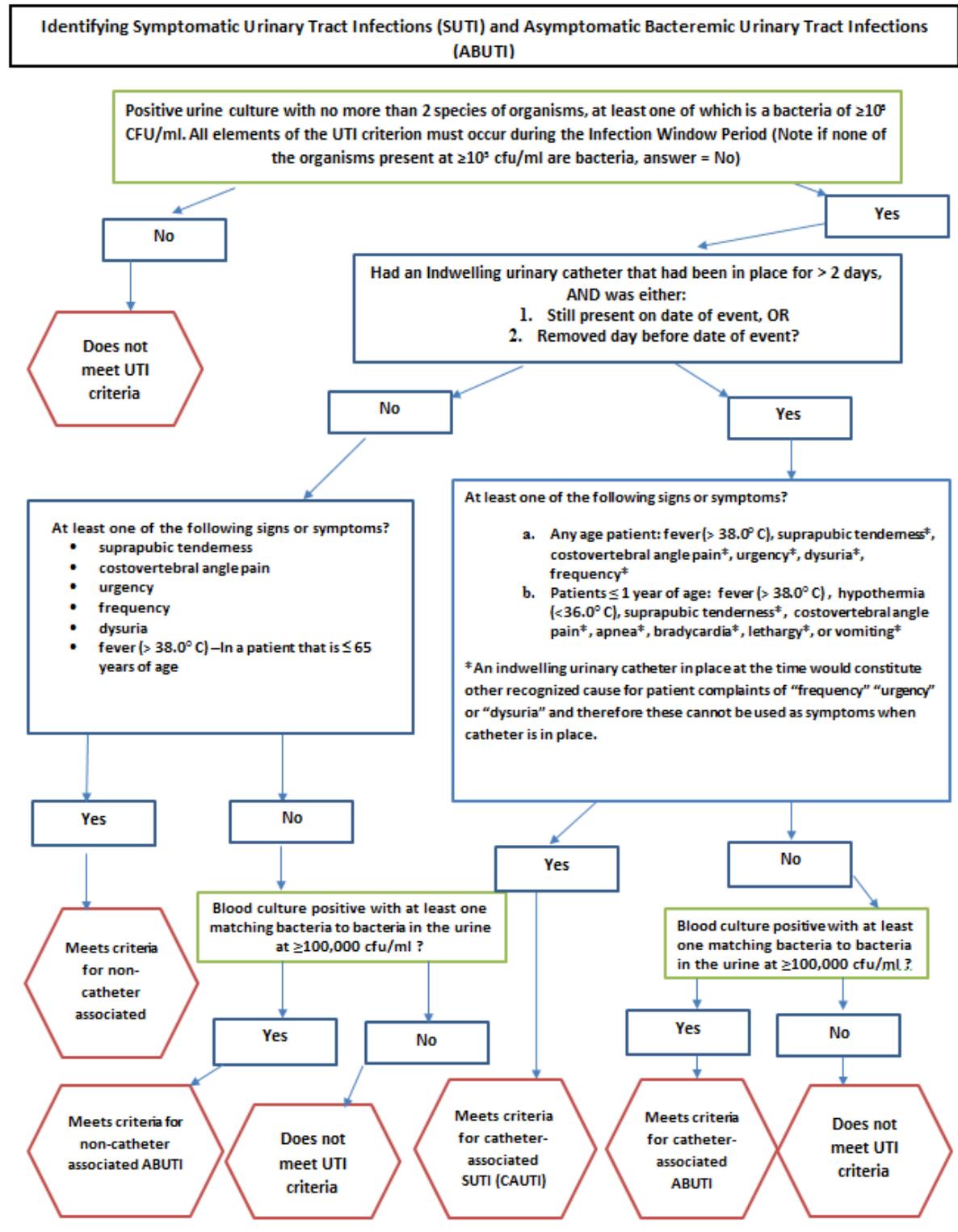
<b>Criterion</b>	<b>Urinary System Infection (USI) (formerly OUTI) (kidney, ureter, bladder, urethra, or tissue surrounding the retroperitoneal or perinephric space)</b>  Other infections of the urinary system must meet at least <b><u>one</u></b> of the following criteria:
	<ol style="list-style-type: none"><li>1. Patient has microorganisms isolated from culture of fluid (excluding urine) or tissue from affected site</li><li>2. Patient has an abscess or other evidence of infection on gross anatomical exam, during invasive procedure, or on histopathologic exam</li><li>3. Patient has at least <b><u>one</u></b> of the following signs or symptoms:<ul style="list-style-type: none"><li>• fever (&gt;38.0°C)</li><li>• localized pain or tenderness*</li></ul><p style="text-align: center;"><b>And at least <u>one</u> of the following:</b></p><ul style="list-style-type: none"><li>• purulent drainage from affected site</li><li>• organisms cultured from blood and imaging test evidence of infection (e.g., ultrasound, CT scan, magnetic resonance imaging [MRI], or radiolabel scan [gallium, technetium])</li></ul></li><li>4. Patient ≤1 year of age has at least <b><u>one</u></b> of the following signs or symptoms:<ul style="list-style-type: none"><li>• fever (&gt;38.0°C)</li><li>• hypothermia (&lt;36.0°C)</li><li>• apnea*</li><li>• bradycardia*</li><li>• lethargy*</li><li>• vomiting*</li></ul><p style="text-align: center;"><b>And at least <u>one</u> of the following:</b></p><ul style="list-style-type: none"><li>• purulent drainage from affected site</li><li>• organisms cultured from blood and imaging test evidence of infection, (e.g., ultrasound, CT scans, magnetic resonance imaging [MRI], or radiolabel scan [gallium, technetium])</li></ul></li></ol> <p>* With no other recognized cause</p> <p><b>Notes:</b></p>



	<ul style="list-style-type: none"><li>• Fever and hypothermia are non-specific symptoms of infection and cannot be excluded from UTI determination because they are clinically deemed due to another recognized cause.</li><li>• All elements of the USI criterion must occur during the Infection Window Period (See Definition <a href="#">Chapter 2 Identifying HAIs in NHSN</a>).</li></ul>
<b>Comments</b>	<ul style="list-style-type: none"><li>• Report infections following circumcision in newborns as SST-CIRC.</li><li>• If patient meets USI criteria and they also meet UTI criteria, report UTI only, unless the USI is a surgical site organ/space infection, in which case, only USI should be reported.</li><li>• For NHSN reporting purposes, Urinary System Infection (USI) cannot be catheter associated, therefore, USI will only present as specific event type if urinary catheter status is marked “Neither”.</li></ul>



Figure 3: Identifying SUTI and ABUTI Flowchart





**Numerator Data:** The [Urinary Tract Infection \(UTI\) form](#) is used to collect and report each CAUTI that is identified during the month selected for surveillance. The [Instructions for Completion of Urinary Tract Infection form](#) include brief instructions for collection and entry of each data element on the form. USIs are never included in CAUTI data and are reported separately on the [HAI Custom Event Form](#). The UTI form includes patient demographic information and information on whether or not an indwelling urinary catheter was present. Additional data include the specific criteria met for identifying the UTI, whether the patient developed a secondary bloodstream infection, whether the patient died, and the organisms isolated from cultures and their antimicrobial susceptibilities.

**Reporting Instructions:**

If no CAUTIs are identified during the month of surveillance, the "Report No Events" box must be checked on the appropriate denominator summary screen, (e.g., [Denominators for Intensive Care Unit \(ICU\)/Other Locations \(Not NICU or SCA/ONC\)](#)).

**Denominator Data:** Device days and patient days are used for denominators (See [Key Terms](#) chapter). The method of collecting device-day denominator data may differ depending on the location of patients being monitored. The following methods may be used:

Denominator Data Collection Method	Details
<p><b>Manual, Daily</b> (i.e., collected at the same time every day of the month)</p>	<p>Denominator data are collected at the same time, every day, per location.</p> <p>Indwelling urinary catheter days, which are the number of patients with an indwelling urinary catheter device, are collected daily, at the same time each day, according to the chosen location using the appropriate form (CDC <a href="#">57.117</a> and <a href="#">57.118</a>). These daily counts are summed and only the total for the month is entered into NHSN. Indwelling urinary catheter days and patient days are collected separately for each of the locations monitored.</p>
<p><b>Manual, sampled once/week</b> (i.e., collected at the same time on the same designated day, once per week)</p>	<p>For locations other than specialty care areas/oncology (SCA/ONC) and NICUs (e.g., ICUs, step-down units, wards), the denominator sampling method can be used.</p> <p>To reduce staff time spent collecting surveillance data, once weekly sampling of denominator data to generate estimated urinary catheter days may be used as an alternative to daily collection in non-oncology ICUs and wards. The number of patients in the location (patient-days) and the number of patients with an indwelling urinary catheter (urinary catheter-days) is collected on a designated day each week (e.g., every Tuesday), at the same time during the month.</p>



Denominator Data Collection Method	Details
	<p>Evaluations of this method have repeatedly shown that use of Saturday or Sunday generate the least accurate estimates of denominator data, and, therefore, these days should not be selected as the designated day.<sup>5-7</sup> If the day designated for the collection of sampled data is missed, collect the data on the next available day instead.</p> <p>The following must be collected and entered into NHSN:</p> <ol style="list-style-type: none"> <li>1. The monthly total for patient-days, based on collection daily</li> <li>2. The sampled total for patient-days</li> <li>3. The sampled total urinary catheter-days</li> </ol> <p>When these data are entered, the NHSN application will calculate an estimate of urinary catheter-days.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• To ensure the accuracy of estimated denominator data obtained by sampling, only ICU and ward location types with an average of 75 or more urinary catheter-days per month are eligible to use this method. A review of each location's urinary catheter denominator data for the past 12 months in NHSN will help determine which locations are eligible.</li> <li>• The accuracy of estimated denominator data generated by sampling can be heavily influenced by incorrect or missing data. Careful implementation of data collection following the guidance in this protocol is essential to avoid erroneous fluctuations in rates or Standardized Infection Ratios (SIRs).</li> </ul>
<p><b>Electronic</b></p>	<p>For <u>any</u> location, when denominator data are available from electronic sources (e.g., urinary catheter days from electronic charting), these sources may be used as long as the counts are not substantially different (+/- 5%) from manually-collected, once a day counts, pre-validated for a minimum of three months.</p> <p>The validation of electronic counts should be performed for each location separately.</p>



**Data Analyses:** The Standardized Infection Ratio ([SIR](#)) is calculated by dividing the number of observed infections by the number of predicted infections. The number of predicted infections is calculated using CAUTI rates from a standard population during a baseline time period, which represents a standard population's CAUTI experience.<sup>8,9</sup>

**Notes:**

- The SIR will be calculated only if the number of predicted CAUTIs (numExp) is  $\geq 1$  to help enforce a minimum precision criterion.
- In the NHSN application, “predicted” is referred to as “expected”.

$$\text{SIR} = \frac{\text{Observed (O) HAIs}}{\text{Expected (E) HAIs}}$$

While the CAUTI SIR can be calculated for single locations, the measure also allows you to summarize your data by multiple locations, adjusting for differences in the incidence of infection among the location types. For example, you will be able to obtain one CAUTI SIR adjusting for all locations reported. Similarly, you can obtain one CAUTI SIR for all ICUs in your facility.

**Note:** Only those locations for which baseline data have been published will be included in the SIR calculations. For acute care hospitals, the baseline time period is 2009; for long term acute care hospitals and inpatient rehabilitation facilities (IRFs) and IRF units, the baseline time period is 2013.<sup>8,9</sup>

The CAUTI rate per 1000 urinary catheter days is calculated by dividing the number of CAUTIs by the number of catheter days and multiplying the result by 1000. The Urinary Catheter Utilization Ratio is calculated by dividing the number of urinary catheter days by the number of patient days. These calculations will be performed separately for the different types of ICUs, specialty care areas, and other locations in the institution, except for neonatal locations.

Descriptive analysis output options of numerator and denominator data, such as line listings, frequency tables, and bar and pie charts are available in the NHSN application. SIRs and CAUTI rates and run charts are also available. Guides on using NHSN analysis features are available at: <http://www.cdc.gov/nhsn/PS-Analysis-resources/reference-guides.html>.



## REFERENCES

- <sup>1</sup>Magill, SS., Hellinger, W., et al. "Prevalence of Healthcare-associated Infections in Acute Care Facilities". *Infection Control Hospital Epidemiology*. 33: (2012):283-91.
- <sup>2</sup>Scott Rd. The Direct Medical Costs of Healthcare-Associated Infections in U.S. Hospitals and the Benefits of Prevention, 2009. Division of Healthcare Quality Promotion, National Center for Preparedness, Detection, and Control of Infectious Diseases, Coordinating Center for Infectious Diseases, Centers for Disease Control and Prevention, February 2009.
- <sup>3</sup>Klevens, RM., Edward, JR., et al. "Estimating Healthcare-associated Infections and Deaths in U.S. Hospitals". *Public Health Reports* 122: (2007):160-166.
- <sup>4</sup>Gould, CV., Umscheid, CA., Agarwal, RK., Kuntz, G., Pegues, DA. "Guideline for Prevention of Catheter-associated Urinary Tract Infections". *Infection Control Hospital Epidemiology*. 31: (2010): 319-26.
- <sup>5</sup> Klevens, RM., et al. "Sampling for Collection of Central Line Day Denominators in Surveillance for Healthcare-associated Bloodstream Infections". *Infection Control Hospital Epidemiology*. 27: (2006):338-42.
- <sup>6</sup>Thompson, ND., et al." Evaluating the Accuracy of Sampling to Estimate Central Line–Days: Simplification of NHSN Surveillance Methods". *Infection Control Hospital Epidemiology*. 34(3): (2013): 221-228.
- <sup>7</sup>See, I., et al. ID Week 2012 (Abstract #1284): Evaluation of Sampling Denominator Data to Estimate Urinary Catheter- and Ventilator-Days for the NHSN. San Diego, California. October 19, 2012.
- <sup>8</sup>Dudeck, MA., Horan, TC., Peterson, KD. National Healthcare Safety Network (NHSN) Report, Data Summary for 2009, "Device-associated Module", *American Journal of Infection Control* 39: (2011): 349-67.
- <sup>9</sup>Dudeck, MA., et al. National Healthcare Safety Network (NHSN) Report, Data Summary for 2013, Device-associated Module. *Pending publication*.



# **1 Instructions for Completion of Urinary Tract Infection (UTI) Form (CDC 57.114)**



Data Field	Instructions for Data Collection/Entry
Facility ID	The NHSN-assigned facility ID will be auto-entered by the computer.
Event #	Event ID number will be auto-entered by the computer.
Patient ID	Required. Enter the alphanumeric patient ID number. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID	Optional. Enter the alphanumeric ID number assigned by the facility.
Medicare #	Conditionally required. Enter the patient's Medicare number for all events reported as part of a CMS Quality Reporting Program.
Patient name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Check Female, Male, or Other to indicate the gender of the patient.
Date of birth	Required. Record the date of the patient birth using this format: MM/DD/YYYY.
Ethnicity	Optional. Specify if the patient is either Hispanic or Latino, or Not Hispanic or Not Latino.
Race	Optional. Specify one or more of the choices below to identify the patient's race: American Indian/Alaska Native Asian Black or African American Native Hawaiian/Other Pacific Islander White
Event type	Required. UTI.
Date of event	Required. The date when the <u>first</u> element used to meet the UTI infection criterion occurred for the first time, during the Infection Window Period. Enter date of this event using this format: MM/DD/YYYY. NOTE: If a device has been pulled on the first day of the month in a location where there are no other device days in that month, and a device-associated infection develops after the device is pulled, use the last day of the previous month as the Date of Event.
Post-procedure UTI	Optional. Check Y if this event occurred after an NHSN-defined procedure but before discharge from the facility, otherwise check N.
Date of procedure	Conditionally required. If Post-procedure UTI = Y, Record the date when the NHSN procedure started. .



NHSN procedure code	<p>Conditionally required. If Post-procedure UTI = Y, enter the appropriate NHSN procedure code.</p> <p><b>NOTE:</b> A UTI cannot be “linked” to an operative procedure unless that procedure has already been added to NHSN. If the procedure was previously added, and the “Link to Procedure” button is clicked, the fields pertaining to the operation will be auto-entered by the computer.</p>
ICD-9-CM procedure code	<p>Optional. The ICD-9-CM code may be entered here instead of (or in addition to) the NHSN Procedure Code. If the ICD-9-CM code is entered, the NHSN code will be auto-entered by the computer. If the NHSN code is entered first, you will have the option to select the appropriate ICD-9-CM code. In either case, it is optional to select the ICD-9-CM code. Only those ICD-9-CM codes identified in Table 1 of the Surgical Site Infection Event Chapter (Chapter 10 of NHSN Manual: Patient Safety Component Protocol) are allowed.</p> <p><b>NOTE:</b> ICD-10-CM/PCS codes will replace ICD-9-CM codes on October 1, 2015 however NHSN will not have the ability to receive these codes until the January 2016 release. The NHSN guidance for entry of surgical denominator data for the last quarter of 2015 data is to enter the NHSN Procedure Code (e.g. COLO or HYST) but do not enter any ICD-10-CM/PCS codes associated with the procedure.</p>
MDRO Infection Surveillance	<p>Required. Enter “Yes”, if the pathogen is being followed for Infection Surveillance in the MDRO/CDI Module in that location as part of your Monthly Reporting Plan: MRSA, MSSA (MRSA/MSSA), VRE, CephR-<i>Klebsiella</i>, CRE (<i>E. coli</i>, <i>Klebsiella pneumoniae</i>, <i>Klebsiella oxytoca</i>, or <i>Enterobacter</i>), MDR-<i>Acinetobacter</i>, or <i>C. difficile</i>.</p> <p>If the pathogen for this infection happens to be an MDRO but your facility is not following the Infection Surveillance in the MDRO/CDI Module in your Monthly Reporting Plan, answer “No” to this question.</p>
Location	<p>Required. Enter the inpatient location to which the patient was assigned on the date of the UTI event. If the date of the UTI occurs on the day of transfer/discharge or the next day, indicate the transferring/discharging location, not the current location of the patient, in accordance with the Transfer Rule (see Key Terms section).</p>



<p>Date admitted to facility</p>	<p>Required. Enter date patient admitted to an inpatient location using this format: MM/DD/YYYY.</p> <p><b>NOTES:</b></p> <ul style="list-style-type: none"> <li>When determining a patient’s admission dates to both the facility and specific inpatient location, the NHSN user must take into account all such days, including any days spent in an inpatient location as an “observation” patient before being officially admitted as an inpatient to the facility, as these days contribute to exposure risk. Therefore, all such days are included in the counts of admissions and patient days for the facility and specific location, and facility and admission dates must be moved back to the first day spent in the inpatient location.</li> <li>When reporting a UTI which occurs on the day of or day after discharge use the previous date of admission as admission date.</li> </ul>
<p>Risk factor: Urinary catheter status on the date of event</p>	<p>Required. Check one of the following:</p> <ul style="list-style-type: none"> <li>“In place” if urinary catheter that had been in place for &gt;2 days was in place on the date of event</li> <li>“Removed” if a urinary catheter that had been in place for &gt; 2 calendar days was removed the day before the date of event “Neither” if: <ul style="list-style-type: none"> <li>Patient has/had an indwelling urinary catheter but it has/had not been in place &gt;2 calendar days on the date of event</li> </ul> <p><b>OR</b></p> <li>Patient did not have a urinary catheter in place on the day of event or the day before the date of event</li> </li></ul> <p><b>NOTES:</b></p> <ul style="list-style-type: none"> <li>Date of insertion = Day 1.</li> <li>Urinary System Infection (USI) cannot be catheter associated, therefore, USI will only present as specific event type if urinary catheter status was marked “Neither”.</li> </ul>
<p>Location of device insertion</p>	<p>Optional. Enter the patient location where the indwelling urethral catheter was inserted.</p>
<p>Date of device insertion</p>	<p>Optional. Enter the date the indwelling urethral catheter was inserted.</p>
<p>Event details: Specific event: UTI</p>	<p>Required. Check Symptomatic UTI (SUTI), Asymptomatic Bacteremic UTI (ABUTI), or Urinary System Infection (USI), for the specific event type you are reporting.</p>



Event details: UTI Specify criteria used	Required. Check each of the elements of the criteria that were used to identify the specific type of UTI being reported.
Event Details: Secondary bloodstream infection	Required. Check Y if there is a culture-confirmed bloodstream infection (BSI) and a related UTI, otherwise check N. For detailed instructions on identifying whether the blood culture represents a secondary BSI, refer to the Secondary BSI Guide (Appendix 1 of the <a href="#">BSI</a> protocol chapter).
Event Details: Died	Required. Check Y if patient died during the hospitalization, otherwise check N.
Event Details: UTI contributed to death	Conditionally required. If patient died, check Y if such evidence is available (e.g., death/discharge note, autopsy report, etc.).
Event Details: Discharge date	Optional. Date patient discharged from facility.
Event Details: Pathogens identified	Required. Enter Y if pathogen identified, N if otherwise. If Y, specify organism name on reverse.
Pathogen # for specified Gram- positive Organisms, Gram-negative Organisms, Fungal Organisms, or Other Organisms	Up to three pathogens may be reported. If multiple pathogens are identified, enter the pathogen judged to be the most important cause of infection as #1, the next most as #2, and the least as #3 (usually this order will be indicated on the laboratory report). If secondary BSI pathogens are entered, they should be entered only after site-specific pathogens are entered. If the species is not given on the lab report or is not found on the NHSN organism list, then select the “spp” choice for the genus (e.g., <i>Bacillus natto</i> is not on the list so would be reported as <i>Bacillus</i> spp.).
Antimicrobial agent and susceptibility results	Conditionally required if Pathogen Identified = Y. <ul style="list-style-type: none"> <li>For those organisms shown on the back of an event form, susceptibility results are required only for the agents listed.</li> <li>For organisms that are not listed on the back of an event form, the entry of susceptibility results is optional.</li> </ul> <p>Circle the pathogen’s susceptibility result using the codes on the event forms.</p> <p>For each box listing several drugs of the same class, at least one drug susceptibility must be recorded.</p>
Custom Fields	Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MM/DD/YYYY), numeric, or alphanumeric. <b>NOTE:</b> Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.
Comments	Optional. Enter any information on the event.