



NHSN Catheter-Associated Urinary Tract Infection Surveillance 2022

Bonnie Norrick MT(ASCP), EdM, CIC, CPHQ

NHSN Protocol and Training Team

March 2022

Objectives

We will discuss CAUTI surveillance. By the end of this lesson, you will be able to:

- Apply UTI Protocol through Case Studies
- Identify Summary
- Use Data Collection Forms & Table of Instructions

UTI Burden

- 2017 - 160,833 CAUTI¹
 - 5.4 CAUTI/1000 discharges
- 5% Decrease of CAUTI from 2014 – 2017 ¹
- Average cost of a HAI CAUTI: \$13,793 ¹
- UTI Ranks 5th HAI in the US²

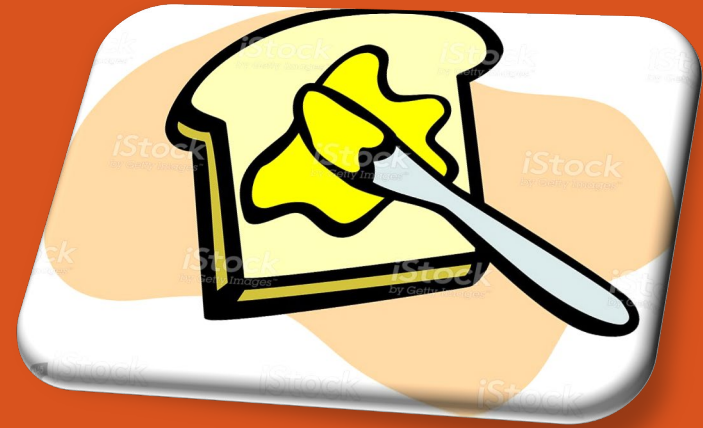
¹ AHRQ National Scorecard on Hospital-Acquired Conditions Updated Baseline Rates and Preliminary Results 2014-2017

² Multistate Point-Prevalence Survey of Health Care-Associated Infections. N Engl J Med 370;13 March 27, 2014

Resources for this discussion

- CAUTI Surveillance <https://www.cdc.gov/nhsn/psc/uti/index.html>
 - Patient Safety Component Manual
 - Chapter 2-Identifying HAI for NHSN Surveillance
 - Chapter 7-Urinary Tract Infection (UTI) Event
 - Chapter 16-NHSN Key Terms
- UTI Event form
- UTI Table of Instructions
- Denominator Forms
- FAQs

The screenshot shows the 'Urinary Tract Infections (UTI) Events' page. The main heading is 'Urinary Tract Infections (UTI) Events' with a subtitle 'Catheter-Associated Urinary Tract Infection (CAUTI) and Non-Catheter-Associated Urinary Tract Infection (UTI) (and Other Urinary System Infection (USI))'. Below this, there are sections for 'Protocols', 'Supporting Chapters', and a right-hand navigation menu. The 'Protocols' section includes links for 'Chapter 7: Urinary Tract Infection (UTI) Event - January 2022' (PDF - 1 MB) and '2022 Summary of Updates' (PDF - 200 KB). The 'Supporting Chapters' section includes links for 'Chapter 1: NHSN Overview - January 2022' (PDF - 350 KB), 'Chapter 2: Identifying Healthcare-associated Infections (HAIs) in NHSN - January 2022' (PDF - 1 MB), and 'Chapter 3: Patient Safety Monthly Reporting Plan - January 2022' (PDF - 200 KB). The right-hand navigation menu includes links for 'UTI Training', 'Educational Roadmap', 'CMS Requirements', 'HAI Checklists', 'FAQs', 'UTI Events', and 'Analysis'. The 'FAQs' link is highlighted with a green border, and the 'CMS Requirements' link is highlighted with a blue border.

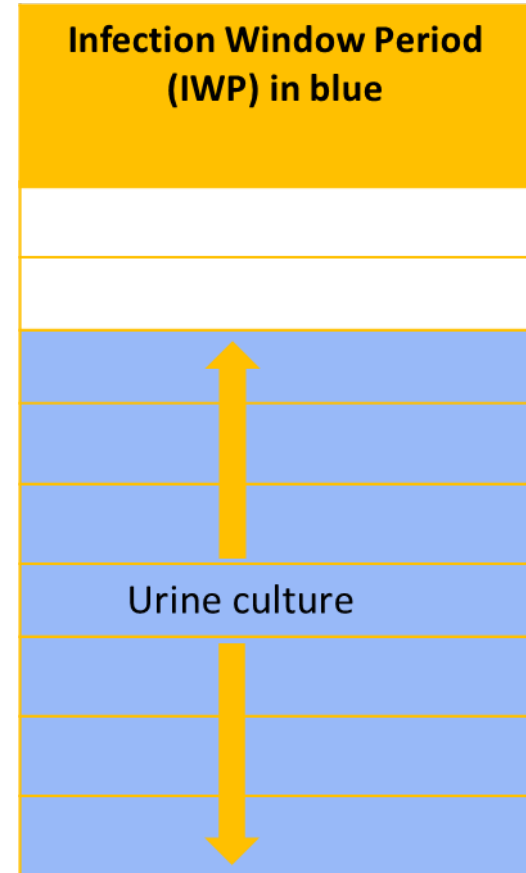


Using the basics for UTI

IWP, DOE, RIT, SBAP . . .

Infection Window Period

The first positive urine that is used to meet the definition always sets the IWP

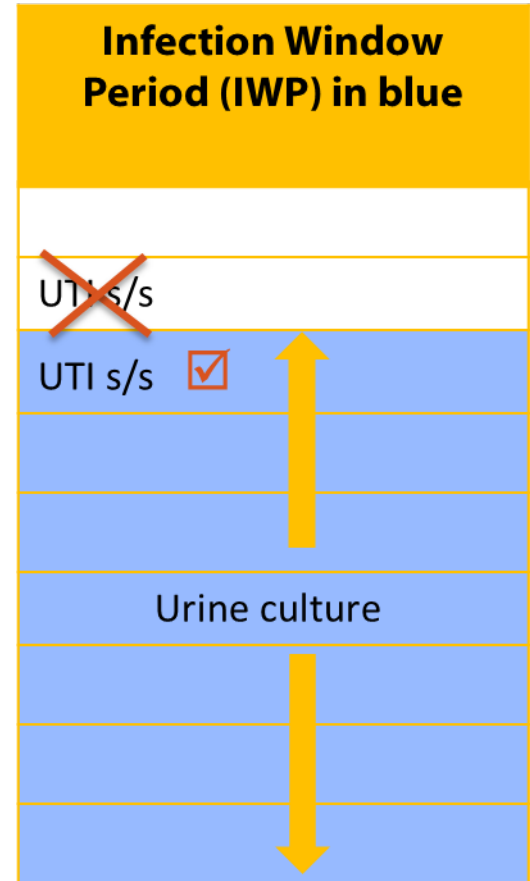


Infection Window Period

Use only eligible UTI elements within the IWP

UTI Elements:

- Urine culture
- UTI signs/symptoms (s/s) **OR** matching blood organism



UTI Date of Event (DOE)

- ❑ The DOE is the date the first element used to meet an NHSN site-specific infection criterion occurring for the first time within the seven-day infection window period
- ❑ First element may be culture **OR** sign/symptom

UTI Repeat Infection Timeframe (RIT)

- 14-day timeframe; **Date of event** = Day 1
- No new UTIs are reported (specifically, SUTI, ABUTI)
- Additional eligible pathogens from urine cultures are added to the event
- Note the original date of event is maintained
- Do not change device association during the RIT
- Any UTI criterion sets an RIT and SBAP including POA events and non-catheter-associated events

Secondary Blood Attribution Period (SBAP)

- SBAP is the period in which a blood specimen must be collected for a secondary bloodstream infection to be attributed to a primary site infection.
- Includes the IWP combined with the RIT.
- Is 14-17 days in length depending upon the date of event.

Two Scenarios applied to UTI

- Scenario 1: At least one organism from the blood specimen matches an organism identified from the site-specific infection (UTI) that is used as an element to meet the NHSN site-specific infection criterion (UTI) and the blood specimen is collected in the secondary BSI attribution period. (infection window period + repeat infection timeframe).

OR

- Scenario 2: An organism identified in the blood specimen is an element that is used to meet the NHSN site-specific infection criterion (ABUTI), and therefore is collected during the site-specific infection window period.

Location of Attribution

- Location of attribution: inpatient location where the patient was assigned on the DOE.
 - Non-bedded patient locations, (for example, Operating Room (OR) or Interventional Radiology (IR)) are not eligible for assignment of location of attribution for HAI events.
 - Location of attribution must be assigned to a location where denominator data (for example, patient days, device days) can be collected.

Transfer Rule

- Rule of Transfer: If DOE is on the date of transfer or discharge, or the next day, the infection is attributed to the transferring/discharging location.
- If the patient was in multiple locations within the transfer rule time frame, attribute the infection to the first location in which the patient was housed the day before the infection's date of event.
- Although the transfer rule does not apply to SSI or LabID events, facilities should always share information of potential HAI events that may occur before or following transfers between facilities.



Site Specific Concepts

NHSN Chapter 7

Indwelling Urinary Catheter (IUC)

Key Concept

A drainage tube that is inserted into the urinary bladder (includes neobladder) through the urethra, is left in place, and is connected to a collection system. This includes a collection system that is used for irrigation of any type or duration (e.g., intermittent, continuous).

- Also called a Foley catheter

Neobladder

- Qualifies for CAUTI surveillance if an IUC inserted through urethra
- Made from one's own small intestine
- Colonized with intestinal organisms
- NHSN definitions accounts for contamination of urine specimens
 - Culture is considered contaminated when more than 2 organisms are identified.

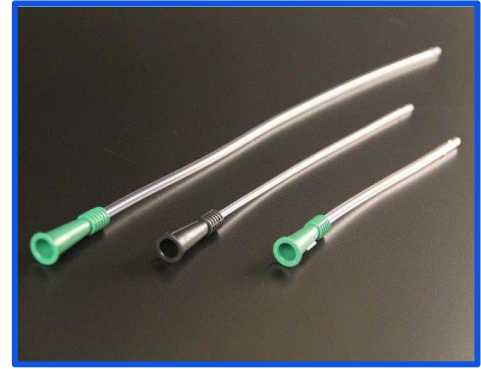
Not an Indwelling Urinary Catheter



Straight
catheterization



Condom catheter
(Texas catheter)



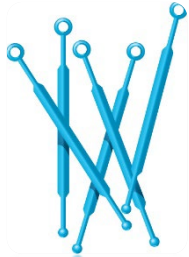
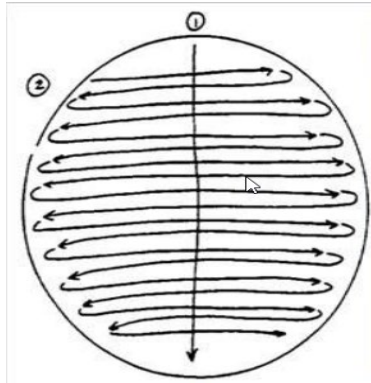
In and Out
catheterization

Unless an indwelling urethral catheter is also present, the following do not qualify

- Suprapubic catheter
- Nephrostomy tubes
- Urostomy
- Ileal conduit
- Perineal urethostomy

Urine from any of these sites can be used in the determination of a UTI

Urine Culture Clarification



1. Streak across plate through the middle.
2. Perpendicular streaks across the first
3. Observe single colonies

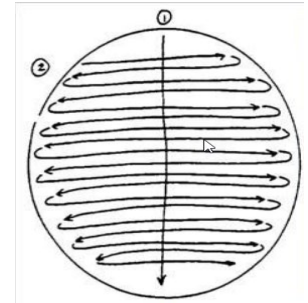
Urine Culture Clarification

Excluded organisms

- *Candida* species or yeast not otherwise specified, mold, dimorphic fungi or parasites are excluded as organisms in the UTI definition therefore blood with these organisms cannot be secondary to UTI
- *Candida auris* is a yeast

Excluded organisms may be present in urine

- Urine cultures with yeast can be used as long as there is one bacterium with $\geq 10^5$ CFU/ml; no more than 2 organisms (for example, $> 10^5$ CFU/ml of *E. coli* and $> 10^5$ CFU/ml of *C. albicans*)



Urine Culture Clarification

Unusable culture results

- Urine cultures with > 2 organisms are regarded as contaminated cultures and not used for NHSN UTI surveillance
 - for example, $> 10^5$ CFU/ml *E. coli*, *S. aureus* and *C. albicans* = 3 organisms
- Urine cultures including “mixed flora*” or equivalent such as “perineal flora”, “vaginal flora”, “normal flora” cannot be used
 - for example, $> \underline{10^5}$ CFU/ml of *E. coli* and perineal flora)

*The bacteria and other microorganisms that normally inhabit a bodily organ or part



Urine Culture Clarification



- Urine culture 75,000 – 100,000 CFU/ml is not eligible
- Organisms of same genus but different species = 2 organisms (for example, *Pseudomonas aeruginosa* and *Pseudomonas fluorescens*)
- The same organism with different antimicrobial susceptibilities = 1 organism (for example, MRSA and MSSA)
- IWP is set on the urine specimen collection date not specimen result date
- Do not add multiple urine cultures together (for example, March 1 urine positive for 2 organisms and March 2 urine positive for 1 organism would not be combined to make this an excluded culture due to > 2 organisms)
- Use urine collected from any body location (for example, nephrostomy, suprapubic catheter)



NHSN Chapter 7

UTI Protocol/Criterion

Urinary Tract Infection Definitions

There are **two specific types** of UTI:

- Symptomatic UTI (SUTI)
- Asymptomatic Bacteremic UTI (ABUTI)

Both types, if catheter-associated, must be reported as part of any CMS CAUTI reporting requirements!



SUTI 1a: Catheter-associated Urinary Tract Infection (CAUTI) Criteria (Any Age) Patient must meet **1, 2, and 3** below:

1. Patient had an indwelling urinary catheter (IUC) that had been in place for more than 2 consecutive days in an inpatient location on the **date of event** AND was either:
 - Present for any portion of the calendar day on the **date of event**
 - OR**
 - Removed the day before the **date of event**
2. Patient has at least **one** of the following signs or symptoms:
 - Fever (>38.0°C)
 - Suprapubic tenderness*
 - Costovertebral angle pain or tenderness*
 - Urinary urgency ^
 - Urinary frequency^
 - Dysuria ^

***No other recognized cause**

^These symptoms cannot be used when catheter is in place
3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 10^5$ CFU/ml

All elements of the UTI criterion must occur during the IWP

SUTI 1b: Non-Catheter-associated Urinary Tract Infection (Non-CAUTI) (Any Age) Patient must meet **1, 2, and 3** below:

1. One of the following is true:
 - Patient has/had an indwelling urinary catheter, but it has/had not been in place for more than 2 consecutive days in an inpatient location on the **date of event**
 - OR
 - Patient did not have a urinary catheter in place on the date of event nor the day before the **date of event**
2. Patient has at least one of the following signs or symptoms:
 - Fever (>38.0C)
 - Suprapubic tenderness*
 - Costovertebral angle pain or tenderness*
 - Urinary urgency ^
 - Urinary frequency^
 - Dysuria ^
3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 10^5$ CFU/ml

***No other recognized cause**

^These symptoms cannot be used when catheter is in place

All elements of the UTI criterion must occur during the IWP

Knowledge Check

| Date | Details |
|------|--|
| 3/25 | Patient admitted to Acute Care hospital for trauma; IUC inserted |
| 3/26 | IUC in place |
| 3/27 | IUC in place |
| 3/28 | IUC discontinued early morning, @ noon complained of urinary frequency |
| 3/29 | No fever |
| 3/30 | Elevated wbc's |
| 3/31 | Positive urine culture with 10^5 CFU/ml <i>E coli</i> |


The Patient's complaint of urinary frequency on 3/28 is after the IUC was removed, so can be used to meet SUTI.

True or False
27

SUTI 1a Example

Patient has an CAUTI

- 3/31 Positive urine culture sets the (IWP): 3/28 – 4/3.
- The 3/28 urinary frequency is first element to occur within the IWP therefore is the **date of event**.
- The IUC was in place > 2 days on the date of event = CAUTI, HAI.

| DATE | SUTI Criterion | IUC day |
|---|--|---------|
| 3/25 Admit | CVA, IUC inserted | 1 |
| 3/26 | IUC in place | 2 |
| 3/27 | IUC in place | 3 |
| 3/28 DOE | IUC discontinued urinary frequency | 4 |
| 3/29 | No fever | |
| 3/30 | Elevated wbc's | |
| 3/31  | urine culture >100,000 CFU/ml <i>E.coli</i> | |
| 4/1 | | |
| 4/2 | | |
| 4/3 | | |

Risk Factor Alert

Event Information

Event Type *: UTI - Urinary Tract Infection
Date of Event *: 03/28/2018

Post-procedure:
MDRO Infection Surveillance *: No, this infection's pathogen/location are not in-plan for Infection Surveillance in the MDRO/CDI Module
Location *: 6C - 6C - ORTHO
Date Admitted to Facility >: 03/25/2018

Risk Factors

Urinary Catheter *: INPLACE - Urinary catheter in place > 2 days on the date of event
Location of Device Insertion: 6C - 6C - ORTHO
Date of Device Insertion: 03/25/2018

Event Details

Specific Event >: SUTI - Symptomatic UTI

Specify Criteria Used *

| Signs & Symptoms | <= 1 year old | Laboratory & Diagnostic Testing |
|--|--------------------------------------|--|
| Any patient | | |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Fever | <input checked="" type="checkbox"/> Positive culture with $\geq 10^5$ CFU/ml with no more than 2 species of bacteria |
| <input type="checkbox"/> Urgency | <input type="checkbox"/> Hypothermia | <input type="checkbox"/> Organism(s) identified |
| <input checked="" type="checkbox"/> Frequency | <input type="checkbox"/> Apnea | <input type="checkbox"/> Organism(s) identified from blood specimen |
| <input type="checkbox"/> Dysuria | <input type="checkbox"/> Bradycardia | <input type="checkbox"/> Imaging test evidence of infection |
| <input type="checkbox"/> Suprapubic tenderness | <input type="checkbox"/> Lethargy | |
| <input type="checkbox"/> Costovertebral angle pain or tenderness | <input type="checkbox"/> Vomiting | |
| <input type="checkbox"/> Abscess | | |
| <input type="checkbox"/> Pain or tenderness | | |
| <input type="checkbox"/> Purulent drainage from affected area | | |

Alert

Urgency, Frequency or Dysuria has been selected. These should only be selected if the urinary catheter was not in place at time of the symptom.

OK

SUTI 2: CAUTI or Non-CAUTI in patients 1 year of age or less

Patient must meet **1, 2, and 3** below:



1. Patient is ≤ 1 year of age (with or without an indwelling urinary catheter)

2. Patient has at least one of the following signs or symptoms:


- Fever ($>38^{\circ}\text{C}$)
- **Hypothermia ($<36.0^{\circ}\text{C}$)**
- **Apnea***
- **Bradycardia***
- **Lethargy***
- **Vomiting***
- Suprapubic tenderness*

***No other recognized cause**

3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 10^5$ CFU/ml

All elements of the UTI criterion must occur during the IWP

SUTI 2 Example

| Date | Details |
|-------|--|
| 12/23 | 2 month-old admitted for diarrhea; IUC inserted |
| 12/27 | Patient vomits x 2  |
| 12/28 | Urine culture is positive for <i>E. coli</i> 10 ⁵ CFU/ml |

This meets catheter-associated SUTI2, **date of event** 1/27, pathogen *E. coli*

Asymptomatic Bacteremic Urinary Tract Infection (ABUTI) (Any Age)

Patient must meet **1, 2, and 3** below:

1. Patient with or without an indwelling urinary catheter has **no signs or symptoms** of SUTI 1 or 2 according to age
2. Patient has a urine culture with no more than two species of organisms identified, **at least one of which is a bacterium of $\geq 10^5$ CFU/ml**
3. Patient has organism identified from blood specimen with at least **one matching bacterium** to the bacterium identified in the urine specimen 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 IWP

ABUTI





Note: Catheter-associated ABUTI is reportable IF CAUTI is selected in the monthly reporting plan for this location.

Asymptomatic Bacteremic UTI (ABUTI) Example

| Date | Details |
|---------|---|
| 2/20 | Patient admit for MI, IUC inserted |
| 2/21-23 | No UTI signs/symptoms (s/s) |
| 2/24 | Elevated wbc's, No UTI s/s, Positive blood with <i>S. aureus</i> and positive urine culture with $> 10^5$ CFU/ml <i>S. aureus</i> |
| 2/25-27 | No UTI s/s |
| 2/28 | IUC removed, Discharged to home |

ABUTI Example

- 2/24 urine culture sets the IWP: 2/21 – 2/27.
- No UTI s/s however matching blood organism within IWP.
- Meets ABUTI, DOE 2/24.
- IUC in place > 2 days on DOE therefore catheter-associated. The matching blood organism is secondary.

| Date | SBAP | RIT | Infection Window Period |
|--------------|--|---|--|
| Feb 20 Admit | | | IUC inserted |
| Feb 21 | | | no UTI signs/symptoms |
| Feb 22 | | | no UTI signs/symptoms |
| Feb 23 | | | no UTI signs/symptoms |
| Feb 24 |  | 1  | Blood culture: <i>S.aureus</i> Urine culture 10 ⁵ CFU/ml <i>S.aureus</i> no UTI signs/symptoms IUC removed |
| Feb 25 | | 2 | no UTI signs/symptoms |
| Feb 26 | | 3 | no UTI signs/symptoms |
| Feb 27 | | 4 | no UTI signs/symptoms |
| Feb 28 | | 5 | IUC removed, Discharged to home |

Catheter-associated ABUTI is reportable if the location is in the facility reporting plan



Data Collection form and Table of Instructions for UTI Surveillance

UTI (CAUTI) [Top of Page](#)

VAE

Frequently Asked Questions (FAQs) +

Calculators & Worksheets +

HAI Checklists

Long-term Care Facility Component +

Dialysis Component +

Biovigilance Component +

Healthcare Personnel Safety Component (HPS) +

Neonatal Component +

Outpatient Procedure Component +

NHSN Reports +

Group Users

Newsletters

Data Validation Guidance +

Data Collection Forms & Instructions

All Data Collection Forms are Print-only

UTI Event

[Urinary Tract infection \(UTI\) form – January 2021 \(57.114\)](#) [PDF – 180 KB]

- [Customizable form](#) [DOC – 60 KB]
- [Table of Instructions](#) [PDF – 250 KB]

Denominator Forms

ACH

[Denominators for Intensive Care Unit \(ICU\)/Other locations \(not NICU or SCA\) form – January 2021 \(57.118\)](#) [PDF – 80 KB]

- [Customizable form](#) [DOCX – 60 KB]
- [Table of Instructions](#) [PDF – 200 KB]

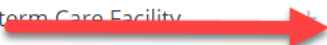
[Denominators for Neonatal Intensive Care Unit \(NICU\) form – January 2021 \(57.116\)](#) [PDF – 80 KB]

- [Customizable form](#) [DOCX – 60 KB]
- [Table of Instructions](#) [PDF – 200 KB]

Data Collection Form (57.114)

Calculators & Worksheets +

HAI Checklists


Long-term Care Facility Component 

Dialysis Component +

UTI Event

[Urinary Tract infection \(UTI\) form - January 2021 \(57.114\)](#) [PDF - 180 KB]

- [Customizable form](#) [DOC - 60 KB]
- [Table of Instructions](#) [PDF - 250 KB]



Form Approved
OMB No. 0920-0666
Exp. Date: 11/30/2021
www.odc.gov/nhsn

Urinary Tract infection (UTI)

*required for saving **required for completion

Page 1 of 4

| | |
|--|-----------------------------------|
| Facility ID: | Event #: |
| *Patient ID: | Social Security #: |
| Secondary ID: | Medicare #: |
| Patient Name, Last: | First: Middle: |
| *Gender: F M Other | *Date of Birth: |
| Ethnicity (Specify): | Race (Specify): |
| *Event Type: UTI | *Date of Event: |
| Post-procedure UTI: Yes No | Date of Procedure: |
| NHSN Procedure Code: | ICD-10-PCS or CPT Procedure Code: |
| *MDRO Infection Surveillance: | |
| <input type="checkbox"/> Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module | |
| <input type="checkbox"/> No, this infection's pathogen & location are not in-plan for Infection Surveillance in the MDRO/CDI Module | |
| *Date Admitted to Facility: | *Location: |
| Risk Factors | |
| *Urinary Catheter status: | |
| <input type="checkbox"/> In place – Urinary catheter in place > 2 days on the date of event or present for any portion of the calendar day | |
| <input type="checkbox"/> Removed – Urinary catheter in place > 2 days and removed the day before the date of event | |
| <input type="checkbox"/> Neither – Not catheter associated – Neither in place nor removed | |
| Location of Device Insertion: _____ Date of Device Insertion: ___/___/___ | |
| If NICU, birth weight (gms): _____ | |

Data Collection Form (57.114)



Form Approved
OMB No. 0920-0666
Exp. Date: 11/30/2021
www.cdc.gov/nhsn

Urinary Tract infection (UTI)

Page 3 of 4

| Pathogen # | Gram-negative Organisms (continued) | | | | | | | |
|------------|-------------------------------------|-------------|-------------|---------------|----------------|--------------------|----------------|--------------|
| _____ | <i>Pseudomonas aeruginosa</i> | AMK SIRN | AZT SIRN | CEFEP SIRN | CEFTAZ SIRN | CIPRO/LEVO SIRN | COL/PB SIRN | GENT SIRN |

Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent

N = Not tested

§ GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic

† Clinical breakpoints are based on CLSI M100-ED30:2020, Intermediate MIC ≤ 2 and Resistant MIC ≥ 4

| Pathogen # | Organism | Drug 1 | Drug 2 | Drug 3 | Drug 4 | Drug 5 | Drug 6 | Drug 7 | Drug 8 | Drug 9 |
|------------|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| _____ | (specify) | SIRN | SIRN | SIRN | SIRN | SIRN | SIRN | SIRN | SIRN | SIRN |
| _____ | Organism 1 (specify) | SIRN | SIRN | SIRN | SIRN | SIRN | SIRN | SIRN | SIRN | SIRN |
| _____ | Organism 1 (specify) | SIRN | SIRN | SIRN | SIRN | SIRN | SIRN | SIRN | SIRN | SIRN |

Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent
N = Not tested

§ GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic

† Clinical breakpoints have not been set by FDA or CLSI, Sensitive and Resistant designations should be based upon epidemiological cutoffs of Sensitive MIC ≤ 2 and Resistant MIC ≥ 4

Example Sensitivity Report

Pathogen 1: 21 drugs required


| | | | | | | | |
|--|---|---|--|---|--|---|--|
| * <u>AMK</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N | * <u>AMP</u> <input type="radio"/> S <input checked="" type="radio"/> R <input type="radio"/> I <input type="radio"/> N | * <u>CEFOX</u> <input type="radio"/> S <input checked="" type="radio"/> R <input type="radio"/> I <input type="radio"/> N | <u>CTET</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N | * <u>CIPRO</u> <input type="radio"/> S <input checked="" type="radio"/> R <input type="radio"/> I <input type="radio"/> N | <u>LEVO</u> <input type="radio"/> S <input checked="" type="radio"/> R <input type="radio"/> I <input type="radio"/> N | <u>MOXI</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N | |
| * <u>COL</u> <input type="radio"/> S <input type="radio"/> R <input checked="" type="radio"/> N | <u>PB</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> N | * <u>DORI</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N | <u>MERO</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N | * <u>DOXY</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N | <u>MINO</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N | <u>TETRA</u> <input type="radio"/> S <input checked="" type="radio"/> R <input type="radio"/> I <input type="radio"/> N | |
| * <u>AMPSUL</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N | <u>AMXCLV</u> <input type="radio"/> S <input checked="" type="radio"/> R <input type="radio"/> I <input type="radio"/> N | * <u>CEFOT</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N | <u>CEFTRX</u> <input type="radio"/> S <input checked="" type="radio"/> R <input type="radio"/> I <input type="radio"/> N | * <u>AZT</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input checked="" type="radio"/> N | * <u>CEFAZ</u> <input type="radio"/> S <input checked="" type="radio"/> R <input type="radio"/> I <input type="radio"/> N | * <u>CEFEP</u> <input type="radio"/> S <input checked="" type="radio"/> R <input type="radio"/> I/S-DD N | |
| * <u>CEFTAZ</u> <input type="radio"/> S <input checked="" type="radio"/> R <input type="radio"/> I <input type="radio"/> N | * <u>CEFUR</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input checked="" type="radio"/> N | * <u>ERTA</u> <input type="radio"/> S <input type="radio"/> R <input checked="" type="radio"/> I <input type="radio"/> N | * <u>GENT</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N | * <u>IMI</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input checked="" type="radio"/> N | * <u>PIPTAZ</u> <input type="radio"/> S <input checked="" type="radio"/> R <input type="radio"/> I <input type="radio"/> N | * <u>TIG</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input checked="" type="radio"/> N | <u>NITRO</u> <input type="button" value="v"/> <input type="radio"/> S <input checked="" type="radio"/> R <input type="radio"/> I <input type="radio"/> N |
| * <u>TMZ</u> <input type="radio"/> S <input checked="" type="radio"/> R <input type="radio"/> I <input type="radio"/> N | * <u>TOBRA</u> <input type="radio"/> S <input type="radio"/> R <input checked="" type="radio"/> I <input type="radio"/> N | | | | | | |

<https://www.cdc.gov/nhsn/pdfs/gen-support/USP-Alert-current.pdf>

USP form


Denominator Forms


ACH

[Denominators for Intensive Care Unit \(ICU\)/Other locations \(not NICU or SCA\) form – January 2021 \(57.118\)](#)  [PDF – 80 KB]

- [Customizable form](#)  [DOCX – 60 KB]

- [Table of Instructions](#)  [PDF – 200 KB]

[NHSN Patient Safety Component Alerts](#)  [PDF – 1 MB]

[Unusual Susceptibility Profiles Alert – January 2022](#)  [PDF – 650 KB]

[Location Mapping Checklist](#) 



Table of Instruction Form (57.114)

Surveillance for
Antimicrobial Use and
Antimicrobial Resistance
Options

Surveillance for BSI
(CLABS)

Data Collection Forms

All Data Collection Forms are Print-only

- [57.114 Urinary Tract infection \(UTI\) form January 2019](#)
- [PDF – 108 KB]
- [Customizable form](#) [DOCX – 40 KB]
- [Table of Instructions for UTI form 57.114](#) [PDF –

UTI

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 # | Optional. Enter the patient's Medicare number. |
| 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. |

Risk Factors: CAUTI

Required Field: Urinary Catheter

Risk Factors

Urinary Catheter *: REMOVE - Urinary catheter in place > 2 days but removed the day before the date of event

Location of Device Insertion:

Date of Device Insertion:

Optional: Patient location where indwelling urinary catheter inserted.

Optional: Date indwelling urinary catheter inserted.

Three options:

INPLACE- Urinary catheter in place for more than 2 consecutive days on the date of event

REMOVE – Urinary catheter in place for more than 2 consecutive days but was removed the day before the date of event

NEITHER – If no urinary catheter was in place on the day of or the day before the date of event OR not in place >2 calendar days on the date of event




Denominator and Summary Data

Collecting Summary Denominator Data

Manual Collection

For all locations, count **at the same time each day**

- Number of patients on the inpatient unit
- Number of patients with an indwelling urinary catheter

 **NHSN**
NATIONAL HEALTHCARE
SAFETY NETWORK

Form Approved
OMB No. 0920-0666
Exp. Date: 01/31/24
www.cdc.gov/nhsn

Denominators for Intensive Care Unit (ICU)/Other Locations (not NICU or SCA)

Page 1 of 1

*required for saving
Facility ID: XXXXX *Location Code: ICU *Month: February *Year: 2022

| Date | *Number of Patients | **Number of patients with 1 or more central lines | **Number of patients with a urinary catheter | **Number of total patients on a ventilator | Number of patients on APRV | Number of Episodes of Mechanical Ventilation |
|------|---------------------|---|--|--|----------------------------|--|
| 1 | 9 | 5 | 6 | 2 | 0 | 1 |
| 2 | | | | | | |

Denominator data



Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA)

Mandatory fields marked with *

Facility ID *: DHQP Memorial Hospital (ID 10000) ▾

Location Code *: CARDCRIT - CARDIO CRIT CARE ▾

Month *: January ▾

Year *: 2022 ▾

| Denominator Data | | |
|--------------------------------------|----------------------------------|---|
| | | Report No Events |
| Total Patient Days * | <input type="text" value="500"/> | |
| Central Line Days * | <input type="text" value="250"/> | CLABSI: <input checked="" type="checkbox"/> |
| Urinary Catheter Days * | <input type="text" value="150"/> | CAUTI: <input type="checkbox"/> |
| Ventilator Days * | <input type="text" value="125"/> | VAE: <input type="checkbox"/> PedVAE: <input type="checkbox"/> PedVAP: <input type="checkbox"/> |
| APRV Days : | <input type="text"/> | |
| Episodes of Mechanical Ventilation : | <input type="text"/> | |

When there are no events to report for the month, check the box

| Sample Values For Estimating Denominator Data | | |
|---|----------------------|--------------------------------|
| | | Check Box(es) if Sampling Used |
| Sample Patient Days : | <input type="text"/> | |
| Sample Central Line Days : | <input type="text"/> | <input type="checkbox"/> |
| Sample Urinary Catheter Days : | <input type="text"/> | <input type="checkbox"/> |

Sampling data sum for month

Collecting Summary Denominator Data

Optional alternatives:



- Electronically collected
 - Validate the electronic method against the manual method
 - Collect 3 months concurrent data using both methods
 - Calculate the data need to be within 5% (+/-) of the manually-collected

- Weekly Sampling
 - Reduce staff time-estimate indwelling urinary catheter days (IUC)
 - ICU and ward locations with average of ≥ 75 IUC days per month
 - Saturday or Sunday - least accurate estimates of denominator data, therefore, these days should not be selected

Common Mistakes



Common Misapplications of the Protocol

1. UTI as secondary infection
2. Positive culture on admission automatically = Present on Admission (POA)
3. UTI signs or symptoms such as fever on admission automatically = POA

#1:



UTI as secondary infection-Never

NOTE: UTI is a primary site of infection and cannot be considered secondary to another site of infection

When a patient meets CAUTI and the same organism is identified in a burn wound culture these are considered 2 sites of infection

When a patient meets PNEU event, a CAUTI cannot be classified as a secondary infection even though the same organism is identified

A patient can have 2 different sites of infection

#2

Positive urine culture on admit = POA-NO

- 1/2 Positive urine culture during the POA timeframe without UTI signs or symptoms nor matching blood organism in the IWP is not an event; **therefore this does not meet POA.**
- 1/9 Positive urine culture sets the IWP: 1/6– 1/12.
- 1/10 fever occurs in the IWP, and is used to meet SUTI, **DOE 1/9.**
- The IUC was in place > 2 days on the DOE therefore meets SUTI 1a: CAUTI which is HAI.

| DATE | SUTI Criterion |
|----------------|---|
| 12/30 12/31 | No UTI s/s No UTI s/s |
| 1/1 Admit | No UTI s/s IUC inserted |
| 1/2 | Positive urine culture <i>Ecoli</i> >100,000 CFU/ml; |
| 1/3 | No UTI s/s |
| 1/4 | No UTI s/s |
| 1/5 | No UTI s/s |
| 1/6 | |
| 1/7 | |
| 1/8 | HAI |
| 1/9 | Positive urine culture <i>Ecoli</i> >100,000 CFU/ml IUC catheter in place |
| 1/10 | Fever >38.0°C |
| 1/11 | |
| 1/12 | |
| 1/13 | |
| 1/14 | |
| 1/15 | |

**No UTI
Event**

**CAUTI date
of event
1/9**

IWP

#3

UTI signs or symptoms on admission = POA-NO

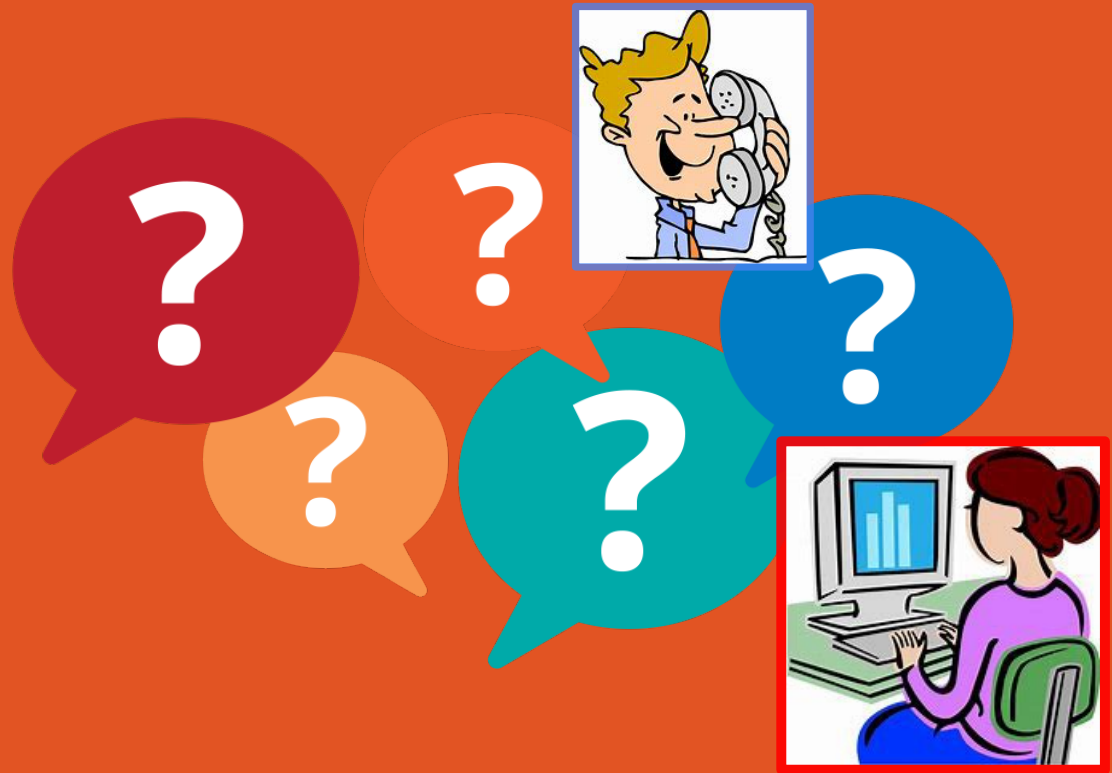
- The 3/11 urine culture sets the IWP: 3/8 – 3/14
- The 3/10 fever > 38° C can be used because it occurs in the IWP
- This meets CAUTI, **DOE** 3/10
- Cannot use the 3/1 fever > 38° C because it does not occur in the IWP

| DATE | SUTI CRITERION | HOSPITAL DAY |
|-------|--|--------------|
| 3/1 | Admit with IUC in place | 1 |
| Admit | Fever > 38° C | |
| 3/2 | Fever > 38° C | 2 |
| 3/3 | Fever > 38° C | 3 |
| 3/4 | Fever > 38° C | 4 |
| 3/5 | Fever > 38° C | 5 |
| 3/6 | Fever > 38° C | 6 |
| 3/7 | | 7 |
| 3/8 | | 8 |
| 3/9 | | 9 |
| 3/10 | Fever > 38° C HAI | 10 |
| 3/11 | Positive urine culture > 100,000 CFU/ml E.coli | 11 |
| IWP | | |
| 3/12 | | 12 |
| 3/13 | | 13 |
| 3/14 | | 14 |

UTi criteria not met; POA requires positive urine culture

CAUTI date of event 3/10

★



Sending Questions to NHSN

Submit UTI case review questions to nhsn@cdc.gov

Sample of Complete NHSN Case review request:

- Date of Admission
- Date(s) of IUC insertion/removal if applicable
- Age of patient
- Date(s) and results of urine cultures including colony count
- Date(s) and types of UTI signs/symptoms
- Date(s) and results of any positive blood cultures
- Include your determination
- **Do not include confidential Personal Identifiable Information**

Case Studies



Steps in Investigating a Positive Urine Culture as Possible CAUTI

| | |
|----|--|
| 1. | Determine the date of the urine culture collection. |
| 2. | From the date of the urine culture determine the 7-day IWP: 3 days before the urine culture, the day of the urine culture and 3 days after for a total of 7 days. |
| 3. | Determine if all of the elements of the UTI are met during the IWP. If yes, there is an infection event. If no, there is no event. |
| 4. | Next determine the DOE : the date that the <u>first element</u> occurs for the first time within the IWP. |
| 5. | Is the DOE in the POA time period? If yes, the infection is POA, if no, it is an HAI. (POA time period is defined as the day of admission to an inpatient location, the 2 days before admission, and the calendar day after admission) |
| 6. | Next (if appropriate) determine if the HAI is device-associated, i.e. CAUTI. If the DOE occurred on or after calendar day 3 of device use in an inpatient location, and the device was in place on that day or the day before, the HAI is device-associated. |

SAVE

Applying the basics: Case 1

| DATE | Infection Window Period |
|-----------|---|
| 2/2 ED | Patient female 35 years of age IUC inserted |
| 2/3 ADMIT | Fever 100.9° F IUC day #1 |
| 2/4 | Fever 100.8° F IUC day #2 |
| 2/5 | urine culture: CNS 10 ⁵ CFU/ml IUC day #3 |
| 2/6 | - |
| 2/7 | - |
| 2/8 | - |
| 2/9 | - |

- Determine the IWP
- What is the DOE?
- Is this event catheter associated?
- Is this event POA or HAI?
- What is the RIT?
- What is the SBAP?

Rationale and Determination: Case 1

- The **2/5 positive urine culture** sets the **IWP: 2/2 - 2/8**.
- The **2/3 fever** is the **first element** to occur within the IWP therefore is the **DOE**;
 - RIT = 2/3-2/16; SBAP = 2/3-2/16
- Is this POA or HAI. It is Present on admit since the DOE was on hospital day 1.
- The IUC was **not** in place > 2 days in the **inpatient location** on the **DOE** therefore meets **SUTI 1b: Non-Catheter-Associated UTI**, and a UTI RIT and SBAP is set

Meets SUTI 1b: Non-Catheter-Associated UTI

| DATE | SBAP | RIT | Infection Window Period |
|----------------------|------|-----|---|
| 2/2 ED | | | IUC inserted |
| 2/3 ADMIT DOE POA | | 1 | Fever 100.9° F IUC day #1 |
| 2/4 | | 2 | Fever 100.8° F IUC day #2 |
| 2/5 | | 3 | urine culture: CNS 10 ⁵ CFU/ml IUC day #3 |
| 2/6 | | 4 | |
| 2/7 | | 5 | |
| 2/8 | | 6 | Blood culture 2/8 |
| 2/9 | | 7 | |

Transfer Rule: Case 2

| Date | Details |
|------|--|
| 2/2 | Patient 75 years old seen in ED, IUC inserted |
| 2/3 | Admitted to Critical Care (CC) Temperature 100.2°F |
| 2/4 | Temperature 100.1°F |
| 2/5 | Urine culture collected and positive for 100,000 CFU/ml E. coli, Temperature 100.2F. Transferred to Medical unit |
| 2/6 | Fever 100.8 |
| 2/15 | IUC removed, Discharged to home |

Rationale and Determination: Case 2

- The 2/5 positive urine culture sets IWP: 2/2 – 2/8.
- The temps **2/3** and **2/4** are < 100.4 F, cannot be used to meet UTI.
- There is a fever on 2/6 completing the criterion.
- **DOE** is therefore the 2/5 as the culture was the **first** element to occur for the **first** time within the IWP.
- IUC was in place > 2 consecutive day in an inpatient unit = CAUTI
- Location of attribution (LOA) = CC

| DATE | Infection Window Period |
|-----------|---|
| 2/2 ED | IUC inserted |
| 2/3 ADMIT | Temp 100.2 ⁰ F IUC day #1 Location CC |
| 2/4 | Temp 100.1 ⁰ F IUC day #2 Location CC DOE; LOA = CC |
| 2/5 | urine culture: <i>E. coli</i> 10 ⁵ CFU/ml Location CC/Med IUC day #3 100.2F |
| 2/6 | Fever 100.8 |
| 2/7 | |
| 2/8 | |
| 2/9 | |

COVID-19 Yes; No: Case 3

| Date | Details |
|-----------|---|
| 12/25 | Patient admit for respiratory distress, IUC inserted; <i>COVID 19 (SARS CoV) positive</i> |
| 12/25-28 | No UTI signs/symptoms |
| 12/29 | Elevated wbc's, No UTI s/s, Positive blood with <i>S. aureus</i> and positive urine culture with $> 10^5$ CFU/ml <i>S. aureus</i> |
| 12/30-1/1 | No UTI s/s |
| 1/8 | IUC removed; <i>COVID19 (SARS CoV) negative 1/25</i> Discharged to home 1/30 |

What is the IWP, DOE, event identified, report COVID-19 Yes or No?

Case COVID Yes; No

- **Required question for all HAI events occurring on or after January 1, 2022 COVID-19**
 - Answer COVID-19 as 'YES' if the patient is lab test confirmed COVID-19 prior to or on the date of event (HAI). Keep in mind that patients may undergo repeat testing post-treatment and may move from a 'confirmed' to 'negative' COVID-19 status.
 - Answer COVID-19 as 'NO' if the most recent lab test prior to or on the date of event (HAI) is negative.

We did not include in our definition a length of time for the patient to be considered 'confirmed'; however, we focus strictly on the current hospitalization and the response should be based on the lab test available within the current patient record.

It is our hope that the data received over time will enable us to identify the risk of the COVID-19 condition on HAIs.

Case COVID Yes No

| Date | Details |
|-----------|---|
| 12/25 | Patient admit for respiratory distress, IUC inserted; <i>COVID19 (SARS CoV2) positive</i> |
| 12/25-28 | No UTI signs/symptoms (s/s) |
| 12/29 | Elevated wbc's, No UTI s/s, Positive blood with <i>S. aureus</i> and positive urine culture with $> 10^5$ CFU/ml <i>S. aureus</i> |
| 12/30-1/1 | Fever > 38.0 (IWP=12/26-1/1; DOE = 12/29; COVID-19 = Yes) |
| 1/8 | IUC removed, ; <i>COVID19 (SARS CoV2) negative</i> Discharged to home |

Summary

- Reviewed the 2022 UTI Protocol, key concepts and common mistakes
- Remember
 - Positive urine culture OR UTI s/s on admission does not automatically meet POA
 - UTI is a primary site of infection; cannot be secondary to another site of infection
- Identified how to count urinary catheter days to determine infection association
 - Catheter count begins on day of insertion and if IUC in place in place prior to admission, begins with admission date to the first inpatient location
- Applied basic concepts using case studies including the COVID-19 Yes/No required, new for 2022

Recipe for good Goulash!

- Ingredients
 - 2 lbs lean ground beef or Turkey
 - 1 large onion, chopped
 - 30 ounces tomato sauce or juice
 - 2 cans diced tomatoes
 - 16 ounces package elbow macaroni cooked as directed
- In a large pot brown hamburger with onion. Drain grease, add sauce, tomatoes and cooked macaroni. Salt and pepper to taste, simmer for 15 minutes
- Serve in pasta bowls, top with your favorite cheeses

**For any questions or concerns,
contact the NHSN Helpdesk at nhsn@cdc.gov**



For more information please contact Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.