2023 CLABSI Medical Record Abstraction Tool

Refer to associated 2023 MRAT instructions.

Section 1. Patient Information and Screening Questions			
1a. Patient Information			
Facility (NHSN) OrgID:	Date of Audit: ___ / ___ / ___	Review Start Time: End Time:	Reviewer Initials:
Patient ID:	Patient DOB: ___ / ___ / ___	Sex at Birth: M F Unknown	Current Gender: M F Other Unknown
Facility Admission Date: ___ / ___ / ___	Facility Discharge Date: ___ / ___ / ___	Ethnicity (*select one)*: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown	Race (*select all that apply)*: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Unknown
1b. Screening Questions			
b1. Was the selected positive blood culture (PBC) collected on or after facility day 3 or was the date of event (DOE) the day of transfer or discharge, or the next day?	☐ Yes -> Continue to b2 ☐ No -> (i.e., the PBC was drawn before facility day 3) No HAI-CLABSI event. Proceed to Section 8 and select outcome (a) No candidate SL CLABSI; complete the section as appropriate.		
b2. Was central line (CL) in place for >2 calendar days AND in place the day of or day prior to selected PBC collection?	☐ Yes -> Continue to b3 ☐ No -> No HAI-CLABSI event. Proceed to Section 8 and select outcome (a) No candidate SL CLABSI; complete the section as appropriate.		
b3. Did the selected PBC meet any of the following criteria? • *Campylobacter* spp., *C. difficile*, Enteropathogenic *E. coli*, Enterohemorrhagic *E. coli*, *Vibrio* spp, *Salmonella* spp., *Shigella* spp., *Listeria* spp., *Yersinia* spp. (These organisms are excluded pathogens for LCBI. They may be secondary BSIs but will not be reported as the sole pathogen in a primary BSI.) • *Blastomyces, Histoplasma, Coccidioides, Paracoccidioides, Cryptococcus, Pneumocystis* (These organisms are typically causes of community-associated infections and are rarely known to cause healthcare-associated infections, and therefore are excluded.) • A single common commensal organism identified by culture. • Negative culture within a range of two days before and day after a positive NCT with a recognized pathogen.	☐ No -> Continue to Section 2. ☐ Yes -> No HAI-CLABSI event. Proceed to Section 8 and select outcome (a) No candidate SL CLABSI; complete the section as appropriate.		

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Section 2. List Positive Blood Cultures: *Enter the selected PBC in row 1. Then review the 14 days prior to the selected PBC and enter any additional PBCs found. If additional PBCs are found, review the next 14 days from the earliest culture. Repeat this until no additional PBCs are found or admit date is reached.*

PBC #	PBC Collection Date	Surveillance Location PBC?	Optional: CL on this date or day before?	Organism genus/species	P or CC	Infection DOE	RIT End Date
1	___/___/___	Y N	Y N			___/___/___	___/___/___
2	___/___/___	Y N	Y N			___/___/___	___/___/___
3	___/___/___	Y N	Y N			___/___/___	___/___/___

PBC=blood culture, CL= Central Line, P=pathogen, CC=common commensal, DOE=Date of Event, RIT= Repeat Infection Timeframe. Add rows if needed.

Section 3. Location and Central Line Presence

3a. Location: *Enter the facility location of attribution for the selected PBC.*

Admit/Transfer IN: ___/___/___	Discharge/Transfer OUT: ___/___/___	Location Name (including ED):

3b. Central Lines: *Document any central line present the day of or day prior to the specimen collection date of the selected PBC.*

CL inserted or accessed	CL removed <u>without</u> replacement	Location housed with CL
___/___/___	___/___/___	
___/___/___	___/___/___	
___/___/___	___/___/___	
___/___/___	___/___/___	
___/___/___	___/___/___	

Section 4. Did the selected PBC's infection episode qualify as LCBI event? *Refer to Table 1 in the CLABSI MRAT Instructions for criteria.*

☐ No	*If No, LCBI definition was NOT met, go to Section 8, and select outcome (b) No LCBI and reason. If "Alternative primary source of BSI" is the selected reason, enter additional information in the subsequent box.*
☐ Yes	*If Yes LCBI, select the type of LCBI and proceed to Section 4.* LCBI Type (*select one*): ☐LCBI 1 ☐MBI LCBI 1 ☐LCBI 2 ☐ MBI LCBI 2 ☐ LCBI 3 ☐MBI LCBI 3

Section 5. Was LCBI Healthcare-Associated (HAI) or Present on Admission (POA)? *Did LCBI occur during the 2 days before facility admission or the day after facility admission (POA)?*	
☐ Yes	*If Yes, LCBI was POA, proceed to Section 8 and select outcome (c) POA LCBI.*
☐ No	*If No, proceed to Section 6.*

Section 6. Does HAI LCBI meet any of the following exclusion criteria?

If **Yes**, select all exclusion criteria met, then proceed to Section 8 and select outcome (d) HAI-LCBI not CLABSI.
If **No,** HAI-LCBI is CLABSI, proceed to Section 7.

- ☐ **ECMO or VAD:** Extracorporeal life support (ECMO) or Ventricular assist device (VAD) was present for more than two days on the DOE and still present on the DOE or day before
- ☐ **Patient injection:** There was medical documentation of the patient suspected or observed self-injecting into their vascular access line within the infection window period.
- ☐ **Epidermolysis bullosa or Munchausen Syndrome by Proxy:** There was a suspicion or confirmed diagnosis during the current admission of Epidermolysis bullosa (EB) or Munchausen Syndrome by Proxy (MSBP).
- ☐ **Pus at a vascular access site:** There was pus at the site of one of the other vascular access devices and a specimen collected from that site has at least one matching organism to an organism identified in blood.
- ☐ **Group B Streptococcus (GBS):** GBS was identified during the first 6 days of life

Section 7. Was surveillance location the Location of Attribution (LOA)?	
7a. Was patient in a surveillance location (SL) on date of LCBI Event or day before Event?	
☐ Yes	*If Yes, proceed to 7b.*
☐ No	*If No, proceed to Section 8 and select outcome (e) CLABSI not SL attributable*
7b. Was patient transferred to surveillance location from another bedded inpatient location, on date of LCBI Event or day before Event?	
☐ Yes	*If Yes, location of attribution was the transferring location, proceed to 7c.*
☐ No	*If No, location of attribution was location at time of infection, proceed to Section 8 and select outcome (f) SL CLABSI.*
7c. Was the transferring location a surveillance location?	
☐ Yes	*If Yes, location of attribution (transferring location) WAS a surveillance location, proceed to Section 8 and select outcome (f) SL CLABSI.*
☐ No	*If No, location of attribution (transferring location) was NOT a surveillance location, proceed to Section 8 and select outcome (e) CLABSI not SL attributable.*

Section 8. Outcome and Case Classification

8a. Outcome Determination: *Select the most appropriate outcome for the selected PBC. If outcomes b or f are chosen, complete the additional fields.*

a) No candidate surveillance location CLABSI
b) No LCBI; Select reason:
- ☐ *Contaminant (unmatched CC)*
- ☐ *Matching CCs with no symptoms*
- ☐ *Alternative primary source of BSI (complete box):*

> *-Primary source of BSI _____*
> *-Date of alternative primary event _____*
> *-Attach NHSN checklist with elements abstracted*
> *-Select the correct NHSN BSI Chapter, Appendix B criterion:*
> ☐ *At least one organism from the blood specimen matches an organism identified from the site-specific infection that is used as an element to meet the NHSN site-specific infection criterion AND the blood specimen is collected during the secondary BSI attribution period (infection window period + repeat infection time frame).*
> ☐ *An organism identified in the blood specimen is an element that is used to meet the NHSN site-specific infection criterion, and therefore is collected during the site-specific infection window period.*

c) POA LCBI
d) HAI-LCBI not CLABSI
e) CLABSI not SL attributable
f) SL CLABSI

8b. Case Classification
Determine the correct classification for the selected PBC. If the selected PBC was misclassified by the facility, proceed to 8c.

☐ **Correctly Reported or Correctly Not Reported HAI** ☐ **Over Reported HAI** ☐ **Under Reported HAI**

8c. Misclassification Reason
Select the most appropriate reason for the misclassification. If an "Other" option is chosen, specify the reason.

(I) General HAI definition misapplication	(II) CLABSI criteria misapplied
a) Incorrect location of attribution b) Date of event incorrect c) IWP set incorrectly d) RIT applied incorrectly	a) Central Line not in > 2 days in an inpatient location on date of event b) Missed CLABSI due to central line removed day of or day before the date of event

e) Did not identify elements present in IWP f) POA/HAI applied incorrectly g) Other (specify): _____ <u>(III) Additional Reasons</u> a) Missed case finding/failure to review PBC b) Clinical over-rule c) Used outdated criteria d) No positive blood specimen in chart e) Other (specify): _____	c) Missed CLABSI due to location transfer/discharge day of or day before the date of event d) CLABSI incorrectly identified as secondary BSI e) Secondary BSI incorrectly identified as a primary CLABSI f) Other (specify): _____

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