Guideline for using the Urinary Tract Infection (UTI) Data Dictionary

In order to accurately assess inappropriate diagnosis of urinary traction infections (UTI), it is necessary to ensure that the correct population is being assessed. It is also important to apply a standard method for collecting data. The UTI data dictionary includes the information needed to ensure that appropriate standards are applied. This document provides additional guidance for using the UTI data dictionary.

**Inclusion Criteria Tab**

The tab outlines broad inclusion criteria for this data cohort. There are seven key factors that should be reviewed at this time. These include:

* age [adult patients only]
* patient must have a positive urine culture (those flagged as positive by hospital lab/institution)
* service to which the patient is admitted [admitted to a general medicine service]
* receipt of an eligible antibiotic during the symptom collection window (day -1 through day 2; day 0 is the date of the urine culture)
* status of immunocompetence [patient must be immunocompetent or only mildly immune compromised]
* presence of a concomitant infection [patient must not have a concomitant infection]
* patient must have normal urinary anatomy.

The inclusion criteria tab provides specific guidelines for each of these criteria.

**Exclusions Tab**

After review of inclusion criteria, exclusions must be reviewed to determine patient eligibility for abstraction. There are five key factors that should be reviewed at this time. Excluded patients are:

* those who left against medical advice/refused medical advice
* hospice/palliative care patients
* pregnant or breastfeeding
* patients with a spinal cord injury
* patients who have a UTI complication (e.g., perinephric abscess).

Additional details and guidelines can be found in the exclusions tab.

**Signs and Symptoms Tab**

This tab provides guidance on how signs and symptoms of UTI should be documented. The data window is based on the date of the positive urine culture was drawn (Day 0). The data collection window runs from one day prior to the positive urine culture (Day -1) to two days post positive urine culture (Day 1 and Day 2). Only documentation from physicians and/or advanced practice professionals (e.g., physician assistant, nurse practitioner) should be used when documenting data in this category. The data dictionary provides operationalized definitions for each sign and symptom that should be evaluated.

**SIRS Criteria Tab**

The SIRS criteria tab identifies additional data that should be abstracted from the medical record during chart review. Most of this information should be documented if the data element is present during the period of Day -1 to Day 2. Fully operationalized definitions are included in the SIRS criteria tab.

**Urine Culture Organisms - Exclude Tab**

This tab identifies two urine culture organisms for which a patient should be excluded from the dataset. These are: aspergillus and candida.

**Eligible Antibiotics Tab**

The eligible antibiotics tab lists the generic and brand names of antibiotics that should be recorded during data abstraction. Please document information on IV and oral antibiotics the patient received as an inpatient, as well as the antibiotics that were prescribed at discharge. You will be asked to document the name of the antibiotic, as well as the duration for which the antibiotic was administered. A full list of antibiotics is included in the eligible antibiotics tab.

**Co-Morbidities Tab**

This tab identifies which co-morbid conditions should be abstracted during chart review. Each co-morbid condition has guidance on the timeframe for inclusion as a co-morbidity. Full details are provided in the co-morbidities tab.

**Terms Tab**

This tab provides additional guidance on some of the terms necessary to abstract accurately, including date of hospital encounter, date of hospital admission, date of discharge, and information on antibiotic administration and duration.