

ANTIMICROBIAL USE AND RESISTANCE (AUR) SURVEILLANCE MEASURE

The Antimicrobial Use and Resistance (AUR) Surveillance Reporting measure is the fifth required measure under the Public Health and Clinical Data Exchange objective. The other measures under this objective include the Syndromic Surveillance Reporting, Immunization Registry Reporting, Electronic Case Reporting, and Electronic Reportable Laboratory Result Reporting.

Completion of this measure shows that the eligible hospital or critical access hospital (CAH) participating in the [Medicare Promoting Interoperability Program](#) is in active engagement with the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) to submit AUR data for the EHR reporting period and receives a report from NHSN indicating their successful submission of AUR data for the EHR reporting period.

SCORING

The AUR Surveillance measure is scored as part of the Public Health and Clinical Data Exchange objective. An eligible hospital or CAH will receive a total of 25 points for successfully completing **all five** measures within this objective, including the AUR Surveillance measure.

25

MAXIMUM POINTS AVAILABLE

Attestation Required: YES

Attestation Type: YES/NO

Exclusion Available? YES

EXCLUSION CRITERIA

Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the AUR Surveillance measure if the eligible hospital or CAH:

1



Does not have any patients in any patient care location for which data are collected by NHSN during the EHR reporting period.

OR

2



Does not have electronic medication administration records (eMAR)/barcoded medication administration (BCMA) records or an electronic admission discharge transfer (ADT) system during the EHR reporting period.

OR

3



Does not have an electronic laboratory information system (LIS) or electronic ADT system during the EHR reporting period.

ACTIVE ENGAGEMENT

Reminder: For the Public Health and Clinical Data Exchange objective, participants must demonstrate their level of active engagement for each measure one of two ways:



ADDITIONAL RESOURCES

To learn more about the AUR measure, please review the [2024 AUR Specification Sheet](#), or read the FY 2024 Medicare Hospital IPPS and LTCH [Final Rule](#). Frequently asked questions can be found [here](#).

Medicare eligible hospitals and CAHs participating in the Medicare Promoting Interoperability Program may submit questions directly to the [CMS Questions & Answers Tool](#).

