Attachment C

2.1 Logic Model for Referral Rate Quality Measure

Measure Name: Rate of Hospital Referrals of Potential Organ Donors Made to the Organ Procurement Organization (OPO) from within the OPO's Donation Service Area in a Calendar Year.

Introduction

The Referral Rate estimates the frequency that hospitals are referring potential donor patients to the OPO for organ donation out of all possible deaths in the OPO's DSA. The hospital referral is the beginning of the OPO procurement activity for that patient and requires that hospital staff recognize when organ donation is a possibility. Timely referrals from hospitals allow OPOs to assess the medical suitability of the potential donor and allow time for appropriate conversations with the donor or next of kin. The referral from the hospital triggers the OPO to approach the donor or next of kin for consideration and authorization for organ donation.

When OPO's are effectively engaging the hospitals in their DSA, the hospital staff receive training on clinical markers of imminent death, information covering the roles and activity of the OPO staff, and the steps in the organ procurement and transplant process. These hospital staff receive reference resources (e.g., tip sheets) and have regular face-to-face encounters with OPO coordinators that facilitate connections between the hospital and the OPO. Collaboration between hospital and OPO staff creates partnerships in providing patient care and increases the likelihood of organ donation referrals.

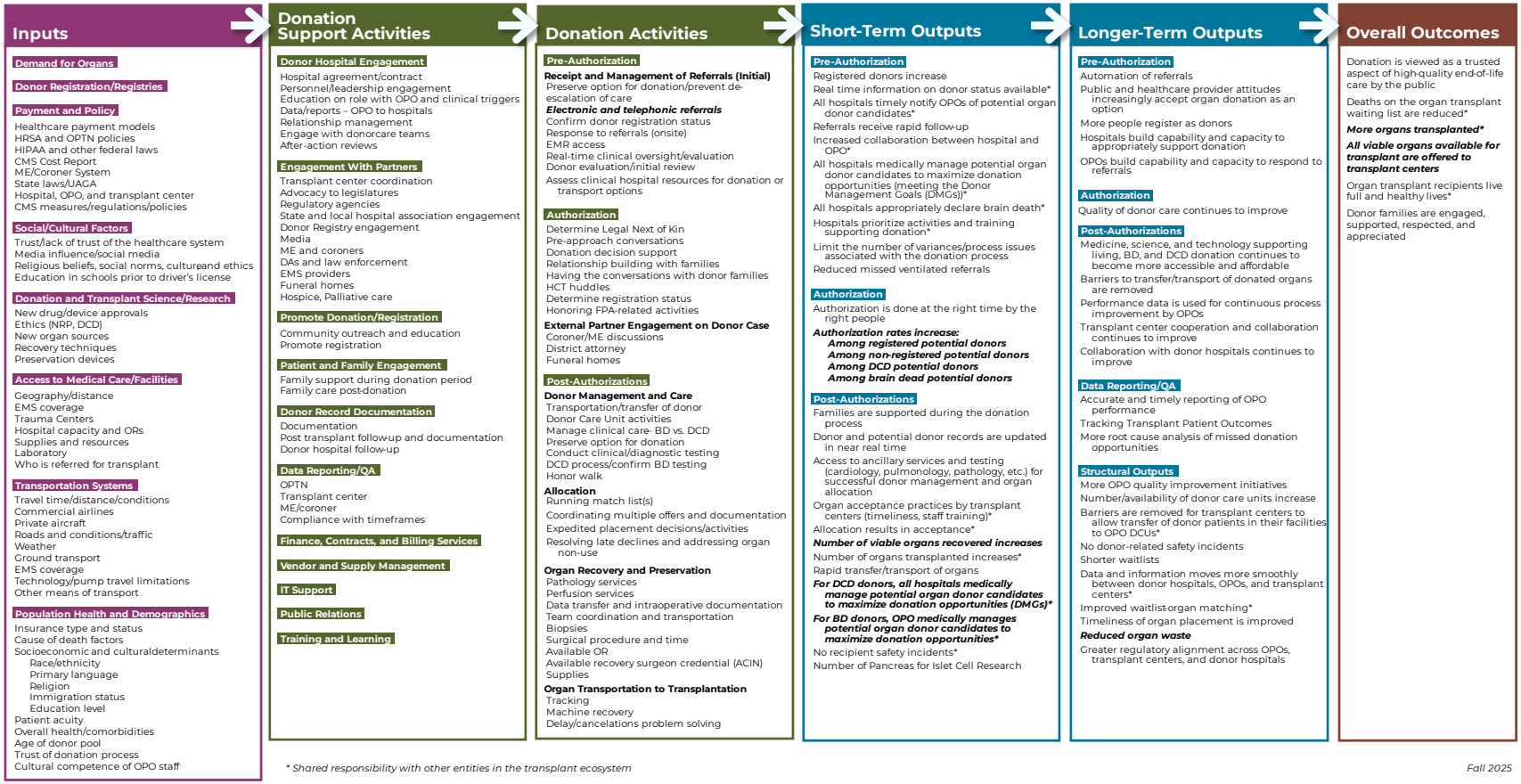
Referral data can benchmark OPO's performance and identify gaps for the OPO to tailor their education and outreach to hospital staff. Improvements in referral rates ultimately lead to more organs being available for transplants, thereby reducing the number of deaths on the organ transplant waiting list. Ongoing relationships between OPO and hospital staff encourage future referrals and organ donation prospects. Increased awareness of referral rates highlights opportunities to educate hospital staff to recognize and refer potential organ donors to the OPO.

Logic Model

The Logic Model for Organ Donation (Exhibit 1) represents the broad contextual framework of organ donation and includes the inputs, donation support and donation activities, outputs, and outcomes for the processes involved in organ donation. The Referral Rate Logic Model (Exhibit 2) focuses on the subset of donation activities specific to this measure.

Exhibit 1: Logic Model for Organ Donation

Logic Model for Organ Donation



** Shared responsibility with other entities in the transplant ecosystem*

Fall 2025

Exhibit 2: Referral Rate Logic Model

Inputs	Activities	Outputs	Outcomes	Impacts
-Trained hospital staff -Trained OPO staff -Hospital agreement/ contract -Donor Registrations (first-person authorizations (FPA)) -Community outreach and education -Data/ feedback reports -EMR access	-Personnel/ leadership engagement -Relationship management -Engagement with donor care teams -Education on hospital role with the OPO and clinical triggers -Hospital referrals to OPO -Receipt and management of referrals	-OPO follow-up o referred donors -Continued collaboration between hospital and OPO	Short-term -Increase in awareness of organ donation possibilities Intermediate term -Increase in potential donors Long-term -Increase in the number of organs available for transplants -Decrease in the number of deaths on the organ transplant waitlist	-Increase in hospital referrals to the OPO -Donation is viewed as a trusted aspect of high-quality end-of-life care by the public -Donor families are engaged, supported, respected, and appreciated

Feedback Mechanisms
Frequent contact between the OPO and hospital staff encourages trust-building and awareness of OPO activities and organ donation opportunities. Regular data analysis and performance reports are produced by the OPO and reviewed with the hospital staff at periodic meetings. OPOs review their hospital engagement strategies, education materials and methods to improve on their encounters and follow-up activities with hospital staff. Review of referral data informs OPO education and staffing needs to ensure high-quality and culturally appropriate training.
Assumptions
The basic requirement for potential organ donors will remain ventilated hospital patients. Hospitals will provide telephonic or electronic referral information to the OPO. Feedback on performance of this measure will increase referral rates and improve organ donor availability.

External Factors
CMS policies and clinician attitudes regarding organ donation could affect the frequency of referrals.
Public perception of organ procurement and transplant activities may impact patient authorization for organ donation.
Technological improvements could streamline referral notifications and transference of patient information between the hospital and OPO.
Advancements in donation and transplant science and research will increase the ability to use organs from medically complex donors, across greater distances, and over longer periods of time.