

Measure at a Glance

CBE #5601: 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

Measure Summary (Where does this measure seek to improve care?)

This measure shows how often hospitals refer possible organ donors to an organ procurement organization (OPO, a group that manages organ donation). It focuses on patients who are ventilated (using a breathing machine) and may be able to donate organs, regardless of patient insurance type or payer.

The measure includes all referrals, even if organ donation does not happen. Hospitals make referrals when patients meet certain clinical triggers (medical signs), such as severe brain injury or planned end-of-life care discussions.

The measure reports referral rates per 100 deaths within the OPO's service area during one calendar year. Rather than total counts, the measure reports referrals relative to the number of deaths (based on National Vital Statistics System data) to account for differences in the size of each OPO's service area. This reporting method allows for fair comparisons across OPOs. A higher rate means more referrals were made.

Meaningfulness (Why does this matter to patients, and how could it improve their care?)

This measure may be meaningful to patients and families because it focuses on identifying potential organ donors, which is the first step in the donation process. When hospitals identify and refer possible donors quickly, OPO staff can start the evaluation process earlier, including assessing donor suitability and conversing with patients' families.

Tracking referral rates may help OPOs find gaps in how hospitals identify and report potential donors. By reviewing this information, OPOs may improve training, education, and outreach to hospital staff. This could lead to more consistent referral practices. Better consistency may support more timely care for patients and families in the organ donation process.

Usability (How will providers use this measure to improve care delivery?)

This measure may be useful for OPOs because it provides data on how often hospitals refer possible organ donors. OPOs can review referral rates to assess how hospitals follow referral processes and compare performance across hospitals.

Hospitals, regulators, and organizations involved in public reporting may also use these data to understand referral practices and performance across OPOs.

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The measure supports use of standardized data on referrals. Standardized data means that all organizations collect and report information in the same way, using the same rules and definitions.

Feasibility (How can this measure be implemented without adding burden for providers and patients while still improving care?)

OPOs already collect the needed data in electronic donor records (EDRs), which are digital systems that track referrals and patient details. Most of the data fields are already in a structured format, so users can enter data in a set, organized way. OPOs also check their data regularly using quality checks to find and fix missing or incorrect information. Sometimes records have less information when organ donation does not happen. Even when some details are missing, OPOs can still calculate the measure because they use the available referral data and national death data.

OPOs should not need to make major changes to their current workflows to use this measure. Some manual work still happens, such as entering phone-based referrals and reviewing hospital records, but these tasks are already part of routine work.

Overall, the measure may be practical to implement using existing systems and processes.

Impact (How will using this measure improve patient experiences and outcomes?)

Using this measure may affect how OPOs and hospitals manage the referral process for potential organ donors. By tracking referral rates, OPOs can identify differences in referral practices across hospitals and monitor whether referrals occur within expected timeframes.

Using this measure may also support OPO efforts to improve engagement with hospitals, including monitoring referral practices and identifying areas where referral processes may not meet established expectations. Changes in referral processes may affect how efficiently OPOs assess potential donors and manage referrals. Over time, improving referral processes may contribute to an increase in organs available for transplant, although outcomes depend on multiple factors beyond referrals alone.

Performance Gap (Based on current performance, where and how much care can improve?)

This measure may fill an important gap because there is currently no standard way to track referral rates for organ donation. Existing Centers for Medicare & Medicaid Services (CMS) focus on donation and transplant outcomes, but they do not capture how often hospitals refer potential donors. Referrals are the first step in the donation process, so without this information, OPOs may have limited insight into early stage performance.

From 2021 through 2024, referral rates across six OPOs ranged from 122 to 215 referrals per 100 deaths, showing clear differences in performance across organizations. These results are based on referrals reported in EDRs and deaths identified using national mortality data.

Across the same six OPOs, the average referral rate was 171.5 per 100 deaths.

Referral counts ranged from 7,131 to 19,199, while potential donor counts ranged from 3,314 to 15,800. These differences reflect variation in population size across OPO donation service

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areas. To account for this, the measure reports referral rates per 100 deaths, allowing for fair comparisons across organizations.

Disclaimer: Battelle used generative artificial intelligence in the initial drafting of this document. Actual humans with relevant expertise subsequently validated and revised the content.