Approach Rate Measure Fact Sheet

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Approach Rate Measure

The Approach Rate is the rate of referred patients who are approached for an organ donation in the Organ Procurement Organization's (OPO)'s Donation Service Area (DSA) in a calendar year.

Approach Rate Per 100:

$$\frac{\text{Number of Approaches for OPO in Calendar Year}}{\text{Number of Referrals for OPO in Calendar Year}} \times 100$$

Overview

AOPO and Quality Improvement

The Association of Organ Procurement Organizations (AOPO) leads the nation's organ donation community with a clear mission: save more lives. Central to that mission is a commitment to continuous quality improvement—advancing donation and transplantation practices, collaborating with stakeholders, and sharing best practices across its OPO member network.

In 2025, AOPO launched the Organ Procurement Organization Performance Measurement Project to redefine how OPO performance is measured. The project aims to create independently validated, scientifically sound, data-driven metrics aligned with the CMS measurement framework—promoting quality improvement, transparency, trust, and stakeholder alignment while accounting for medically complex donors and the operational realities of the donation and transplantation system.

Background on Approaches

An approach is a conversation between an OPO and a potential donor or their next of kin about organ donation. It is the critical step between a hospital referral and actual donation. OPOs determine whether to approach a donor based on factors including age, prognosis, health status, first-person authorization or next-of-kin availability, and facility considerations. Under 42 CFR § 486.344, each OPO's medical director is responsible for potential donor evaluation, which encompasses these factors.

Approach Rate: Why It's a Priority

- An approach is a minimum requirement for authorization and a key step toward making more organs available to those on the transplant waiting list.
- Unlike referrals, which are initiated by donor hospitals, approaches are entirely within the OPO's control, making the Approach Rate a direct measure of OPO accountability.
- Without an approach conversation, potential donors and their next of kin may be unaware of or uninformed about donation possibilities.
- A lower Approach Rate signals the need to explore root causes such as insufficient in-hospital presence, inadequate referral time, administrative tracking gaps, or training deficiencies affecting onsite or telephonic responses.
- Not every referral will be medically suitable for donation, but OPOs must make every effort to respond to referrals and seek consent to fulfill their lifesaving mission.
- The skills of the individual making the request and the timing of the conversation are critical factors; poorly timed conversations by untrained staff can undermine approach efforts.
- OPOs can use Approach Rate data to set benchmarks, identify barriers, and prioritize these time-sensitive and delicate conversations with leadership and frontline staff.

Measure Specifications

The Approach Rate measure identifies the rate of approaches per 100 referrals by the OPO to referred potential donors or their next of kin in the OPO's DSA in a calendar year. It is calculated at the OPO level and stratified based on age, race, and sex. See the definitions section of this document for relevant terms and definitions.

OPOs will submit the data for this measure to AOPO via tabular data files (e.g., CSV) uploaded to an AOPO site on a quarterly basis. Refer to the AOPO Data SOP document for the Approach Rate Measure for details on data standardization, variable format, and measure calculation.

Approach Rate Per 100:

Numerator

The numerator is the number of referred potential donors who are approached for organ donation (sometimes called a terminal conversation in historical literature) in the OPO's DSA in the calendar year. The patient must have been referred to the OPO for an approach to occur.

$$\frac{\text{Number of Approaches for OPO in Calendar Year}}{\text{Number of Referrals for OPO in Calendar Year}} \times 100$$

Denominator

- The denominator is the number of patients referred to the OPO in the OPO's DSA in the calendar year.
- Referrals are attributed to the calendar year (time between 12:00 a.m. on January 1 of a calendar year and 11:59 p.m. on December 31 of that same year) based on the referral date, not the date of death.
- OPOs capture the ventilator status in their Electronic Donor Record (EDR) at the time of referral from the donor hospital.
- Only ventilated referrals are included in the Approach Rate denominator and are calculated from the ventilator flag variable; referrals where the patient was not ventilated are removed.

Definitions

Approach

Any type of conversation in person, over the phone, or via telehealth with the intent to make donation a possibility after preliminary suitability has been determined by the OPO staff.

This includes situations where the:

- Patient appears to meet donation after brain death criteria but is not formally declared;
- Patient is declared to be brain dead and appears to be a suitable donor (at least one organ); or
- OPO has determined patient is a suitable donation after circulatory death candidate and has talked to family about organ donation.

This definition does not change regardless of outcome or rule-out circumstances (e.g., family declines, patient expiration, medical examiner denial, or other rule-out status). This does not include courtesy calls in which a family has requested information about donation but the OPO had already chosen not to investigate further or pursue donation.

Authorization

Written first-person authorization (donor designation), or agreement by the next of kin, or by Uniform Anatomical Gift Act hierarchy of a donor to continue with first-person authorization for organ donation, or agreement by the next of kin on behalf of a donor to donate organs.

Donor

A deceased individual from whom at least one organ was recovered for transplant, regardless of whether the organ was transplanted. An individual would also be considered a donor if only the pancreas is procured and used for islet cell research or transplantation.

Organ

Human kidney, heart, lung, liver, pancreas, or intestine.

Potential Donor

A hospitalized patient who meets the following clinical criteria for donation:

- Brain death or imminent death from severe brain injury or trauma, cerebrovascular insult, anoxic injury, amyotrophic lateral sclerosis; or
- Assist-device dependent (e.g., extracorporeal membrane oxygenation (ECMO)); or
- Referred as outlined in each OPO-to-hospital Memorandum of Understanding (MOU).[1]

Referral

The telephonic or electronic notification by a donor hospital of a potential donor based on clinical criteria. A referral is attributed to a calendar year based on the date of the referral, not the date of death. Referred potential donors are counted as referrals regardless of whether the referral was made using accurate clinical criteria for donation (donor referral triggers).

Registration

The written provision of first-person authorization to a state or other legally recognized registry or to a physician or hospital of the person's intent or wish to become an organ donor.

Terminal Conversation

See Approach.

[1] OPOs maintain MOUs with donor hospitals regarding hospital notification of imminent deaths. These MOUs are specific to each hospital and generally require hospitals to make referrals within 1 to 3 hours of a ventilated patient meeting any of the following established clinical triggers and prior to the withdrawal of mechanical and/or pharmacological support: (a) patient with a neurological and/or life-threatening injury, (b) loss of neurological function without sedation, (c) patient meeting a Glasgow Coma Scale (GCS) of 5 or less, (d) anticipated family meeting to discuss end-of-life care, or (e) prior to the discontinuation of ventilator support, the family asks to discuss donation options.

Resources

- Association of Organ Procurement Organizations – OPO Metrics Project https://aopo.org/opo-metrics-project/
- Centers for Medicare and Medicaid Services – OPO Conditions for Coverage and Participation https://www.cms.gov/medicare/health-safety-standards/conditions-coverage-participation/organ-procurement-organizations-opo
- Ebadat, A., Brown, C. V. R., Ali, S., Guitierrez, T., Elliot, E., Dworaczyk, S., Kadric, C., & Coopwood, B. (2014, June). Improving organ donation rates by modifying the family approach process. *Journal of Trauma and Acute Care Surgery,* 76(6), 1473–1475. https://doi.org/10.1097/ta.0b013e318265cdb9
- Health Resources and Services Administration (HRSA) – Organ Procurement and Transplantation Network (OPTN) https://www.hrsa.gov/optn?from=optn.transplant.hrsa.gov
- Simpkin, A. L., Robertson, L. C., Barber, V. S., & Young, J. D. (2009). Modifiable factors influencing relatives' decision to offer organ donation: Systematic review. https://doi.org/10.1136/bmj.b991