Authorization Rate Measure Fact Sheet

Version June 2026

Authorization Rate Measure

The Authorization Rate for organ donation among approached and referred potential organ donors in the Organ Procurement Organization's (OPO)'s Donation Service Area (DSA) in a calendar year.

Authorization Rate Per 100:

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

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 Authorization

Authorization is a highly sensitive issue for OPOs, with documentation subject to audit and essential to ensuring that organ procurement is conducted appropriately and legally. Under 42 CFR § 486.342, OPOs must maintain a written protocol for donation decision-making and provide the responsible decision-maker with required information and a signed copy of the consent form. Where first-person authorization exists and is valid under state law, OPOs must inform the family accordingly and retain documentation. All authorization records are subject to review during CMS site surveys.

Authorization Rate: Why It's a Priority

- Each donation begins with a hospital referral; OPO staff then assess medical suitability and, if appropriate, conduct an approach conversation with the potential donor or next of kin. Authorization is the outcome of that conversation—and a prerequisite for donation.
- Obtaining authorization requires delicate, nuanced conversations shaped by emotions, timing, trust, communication, and social and cultural factors—making clinician training and communication skills critical.
- The Authorization Rate measures the outcome of approach conversations, giving OPOs data to assess and improve the effectiveness of their authorization process.
- OPOs can break down Authorization Rate data by donor registration status (registered or non-registered) and donor type (Donation After Brain Death (DBD) or Donation After Circulatory Death (DCD)) to develop more targeted interventions.
- A standardized measure enhances transparency, enables benchmarking, and encourages sharing of best practices—ultimately yielding more donated organs and improving outcomes for patients on the transplant waiting list.

Measure Specifications

The Authorization Rate measure calculates the rate of authorizations per 100 approaches among referred potential organ donors or their next of kin within 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 Authorization Rate Measure for details on data standardization, variable format, and measure calculation.

Authorization Rate Per 100:

Numerator

- The numerator is the number of authorizations from referred potential donors 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.

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

Denominator

The denominator is the number of approaches made to referrals or their next of kin for organ donation in the OPO's DSA in a calendar year. The patient must have been referred to the OPO for an approach to occur. An approach must have occurred for the referral to be eligible for inclusion in this measure.

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 DBD 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 DCD 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 where a family has requested information about donation but the OPO had already chosen not to investigate further or pursue donation.

Definitions

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 that 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.

Transplant

Organ transplants include solid organ transplants and islet infusions. An organ transplant begins at the start of organ anastomosis or the start of an islet infusion.

An organ transplant procedure is complete when any of the following occurs:

- The chest or abdominal cavity is closed and the final skin stitch or staple is applied.
- The transplant recipient leaves the operating room, even if the chest or abdominal cavity cannot be closed.
- The islet infusion is complete.

[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

- Health Resources and Services Administration (HRSA) – Organ Procurement and Transplantation Network (OPTN)
  https://www.hrsa.gov/optn?from=optn.transplant.hrsa.gov

- National Academies of Sciences, Engineering, and Medicine. (2022). *Realizing the promise of equity in the organ transplantation system*. Washington, DC: The National Academies Press.
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  https://doi.org/10.1111/nicc.12462