Authorization Rate Interpretation Guidance

For Organ Procurement Organization (OPO) Performance Measurement
Version August 2026

Authorization Rate Interpretation Guidance as of August 2026

Reporting Frequency

The Authorization Rate is intended to be measured quarterly and annually.

Directionality

The Authorization Rate represents the number of donations that are authorized out of the number of approaches to potential donors.

Performance Thresholds

There is not enough information to set a threshold. However, a very high or very low Authorization Rate is unlikely. Not all potential donors are expected to proceed to the authorization step due to the ethical, emotional, and medically complex nature of organ donation. On the other hand, very low Authorization Rates may indicate further evaluation of factors such as staff training and communication practices with potential donors and donor families. Authorization Rates are expected to be higher among the subset of donors in jurisdictions that recognize first-person authorization and where the donor has registered for donation. Further, in pilot studies, Authorization Rates have been observed to be higher among donors eligible for Donation After Brain Death.

Application of the Measure Results

Authorization Rate data are intended to be used *internally* by an organ procurement organization (OPO) for performance improvement and training of personnel. Because every OPO operates in a unique environment and limited data have been collected across all OPOs at this time, these data are intended for internal use only and should not be used to compare OPOs.

Exclusions

Exclusions introduce biases. If it is necessary to exclude a case from the calculation, please consult the measure developer.

AOPO
ASSOCIATION OF ORGAN PROCUREMENT ORGANIZATIONS

ECONOMETRICA, INC.

Cautions and Limitations

+ **Lag Time:** There is little to no lag for counts of authorizations (the numerator) because they are generated from the OPO Electronic Donor Record, as is the number of approaches (the denominator), and these data are available in real time.
+ **Limited Value of Cross-OPO Comparisons for Ranking Purposes:** Because each OPO's experience and operating environment is different, comparisons across OPOs should be limited to discussing reasons for differences and exploring whether best practices contribute to desired changes in performance. Comparisons should not be used for value-based payment or used alone to make regulatory decisions.
+ **Managing High Variability:** Because donation is a rare event and some OPOs have relatively small Donation Service Areas, there may appear to be differences in performance that are not meaningful. If it is necessary to compare OPOs, a test of statistical significance—rather than a direct comparison of percentages or rates—should be used.
+ **Combining Measure with Other Measures to Create a Scorecard:** No single measure can fully capture OPO performance. This principle was a key driver behind the development of the OPO measurement framework. However, composite scoring across multiple measures, rankings, and comparisons to the mean and median can obscure important details in performance and limit opportunities to identify, share, and adopt best practices. We therefore recommend evaluating process and outcome measures individually as part of a comprehensive oversight approach that also includes site surveys, quality improvement activities, and other tools that support patient safety, accountability, and continuous improvement.

AOPO
ASSOCIATION OF ORGAN PROCUREMENT ORGANIZATIONS

ECONOMETRICA, INC.