

Donation Rate Measure Fact Sheet

Version June 2026

Donation Rate Measure

The Donation Rate is the rate of the number of organ donors to the potential donors in the Organ Procurement Organization's (OPO)'s Donation Service Area (DSA) in a calendar year.

Donation Rate Per 100:

$$\frac{\text{Total Number of Donors for OPO in Calendar Year}}{\text{Total Number of Potential Donors for OPO in Calendar Year}} \times 100$$

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 Donations

Organ donation is a selfless gift that saves the lives of patients awaiting transplants. Facilitating donation—in partnership with hospitals, donor families, and transplant centers—is the primary responsibility of OPOs.

The Donation Rate measure assesses how often deceased patients with no contraindications to donation become organ donors. It is adapted from existing CMS, Organ Procurement and Transplantation Network (OPTN), and Scientific Registry of Transplant Recipients (SRTR) donation measures.

Donation Rate: Why It's a Priority

- + The Donation Rate measures how effectively OPOs convert potential donors into actual donors, reflecting performance across hospital engagement, donor management, staff training, and family communication.
- + The measure gives OPOs and stakeholders insight into the factors within a DSA that influence donation outcomes, supporting continuous improvement, transparency, and stronger collaboration across the transplant system.
- + An increasing Donation Rate signals improvement in referral acquisition, approach conversations, and authorization. A declining rate may indicate external factors—such as erosion of public trust—that warrant further investigation.
- + While CMS already uses a Donation Rate measure, this measure updates age criteria, medical indications and contraindications, and calculation methods; simplifies data sources; and adds stratification to support quality improvement.
- + Overall, the Donation Rate encourages best practice adoption across the organ procurement community, with the ultimate goal of increasing organ availability and saving more lives.

Measure Specifications

The Donation Rate measure is the rate of donors out of the potential donor population in an OPO's DSA in a calendar year. See the definitions section of this document for relevant terms and definitions.

OPOs will submit the data for this measure to OPTN as they usually do. AOPO will retrieve the data from OPTN and from death records to calculate the measure. Refer to the AOPO Data SOP document for the Donation Rate Measure for details on data standardization, variable format, and measure calculation.

Numerator

- ▶ The numerator is the number of donors in an OPO's DSA in the calendar year. The numerator for this measure uses data from the SRTR.
- ▶ An individual would also be considered a donor if only the pancreas is procured and used for islet cell research or transplantation.
- ▶ An organ is defined as having been recovered for transplant if it has one of the following SRTR-defined organ dispositions:
 - 501 (Organ Transplanted Locally)
 - 502 (Organ Transplanted Shared)
 - 503 (Recovered for Transplant: Discarded Locally)
 - 504 (Recovered for Transplant: Shared and Discarded)
 - 505 (Recovered for Transplant: Submitted for Research)
 - 506 (Recovered for Transplant: Sent for Heart Valves)
 - 508 (Recovered for Transplant: Whole PA/PI, processed for islets, not transplanted or transplant unknown)
 - 509 (Recovered for Transplant: Sent for Ex-corp Liver)
 - 514 (Recovered for Transplant: Sent for Hepatocytes)
 - 520 (Recovered for Transplant: Pancreas sent for Technical Reasons (for DMS use only))
 - 521 (Islet Cells Transplanted)
 - 522 (Exported Out of U.S., transplanted)
 - 523 (Exported, not transplanted or transplant unknown)
 - 524 (Recovered for Transplant: Sent for non-islet cell research)
 - 525 (Recovered for Transplant: Accepted for islet cell research)
 - 530 (Organ Transplanted in the U.S.)
 - 531 (Recovered for Transplant: Discarded)

Total Number of Donors for OPO in Calendar Year

x 100

Total Number of Potential Donors for OPO in Calendar Year

Denominator

- ▶ The potential donor population is calculated by using the National Center for Health Statistics (NCHS) Provisional National Vital Statistics System (NVSS) Multiple Cause of Death (MCOD) file and following the steps on the next page.

Measure Specifications (cont.)

Numerator

- ▶ See previous page.

Total Number of Donors for OPO in Calendar Year

x 100

Total Number of Potential Donors for OPO in Calendar Year

Denominator

- ▶ First, determine which deaths are within a DSA. This is done by determining if, for each death, the state and county where the death occurred falls within an OPO's DSA. In addition, the number of deaths in each county must be apportioned to an OPO based on the waiver percentages listed in the OPO Public Performance Report ([available for download here](#)).
- ▶ Next, exclude deaths of anyone:
 - Over the age of 80;
 - With no discernible cause of death;
 - Who died outside a hospital.
- ▶ From that pool of deaths, identify deaths with one of the following ICD-10-CM codes listed as the primary cause of death:
 - I20-I25 (ischemic heart disease);
 - I60-I69 (cerebrovascular disease);
 - V01-Y89 (external causes of death): blunt trauma, gunshot wounds, drug overdose, suicide, drowning, and asphyxiation.
- ▶ Next, remove any deaths with any of the following ICD-10-CM codes listed among any of the multiple causes of death:

Bacterial:

- A15-A19, B90 (tuberculosis)
- K46.1, K45.1 (gangrenous bowel)
- K63.1 (perforated bowel)
- A40-A41 (intra-abdominal sepsis)

Viral:

- B20 (HIV infection by serologic or molecular detection)²
- A82 (rabies)
- A83-86, B33.3, B97.3 (retroviral infections including viral encephalitis)
- B27 (acute Epstein-Barr virus (mononucleosis))
- A92.3 (West Nile virus infection)
- A98.4 (Ebola virus)

Fungal:

- B45 (active infection with cryptococcus)

Parasites:

- B55 (leishmania)
- B78.7 or B78.9 (strongyloides - widespread infection)
- B50-B54 (malaria (plasmodium sp.))

Prion:

- A81.0 (Creutzfeldt-Jakob disease)

D60-D61 (aplastic anemia)

D70 (agranulocytosis)

C00-C97 (current malignant neoplasms, except non-melanoma skin cancers such as basal cell and squamous cell cancer, and primary CNS tumors without evident metastatic disease)

Z85.820 (history of melanoma)

Hematologic malignancies:

- C90.1, C91-C95 (leukemia)
- C81 (Hodgkin's disease)
- C82-C88 (lymphoma)
- C90.0 (multiple myeloma)

¹ HIV is not a contraindication to donation where HIV-positive donors and donor organs are able to be matched with an HIV-positive recipient. However, HIV-positive donors are excluded from the potential donor population count for the purposes of calculation of this measure. Over time, this measure may be amended to include HIV-positive donors and a separate stratification of HIV-positive donors and recipients to reflect what may be a growing proportion of donors and recipients.

Definitions

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. A death is attributed to the calendar year based on the time of death as recorded on the death certificate.

Contraindications to Donation

See [Potential Donor Population](#) (denominator).

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.

Recovered Organs

Organs recovered for the purpose of transplant, regardless of whether it is transplanted or used successfully.

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.

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>
- ▶ Association of Organ Procurement Organizations – AOPO Statement on CMS Guidance Reinforcing Safeguards <https://aopo.org/aopo-statement-on-cms-guidance-reinforcing-safeguards/>
- ▶ National Academies of Sciences, Engineering, and Medicine. (2022). *Realizing the promise of equity in the organ transplantation system*. Washington, DC: The National Academies Press.
<https://doi.org/10.17226/26364>
- ▶ Health Resources and Services Administration (HRSA) – Organ Procurement and Transplantation Network (OPTN)
<https://www.hrsa.gov/optn?from=optn.transplant.hrsa.gov>
- ▶ Siminoff, L. A., Alolod, G. P., McGregor, H., et al. (2024). Developing online communication training to request donation for vascularized composite allotransplantation (VCA): Improving performance to match new US organ donation targets. *BMC Med Educ*, 24, 77.
<https://doi.org/10.1186/s12909-024-05026-9>