

Donor Management Goals (DMG) Bundle Interpretation Guidance

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

Donor Management Goals (DMG) Bundle Interpretation Guidance as of October 2026

Reporting Frequency

The DMG Bundle is intended to be measured monthly, quarterly, and annually.

Directionality

The DMG Bundle is the percentage of Donation After Brain Death (DBD) donors for whom an Organ Procurement Organization (OPO) achieves at least 7 of 9 critical care endpoints, also known as the “Donor Management Goals” (DMG) Bundle,” in the OPO’s donation service area (DSA) in a calendar year.

The endpoints represent normal physiologic parameters for the cardiovascular, pulmonary, acid-base, endocrine, and renal organ systems and specifically include Mean Arterial Pressure (MAP), Central Venous Pressure/Stroke Volume Variation/Pulse Pressure Variation (CVP/SVV/PPV), Ejection Fraction/Fractional Shortening (EF/SF), Arterial Blood Gas pH (ABG), P:F Ratio (PO₂/FiO₂), Sodium, Glucose, Urine Output, and Low-dose Vasopressors. There are also specific DMGs for pediatric populations, with alterations in the parameters based on donor age and weight. The DMGs are assessed at the end of the OPO organ donor management process, prior to organ recovery. This measure is a rate expressed per 100 donors.

OPOs should be striving to meet the DMGs for 100% of DBD donors.

Performance Thresholds

While there is no set performance threshold, OPOs participating in DMG quality improvement initiatives may find that their initial measures are low, and, with focused attention and communication with care teams, rise quickly and remain high over time.

Application of the Measure Results

The DMG Bundle is intended to be used *internally* by an OPO for quality and performance improvement.

Exclusions

Donation After Circulatory Death (DCD) donors are excluded from this measure because the care of a DCD donor is under the control of the hospital, rather than the OPO, and because there are some logistical challenges in obtaining certain physiologic parameters on DCD donors, such as urine output. While measuring the DMGs in DCD donors is useful, the two types of donors should not be combined in a single performance score for an OPO.

Cautions and Limitations

- + **Lag Time:** Numerator and denominator data for this measure are drawn from the DMG registry. There should be little to no lag time in these data because they are clinical data.
- + **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 DSAs, 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.