Organs Recovered Per Donor (ORPD) Rate Interpretation Guidance

For Organ Procurement Organization (OPO) Performance Measurement

Version October 2026

Organs Recovered Per Donor (ORPD) Rate Interpretation Guidance as of October 2026

Reporting Frequency

The Organs Recovered per Donor (ORPD) Rate is intended to be measured monthly, quarterly, and/or annually.

Directionality

The ORPD Rate identifies the number of organs recovered for transplant per donor in the Organ Procurement Organization's (OPO) Donation Service Area (DSA) in a calendar year, regardless of whether the organs were transplanted. It is calculated at the OPO level and expressed as a rate per donor.

A higher rate indicates improved OPO performance.

Performance Thresholds

While sufficient data exists to set a threshold or benchmark for ORPD Rate, one has not been set at this time.

Application of the Measure Results

ORPD Rate is intended to be used *internally* by an OPO for performance improvement and relationship building with Transplant Centers.

Exclusions

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

Overall, ORPD excludes patient deaths over the age of 80 years old and patients who did not have at least one organ recovered for transplant or the pancreas procured and used for islet cell research or transplantation. While organ donors may be of any age, for the purposes of this quality measure, the donor must be between the ages of 0 and 80 years old at the time of death. Only organs recovered for transplant are counted; an organ recovered for transplant is defined as a human kidney, heart, lung, liver, pancreas, or intestine that was recovered from a donor with the intent of transplanting it into a recipient.

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Cautions and Limitations

+ **Lag Time:** Numerator and denominator data for this measure are drawn from the Scientific Registry of Transplant Recipients (SRTR). The SRTR data system includes data on all donors, waitlisted candidates, and transplant recipients in the United States, submitted by members of the Organ Procurement & Transplantation Network (OPTN). SRTR data is released quarterly (March, June, September, and December of each year), with usually no more than a 3-month lag.
+ **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, within a short period of time, 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.

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