Referral Rate Interpretation Guidance

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

Referral Rate Interpretation Guidance as of August 2026

Reporting Frequency

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

Directionality

The Referral Rate represents the number of actual referrals an organ procurement organization (OPO) receives compared to its expected number, based on an estimate of the number of potential organ donors in the Donation Service Area during the time period of interest. Therefore, the ideal Referral Rate is 100:100 or 1 call to 1 potential donor. An excess of referrals creates wasted time investigating potential donors, while under-referrals represent missed opportunities to identify potential organ donors.

Performance Thresholds

There is not enough information at this time to set a threshold or benchmark for Referral Rate. However, it is generally expected that OPOs will receive most or all of the expected referrals due to legal requirements for hospitals to make referrals, and therefore a Referral Rate of less than 1 referral for every 1 potential donor represents a serious problem in the referral system. An excess of referrals is more common. The question OPOs must contend with is how many more than the minimum expected is too many. A Referral Rate of greater than 2 (referrals):1 (potential donor) likely represents a large number of excess referrals by hospitals to the OPOs. These excess referrals drain OPO resources. It appears from pilot studies of this measure that the optimal Referral Rate may be something like 110:100 to 140:100 for every 100 potential donors. Over time, additional data collection will enable the setting of benchmarks by the measure developers.

Application of the Measure Results

Referral Rate is intended to be used *internally* by an OPO for performance improvement and relationship building with Donor Hospitals. 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.

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Cautions and Limitations

+ **Lag Time:** There is little to no lag for the actual number of referrals (the numerator) because it is generated from the OPO Electronic Donor Record, and these data are available in real time. However, the potential donor population estimate (the denominator) is generated using death data that have a lag time of up to 18 months. This lag time in a stable population demographic is not meaningful most of the time. In times of significant demographic changes, however, such as a pandemic or epidemic with a high death rate, the lag time may be meaningful.
+ **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.