Health Metrics (developed by an IRIS working group)

The IRIS initiative together with the Center for Health Market Innovations (CHMI) co-convened a Health Working Group with health delivery practitioners, impact investors, and field experts that identified a set of metrics relevant to health organizations serving low-income communities. The metrics below are focused on three core performance dimensions.

On behalf of the working group, CHMI, with support from University of Toronto's T-HOPE group, authored a paper that provides background and guidance on the use of the metrics. This paper, available for download on the CHMI IRIS Community page, is intended for investors and implementing healthcare organizations who are seeking to measure social and financial performance.

The recommended metrics that resulted from the CHMI and IRIS working group are listed below. The rationale for inclusion of each metric is included in the right-hand column of the table.

Who is being served?

IRIS Metrics	Metric Definition	Usage Notes
Client Individuals: Total (PI4060) Please see full Excel sheet for listing of other relevant metrics including Client Individuals: Female (PI8330), Client Individuals: Poor (PI3193), etc.	Number of unique individuals who were clients of the organization during the reporting period.	This metric is intended to capture the number of unique clients who were recipients of the organization's products or services during the reporting period. It is not a measure of foot traffic. It is also not intended to capture the number of consumer transactions. For example a customer who makes two purchases during a period should only be counted once. Organizations wishing to report on total client transactions should refer to Client Transactions (PI5184). For healthcare providers, this refers to patients. Organizations that rely on assumptions to report against this metric should footnote any assumptions used in the calculation process. For example, organizations that sell solar lanterns via a series of local network distributors might estimate the number of client individuals reached by the number of units sold. Details on how and why these assumptions were made should be footnoted. This metric is meant to capture the unique number of specific individuals serviced. Organizations should not use any household multipliers when reporting against this number. If organizations consider the entire household to be the customer/client they can report against Client Households: Total (PI7954) and its associated submetrics.
Client Households: Total (PI7954) Please see full Excel sheet for listing of other relevant metrics including Client Households: Rural (PI8163), Client Individuals: Very Poor (PI6705), etc.	Number of unique households that were clients of the organization during the reporting period.	This metric is intended to capture the number of unique households that were recipients of the organization's products or services. Examples of organizations that might report against unique households include those that provide products such as clean cookstoves or water purification systems and services such as home weatherization. Organizations that provide goods and services at the individual level, such as vaccines or school lunches, might find it more appropriate to report using the Client Individuals metric. Organizations that rely on assumptions to report against this metric should footnote any assumptions used in the calculation process. For example, organizations that sell water purification systems via a series of local network distributors might estimate the number of client households reached by the number of units sold. Details on how and why these assumptions were made should be footnoted.
Poverty Assessment (PD35690	Indicate whether the organization assesses the poverty levels of its intended beneficiaries. Organizations should footnote the details around the frequency and ways in which poverty levels are assessed and the type of beneficiary (clients, suppliers, distributors, etc.) assessed.	Due to the complexities of assessing the poverty level of clients, organizations will likely have to use specific assessment tools to report on this accurately. See the glossary definition for additional information on commonly used tools to help determine the absolute poverty level of individuals and households.
Target Beneficiary Demographic (PD5752)	Demographic groups of beneficiaries targeted by the organization. Select all that apply: - Children (younger than 10 years old) - Adolescents (10 year of age or older but younger than 19) - Adults - Elderly/older adults - Persons with disabilities - Minority/previously excluded populations - Women - Pregnant women - Other at risk populations - Other target populations	Organizations can benefit people and the environment throughout their supply chains, distribution chains and operations. This metric is meant to capture the basic demographics of the target beneficiaries of an organization's products/services/operations.
Target Beneficiary Setting (PD6384)	Setting of the groups of beneficiaries targeted by the organization. Select all that apply: - Rural - Urban - Peri-urban	Organizations can benefit people and the environment throughout their supply chains, distribution chains and operations. This metric is meant to capture the basic geographic settings of the target beneficiaries of an organization's products/services/operations.
Target Beneficiary Socioeconomics (PD2541)	Socioeconomic groups of beneficiaries targeted by the organization. Select all that apply: - Very poor - Poor - Low income - Other	Organizations can benefit people and the environment throughout their supply chains, distribution chains and operations. This metric is meant to capture the basic socioeconomics of the target beneficiaries of an organization's products/services/operations.
Client Individuals: No Direct Payment (PI9622)	Number of client individuals who received free products/services from the organization during the reporting period.	This metric includes all clients who received products/services provided by the organization for which it did not request payment and for which it did not expect reimbursement. This metric should capture the unique number of client individuals who received free products or services irrespective of whether these same individuals also paid the organization for certain products or services during the reporting period. Organizations that rely on assumptions to report against this metric should footnote any assumptions used in the calculation process. For example, organizations that sell solar lanterns via a series of local network distributors might estimate the number of client individuals reached by the number of units sold. Details on how and why these assumptions were made should be footnoted. This metric is meant to capture the unique number of specific individuals serviced. Organizations should not use any household multipliers when reporting against this number. If organizations consider the entire household to be the customer/client they can report against Client Households: Total (PI7954) and its associated submetrics.

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Client Individuals: Receiving Free Products/Services (PI1807)	Number of client individuals who received products/services during the reporting period where no direct payment was provided to the organization at the time of service but for which the organization expects to be reimbursed.	The metric includes clients who received products/services where no out-of-pocket payment was provided and for which the organization expects to be reimbursed by 3rd parties (insurance, etc.). This metric should capture the unique number of client individuals who received products/services and made no direct payment irrespective of whether these clients may have also received services during the reporting period for which they did make out of pocket payments. Organizations that rely on assumptions to report against this metric should footnote any assumptions used in the calculation process. For example, organizations that sell solar lanterns via a series of local network distributors might estimate the number of client individuals reached by the number of units sold. Details on how and why these assumptions were made should be footnoted. This metric is meant to capture the unique number of specific individuals serviced. Organizations should not use any household multipliers when reporting against this number. If organizations consider the entire household to be the customer/client they can report against Client Households: Total (PI7954) and its associated submetrics.
Sales Revenue: Collected Directly (FP8300)	Value of the revenue from sales of the organization's products/services collected from clients directly during the reporting period.	This metric may be applicable for organizations that receive revenue directly from the end beneficiaries (clients). For organizations operating in the health sector this will include all out-of-pocket payments paid at time of service/purchase.
Units/Volume Sold: Free (PI8329)	Amount of the product/service provided by the organization for free during the reporting period.	This metric is intended to capture the volume of products/services distributed, where the organization will not receive or request payment by either the recipient or a third party for the products/services. For example, a health clinic that provides free vaccines funded by the health clinic's donors would use Units/Volume Sold: Free to capture the number of vaccines administered.
Units/Volume Sold: No Direct Payment (PI8454)	Amount of the product/service sold during the reporting period where no direct payment was provided to the organization at the time of service but for which the organization expects to be reimbursed.	This metric is intended to capture the volume of products/services distributed, where the recipient made no payment, but for which the organization received payment or reimbursement by a third party (for example, an insurance company). For example, a medical office that provides annual physicals where the patient has no co-pay, but an insurance company pays a fee on the patient's behalf, would capture that service under the metric Units/Volume Sold: No Direct Payment.
Client Transactions (PI5184)	Number of sales or client transactions during the reporting period.	A client transaction represents an exchange between a client and the organization that results in the purchase or acquisition of the organization's product/service(s). One transaction can include the purchase of multiple units. This metric is different from the Client Individual (PI4060) metric and submetrics, which are intended to capture the number of unique individuals who are clients of the organization during the reporting period. Client Transactions (PI5184) is intended to capture the number of total transactions, which can include repeat sales per unique client.
Caregivers Employed: Total (OI5323) Please see full Excel sheet for listing of other relevant metrics including Caregivers Employed: Professionals (OI4919)	Number of caregivers, with current licenses, certifications, or trainings based on local requirements, employed by the organization as of the end of the reporting period.	This metric is intended to capture individuals who provide preventive, curative, rehabilitative and promotional health services. Examples of caregivers include doctors, nurses, clinicians, community health workers, etc. Caregivers do not need necessarily need to be certified or licensed.
Client Individuals: New (PI8732)	Number of unique individuals who were first-time clients of the organization during the reporting period. Organizations should footnote any assumptions or guidelines used when reporting against this metric.	This metric is intended to capture the number of unique clients who were recipients of the organization's products or services during the reporting period for the first time. It is not a measure of foot traffic. It is also not intended to capture the number of consumer transactions. For example a customer who makes two purchases during a period should only be counted once. Organizations wishing to report on total client transactions should refer to Client Transactions (PI5184). For healthcare providers, this refers to patients. Depending on the industry and business model, organizations may define new clients as those who re-engage with the organization after a designated time period. For example, the Microfinance Information Exchange (MIX) defines new borrowers as those who receive loans for the first time from the institution or borrowers who rejoin after more than one year. Organizations that rely on assumptions to report against this metric should footnote any assumptions used in the calculation process. For example, organizations that sell solar lanterns via a series of local network distributors might estimate the number of client individuals reached by the number of units sold. Details on how and why these assumptions were made should be footnoted. This metric is meant to capture the unique number of specific individuals serviced. Organizations should not use any household multipliers when reporting against this number. If organizations consider the entire household to be the customer/client they can report against Client Households: Total (PI7954) and its associated submetrics.
Client Individuals: Provided New Access (PI2822) Please see full Excel sheet for listing of other relevant metrics including Client Households: Provided New Access (PI2845)	Number of client individuals who were served by the organization and provided access, during the reporting period, to products/services they were unable to access prior to the reporting period. Organizations should reference New Access to Water, New Access to Energy, New Access to Education, New Access to Finance or New Access to Healthcare in the glossary for more clarification Organizations should footnote the assumptions used in reporting against this metric.	This metric is intended to capture the number of unique clients who were recipients of the organization's products or services during the reporting period, who were unable to access these products and services from organizations in periods prior. See glossary for further guidance. This metrics is not a measure of foot traffic. It is also not intended to capture the number of consumer transactions. For example a customer who makes two purchases during a period should only be counted once. Organizations wishing to report on total client transactions should refer to Client Transactions (PI5184). For healthcare providers, this refers to patients. Organizations that rely on assumptions to report against this metric should footnote any assumptions used in the calculation process. For example, organizations that sell solar lanterns via a series of local network distributors might estimate the number of client individuals reached by the number of units sold. Details on how and why these assumptions were made should be footnoted. This metric is meant to capture the unique number of specific individuals serviced. Organizations should not use any household multipliers when reporting against this number. If organizations consider the entire household to be the customer/client they can report against Client Households: Total (PI7954) and its associated submetrics.
Healthcare Facilities (PI1017)	Number of healthcare units/facilities under the organization's management as of the end of the reporting period.	

What is being delivered?

IRIS Metrics	Metric Definition	Usage Notes

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Disease/Condition Addressed (PI1533)	Diseases/conditions addressed by the organization's products or services, provided during the reporting period. Choose all that apply: General: Primary Care General: Acute or Emergency Care Specific: Infectious and parasitic diseases Specific: Infections and parasitic diseases: Tuberculosis Specific: Infections and parasitic diseases: HIV/AIDS Specific: Infections and parasitic diseases: Diarrheal diseases Specific: Infections and parasitic diseases: Childhood cluster diseases Specific: Infections and parasitic diseases: Malaria Specific: Infections and parasitic diseases: Tropical-cluster diseases Specific: Respiratory infections Specific: Maternal conditions Specific: Prenatal period Specific: Nutritional deficiencies Specific: Malignant neoplasms (cancer) Specific: Other neoplasms Specific: Diabetes mellitus Specific: Endocrine disorders Specific: Neuropsychiatric conditions Specific: Sense organ diseases Specific: Cardiovascular diseases Specific: Respiratory diseases Specific: Digestive diseases Specific: Genitourinary diseases Specific: Skin diseases Specific: Musculoskeletal diseases Specific: Congenital anomalies Specific: Oral conditions Specific: Unintentional injuries Specific: Unintentional injuries: Traffic accidents Specific: Intentional injuries Sources: World Health Organization 2004 Global Burden of Disease Report http://www.who.int/healthinfo/global_burden_disease/2004_report_update/en/ and Disease Control Priorities Network http://www.dcp-3.org/	This metric provides an overview of the types of diseases and conditions addressed by organizations operating in the Health sector. Organizations that focus on these disease/conditions but do not provide direct treatment should select the diseases/conditions that their products/services address (for example: a company that produces and sells vaccines should choose the diseases/conditions to which those vaccines address). Organizations can report on this metric at an organization level (selecting all relevant answer options) or at the specific product/service level (selecting only one disease/condition for the product/service the organization is reporting against).
Health Intervention Completion Rate (PI3902)	Percentage of the organization's clients, or patients, who successfully complete the course of a health intervention. Successful completion means that all required steps were completed and taken in the appropriate timeframe, and that the treatment adhered to local protocols. Report the number of clients that completed treatment as a percentage of the number of clients who were expected to complete the treatment program during the reporting period. Organizations should footnote the expected timeframe and clinical protocols that define a completed treatment.	Examples of interventions in which this metric might apply include: - Percentage of pregnant patients who had all required ANC visits during the reporting period. - Percentage of patients who completed all required counseling visits during the reporting period.
Product/Service Description (PD7899)	Description of the product or service provided by the organization.	
Product/Service Detailed Type (PD1516)	Detailed type of product or service provided by the organization. Select one from the Excel Detailed List tab.	
Units/Volume Sold: Total (PI1263)	Amount of the product/service sold by the organization during the reporting period.	IRIS metrics can be used to differentiate between values that apply to specific products/services offered by the organization and values that apply to the organization as a whole. This metric can be reported for either a specific product or the organization as a whole. Organizations selling different types of products and services should consider reporting against each type of different product/service separately.

How is it being delivered?

IRIS Metrics	Metric Definition	Usage Notes
Client Feedback (OI5049)	Indicate whether the organization has a feedback system to solicit client feedback and an established procedure and/or committee to deal with client feedback. Organizations should footnote the process and frequency by which they obtain client feedback.	
Client Retention Rate (PI9319)	Retention rate of the organization's clients for the reporting period.	This metric does not differentiate between new and rejoining clients. The relevance and interpretation of this metric relies heavily on the business model. Organizations should footnote all assumptions used in calculating this metric.
Market Research on Clients (OI8113)	Indicate whether the organization uses market research to identify the needs of clients and potential clients. Organizations should footnote the process and frequency with which they conduct market research.	
Critical Equipment/Facility Utilization Rate (PI5743)	Utilization rate of identified critical equipment/facility during the reporting period. Organizations should footnote the specific critical equipment described and calculation assumptions.	This metric should be the ratio of days when the machine or facility actually was available over the expected availability. Expected availability should not be reduced for times in which the equipment or facility was broken, not in use due to electricity shortages, etc. This metric should be reported on separately for each equipment and facility. A common usage example for organizations operating in the health sector could be patient bed occupancy rates.
Employee Training Hours: Total (OI7877)	Number of training hours provided for employees (full-time, part-time, or temporary) during the reporting period. Organizations should footnote the types of training provided, particularly those that lead to recognized certifications.	This metric is intended to capture the sum of all training hours provided to employees and not the average per employee.
Employees Trained: Total (OI4229)	Number of employees (full-time, part-time, or temporary) who were trained through programs provided by the organization (both internally and externally) during the reporting period. Organizations should footnote the types of training provided and duration of training, with particular emphasis on those that lead to recognized certifications.	
Board of Directors: Total (OI1075) Please see full Excel sheet for listing of other relevant metrics including Board of Directors: Independent (OI4070)	Number of members of the organization's board of directors or other governing body, as of the end of the reporting period.	
Charitable Donations (FP3774)	Value of all financial contributions and in-kind donations of goods and services made by the organization to charities, private foundations, non-profits or non-governmental organizations, during the reporting period.	Pricing discounts to non-profits do not count as charitable donations; only free services are considered to be in-kind donations.
Conflict of Interest Policy (OI2596)	Indicate whether the organization has a written policy to monitor and disclose any potential conflicts of interest between the company, board members, owners, or material investors.	
Financial Statement Review (OI5164)	Indicate whether it is the organization's policy to produce financial statements that are verified annually by a certified independent auditor.	

Governance Policies (OI2330)	Indicate whether the organization has written corporate governance policies that have been communicated to stakeholders.	
Operational Certifications (OI1120)	List the third-party certifications held by the organization that are related to its business processes and practices and that are valid as of the end of the reporting period.	Organizations wishing to report product-level certifications should use the metric Product/Service Certifications (PD2756).

For organizations providing healthcare delivery services this might include SafeCare certification, ISO 900 certification and government accreditation. |
| Quality Assurance Mechanism (PI3863) | Quality assurance mechanisms that may be in place. Choose all that apply:
- Peer review/supervision
- Audit and feedback
- Checklists and logs
- Electronic monitoring systems
- Communication an education strategies
- Guidelines, protocols and registries
- Other (footnote) | This is a list of process measures that have evidence-based correlations to improvements in clinical quality but may not be applicable to all organizations operating in the health sector.

Organizations should consider footnoting details on how these quality assurance mechanisms are linked to quality improvement activities and plans.

Please see the glossary term, Quality Assurance Mechanisms, for more details on each of these options.

Note: this list of quality assurance mechanisms was adapted from the results of a systematic review of quality assurance best practices from the NHS. http://evidencecentre.com/Best%20practice%20in%20clinical%20quality%20assurance.pdf |
Cost of Goods Sold (FP9049)	Value of direct expenditures attributable to the production of the goods sold by the organization during the reporting period.	The cost should include all costs of purchase, costs of conversion, and other direct costs incurred in producing and selling the organization's products.
Permanent Employee Wages: Total (OI9677)	Value of wages (including bonuses, excluding benefits) paid to all full-time and part-time employees of the organization during the reporting period.	This metric is intended to capture pre-tax wages/salaries paid to the organization's employees and should not include benefits nor deduct for payroll expenses.
Personnel Expenses (FP4831)	Value of expenditures related to personnel, including wages, benefits, trainings, and payroll taxes incurred by the organization, during the reporting period.	
Operating Expenses (FP1001)	Value of expenditures incurred by the organization as a result of performing its normal business operations, during the reporting period.	For financial services organizations this does not include Financial Expenses (FP2553) or provisions for loan losses (Impairment Loss (FP1717)).
Total Revenue (FP6510)	Value of all revenue received by the organization during the reporting period.	
Sales Revenue (PI17750	Value of the revenue from sales of the organization's products/services during the reporting period.	Sales revenue should be revenues resulting from the ordinary operating activities of an organization. This is commonly referred to as Earned Revenue.
Sales Revenue: Collected from Third Party Payers (FP5624)	Value of the revenue from sales of the organization's products/services collected from public or private payers, during the reporting period.	This metric may be applicable for organizations that have contracts with government and other third parties. For organizations operating in the health sector this will include revenue from insurance reimbursements, government contracts, etc. Users may find it useful to break down this metric further into subcategories.
Revenue from Grants and Donations (FP3021)	Value of the revenue that is contributed through grants and donations, during the reporting period.	This includes both unrestricted and restricted operating grants and donations and does not include equity grants for capital, grants that are intended for future operating periods, or grants that will be passed through to other organizations. Grants should be recognized as income over the periods necessary to match them with the related costs which they are intended to compensate, on a systematic basis. If a grant relates to expenses already incurred and no future related costs are expected, the grant should be recognized as income of the period in which it becomes receivable.

This metric should only refer to financial grants and donations received and not the value of in-kind donations. |
| Revenue Growth (FP4761) | Growth in value of the organization's revenue from one reporting period to another. | |