OVERVIEW OF IMPACT DASHBOARD AND METRICS:

The purpose of this document is to describe Possible's Impact Dashboard, and spell out the protocol for refactoring the dashboard. Our overarching goals are to design metrics and indicators for our dashboard that

1. are fully understood by the Programs/Operations and Impact team leadership alike,
2. are reviewed monthly, and
3. are used for continuous programmatic quality improvement across the organization.

The Impact Dashboard is a continuously refactored document that houses our organizational indicators. We used these indicators to measure the success of our programs, and to assess impact across the tiers of Possible's integrated healthcare delivery model. To this end, the dashboard is divided into five primary sections: KPIs, Community Health Program, Primary Care Facilities (s/HPs), Hospital, and Integrated Systems.

The Impact dashboard is a primary component of Possible's metrics backbone; it should be designed and re-designed to optimize for care delivery. First and foremost, it is used by our organization to drive forward continuous programmatic quality improvement. Secondarily, we use the dashboard for donor and government reporting, and for scientific evaluation. We consider the half-life of data to be one month; consequently, it is the responsibility of all program directors and leadership to stay up to date on their indicators, understand them, participate in their refactoring, and use them each month for continuous quality improvement.

DEFINITIONS:

Indicator: A variable that provides a simple and reliable means to assess performance, functioning, and show changes related to an intervention. In short, a reported number or value. [e.g. catchment area C-section rate]

Metric: A calculated or composite measure or quantitative indicator based upon two or more indicators or measures. In short, the calculation for an indicator [e.g. “Senior management metric” = % of employees in management positions that are women (target >50%)]—The total # of full-time employees in a management position (i.e. Manager in title, or who have managerial responsibilities and direct reports) who are women / total # of FTEs [expressed as a %]

Metrics backbone: Data streams that comprise a primary source that team members can to turn to for metrics. Possible's metrics backbone is comprised of three pillars:

1. our continuous household surveillance system,
2. Bahmni integrated EMR, and
3. impact dashboards.
DASHBOARD REFACTORING PROTOCOL

Here we describe the process for adding/removing/updating indicators in the impact dashboard, which can be done at any time. A member from the Impact Team should thoroughly review and address any questions about this metrics creation protocol before the process begins. The assessment and final recommendation by the impact team should be completed within two weeks of the proposed indicator.

1. **Data narrative**: Programs/Operations head or other senior leader presents a “data narrative” to the Impact team using a templated 7-slide PowerPoint presentation that covers the following:
   - Proposed indicator(s) to add or remove with complete data narrative, including all points outlined below;
   - Rationale for adding/removing the indicator(s) [e.g. how will these data be used for programmatic improvement]
   - Data collection sources and tools/forms*
   - Data quality assurance challenges and proposed solutions
   - How to present/visualize the indicator (dashboard, map, histogram)
   - Inputs/other factors that affect the indicator

*Programs/operations team leadership are encouraged to reach out to the Impact team for assistance with metrics brainstorming, or with any other part of the metrics creation process.

*The Impact team will be the directly responsible individuals (DRI) for the process of creating any new data collection forms/templates.

The below “data narrative“ template should be used for all proposed indicators.

**Indicator name**

1 sentence indicator definition

Notes/explanation (as we have on Impact Dashboard Excel sheet)

**Target**: 
Data source(s)/DRI(s) for collecting and reporting all data:

**Metric**: 
Numerator= 
Denominator= 
Proposed target

**Frequency of measure**= 
Example] Essential Medicines Maintenance Rate:
The % of essential medicines available in stock, the amount of which is within standard minimum to maximum range.
Assesses the availability of essential medicines, and used for forecasting consumption, depletion rates, and requisition.
**Target:** 80% of the stock items are within min-max range.
**Data sources(s)/DRI:** Reported from Stock-It-Easy/DRI = Nabin ji reports data to Deepak ji in Asana
**Calculation:** (Monthly report) Mean percentage of ‘hits’ for every working day throughout month
- **Numerator** = essential medicines within min-max range (i.e. “hit”)
- **Denominator** = Total essential medicines in formulary with certain min-max (i.e. “hits + misses”)
**Frequency:** Reported monthly

2. **Q&A:** 15 min. Q&A facilitated by the Impact team. Attendees take turns (according to alphabetical order) asking questions, and making points of clarification and suggestions.
3. **Assessment:** Impact team to conduct review of finalized indicators being proposed. More than one iteration of the slides may be necessary. The review process is as follows:
   - Is the indicator SMART?
   - Does the indicator evaluate what we want to measure?
   - Is the source(s) of data for this metric feasibly and easily collected?
   - Is the DRI/focal person appropriate for reporting the data?
   - Are all data quality assurance issues resolved?
   - Can the data be utilized for program improvement?

The Director of Research and Evaluation will present internally to the impact team to align on the assessment, recommendations, and immediate next steps.

4. **Recommendation:** Final decision made by Impact team to add or remove indicator(s)
   - The impact team will present a templated response, including reasons for their decisions. We will prioritize using only those indicators that are global metric for measuring progress and quality improvement.
POSSIBLE’S APPROACH TO TARGET SETTING

At Possible, we set targets using measured optimism. That is, we seek to radically transform the healthcare delivery systems where we work and thus sometimes pursue aggressive targets; yet recognize the significant challenges present. We refactor targets as needed based on programmatic data available (e.g. recent six-month trends), global and national recommendations and guidelines (e.g. WHO and the Government of Nepal), existing literature, and through collective decision-making amongst team leadership.

Targets are expressed in a variety of ways, which vary according to both the indicator for which they are set and the level of certainty and predictability of what is being measured:

- Absolute (e.g. reduce the number of road accident injuries and deaths by 200 per year)
- Proportional (e.g. reduce the number of smoking-related deaths by 10%)
- Relative to a benchmark (e.g. reduce the rate of malnourished children in a district to the national average)
- Relative to an expected level (e.g. reduce cardiovascular disease deaths by 10% relative to recent trends)
- Relative to cost/value for money (e.g. save twice the amount invested in disease prevention in treatment costs)
- Tied to a tolerance threshold (e.g. reduce a mortality risk to a certain threshold value, such as 5% or less)

At Possible, we aim to set targets that are useful for:

- Identifying areas for improvement and specific actions to take to start making those improvements;
- Focusing efforts of our team to achieve desirable programmatic outcomes;
- Strengthening accountability, since they provide benchmarks against which performance can be assessed.

We primarily apply the following approaches in setting targets:

1. **Benchmarking**: A benchmark is a reference value against which an indicator will be compared. Benchmarks can be selected using currently attained values (e.g. in geographic areas) to set targets, or using historical trends in reference areas;

2. **Forecasting**: In forecasting current and past levels and trends are used to project a range of likely future values, using approaches such as time series analysis.

3. **Regression Analysis**: Regression analysis can be used to analyze and extrapolate historical patterns to set targets that consider changes in other factors.

4. **Mixed method approach**: This approach combines expert opinion, analysis of international data, extrapolating from recent trends in countries with similar living conditions of our populations.
QUALITY ASSURANCE AND QUALITY IMPROVEMENT PROTOCOL

Below we describe the “early warning system” used for reviewing the impact dashboard. Working with Programs/Operations heads, the Impact team will identify data parameters and a threshold of % increase/decrease for each indicator on the Impact Dashboard, which – when exceeded – triggers a review of the data to identify if there is an error, or if this change is consistent with trends/expected values for the month.

1. **Impact team review:** Identifies (1) indicators/metrics of interest that should be discussed, and (2) any indicators beyond threshold of acceptable % increase/decrease.
   **Process:**
   - Acceptable % change? (Y/N)
   - Identify DRI for reporting that indicator
   - Discuss with DRI for data reporting
   - QI initiative for improving data entry/reporting? (Y/N)

2. **Programs/Ops team review:** Identifies data points of interest that should be discussed

3. **Data presentation:** Impact team presents on targeted indicators during monthly meeting, addressing/engaging participants around:
   - Why indicators were chosen for that month’s presentation
   - Reported performance vs. target
   - Hypothesis on why we are/aren’t hitting target
   - Q&A for 15 minutes
   - Follow up tasks created in Impact Dashboard Asana space as needed
   - Initiate a QI project as needed

**Indicators for measuring our M&E system**

# of metrics review meetings conducted per year (target 12)
# of indicator which triggered a quality improvement program
# of new indicators included in the impact dashboard