



Association for the Accreditation  
of Human Research Protection Programs, Inc.®

# 2023 Metrics for AAHRPP-Accredited Human Research Protection Programs

Hospitals

May 2024



# About the Metrics

AAHRPP is pleased to present the 2023 metrics for Human Research Protection Program (HRPP) performance. You will see some changes to the metrics that were based on feedback from a working group with representatives from accredited organizations. More changes to come next year. AAHRPP provides these data to help research organizations, researchers, sponsors, government agencies, and participants identify and support high-performing practices for HRPPs.

These metrics are collected from Annual Reports, as well as Step 1 and Step 2 applications, submitted by accredited **hospitals**.

All the quantitative data were derived from the most recent reports submitted by AAHRPP organizations.

# Abbreviations Used

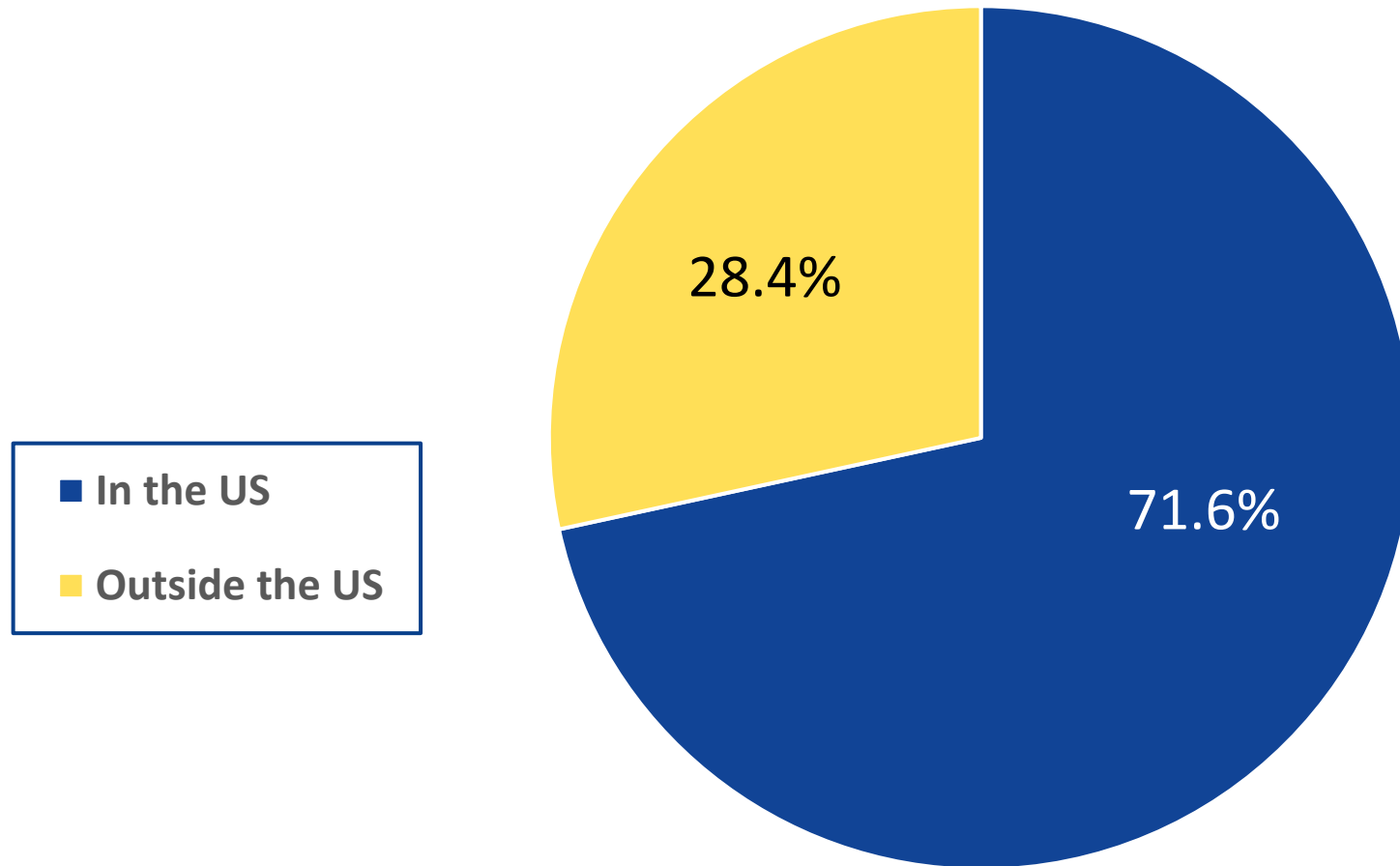
<b>DHHS</b>	US Department of Health & Human Services
<b>DoD</b>	US Department of Defense
<b>ED</b>	US Department of Education
<b>DoE</b>	US Department of Energy
<b>DoJ</b>	US Department of Justice
<b>EPA</b>	US Environmental Protection Agency
<b>FDA</b>	US Food and Drug Administration
<b>VA</b>	US Department of Veterans Affairs



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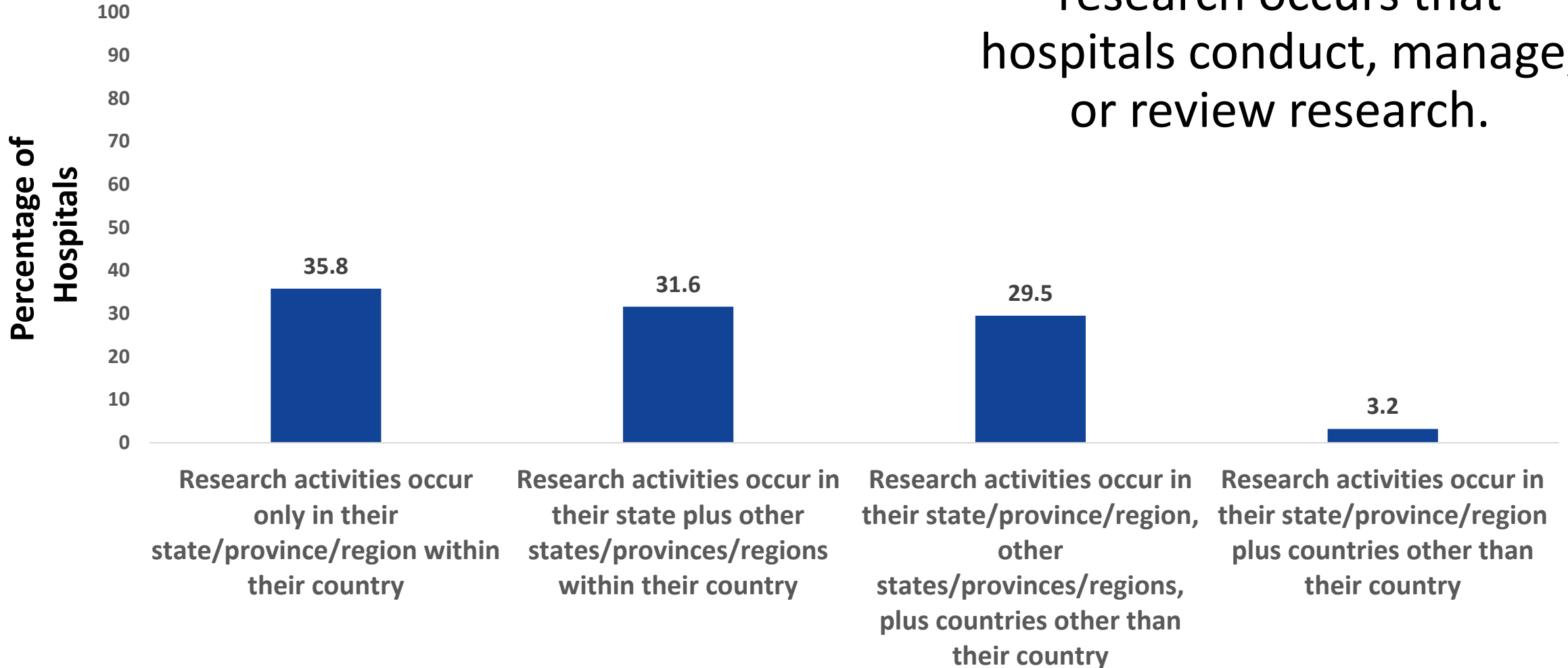
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# Where Accredited Hospitals are Based



# Where Research Occurs

This chart shows where research occurs that hospitals conduct, manage, or review research.



# Research Type

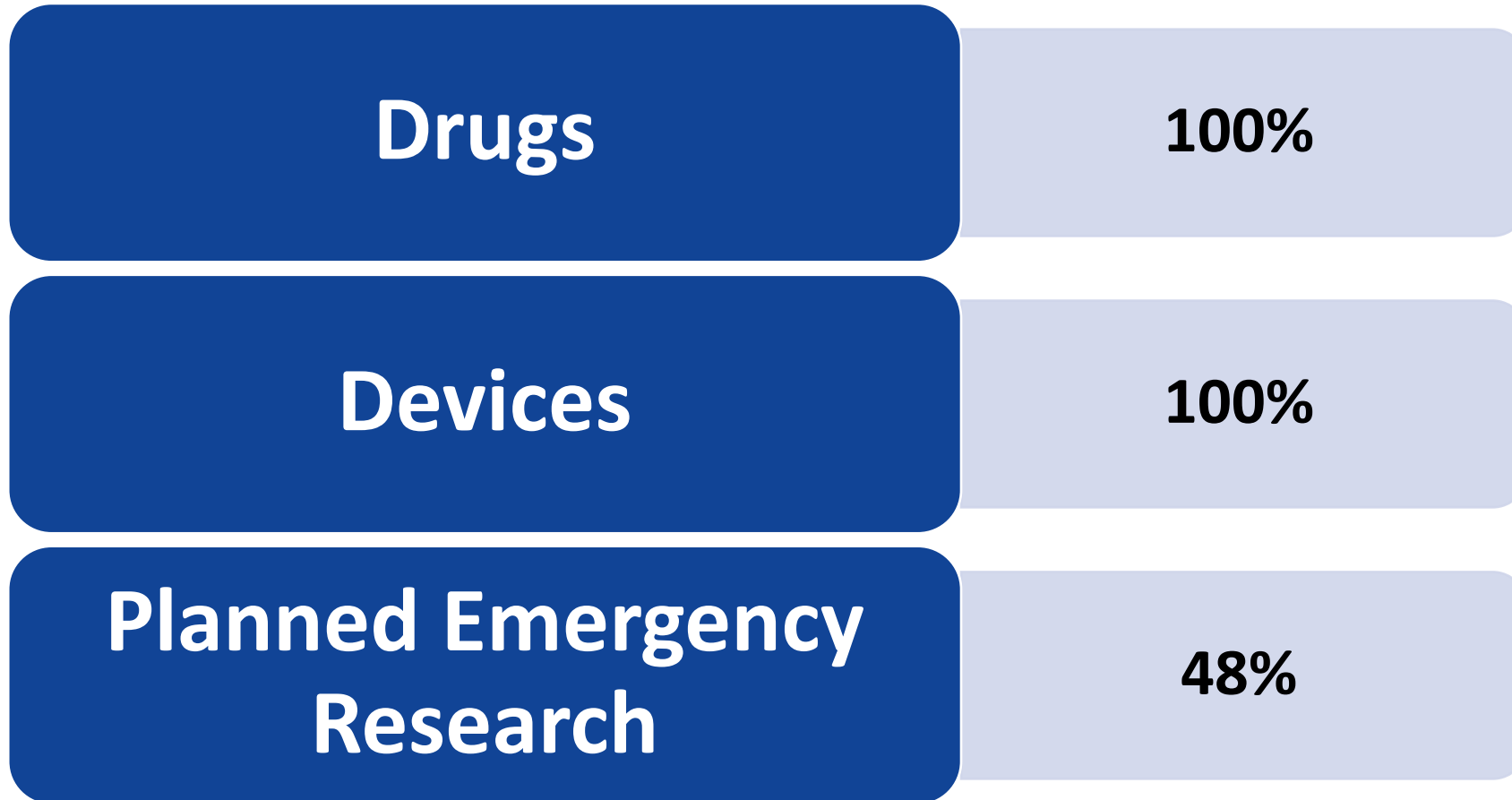
**All hospitals conduct, manage, or review  
biomedical/clinical research**

**100%**

**Most hospitals conduct, manage, or review  
social/behavioral/education research**

**86.3%**

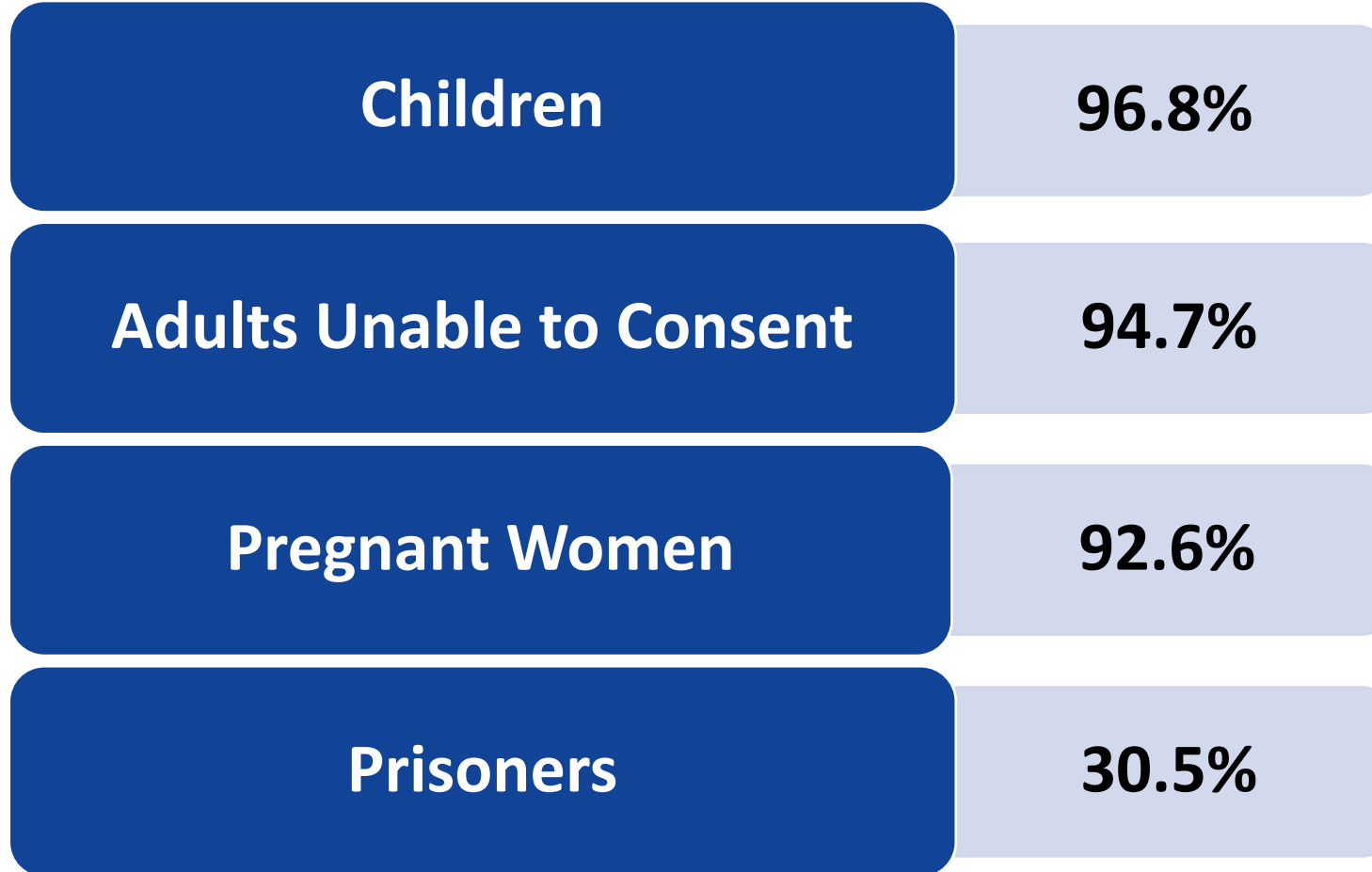
# Biomedical/Clinical Research by Type



This table shows the type of biomedical/clinical research hospitals conduct, manage, or review.

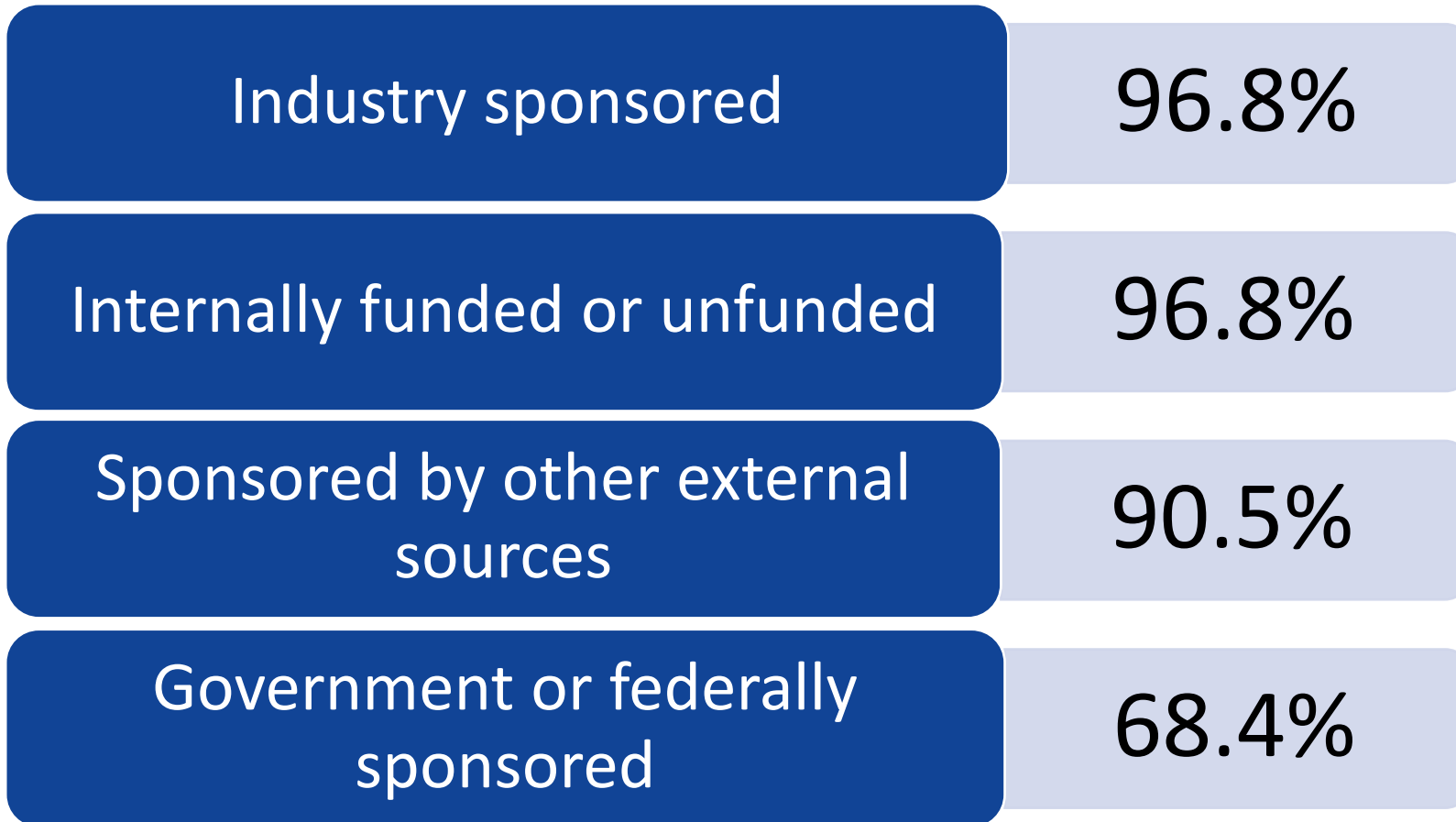


# Vulnerable Populations



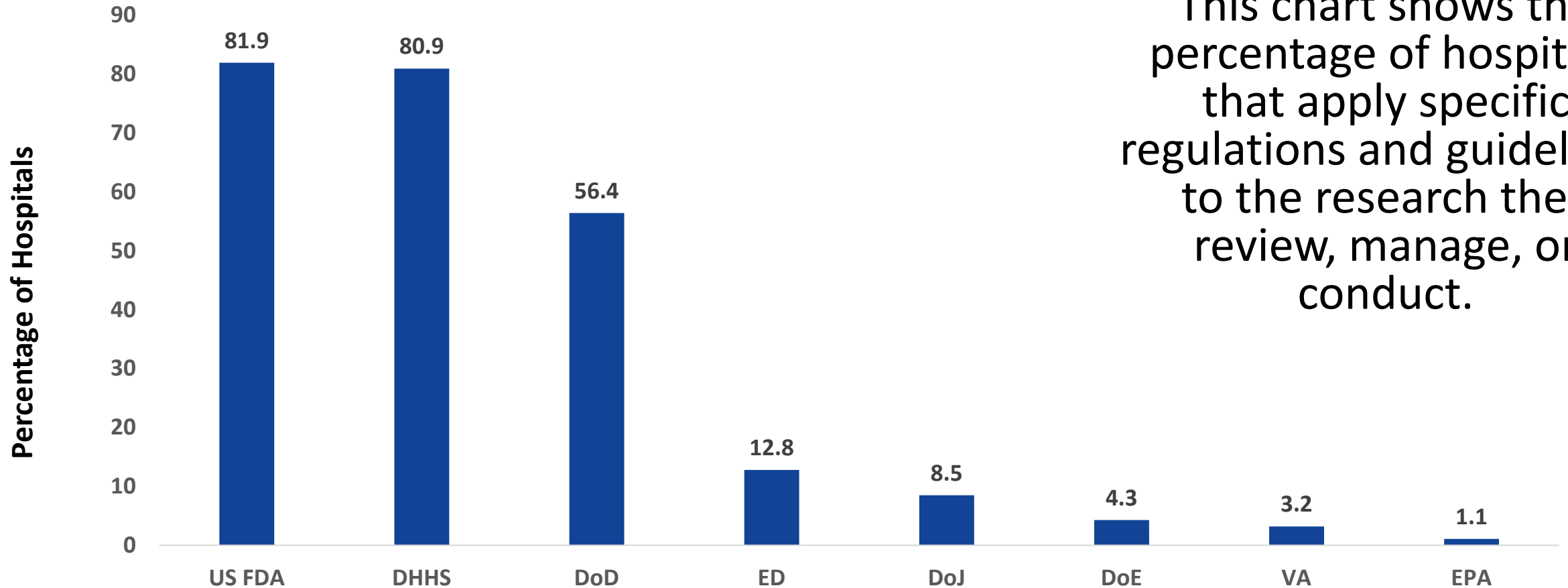
This table shows the categories of vulnerable populations that participate in research conducted, managed, or reviewed by hospitals.

# Funding Type



This table shows the percentage of hospitals that conduct, manage, or review research by funding type that supports the research.

# Regulations & Guidelines



This chart shows the percentage of hospitals that apply specific regulations and guidelines to the research they review, manage, or conduct.

# Internal IRBs/ECs

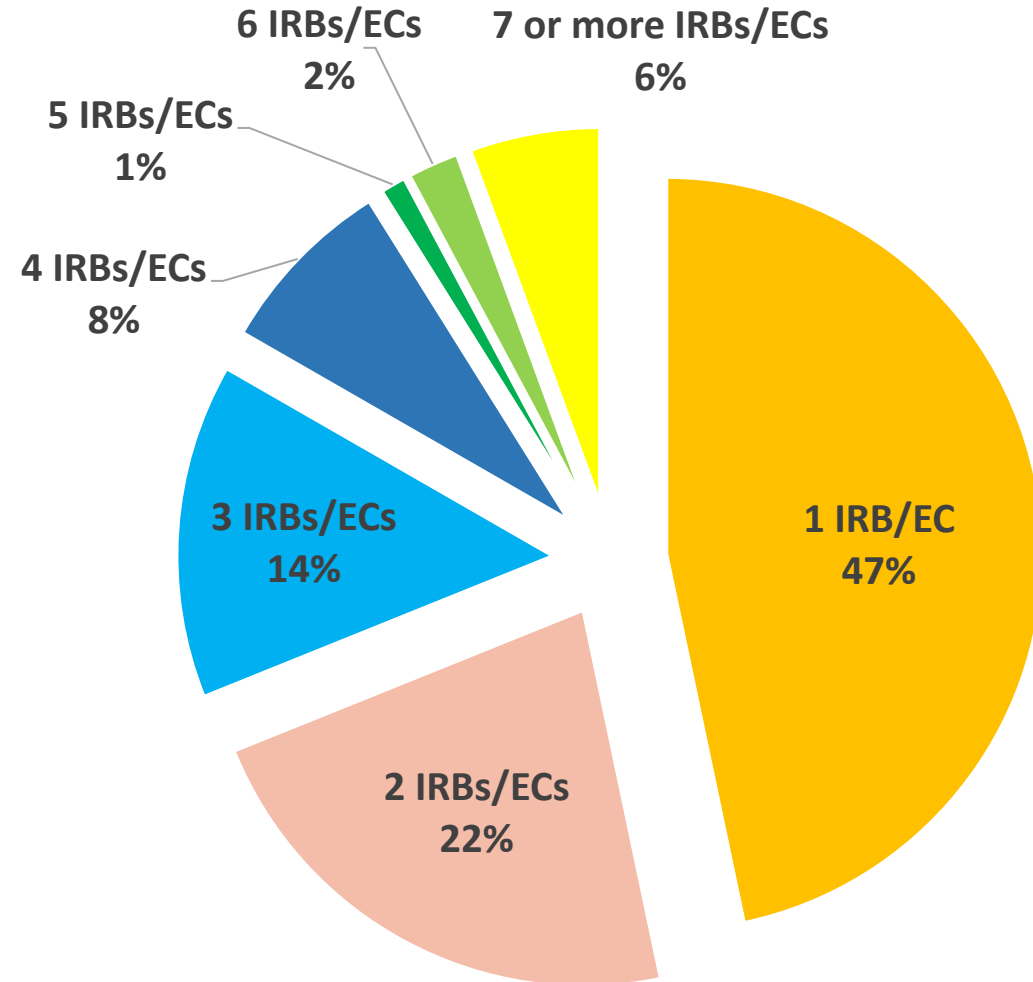
% of hospitals that  
have internal  
IRBs/ECs

95.7%

Median # of  
IRBs/ECs per  
hospital

2

## Number of internal IRBs/ECs hospitals support



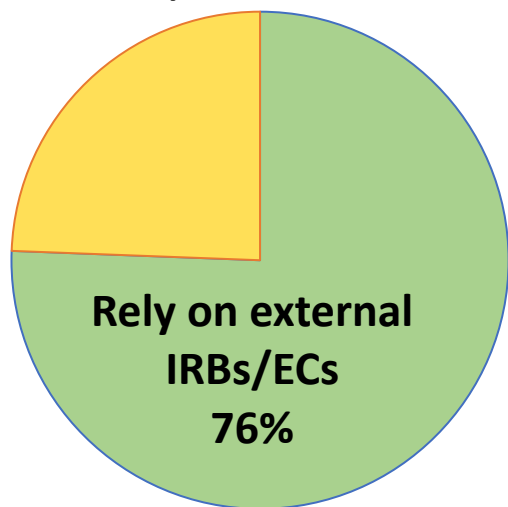
# Relying on External IRBs/ECs

## Use of external IRBs/ECs by hospitals with internal IRBs/ECs

### % of hospitals with internal IRBs/ECs that also use external IRBs/ECs

Do not rely on an external IRB/EC

24%



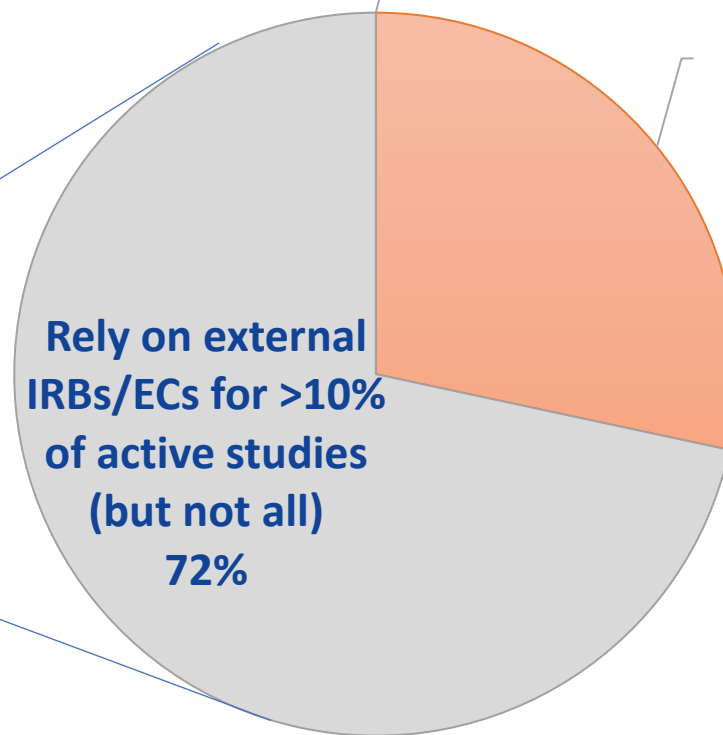
Rely on external  
IRBs/ECs  
76%

Rely on external IRBs  
for all studies

0%

Rely on external  
IRBs/ECs for ≤10% of  
active studies  
28%

Rely on external  
IRBs/ECs for >10%  
of active studies  
(but not all)  
72%

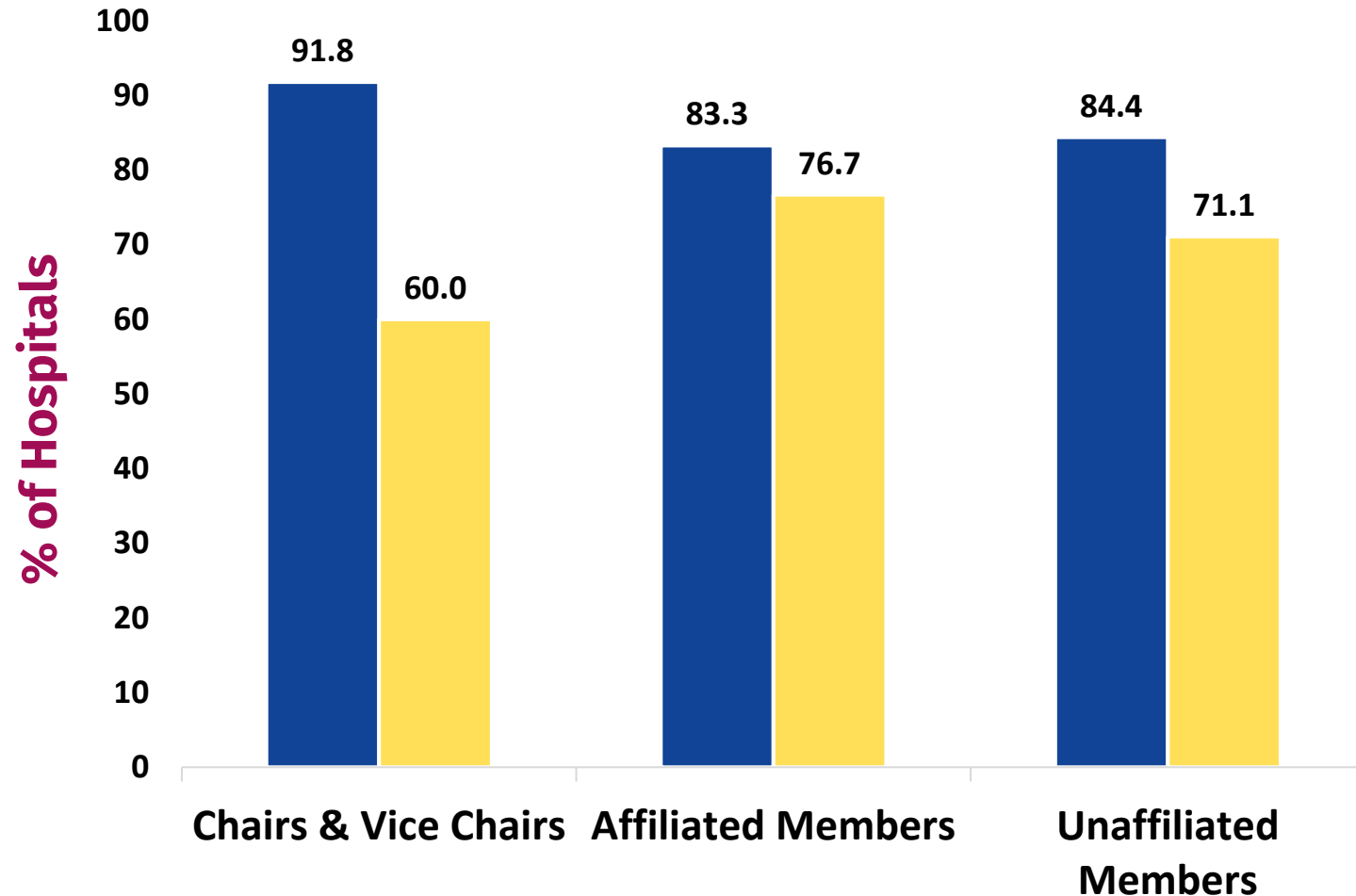


# Compensating IRB/EC Members

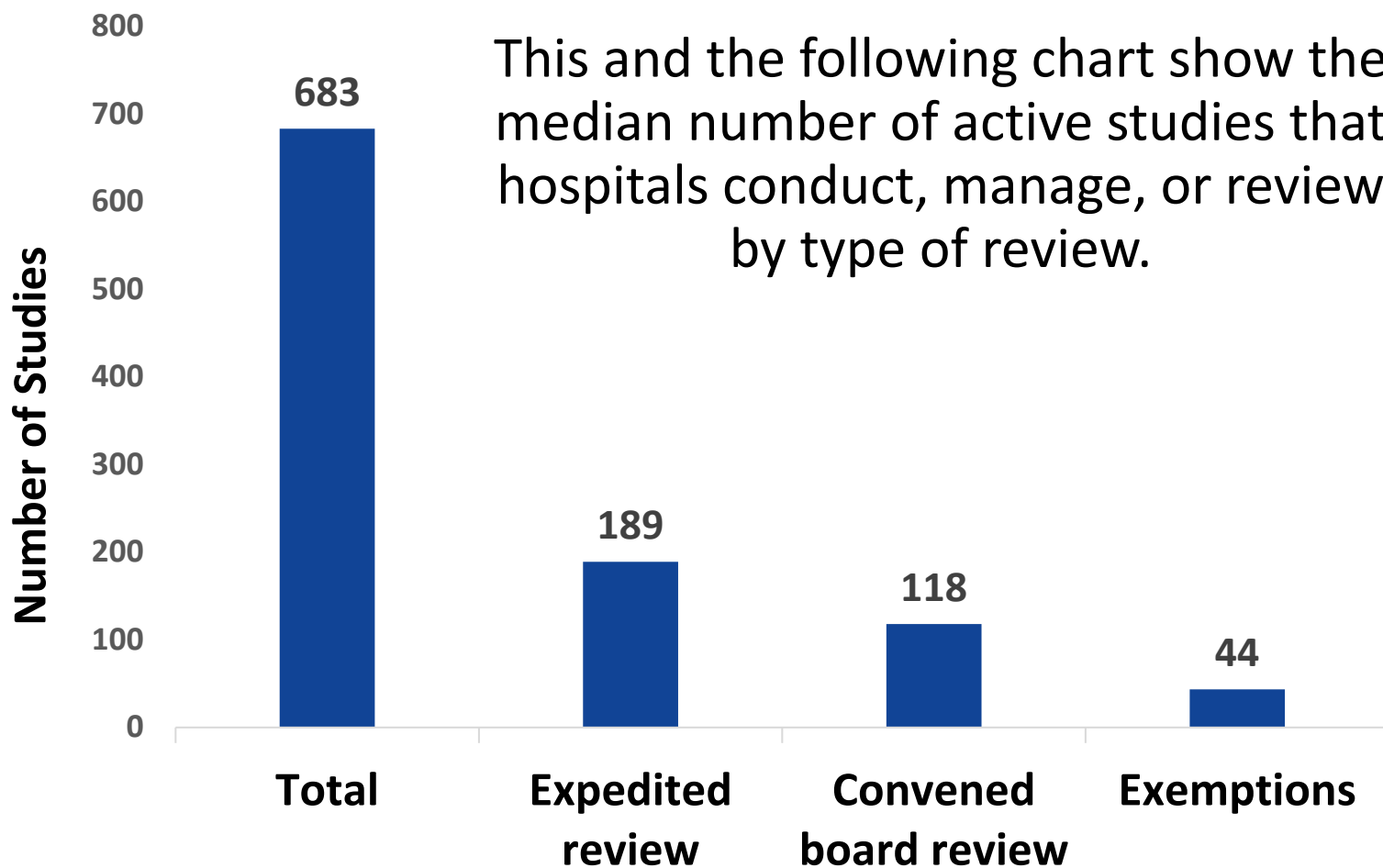
**% of hospitals with internal IRBs/ECs  
that compensate any IRB/EC  
members**

**94.4%**

- Financial compensation
- Non-Financial compensation



# Active Studies Overseen: All Hospitals



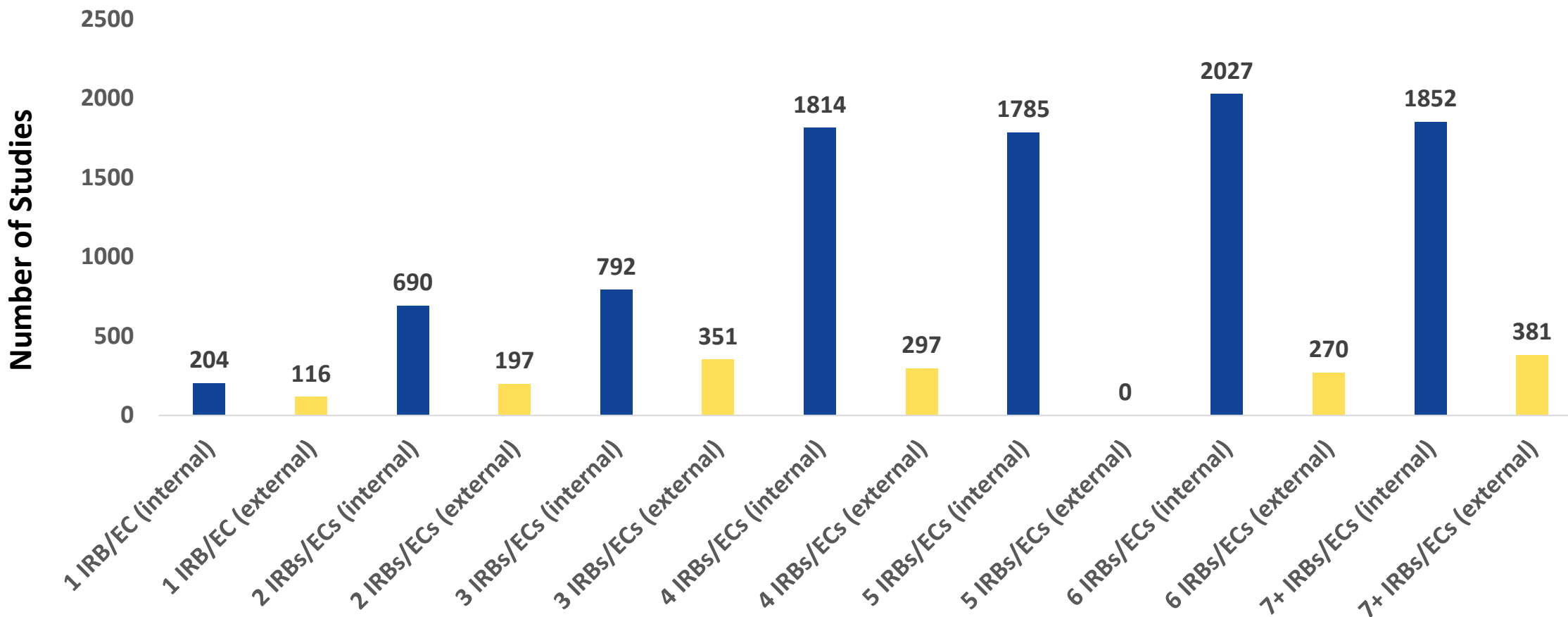
Exemptions are based on the number of determinations made by an organization for a 12-month period (e.g., the year prior to the AAHRPP report).

Expedited review and convened board review only include studies reviewed by an internal IRB/EC for organizations that have an internal IRB/EC and are not independent IRBs/ECs.

Total number of studies includes those reviewed by both internal and external IRBs/ECs in the case of organizations with IRBs/ECs.

# Active Studies Per IRB/EC: All Hospitals

This chart compares the median number of active studies hospitals oversee reviewed by an internal vs. external IRB/EC based on the number of internal IRBs/ECs they have.

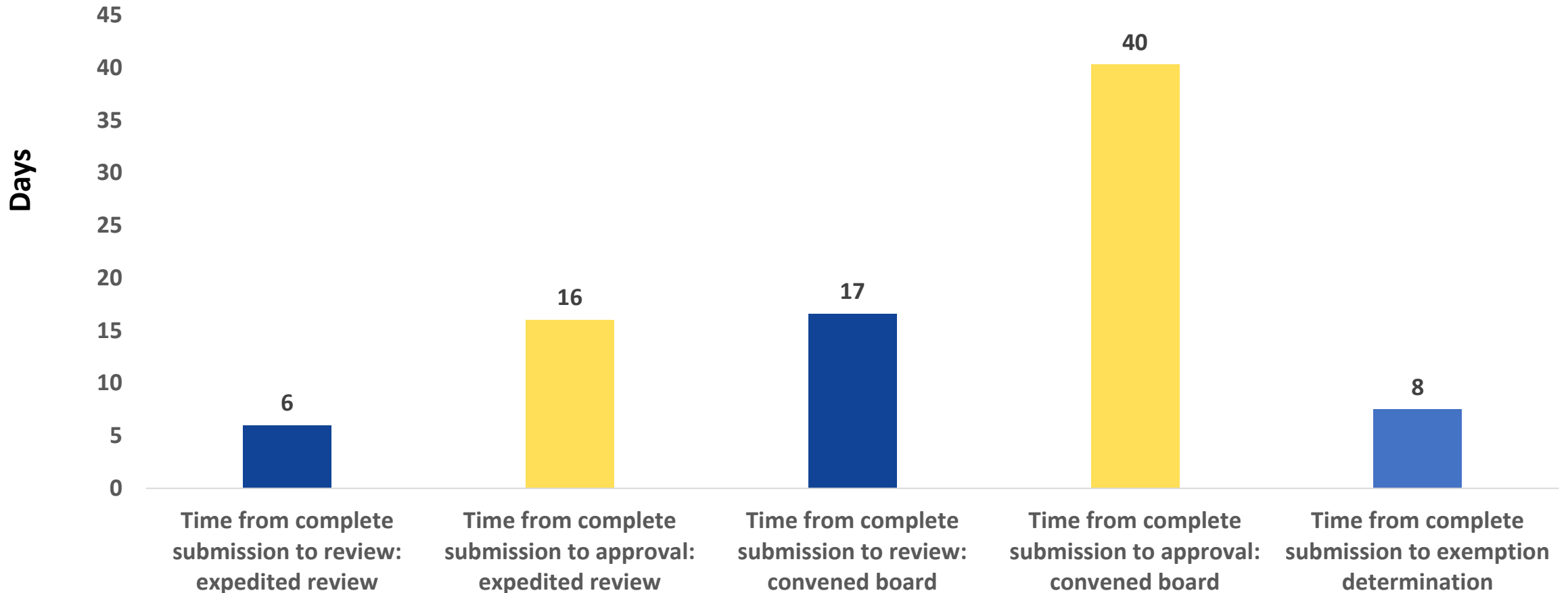


Note: Median number of studies reflect exemption determinations that could be made by internal or external IRBs/ECs.



# Review Times

This chart shows the median review times by review process for hospitals.



# IRB/EC Technology

Online review functions

91.1%

Online application submission

87.8%

Online protocol/materials distribution to IRB/EC  
members

90.0%

Database for submission tracking

88.6%

Does not use an electronic system

2.2%

This table shows the technology hospitals use to support IRB/EC tracking, submission, distribution, and the specific functions used.

# IRB/EC Staffing and Budget

Number of Active Studies	Median Number of Studies	Median Number of Staff	Median Number of Studies per Staff	Median IRB/EC Budget
All	453.5	6.2	84.8	\$382,972
0-100	29.5	2.0	21.8	\$175,473
101-500	225.0	3.5	64.5	\$2,27,266
501-1000	690.0	7.00	95.5	\$430,605
1001-2000	1530.5	10.5	120.6	\$1,330,000
2001-4000	2510.0	13.0	201.5	\$1,510,509
4001+	7646.0	29.5	289.9	\$1,800,000

This table breaks down IRB/EC staffing and budgets by the size of the research portfolio (exempt, expedited, and convened reviews) overseen by hospitals.



# Audits of Researchers

% of hospitals that reported that audits of researchers occurred

84.2%

Internal: "for cause"

- Median: 1
- Total: 10,355

Internal: random

- Median: 7
- Total: 2,483

Regulatory agency inspections

- Median: 0
- Total: 245

## Audits of IRBs/ECs

% of hospitals that reported that audits of IRB/EC records occurred (by internal or external sources):

66.3%

Internal: "for cause"

- Median: 0
- Total: 192

Internal: random

- Median: 2
- Total: 2,431

Regulatory agency inspections

- Median: 0
- Total: 208

# Unresolved Complaints, Noncompliance, & Unanticipated Problems

Number of active studies	Unresolved complaints	Investigations of alleged noncompliance	Serious noncompliance determinations	Continuing noncompliance determinations	Unanticipated problems determinations
All	0	3.5	0.5	0	0
0-100	0	0	0	0	0
101-500	0	1.5	0	0	0
501-1000	0	13	1	0	0
1001-2000	0	18.5	1	0	1
2001-4000	0	29	3	0	6.5
4001+	0	163	12	2	9.5

This table is based on the most recent year prior to a hospital's most recent report to AAHRPP and shows the median number of events per category.

# Conflicts of Interest

This graphic shows the median number of studies reviewed by an IRB/EC for hospitals within the last 12 months of their most recent AAHRPP report.

Only includes data from organizations that have internal IRB/ECs or are independent IRBs/ECs

Studies with a financial conflict of interest management plan were reviewed by an IRB/EC (internal or external)



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