

QUALITY CARE THROUGH DATA AND TECHNOLOGY: CLINICAL QUALITY REPORT 2021





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INTRODUCTION

FROM THE GLOBAL MEDICAL DIRECTOR

MSI is a client centred organisation. As such, we strive to keep our clients at the heart of everything that we do. When it comes to our services, client centeredness starts with doing everything that we can to keep our clients safe.

Most of our clients come from low- and middle-income countries, coming to us as healthy individuals who seek to improve their lives through reproductive choice. This puts an enormous responsibility on us as care providers to make each service and each product that we offer as safe as we can. Our clinical quality assurance systems are designed not just to make our services safe, but to do so at scale. We offer reproductive health services to over 75,000 clients each day across 37 countries. I firmly believe that each and every one of those clients deserves the highest levels of clinical safety, and that the clinical quality standards that someone deserves should not be determined from where in the world they come from.

The past eight years have seen our clinical quality assurance systems evolve to keep pace with our growing scale and our expanding service channels. The last two years, however, saw them evolve to navigate the challenges brought on by the COVID-19 pandemic. The movement restrictions imposed in the countries we work in required us to develop clinical quality assurance systems that can function remotely. Our services continued despite the pandemic, which meant that their safety and quality had to be maintained irrespective of restrictions to movement across national and international borders. We responded with innovation, developing multiple remote quality assurance systems. Some have already been implemented across the MSI partnership, and as I type this, we are working to scale the others up. 2021 will be remembered as the year when our clinical quality assurance systems “went remote”.

2021 also saw MSI expand our offering of obstetric care across the partnership. Our network of obstetric facilities grew to 33 sites and is set to grow further in the coming few years. We also pursued the expansion of abortion services for clients who require overnight stays within these obstetric facilities. We have embraced the challenge of raising quality and safety standards across this expanding network of hospitals, with a strong conviction that clients in low- and middle-income countries do not deserve lesser standards of clinical quality and safety. The online systems that were developed for our contraceptive and abortion services were adapted for obstetric care and are now being used across all our obstetric facilities. The remote quality assurance systems, online dashboard and databases help us keep mothers who come to us and their new-borns safe, providing levels of care that far exceed national norms.

As we move forward, now armed with these online and remote systems, we will turn our focus back to the basics. Despite being at an all-time high, there is still room to improve clinical incident reporting across the partnership. We will work closely with teams to reach reporting rates that MSI has never seen before. We will also pay close attention to the quality of the clinical audits and clinical competency assessments that are done across the partnership. Reaching the best possible levels of client safety across our 37 countries requires all levels of the partnership to understand and embrace their responsibilities towards keeping each and every client safe. We will always strive to reach as many clients as we can, without forgetting that scale and reach without safety and quality are meaningless. We will remain true to our pledge to be client centred, and our blue door will remain a symbol of safe and high-quality clinical care.

Dr Dhammika Perera, MBBS MPH FFPH PhD
Global Medical Director

I FIRMLY BELIEVE THAT EACH AND EVERY ONE OF THOSE CLIENTS DESERVES THE BEST CLINICAL SAFETY, THAT THE CLINICAL QUALITY STANDARDS THAT SOMEONE DESERVES SHOULD NOT BE DETERMINED FROM WHERE IN THE WORLD THEY COME FROM.

DR DHAMMIKA PERERA, MBBS MPH FFPH PHD

INTRODUCTION

FROM THE CHAIR OF THE BOARD OF TRUSTEES

In my time as MSI's Chair of the Board, I have been heartened to see that our quality assurance systems have gone from strength to strength.

It is truly impressive that we are now looking at competency assessment coverage levels above 90% for the entire partnership – quite a feat considering that the MSI network is currently over 12,000 providers strong. Similarly, clinical quality internal audits were conducted on 97% of nearly 7,000 service delivery points. Our country programmes can be proud of the levels of coverage they have achieved, and I hope that they are able to maintain these high standards throughout 2022. I am particularly excited about the introduction of the live clinical quality databases detailed in this report, which will no doubt strengthen these processes. Having access to these live analyses will no doubt render work planning and resource allocation even more efficient, as gaps in service provision can be identified almost instantaneously. I look forward to seeing the data that comes from these as the year progresses.

As we approach the 2-year anniversary of our first virtual assessment pilot, I urge our country programmes to continue

investing in remote solutions. Our clinicians have proven that competency assessments, internal and external quality assessments, and even in-depth spot checks of specific clinical areas can be carried out remotely, with no compromise to client, provider, and assessor safety. That remote approaches have vastly reduced the organisation's carbon footprint is an added bonus.

Of course, such in-depth quality assurance mechanisms require adequate and accurate resourcing, and extensive time commitments. Our providers must always bear in mind that while we aim for high quality assessment coverage, these processes exist to keep our clients safe. The client must remain at the centre of everything that we do, and their experience with MSI always takes precedence over everything else. I continue to be incredibly proud to sit as Chair of the Board of Trustees for an organisation that continues to innovate in and maintain such high standards of clinical quality.

Glenda Burkhart
Chair of the Board of Trustees



QUALITY DESPITE COVID-19

MAKING THE MOVE TO REMOTE

QUALITY ASSURANCE

Our 2020 report presented the introduction of virtual assessments as an alternative to in-person audits while the COVID-19 pandemic restricted movement.

Since then, remote approaches to clinical quality assurance have gathered much momentum. Our rollout of clinical audio-visual assessments (CAVA) was a success that exceeded expectations, with 86 remote audits carried out in 2021, reducing the risks of COVID-19 to our teams, as well as the partnership's carbon footprint. 110 clinical quality assessments were carried out in total, covering 534 sites and teams. Performance in quality assessments hit an all-time high, with 169 of these 534 sites (32%) assessed achieved model site/team status.

In addition to CAVAs, we also introduced remote competency assessments. 10 programmes reported having conducted competency assessments remotely in the past year, with another nine of these laying the groundwork to start the process in 2022. The majority of these countries plan to cover the assessments of up to a quarter of their staff remotely.

The adoption of remote processes is a good sign of MSI programmes' flexibility to adopt technology in order to improve the efficiency and coverage of clinical quality processes while keeping their team members safe. MSI clinicians who carried out virtual assessments state that it has given them the flexibility to attend to other quality commitments during the assessment period, as they are no longer spending long hours "on the road". The phased rollout of virtual assessments allowed them to provide focussed support to programmes with specific challenges and concerns.

Of course, there have been some teething problems along the way. The efficiency of the process is something that has been gradually improving, with programmes and assessors learning which documentation can be provided prior to the virtual assessment to save time and how to maintain client access to services on assessment days, as well as logistics such as camera manipulation and bandwidth use. Programmes have continued to be mindful that virtual assessments in no way undermine client safety and confidentiality, and that client participation is voluntary. These will continue to be focus areas of support this year.



CASE STUDY: ETHIOPIA

MSI's Ethiopia programme was one of the first to get to grips with remote quality assurance processes. The programme's Clinical Director, Dr Nega Tesfaw, explains some of the challenges and benefits they experienced during the process:

"In Ethiopia, virtual assessments were first piloted at the beginning of 2021 following global travel restrictions due to the COVID-19 pandemic. The pilot was started in our Obstetrics centres and was very successful. Country team members quickly adapted to the process, procuring dedicated mobile phones and internet devices. We have found that where the purpose of the assessment is explained clearly to our clients, they are willing to take part in the process.

The main challenge with moving to remote assessments is internet connectivity, especially in remote areas such as our outreach sites, social franchise clinics and public sector facilities. The quality of videos was also difficult to maintain at the start, but this has improved over time.

Happily, we have seen significant cost reductions as there are no travel-related costs required for external assessments now. This has given us an opportunity to use the budget for other quality assurance activities and the procurement of items useful for remote assessment such as mobile and internet apparatus. It has also given us the ability to assess services on different days without the need for the assessor to stay on site, and we can conduct assessments in some areas where travel to the site is challenging because of security or access issues."

84 remote clinical quality assessments carried out

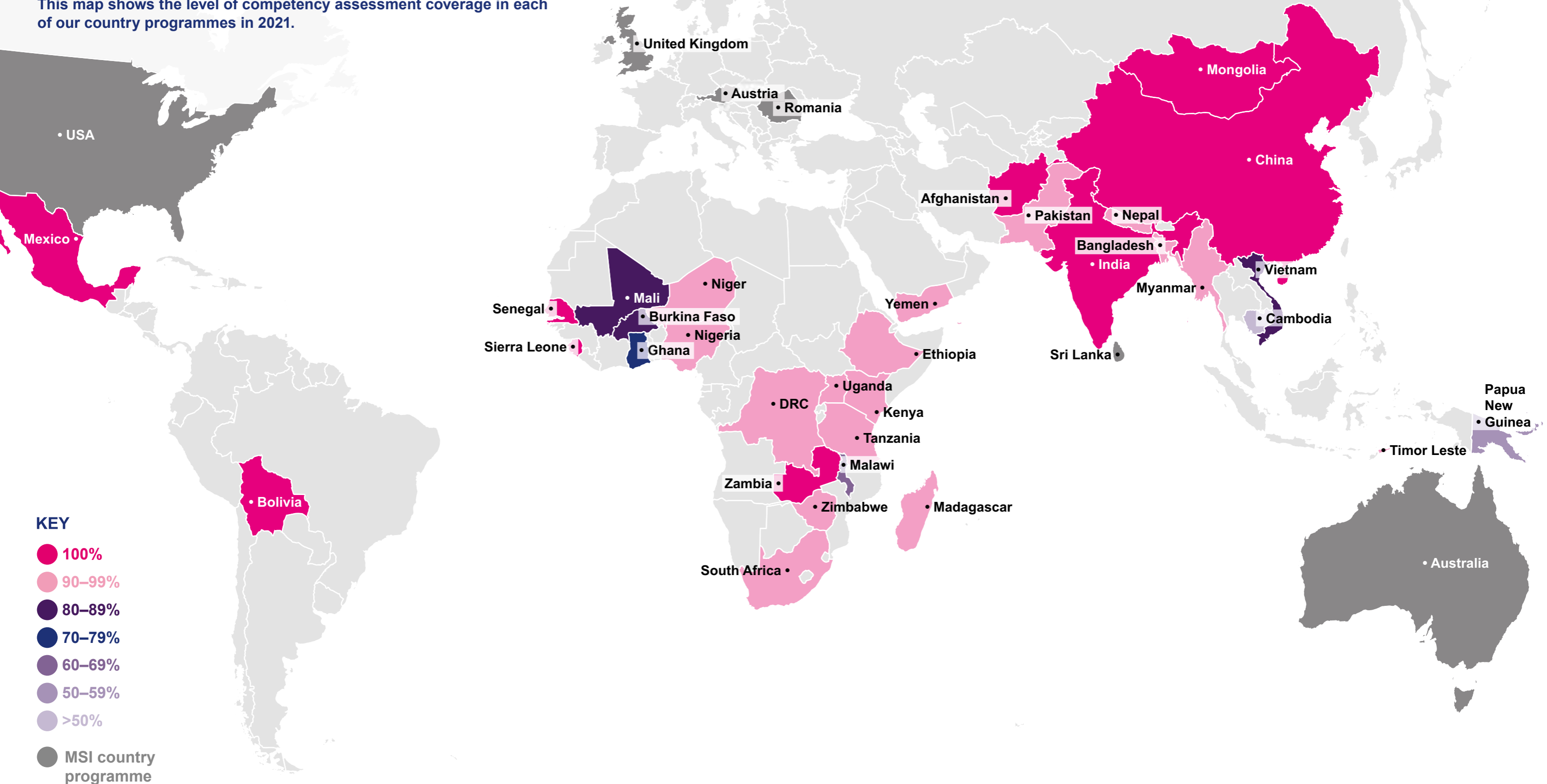
534 sites/teams assessed

169 model sites/teams

COMPETENCY ASSESSMENTS COVERAGE IN 2021

Every year, MSI clinical supervisors are tasked with conducting quality audits of each and every clinical facility and clinical team across the partnership. They are also expected to assess the multiple clinical competencies of over 12,000 clinical staff across MSI.

This map shows the level of competency assessment coverage in each of our country programmes in 2021.



Note: our programmes in the UK, Australia, Romania and Austria adhere to different quality assurance processes. Our USA office does not provide services.



COVERING GROUND ENSURING THE QUALITY AND COMPETENCY OF OUR PROVIDERS

2021 was a record year in terms of both clinical audit and competency assessment coverage. Over 75,000 competency assessments of over 12,000 clinical providers were carried out.

We also saw a number of “firsts” relating to competency assessments and competency-based clinical training. Over 90% of clinical providers in each service delivery channel across MSI were assessed for every service they provide. More than 25 programmes assessed over 90% of their providers in every service they provide, as well as in medical emergency preparedness. Furthermore, over 97% of the partnership’s clinical facilities and clinical teams had a clinical quality internal audit in 2021, up from 89% during the height of the COVID-19 pandemic in 2020.

Additionally, to support with the “external” clinical quality assessment process, MSI maintains a network of experienced clinicians who are called upon to conduct CAVAs in programmes other than their own, carrying out quality assurance activities in public and private sector facilities. In 2021, 21 such “external” clinical quality assessments were carried out, assessing a total of 129 clinical facilities and teams. In addition to being an integral part of the partnership’s quality assurance mechanisms, working as an assessor also allows these team members to learn from other programmes and providers, and share best practice with their own country programmes.

>90% of MSI providers assessed in every service they provide

>97% of MSI sites underwent clinical quality internal audit

MAVIS MABEDHLA, QUALITY ASSURANCE MANAGER ZIMBABWE

“I have been a peer assessor since 2010. I had gained a lot of experience from external assessors visiting our programme and wanted to implement what I had learnt. I was inspired by the way the assessments were done, so wanted to do the same.

My first assignment was assessing the Ghana programme’s Centres and Outreach channels. Since then, I’ve conducted more than 10 in-person quality technical assistance (QTA) visits and one remote CAVA on behalf of MDT. I’ve implemented some of these learnings within my country programme - for example when I conducted the MS Ladies QTA in Nigeria, it gave me a lot of good ideas for when we started the MS Ladies Channel in Zimbabwe.

In addition to the quality assessments, I conducted a Clinical Quality Assessor Training in Ghana for 12 new advisors in 2018. I have been in constant touch with those who are still with the programme, and they are all doing great.”

LEI YEE WIN, CLINICAL SERVICES MANAGER MYANMAR

“I’ve been a member of the peer assessor programme since 2018. It’s given me the opportunity to travel to Uganda and Nepal to conduct in-person QTAs, and since the move to remote CAVAs, I’ve led these with the teams in Mongolia and Timor Leste as well.

One of the highlights for me is the learning exchange between the host programme and the assessors. It allows us to explore the root causes of any gaps in quality identified together, and develop an action plan. It encourages developmental reflection for both parties, and means that programmes commit to continuous quality improvement.”



KEEPING CLIENTS SAFE AT A DISTANCE

TECHNOLOGY IN QUALITY ASSURANCE

The last few years have seen our utilisation of technology in clinical quality assurance systems grow in leaps and bounds. Cloud-based platforms such as SharePoint have made it possible to share data among clinical teams on the ground and our support office teams more easily. This has enabled us to create quality assurance processes that use continuous data streams.

In 2021, our clinical quality databases were optimised and securely housed online, which can be accessed instantly, and gaps identified and addressed in near-real time.

- The new **clinical quality internal audit databases** are now online, making it possible to analyse audit performance data down to individual service delivery sites, and triangulate this with data from other sources.
- Online country-specific master **clinical incident databases** mean that clinicians can see a visual breakdown of green-, amber- and red-rated incidents by service delivery channel, as well as most common incident types and root causes.
- Online **clinical training and competency databases** allow for the continuous monitoring of training activity and clinical competency assessment coverage across the MSI partnership.
- Our programmes providing obstetric care (Bangladesh, Tanzania, Madagascar, Yemen, Pakistan and Kenya) also have access to country-specific **Obstetrics dashboards**. These dashboards summarise clinical quality and performance data for hospital management, clinical service numbers including caesarean sections and complication rates, neonatal outcomes, and pain management. Clinical incidents can now be flagged and triangulated with the aforementioned master incident databases, and the correct follow-up protocol can be actioned (e.g. screening of syphilis during antenatal care visits).
- MSI's online **Q-Trak system**, used internally for monitoring and reporting on the pharmaceutical quality of key medicines and products, provides a snapshot of each programme's catalogue of products at a given moment in time. The system has been expanded beyond SRH products, and now allows for the monitoring of other key medicines such as antibiotics and local anaesthetics used in MSI services and commercial sales.



CASE STUDY : KENYA

While all programmes have adapted well to using live versions of the databases, MSI's Kenya programme took particularly well to using and operationalizing them. "It's very helpful in guiding us on which facilities are due for audit," says Josiah Mwandaza, Senior Quality Advisor, of the clinical quality internal audit database. "We can track performance by channel and site, which informs our work plans."

The live master incident and competency and training databases have proved equally useful. "At a glance, the competency and training database gives information that informs decision making. It tells us which trainings should be prioritised, and helps us ensure that skill sets are spread across our facilities. We also think the dashboards in the master incident database are great for analysing risk ratings in the programme, and we can view incidents down to site and provider level."

2022 AND BEYOND

DATA AND ASSESSMENT INTEGRITY



As we become more reliant on data gathered at a distance, it is essential that we feel confident in the integrity of that data. How can we trust the accuracy of the data collected? And how can we be sure that the people collecting data are doing it correctly?

As we move through 2022, the quality of our clinical assessments and assessors will become an area of focus, so that we can be confident of the objectivity of our clinical assessments, and therefore of the quality and care of our services.

We plan to implement a number of measures over the next 12 months that will both increase the accountability of clinicians conducting quality assessments, and ensure that they continue to develop as assessors. These include:

- Introducing refresher e-learning modules for competency and clinical quality assessors, hosted on MSI's global training platform
- Cross-checking client records against competency assessment checklists, to ensure that competency assessments are carried out during service provision with clients, rather than on anatomical models or as simulations
- Introducing an automatic check for assessment completeness into the clinical quality internal audit databases, to ensure that all clinical areas are covered in a single assessment
- Using information from our live databases to calculate assessor workload, to ensure that programmes allocate adequate human resources for quality assessments, and that no provider is overburdened

These new measures should be fully implemented by 2023.

As always, our commitment to quality remains at the forefront of our vision. Throughout 2022 and beyond, our quality assurance processes and systems continue to ensure that every single one of our clients has access to the high quality services they need to make choices about their own bodies and futures.

ACKNOWLEDGEMENTS

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