

# MDM QOOL VIC Implementation at Peninsula Health

FINAL REPORT

(Modified for general public distribution)

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## Context- What is QOOL-VIC

QOOL-VIC is a software platform used for the purpose of Multidisciplinary Team Meeting (MDM) management. It is a web-based MDM software system, which provides a centralised platform for patient data entry for multiple users, accessible anywhere and anytime.

This new system has been adopted by Peninsula Health for use at its oncology MDMs as part of a wider roll out by the Department of Health in October 2020.

SMICS has been asked to assist with the implementation of the new system, to ensure ongoing quality of MDM meetings.

## Peninsula Health MDMs

There are six oncology MDM meetings that occur regularly at Frankston Hospital, these are:

- Breast
- Colorectal
- GU
- Skin
- Lung
- Upper GI

## AIMS of project support provided by SMICS:

1. Raise awareness of the QOOL VIC platform requirements and opportunities among the MDM team including Leads, MDM Coordinators Registrars, relevant nurses, and scribes.
2. Ensure patients will be referred consistently to MDM meetings across all tumour streams.
3. Ensure information input into QOOL VIC as part of patient presentation will be appropriate.
4. Meeting recommendations will be documented in all meetings.
5. Data collected as part of the system, will contribute to measuring long term outcomes of Peninsula Health's MDM performance.

## Methodology:

The SMICS Team first looked at the data patterns being collected in each of the tumour streams by QOOL VIC for the period October to December 2020, and then began to engage MDM Leads and Registrars via a short survey to better understand the barriers and gaps to uptake of the new system as part of the oncology MDM meetings at Frankston Hospital.

The SMICS Team also reviewed existing policies and procedures, training material, and examined the QOOL VIC system extensively to understand its capability, structure, and mechanisms.

## In doing this the following were identified:

1. Lack of completion of QOOL VIC 'mandatory' data fields in meetings as recommended by the MDM Quality Framework\*.
2. Data not always available to be entered at the time of referral.
3. Duplication of data and overall number of fields to complete- extensive.

4. Variable understanding of roles and responsibilities in terms of data population by parties.
5. Lack of understanding what actually constitutes 'mandatory data' fields for population.
6. Entry of referrals for others, i.e. senior clinicians and use of paper referrals to MDM by some clinicians.
7. Letters to GP – standard template populated poorly due to inappropriate field completion.
8. MDM Summary template- populated poorly due to inappropriate field completion.
9. The MDM Team faces additional administrative follow up in comparison to previous SmartHealth software, due to lack of interface with scanned medical record system.
10. GP contact data list will need to be maintained and updated, an additional administrative task.
11. Training for the completion of referrals was limited to use of the system, with little information as to the actual definition of data fields and what is required.
12. Lack of a tool to monitor data input ongoing.
13. No IPM link to QOOL VIC, provides risk exposure in data entry.

\* Victorian cancer multidisciplinary team meeting quality framework, September 2018

## Engagement

### MDM Engagement

The SMICS Team engaged all six-tumour stream MDMs by presenting to each MDM meeting. These presentations emphasised each MDM's data completion patterns, and subsequent need to collect information in appropriate fields in QOOL VIC to ensure the two documents listed below were populated appropriately:

- GP letter sent to the patient's GP; and
- MDM Summary, accompanying the GP letter and saved to Peninsula Health Medical Record

A second round of meetings followed, these were aimed at MDM Leads and registrars who are scribing and/or referring, to determine the best **customised MDM screen** to streamline data entry for their particular tumour stream. In this way ensuring agreement to the fields selected, with a demonstration of how this set up would work in an MDM environment.

### The SMICS Team also engaged the DHS QOOL VIC Project Officer to better understand:

- The role of the QOOL VIC Super User Group and PH representation
- The process for tabling QOOL VIC enhancements
- Unique Patient Identifier Project link to QOOL VIC
- DHS plans for data collection from QOOL VIC

The SMICS Team engaged other ICS and Health Service providers who rolled out QOOL VIC to learn from their experience.

Finally, the SMICS Team also held meetings to progress the engagement of the Quality Manager at Peninsula Health to help establish a local MDM Governance Group. It has to be noted that a staff change has occurred since, and this engagement has recently begun once again with the new incumbent.

## Summary of Activities conducted:

Since SMICS began its support in helping roll out the new QOOL VIC platform for the purposes of six oncology MDMs at Peninsula Health in January 2021, it has completed the following:

- MDM Lead and registrar surveys;
- Presentations at MDM meetings;
- MDM Lead catch ups to discuss data collection progress and then, specific data collection needs in view of the MDM Quality Framework and the tumor stream;
- MDM Coordinator catch- ups to understand data entry processes at meetings;
- Full understanding of the QOOL VIC platform and entry of patient data (1 team member has effectively learned the system as a superuser);
- Regular interaction with statewide QOOL VIC Coordinator to better understand components and rules of the system, as well as for the purposes of submitting amendments (e.g. Skin MDM, Breast MDM);
- Customisation of QOOL VIC screen for each individual tumour stream post consultation with MDM Leads and registrars, and further feedback;
- Development of a draft Training Manual, tested with the MDM Co-ordinators;
- Completion of the final QOOL VIC Training Manual for use at MDMs, with version reviews;
- Development of QOOL VIC MDM Data Overview per tumour stream, based on QOOL VIC data from time of QOOL VIC going live at Peninsula Health in October 2020 to June 2021

## Data Findings- (please refer to tables in Appendix A)

- Noting that QOOL VIC dashboard data only reports on records with a complete diagnosis, however overall, the actual completion of **diagnosis at MDM varies**, with 4 meetings at around 50%, or below, the Breast meeting at around 90% and the Skin meeting registering a significant improvement from 26% at the introduction of QOOL VIC to the MDM to 70% now.
- **Completed Treatment Plan**- provides an area of improvement overall for all MDMs, with results below 50%, although notable improvement is being noted in some meetings.
- **Stated Intent**- has seen a vast shift in data entry across all meetings and is to be commended. This data field is currently not reported in QOOL Dash and requires manual extract of QOOL to obtain results.
- **Completed Co-morbidities**- are similarly trending upwards in meetings and this result is pleasing. QOOL Dash currently only reports on this measure when the following comorbidities fields are marked as complete: Manual extract was conducted to provide complete results
  - IHD/CVD
  - CRF

- Diabetes
- CVA
- COPD
- **Completed ECOG-** shifts here are variable with some meetings seeing significant improvement, whilst others continue to falter.
- **The date of diagnosis,** is being noted by all tumour streams.
- Overall, it has to be stated, that there is a significant shift in data entry when the Chair of the MDM meeting proactively steps in to ensure information is being collected.

## Recommendations and Actions Forward

- It is recommended that in order to ensure a consistent approach to data entry, a quarterly review of data entry is conducted by SMICS over the course of the next 6 months;
- It is recommended that the Training Notes provided as part of this project, are used as a means of training all new Registrar/Scribe and relevant Nursing staff to not only ensure data entry in fields but the context of why this data is being collected is also provided; (refer APPENDIX A)
- It is recommended that an Oncology MDM Governance Group is established to oversee the ongoing data quality, policies, and protocols, as part of MDMs at Peninsula Health;

### Additional Comments

Following discussion with the MDM lead and a presentation to the MDM Colorectal team we were unable to arrange a further meeting to progress the development of a customised screen and subsequent training material.

## Appendix A

Training manuals were developed for the following MDM's. Please contact Peninsula MDM coordinators for a copy of any of the following manuals



## Appendix B

An overview of the quality of data entered per MDM was developed and circulated to all chairs. A traffic light rating scale has been used to highlight performance. For a copy of this report please contact the Peninsula MDM Coordinators

**QOL VIC MDM Data Overview**

**How to read this table:**

The following overview has been provided as a way of measuring performance and quality of data entered in QOOL VIC. The following instructions are provided for context in interpreting the table.

- All data has been taken from QOOL VIC.
- Fields reported under the "Data Quality" section are calculated only on patients who have had ALL required fields completed. If there is only a single question, then all other fields (e.g. MDM, stage, intent) will not be included in the results.
- Traffic light scale provided for ease of reading.

**Performance chart rating scale:**

Green	Yellow	Red
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**Legend:**

- No Change: Performance, waiting from previous QOL review to the current QOL review.
- Down: Performance, waiting from previous QOL review to a higher level.
- Up: Performance, waiting from previous QOL review to a higher level.

**Genito Urinary MDM**

Report Period: QOL VIC - week 23

Total Number of MDM Presentations: 133

Total Number of patients: 100

Weeks ago: 0

Weeks ago	0	1	2	3	Total
Total number of MDM presentations	133	133	133	133	133
Total number of patients	100	100	100	100	100

**Data Quality**

Field	0	1	2	3	Total
Completed Progress	100	100	100	100	100
Completed Progress date	100	100	100	100	100
Completed Treatment Plan	100	100	100	100	100
Completed Stage	100	100	100	100	100
Completed Intent	100	100	100	100	100
Completed Site	100	100	100	100	100

**Recommended Target for subsequent Quarter:**

Focus on patient information being entered into the correct fields.