QOMS

Quality Outcomes in Oral and Maxillofacial Surgery

NEWSLETTER

Progress since start

The Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS) project was initiated by BAOMS in July 2018 ahead of the publication of the first GIRFT report on Oral and Maxillofacial Surgery (November 2018). QOMS is the quality improvement and clinical effectiveness programme for OMFS.

The GIRFT report highlighted the absence of a comprehensive set of clinical outcome measures for OMFS, thus limiting the ability to assess whether OMFS care is being delivered in line with standards, the ability of providers to benchmark themselves against others and continuously improve services.

Following several meetings and engagement sessions, 7 OMFS subspecialties (oncology, oral and dentoalveolar, orthognathic, reconstruction, salivary gland, trauma and skin surgery) were identified as key areas of evaluation by QOMS.

To meet the needs of the specialty, QOMS developed a series of audits to address issues around quality of care and improvement, and several registries are being developed for clinical effectiveness.

Between July 2018 and December 2019, the QOMS team was formed and led by Jeremy McMahon and included a project manager, several OMFS consultants, collaborators from NCEPOD and Saving Faces. The QOMS protocol was developed to describe the underlying principles of the project and how QOMS would fulfil its objectives.

In parallel, the Subspecialty Interest Group leads and deputy leads were consulted to decide on the procedures, conditions and the quality of care indicators to be included to develop the first audit questionnaires (see BAOMS website for details).

Data collection and storage will be managed by the Barts Cancer Research-UK Centre at Queen Mary University of London (BCC, QMUL), using the Research Electronic Data Capture software (REDCap).

National Clinical Improvement Programme (NCIP) /flap data

In November 2019, BAPRAS published the first UKNFR report, where head and neck surgeons contributed to 1604 records from 35 hospitals in England and Wales between August 2015 and August 2019.

This demonstrated that OMFS surgeons could successfully engage in a national quality improvement initiative. One of the limitations of the report was the uncertainty about the proportion of head and neck reconstruction carried out by OMFS in the published report. We therefore asked (1) BAOMS members to share their hospital's activity and (2) the National Clinical Improvement Programme (NCIP, NHS Digital) to provide the corresponding HES level data:

1. 31 Trusts and Health Boards replied UK-wide. Differences were observed between the 3 data sources: there was variation in individual surgeon's and hospital's engagement along with perceived issues around clinical coding.

2. The data provided by NCIP showed that in England, there had been 5871 head and neck flap reconstructions over the period from August 2015 -2019, meaning the data in UKNFR represented 27% of actual activity.

Summary of the BAOMS QOMS pilot

Between December 2019 and March/April 2020, a pilot of the QOMS audits were run in 6 OMFS units in England to appraise the data collection tool, the questionnaires and feasibility of the process. That pilot required prospective consent of patients involved and data collection relied on the surgical teams primarily. At the end of the pilot, there were 74 records for the 2 oral and dentoalveolar audits, 47 for oncology and reconstruction, 54 for trauma, 88 for skin and 15 for orthognathic.

The pilot showed that:

1. The questionnaires could be streamlined and made more user-friendly.
2. The activity volumes of oral and dentoalveolar, and skin surgery were too large, indicating that those audits should be limited to 1-2 months a year.
3. As an off-the-shelf system, REDCap proved a viable IT solution for QOMS but that we needed to further explore its facilities.
4. The requirement of prospective consent has been reported to have introduced some barriers to the process due to the lack of support for the additional administrative burden. This provided vital feedback for the 2nd phase of QOMS in which we have applied for approval to waive consent at an individual level to collect patient identifiable information (Confidentiality Advisory Group (CAG) in England and Wales, and Public Benefit and Privacy Panel (PBPP) in Scotland).
5. One of the proposed solutions was to have a dedicated person in each hospital to collect QOMS data, in order to ensure meaningful and comprehensive data capture.
6. There were significant variations between the participating NHS trusts in terms of Information Governance and utility of electronic health records.

The pilot was cut short by a few weeks due to the COVID-19 pandemic. While normal OMFS activity was disrupted, OMFS surgeons continued to provide care for acute and cancer services.

The BAOMS COVID Projects

BAOMS developed 2 projects to evaluate the management and outcomes of patients presenting with an OMFS trauma and/or dental infection during the COVID-19 pandemic. The projects' aims were to assess how the pandemic affected the management of these patients and how this information could be used to plan OMFS service moving forward, especially in dealing with a second peak of COVID-19. To date:

*   29 hospitals participated in the OMFS Trauma service evaluation with 2047 records,
*   28 hospitals participated in the Dental infection service evaluation with 1352 records.

Data analysis has started at the end of September and is led by Geoff Chiu and a dynamic group of OMFS trainees.

COVIDTrach

COVIDTrach aims to establish the clinical outcome of mechanically ventilated patients in UK NHS hospitals diagnosed with COVID-19 who require tracheostomy to expedite ventilator weaning. The project is supported by Federation of Surgical

Specialty Associations, Difficult Airway Society & Intensive Care Society. More information can be found on the BAOMS website about how the COVID crisis affected OMFS and about these 3 COVID projects.

Summer 2020

Following the results of the pilot and the feedback we received from participants, QOMS went through some changes:

*   Michael Ho took over the clinical leadership of the project succeeding Jeremy McMahon, who took on the role of lead of the newly formed QOMS Information Governance Group.
*   A thorough review of the questionnaires has been undertaken to address issues raised during the pilot.
    The Project team also welcomed a new Trainees Representative.
*   An application to seek CAG Section 251 approval was submitted in September 2020. The team is now working on a similar application to the Public Benefit and Privacy Panel for Health and Social Care (PBPP) for Scotland. It is anticipated that data collection in Northern Ireland and the Republic of Ireland will need to be anonymised (akin to the COVIDSurg Collaborative during the pandemic).

Next phase (provisional) – QOMS 2.0

The 2nd phase of the project will be open to every OMFS unit and surgeon in the UK and will effectively be the initiation of the definitive QOMS data collection process.
We will also use this phase to evaluate in 10 hospitals how the use of a dedicated data co-ordinator effectively supports data collection both in terms of coverage and quality.

Hospital selection for supported data collection
The selection of the 10 participating OMFS units will be based on their track record in engagement with quality improvement, national audit and academic outcomes. The process will require committed engagement from all surgeons in the OMFS units as well as the hospitals' medical directors.

The data co-ordinator
This part-time position (2 sessions a week) will be supported by a small grant from BAOMS and Saving Faces for the first 3 years. The individual selected will work closely with the local QOMS clinical lead and other surgeons to collect and update data for the project.

The unit expression of interest document and a job description to help hospitals recruit their data co-ordinator has been prepared and will be posted on the BAOMS QOMS webpage very soon.

Please follow the QOMS section of the BAOMS website and Twitter account: @BAOMS_QOMS
for further details and QOMS regular updates.
Any updates for QOMS will be posted there. We will also utilise the discussion forum and emails to announce further details.
It is our intention to produce a BAOMS QOMS newsletter every 3 months.
It is anticipated that data collection for the next phase of BAOMS QOMS will start early in 2021.

BAOMS QOMS Team:
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