



Quality Outcomes in Oral and Maxillofacial Surgery

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CSG Study Day

December 11th, 2025



QOMS



2018 - 1st GIRFT OMFS report

Inception of QOMS



2021 2024 – 1st cycle of data collection / Pilot

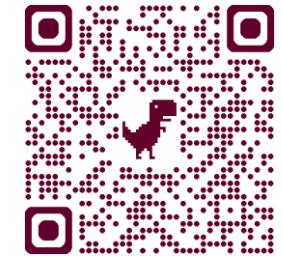
2023 – Publication of
Inaugural report (2021-2022)

2025 - Publication of the 2nd
QOMS report (2021-2024)



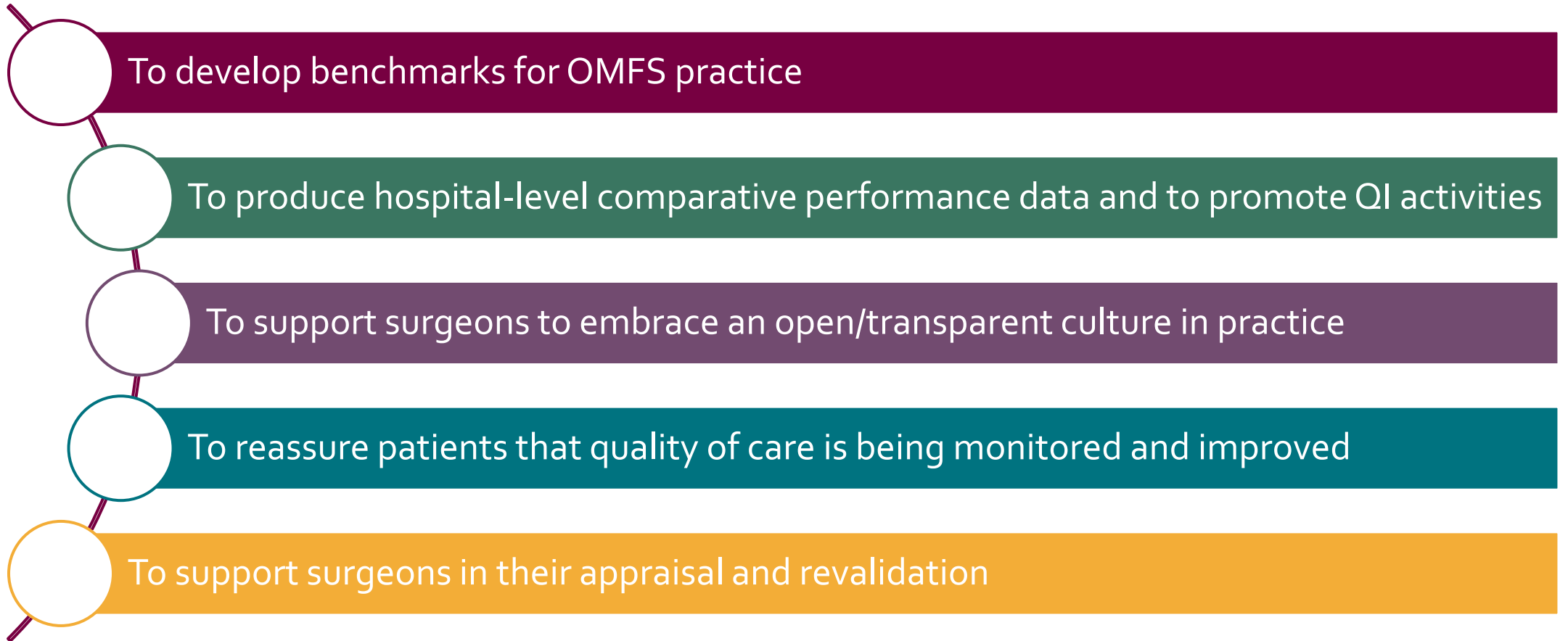
2025-2027 – 2nd cycle of data collection

GIRFT HN Cancer report – Nov2025

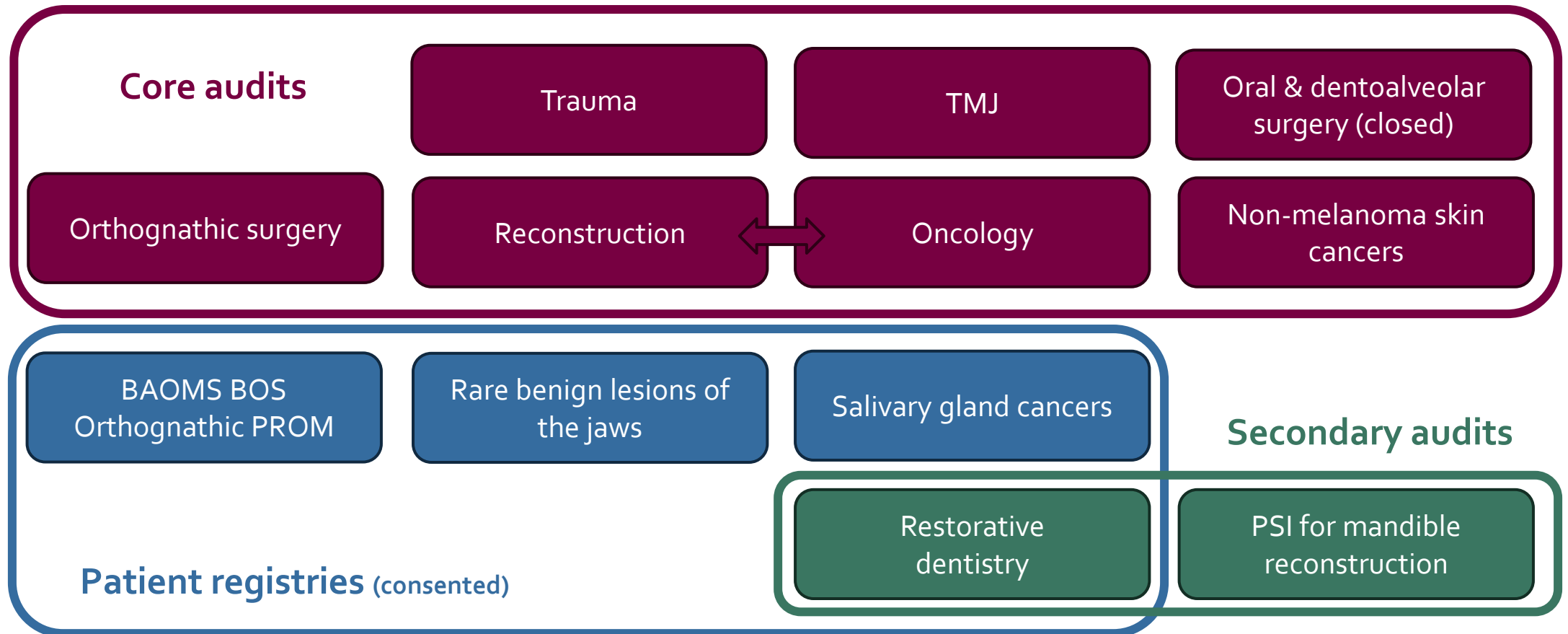


Aims

QI clinical effectiveness programme for OMFS

- 
- To develop benchmarks for OMFS practice
 - To produce hospital-level comparative performance data and to promote QI activities
 - To support surgeons to embrace an open/transparent culture in practice
 - To reassure patients that quality of care is being monitored and improved
 - To support surgeons in their appraisal and revalidation

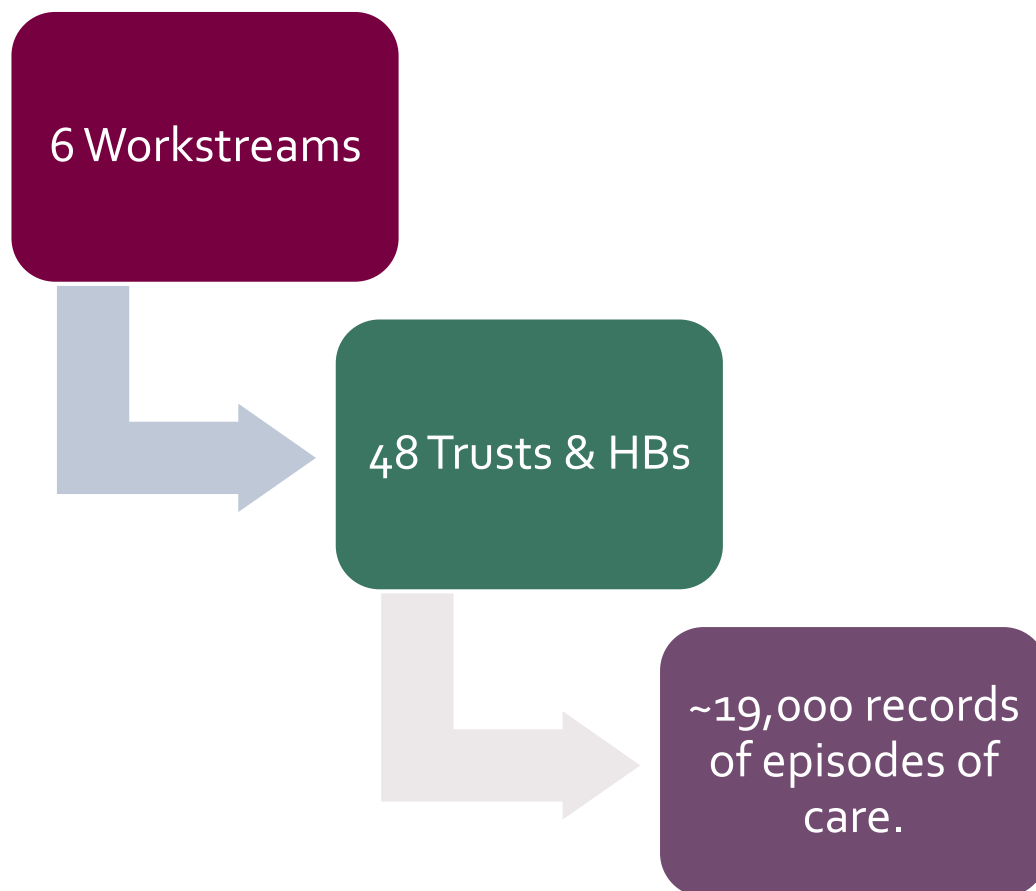
QOMS audits & registries



Rationale for each audit



Contributions





QOMS FUNDING

QOMS Pilot – 2021-2024

BAOMS Funding 2021-2024

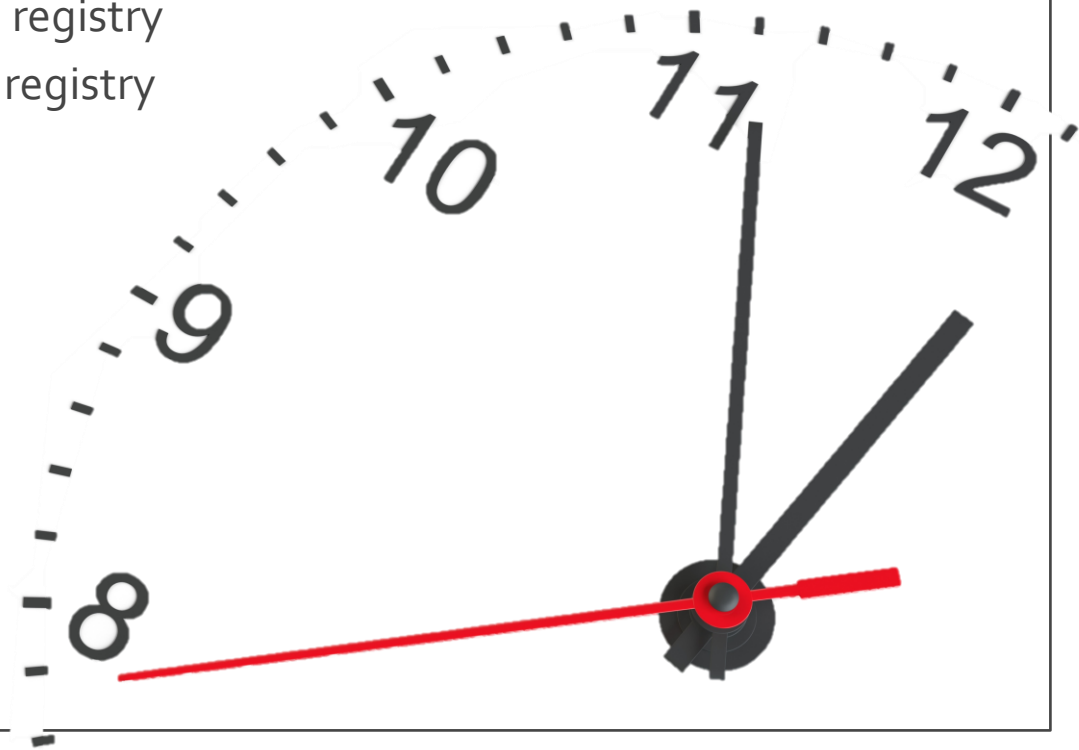
- 10 OMFS units in the UK
- 6.5k /pa for 3 years
- Data coordinator (DC) 8.5h per week

This was a one-off pilot to demonstrate that having a DC to manage data collection and entry with the clinical team's support was essential



QOMS funding – 2024 - present

- External funding
 - Limited success: support for 5 more units
 - Salivary Gland Cancers UK to support SGC registry
 - Head and Neck Oracle Foundation to support the RLJ registry
 - Stryker – **linked** to contributions to TMJ replacement registry
 - Not reliable or sustainable
- BAOMS second-degree student bursaries
 - 20 /pa (£1k)
 - Getting a unit started with QOMS
 - Limited in scope and engagement



Getting started?



Is there an interest in the department to contribute to QOMS?

The QOMS Team is happy to engage with your colleagues, e.g. a department meeting...

To which audit(s)?

- Consider your activity & resources
- Who will be collecting data?

Contact the QOMS Team if you have any questions & discuss practicalities...

Contact your IG department to get your Trust's approval

The QOMS Team to help with any paperwork and queries

Approved? You are ready to go

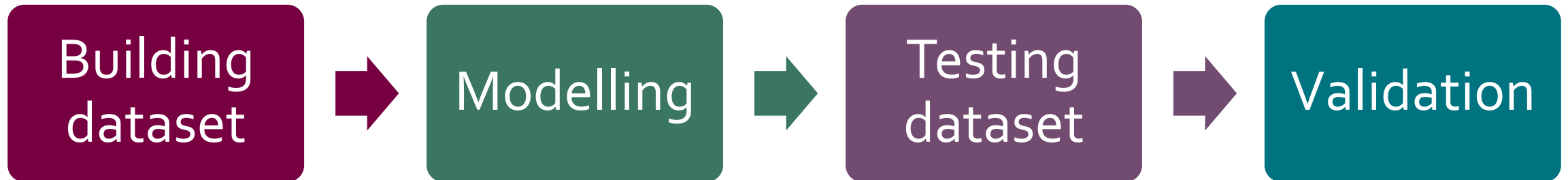
The QOMS Team to help you getting starting

Comparing outcomes



Risk adjustment

- Statistical methods used to ensure that providers can be fairly compared based on the complexity and severity of their patients' health conditions.
- Aims:
 - Taking case mix into account when comparing unit level performance
 - Identifying outliers
 - Fair comparisons



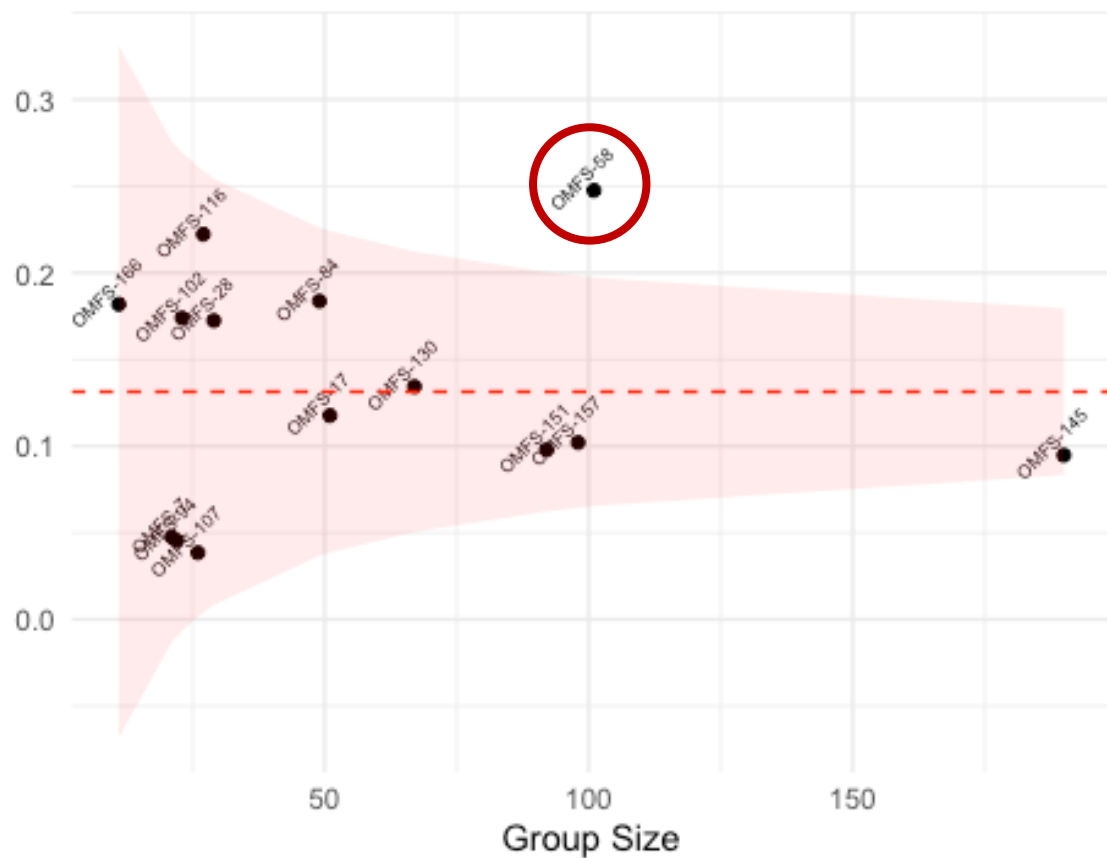
Risk adjustment in QOMS

- **Oncology & Reconstruction workstreams** – Models available:
 - Length of Stay – built in the registry
 - Complication – built in the registry
 - Margins – built in the registry
 - Flap failure – bespoke module added to REDCap → Monthly update of CuSUM charts
- **Non-melanoma skin cancers workstream** – resection margins
 - BCC
 - SCC
- **New model to be developed: Mandible fractures LoS & Complications?**

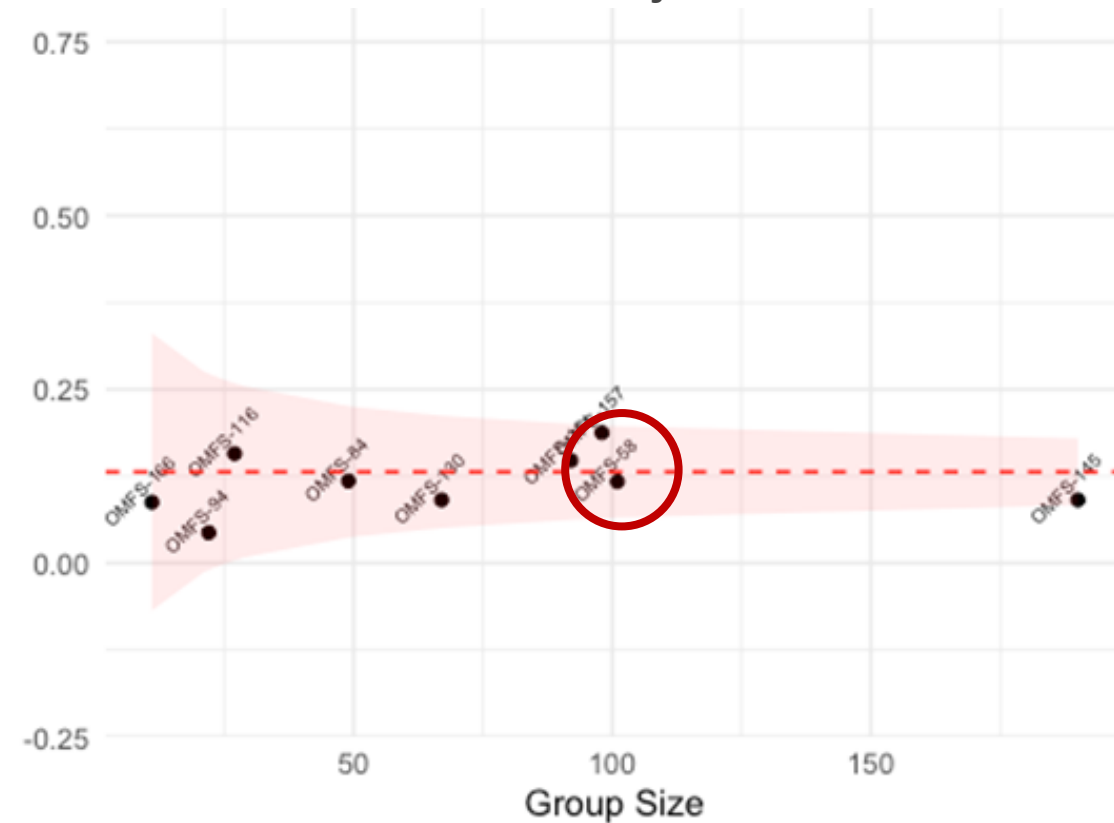
How useful can it be?

NMSC – SCC excision margins

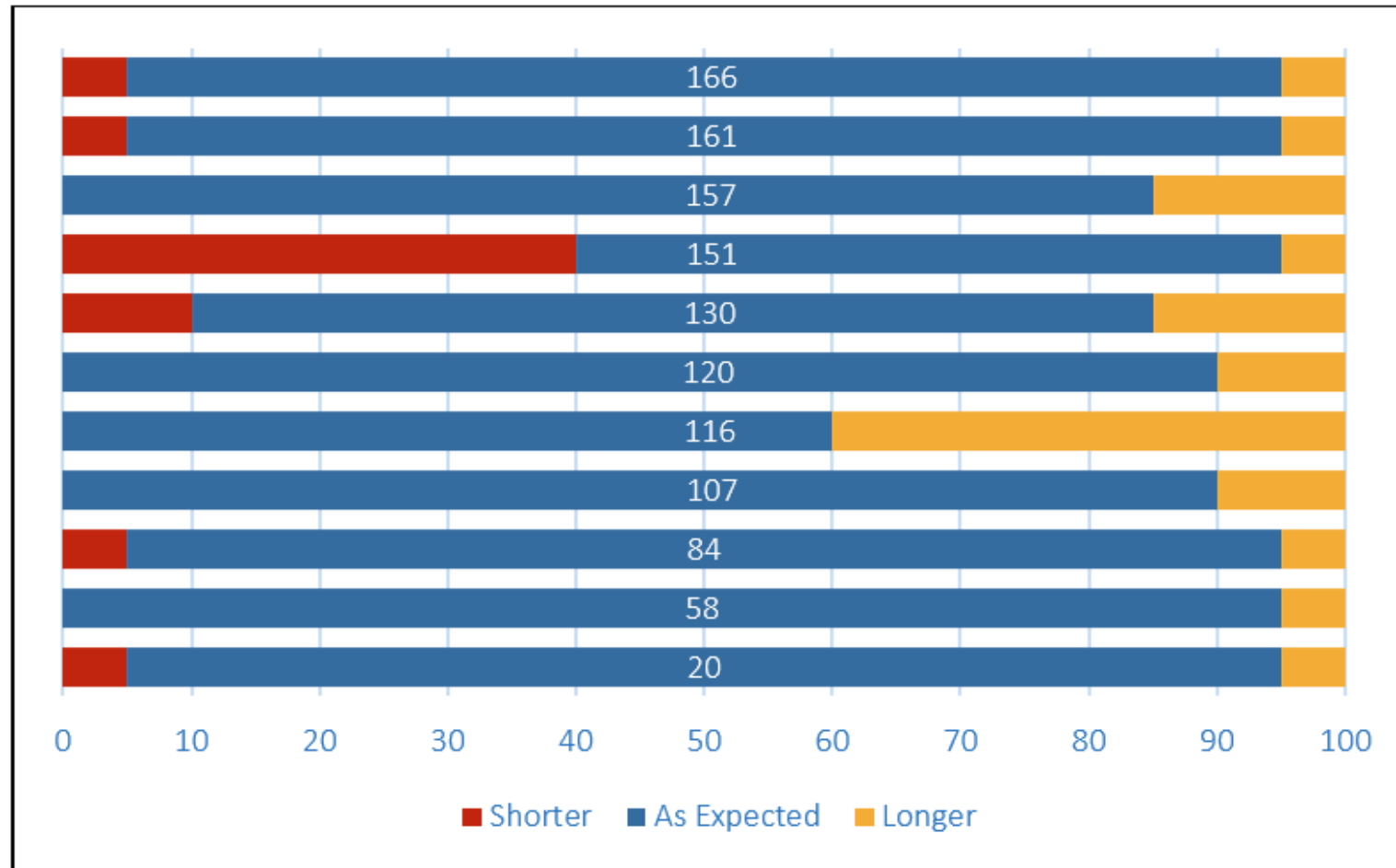
Observed



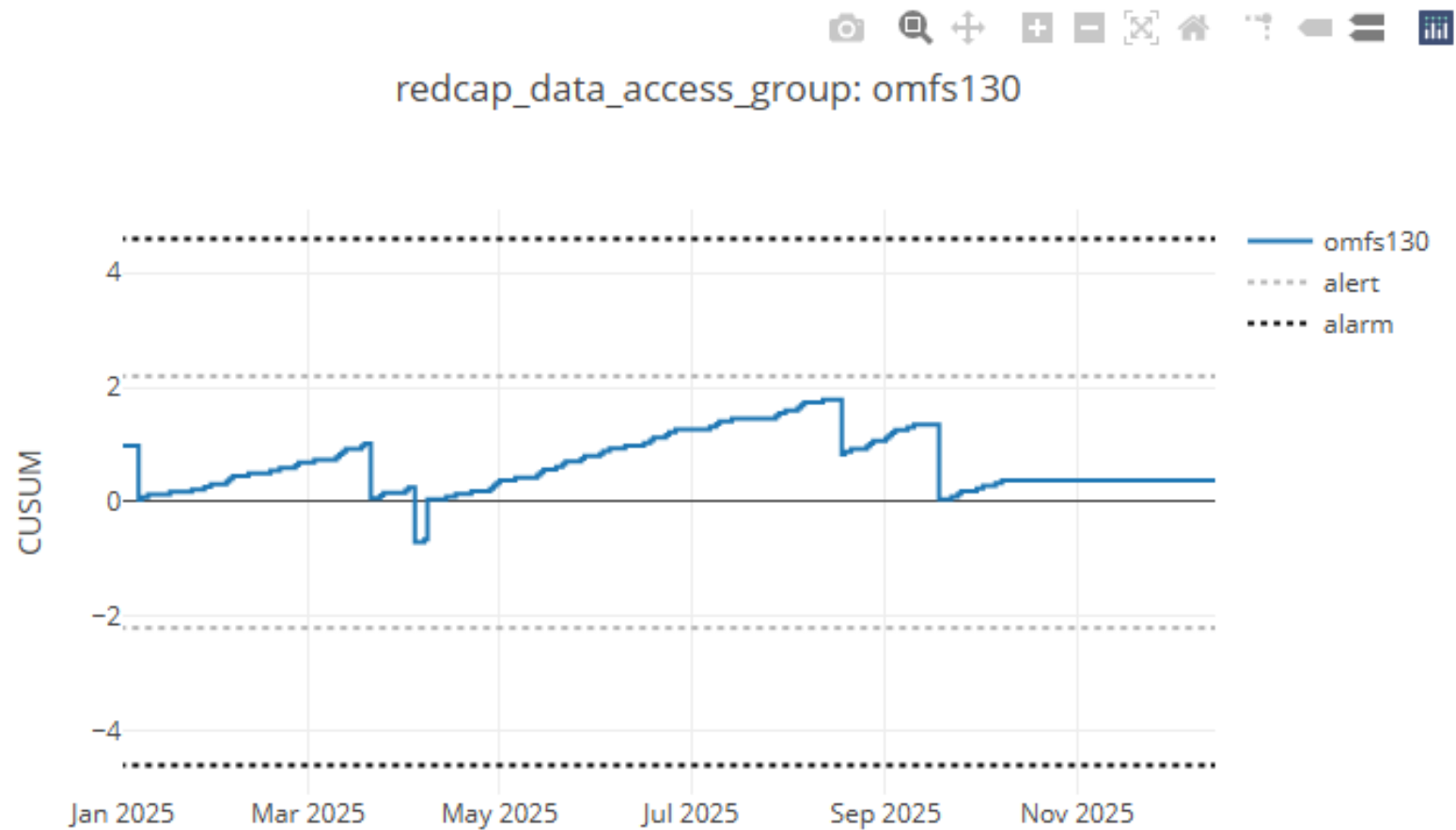
Risk adjusted








Oncol & Recon – Length of stay (<15d)








Oncol & Recon – flap failure



Trauma – Mandible fractures

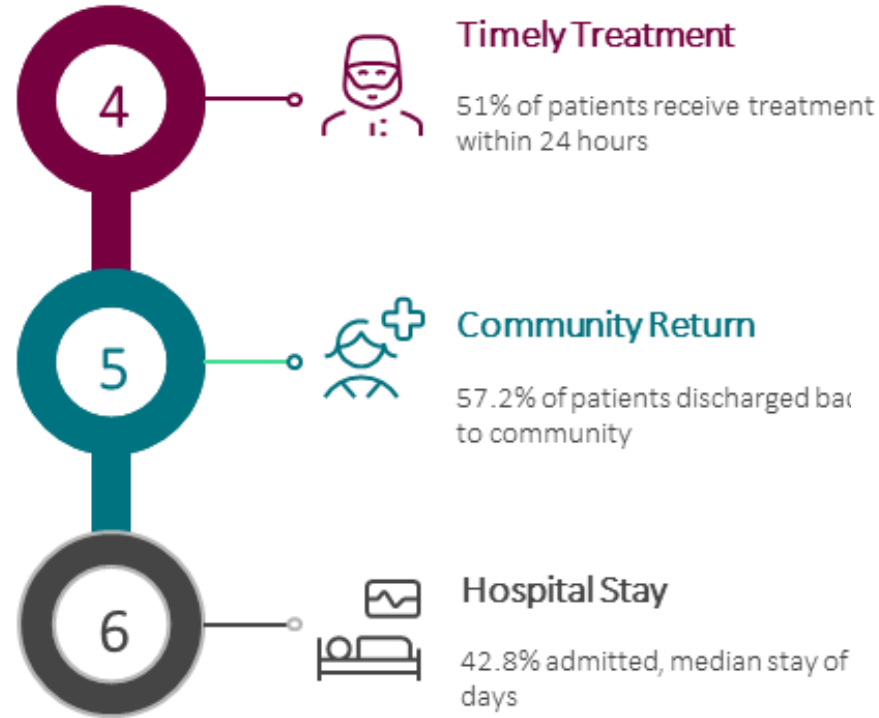
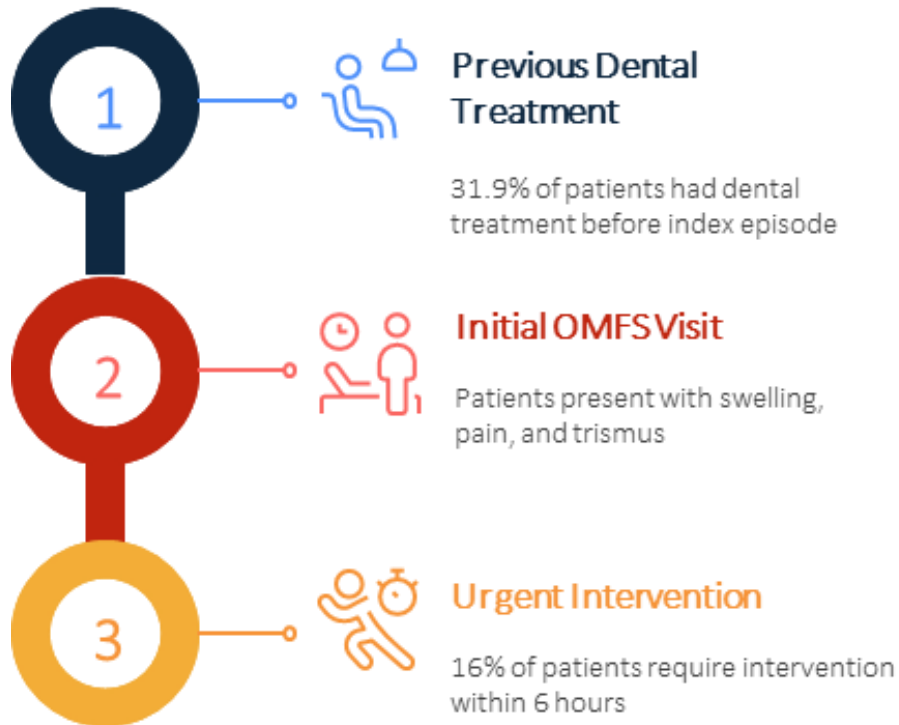
Characteristic	Details
 Age Group	20-30 age group
 Cause of Injuries	Interpersonal violence
 Fracture Location	Angle or parasymphysis region
 Treatment Method	Intraoral plates
 Complication Rates	Low and similar

Characteristic	Details
 Data Completeness	Relatively sparse
 Unit Activities	Variation exists
 Data Entry	Need to be consecutive
 Complication Rate Variations	Some beyond standard deviation
 Dataset Development	Basis for risk adjustment

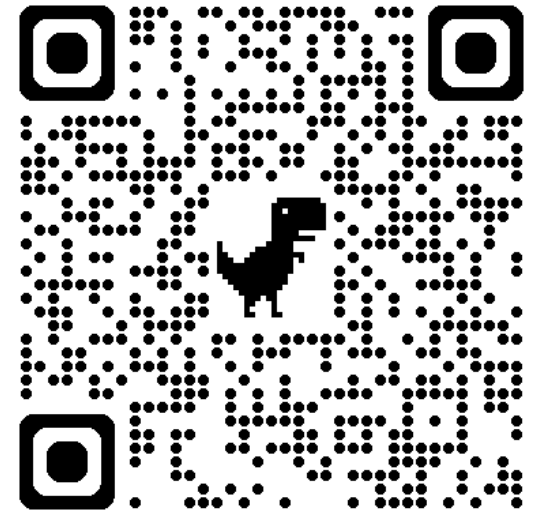
Visit the Mandible fractures live dashboard here



Oral/Dentoalveolar – CFI audit



Visit the CFI
live dashboard here



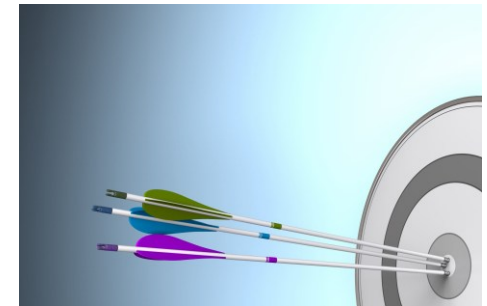
What QOMS can do for you?



- Standardised and streamlined data collection tools
- Your data is always available online and ready to use

Help you visualise your department's outcomes

- Are you hitting the targets?



- Compare your performance to national average and other contributing units
- Risk adjustment available for some outcome variables

Take home messages

- QOMS was developed by OMFS surgeons for OMFS surgeons
- QOMs is still active
 - We need your help & support to keep it on and relevant
- Future work
 - To investigate with statistician if we can develop a risk adjustment model for Mandible fractures outcomes, like LOS and complications
 - To develop links with other organisations like UK NFR and EURACAN