

DESCRIPTION

QOMS

INTRODUCTION

The Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS) is the quality improvement and clinical effectiveness programme for the British Association of Oral and Maxillofacial Surgeons. Your hospital was volunteered to pilot the project.

QOMS aims to measure quality of care received by patients in NHS OMFS departments in the UK. Given the range of activities / conditions covered by OMFS, QOMS is actually not a single audit but a series of 5 audits covering oncology and reconstruction, orthognathic, oral and dentoalveolar, trauma and skin cancer activities. Within each of these, we had to select a limited number of procedures / conditions and metrics to limit data collection. The table gives an overview of the project.

Subspecialty	Procedures	Conditions	Metrics
Oncology	Resection (with or without reconstruction)	Oral cavity and oropharynx SCC (all cases)	Margins
	Elective or therapeutic lymphadenectomy	Oral cavity or oropharynx SCC (previously untreated primary)	Number of lymph nodes*
	Major head and neck surgeries (resection / neck dissection and reconstruction)	HN cancers	Post-operative complications (> Clavien-Dindo 3b) In-hospital mortality
Oral and dentoalveolar	Dentoalveolar surgeries	All	Waiting time Appropriateness of tier attribution Infections
	Third molar extraction *	All	Postoperative surgical complications
Orthognathic	Le Fort I osteotomy Mandibular ramus osteotomy	All	PROM Unexpected RTT Readmissions Length of stay (LoS)
Reconstruction	Free tissue transfer	All	Length of Stay
	Free tissue transfer	Oral and Head and Neck cancers	Flap survival
	HN / Maxillofacial Reconstructions (Free tissue transfer, Grafts, Locoregional flaps, Prosthetic)		Time (days) to commencement of adjuvant radiotherapy if required.
Trauma	Mandibular fractures	All	Unexpected RTT within 90 days Readmissions within 90 days
	Orbital wall fractures	All	Unexpected RTT within 90 days Readmission within 90 days Visual problems and enophthalmos at 90 days
Skin	Complete excision	Non-melanoma skin cancers	Rates of biopsy Margins Site Complications / Infection

The clinical lead at your hospital has indicated which questionnaires you should have access to, corresponding to your activities. Do get in touch with them if you think that's not correct.

HOW DOES QOMS WORK?

BAOMS is collaborating with the Barts Cancer Centre at Queen Mary University of London (BCC, QMUL). The BCC is providing the necessary IT to support QOMS, i.e. hosting and managing the database for QOMS on their secure servers.

QOMS uses a web-based data collection tool, called REDCap (Research Electronic Data Capture). REDCap is basically an interface (developed by researchers in the US) to collect research data. The BCC is using their own instance of REDCap and the users and BAOMS / QOMS retain ownership of the data, which are stored in the UK.

QOMS questionnaires have been developed by BAOMS Subspecialty Interest Groups (SSIG) Leads and Deputy Leads and the QOMS Project Team. We have tried to make them as user-friendly as possible.

Moreover, REDCap is quite user-friendly too.

QOMS PILOT

We have decided to pilot our project before rolling it out nationally (in 2020, hopefully). We want to test with real world patient data and clinicians the questionnaires and the system and more importantly to hear feedback from you (ease of use, legibility...).

Because we do not have a waiver for consent to collect data (for England, CAG section 251 approval) though we are planning to apply for one, the pilot will be fully consented.

To help with have produced a patient-information leaflet and a consent form, but we are happy if you decide to integrate this consent with your already-existing consent process.

ORAL AND DENTOALVEOLAR QUESTIONNAIRES

For this sub-specialty, it was decided following a consultation period with BAOMS membership and advice from the SSIG lead to measure for all dentoalveolar surgeries waiting time between referral and surgery, the appropriateness of tier attribution and postoperative surgical complications (infections). To that effect we have produced 2 oral and dentoalveolar questionnaires:

1. Oral and Dentoalveolar referral to treatment audit pilot (14 questions)
2. Orofacial infection of dentoalveolar origin audit pilot (28 questions).

You will find along with this document in the REDCap file repository pdf versions of the forms that you can see and download to get acquainted with.

ONCOLOGY AND RECONSTRUCTION QUESTIONNAIRE

For this sub-specialty, it was decided following a consultation period with BAOMS membership and advice from the SSIG leads and deputy leads of both subspecialties to have only 1 questionnaire. Moreover, it was decided earlier on that to support the 'New Interventional Procedure' Audit Requirements, the Sentinel Lymph Node Biopsy in Early Oral Cancer would be integrated into the audit.

The final list of procedures and conditions for this audit are presented in the table below.

Subspecialty	Procedures	Conditions	Metrics
Oncology	Resection (<i>with or without reconstruction</i>)	Oral cavity and oropharynx Squamous	Margins

		Carcinoma Cell (SCC) (all cases)	
	Elective or therapeutic lymphadenectomy	Oral cavity or oropharynx SCC (previously untreated primary)	Number of lymph nodes
	Major head and neck surgeries (<i>resection / neck dissection and reconstruction</i>)	Head and neck cancers	Unexpected return to theatre (RTT) (In-hospital mortality) ^a
Reconstruction	Free tissue transfer	All	LoS
		Oral and Head and Neck cancers	Flap survival
	Head and Neck / Maxillofacial Reconstructions (<i>Free tissue transfer, Grafts, Locoregional flaps, Prosthetic</i>)	Oral and Head and Neck cancers	Time (d) to commencement of adjuvant radiotherapy if required.

The Oncology / Reconstruction questionnaire is by the largest in the QOMS project. It is made up of 312 items splits into 7 forms (or instruments) according to a chronological pathway. Although it may appear daunting at first, remember that it is both for oncology, reconstruction and SLN:

- Demographic, clinical and treatment details with 75 questions
- At discharge with 22 questions
- Post-surgical MDT with 138 questions
- Adjuvant therapy with 4 questions
- Flap outcomes at 4 months with 15 questions
- Extra flap (characterisation and outcomes) with 45 questions
- Follow-up at 24 months with 6 questions

Because of the complexity we are trying to capture, there are a lot of branching questions (some questions will appear / disappear according answers to other questions. The SLN section itself contains more than 116 questions (in the Post-surgical MDT instrument). If you didn't do SLN on a patient, these questions will not appear. Moreover, if the SLN section also contains a lot of branching questions.

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ORTHOGNATHIC QUESTIONNAIRE

For this sub-specialty, it was decided following a consultation period with BAOMS membership and advice from the SSIG lead to include Le Fort I and mandibular ramus osteotomies and assess:

1. Unexpected RTT
2. Readmissions
3. Length of stay (LoS)

The QOMS Orthognathic audit pilot questionnaire is the only audit in QOMS to include the measurement of PROMs. Here we are using the questionnaire developed at Queen Victoria Hospital in East Grinstead. It is made up of 76 questions split into 4 forms (or instruments):

- General (18 questions)
- Orthognathic metrics (16 questions)

- One-time PROM (22 questions)
- Repeated PROM (20 questions)

REDCap allows for sending automated email to patient to answer the PROM questionnaires. PROMS are to be collected at 6 months (both questionnaires), 2 years (repeated questionnaire only) and 5 years (repeated questionnaire only) post-surgery. It is therefore imperative to obtain their consent for being contacted afterwards.

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SKIN QUESTIONNAIRE

For this sub-specialty, it was decided following a consultation period with BAOMS membership and advice from the SSIG lead to align our questionnaire with that of the British association of Dermatologists (BAD) and to measure the following metrics for complete excision of non-melanoma skin cancers:

1. Rates of biopsy
2. Margins
3. Site
4. Complications / Infection

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TRAUMA QUESTIONNAIRE

For this sub-specialty, it was decided following a consultation period with BAOMS membership and advice from the SSIG lead and deputy leads to include the following conditions and metrics

Conditions	Metrics
Mandibular fractures	Unexpected RTT within 90 days Readmissions within 90 days
Isolated orbital wall fractures	Unexpected RTT within 90 days Readmission within 90 days Visual problems and enophthalmos at 90 days

The Trauma questionnaire is made up of 94 questions split between 3 forms (or instruments):

- General (23 questions)
- Mandibular fracture(s) (42 questions)
- Isolated orbital wall fracture(s) (26 questions).

Using separate forms means that if a patient has a mandibular fracture and no isolated orbital wall fracture, you will not be asked to answer questions for the later.

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