

QUALITY AND OUTCOME SIN ORAL AND MAXILLOFACIAL SURGERY (QOMS) PROJECT

HEALTHCARE IMPROVEMENT PLAN 2024

1. INTRODUCTION

The Quality and Outcomes in Oral and Maxillofacial (QOMS) Project is a quality improvement and clinical effectiveness programme for oral and maxillofacial surgery (OMFS), led by the British Association of Oral and Maxillofacial Surgery (BAOMS). QOMS aims to measure and improve the quality of care across areas of OMFS practice. QOMS uses clinical audit to assess quality of care provided to patients affected by a variety of conditions, undergoing a wide range of procedures and outcomes to determine where improvements can be made, and highlight examples of good practice.

The results and recommendations, agreed by clinical consensus, and evidenced from data in the report are written with the aim of improving, and reducing variation in care.

2. IMPROVEMENT GOALS

The improvement goals have been built in QOMS from its onset. In consultation with patients, carers, lay representatives, healthcare professionals and wider stakeholder groups they will be focused on:

- Understanding the way care is delivered against across various areas of OMFS practice.
- Stimulating improvements in the quality, experience, and outcomes of care of future patients affected by these conditions / undergoing these procedures.
- Complement and contribute to the work of other healthcare organisations, such as the National Institute for Health and Care Excellence (NICE), the Care Quality Commission (CQC), Royal Colleges, National Patient Safety initiatives, academia, and the Department for Education

The programme objectives are:

- Assess the quality OMFS care provided to patients in the UK
- Reduce inequalities in access to, experience of, or outcomes from the delivery of care
- Put patients and those important to them at the centre of the development and delivery of all aspects of QOMS
- Promote improvements in service quality through local and national learning, and the provision of quality improvement resources
- Highlight variation, both positive and negative, in the provision and quality of care and produce recommendations on how these can be reinforced or addressed
- Highlight gaps in the provision of care and provide recommendations on how these can be addressed
- Share examples of good practice including national and local improvement initiatives where relevant to the selected topic area
- Influence clinical practice, commissioning, service provision, policy, and education by helping understand opportunities to improve outcomes for patients

- Develop and maintain strong engagement with local clinicians, networks, commissioners, patient's representative groups, charity and community support groups to maximise impact

3. IMPROVEMENT METHODS

QOMS will engage in key collaborations, align with other initiatives in the OMFS area of practice considered, and provide outputs to support quality improvement at a national, regional, and local level.

a. National

- Where other work programmes align with particular topics, e.g. NICE, GIRFT or national clinical audits/clinical outcome review programmes, QOMS will try to develop sustainable collaborations those organisations or initiatives
- We also encourage our recommendations to be used by other organisations to ensure longevity for both pieces of work and co-ordinated outputs for those implementing the findings. This is undertaken by targeting recommendations to specialties, whose remits overlap with those of OMFS.
- We work closely with relevant stakeholders, including charities and patients, to ensure that the patient/carer/lay voice is at the centre of our work from the onset, and to help raise awareness of the outputs, encouraging the service users to drive change by questioning the care they receive.

b. Regional

- Aim to present data to regional providers highlighting good performance in different areas.
- Stimulate discussion of patient pathways.
- Identify strengths and weaknesses in 'people / places / things' including aspects of recruitment, role, infrastructure, transport characteristics to places of care, surgical kit available (e.g. sentinel lymph node scanning with spectrometry – CT).

c. Local

Continuous reporting

The data collection tool used for the QOMS audits include customizable live dashboards. Contributing team can access those at any time to visualise their data and compare their (current) performance against that of the whole cohort.

For the Oncology and Reconstruction audit, we have also developed a bespoke reporting module that produces CuSUM charts for flap failure. Those charts are not live but are updated on a monthly basis. They can be used by participating units to track the successes and failures of their flap surgery and detect early positive as well as negative trends.

Yearly reporting

Study outputs including a report, summary, infographic etc. are produced to maximise impact. The outputs can be downloaded from the [BAOMS website](#).

At publication, details about the report and associated outputs are distributed via email to every participating team / institution and member of the Association and shared via social media platforms.

QI tools to help stimulate change at a local level and include a fishbone diagram and a driver diagram, To help users determine what will lead to improved care.

We will also:

- Present the study findings at national conferences and local hospital meetings
- Use social media to stimulate discussions
- Provide YouTube videos aimed at patients and healthcare professionals summarising the findings
- Plan to have a QI resources page on our new website (under construction) with links to other QI tool templates and training courses provided by recognised leaders in QI, e.g. [Institute for Healthcare Improvement \(IHI\)](#), [East London Foundation Trust QI tools](#) or [Healthcare Quality Improvement Partnership](#).

Stakeholder meeting

In the incoming weeks / months following the publication of a report, we will organise a day meeting with contributors and relevant stakeholders to discuss the report findings, determine its impacts, share examples of good practice and seek feedback from stakeholder to improve/inform future work. The aim is to understand what QI has been undertaken on the report recommendations and what more can be done.

d. Patient, carer and lay involvement

Patient, carer and lay involvement is at the centre of the work programme:

- QOMS Steering Group

A group of patient and carer representatives have been recruited at the onset of QOMS. They are consulted to comment on a wide variety of issues relating to the QOMS projects and its developments.

- Patient groups for specific audit

Each new audit is reviewed by a group of patients and carers relevant to each topic, convened to discuss their opinion of how a project is run, its aims and content validity from a patient's perspective.

e. Communications

There will be regular communication with stakeholders, including patients/carers in the following ways:

- Keeping the website updated
- Using social media
- Newsletters
- Attending / presenting at meetings/conferences
- Meeting with people to keep them updated and talk about the work
- Undertake local presentations
- Undertake stakeholder meetings once the report has been published
- Work with professional, sensible, health journal contacts for follow-up editorial pieces.

EVALUATION

This improvement plan will be regularly reviewed at the end of each data collection cycle and where necessary adapted for a specific area of practice. It will be updated with lessons learned through the process.

Because of the continuous nature of most QOMS audits, impact of previous findings can be assessed by future data collection in the same area.

Records are kept to that document the impact at the point of publication (e.g. professional responses), social media activity, presentation given, editorials written...

Version control

Version	Date	Comment	Signed off by / Date	Date of next review
1.0	03/10/2024	Original	M Ho / 07/10/2024	01/10/2024