Better Oral Health in Residential Care Model
Oral Health Challenges
Research and National Agenda Overview

1990 Adelaide University – AIHW Dental Statistics Research Unit & The Australian Research Centre for Population Oral Health (ARCPOH) – starts research

1998 Seminal research by the late Assoc. Prof Jane Chalmers & 1999 *The Adelaide Dental Study of Nursing Homes*

2004 National Oral Health Plan endorsed *Healthy mouths healthy lives* – outlines useful strategies

2005 *Oral Health Assessment Toolkit for Older People* developed and trialed by General Medical Practitioners

2007 *Better Oral Health in Residential Care Project*
Better Oral Health in Residential Care

Funded by the Australian Government Department of Health and Ageing under the Encouraging Best Practice in Residential Aged Care Program (EBPRAC Program)

Lead Organization
SA Dental Service

Consortium
DHS Victoria
NSW Health
6 Aged Care Facilities
University of Adelaide (ARCPOH)

Residential Aged Care Facilities
Umoona, Coober Pedy
Tanunda, Lutheran Home
Resthaven, Craigmore
Helping Hand, Parafield Gardens
Kara, Newcastle
Kyabram, Victoria
To develop an evidence based model to promote better oral health within the Australian residential aged care sector by:

- wider implementation of the Oral Health Assessment Tool
- validating its use by Registered Nurses
- evaluating its impact on care planning
- developing & evaluating a sustainable education program
- providing a dental pathway for referral for dental care
- raising the profile of oral health
Better Oral Health in Residential Care Model
Model Description

Oral Health Assessment
- Healthy
- Changes
- Unhealthy
  - Dental Treatment

Oral Health Care Plan
- Standard
- Additional
- Palliative
- Changed Behaviours

Daily Oral Hygiene
Daily check for common oral health conditions, document and report to RN
Key Process
Informs Care Plan, Identifies the need for dental treatment

Oral Health Assessment
- Performed by the GP or RN
- On admission, on regular basis and as need arises
- Refer to Oral Health Assessment Toolkit

Healthy

Changes

Unhealthy

Dental Treatment
- Treatment by dentist, hygienist and dental technician
- Oral care instructions to inform care planning
- Refer to Dental Treatment Protocols
Oral Health Assessment
Key Process
Oral Health Care Planning

Oral Health Care Plan
- RN develops care plan with GP and dental input
- Level of assistance determined by RN
- Refer to Oral Health Care Planning Guidelines

Standard Protective Oral Hygiene Regimen
Additional Oral Care Treatments
Palliative Oral Care Considerations
Oral Care and Changed Behaviours
Standard Protective Oral Care Guidelines

Six of the best ways to maintain a healthy mouth:

1. Brush morning and night
2. High fluoride toothpaste on teeth
3. Soft toothbrush on gums, tongue & teeth
4. Antibacterial product after lunch
5. Keep the mouth moist
6. Cut down on sugar
<table>
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<th>Key Process</th>
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<td>Daily Oral Hygiene</td>
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<td>– direct care nurses &amp; care workers</td>
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**Daily Oral Hygiene**

- Nurses and care workers follow oral health care plan
- Refer Education and Training Program

**Daily check for common oral health conditions, document and report to RN**

- Repeat Oral Health Assessment by RN or GP as required
Daily Oral Hygiene
Education & Training Program
Module 1

A healthy mouth will improve overall health and well-being.

Good oral health is essential for healthy ageing.
Education & Training Program
Module 2

Six of the best ways to maintain a healthy mouth
Protect your residents' oral health

Brush morning and night
High fluoride toothpaste on teeth
Soft toothbrush on gums, tongue & teeth
Antibacterial product after lunch
Keep the mouth moist
Cut down on sugar
Education & Training Program
Module 3

Education and Training Program
Module 3: It takes a team approach to maintain a healthy mouth
Better oral health in effective practice

It takes a team approach to maintain a healthy mouth
Work together to protect your residents’ oral health
Key Process
Dental Treatment

Oral Health Assessment
- Performed by the GP or RN
- On admission, on regular basis and as need arises
- Refer to Oral Health Assessment Toolkit

Healthy

Changes

Unhealthy

Dental Treatment
- Treatment by dentist, hygienist and dental technician
- Oral care instructions to inform care planning
- Refer to Dental Treatment Protocols
Dental Treatment Protocols

Dental chair provided by public dental provider.
Key Findings:
Impact on Staff

Changes in General Medical Practitioner prescribing, for example, dry mouth

Registered Nurses can successfully perform oral health assessments

Significant improvements in the quality of oral health care plans

Improvements in care worker oral care competencies and reporting

“What’s another word for guilt? …Maybe a sense of shame, despair or something … we should have been on to this a long time ago, disappointment really, especially for something that is so basic”
Key Findings:
Impact on Residential Aged Care Facilities

Impact on Residential Aged Care Facilities:
Integration of oral health assessment into policy and procedures:

• oral health assessment on admission and on a regular basis

• protective oral health care regimen

• dental referral protocol

“Some of them (the residents) actually look at you with their eyes as if in a thank you”
Key Findings:
Impact on Residents

Significant and measurable improvement in oral health status
Improvement in quality of life measures
Key Findings:
Impact on Dental Treatment

Overall **47%** of residents who had an oral health assessment pre-project implementation required referral for dental care.

Only **17%** of residents who had a repeat oral health assessment post-project implementation needed dental treatment.
Better Oral Health – In Practice
Case Study

- Mary is 90 years old and also receives high care, she has dementia and requires full assistance.

Staff note Mary cries a lot.

- A Registered Nurse oral health assessment showed she had:
  - red, inflamed & bleeding gums
  - build up of plaque and calculus on dentures
  - dentures are loose.

- Mary had been in the facility 7 years and this was her first oral health assessment.
Better Oral Health – In Practice

Case Study Outcomes

Oral Health Care Plan developed using Guidelines

Initially
- dentures soaked in vinegar 8 hours then brushed to remove plaque and calculus

Ongoing Care Plan
- scrub dentures with denture brush using liquid soap twice a day, soak in water overnight
- rinse dentures after meals, used denture adhesive
- staff to brush gums & tongue twice a day
- staff to apply antibacterial gel after lunch and treat ulcers
- disinfect dentures once a week in chlorhexidine

Outcome
- dentures cleaned, staff noted immediate result of no oral pain, better fitting dentures leading to increase in weight, healed ulcers and no bleeding.

Mary stopped crying.
Summary

Oral health assessment by non-dental professionals does not replace dental examination but can be successfully used by General Medical Practitioners and Registered Nurses to identify residents requiring a dental referral.

Registered Nurses can successfully use the oral health assessment tool to inform oral health care planning, monitor residents oral health and evaluate oral hygiene interventions.

Nursing care can make a significant difference to all residents’ oral health and improve their quality of life.

Dentists and other dental professionals can be encouraged to visit residential aged care facilities if they are supported and have access to portable dental equipment.
The HON JUSTINE ELLIOT MP
Minister for Ageing

· The Federal Government announced Australia’s first national Nursing Home Oral and Dental Health Plan.

· Incorporates the education resources developed and trialed by the Better Oral Health in Residential Care Project.

Training is now underway for all residential aged care facilities.


Aged Care Channel aired in June 2010 – complementary oral health program.
