Oral Care in Continuing Care Settings:
Collaborating to improve policies & practices

Presentation of the “Oral Care Action Plan”

FALL 2010

DALHOUSIE UNIVERSITY
Inspiring Minds
Faculty of Dentistry

AHPRC
Atlantic Health Promotion Research Centre

Capital Health
“…at this point I think I want an advanced directive to ensure all my teeth come out before I enter a nursing home. At least I know dentures may be easier to get out of my mouth to be cleaned.”

(nurse manager, 2005)
What we know:

- Nova Scotia has the oldest population in all of Canada

- This project builds on work started in early 2000 - “Oral Health of Seniors - a Nova Scotia Project”
What we know:

“The silent epidemic...”
- oral health is essential to overall health
- poor OH = disease, disability, social isolation

“Looming crisis...”
- older adults maintaining nat’l dentition

“Oral health status in LTC is a prime forecaster of the magnitude of this problem in future...”
- oral health for frail older adults is POOR
- policy and practice is inconsistent
What we’ve seen...

What we will see...
**Objective 1:** To document internal and external factors related to the provision of oral care and oral disease prevention for older adults in four rural continuing care settings.

**Objective 2:** To work with care-providers and other stakeholders to design a set of actions to integrate oral care into organizational policy and practices.

**Objective 3:** Implement the action plans over a 12 month period and explore experiences of the health care team and relevant stakeholders involved in the implementation.

**Objective 4:** Evaluate the processes outcomes associated with the implementation of actions and provide recommendations for organizational policy and practices based on evaluation findings.
Nova Scotia’s Eastern Shore Tri-Facilities and Dalhousie University have partnered to carry out this work.
GATHERED INFORMATION

ACTION PLANNING

- EDUCATION
- HANDS-ON RESOURCES
- SPECIALTY PRODUCTS
- PROFESSIONAL SERVICES
- PLAN TO EVALUATE
Implementing Actions

- Education sessions & DVDs
- Hands-on resources
  - Care Cards
  - Toolkits
  - Posters & Handouts
  - Assessment tools
- Specialty products
Education Sessions

 Residents:
  - Importance of Oral Care
  - Oral Care ‘Bingo’

 Care Staff:
  - Oral Care: ‘The Basics’
  - Oral Care for Residents with Dementia
  - Oral Care for the Palliative Patient
  - Oral Care: Brushing Technique & Specialty Products
  - Daily Oral Health Assessment

 Nursing Staff:
  - Administering the Annual Oral Health Assessment
Friday May 28th
Oral Health Day
11am for Residents
Daily mouth-care Card for people with
NATURAL TEETH

Instructions or comments:

• Check mouth for abnormalities
• Brush teeth
• Brush tongue from back to front
• Floss or alternative (if possible)*
• Rinse mouth with mouth rinse**/salt water
• Rinse toothbrush and store to air dry
• Record success on flow sheet

*Alternative to flossing include a proxabrush, one handle, or gauze
**Avoid alcohol based mouth rinse (tends to dry out the mouth)

Required supplies: toothbrush, toothpaste, mouth rinse (non-alcohol)
Additional supplies (if necessary): floss (OR proxabrush, floss handle, flossers), facelot, towel, tongue cleaner, lip lubrication, mouth props, gloves, gauze, kidney basin

Further details about personal oral care

• Record any abnormalities on the ‘Resident Oral Health Assessment’ sheet
• Lubricate lips with lip lubricant (not just water or saliva)
• Brush teeth minimum once daily (thoroughly)
• Gently massage gums with tooth brush at 45 degrees to the gums
• For those who cannot reach the sink, have kidney basin available to spit
• For those who have trouble swallowing, dry the mouth and teeth with gauze

DATE
When tooth brush was last changed: ___________________________
Of last visit to dentist: ___________________________
PRE-Toolkits
Previous attempts at an oral health toolkit...

Brought a number of different samples/ideas with us and got feedback from care staff.
Toolkits in action!
TAKING CARE OF YOUR MOUTH

- Rinse your mouth with salt water or mouthwash
- Brush your teeth/dentures at least once a day
- Brush your tongue & gums
- Report any pain or discomfort to a staff member
- Let your toothbrush air dry
LOOK
in your mouth for redness, white patches, sores or bleeding

FEEL
in your mouth for tenderness, swelling, or loose/broken teeth

TELL
your caregiver or nurse about any problems

TAKING CARE OF YOUR MOUTH
It is important to check your mouth on a regular basis

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GUM DISEASE

It’s more than just bad breath!

Gum disease is also known as:
‘GINGIVITIS’

Do YOU have gum disease?

16 million Canadians have gum disease and do not even know it!

THE FACTS ABOUT ‘GINGIVITIS’:
→ When teeth are not properly cleaned, plaque forms on the tooth surface
→ Plaque causes irritation of the gums, making them red and slightly swollen - this is gingivitis
→ Most cases of advanced periodontal disease START with gingivitis

YOU CAN REVERSE GUM DISEASE!!!

4 Steps to prevent & reverse gum disease:
1. BRUSH
2. FLOSS
3. RINSE with antiseptic mouthwash
4. Get a regular ORAL CHECKUP

Only 33% of Canadians are flossing and fewer are rinsing with an antiseptic mouth rinse

Why should you care?

→ There is a link between oral health and overall health.

→ There is a 19% increase of developing heart disease if you have periodontal disease.

→ Good oral hygiene can reduce the risk of developing pneumonia by 58%.
Handouts

Dental Caries & Diet

How does dental decay occur?

1) Plaque and bacteria + food = an acidic environment
   (The mouth goes from a basic or neutral environment to acidic environment each time food is consumed)
2) This softens the enamel of the teeth 5-15 minutes each time food is consumed
3) This process allows bacteria in the mouth (a natural bacteria that is always present) to destroy the enamel on the teeth.

REDUCING THE RISK OF DECAY

- Brush daily with a fluoridated toothpaste. Fluoride gel may be recommended for residents with a high risk of cavities.
- Use a non-alcoholic mouth rinse to reduce dry mouth
- Reduce consumption of sugary foods (i.e. foods with sucrose, glucose, starch and other carbohydrates)
- Minimize the time teeth are exposed to sugary foods by eating sugary foods with meals rather than snacking throughout the day
- Substitute sugary snacks with sugar-free gum and mints (especially made with xylitol). They can help reduce dental cavities by increasing the saliva flow.
- Drink high sugar beverages through a straw, then rinse mouth with water, and brush within 30 mins

If there was no SUGAR there would be no CAVITIES!

RISK FACTORS

- Frequent intake of sugary foods enables the bacteria to maintain an acidic environment on the surfaces of the teeth
- Decreased saliva flow (dry mouth) slows the clearance of the sugary liquid from the oral cavity
- Currently having one or more dental caries increase the risk of developing more
- Being exposed to sugary foods for a prolonged period of time
- The consistency of the sugary foods. Soft and sticky foods cling to the biting surfaces of the teeth and stay there until brushed off. Hard candy allows the saliva to flow around the teeth causing decay between the teeth as well as the front and back of the teeth.
Oral Health Assessment: Daily

**RESIDENT ORAL HEALTH ASSESSMENT SHEET**

Please use the illustration below to record any problems observed when performing the resident’s daily oral care routine.

**LEGEND**
- **R** Red Patches
- **W** White Patches
- **Lumps, Bumps or Swelling**
- **S** Sores
- **B** Bleeding
- **Loose/Broken Tooth**

**BE SURE TO REMOVE DENTURES/PARTIALS BEFORE COMPLETING ASSESSMENT**

**Where to look**
- Tongue (sides and front)
  - Have resident stick out tongue
- Floor of the mouth (underneath the tongue)
  - Have resident lift tongue or move with toothbrush
- Roof of the mouth (hard & soft palate)
  - Tilt resident’s head back slightly
- Cheeks
  - Pull cheek away from teeth
- Gums & Teeth
  - Fold top lip up and bottom lip down to assess gums
- Lips

**PLEASE REPORT ANY PROBLEMS TO THE RN ON DUTY**
Oral Health Assessment:

Annual

- Annual oral health exam
  - completed by a nurse to assist with on-going care planning

- Working with government to develop a standard of care
Evaluation
Getting the Word Out

Meetings with:
- Government
- Health Association of Nova Scotia
- NSCC
- District Level Committees
- Provincial Directors of Care
- Challenging Behaviours Group

- Presentation @ GANS ‘Lunch & Learn’
- Project information distributed to PIECES group
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