A Nursing Student’s Perspective on Mouth Care and an IHI Improvement Project

Caitlin Griffiths
3rd Year Adult Nursing Student, Glyndwr University
Nursing Lead, 1000 Lives Plus Student Chapter
Contact: caitlingriffiths@hotmail.co.uk
Mouth Care in Education?

- Mouth care is something which has generally been neglected in my education.
- No lessons, no theory – how to provide effective mouth care/why it is essential.
- Loses its importance.
- Simulation sessions on acute care/ECG readings, no basics.
- Session at a 1000 Lives Plus event surprised us.
- No education = no importance?
Mouth Care in Practice?

- Mouth care is neglected on inpatient wards
- Rarely see morning/evening brushes, flossing, moistening the mouth
- No education given to patients or carers
- Done best when patients are on the End of Life Care Pathway (documentation)
- Education is good in chemotherapy units (leaflets/explanation/provision of treatments)
- Scenario of elderly patient on ward receiving no mouth care due to “staff being too busy”
The Research

- Daniel et al (2004) – identified educational needs in relation to oral care. “Training for HCPs, patients, families and carers is needed to increase knowledge and therefore standards”
- Coleman (2005) – found the need for attention to oral hygiene. Increased awareness leads to an increased standard for oral care in the elderly
- Forsell et al (2011) – stated that there are significant statistical correlations between poor oral hygiene and incidences of systemic diseases eg pneumonia
- Curtis et al (2007) – suggested that the prioritisation of advanced nursing practice leaves little room for basic care (particularly mouth care)
The Media

- Often see malnutrition, drug errors, poor care etc in headlines – attention leads to drivers to improve areas
- Rarely see specifics on mouth care, so nurses are not always regarding it as essential perhaps

“Brush teeth to 'prevent' heart disease” (2010)

“Bad dental health can lead to pneumonia, Yale study suggests” (2011)
My Project

• Asked to participate in the IHI Open School Practicum

• Involved initiating a QI project on a topic of choice, completing 2 PDSA cycles and evaluating experiences

• Based on finding out about student’s experiences in QI and encouraging us to make changes and take skills into practice once qualified
The first step was to find an idea for a QI project. Immediately decided on mouth care due to experiences in practice, inspired by the research and the 1000 Lives Plus talk. Considered some ideas, training programmes, ensuring provision of mouth care equipment to all inpatients, establish collaborative working between nursing and dental staff. Lack of time and resources led to the idea of a “daily assessment and mouth care chart.”
• Objective: To test a change idea
• Where: On a medical ward where I am on placement
• Who: All nursing/HCA staff on shift, no training, just introduction of change
• Data collection and interpretation: I decided to follow up all results – small scale project
• Prediction: To have valuable data and feedback from staff following change
**Do**

- Implementation of the “Oral Hygiene Assessment and Mouth Care Chart”
- A period of four days, on clip board, for “at risk” and “all care” patients
- Introduced to staff at safety briefings
- Support of Sister and Academic at University

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Indication for mouth care</th>
<th>Condition pre-mouth care</th>
<th>Action taken</th>
<th>Evaluation post-mouth care</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = 12 hourly brush</td>
<td>1 = Dry/cracked</td>
<td>1 = Teeth/denture brush</td>
<td>1 = Moist/healthy</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2 = 2 hourly moistening</td>
<td>2 = Healthy/moist</td>
<td>2 = mouth care using sponges</td>
<td>2 = To repeat mouth care after (?) hours</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 = other indication (please state)</td>
<td>3 = other (please state)</td>
<td>3= other (please state)</td>
<td>3= other (please state)</td>
<td>3= other (please state)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Study

• Mixed outcome following implementation:

Positive
• Compliance of filling in of the charts was very good on day one
• On day two, some charts were filled out for some patients
• Some nursing staff/HCAs were very receptive of the chart and filled it in well
• When used well, it prompted staff to return to patients after two hours and moisten the mouth
• Patients appreciated time being taken to bushing their dentures/teeth
• Mouths did appear in healthier condition (those patients who the chart was used properly)

Negative
• By day three and four, the charts were no longer being completed
• Some staff seemed disinterested by the subject
• Some saw it as “another piece of paperwork”
• Filling in an extra form was seen as time consuming
• Comparison to the intentional rounding (SKIN) chart which briefly mentions mouth care too
Act

• To alter the plan and complete 2\textsuperscript{nd} PDSA
• To eliminate my chart as “another piece of paperwork” and expand on the intentional rounding mouth care section
• Includes pre and post mouth care assessment
• Tracks whether mouth care and 12 hourly brush is being done as well as treatment
• Has to be done as part of IR – cannot be avoided
• Not an extra paper exercise, very simple to complete

Mouth Care Needs:

Is mouth dry? Y/N
Is mouth sore? Y/N
12 hourly brush done today? Y/N
Mouth care given? Y/N
Treatment given? Y/N (eg, Nystatin)
Mouth moist and clean following mouth care? Y/N
What I Have Learned

• Generally, staff do not appear to be concerned about mouth care needs and have no motivation to do so
• No evidence of knowledge of potential complications regarding avoidance of mouth care
• Reluctance to complete extra paperwork regardless of the purpose
• But... mouth care is better when documentation is essential or other interventions are not required (i.e. Care Pathways, must be documented, so carried out, no time spent on observations or drug administration etc so time spent on basic care needs) This concurs with the research of Curtis et al. (2007) who stated that advanced nursing practice leads to little time for basic care
• Nurses want to provide good care but they feel they have no time or resources “there is no money to buy equipment”
• Education regarding mouth care is lacking, and needs to be encouraged with training both pre-registration and qualified nurses as well as health care assistant
Let’s keep our patients smiling by improving our care and increasing education regarding mouth care.