A Single Phone Call

Ann Brennan
Macmillan Lead Nurse Specialist
Palliative Care
Oral Neglect
Candida
Significant Dental Problems
The Community Dental Service

- Has an important role in providing oral health care and support to vulnerable population groups (children and adults)

- This role includes the provision of oral health initiatives
Background Evidence

FOC Audit Oral Hygiene

Oral Health Assessment? Not evidence based

Staff Indicated Gaps in Oral Health Knowledge

No Oral Health Guidelines

No evidence uniformed approach to Mouth Care

No Mouth Care Plans
A Need Was Identified

- Collaborative Working Group was established:
  - Community Dental Service
  - Assistant Director of Nursing (Quality & Safety)
  - Palliative Care Lead
  - Mental Health Lead
  - Acute Lead
PDSA Cycle - Planning

- **Aim:** Improve mouth care experience / standards for hospital patients

- **Objectives:**
  - Develop Oral Health Care Guidelines
  - Deliver Oral Health Training
  - Develop Risk Assessment tool / Care plan / Monitoring form
  - Pilot: PDSA Cycles
  - Roll out across ABMU when fit for purpose
PDSA Cycle - Baseline Data 2011

- May = Ty Olwen  June = YBN
  - 2 Oral Health Champions identified
  - Assessments carried out on all patients one day a week for 4 weeks – no intervention
  - Patient files audited against a gold standard (16 pre & 17 post)

Impossible: 4 patients identified with Xerostomia – intervention needed
Project Launched

- **June/July 2011**
  - Ty Olwen & YBN
    - Staff were trained to use the documents
    - Oral Care Guidelines made available to staff
    - OH team were available
    - Staff were encouraged to take ownership and glean to make ‘fit for purpose’
What we hoped to see

- Every patient would have:
  - Risk Assessment
  - Mouth Care Plan specific to their need
    - Dentate
    - Edentulous (recorded/signed daily)
  - Mouth care was documented (recorded/signed daily)

Improvements in Patient Oral Health Experience/Status
PDSA Cycle - Study

Audit

Oral Care

Documentation
<table>
<thead>
<tr>
<th>Key Factors</th>
<th>Individual Score</th>
<th>Possible Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1 Oral Health Care Guidelines to Support Best Practice</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>F2 Risk Assessment Tool for mouth care</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>F3 Individual <strong>Mouth Care Plans</strong> to support best practice</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>F4 Mouth care is consistently documented, evaluated and re-assessed on a regular basis</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Total Score</strong></td>
<td></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>
Pre: No Oral Care Guidelines

Factor 1: There are evidence based OHC guidelines to support best practice

<table>
<thead>
<tr>
<th>Criteria for Best Practice</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: OHCG are evidence based</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>2: OHCG are reviewed regularly</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>3: Compliance with OHCG are regularly audited</td>
<td>18</td>
<td>18</td>
</tr>
</tbody>
</table>
Guidelines

- Ensure oral care delivered to the patient is of the highest standard

- Assist nursing professionals to deliver appropriate oral health care for specific oral circumstances
Risk Assessment - WHY

- Demonstrate good recording keeping
- Full account of patient oral health care assessment
- Represents the vital 'first step' in planning effective and appropriate mouth care for patients
Post Study: Risk Assessment Tool

Factor 2: Evidence based OHAT for appropriate mouth care

Criteria for Best Practice

No of patient documents that meet best practice criteria

1: The OHAT is completed within 24 hours of admission
2: The OHAT examines lips, teeth, tongue etc
3: Staff performing the OHAT are fully trained
4: All pts will be assessed via the OHAT
5: The OHAT is a documented working protocol evident in pts notes
6: The score will be documented
7: The OHAT is acted upon

Pre
Post
Mouth Care Plan - WHY

A full account of specific patient daily oral health care need

- Documenting
  - Planned
  - Appropriate
  - Assisted & provided mouth care
Factor 3: Evidence of individual OHCP to support best practice

Criteria for Best Practice

1: The OHCP is a documented working protocol
2: The OHCP relates to the scoring index of the OHAT
3: The OHCP is specific to individual patient oral health need
4: Staff performing mouth care have received training
5: Patient mouth care will be determined by the OHCP
Mouth Care Documentation

- Pre study

Mouth care was documented and a signature provided in 2 patient files
Post Study - Clear & Consistent Documentation

Factor 4: Mouth care is consistently documented, evaluated and re-assessed on a regular basis

Criteria for Best Practice

No of patient documents that meet best practice criteria

1: Mouth care is evaluated and re-assessed each shift
2: OHC is documented and a signature provided
3: Rationales for exclusion of mouth care is documented

Pre
Post
Patient Experience
Example 1 (OHAT)

Patient TO9P

Admission: Risk Assessment = 6 – 8

• 11 days later: Risk Assessment = 1 - 4 consistently
# Example 1 – when pt admitted to hospital

<table>
<thead>
<tr>
<th>Category</th>
<th>29/6/11</th>
<th>30/6/11</th>
<th>1/7/11</th>
<th>2/7/11</th>
<th>3/7/11</th>
<th>4/7/11</th>
<th>5/7/11</th>
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</thead>
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<tr>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
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<tr>
<td><strong>Tongue</strong></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td><strong>Gums and Tissues</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td><strong>Oral Cleanliness</strong></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<tr>
<td><strong>Saliva</strong></td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
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</table>
**Example 1 continued**

(scoring index shows improvement in overall mouth status)

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
<th>Score</th>
<th>Score</th>
<th>Score</th>
<th>Score</th>
<th>Score</th>
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<td>0</td>
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<td>0</td>
<td>0</td>
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</tbody>
</table>

**Patient TO9P**

Week 2

6/7/11  7/7/11  8/7/11  9/7/11  10/7/11  11/7/11  12/7/11
What we have learnt!

- Gaps in oral health care knowledge and skills exist (Report: Evaluation of Oral Health Care Training; RD)

- Right Tools to do the Right Job = Engage with Procurement

- Medical/Pharmacy Staff – to be involved
Mouth Care Practice & Experience

Nurse: We thought we were doing mouth care well but clearly we weren’t – this is much better

Nurse on observation with relatives: Laryngo devices are great: relatives can use it

Nurse: Oral balance gel does really make a difference - wouldn’t have used it before

Nurse: Patient came in and scored 12 but now the score is 4

Bank Nurse in interview: I have heard about the mouth care project and I want to be part of it
Patient: It is very soothing (commenting on Laryngo Device)

Consultant: Brilliant I have learnt so much!

Nurse: Long term patient with reoccurring Candida Infection has now cleared

Patient to nurse: Why do you keep on looking in my mouth?

Nurse: I have noticed the bleeding gums have stopped
Every patient admitted to hospital has the right to expect good levels of care.

Mouth Health Care is Fundamental Care!
What we have achieved to date

project

Improve mouth care standards for patients

Through a measured evidence based approach
## Conclusion

<table>
<thead>
<tr>
<th>Key Factors</th>
<th>Accumulative Score for 16 files <strong>PRE</strong> STUDY</th>
<th>Accumulative Score for 17 files <strong>POST</strong> STUDY</th>
<th>Achievable Score</th>
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<tbody>
<tr>
<td>Oral Health Care Guidelines</td>
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<td>51</td>
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<tr>
<td>Risk Assessment Tool</td>
<td>38</td>
<td>117</td>
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<tr>
<td>Mouth Care Plans</td>
<td>4</td>
<td>84</td>
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<tr>
<td>Mouth Care Documentation</td>
<td>4</td>
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<tr>
<td><strong>Total Score</strong></td>
<td><strong>46 (288)</strong></td>
<td><strong>300</strong></td>
<td><strong>306</strong></td>
</tr>
</tbody>
</table>
PDSA Cycle

Work is on going

- Slowly moving away from test area
- Maintenance / Outcome Data

Do not stop at hospital services

- Project is being tested in
  - Community Services: care in the community
  - Residential / Care Settings
Outcome: Patient Experience

- Vital in moving the project forward
  - FOC – repeat audit to check on what difference has been made from patient experience and perspective
Long Term Vision

Service users of any health or social care setting

1. Risk Assessment Tool
2. Mouth Care Plan
3. Mouth Care Recorded
Good Ideas!
Thank You for Listening

Make Mouth Care Everyone's Business