

# Effects of an Oral Health Program on the Prevalence of Good Oral Hygiene in a Long-Term Care Facility

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## Introduction/Background/Summary

Good oral health improves quality of life, person's perception of self, communication and also enables to eat and enjoy variety of food (Watt, 2005). It is as important to the health and well-being of elderly long term care residents as nutritious food and regular bathing. Poor oral health can significantly impact on general health resulting in aspiration pneumonia, chronic infection, and cardiovascular disease as well as complicate the management of systemic illnesses (SA Dental Services, 2009). Unfortunately, as evidence shows, in the Skilled Nursing Facility oral hygiene rarely got the same level of attention as the other basic needs (Ontario Dental Association, 2009; Stein & Henry, 2009; Sjögren et al., 2008; Nicole et al., 2005; Petersen, 2005). There is evidence to support that Oral hygiene programs have resulted in an increased knowledge and interest in oral hygiene tasks among the nursing staff and have lead to improved dental hygiene among long term care residents (Petersen, 2005; Nicole et al., 2005; RNAO, 2008). The key process of the Oral Hygiene program implemented in The Skilled Nursing Facility include: an evidence based oral hygiene protocol, oral health assessment, oral hygiene care plan, referral for dental treatment and staff education and competency validation.

## Aim/Objectives

The Skilled Nursing Facility in Qatar implemented an Oral Hygiene program to promote better oral care practices and ensure that daily mouth care is an integral part of the residents overall personal hygiene. Our target was to ensure at least 90% of our residents score 0 on the Oral Hygiene Assessment tool

## Methods

The team used the FOCUS PDSA Model for guiding improvement as well as continuously checking progress in each step of the process. A quantitative non experimental exploratory design was also used to study the effects of the program on the overall oral health of the residents in the Skilled Nursing Facility.

## Results/Outcomes

Initial study started in January 2011. The oral hygiene assessment scores gradually increased from 34% in the 1st Quarter 2011, to 82% of our residents scoring 0 on the assessment tool by the end of 2012.

## Discussion/Conclusion

A structured oral hygiene program is effective in improving oral hygiene practices among nursing staffs; improving resident's access to oral hygiene supplies as well as ensuring necessary dental treatments. The Oral Hygiene Assessment Tool (Chalmers 2004) which also featured in RNAO Nursing Best Practice Guideline: Oral Health: Nursing Assessment and Interventions (2007) is a remarkable tool to assist staff to assess oral hygiene in patients.

## Sustainability/Replication potential

The flexibility of the program to suit local needs, involvement of key leaders, managing staff through the change process and continuous quality monitoring, enabled sustained improvement. The program has scope for replication in other health care settings (palliative care, critical care units) where residents are dependent on caregivers to meet their basic needs.

## Lessons learned/Critical success factors

Staff education, collaboration with physicians and the dental department, systematic evaluation of outcomes and dissemination of findings were key in the successful implementation of the program

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