Safeguarding the Oral Health of Older Persons

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What I Will “Try” to Cover

• Examine the issue of poor oral health of residents in care homes, those cared for in their own homes and patients in hospitals
• The difficulties and some possible solutions around training
• Using driving forces of policy to get traction for the programme
• How could dental practices help?
Why...

• Oral care isn't being delivered
• It is a simple intervention
• Patient safety, compassion and dignity
• Link between oral and general health
• Ageing population
• Lack of knowledge and awareness
What is Mouth Care Matters?

- IOHOPI Care Homes
- MCM
- Support from NHSE, PHE and HEE (5YFV)
- Not Dentistry! But Oral Health in General Health
- Francis Report - hydration and nutrition (and education)
- Lack of oral health knowledge of medical, nursing and social care staff
- Apprenticeships - new Dental Grade
- “Community Responsibility” element in new/amended dental contract
- CDO strong support
How the Project Evolved

Initial Vision

Pilot Evaluation

Hydration, Nutrition and Mouth Care

Collaboration

Culture

Awareness

Hospitals

Medics

Resources

Articles

Research

Presentations

Roll out
Ministerial Endorsement

Health Education England
Overall Vision

Mouth Care Matters

Hospitals
- East Surrey Hospital
  - Resources
    - Training Staff
    - Dedicated Mouthcare Team

Care Homes
- Training Staff
  - Foundation Dentist Project

Research
- Pre-training Data Collection
- Training
  - Post-training Data Collection
- E-learning

Resources
- OHNA OCP OCC
- Website
- Booklet
- KCL OPN Fellowship
- Presentations
  - Guidelines
    - H&N
    - CQC
    - NICE

Dissemination
- Articles

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Care Homes

Mouth Care Matters

Care Homes

Training Staff

Foundation Dentist Project

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Research

Mouth Care Matters

- Large proportion of residents classified as ‘self-caring’
- 161 residents observed
- 57.8% did not have teeth/dentures brushed
- Of the 309 notes reviewed:
  - 13.2% contained dedicated oral health needs assessment
  - 35.3% contained daily oral care chart
  - 14.5% recorded mouth care inaccurately
- Many of our care home residents do not receive adequate oral health care

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<table>
<thead>
<tr>
<th>Oral Care for Older People</th>
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<td><strong>Edentulousness</strong></td>
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| **Tongue coating** | Presence of tongue coating associated with higher bacterial counts and increased development of aspiration pneumonia  
*Abe S Et Al 2008* |
| **Aspiration Pneumonia** | Develops after misdirection of oral contents into pulmonary tree  
Link between oral pathogens and those causing AP  
Poor oral hygiene is a risk factor |
| **Posture** | Chin down posture, common in older adults  
Requires more effort to form a bolus and to swallow  
*Hori K Et Al 2011* |
| **Dysphagia** | Risk of aspiration increased risk with age  
Stroke, Parkinson’s, and other diseases  
50-75% in nursing homes  
10% of acute hospitalised elderly  
Malnutrition, dehydration, poor OH, choking and AP  
*Aslam M 2013, BGS* |
| **Denture wearing at night** | Increased risk of AP  
Overnight denture wearing and perceived swallowing difficulties associated with a 2.3 fold higher risk of incidence of pneumonia  
*Linuma T Et Al 2015* |
| **Cognitive problems** | Prevalence of dementia/Alzheimer's a global challenge for the 21st century  
Increases risk of poor oral health, dysphagia…  
Alzheimer's- salivary protein levels as a biomarker? |
Recommendations

• Access to appropriate dental services including out of hours emergency treatment
• Assessments of residents’ oral health are carried out that define what happens in the daily mouth care plan
• Define what happens if a resident refuses oral care (in line with the Mental Capacity Act)
• Define who supplies oral hygiene equipment such as toothbrushes and toothpaste
• Ensure that care staff who provide daily personal care to residents understand the importance of oral care and its effect on residents’ well-being
• Oral health “measured” - contained within care plan

• Care staff are trained in delivering oral health interventions, which in most cases is simple tooth brushing and denture care
Barriers

• Increasing elderly population
• Lack of relatives able to care for their elders
• Lack of carers – competition for workforce
• Inadequate resources – especially funding + dental provision
• Fragmented organisation
• Managers versus carers
• Ignorance about importance of oral health
• Oral health not seen as a priority
• Sugar!

(only 10% in care homes)
Dissemination

Mouth Care Matters

Dissemination

- HEE medical and nursing colleagues
- Nursing journals
- British Dental Journal
- European Association of Dental Public Health
- Relatives and Residents Association
- British Geriatrics Society
- Care Quality Commission
- Hydration and Nutrition Team
- Kings College London
- Dementia and Dentistry meetings

KCL OPN Fellowship

Presentations

Articles

Guidelines
- H&N
- CQC
- NICE

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Resources

Mouth Care Matters - Improving Oral Health

Welcome to the website for Health Education England. Mouth Care Matters, setting out to improve the oral health. Oral health is an important part of general health and wellbeing. It allows people to eat, speak and socialise without discomfort or embarrassment. Research shows that oral care is often lacking in hospital and community care settings, especially to those patients who may be unable to carry out their own personal care and rely on others for support, Mouth Care Matters seeks to address this.

This website is the ‘hub’ for access to all of the training materials, posters, documentation and access to training. We hope that you wish to engage with us on our project, and that you find the materials and links on this website of great value.

Latest Tweets

E-learning

OHNA OCP OCC

Website

Booklet

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Other Initiatives and Collaboration

• Dementia toolkit (Liverpool)
• Teath Time (HEE NE)
• West Midlands Dementia and MAC
• Thames Valley ‘Barbara's Story’
• Dementia training for dentists (London)
• Mouth Care Matters (KSS)
• FGDP
• CBOH
• Oral Health Champions (Midlands)
• Caring for Smiles (Scotland)
• International - Gerodent

“Don’t reinvent the wheel, just realign it.”
Anthony J. D'Angelo
**Successes**

- Five Year Forward View / MECC
- Quality Mark
- Noted in Patient Safety Commission Report
- Oral care now in “Care Certificate”
- Oral Health Care Module with Skills for Health (also on e-learning platforms)
- 3 x NICE guidelines for Dental Practices, Local Authorities and Care Homes
- 10 trusts have received funding to recruit an MCM champion, including one community trust
- Commissioning Health Economics of MCM (12 month programme)
- Delivered numerous presentations including at Expo – all well received
- Oral Health Training guide for Pharmacy, and now production of webinars
- CQC
- Commenced piece of work with Bart’s Health
- Commenced piece of work between King’s and SASH in REMEO / Lane Fox
- Working with Community Matrons across KSS and through King’s
Challenges

• Working with nursing, pharmacy and medical colleagues
• Highlighting the link and the importance of oral care
• Changing culture
• Sharing current practice and initiatives
• Evaluation
How the Programme Will Now Develop

- Oral health is an integral part of general health
- Oral health into curriculum of ALL healthcare and social care workers
- Disseminate the training programmes
- Develop and manage MCM website
- Develop links with STPs (Prevention and Workforce) MECC
- Now commencing mapping of programme for Cradle to Grave
- Childhood obesity – linking with Public Health Academy
- Investigating use of apps for different healthcare groups and patients of all ages
- Develop motivational interviewing training course for oral health promotion interventions including smoking and diet
- Links already in place with TV/Wessex, South West, North East, North West
- Test potential activity in dental practices (Community Responsibility)
- EoL settings need help, as do hospices and carers at home
- Dementia Friendly Dentistry (single point of contact)
- Bringing together HEE, PHE, NHSE (in dentistry)
Delivering Integrated Oral Care Prevention in Community and Acute Settings

**Description**

Poor oral care delivery and support can have a significant impact on an older or vulnerable person. It is linked to malnutrition, frailty, pain, a lack of dignity and poor quality of life; as well as diabetes, aspiration pneumonia and cardiovascular diseases.

Within acute settings oral health is often overlooked and deteriorates, leading to increased length of hospital stay. Oral care is often also neglected in community environments.

This oral care intervention is simple to deliver and includes training, provision of materials and signposting to existing resources (collated within an existing website).

In acute settings oral care advocates deliver training and ongoing support and advice. Advocates are supported by the original work stream with training support and resources such as guides, forms, and the training package.

In a community setting training is provided to care homes staff and managers on the importance of providing oral care and how to deliver, monitor and record oral care (training materials have been developed).

The training is suitable for all health care professionals.


**Investment Required**

**Non recurring investment (start up)**

- Up to £50,000.

**Recurring annual cost**

- Estimated to be £10-15k

Roll out for community setting: £10-20k initial set up for personnel to deliver training and resources.

- Roll out for acute trust: up to £500 for personnel, training, and oral health materials.

Funded by a trust. Potential for commercial sponsorship for oral health materials (toothbrushes, toothpaste)

Impact on Activity and Finance

Acute trust: Improving oral health as part of the general health maintenance of a patient has the potential to decrease length of hospital stays, improve the wellbeing of patients, maintain dignity and reduce risk of delay to discharge.

Community settings: Reduced risk of development of dental problems and need to seek urgent dental care, reduced prescriptions (AMR), improved quality of life.

There are a number of case studies within the pilot site where oral health is the main or contributory factors that has affects QoL, length of stay and time to discharge.

During the 3 year period it is expected that audits and an evaluation will take place to ensure the efficiency and effectiveness of the programme.

There is currently insufficient evidence to estimate cost savings as requires long term research of which the data is not currently available.

**Trajectory**

Acute settings: Within 18 months, interest received by participating trusts, oral health advocates agreed and secured, oral health advocates will have received training, resources and materials and will have or in the progress of setting up the initiative within their own trust.

Within 3 years oral health advocates well established within trusts, will have provided training to staff within the trusts, have received annual update and ongoing support from the original project team.

Oral care plans and monitoring well established within the trust.

Community: Within 18 months, care settings identified and 25%-50% care homes received training and resources initially.

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Oral care plans and monitoring well established within the trust.

**Organisations / Boroughs in Scope**

Health Education England, London and South East, Surrey and Sussex Hospitals Trust.

**Rationale / Evidence**

This programme follows NICE recommendations on oral care in care homes by addressing: care home policies on oral health and providing residents with support to access dental services; oral health assessment and mouth care plans; daily mouth care; and care staff knowledge and skills.

Education initiatives including monitoring were identified as being more effective in improving oral health for care homes residents.

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- Oral care plans and monitoring well established within the trust.

- Community: Within 18 months, care settings identified and 25%-50% care homes received training, within 3 years all care homes to have received training maintenance and ongoing support as and when requested.
Next Steps

• Collation of materials on the website
• Sharing developed resources
• Encourage oral health learning in all curricula
• GDPs and Community Responsibility
• Mobilise and protect existing resources
• Accredited roll-out of the programme
Contact Details

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