



Abertawe Bro Morgannwg
University Health Board



Using a Quality Improvement Approach to Embed WHC 001



Rebecca Charles ABMU HB WHC001 Lead

Aim:

Share ABMU HB learning experience of using a quality improvement approach in care homes

Learning outcomes:

- ❖ Recognise Quality Improvement and the PDSA Cycle
- ❖ Understand data collection and its importance to programme delivery
- ❖ Recognise the complexities of working with multi disciplinary agencies

The problem...



No consistent approach to improve mouthcare standards
for older people living in care homes in ABMU HB

A Place to Call Home,
Sarah Rochira, The Older Persons Commissioner, 2014



Background...



BDJ 22/01/2016



Plan



❖ Start small

- Scoping exercise
- Early adopters
- All Wales Task and Finish Group

❖ Expectations

- Implement risk assessments / care plans
- Staff training
- Data collection
- Quality Assurance
- Annual report to WG



What I listened to

“Recently a resident passed away, his mouth was so dry I felt like I had let him down. His family commented on how dry his mouth appeared. That will stay with me forever, if only I knew these products were available. I would have paid for them myself.” Care Staff Member,

ABMU HB
April 2016

arose
nobody
advice.
ould have
we needed.”
ssing the IMC
et during a training
session in Bridgend.

Bridgend
December 2016

- ❖ Staff not
- ❖ Care sta
- ❖ Dental S
- ❖ No communication with
- ❖ No one taking the lead

Do



- ❖ Initial meeting with care home
- ❖ Recruit motivated mouthcare champions
- ❖ Provide staff training
- ❖ Implement risk assessments and care plans
- ❖ Collate what we saw — data collection

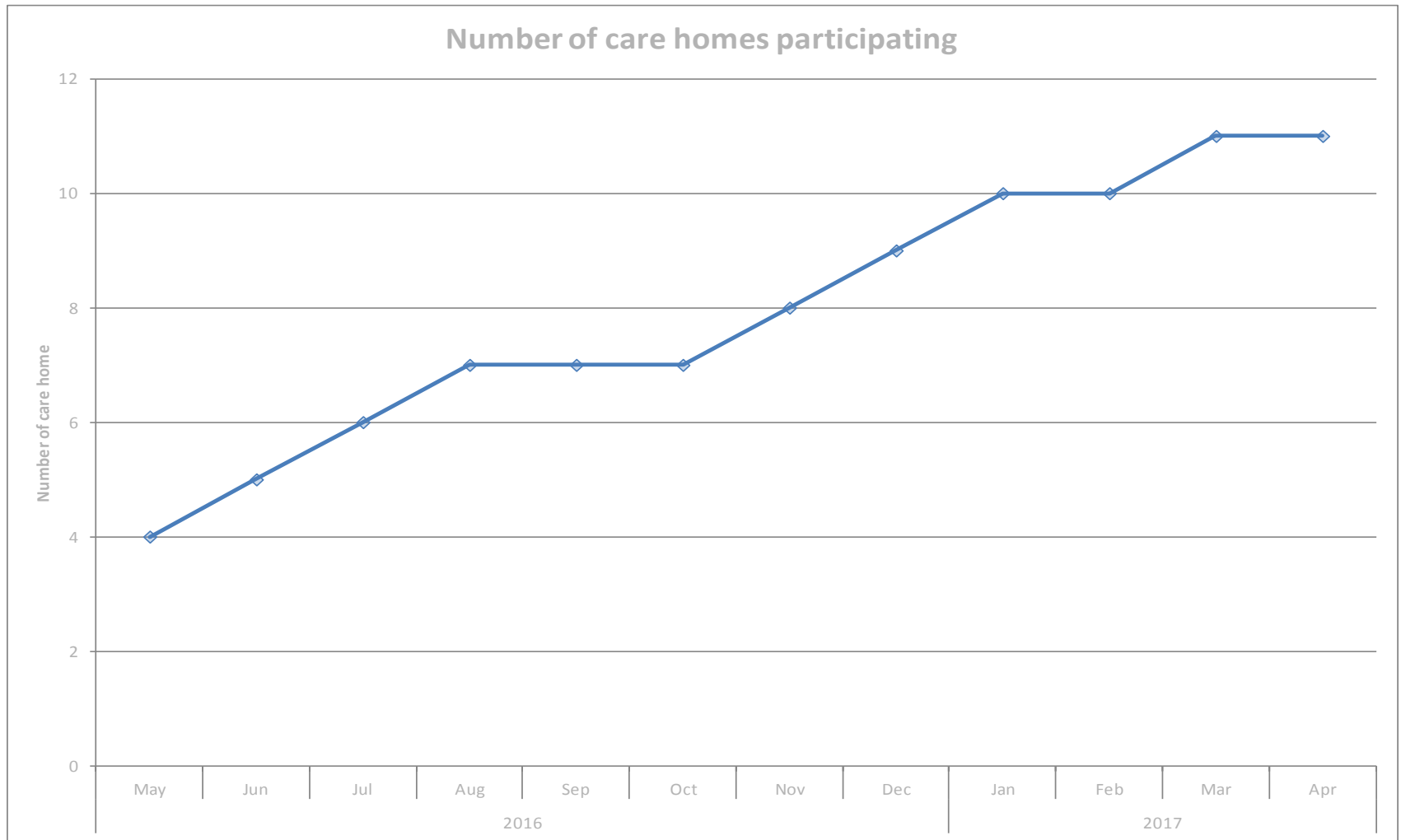
Study



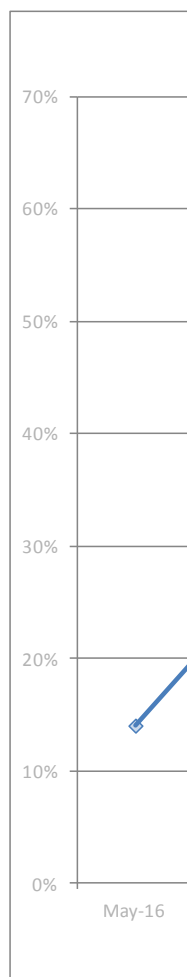
- ❖ Communication - key
- ❖ Posters - ensure everyone has a voice / is involved in the programme
- ❖ Collection / analysis of the data
- ❖ Predictions - were they correct?
- ❖ Outcome – what was learnt?



Outcome to date.....



Proport

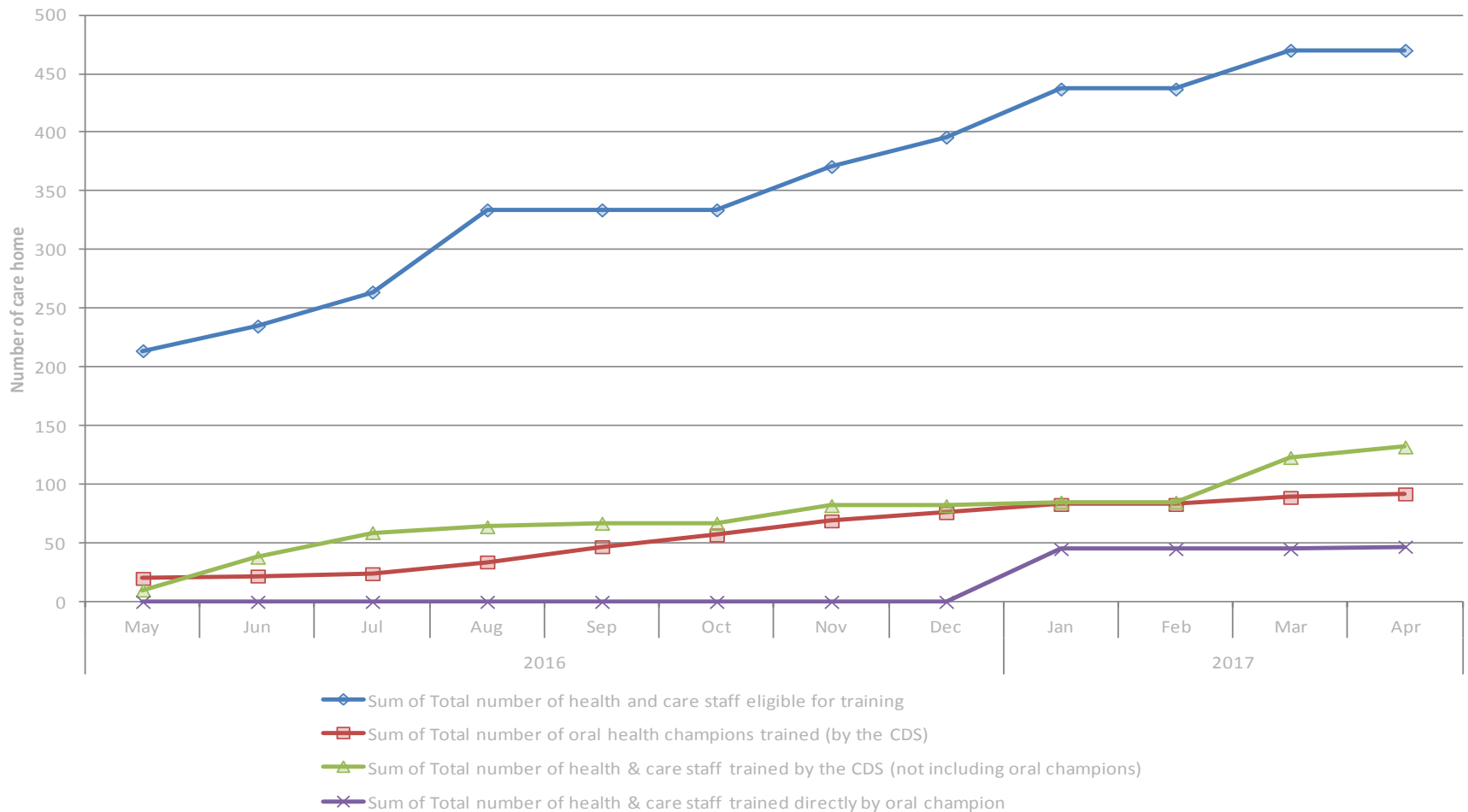


Improving Oral Health for Older People Living in Care Homes

Aim	Driver	Intervention	Measures - bold are essential
Improve the oral health of older people living in care homes in Wales	Local Authority / Health Board Policy on Oral Care for Care Homes	Care home mouthcare policy in place and reviewed annually	An up to date mouthcare policy is in place
		Staff are appropriately trained and skilled in mouthcare	At any time, at least 50% of care home staff have been trained or updated in mouthcare
		Care home has <u>at least one</u> oral champion	No. of oral champions in the home
	Mouth Care Risk Assessment	All residents have initial risk assessment by oral care champion / suitable trained staff within 7 days of moving into the home	At least 90% of residents are risk assessed within 7 days
	Individual Care Plan in Place and Delivered	Care Plan Reflects Risk Assessment	At least 90% of residents have an individual care plan that is delivered
		Residents have appropriate toothbrush / toothpaste / denture care resources	At least 90% of residents have appropriate toothbrush / toothpaste / denture care resources
		Dentures cleaned and stored safely	All lost dentures are reported and submitted in a regulation 38 report
		Dentures marked with residents name	New dentures are marked with residents name
	Delivery of Dental and Oral Care through Care Pathways	Links established with dental team for staff training	The number of days training given to care home staff by dental team (annually)
		Care home manager(s) can identify local dental services for residents	Care home manager has contacts with appropriate local dental services for provision of timely care
	CSSIW inspect care homes against the regulations	CSSIW monitoring and inspection includes mouthcare	Home has been inspected and there have been no adverse reports on mouthcare

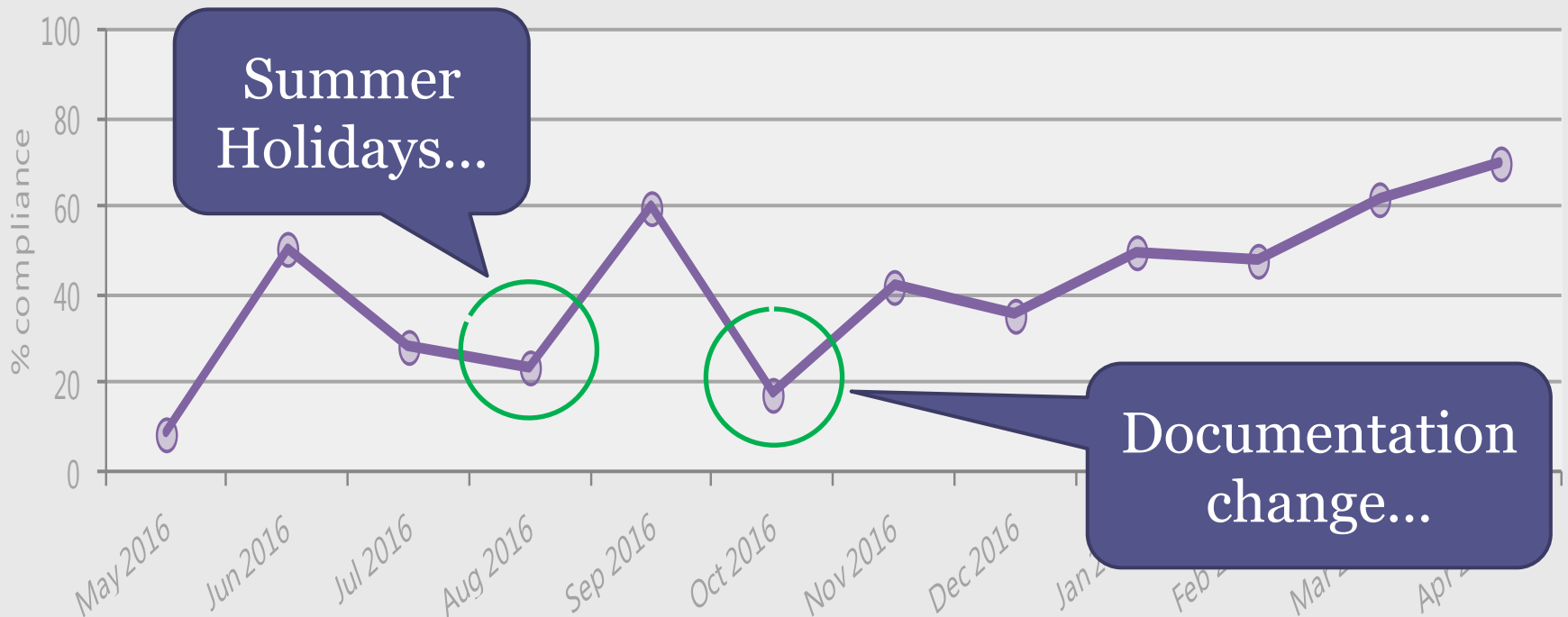
What does this mean for the CDS?

Number of staff eligible and suitably trained



% of residents who have been risk assessed by participating homes

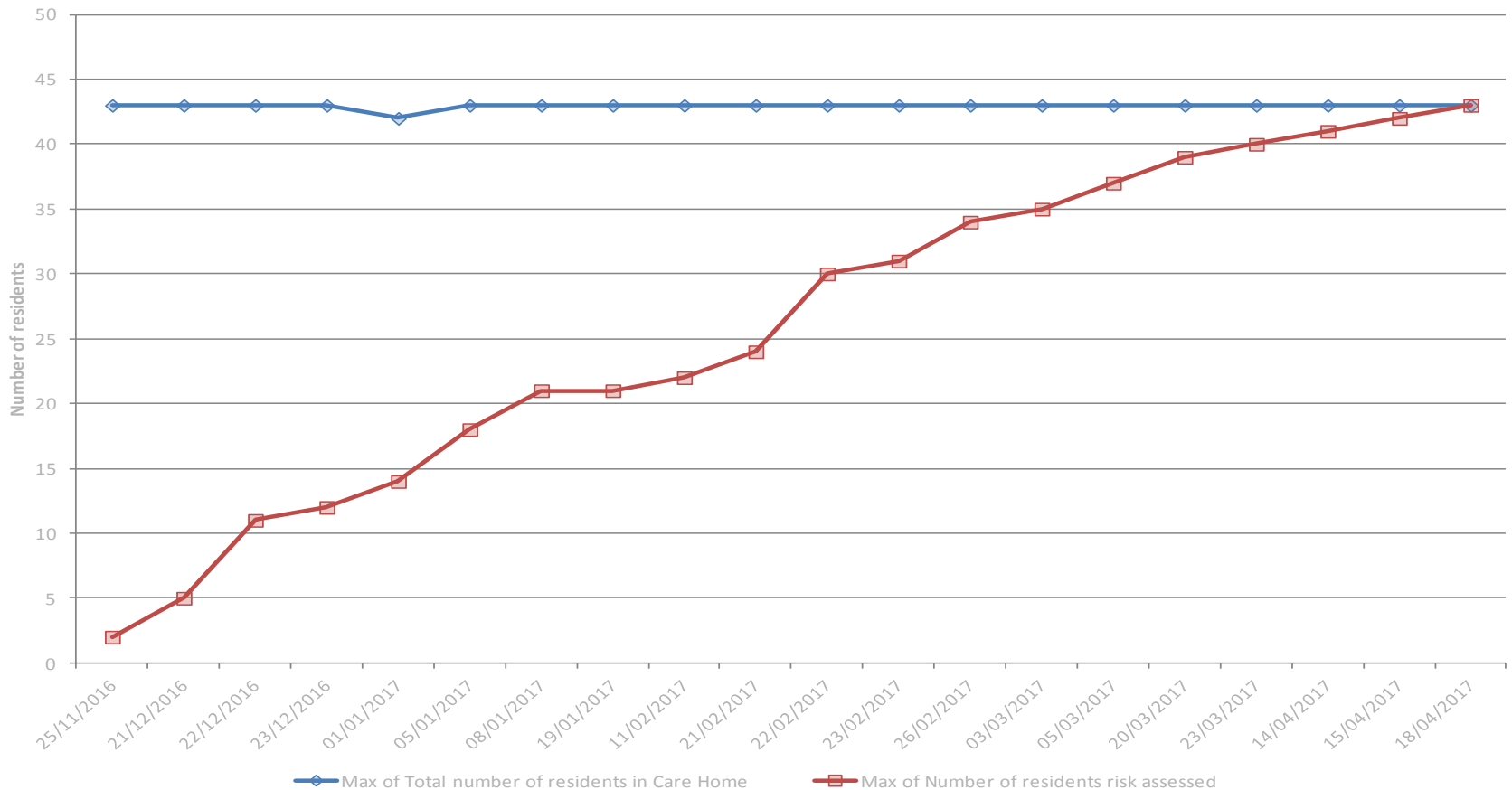
Percentage of residents who have received a risk assessment as recorded at ABMU participating care homes (n=11) from May 2016 to Apr 2017



Number of risk assessment in Care Home F



Number of residents receiving a mouthcare risk assessment in care home F



Act

Ensuring it is not
just a



Appendix 1 – Quality Assurance Documentation

Care Home: Care Home A, EMI Residential Unit

Date: 25/04/2017

Residents ID: PJ

Up to date risk assessment	Y	Up to date care plan	Y
Care plan reflects risk assessment	Y	Care plan delivered	Y

Comments

No issues, very thorough documentation

Residents ID: JS

Up to date risk assessment	Y	Up to date care plan	Y
Care plan reflects risk assessment	P	Care plan delivered	Y

Comments

Queried bleeding gums captured on risk assessment but resident details unclear as to what is being done on the care plan. More information required for care staff to ensure they carry out residents needs.

Residents ID: DJ

Up to date risk assessment	N	Up to date care plan	N
Care plan reflects risk assessment	N	Care plan delivered	N

Comments

Lack of documentation, discovered resident in hospital, and staff had not updated documentation to reflect this

Residents ID: JC

Up to date risk assessment	Y	Up to date care plan	Y
Care plan reflects risk assessment	Y	Care plan delivered	Y

Comments

No issues with documentation, thorough. Visited resident's room to ensure products stated available and being used.

Discussed with (Signature of Champion):

Champion A and Champion B

Quality Assurance

Residents are now
confident to have
monthly oral
assessments using a
torch

Staff continue to prompt
residents with oral
hygiene who would forget

DVD's
reviewed
Staff to

Mouth Care:
What went well?



Staff training

Reviews
with Rebecca
went well

More confident with
new documentation
highlighting
residents needs

Residents
participated
well,

Reviews with
lead (QA) very
useful

Complete oral care
risk assessments on
admission

Remind residents
at every
opportunity

Staff to be aware of
residents needing
replacement products

COMPLETE
ORAL CARE PLAN
ON
ADMISSION

Mouth Care:
What could we do
better?

EXPLAIN
RESIDENTS
NEED TO
FAMILY

Continue to
document more
accurately on a
monthly basis

LIASE WITH
DENTIST
ALL CONCERNS

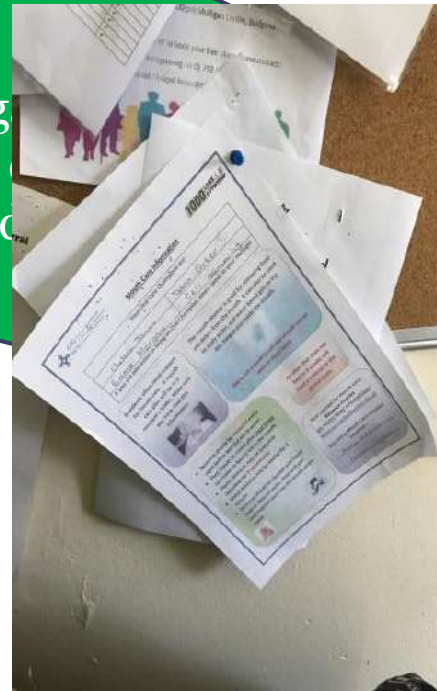
Liaise with dentist
– all concerns

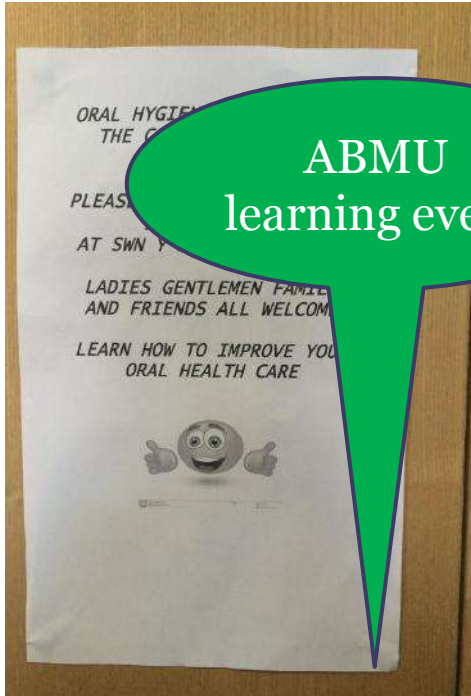


Act



Org
for
and





ABMU
learning event



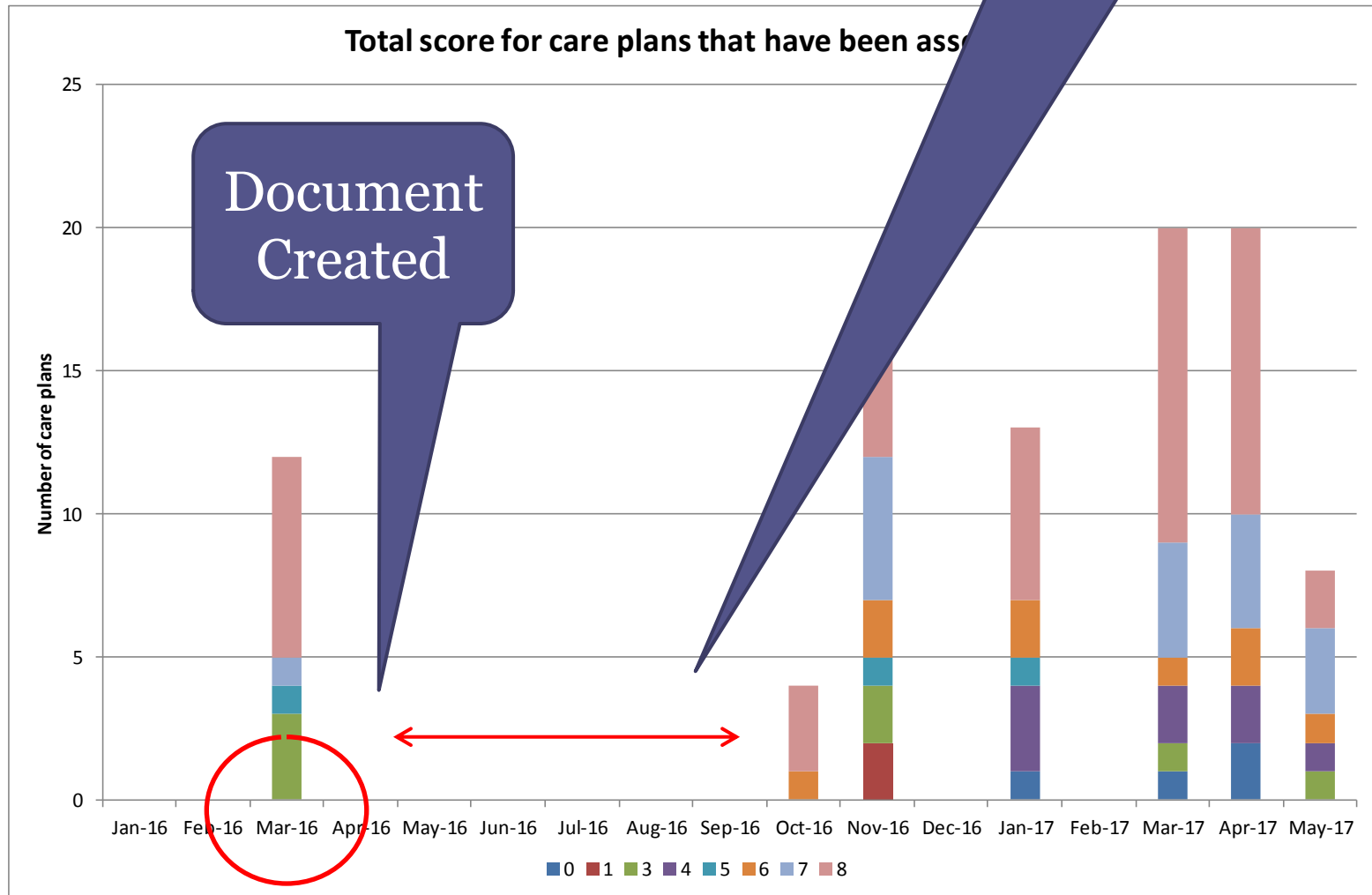
Information for
residents and
families
following event



Time spent
with residents



Quality Assurance....



Challenges



Hi Rebecca,
Just to let you know that I have moved
from ***** and am now the manager
of ***** nursing home in *****.
I'm wondering if you are in contact with
the home regarding setting up the oral
care champions and training etc?
Sorry I haven't been in touch recently as I
have been using up my annual leave before
finishing at ***** on Friday.
Hope to work with you again soon!

Kind regards

But when
you get
there....

We're still as important as ever



Hengoed Court Care Home Swansea



Our mouthcare journey so far

Marie Diamond - Manager
Tim Williams - Staff Trainer

Our Aim:

Train & educate staff in the importance of mouthcare (this includes residents)

- ❖ Ensure staff are aware that mouth care is a **fundamental integrated part of personal care**
- not an added extra!
- ❖ Implement mouthcare induction training for all staff
- ❖ Collate data and quality assurance to improve mouthcare standards

How mouthcare affects staff

- ❖ Links to other health problems - poor mouthcare can increase sickness rate
- ❖ Motivation, patience and wellbeing could be affected if staff have mouthcare issues
- ❖ Time off work for appointments (including dependants)
- ❖ Staff morale is affected by staff absence



Meet our DCP Jan
from Belgrave
Dental Practice in
Swansea



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

1000 LIVES
O FYWYDAU



What our data was telling us...

was delivered by champions

Mouth Care Induction

❖ DVD Provided and IMC booklet

Date of review	Total number of health and care staff eligible for training	Total number of oral health champions trained (by the CDS)	Total number of health & care staff trained by the CDS (not including oral champions)	Total number of health & care staff trained directly by oral champion	Number of sessions (i.e. morning or afternoon) training given to care home staff by the dental team annually	Total proportion of staff trained	Total number of staff trained by Oral Champion	Total number of staff trained by CDS
31/05/2016	90	7	0	0	1	7.8%	0%	7.8%
17/06/2016	90	7	5	0	1	13.3%	0%	13.3%
27/06/2016	90	7	9	0	1	17.8%	0%	17.8%
12/07/2016	90	7	9	0	1	22.2%	0%	22.2%
13/07/2016	90	7	9	0	1	24.4%	0%	24.4%
06/09/2016	90	7	9	0	1	28.9%	0%	28.9%
22/11/2016	90	7	9	0	1	33.3%	0%	33.3%
13/12/2016	90	7	9	0	1	35.6%	0%	35.6%



❖ Staff complete workbooks
❖ Staff complete competencies observed by a champion

❖ Booklet is marked and a certificate is provided along with feedback

Not enough staff trained in mouthcare – something had to change

Mouth Care Risk Assessment			
A visual aid to support the 1000 Lives Improvement Mouth Care Risk Assessment			
Category	Low Risk Healthy Score 0 Care Plan A	Medium Risk Changes Score 1 Care Plan B	High Risk Unlikely to Score 2 Care Plan C
1 Health Status	 Alert, able to eat and drink unaided.	 Apallitic, items that prevent eating / drinking. Requires nutritional support e.g. tube with feeding / supplements or tube fed.	 Unlikely to respond, unconscious, intubated, severe pain, no nutritional or fluid intake, oxygen therapy, mouth breathing.
2 Level of support for mouth care	 No help required. Self caring.	 Requires assistance with mouth care - verbal / physical prompting / hand on hand support.	 Dependent on others for mouth care and may require more than 1 person to assist.
3 Lip, Tongue and Soft Tissue (inside the mouth)	 Smooth, intact, moist. Tongue not painful.	 Lips dry, chapped, cracked, or broken at corners of mouth. Localised ulcer. Tongue dry, purty, inflamed, coated.	 Bleeding / blistered lip. Lateral white or red area / patches ulcer longer than 3 weeks. Multiple ulcers, very sore mouth. Mucositis. Oral candida infection (thrush).
4 Saliva	 Soft tissues moist, watery and free flowing saliva.	 Soft tissues dry & sticky. Little saliva present. Patient reports occasional dry mouth.	 Soft tissues very dry, little or no saliva present. Saliva is thick, ropey, brownish secretions, patient complains of dry mouth.
5 Gums and Oral Cleanliness	 The gingival (gum) tissue is firm, moist, no bleeding. Mouth clean no food or visible plaque on teeth or dentures.	 Gums bleed on brushing, shiny, swollen. One ulcer or sore spot under denture. Visible food/plaque/tar in 1 or 2 areas or on small area of denture(s), occasional bad breath.	 Pain, constant bad breath, loose teeth. Visible food/plaque/tar in most areas of the mouth or on denture(s). Taste is reduced or none.
6 Natural Teeth	 No decayed or broken teeth / roots or no natural teeth.	 Decayed, broken, worn-down teeth or roots - No verbal, physical or behavioural signs of pain.	 Decayed or broken teeth / roots / continuous pain and affecting health. Physical signs such as swelling of cheeks or gums, ulcers, 'gum boil', as well as verbal and/or behavioural signs.
7 Dentures	 Dentures clean and intact or no dentures.	 Dentures not clean / 1 broken area / tooth. Patient reports some problem but not affecting health.	 Dentures very loose or painful. Patient unable to cope with dentures due to health problem e.g. stroke.

Refer to medical team or follow local procedure for urgent dental referral.

For further information, visit www.1000livesplus.wales.nhs.uk/mouthcare



1000 LIVES
0 FFM YDAU

Mouth Care Matters

Advanced gum disease is associated with increased risk of:

- Ischaemic Stroke
- Pneumonia (both Ventilator Acquired and Nursing Home Acquired)
- Cardio Vascular Disease
- Unstable Diabetes
- Pancreatic Cancer
- Digestive Cancer

Advanced gum disease can be prevented by good oral hygiene and brushing teeth and gums twice a day.

Mae cysylltiad rhwng clefyd datblygedig y deintig a risg uwch os:

- Strôc Ischemig
- Pneumonïa (y gwl-dryw Bwysig a gwl-dryw Bwysig)
- Cieffe Gardiofasgwlaidd
- Diabetes Anstabilus
- Cancer y pancreas
- Cancer y system digestol

Defir atal clefyd datblygedig y deintig drwy hyseiddio y gwl da a bwsio'r dannedd a'r deintig ddwywaith y dydd.

Contact your local mouth care team - they'll be able to help you.

www.1000livesplus.wales.nhs.uk/mouthcare

1000 LIVES
0 FFM YDAU

Mouth Care Information

Your Oral Care Champions are:

Denise Allen, Linda McKay, Sharon Thomas, Joanne Thomas

If you are interested in learning Oral Care Champion, please speak to your Manager.

Residents often need support for mouth care. A mouth care plan will be in a red folder. Please make sure you read this information.

The mouth cleaner is good for removing food and debris from the mouth. It can also be used to apply water, and water based gels to the lips, tongue and inside the mouth.

This is not a toothbrush and should not be used to clean teeth.

- Dentures should be removed every night before bed and left in water. They should be moved after 24 hours to ensure no build-up in the mouth.
- Plastic dentures may be soaked in a cleanser for 10-15 minutes.
- Partial dentures may be soaked for 1 minute.
- Dentures should be checked with a hand mirror or reflection in a mirror and kept in a box when not in use.

An ulcer that does not heal in 3 weeks will need to be referred to the dental team.

For contact to the mouth care team, please contact:

Rebecca Clarke
01752 517517 / 01752 517518
rebecca.clarke@nhs.uk

Training Mouth Care Champion
Dorothy Clarke

How did we deliver?

Adopted the PDSA approach

- ❖ Plan – develop an induction pack
- ❖ Do – test induction pack - see what worked and what didn't
- ❖ Study – Feedback to lead how we were getting on
- ❖ Act – if changes required, we made them accordingly

What change did we make that resulted in an improvement?

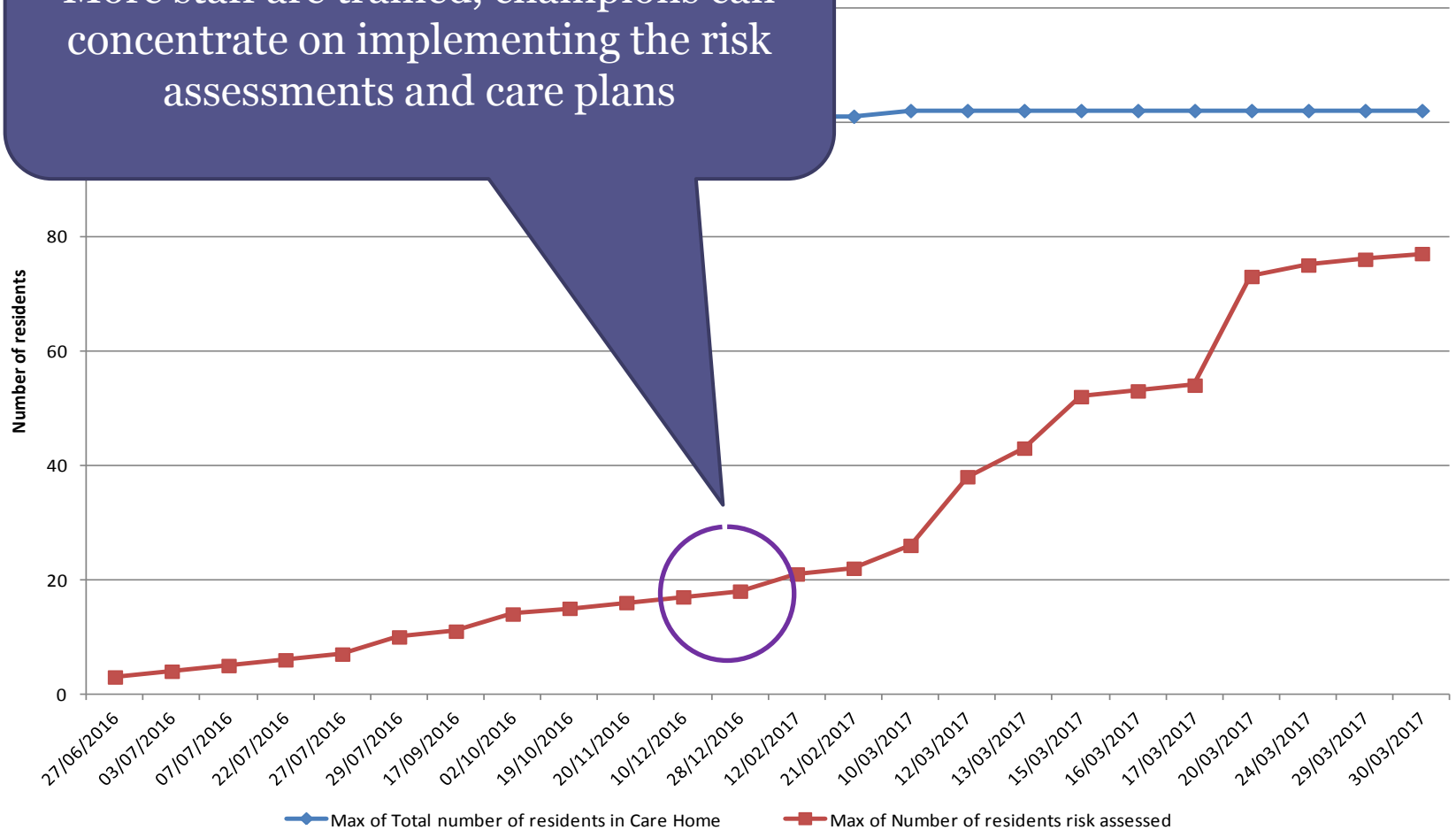
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22/11/2016	90	15	15	0	1	33.3%
13/12/2016	90	17	15	0	1	35.6%
17/01/2017	90	17	15	10	1	46.7%
18/01/2017	90	17	15	20	1	57.8%
19/01/2017	90	17	15	31	1	70.0%

Total number of staff trained by Oral Champion	Total number of staff trained by CDS
0%	7.8%
0%	13.3%
0%	17.8%
0%	22.2%
0%	24.4%
0%	28.9%
0%	33.3%
0%	35.6%
11%	35.6%
22%	35.6%
34%	35.6%

Induction training.....

More staff are trained, champions can concentrate on implementing the risk assessments and care plans

Risk assessment in care home HC



Staff feedback

- ❖ Simply doing a better job for mouthcare
- ❖ Confidence has grown
- ❖ Personal Development

Where do we go from here?

- ❖ Maintain our mouthcare standards
- ❖ Continue contact with lead using QA and data collection to ensure we are on track and stay there
- ❖ Ensure all staff have mouthcare training as part of their workplace induction
- ❖ Share the good work into Hengoed Park

Any questions?

