

MOUTHCARE MATTERS

IMPLEMENTING A NATIONAL MOUTH CARE INITIATIVE: BASELINE FINDINGS AND OUR JOURNEY TOWARDS CHANGE



Audits completed
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INTRODUCTION

Poor **oral hygiene** is associated with aspiration pneumonia¹, cardiovascular disease, diabetes, hospital acquired pneumonia², poor nutritional intake, longer hospital stays³, increased care costs⁴, pain, and in some cases, life-threatening illness⁵.

Oral hygiene is **an essential aspect of nursing care** for all patients, especially high risk patients, such as patients with dysphagia (swallowing difficulties). Recent Trust audits identified a discrepancy between staff confidence and competence when providing mouth care to these high risk patients.

To **promote a change in culture**, Speech and Language Therapy have embraced an NHS England initiative, **Mouth Care Matters (MCM)**. As part of the National MCM roll out, we completed baseline audits to establish current provision within our Trust.

This poster highlights the **findings from baseline audits**, and the actions taken since, to promote change across our hospital sites.

PATIENT AUDIT

50 patients were interviewed. **46%** of those asked could brush their teeth without assistance. **22%** reported **that their mouth care had worsened since admission to hospital**. Only **44%** had their teeth brushed twice daily whilst in hospital.

95% of HCAs would like training

Staff report lack of time and resources as the main reasons for not providing adequate mouth care, as well as a general dislike towards providing oral hygiene



'For every £1 spent on Mouth Care, Mouth Care Matters delivers £2.66 worth of benefits' ⁶

PRODUCT QUESTIONNAIRE

33% of wards had foam sponges, and **72%** had pink tablets, **despite national recommendations to discontinue** these products on general wards⁶. **90%** didn't have an accessible dry mouth gel as Biotene was only available on prescription. Only **11%** had Moutheze sticks (ideal for removing stubborn stringy secretions). Only **11%** had the recommended small headed toothbrushes.

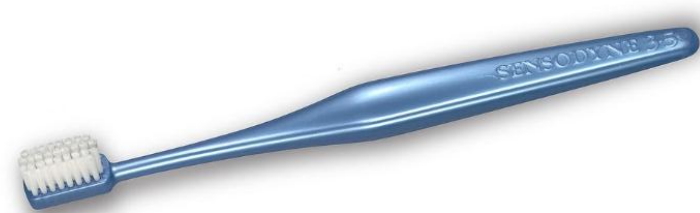
NURSING AUDIT

Prior to implementing MCM initiative, 22 registered nurses and 30 HCA staff were interviewed. **46%** of nurses and **30%** of HCAs had **never received mouth care training**. **55%** and **95%** respectively stated that they **would like** further training. Staff highlighted lack of tools/products, lack of time and not liking providing oral hygiene as **barriers to providing good mouth care**.

CASE NOTE AUDIT

37% of staff reported that they **always document mouth care**. In a sample of patient notes **69%** of patients had **no documentation** of a mouth care assessment being conducted. **56%** had **no documentation** of any mouth care activity being conducted in the **last 24 hours**. Only **38%** had evidence of mouth care activity recorded **since admission**.

Mouth care was not documented at all in 69.2% of case notes audited



ACTIONS IMPLEMENTED FOLLOWING THE BASELINE AUDITS

Alongside the release of the newly updated Oral Hygiene Policy, we have implemented the following:

- Trust specific **e-learning training**: compulsory for all new nurses and HCAs and accessible to all staff
- Two day MCM **Train the Trainer course**: empowering 20 members of staff to disseminate training on their wards
- **£1000 grant** from Mouth Care Matters to roll out scheme
- Presence at the **HCA conference**
- Liaison with the **Dental Hospital**
- **Ward training** and Smile Month promotion
- Roll out of **new products** in line with national guidelines, including the withdrawal of 'Pink Tablets' (Terrodont) and foam sponges from the general wards
- Change from **Biotene to Oralievel**: promoting a Trust cost saving of over £2000 and is accessible without prescription
- Promotion of **'SPOT IT, SWAB IT'** for suspected Oral Thrush: with the aim to reduce the over-prescribing of Nystatin

THE GOAL GOING FORWARD

To establish funding for a Trust wide **Mouth Care Lead** who can deliver a rolling programme of bespoke training for clinical staff of all levels

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