

RNAO Best Practices: Evidence Booster

Centennial Place: Implementing the Oral Health best practice guideline

Background

Nestled in the rural community of Millbrook is Centennial Place Long-Term Care (LTC) home with 128 residents.

In 2016, the Director of Care, Tracey Roy, assessed the provision of oral care for residents. Based on feedback from family, residents and staff she determined that oral care is challenging particularly among residents with cognitive impairments (approximately 80% of the resident population). These residents tend to decline or demonstrate responsive behaviours during oral care. As a result of her findings on the current state of oral care, Tracey decided that oral care must be a priority for the next year. Her vision was for all residents to receive optimal oral care using a holistic approach.

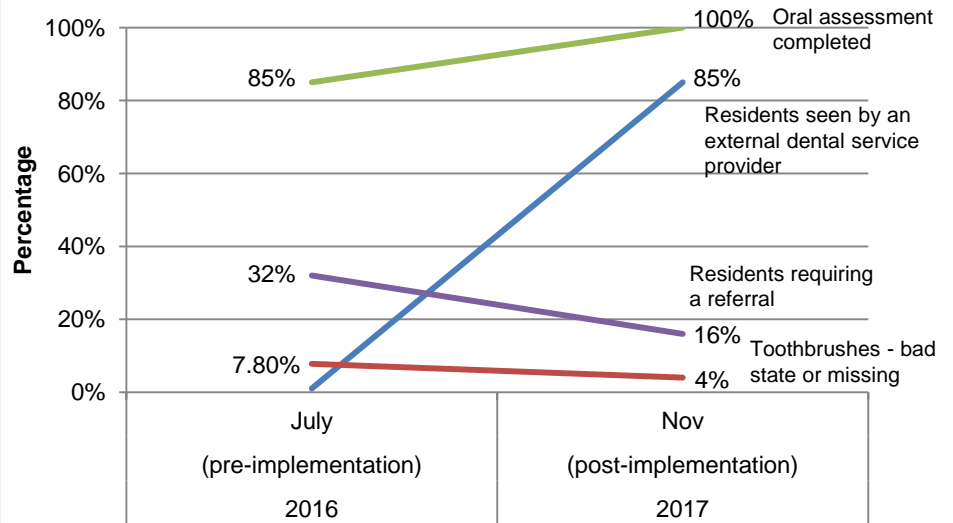
In the fall of 2016, Tracey formed an inter-professional oral care team. Staff registered and participated in the 2016-17 Oral Care Community of Practice (CoP). The goal of the oral care CoP was to support implementation the RNAO *Oral Health: Nursing assessment and intervention* (2008) Best Practice Guideline (BPG).

As part of the Oral Care CoP, Tracey invited Connie Wood, the LTC Best Practice Coordinator to support completion of the oral health gap analysis. The team reviewed their current practices and recommendations in the Oral Health BPG. The process assisted the team to identify opportunities for improvement, select priorities and develop an action plan for practice change.

“Teeth are an hidden aspect of care” - Tracey Roy



Figure 1: Impact of oral care on audits, referral rates and assessments



(Source: RAI-MDS indicators and oral care audits - July 2016 to December 2017)

Impact: From 2016 to 2017, the number of completed oral care assessments increased by 18% and the number of residents seen by an external dental service provider increased by 84%. A decrease of 50% in the number of residents requiring referral for dental problems and the number of toothbrushes audited with problems was evident.

Practice Change

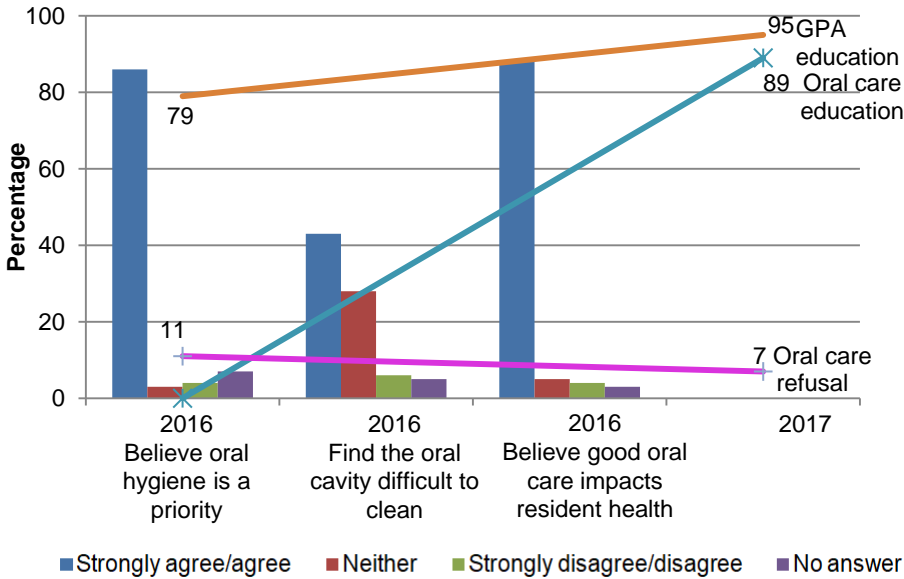
The Oral Care team determined that oral assessment and oral care supplies were high priority areas based on the gap analysis. The following changes were implemented:

- An oral health assessment tool was embedded into the electronic chart and is completed on admission, quarterly, and with significant change
- On admission, the importance of oral health is explained to all residents and families. This process has helped to increase resident and family agreement with both having regular visits and/or referrals due to identified oral health issues with an external dental service provider
- Enhanced inter-professional relationships and communication with the external dental service providers
- Developed a process for changing toothbrushes every 3 months using different colour toothbrushes with every change, which helps with auditing
- Families involvement in oral care has increased, with families now telling staff when toothbrushes are missing, need replacing or if they are the wrong colour

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Centennial Place Oral Care Knowledge Survey Results

Figure 2: Staff Oral Care Knowledge Results



(Source: RNAO Oral Health Knowledge Survey - completed in 2016)

Impact: The increased knowledge of staff resulted in a 36% decrease in the residents refusing oral care.

Practice Change

The inter-professional oral care team administered the RNAO Oral Health Knowledge Survey to examine the current level of knowledge related to oral care products and skill level of staff. The team used the results for action and education planning. The home had a 64% response rate.

Key Results of Staff Perceptions:

- Oral hygiene is a high priority
- Personal views on oral care directly impact the importance level placed on oral hygiene
- The oral cavity is difficult to clean
- Good oral care has a significant impact on residents' health outcomes
- Oral care is the hardest activity with which to help residents
- That residents' lack of cooperation or refusal prevented them from providing oral care

Education

Education on oral care became a priority with 89% of all PSWs receiving training in the provision of oral care and techniques for managing responsive behaviours. In addition, 95% of all staff are trained in the Gentle Persuasive Approaches (GPA®) which assists staff with oral care.



RNAO launched the BPG Program in 1999 with funding from the Ministry of Health and Long-Term Care in Ontario, Canada. The 53 evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. Best Practice Spotlight Organization® (BPSO®) are health-care and academic organizations that implement and evaluate these BPGs. Currently, there are 132 BPSOs across Canada and around the globe, representing more than 700 implementation sites.

The LTC Best Practices program's mission is to enhance the quality of care for residents in long-term care homes and create a culture of evidence-based practice by encouraging staff in LTC homes to use RNAO's best practice guidelines.

References

- Registered Nurses' Association of Ontario. (n.d.). *Best Practice Guidelines*. Toronto, ON, Canada: Author. Retrieved from <http://rnao.ca/bpg>
- RNAO Long-Term Care Best Practices Program. (2015). Oral Care Community of Practice Data Collection Tools. Toronto, ON, Canada. Retrieved from <https://lctoolkit.rnao.ca/clinical-topics/oral-care>

To learn more about RNAO's Long-Term Care Best Practices Program, please visit RNAO.ca/LTC. This work is funded by the Ontario Ministry of Health and Long-Term Care. All work produced by the Registered Nurses' Association of Ontario is editorially independent from its funding source. Contact Information: LTCBPP@RNAO.ca