



**Corresponding Author:** alan.deutsch@gmail.com

**Acknowledgements:**

This project has been funded by the Dementia Collaborative Research Centre – Assessment and Better Care, University of New South Wales as part of an Australian Government Initiative.

**Disclaimer:**

The views expressed in this work are the views of its author/s and not necessarily those of the Australian Government

[Dementiaresearch.org.au](http://Dementiaresearch.org.au)

Issued: September 2015

# Improving Oral Health In Residential Aged Care Facilities



Translating Dementia Research Into Practice

# Improving Oral Health In Residential Aged Care Facilities

Oral care has to be performed on a daily basis. Within a RACF, once a person loses their ability to maintain their own oral care through illness, frailty or dementia, their day to day oral health needs should be met by the institution looking after their general care.

Poor oral hygiene, disease and poly-pharmacy induced salivary gland hypo-function result in acidification of the mouth and an increased oral pathogenic bio-burden causing an increase in oral and systemic disease. Oral care interventions may have to be performed multiple times over a 24 hour period when salivary function is compromised or lacking. Oral care needs cannot be met by one nurse alone and have to be shared by all nursing staff rostered during the 3 shifts in a 24 hour period.

Assisted brushing programs, particularly denture cleaning, are important in reducing the overall bioburden of the mouth. However, RACF assisted brushing programs are difficult to maintain long term and the practical problems associated with cleaning posterior teeth and in between teeth make effective cleaning to prevent decay problematic.

This study explored the feasibility that a few RACF nurses trained in advanced oral assessments and saliva testing can create advanced oral care plans which can then be followed by many untrained nurses and carers.

## **Is it feasible and practical for RACF nurses to undertake advanced oral health assessments?**

a) RACF nurse and management survey and focus group responses were very positive. Nurses felt that the oral health of participants in the study had improved due to their preventive interventions.

b) Nurses felt they better understood oral health problems, felt empowered to create care plans and felt that they were positively helping residents' oral health and quality of life.

## **Can RACF nurses formulate individualised early preventive interventions into advanced oral care plans through oral assessments?**

The four nurses included in the study were found to be highly capable of formulating individualised early preventative interventions into advanced oral care plans using multiple preventive products suitable for use in a RACF. A comparison of nurse-developed and oral-therapist-developed care plans showed a high level of agreement, ranging from 75 to 88% for individual interventions.

## **Do untrained nurses follow care plans over 3 shifts in a 24 hour period?**

Over the 10 week study period, nurse compliance with the oral health interventions was found to be extremely high. Daily recorded notes indicated that interventions recommended for use at least once a day in the master care plan were provided to residents in greater than 95% of 4930 instances. Compliance with individual intervention ranged between 92% (assisted brushing of dentures) to 99% (GC Mousse). Residents received interventions at the recommended dose in over 90% of cases. Compliance with dosage prescriptions for individual interventions ranged from 86 to 99%, with the lowest rates of compliance for Xylitol gum (86%), 'rebuffer'-(sodium bicarbonate toothpaste) to neutralise mouth acids (86%) and unassisted brushing of teeth (88%).

A full report will be available soon at [dementiaresearch.org.au](http://dementiaresearch.org.au)