RNAO Registered Nurses' Association of Ontario L'Association des infirmières et infirmiers autorisés de l'Ontario

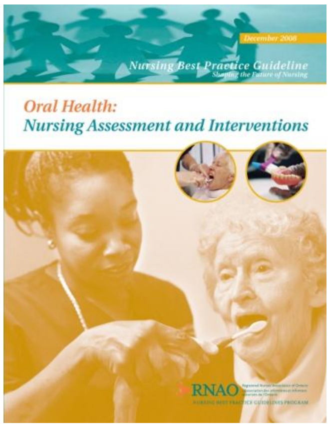
iaBPG INTERNATIONAL AFFAIRS & BEST PRACTICE GUIDELINES

LTC LONG-TERM CARE BEST PRACTICES PROGRAM

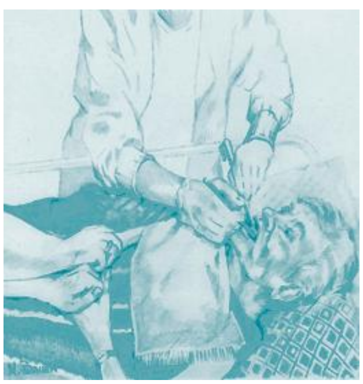
RNAO Best Practices: Evidence Booster

Best Practice Guideline Implementation to Improve Oral Health Care

Oral Health: Nursing Assessment and Interventions, 2008



This guideline provides nurses and the interprofessional team with evidence-based recommendations to support residents 18 years of age and older who need assistance with oral hygiene care.



In 2010, the global economic impact of dental diseases amounted to US$442 billion. Across Organisation for Economic Co-operation and Development countries, 5% (average) of total health expenditures originate from treatment of oral diseases. Recent findings suggest oral diseases account for productivity losses of over $1 billion per year in Canada alone.[1] Improvements in oral health would result in substantial economic benefits by reducing treatment costs and by decreasing productivity losses in the labour market.[2]

Aim: To examine changes in health outcomes associated with the implementation of the RNAO best practice guideline (BPG) *Oral Health: Nursing Assessment and Interventions, 2008* in an Ontario long-term care (LTC) Best Practice Spotlight Organization® (BPSO®).

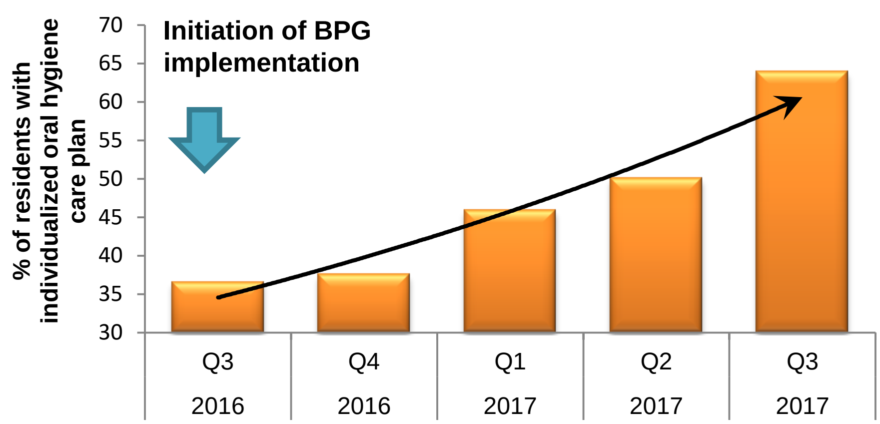
Measure: Using indicators from the Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®) data system to determine:

(a) percentage of residents with a documented individualized care plan for oral hygiene and

(b) percentage of residents who received oral care (completed independently or provided/assisted/supervised/cued) at least two times per day during the measurement period.

Clinical improvement: Noted as an increase in individualized oral hygiene care plans and an increase in residents who received oral care at least twice a day.

Figure 1: Average percentage of residents with an individualized oral hygiene care plan in one Ontario LTC-BPSO, from 2016 to 2017



Impact: A 75% increase (36.6% to 63.9%) of individualized oral hygiene care plans in an Ontario LTC-BPSO was reported from 2016 to 2017.

Practice Changes

The LTC-BPSO used several strategies to support BPG implementation. A dental hygienist trained all registered nurses (RN) on completing an oral health assessment. Following the education, RNs assessed oral care for all new admissions to the facility within seven days and on an annual basis, utilizing the Oral Health Assessment Tool (OHAT). Based on the results, an individualized plan of care was developed and documented. To support ongoing monitoring of oral health, the care plan was reviewed and updated annually. Volunteers in the LTC-BPSO became involved by ensuring that dental hygiene equipment was available and labeled for everyone on a monthly basis. These practice changes supported an integrated approach to oral health care optimizing all resources including volunteers.

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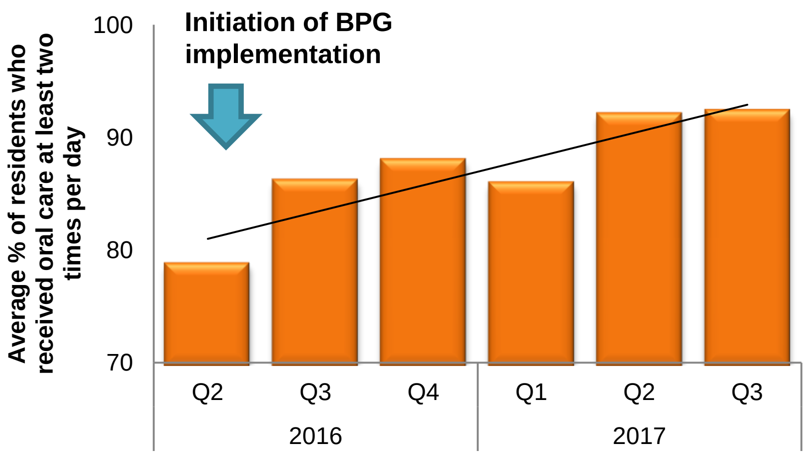
Figure 2 : Percentage of residents who received oral care at least twice per day in one Ontario LTC-BPSO from 2016 to 2017



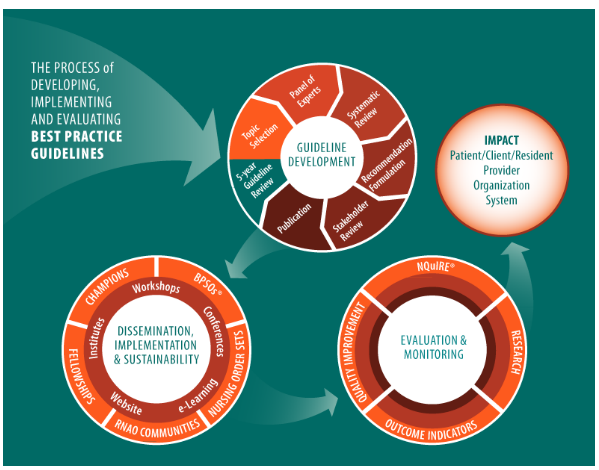
Impact: A 17% increase (88.9% to 96.3%) in residents who received oral care (completed independently or provided/assisted/supervised/cued) at least twice per day in one LTC-BPSO from 2016 to 2017.

Practice Changes

The LTC-BPSO implemented several strategies to change practice including: establishing an Oral Health Care (OHC) team to examine policies and facilitate practice standardization, education from the Confederation College of Dental Hygiene for all staff, standardized assessments completed by a RN on admission, documentation of oral care on flow sheets, and placement of education resources on computers for ongoing competency development.

The OHC team continues to promote inter-professional collaboration among health-care providers to ensure sustainability. Monthly audits are conducted to ensure oral health admission assessments are completed for all residents. Documentation records help ensure that oral care is provided at least twice per day.

Conclusion: This analysis demonstrates a significant increase of individualized oral hygiene care plans and a moderate increase of residents receiving oral care twice per day within the Ontario LTC sector for BPSOs that implemented the RNAO best practice guideline, *Oral Health: Nursing Assessment and Interventions, 2008.*



RNAO launched the BPG Program in 1999[2] with funding from the Ministry of Health and Long-Term Care in Ontario, Canada. The 54 evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. BPSOs 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.

NQuIRE[3], a unique nursing data system housed in the International Affairs & Best Practice Guideline Centre, allows BPSOs to measure the impact of BPG implementation by BPSOs worldwide. The NQuIRE data system collects, compares, and reports data on human resource structure, guideline-based nursing-sensitive process, and outcome indicators.

References

[1]Hayes A., Azarpazhooh A., Dempster L., Ravaghi V., Quiñonez C. Time loss due to dental problems and treatment in the Canadian population: analysis of a nationwide cross-sectional survey. BMC Oral Health. 2013;13:17.

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[4] VanDeVelde-Coke, S., Doran, D., Grinspun, D., Hayes, L., Sutherland Boal, A., Velji, K., White, P., Bajnok, I., Hannah, K. (2012). Measuring outcomes of nursing care, improving the health of Canadians: NNQR (C), C-HOBIC and NQuIRE. *Nursing Leadership*, 25(2): 26-37.

To learn more about RNAO's IABPG Centre, please visit RNAO.ca/bpg. This work is funded by the Ontario Ministry of Health and Long-Term Care. All work produced by the RNAO is editorially independent from its funding source. Contact NQUIRE@RNAO.ca for more details.

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