

# Oral Care Program at Black-Mtn. Neuro-Medical Treatment Center



*Changing the Culture of Oral Care*  
*“One Mouth at a Time”*

# GOALS

- To share the experience of the oral care program at BMNTC
- To give ideas about how to implement a program in a care giving setting
- To share some data about the need of oral care in facilities
- To understand what will be the challenges and the pay offs with implementing an oral care program

# Think about where oral care falls in the order of priority when it comes to ADL care in institutions.....

- Bathing
- Dressing
- Toileting
- Changing
- Combing hair\*\*\*\*\*
- Shaving\*\*\*\*\*
- Nails\*\*\*\*\*
- Tooth brushing

The \*\*\*\*\* items indicate grooming. Tooth brushing is recognized by some as grooming.

# Oral Care is not Grooming!!!!

Oral care is > **INFECTION CONTROL!**

When providing oral care, you are reducing the numbers of bacteria living inside the mouth. The harmful bacteria in the mouth not only affect the mouth but the entire body.

Daily, thorough and consistent oral care helps to reduce bleeding which poses a risk of the transmission of blood borne pathogens.

Ex. Hepatitis, HIV

# Why Does Oral Health Matter?

- Oral and systemic health are closely related:
  - Weight loss and failure to thrive is often caused by poor oral health
  - Dry mouth, caused by many medications, increases the risk of dental decay
  - Glycemic control in diabetics is more difficult in patients with periodontal disease and periodontal disease is more prevalent in patients with poorly controlled diabetes
  - Inadequate oral hygiene is associated with an increased incidence of respiratory diseases, including pneumonias

The attention to oral health issues can play an important role in helping to keep your patients healthy. Mouth Care is an important part of infection control and not merely grooming. This is true for your memory care patients, IDD patients, as well as your general patients.

# Other Reasons for Oral Care

- It will prevent the need for dental restorative treatments.
  - Which will prevent the need for sedation for treatment.
  - Which will prevent the need for 1:1 with the resident and staff.
- It will improve appetites and the taste of food.
- Saving teeth will help with diet consistency.
- It will improve breath. Bad breath tends to deter staff interaction.
- Appetites change as well as taste buds. Most often, they prefer sweets which will make oral care all the more important.
- These folks will have oral clearance issues. (Pocketing of food)
- Puddings and soda may be used to get them to take medicines. This will increase their decay rates.
- Consistency is the key for success when it come to oral care.
- Remember, dental office visits are most often scary and uncomfortable situations for dementia patients. Prevention first!!!!

# Gum Disease=Active Bacterial Infection and increases the risks of many conditions

## • Medical Condition

- Stroke
- Heart disease
- Fatal coronary heart disease
- Preterm birth
- Oral cancer
- Diabetes
- Arthritis
- Pneumonia aspiration
- Alzheimer's disease

## • Increased Risk

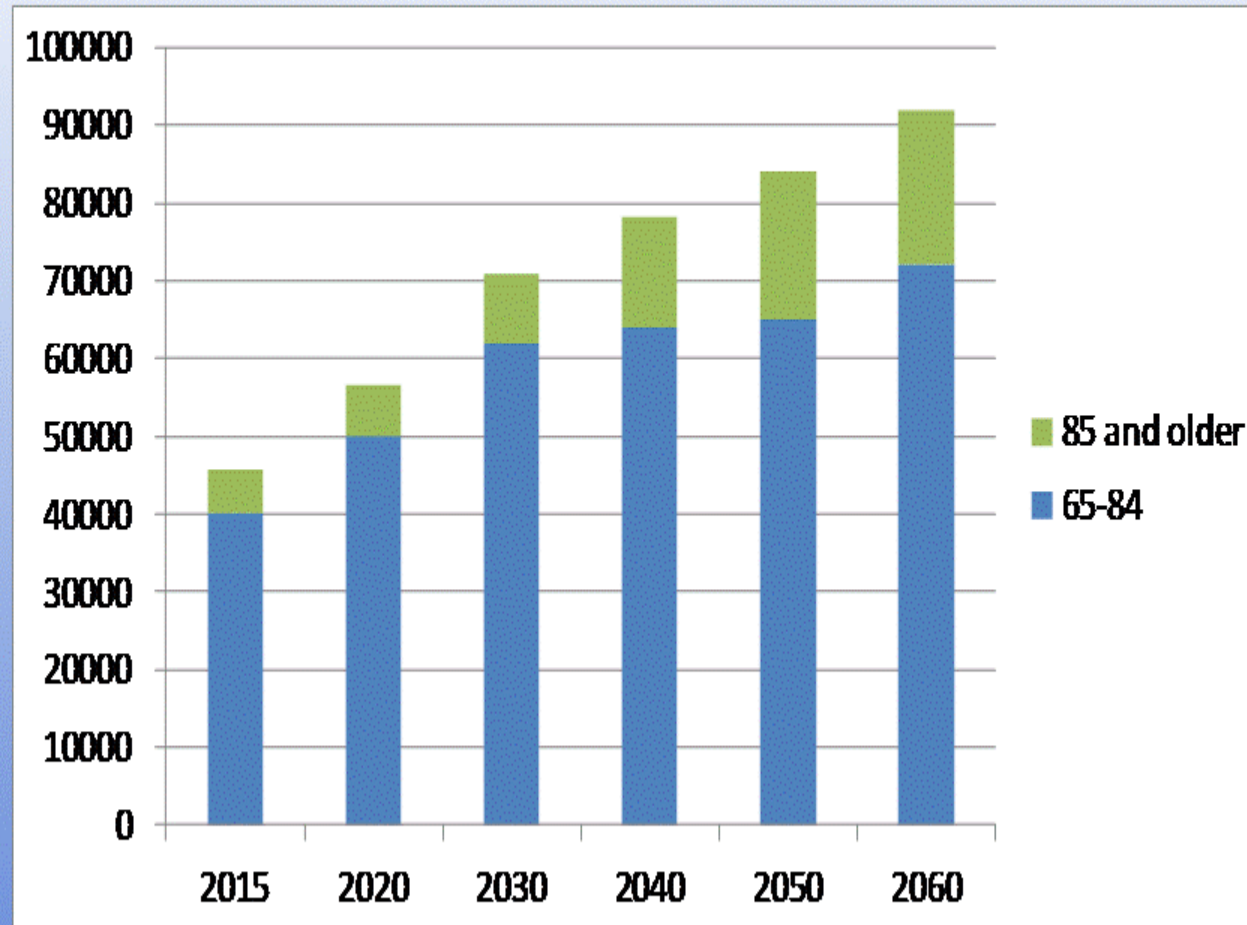
- 300%
- 72-168%
- 50%
- 700%
- 400%
- Increased risk
- Increased risk
- Increased risk
- Increased cognitive decline

# A Growing Population

6

Population  
in thousands

Older Adults in U.S. Population  
2015-2060





# The Changing Horizon

- Complete tooth loss has decreased from 50% to 18% in the last 50 years due to:
  - Community water fluoridation
  - Improved access to dental care
  - More emphasis on prevention
- More elders are keeping more of their teeth, but with an increased level of disease
- Dental health is perceived as Poor or Very poor by over 50% of elders, the statistics are worse for those living with dementia or Alzheimer's Disease
- Prevalence of oral disease in elders
  - Severe periodontal disease – 23%
  - Tooth decay – 32%

# The Institutionalization of Aging



Photo source: Think Stock

- 1.7 million residents in nursing facilities
- Both Medicare and Medicaid require *oral health assessment* and care for residents
- Oral care is not consistently delivered
- 70-90% of residents cannot brush their own teeth or clean dentures, especially memory care patients
- 16% of residents receive any oral care
- Average brushing time is 16 seconds once per day (ADA recommends 2 minutes twice per day for healthy adults)

# Poor Access to Care

- Medicare does not cover preventive and outpatient dental care
- 70% of elders lack any form of dental insurance
- Only 43% of elders visit the dentist even once per year
- Many elders living in poverty
- Transportation, physical mobility or disability create barriers to care
- Institutions often lack access to dental care
- Institution staff may lack oral health knowledge
- Institutions may lack oral health policies
- Lack of dentists trained in geriatric dentistry

## Is it OK to not brush the resident's teeth?

- The federal government mandates that residents living in long term care facilities accepting Medicaid and Medicare payments receive assistance with daily oral hygiene.
- Under 42 CFR 483.255 Quality of Care
  - (a) (3)- A resident who is unable to carry out ADL's receives the necessary services to maintain good nutrition, grooming and personal and oral hygiene.

Surveyor F-tag regulation F312 could be given for not providing oral care.

# It Doesn't Take Much

First step is  
to decide  
that it will  
be done

Make a decision that every resident WILL receive care EVERY day

Implement  
an oral  
care  
program

Let's talk about what I did for Black Mtn. Center.

# My Mission started in June 2013

- 1<sup>st</sup> I needed to learn my job
- Then I addressed the dental clinic needs
- After that, I started addressing the neglect
- 2014- I started talking to the director and anyone else that would listen to me
- 2015- implemented a system for the dementia units and for resistance to care with mobile carts
- During this same time, I gave a mandatory oral care training to all staff using an oral care video. (more about this later)
- By the end of 2015, I had convinced our director that we did need Oral Care Aides on each unit.
- Jan. 2016 we chose our Oral Care Aides
- Feb. 1, 2016 –the Oral Care Aides started and I trained them (hyg. 101)

# Why the need for OCA's?

- No accountability/no one brushing/neglect (perio and decay)
- Missed dental appointments
- Missed sedations
- NPO prior to dental (not happening)
- Supply issues on the units (not stocked/needed to implement more items)
- PPE-no one using
- Needed someone who wanted to brush teeth ( if they wanted to, then they were teachable)
- Needed a point of contact for 2-WAY COMMUNICATION!
- Needed something mobile (esp. for Dementia)
- Needed to address infection control problems

# The Oral Care Aide

Each of the 5 units has a CNA=OCA, whose primary duty is to provide oral care to the residents twice on 1<sup>st</sup> shift. Before or after breakfast and after lunch.



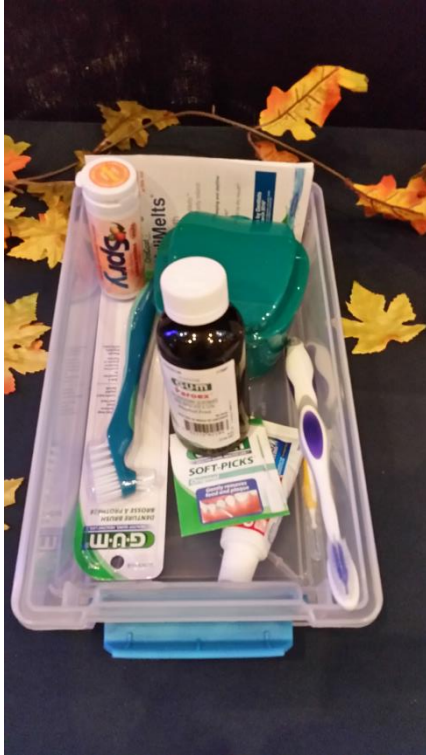
# Mobile cart with individual patient supplies



# Mobile cart without individual patient supplies



# Individual Room Kit



Example of a Personal Oral Care Kit

# Oral Care Supplies:

- Soft toothbrush
- End-tuft toothbrush
- Double sided toothbrush (if needed)
- Go-Betweens/Interproximal brush
- Listerine-Zero w/fluoride
- Toothpaste- if patient can swish and spit
- GUM-alcohol free chlorhexidine (if prescribed)
- Open-Wide foam mouth props (Specialized Care Product)
- Med dose cups
- 4X4 gauze
- Disposable mirror (optional)
- Tongue scrapers (optional)

## **Mouth Care Without a Battle**

Mouth Care Without a Battle© is an evidence-based approach to person-centered daily mouth care for persons with cognitive and physical impairment. Developed by the research group that brought you Bathing without a Battle©, Mouth Care Without a Battle combines best practices in oral hygiene with proven techniques to overcome resistance to care among persons with dementia and related conditions.

# What we started seeing:

- Compliance from the residents
- Unbelievable oral hygiene during dental visit
- Appt. times decreased
- Sedation list decreased
- Perio improved dramatically
- Behaviors improved
- Guardians taking notice
- Our “to do” restorative list decreasing
- Decrease in respiratory infections

## Lower Respiratory Infections



# Prevention is a much better solution than treatment!

- A few minutes of mouthcare per day can prevent the need for more extensive treatment
- Mouthcare can prevent tooth decay, gum disease, diabetic issues, lung and cardiac issues possibly help with cognitive decline with dementia.
- Getting routine, preventive mouthcare to residents is much easier and less expensive than getting residents to restorative dental care... less expensive than tx for respiratory infections.....and the patients quality of life....goes without saying.



**Let's be the change for the future**



# The 3 C's Of Life

- CHOICES
- CHANCES
- CHANGES

You must make a choice  
To take a chance  
Or nothing will ever change

- I am adding a 4<sup>th</sup> C  
You have to **CARE!!!!!!!!!!!!**



# Teeth

*The mouth is a portal, an interface, an erogenous zone.*

*It is our first connection with the world and our last.*

*It is the domain of the breath, the self expressing lips. The grotto of the tongue.*

*The realm of the teeth.*

*The teeth that are part animal, part mineral.*

*The teeth, inlaid with jade by the ancient Mayans, still fetishized today.*

*The teeth, rotting and aching at the dawn of agriculture, still tormenting today.*

*The teeth that are whitened and straightened.*

*The teeth that are amputated and thrown away.*

*The teeth that endure longer than the bones, that withstand fires, floods, time.*

*The teeth that identify us, scattered in deserts, buried in caves.*

*The teeth keep a record of our lives, locked in their enamel. They identify us even beyond the grave...*

*By Mary Grotto (& Archie)*

# QUESTIONS?????

