



SENIOR SMILES



# Oral health in residential aged care facilities – a new model of care

# Translational research/research to practice



# BACKGROUND RESEARCH

- The University of Newcastle research began in 2009 by implementing a dental hygiene student placement program in 17 Residential Aged Care Facilities (RACF) on the NSW, Central Coast
- Identified the need for a dental hygienist/oral health therapist to be integrated into RACFs to support core oral health practices for residents
- Students identified; poor oral health, residents in pain, ad hoc oral health practices, no referral pathways for dental treatment, difficulties in accessing dental care and a general lack of understanding of the significance of good oral health for good general health



# A NEW MODEL OF CARE 'SENIOR SMILES'

- \$100,000 grant from NSW Medicare Local, Erina
- 12 month research project – January – December 2014
- Employment of a qualified dental hygienist to provide oral health risk assessments, oral health care plans, education and referral pathways for dental treatment for residents living in 5 RACF on the NSW, Central Coast
- Grants obtained to purchase a portable dental unit and portable chair
- Colgate and Oral 7 product support
- Partnerships with the LHD and private dentists
- Mobile prosthetist

# PARTICIPATING RACF

Toukley Aged Care (Riviera Health)

Wyong Aged Care (Riviera Health)

Starrett Lodge (Uniting Care)

Our Lady of Loreto Gardens (Catholic Care)

Matthew Johns Nursing Homes (now Aurrum, Erina)

# THE AIM

- Senior Smiles oral health program was an exploratory pilot study to examine the effectiveness of employing a dental hygienist in residential aged care facilities to provide oral health assessments and care plans, and develop dental referral pathways for residents



# RESEARCH PROTOCOL

- 'Seniors Smiles' oral health initiative placed a dental hygienist in 5 residential aged care facilities on the NSW, Central Coast
- Residents received oral health risk assessments, oral health care plans, referral pathways for dental treatment and oral hygiene education session
- RACF staff were trained in oral hygiene care
- 12 month working program
- 24 week intervention
- Data collection involved pre and post intervention (controlled tooth brushing and denture cleaning) plaque scores
- The number of assessments, care plans, referrals and treatment completed

# RECRUITMENT OF PARTICIPANTS

- All residents across the 5 RACFs were invited to participate
- Cognitively impaired residents were supported by next of kin or power of attorney, guardianship board
- Information and consent documents were mailed out
- Verbal consent by phone





# PROGRAM PUBLICITY

- Presentations at resident and relatives meetings
- Presentations at staff meetings
- Discussions with staff, residents and family members

# BARRIERS

- Consent
- Resident/family members interest
- Transport
- Payment for dental treatment
- Staff interest in oral health education sessions

# **‘SENIOR SMILES’ DOCUMENTATION**

- Consent
- Oral health risk assessment
- Oral health care plan
- Referral
- Medical history
- Dental history

## Professional Oral Health Assessment and Care Plan

Date:

Patient: DOB:

Category: Healthy Unhealthy

Lips: Moist Chapped

Tongue: Pink Red

Moist Dry

Gums: Pink Red

Firm Inflamed

Ulcerated

Breath: Ok Bad

Saliva: Plentiful Dry

Watery Sticky/Frothy

Natural Teeth: No Decay Decayed

No Broken Teeth Broken Teeth

No Mobility Some Mobile

Oral Cleanliness: No Food Particles Food debris

No Tarter Tarter

Minimal Plaque Thick Plaque

No Candidiasis Candidiasis present

Dental Pain: No Behavioural Signs Behavioural Signs

No Verbal Signs Verbal Signs

No Physical Signs Ulcerations/Swelling/Decay

Dentition: Natural Teeth Only

Natural Teeth & Partial Denture

No Natural Teeth & No Denture

Full Dentures

### Oral Health Care Plan

Natural Teeth: Fluoride Toothpaste Chlorhexidine paste/mouth rinse

Dentures: Soap and Water Vinegar and Water

Saliva: No Substitute Substitute

Candidiasis: No treatment required Treatment

Referral: Yes No

Other:

# ALL CONSENTING RESIDENTS WERE TRIAGED BY THE DENTAL HYGIENIST

**337** Residents consented to participate

**210 (62%)** Residents were referred to the 'Senior Smiles' dental hygienist

**60 (29%)** Residents were referred for dental treatment to a private dentist and prosthetists

**84 ( 40%)** Residents were referred for dental treatment to Central Coast, Local Health District, Oral Health Clinic

**66 (31%)** Residents were reviewed by the dental hygienist as not requiring further treatment

# PUBLIC DENTAL CLINIC REFERRAL RESULTS

40 (48%) completed treatment

10 (12%) remain on the waiting list

16 (19%) resisted treatment

6 (7%) experienced transport issues

1 (1%) was not permitted to leave the facility

4 (5%) were not given permission by NoK

4 (5%) were awaiting NoK approval

2 (2%) left the facility

1 (1%) deceased

# PRIVATE DENTIST/PROSTHETIST REFERRAL RESULTS

45 (75%) completed treatment

4 (7%) resisted treatment

1 (2%) experienced transport issues

2 (3%) left the facility

5 (8%) were not given permission by NoK to seek treatment

2 (3%) were awaiting NoK permission

1 (2%) deceased

# 239 RACF ORAL HEALTH TRAINING





# RESEARCH INTERVENTION RESULTS

- The statistical program SSP was used to conduct a paired t-test to compare pre and post plaque scores on residents from the 5 RACFs
- A statistically significant result of  $p < 0.05$  showed the intervention of the dental hygienist was effective in reducing plaque scores

# **‘SENIOR SMILES’ – THE IMPACT**

- Provides residents with a model of care that includes:
- Preventive oral hygiene care
- Referral pathways for complex dental treatment needs
- Established a formal management protocol for oral health care within the RACFs

# ACHIEVEMENTS

- Implemented in Riverina ACFs and UnitingCare, Koombahla
- Australian Dental Association (ADA) Bulletin – acknowledgement of the ‘Senior Smiles’ program
- ASSCID conference award – second prize – ‘Senior Smiles’ model of care
- The University of Newcastle – Senior Smiles - award for achievement 2014

# SENIOR SMILES

The 'Senior Smiles' model of oral health care is transportable:

- Implement change
- Improve oral health
- Improve general health
- Improve resident quality of life
- Reduce emergency oral health/general health resident episodes
- Improve staff oral health knowledge

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