The Use of an Oral Health Assessment Record in Improving Unmet Oral Health Care Needs: A Multi Centre Pilot Study

Authors: Pei Rong Chua, David MacLeod, Ross Norris, Emma Boom, David Gray

On behalf of the Royal Alexandra Hospital & Accord Hospice oral care interest care group*

Introduction

Oral health is an important aspect of general health and overall wellbeing. Poor oral health is associated with symptoms that may negatively impact quality of life such as pain, reduced ability to eat or drink, difficulty in speaking and perceived social stigma [1]. Declining oral health is associated frailty and life limiting illness, with management of oral care health being an important aspect of palliative care [2,3].

However, there is increasing awareness that oral health care needs are not always met during inpatient admissions. Within the Royal Alexandra Hospital (RAH) and Accord hospice, a inter – specialty oral care interest group was established with the aim of improving oral care in both a hospice and hospital setting. We report on the initial strand of this work in piloting an oral health assessment record that enables clinical staff to assess, record, risk stratify and action unmet oral health care needs. The goal of this pilot is to feed into a wider quality improvement study surrounding education about oral health care and promoting use of the record.

Aim

Pilot the use of an oral care assessment record which allows staff to assess, record, risk stratify and action the oral health needs of inpatients under their care.

The Oral Health Assessment Record

The initial task of the special interest group was to establish feedback from clinical staff to help guide potential interventions that may be able to improve the assessment and management of oral health. Areas of improvement highlighted included guidance on assessment of oral health and providing designated space for documentation of findings.

This feedback led to the development of the Oral Health Assessment Record (Fig 1) via adaptation of Mouth Care Matters – Mouth Care Assessment & Recordings form (NHS Education Health England 2019). The Oral Health Assessment Record consists of three parts:

1) User guide
2) Assessment tool to guide assessment of multiple aspects of oral health and documentation of findings (Fig1)
3) Clinical advice sheet

Completion of the domains of the assessment tool allows for risk stratification of findings and the advice sheet provides clinical advice with regards to management required for individual findings and the frequency of assessment required.

The minimum score achievable from the tool is 4, if patient has their own teeth, and 5 if the patient has dentures. A score of greater than 4 or 5 identifies unmet oral care health needs and therefore the need for improvement in one or more aspects of oral health.

Fig 1: Assessment sheet of the Oral Health Assessment Record

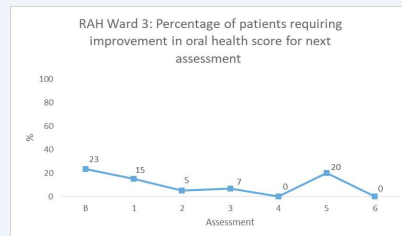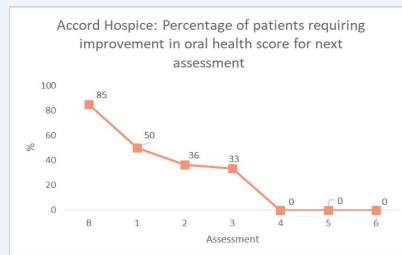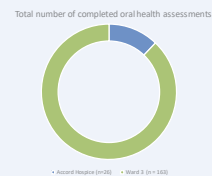Access the full tool on the QR code:

Methodology

The Accord Hospice inpatient unit and Ward 3 at the RAH were chosen as the clinical locations for pilot of the tool, with the tool being piloted at the Accord hospice first. The tool was implemented in both clinical areas following staff induction about the project. Data from completed oral health assessment records was collected weekly for 12 weeks.

The agreed outcome measure for the study was percentage of patients requiring improvement in their overall oral health score by the next assessment. Need for improvement in score identified as score >4 if patient had their own teeth and greater than 5 if they had dentures.

Results

The total number of completed assessments over the pilot period was 193 across both clinical sites. The maximum number of assessments completed for an individual patient was 6.

Total number of completed oral health assessments

Accord Hospice: Percentage of patients requiring improvement in oral health score for next assessment

RAH Ward 3: Percentage of patients requiring improvement in oral health score for next assessment

Conclusions

- The oral health care assessment record highlights that patients with terminal illness and frailty have unmet oral health care needs on admission to an inpatient unit. This is represented by 85% of patients at the Accord Hospice and 23% of patients at the RAH requiring improvement in oral health care score following initial assessment
- Oral health is dynamic over the course of inpatient admission and ongoing assessment is required
- Use of the oral health assessment record documented improved oral health care scores for those with frailty and terminal illness

Next Steps

- Improve staff confidence in assessing oral health and utilising the oral health assessment record via use of an online educational resource
- Utilise QIP methodology to assess the effectiveness of the online educational resource
- Utilise this initial data and subsequent data from further strand of this study to determine the feasibility of a wider role out of the Oral Health Assessment Record and the online educational resource

References
1) Fischer DJ, Epstein JB, Yao Y, Wilkie DJ. Oral health conditions affect functional and social activities of terminally ill cancer patients. Support Care Cancer. 2014 Mar;22(3):803-10. doi: 10.1007/s00520-013-2037-7. PMID: 24232310; PMCID: PMC3962694 2) Dibello V, Zupo R, Sardone R, Lozupone M, Castellana F, Dibello A, Daniele A, De Pergola G, Bortone I, Lampignano L, Giannelli G, Panza F. Oral frailty and its determinants in older age: a systematic review. Lancet Healthy Longev. 2021 Aug;2(8):e507-e520. doi: 10.1016/S2666-7568(21)00143-4. PMID: 36098000. 3) Kvalheim SF, Strand GV. A Narrative of Oral Care in Palliative Patients. Int J Environ Res Public Health. 2022 May 23;19(10):6306. doi: 10.3390/ijerph19106306. PMID: 35627842; PMCID: PMC9141643.4

RAH / Accord oral care interest care group members: Pei Rong Chua, David Gray, Emma O'Donnel, David Macleod, Ross Norris, Emma Boom, Iona Gilmour, Niamh Ritchie, Laura Varela, Elizabeth Simpson, Petrina Sweeney, Helen Patterson, Jean Mossman, Ewan Gray & Rebecca Mooi