

A multi strategy approach for RDHs to champion change in long term care

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ABSTRACT

Nearly 200,000 Canadians live in long term care (LTC); many are more than sixty-five years of age, frail, and dependent on others for their daily care. With the growing trend of older adults successfully retaining more of their own teeth longer in life, their need for assistance with daily oral care and access to onsite preventive dental hygiene care is significantly different than in any previous generation. Yet, oral healthcare is widely recognized as inadequate in care facilities, resulting in widespread oral disease, and challenges to residents' overall health and quality of life. This article identifies dental hygienists as ideally suited to champion and sustain oral healthcare change in LTC. A multi targeted, multi strategy approach that extends beyond the focus of clinical care is proposed, along with strategies and tips for carrying it through. This proposed approach is based on dental hygienists' years of experience in caregiver engagement, education and training, resource development, and interprofessional collaboration within the LTC environment, and is modelled on the ADPIE format.

RÉSUMÉ

Plus de 200 000 Canadiens et Canadiennes vivent sous des soins de longue durée (SLD); beaucoup d'entre eux, ayant plus de 65 ans, mènent une vie fragile et dépendent des autres pour leurs soins quotidiens. Vu la tendance croissante des adultes plus âgés à conserver leurs dents plus longtemps dans leur vie, leurs besoins d'assistance en matière de soins buccaux quotidiens et d'accès sur place aux soins d'hygiène dentaire diffèrent de ceux de toutes les générations précédentes. Toutefois, la programmation des soins de santé buccale est grandement considérée comme étant inadéquate dans les services de soins, vu la vaste étendue de la maladie buccale et les défis que cela pose à la santé globale et à la qualité de vie des résidents. Cet article indique que les hygiénistes dentaires sont les intervenantes idéales pour promouvoir et soutenir la modification des soins de santé buccale de longue durée. La proposition comporte alors une approche à cibles et stratégies multiples, allant au-delà des soins cliniques proposés, et suggère des moyens de les réaliser. L'approche mise de l'avant se fonde sur les années d'expérience des hygiénistes dentaires en regard de leurs engagements relativement à la prestation des soins, à l'enseignement et la formation, au développement des ressources et à la collaboration interprofessionnelle avec les services de SLD. Le modèle suit le format ADPAE (analyse, diagnostic, planification, application et évaluation).

Key words: caregiver, dental hygienist, elderly, frail older adults, health promotion, long term care, oral health, oral hygiene

INTRODUCTION

A large number of the estimated 200,000 residents of long term care facilities (LTC) in Canada are more than sixty-five years old, frail, cognitively impaired, medically compromised, and dependent on others for activities of daily living.^{1,2} With older adults successfully retaining a larger percent of their natural teeth later in life than any previous generation, more and more individuals who enter care will require assistance in caring for their teeth.^{3,4} Yet, the provision of daily oral care, and access to professional dental care within care facilities remains significantly inadequate, resulting in widespread oral disease among dependent older adults both here in Canada and elsewhere.⁵⁻⁹

Inadequate dental plaque removal and the presence of oral disease can lead to significant oral health challenges for this population, including pain, infection, and tooth loss.^{6,7} An unclean, unhealthy mouth can also challenge a frail elder's quality of life and overall health through reduced social interactions, weight loss, extensive dental

treatment needs, and an increased risk for aspiration pneumonia (AP).^{6,7,10-12} There is now sufficient evidence that effective daily oral hygiene can reduce one's risk for AP, an often fatal infection among the elderly care dependent population.^{11,12}

Caregivers report many barriers and challenges surrounding oral care—competing priorities, a strong dislike for the task, a lack of knowledge, training, time, supplies, and administrative support, and dealing with care resistant behaviours.¹²⁻¹⁴ While there are many contributing factors to the current problem, past research efforts have predominantly focused on caregiver education.¹⁴⁻¹⁷ These interventions failed to demonstrate consistent sustainable improvements in residents' oral health status, regardless of who delivered the training.¹⁴⁻¹⁷ However, several pilot studies reported positive outcomes using a designated staff champion.^{18,19} Once trained, the champion was responsible for providing daily oral care, mentoring staff, and helping build momentum among caregivers to provide daily care.^{18,19} Dental hygienists, in

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their many roles as advocates, educators, clinicians, and health promoters can help garner staff commitment and momentum by supporting and mentoring staff champions. These collaborative partners can help identify and negotiate for structural changes that can then support caregivers' daily oral care efforts in practical ways.²⁰ The importance of partnering with internal champions who understand the context and culture of the organization cannot be understated as a key ingredient in translating health promotion efforts to sustainable oral healthcare change.²⁰

Dental hygienists, with their repertoire of critical thinking skills, knowledge in oral health sciences, and experience in managing diverse and often complex oral care needs of clients, are ideally suited to champion this change in LTC. A heightened sense of social responsibility towards vulnerable populations, enabling legislation, direct billing acceptance by insurance providers, and a shortage of employment opportunities provide the impetus for dental hygienists to consider this area of practice.²¹ Through the use of creative funding approaches, a number of dental hygienists are trail blazing this focused role in health promotion, and serving as role models and mentors for future LTC based dental hygienists.

This article provides interested dental hygienists with suggestions towards becoming champions of change in LTC. The presented strategies and tips are organized within the dental hygiene paradigm of care, and described in the ADPIE format: Assessment, Diagnosis, Planning, Implementation, and Evaluation. They are drawn from dental hygienists' years of experience in caregiver engagement and training, resource development, and interprofessional collaboration within the LTC environment.

This approach arose in collaboration with colleagues of the University of Manitoba's Health Promotion Unit (HPU) during their years of striving to bring about oral health change among underserved populations. It is aimed at dental hygienists who are ready to take on a new challenge by leading oral health change in LTC.

METHODS

Assessment: Gathering information and making decisions

The problem of oral disease in LTC is complex, and requires a multi targeted approach that involves all stakeholders including administrators, nurses, frontline caregivers, allied health professionals, and family members.^{3,4,15} Before connecting with a facility, it is recommended that dental hygienists:

- Self assess their knowledge, attitudes, and beliefs about this population.
- Identify the regulatory requirements for independent practice.
- Develop a personalized learning plan that includes learning and mentoring opportunities. For example, in Manitoba, like minded dental hygienists learned and realized opportunities in LTC as members of an access to care study group supported by the Manitoba Dental Hygienists Association and the regulatory body [Wener M., Personal communication, December 9, 2012].
- Reflect on the degree of commitment they foresee as feasible and investigate options for remuneration.

Learning about and understanding the LTC environment and its challenges are paramount. An evidence based approach should be used to gather pertinent information from a variety of dental, dental hygiene, nursing, and other professional journals to build

Table 1. Site visit checklist.

Site visit checklist		
Facility: _____		Date: _____
Address: _____		
Key contact information: _____		
The facility:	LTC staff:	<input type="checkbox"/> Level of care required
<input type="checkbox"/> Number of beds	<input type="checkbox"/> Shifts	<input type="checkbox"/> Prevalence of dementia, care resistant behaviour
<input type="checkbox"/> Type of units _____	<input type="checkbox"/> Types and number of caregivers and allied health professionals	
Policies:	<input type="checkbox"/> Staff education program	Oral care program:
<input type="checkbox"/> Oral care policy*	• Ideal length and time of day	<input type="checkbox"/> Admission oral assessment
<input type="checkbox"/> Resident bill of rights document*	• Audio-visual equipment	<input type="checkbox"/> Individualized daily oral care plan
<input type="checkbox"/> Philosophy of care*	• Group size	<input type="checkbox"/> Quarterly oral screening
<input type="checkbox"/> Welcome package for new residents*		<input type="checkbox"/> Oral products
* Obtain copies	Residents profile:	<input type="checkbox"/> Professional dental services: current access, facility space; funding
	<input type="checkbox"/> Average age	<input type="checkbox"/> Oral care barriers, needs, and wants

Table 2. Essential components of a quality oral health program in LTC.

Essential components	
<input type="checkbox"/> Internal oral health champions are identified	<input type="checkbox"/> Oral assessment is done initially, quarterly, and as needed
<input type="checkbox"/> Oral health professionals are part of the onsite healthcare team	<input type="checkbox"/> Individualized daily oral care plans are based on current assessments
<input type="checkbox"/> Everyone in facility is on board, supportive and kept up to date	<input type="checkbox"/> Caregivers connect with family/guardian regarding oral health
<input type="checkbox"/> Staff receive regular oral health education and hands on training, including on unit coaching	<input type="checkbox"/> Residents have access to professional dental services
<input type="checkbox"/> Policies and protocols are regularly updated and enforced	<input type="checkbox"/> Regulatory authorities enforce responsibility of all professional groups
<input type="checkbox"/> Palliative oral care standards are in place	<input type="checkbox"/> Legislation requires oral care in LTC; promotes access to professional care
<input type="checkbox"/> Oral care products are available on site	
<input type="checkbox"/> Daily oral care is provided, documented, and evaluated for quality/frequency	

a reference collection of important articles and resources. Other resources include:

- Current information on caregiver engagement and training, assessment tools, policy development, oral-systemic research, specialized products, resources, and managing care resistant behaviours.
- Site visits to speak with a variety of staff, and use of a checklist to help gather pertinent information (Table 1).
- Shadowing an RDH in LTC practice.

Effective listening and interview skills, detailed note taking, a non judgemental attitude, and a genuine willingness to learn and help are key strategies for success during this stage of assessment.

Diagnosis and planning: Preparing oral health solutions

The next step in the process is to analyze assessment findings and to meet with LTC administrators and other decision makers to collaboratively formulate a plan based on realistic goals and measureable outcomes. A flexible approach is paramount as the plan will likely evolve and change based on valuable feedback and learning. Administrators, focused on improving resident outcomes and meeting standards, policies, and legislated requirements, often identify caregiver education as their primary need. When expertly delivered, these education sessions also provide an excellent springboard for caregivers to discuss organizational and personal barriers and propose realistic strategies to improve oral healthcare in their facility. As individuals plan their program, the anticipated outcome should be to create an interactive session that appeals to all learning styles using caregiver friendly terms. Introducing the session's learning objectives and inviting participants to identify their learning needs can help ensure all receive the information they need. The educational session should highlight concrete benefits to providing oral care and offer realistic solutions for care resistant behaviours.

Setting the stage by sharing a personal story about a resident's oral health can be a powerful way to elevate the importance of a quality oral health program. The author's group also liked to incorporate catchy phrases to help caregivers make the connection between dental and

medical issues. Phrases like "oral care is infection control" and "gum disease can result in a hidden bed sore the size of the palm of your hand" raised eyebrows and helped attendees understand that although the mouth is "out of sight", it is an important area of care that should not be ignored. Providing information on *why* oral care is integral to overall health and quality of life before teaching *how* to provide care, helps caregivers realize the deep significance of their role in preventing life threatening infections and makes them more receptive to learning. Once the plan is in place, dental hygienists are recommended to seek and incorporate feedback from other dental hygiene experts, gather resources to supplement caregiver knowledge, and create a demonstration kit that can be used for practice and discussions.

- The Registered Nurses Association of Ontario has an extensive resource collection available at: <http://ltctoolkit.rnao.ca/resources/oralcare#Education-Resources>.
- University of Manitoba's Centre for Community Oral Health (CCOH) collection of LTC handouts and "how to" videos may also be helpful and are located at: http://umanitoba.ca/dentistry/ccoh/ccoh_longTermCareFacts.html.

Implementation: Beginning with small steps

There are many stakeholders involved in the care of older adults, each with their own abilities, responsibilities, and priorities. Acknowledging each participant's role and contribution communicates respect and understanding. When caregivers report common challenges, such as a lack of skill in performing oral care, recognizing their issues and barriers lays the groundwork for learning to take place.^{4,6,11,16} A crucial strategy which empowers caregivers is showing "how-to" demonstrations or videos, before having participants practise on typodonts or on willing residents. The demonstration kit should contain large handled toothbrushes, a proxabrush, floss wand and floss, denture brush, dry mouth products, multi sided speciality toothbrushes, mouth rests, typodonts, and dentures. Up to date handouts, which reinforce recommendations, provide caregivers with an ongoing resource to help

improve their practice. Nurses and other caregivers often remark that they have never been taught comprehensive oral care, and appreciate the “why and how” method of information and hands on instruction.

While caregiver training is important and necessary, it must not be the sole focus of a dental hygienist’s efforts to champion change. The individual needs to implement a comprehensive plan that carefully considers the facility’s organizational context, and engage all levels of stakeholders using a variety of activities.¹⁸ Some suggestions are: working with managers to address barriers, speaking at the family council meeting, collaborating with other health professionals, contributing to the facility’s newsletter, training nurses and speech-language pathologists to screen for oral problems, updating the oral care policy, incorporating oral health information in the facility’s welcome package, having the gift shop or a local pharmacy stock recommended oral supplies, and working with others to ensure residents have access to affordable dental services within the facility. A list of important components of a LTC oral care program is provided, and represents the “big picture” vision shared with all stakeholders (Table 2). Personal attributes encompass a willingness to partner and collaborate with others, participate in research, solve problems creatively and propose novel, yet practical solutions. These attributes look far beyond the boundaries of clinical practice and caregiver education, and will serve each champion well as she or he works towards implementing improvements.

Evaluation: Learning from others

Evaluation, a critical component of any oral health program, affirms program effectiveness and identifies areas for improvement. A quality assurance program (QAP) is essential to help champion change by providing tangible evidence of the current program’s efficacy. A good QAP program should include a random sampling of chart audits and Minimal Data Set (MDS) entries, oral screenings, and evaluations of the condition, storage, and labelling of oral care supplies. Feedback from stakeholders should also be collected and considered, to help shape efforts and direction for caregiver training. The HPU evaluation form gathered information on participants’ knowledge (true/false questions), program appraisal, what they were surprised to learn, what they wanted more information on, areas they felt needs improving, and the level of priority they assigned to daily oral care. After each session, the collected feedback and any suggestions for improvement are reviewed. Participants’ feedback and QAP data can identify new areas of focus and be used to provide evidence to key decision makers as dental hygienists strive to bring forth positive change.

CONCLUSION

The current problem of oral disease among dependent older adults requires the leadership of an oral health expert. Dental hygienists, in their dual role as oral health promotion experts and clinicians, are ideally suited to become champions of change in LTC. Those new to this area of practice should adopt a skills development

approach by reviewing the current literature and seeking additional learning and mentoring opportunities. Using the strategies suggested in this article, dental hygienists can have a significant impact on the quality of life and health of dependent older adults, and become important members of the interprofessional LTC team.

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