Look, Don’t Overlook:
The Importance of Oral Health

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Speaker Disclosure Statement

Vickie Romel-Nichols has no industry relationships to disclose.
Oral Care Project Objective

• Determine if oral assessments were routinely performed
• Identify deficiencies
• Assess nursing knowledge/clinical comfort
• Develop education intervention & present to staff
• Determine effectiveness/outcome
Were oral assessments routinely performed?

- Nursing Surveys
  - Oral assessment
  - Oral care

- Chart Audits
  - Nursing Admission Assessments
Oral Assessment Survey

How often do you look in a patient’s mouth when completing an admission assessment?

1. Never
2. Rarely
3. Some of the time
4. Most of the time
5. Always
Oral Assessment Survey
Do you feel you have adequate knowledge of oral structures?

1. Yes
2. No

56% 44%
Oral Assessment Survey Results

- 98% AGREE that poor oral hygiene may increase a patient's risk for aspiration pneumonia.
- 29% ARE NOT sure what to do when completing an Oral Assessment.
- 21% ALWAYS look in a patient's mouth when completing an Admission Assessment.
- 51% DO NOT feel that they have adequate knowledge of oral structures.
Oral Care Survey Results

53% FEEL they have not had adequate training to complete oral care

26% ARE NOT sure what to do when completing oral care

58% ARE comfortable using the Sage Q4 Oral Cleansing and Suctioning Kits

53% FEEL there is not enough time to complete oral care
Chart Audits

<2% of Nursing Admission Assessments contained documentation of Oral Assessment
Now what?

• Multi-disciplinary team formed
• Development of a comprehensive oral health program
• Survey results used to determine knowledge deficits
• Mandatory educational oral health assessment and treatment in-services
Oral Hygiene Champion Team

- Dietician
- Physician
- SLP
- OT
- Nurse
- Rehab Aide
- Patient & Caregiver
Role of Team Members

- SLP- monitor oral status while improving swallow function
- OT- increase patient’s ability to perform oral care
- Physician- monitor oral hygiene and order medications when indicated
- Nurse- perform OHAT on admission and d/c; complete daily oral care; administer any medications
- Aide- assist in following oral care plan; consistent communication with nurse re: patient’s oral health status
- Dietary- ensure proper diet modifications, monitor nutritional status
Oral Health Education Program

**Oral Assessment**

- OHAT (Oral Health Assessment Tool)
- Categories reviewed (8)
- Supplies needed
- Scores reviewed (0,1,2)

**Oral Care**

- Benefits reviewed
- OHAT score determines treatment/prevention
- Initiate/follow oral care plan
Assess, Score, Treat

Assess using the OHAT

Score the OHAT
(any score > 0 requires an intervention)

Treat patient with individualized plan of care
OHAT
(Oral Health Assessment Tool)

• Simple screening tool
• Adapted from Chalmers (2004)
• 8 categories to be rated by examiner
• Completed on admission and discharge
• Identifies high risk patients
• Drives an individualized Oral Care Plan
• Allows for measurement of progress
OHAT Categories

- Lips
- Tongue
- Gums and tissues
- Saliva
- Natural teeth
- Dentures
- Oral cleanliness
- Dental pain
### Oral Health Assessment Tool (adapted by Chalmers & Hsiao-Chen Tang, 2004)

Scores: The final score is the sum of scores from the eight categories and can range from 0 (very healthy) to 16 (very unhealthy). While the cumulative score is important in assessing oral health, the score of each item should be considered individually. Symptoms that are underlined require immediate attention.

<table>
<thead>
<tr>
<th>Category</th>
<th>0 = Healthy</th>
<th>1 = Changes*</th>
<th>2 = Unhealthy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lips</td>
<td>Smooth, pink, moist</td>
<td>Dry, chapped, or red at corners</td>
<td>Swelling or lump, white/red/ or ulcerated patch; bleeding/ulcerated at corners</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Refer to Physician for further assessment</td>
</tr>
<tr>
<td>Saliva</td>
<td>Moist tissues, watery and free-flowing saliva</td>
<td>Dry, sticky tissues, little saliva present</td>
<td>Tissues parched and red, very little/no saliva present, saliva very thick</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Refer to Physician to rule out dehydration &amp; reassess medications</td>
</tr>
<tr>
<td>Dentures Yes/No</td>
<td>No broken areas of teeth, dentures regularly worn</td>
<td>1 broken area/tooth or dentures only worn for 1-2 hours daily, or loose dentures</td>
<td>More than 1 broken area/tooth, denture missing or not worn, needs dentures or severe halitosis (bad breath)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>If patient scores a 1 or 2 in any category below, exclude patient from Free Water Protocol</td>
</tr>
<tr>
<td>Tongue</td>
<td>Normal, moist, roughness, pink</td>
<td>Patchy, fissured, red, coated</td>
<td>Patch that is red and/or white, ulcerated, swollen</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Refer to Physician for further assessment</td>
</tr>
<tr>
<td>Gums and tissues</td>
<td>Pink, moist, smooth, no bleeding</td>
<td>Dry, shiny, rough, red, swollen, one ulcer/sore spot under dentures</td>
<td>Swollen, bleeding gums, ulcers, white/red patches, generalized redness or ulcers under dentures</td>
</tr>
<tr>
<td>Natural teeth Yes/No</td>
<td>No decayed or broken teeth/roots</td>
<td>1-3 decayed or broken teeth/roots, or teeth very worn down</td>
<td>4 or more decayed or broken teeth/roots, or few er than 4 teeth, or very worn down teeth</td>
</tr>
<tr>
<td>Oral Cleanliness</td>
<td>Clean, no food particles or tartar in mouth or on dentures</td>
<td>Food particles/tartar/plaque in 1-2 areas of the mouth or on small area of dentures or bad breath</td>
<td>Food particles/tartar/plaque in most areas of the mouth or on moist areas of dentures or severe halitosis (bad breath)</td>
</tr>
<tr>
<td>Dental pain</td>
<td>No behavioral, verbal, or physical signs of dental pain</td>
<td>Verbal &amp;/or behavioral signs of pain such as pulling at face, chewing lips, not eating, aggression</td>
<td>Physical signs such as facial swelling, sinus on gum, broken teeth, large ulcers, and verbal and/or behavioral signs such as pulling at face, chewing lips, not eating, aggression</td>
</tr>
</tbody>
</table>

- **□ YES □ NO** INITIATE AN INDIVIDUALIZED ORAL CARE PLAN (for any category with a score of 1 or 2)  Total Score (16) (16)
- **□ YES □ NO** Refer to Physician for further assessment  
- **□ YES □ NO** No abnormal findings (continue with current oral care practices - "0" in ALL CATEGORIES)
Supplies needed . . .
Score Each Category

0= healthy – NO INTERVENTION NEEDED

1= changes* - INTERVENTION NEEDED

2= unhealthy* - INTERVENTION NEEDED
OHAT Score > 0 . . .

• Individualized plan of care (*must determine level of assistance)
• Identify patient needs (may need physician intervention)
• Nursing Interventions (brushing, swabbing, moisturizing, suctioning, oral cleaning)
Determine effectiveness/outcome

5 months post training . . .

- Nursing surveys re-distributed
- Repeat chart audit performed
Post Training Nursing Survey Results
Oral Assessment

- 100% AGREE that poor oral hygiene may increase a patient’s risk for aspiration pneumonia.
- 3% ARE NOT sure what to do when completing an Oral Assessment.
- 61% ALWAYS look in a patient’s mouth when completing an Admission Assessment.
- 6% DO NOT feel that they have adequate knowledge of oral structures.

Was 98%
Was 51%
Was 21%
Was 29%
Post Training Nursing Survey Results

Oral Care

- 13% FEEL they have not had adequate training to complete oral care
- 0% ARE NOT sure what to do when completing oral care
- 83% ARE comfortable using the Sage Q4 Oral Cleansing and Suctioning Kits
- 43% FEEL there is not enough time to complete oral care

Was 53%

Was 58%

Was 26%

Was 53%
Post Training Chart Audits

75% of Nursing Admission Assessments contained documentation of Oral Assessment

Was < 2%
Questions?
References


References


