Journal of Interprofessional Education & Practice 4 (2016) 59–67

Contents lists available at ScienceDirect

Journal of Interprofessional Education & Practice

journal homepage: http://www.jieponline.com

Oral care practice guidelines for the care-dependent hospitalized adult outside of the intensive care unit setting

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ARTICLE INFO

Article history:
Received 9 October 2015
Accepted 27 May 2016

Keywords:
Care dependent
Oral care
Pneumonia
Aspiration
Intensive care

ABSTRACT

Background: Many nurses lack evidence-based knowledge to deliver appropriate oral care, viewing oral care in the care-dependent patient as a comfort measure and giving it a low clinical priority. An estimated 44%—65% of hospitalized care-dependent patients do not receive adequate oral care, an intervention that can prevent aspiration pneumonia or pneumonitis.
Purpose: The purpose of this study was to develop a standardized assessment for oral care in the hospitalized care-dependent adult outside of the intensive care unit setting at a regional health system in the Southeast United States. The long-term goal is to reduce the risk of aspiration and resulting complications.
Methods: The study used the theoretical foundations of relationship-based care and the logic model. An interdisciplinary team of institutional stakeholders from 2 acute care hospitals identified an appropriate evidence-based oral assessment tool, developed policy and practice guidelines to inform oral care, and developed both implementation and evaluation plans to pilot the project and assess short and long term outcomes.
Discussion: The standards developed in this study create a process to ensure care-dependent adults outside of the intensive care unit setting will receive an oral assessment daily, or every shift, as determined by the oral assessment score, and that oral care is provided in accordance with practice guidelines to reduce risk of aspiration.
Conclusion: This study advances nursing practice by addressing a gap in practice and promotes positive social change by improving the quality of care provided to all care-dependent patients. Improvement of patient outcomes resulting from the reduction of risk for aspiration and reduction of the financial burden of unnecessary resources used to care for patients who aspirate and suffer complications are additional outcomes expected of this initiative.

Introduction

There is overwhelming evidence to support oropharyngeal aspiration as a major contributing factor leading to pneumonia in care-dependent adults.[1–5] Improper swallowing or regurgitation of oropharyngeal secretions, food, liquids, or gastric contents may cause aspiration. Oral care is an important intervention associated with prevention of aspiration pneumonia.[1–5]

Nurses often lack evidence-based knowledge to deliver appropriate oral care.[6] As a result, many nurses view oral care in the care-dependent adult simply as a comfort measure, making the practice a low clinical priority.[2,3] Changing the perception of the providers from viewing oral care as a comfort measure to oral care as a necessity serves to advance nursing practice, create positive social change by improving the quality of care provided to patients, and improve patient outcomes by providing comfort and decreasing the risk of aspiration. Additionally, the use of oral assessment tools and evidence-based oral care practice guidelines have been shown to result in significantly improved patient oral assessment scores ($F = 4.79$, $p = .01$).[7] Chan et al[6] reported a statistically significant ($p = .006$) improvement in oral assessment scores after staff education in using standardized assessment tools.

Background

This study took place on two adult neuroscience units, outside of the intensive care unit (ICU) setting, within acute care hospitals of a regional health system in the Southeast United States. The health system consists of four acute care hospitals, a children's

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http://dx.doi.org/10.1016/j.xjep.2016.05.004
2405-4526/

hospital, and an inpatient rehabilitation hospital. Statistics indicate that as many as one-third of all stroke patients are susceptible to pneumonia, often from aspiration.[1] With three certified stroke centers, one stroke-ready hospital, and a comprehensive inpatient rehabilitation hospital, the health system serves a large population of patients at high risk for aspiration.

Between October 2012 and September 2013, the health system's acute care hospitals reported 1279 discharges of adults 18 years or greater with a diagnosis of stroke.[8] The average cost for each hospitalization was $19,429–$40,002 and the average length of stay was 4.62 days (Table 1). During the same period, the health system's acute care hospitals reported 373 hospitalizations of adults 18 years or greater with a diagnosis of aspiration pneumonitis at discharge. The average cost for each hospitalization was $28437.25–$64238.25 and the average length of stay was 8.3 days (Table 2) making the average hospital stay 3.68 days longer and $9608.25–$24236.25 costlier than the health system's average stroke patient.[8]

Discerning if all patients discharged with a diagnosis of aspiration pneumonitis were stroke patients was not possible; however, Armstrong and Mosher[1] indicated that as many as one-third of all stroke patients are susceptible to pneumonia, often from aspiration. Although specific statistics for the incidence of hospital-associated aspiration are not available, there was a significant need to address the problem of aspiration or pneumonitis within the health system.

Problem statement

Providing oral care for care-dependent hospitalized adults is a nursing responsibility and an essential component of nursing care; however, an estimated 44%–65% of hospitalized care-dependent adults do not receive adequate oral care.[2,9] According to Chan et al,[6] nurses often lack evidence-based knowledge to deliver appropriate oral care. As a result, many nurses view oral care in the care-dependent adult as a comfort measure, placing the practice as a low clinical priority.[2,3] Barriers to care include inconsistent or absent oral assessment tools, varied delivery methods, staff knowledge gaps, reliance on tradition, a lack of standardized oral assessment instruments, and a lack of interdisciplinary collaboration.[2,7]

The health system where this study took place had a policy and procedure designed to outline assessment and standardize practice guidelines for providing oral care to hospitalized adults in the adult intensive care units. However, once the patient transferred out of the intensive care unit, there were no evidence-based policies or procedures outlining assessment using standardized oral assessment tools, or standardized evidence-based practice guidelines to guide oral care. The lack of standardized evidence-based processes provided an opportunity for gaps in nursing practice. This study addressed the problem of non-standardized assessment and oral care for the care-dependent adults outside of the intensive care unit setting.

Table 1
Stroke. The health system October 2012–September 2013.

Facility	Hospitalizations	Charges low	Charges high	ALOS
Hospital A	216	18,954	33,392	4.2
Hospital B	584	21,205	46,122	5.0
Hospital C	157	17,443	32,779	4.2
Hospital D	322	20,115	47,715	5.1
System average	1279 total	19,429	40,002	4.62

Adapted from Florida Agency for Health Care Administration. (n.d.). Compare facilities from http://www.floridahealthfinder.gov/CompareCare/CompareFacilities.aspx.

Table 2
Aspiration pneumonitis at discharge. The health system October 2012–September 2013.

Facility	Hospitalizations	Charges low	Charges high	ALOS
Hospital A	89	27,633	55,112	8
Hospital B	136	31,869	73,978	8.6
Hospital C	102	26,861	58,235	8.8
Hospital D	42	27,386	69,628	7.8
System average	373 total	28,437.25	64,238.25	8.3

Adapted from Florida Agency for Health Care Administration. (n.d.). Compare facilities from http://www.floridahealthfinder.gov/CompareCare/CompareFacilities.aspx.

Purpose statement

The purpose of this study was to address a potential gap in nursing practice by developing a policy for use of an oral assessment tool and evidence-based guidelines for oral care for the hospitalized care-dependent adult outside of the intensive care unit setting. The health system did not have an evidence-based policy and procedure outlining assessment, assessment tool, or standardized practice guidelines for providing oral care to the hospitalized care-dependent adult outside of the intensive care unit setting. The lack of standardized evidence-based processes provided an opportunity for gaps in nursing practice.

Goals and outcomes

The goal of this study was to reduce the risk of aspiration for care-dependent adults by developing a policy for use of an oral assessment tool and evidence-based guidelines for oral care to guide nursing practice to ensure higher quality oral care for care-dependent adults outside of the intensive care unit setting. The outcome of this study was to create a process so that care-dependent adults outside of the intensive care unit setting received an oral assessment daily, or every shift, as determined by the oral assessment score with care provided according to the practice guidelines to reduce the risk of aspiration. Operationalized, the outcome is measureable with documentation in the medical record.

Theoretical foundations of the project

The theoretical foundations of relationship-based care and the logic model guided the study. Relationship-based care is a model that recognizes that the provision of health care occurs using fundamental relationships. The three fundamental relationships recognized in the model are the provider's relationship with patients and families, the provider's relationship with his or her own self, and the provider's relationship with colleagues.[10] Relationship-based care provides a model for implementing change that focuses on inspiration, infrastructure, evidence, and education. The basic context of the model is that people will fully participate in change when they are inspired to believe they add value to processes, contribute to a vision, have the appropriate infrastructure to support the vision and operationalize it, have education to perform at the highest capacity, and have clearly articulated goals for outcomes that will demonstrate evidence of desired change. The relationship-based care model will be useful to support a sustainable change in practice that this project created.

The logic model was helpful for project planning. The model uses a visual approach for project management to identify a realistic flow to projects by identifying the goals of a study, necessary resources or inputs to meet the goals, the processes or outputs needed to achieve the goals, and the outcomes of the study including the study's impact or measureable results.[11]