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Original Study

Implementing Oral Care Practices and Policy Into Long-Term Care: The Brushing up on Mouth Care Project

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A B S T R A C T

Background: Optimal mouth care is integral to the health and quality of life of dependent older adults.Yet, a persistent lack of adequate oral care in long-term care (LTC) facilities exacerbates the burden of disease experienced by residents. The reasons for this are complex and create enormous challenges for care providers, clinicians, and administrators dedicated to comprehensive high quality care.
Objective: The aim of this study was to develop, implement, and evaluate a comprehensive program for daily mouth care for LTC.
Design: A case study design using a participatory and qualitative approach examined how individual, organizational (workplace practices and culture), and system factors (standards and policy) influenced the development and implementation of a comprehensive program to improve the delivery of daily oral care in LTC.
Setting and Participants: The research was undertaken in 3 LTC residences administered under the same health authority and included personal care providers, nurse managers, and directors of care.
Intervention: A comprehensive program for care providers including, education, resources, and organizational guidelines, to improve the delivery of daily mouth care to LTC residents was created, rolled out, and refined over a 12-month period.
Measurements: Data was collected through diary studies, targeted interviews, field notes, oral care activities records, site team meetings, and direct feedback from members of the care team.
Results: The oral care intervention resulted in a heightened awareness, support and greater efficiency amongst care team. The presence of a "champion" was a key feature for sustaining processes. Management had a clear role to play to ensure support and accountability for the intervention.
Conclusions: Optimizing oral care in long-term care can be achieved through an integrated approach that includes education, provision of resources, an oral care champion, support from managers and administrators, and appropriate organizational policy.

Older adults who reside in long-term care (LTC) endure higher rates of oral disease compared with those who live in the community.[1–3] Oral health status among older adults who are functionally dependent is poor[4–8] especially for those with dementia.[9] Dental diseases, combined with poor oral hygiene, can result in localized infection, pain, and dysfunction.[4,5,10] Poor oral health is associated with systemic conditions such as diabetes,[11,12] increased risk of respiratory infections,[13–16] under-nutrition, and weight loss,[17,18] and has a negative impact on eating, speaking, and socializing.[19,20] Despite

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these consequences, oral care in LTC is often a low priority that is excluded from comprehensive personal care goals[21,22] and the organizational and policy structures required to support them.[23–25]

Poor oral hygiene and rates of oral disease in LTC residents are escalating in tandem with 2 trends: the proportion of residents with advanced frailty and dementia is increasing[23,25,26] as is the proportion who are maintaining their natural teeth.[6,27,28] This creates a pressing need for LTC staff to be supported with appropriate care planning, education, and resources to identify and respond to residents' oral health needs.[21,22,29] Some studies have demonstrated improvement in both personal care provider practices and oral health status of LTC residents following educational interventions directed towards care providers,[30–32] whereas others have not.[24,33] A better understanding of experiences, attitudes, and behaviors of personal care staff[34–36] as well as cultural and organizational influences[23–25] is shedding new light on a complex array of factors influencing oral care for residents in long-term care. The purpose of this qualitative research project was to respond to the need for an interdisciplinary approach to optimize daily mouth care for the benefit of dependent older adults through appropriate education,[34,37] personal mouth care resources and practices,[22,25,38] and organizational policy.[21,23,24]

A collaborative team that involved researchers, practitioners, and decision-maker partners,[39,40] developed a comprehensive program to operationalize current best practices for daily mouth care[38,41,42] into both organizational policy and personal care practices in multiple LTC settings. This article describes the implementation of the program and addresses the research query, "What are the individual, organizational and system factors that need to be considered in developing and implementing a program to optimize the delivery of daily oral care in long-term care?"

Methods

Research Team

The team consisted of health professionals and researchers (dentistry and dental hygiene, nursing, geriatric medicine, dietetics, health promotion); stakeholders from government (Departments of Seniors and Health and Wellness); the community college system (responsible for educating personal care providers and licensed practical nurses); and a provincial health and community services association that spans the health continuum, including medical directors.

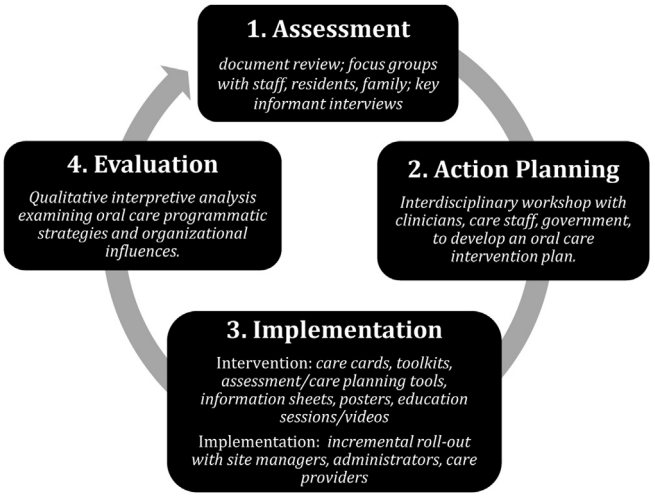

Fig. 1. Program planning cycle.

Study Design and Setting

A case study design using a participatory approach and qualitative methods for data collection and analysis examined how individual (personal care providers, nurse managers, and directors of care), organizational (workplace practices and culture), and system factors (standards and policy) influenced the development and integration of a comprehensive program for daily oral care in LTC. The "organization" was the unit of analysis. The research sites consisted of 3 small and geographically distinct rural LTC residences in eastern Canada that were administered under the same health authority. Care teams consisted of care staff (personal care staff, licensed practical nurses, and registered nurses), a nurse manager, and 2 health service administrators. The overall number of personal care staff/residents in the 3 sites was 24/25, 29/28, and 45/40. Managers and administrators informed research goals and strategies, provided access to the sites, and assisted with interpretation of findings. Managers facilitated

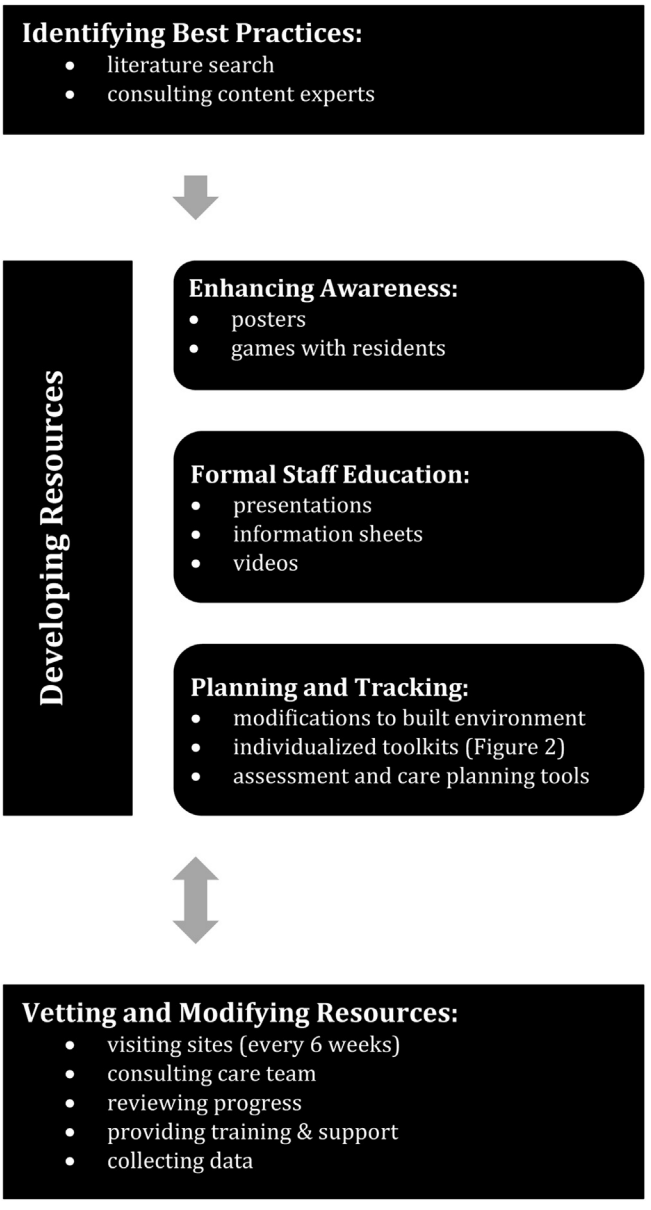

Fig. 2. Implementation phase: Steps taken to develop, implement, evaluate and modify the 'Brushing Up on Mouth Care' program in 3 research sites.