ISDH - Irish Society for Disability & Oral Health

Annual Special Care Dental Professional Award 2014

Project Title- Breaking through oral health barriers in Palliative care

Details;

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Breaking through oral health barriers in Palliative care

Abstract

There is a special needs area of oral health that is untouched in Ireland today - Palliative Care.

Breaking down the barriers of oral health for special needs groups is so important and in this article we look at the oral health challenges faced at end of life care. We look at how these are overcome, how a lot of these can be prevented and how to manage their symptoms through hygiene intervention and education.

From a personal experience, having lost a loved one and seeing the oral health side effects from end of life care, I decided to volunteer my services at the local hospice.

At Our Ladies Hospices Blackrock and Harold's Cross I met with the staff and nursing training development team. At the hospice we discussed what would be the best way to approach oral care training. It was decided to do a six month trial of oral care training sessions with the staff, nurses, and carers of the hospice.

The plan/ program was designed which focussed on giving the carers and nurses the necessary skills and tools to provide proper oral health advice and care to patients and their families. Each person was given a certificate at the end the oral care training session for attendance at the program and an evaluation sheet to fill in after each session (Appendix1).

Aims

- To improve the skills of hospice staff in providing oral health care for residents.
- By increasing their knowledge on oral health education and promotion.

Objectives

- Develop Model of Good Practice
- Develop structured training programme for nurses and health care assistants.
- Oral health box for every patient. Oral health aids for special needs-long handled reachers, soft headed brushes, Dr. Barmans brush,etc...
- Provide denture marking
- Ongoing Evaluation

Background

Palliative Care is defined as an approach that improves the quality of life of patients and their families facing the problems associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. (WHO, 2002).

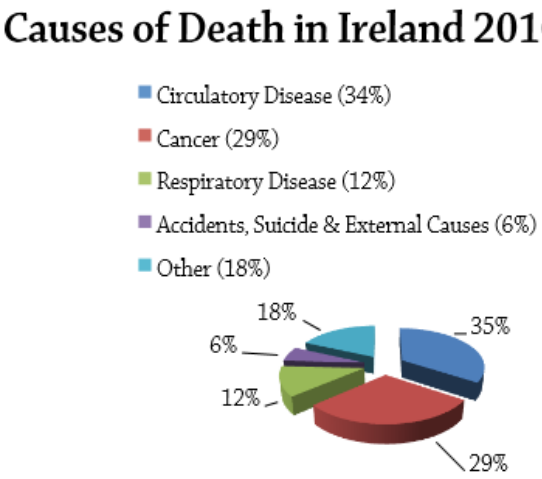


Figure 1: Causes of death in 2010 CSO

The National Cancer Registry has predicted that the number of cancers diagnosed in Ireland will almost double between 1998 and 2020.Looking at the above table taken from the Central Statistics Office we can see that cancer accounted for 29% of deaths in 2010.

Pain and symptom management is one of the main objectives of palliative care. The majority of people that are admitted to the palliative care or hospice service are living with advanced cancer related problems, but it also includes people with Motor Neuron Disease and Auto Immune Deficiency Syndrome.

In St. James Hospital Dublin in 2011 25,168, in house- patients were treated. Of that figure 948 patients were palliative care referrals between St. James and Our Ladies Hospice Harold's Cross.

Palliative Care falls into a special needs group. What we mean by special needs groups are people who through no fault of their own are at higher risk of developing dental disease or find it difficult to manage oral health procedures.

Oral health issues that are experienced from the hospice at the end stages of life include:

- Dysphasia [difficulty in swallowing]
- Nutrition and taste problems
- Xerostomia [main issue to provide oral assistance]
- Thick mucus
- Thrush
- Difficultly in speaking
- Denture related issues
- Nausea and vomiting
- Mucositis [severe ulcerations brought on by oncology treatment]
- Stomatitis

Palliative oral care focuses on strategies for maintaining quality of life and mouth comfort. As oral lesions are indicators of disease progression, the oral cavity can be a window to overall health. Early clinical diagnosis of the oral lesions or conditions in the palliative patients should be done and appropriate actions must be instituted to minimize pain and suffering by giving the symptomatic relief.

Complications with Palliative Care Patients & the links to General and Oral Health

Diseases	Link with Oral health	Oral health example
Terminal Cancer patients Dry mouth through radio/chemo therapy	Caries Candidosis Impaired mastication/speech Mucostis	Has huge effects from the palliative care setting leading to decrease nutrition often requiring feeding tubes and results in early mortality
Visual /Blindness	Bleeding gums Caries Poor oral hygiene White lesions leuophika	As the body shuts down a patient may experience sight loss & without sight needs to have their mouth checked & cleaned regularly.
Mental illness Stroke	High levels caries Poor oral hygiene Periodontal disease Chewing difficulties Pain Mastication/speech	A person with a mental illness or stroke [brought on by the cancer]may not be able to communicate and/or may not have the manual dexterity to brush.
Weight loss leading to other systemic disorders	Edentulous patients	In the elderly /palliative home care community team needs to be aware of poor fitting dentures as they can be responsible for dramatic weight loss.

People at end -of -life care require specialised attention regarding their oral health.

General health and comfort are linked closely with oral health in the terminal stages of an Illness and 89% of people in a hospice setting or attending palliative care treatment will have at least one if not many oral health care symptoms.

Oral problems are common complications of cancer treatments, and are highly prevalent in palliative care patients.

The Palliative Oral Care Program - Breaking down the barriers

A preventive dental unit is a place where oral health education and advice can be given. It can be a private room or counter top area behind a screen, where individuals or small groups can be spoken to without interruption.

At the hospice prevention, although not primary, is so important to keep the patients pain - free and give them the best possible comfort.

In the hospice we were lucky enough to get a private training room in their education centre. Here a preventive dental training table /zone was set up, targeting the following issues on next page to meet our aims of the program- quality care, free of pain and infection individuals are comfortable, mouth moist and clear from dental plaque, calculus or food debris. The Program was an interactive workshop with lots of oral health stations and interaction targeting the key issues experienced by patients there. A presentation on palliative care and oral health was given as part of the training.

It was a source of advice and training in a non-clinical area.

The programme ran for a one and half hour session every two weeks. An oral care health tool was formed using a traffic light system using [chambers 2004] as a guide on all the wards as a method of recording all the data. (Appendix2).This was designed for nurses and carers on the wards to record data when oral hygiene was done, if they refused, if they had any oral problems .Each oral health tool gave a number score system in relation to the overall health of the oral cavity at that time of day. An oral health box was given to every patient also with oral hygiene aids.

Daily Oral Cavity Assessment Tool

Oral Health Maintenance: Maintenance & promotion of oral hygiene and dental health for the patient at risk for developing oral & dental lesions

Daily Oral Care Assessment			
	Score 1	Score 2	Score 3
Voice	Normal	Deeper or raspy	Difficulty talking or painful
Lips	Smooth, pink, moist	Dry, cracked	White/red patches/ulcers, swollen
Tongue	Normal	Loss of papillae, shiny appearance, dry or coated	Blistered, cracked, White/red patches/ulcers, swollen. Candida present
Gums	Smooth, pink, moist	Dry, shiny, red, swollen	White/red patches/ ulcers, swollen, bleeding
Mouth lining	Smooth, pink, moist	Dry, shiny, red swollen, coated	White/red patches/ulcers, swollen. Candida present
Saliva	Watery	Little present	No saliva present
Natural teeth/ Dentures	Intact Well fitted		Roots present, broken teeth, obvious decay. Loose, worn or broken
Oral cleanliness	No problem	Food particles, bad breath	A large amount of food particles &/or plaque, severe bad breath
Dental pain	None		Physical signs of pain (swelling), reports dental pain

Oral care assessment and management must occur twice daily and documented	
Score 9:	Continue with oral care twice daily
Score 10-12:	Increase oral care as indicated & tolerated by patient/ resident. Consider review by doctor/RNP/dentist
Score 13-27:	For review by doctor/RNP/dentist and increase oral care as indicated & tolerated by patient/resident

The Oral care Tool box

Each patient was given an Oral Health tool box including –Dr.Barman's three headed brush, soft toothbrush, swabs, Gauze, chlorhexidine and fluoride rinses, denture cleaner and a labelled box for the patients dentures.

This gave the nurses and the staff a place to put all the oral health materials when using them for oral hygiene instruction. It also was more hygienic and complied with cross infection control regulations.

Stations at the Preventive Program

Basic Oral Hygiene Instruction

- Bass method Brushing- Soft 30mm head toothbrush, mouth model, Demo Brush, Two minute timer.
- Flossing- Flossing Technique, Floss, Flossers, Interdental aids.
- Cleaning the Oral Cavity- Plaque control-Stagnation areas -Brushing may not be possible if the patient is near the end of life so cleaning with gauze and the removal of any debris is so important.
- Oral cancer awareness –Know the signs and symptoms

Nutrition and Dietary Advice

- Sugars in the diet -Caries Prevention –Sugar display table showing various sugars in products.
- Eating healthy-Display showing healthy snacking options and the timing of snacking. 1-2-1 Dietary sheets.
- Dental erosion prevention-Diet advice on extrinsic/intrinsic sugars and acidity.
- Portion control- Display showing what is a portion size
- Harvard eating plate- General dietary advice print out of the eating plate laminated.

Fluorides

- Segmented to the different age groups- [0-6] [6-2] [2-7] Years as palliative patients can be any age.
- Systemically it is in our water supply -Information
- Toothpastes and mouth rinses-Topically .Show concentration in mouthwashes and toothpastes. Duraphat 2800 & 5000ppm.Use of high fluoride toothpaste for those patients at risk of radiation caries, etc dry mouth resulting in gross caries etc..

Palliative Related -Issues Special needs

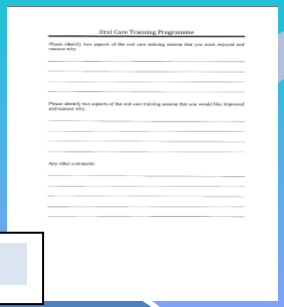
- Oral health aids for special needs-long handled reachers, soft headed brushes, Barmans brush,etc...
- Hydration –Importance of keeping hydrated and sipping water regularly.
- Oral candida – Use of ***mycostatin*** on an oral dropper for oral thrush.
- Nutrition –Advice on soft denture friendly foods, foods on sore mouths
- Dry mouth-Advice on keeping the mouth moist-sipping water ,advice and use of saliva substitutes
- Denture Care- Denture cleanliness, tagging dentures, interactive workshops with elderly people and carers, Dr. Barmans brush, soft 30mm brush, advice for edentulous patients & dentate patients.
- Oral Problems –Use of chlorhexidine, angular cheilitis, denture stomatis etc.. Smoking Cessation –Information, Chart, medications mouth models, Free HSE programmes.

The Program

Our oral health aims for a palliative care patient include quality care, free of pain and infection, individuals are comfortable, mouth moist and clear from dental plaque, calculus or food debris.

Aim

Our Research was taken to support The Ottawa Charter by (WHO 1986), Creating a supportive environment, and to strengthen community actions and developing personal skills. It also supports building public policies and the links to general and oral health and palliative care issues.

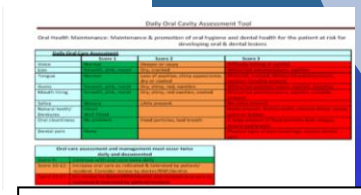


Evaluation Sheet

Conclusion & Results

Oral Health Hospice Programme

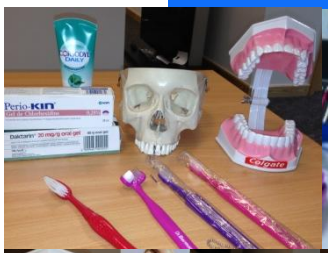
Objectives

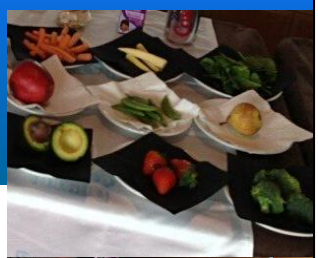


Chambers Oral Health Tool

Venue –Education centre at the hospice

Programme





Diet and Nutrition Station - **Showing high sugar foods, but focusing also on soft easy to swallow nutritious food for palliative patients.**

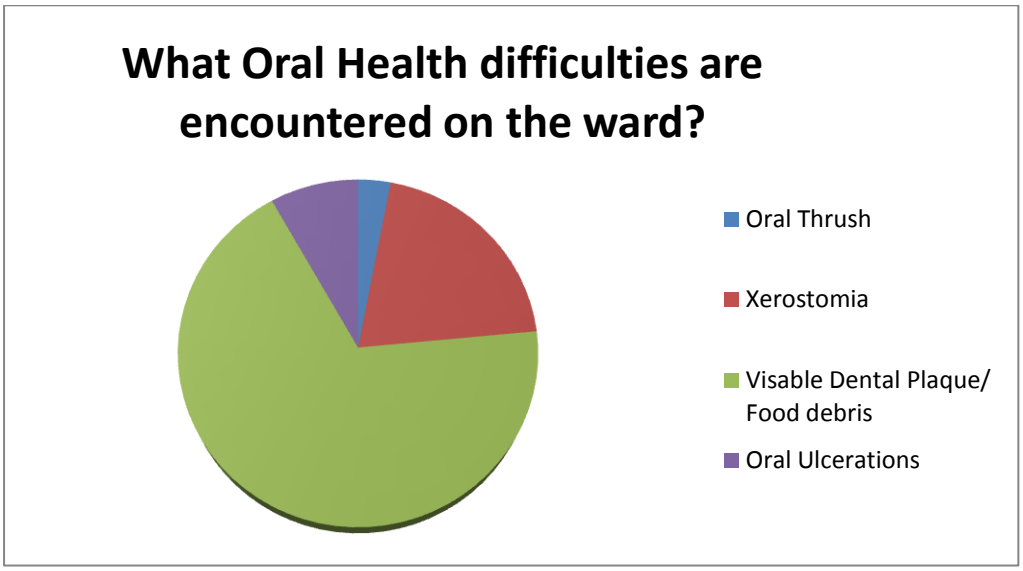
Oral Health Stations -

- **Dry Mouth**
- **Smoking Cessation**
- **Special needs Oral hygiene Aids**

Results

Oral care Training at the hospice

After training a total of 66 staff at the hospice which ranged from healthcare assistants to specialist nurses. The nurses were asked to do a pre and post questionnaire where they identified the following issues on the wards that they most frequently encountered. Dry mouth and dental debris were amongst the highest.



Six months after the training was completed with the Chambers recording tool in place on all the wards sample sizes of 30 cases were looked at. [Sample n=30]

The charts from 30 patients highlighted the low awareness of oral health care prior to training. Visible food debris in the oral cavity had decreased on the ward due to the increased knowledge on oral health aids and techniques from the training workshop. From the charting notes dry mouth was found to be managed better with fewer patient's complaints and more notes on the patient's oral health feeling comfortable through better xerostomia management.

Evaluation

Evaluation of the program is still on- going with pre and post questionnaires being given before and after each session. The evaluation sheets that were given highlighted a low level of oral health awareness prior to the training. The staff are very positive about the training program.

Conclusion

There is no doubt that the link with palliative care and oral health & disability is strong.

After looking at all the evaluation sheets given after each session the feedback was very positive from the information gathered. The sessions were carried out monthly afterwards due to so much ongoing general nursing training and cut backs with the nurses themselves.

Every feedback sheet had positives to say including that it was a plus being an inter-active display and that most nurses and carers weren't aware of the special oral hygiene aids that were made available to them.

The results from the Oral Health Tool [Chambers 2004], show a decrease in xerostomia and better oral hygiene in palliative care patients. This improves not just their oral health but general health. Different challenges must be overcome to keep patients, free of pain and infection, to make sure that individuals are comfortable, there mouth is kept moist and clear from dental plaque, calculus or food debris thus breaking through the barriers of oral health and palliative care.

Palliative care and oral health has no dedicated oral health promotion staff in Ireland and there are little resources available. I would love to show case the work so people could be made aware and other places of palliative care could share the oral health resource programme.

This study showed a lack of oral health awareness among staff in a palliative care setting. The study showed increased knowledge among staff after training and an audit of case notes showed a sustained improvement in patient's oral comfort after the training.

Acknowledgements

The palliative care team at

Our Lady's Hospice
Harold's Cross
Dublin 6W

Blackrock Hospice
Sweetman's Avenue
Blackrock
Co. Dublin

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- The Irish Association for Palliative Care (IAPC)
- Colour Atlas Of Oral Diseases -George Laskaris
- The National Cancer Registry

Appendix 1

Oral Care Training Programme

Please identify two aspects of the oral care training session that you most enjoyed and reasons why.

Please identify two aspects of the oral care training session that you would like improved and reasons why.

Any other comments:

Appendix 2

Daily Oral Cavity Assessment Tool

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