

Background

- The completion of oral care is one of the simplest ways to decrease patient's risk of developing Non Ventilator Hospital acquired pneumonia (NV-HAP)
- On average, a single case of Hospital Acquired Pneumonia results in:
 - An additional **7 to 9 days** of care in the hospital
 - \$10,000-\$40,000** accrued in medical costs, and places the patient at **8.4 times** more likely to die during hospitalization
- Nurses and technicians often times either forget to chart the occurrence of the care, or forget to provide the care altogether
- Oral care is not only a critical component in preventing hospital acquired conditions such as pneumonia, thrush, and sores, but it is also vital in maintaining integrity and improving patient satisfaction

Practice Change

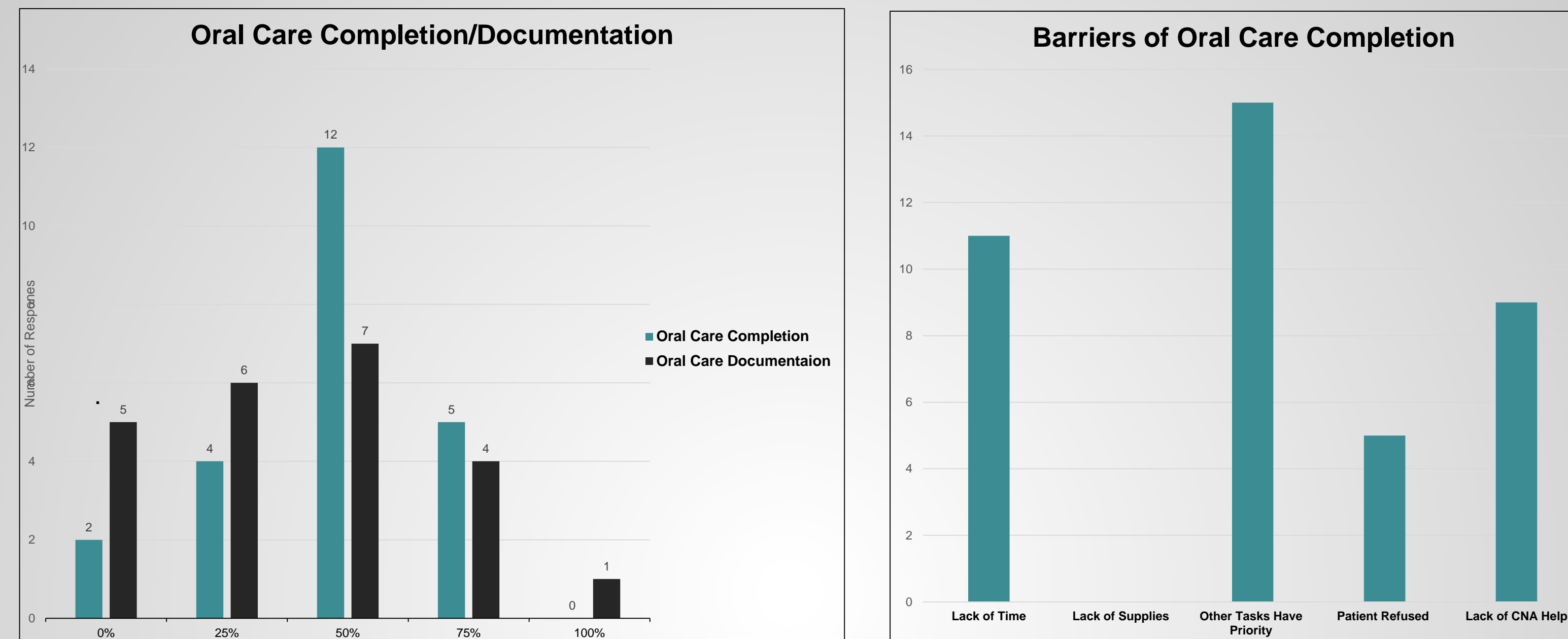
Increase registered nurse's (RN's) knowledge of integrating oral care and documentation in daily clinical practice.

Methods

- Administered anonymous paper pre-surveys to RNs.
- Presented educational pamphlets for RN's to review individually.
- Anonymous post-surveys administered two weeks after education

Measures and Results

Pre-Survey Results (n=23)



Educational Pamphlet

DID YOU KNOW?

Without regular oral care, bacteria in the mouth become more pathogenic over time.

Non Ventilator Hospital Acquired Pneumonia (NV-HAP) occurs when patients micro-aspirate that pathogenic oral bacteria into their lungs.

NV-HAP affects more people than Ventilator Acquired Pneumonia (VAP).

Patients who acquired NV-HAP are 8.4 times more likely to die during hospitalization, and 8 times more likely to require mechanical ventilation than patients who avoid this hospital acquired infection.

References

Baker, D., & Quinn, B. (2018). Hospital acquired pneumonia prevention initiative 2: Incidence of nonventilator hospital-acquired pneumonia in the United States. *American Journal of Infection Control*, 43(2-3).

Chippa, E. M., Kearney, R., MacDermott, J., Vieger, T., Calvitti, K., Landers, T. (2016). Outcomes of an oral care protocol in post mechanically ventilated patients. *Worldviews on Evidence-Based Nursing*, 13(2), 102-111.

Coke, L., Otten, K., Staffileno, B., Minarich, L., & Nowiszewski, C. (2015). The impact of an oral hygiene education module on patient practices and nursing documentation. *Clinical Journal of Oncology Nursing*, 19(1), 75-80.

Hiroko Kiyoshi-Teo, & Sogano, M. (2015). Influence of institutional guidelines on oral hygiene practices in intensive care units. *American Journal of Critical Care*, 24(4), 309-317.

Jenson, H. (2018). Improving oral care in hospitalized non-ventilated patients: Standardizing products and protocol. *MEDSURG Nursing*, 27(1), 38-45.

ORAL CARE GRANT 6

REASONS TO COMPLETE ORAL CARE TWICE DAILY

- 01 It prevents Hospital Acquired Pneumonia.
- 02 It increases patient comfort and satisfaction.
- 03 At home most people brush their teeth at least twice daily. This is a basic activity of daily living (ADL).

OUR GOAL

Ensure teeth brushing, oral care with green swabs, and/or denture care is completed and documented on every shift.

OUR PLAN

You will start to notice laminated **check boxes** next to the whiteboards in patient rooms, please check them off once oral care is completed each shift.

Green swabs are a great alternative that qualify as oral care in instances where teeth brushing is not indicated, such as for the gums of patients without teeth or for our comfort care patients.

Studies have shown that introducing an oral care protocol on acute care floors decrease NV-HAP rates by **38.8% - 70%**.

Eastern Maine Medical Center currently does not have an oral care Patient Care Directive for medical/surgical units.

We know the biggest barrier is TIME... we need your help!

Don't forget to document oral care either completed or refused in the "Patient Care" section of iView.

Summary/Discussion

- Next Steps:**
 - Create and implement an oral care protocol
 - Follow and track patient who have developed a healthcare acquired illness such as pneumonia or thrush to determine if oral care has been provided a minimum of twice a day
 - Continue to provide education to RNs and CNAs working in the clinical setting
- Barriers of this Study:**
 - Lack of time to complete a post survey
 - Lack of means to provide alternative tools to complete oral care, including pre moistened swabs or suction swab kits.

Conclusion

- Rates of health care acquired conditions such as pneumonia, thrush, and sores can be lowered with the completion and documentation of oral care a minimum of twice a day
- The largest barriers to oral care completion were identified to be a lack of time, a lack of CNA help, and other nursing tasks taking priority over oral care.
- Written education provided to RNs will help outline why oral care should be a priority in the clinical setting.
- Post education results pending.

References

Chippa, E. M., Carr, M., Kearney, R., MacDermott, J., Vieger, T., Calvitti, K., Landers, T. (2016). Outcomes of an oral care protocol in post mechanically ventilated patients. *Worldviews on Evidence-Based Nursing*, 13(2), 102-111.

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