

# Oral Health for Frail Older Adults

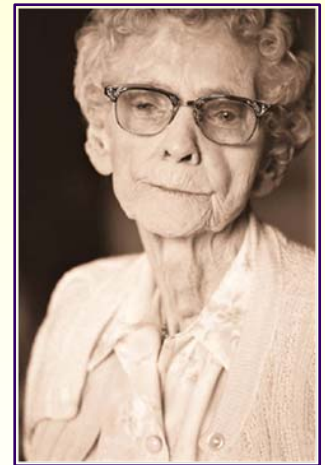
Introduction to Oral Health

## Oral Health Assessment Tool and Care Plan

Mary-Lou van der Horst

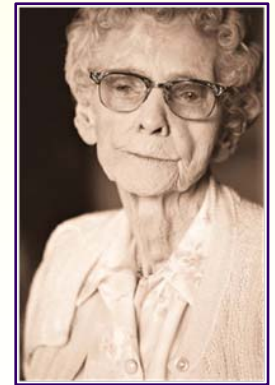
Donna Scott

January 26, 2009



# Learning Objectives

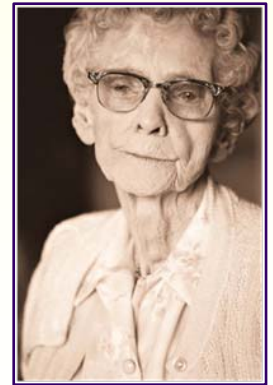
- To become familiarized with the OHAT (Oral Health Assessment Tool) oral screening tool
- To review an oral care plan designed for older adults



# Current Oral Health Practices

1. What **oral** health assessment tool are you currently using?

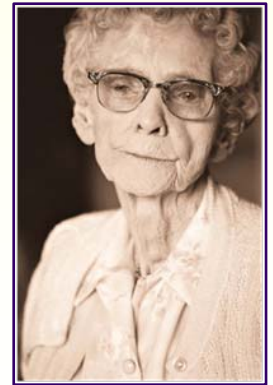
- OHAT Tool
- RAI-MDS
- Other
- None



# Current Oral Health Practices

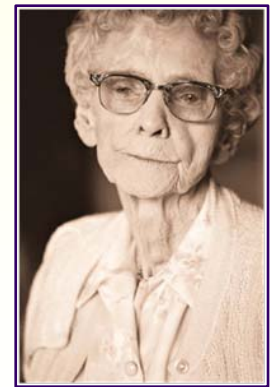
2. Do you use **oral care plans** to communicate oral care strategies?

- Yes
- No



# Oral Health Assessment Tool (OHAT)

- Developed by Chalmers (2004) for the LTC sector
- Adapted to Ontario LTC sector in 2007 and primary care sector in 2008
- Directs non-dental care staff through oral assessment and identifying normal/abnormal findings
- Assists in decision-making and referrals



# Oral Health Assessment Tool

## ORAL HEALTH ASSESSMENT TOOL (OHAT) for NON-DENTAL PROFESSIONALS

Primary Care

Patient/Client: \_\_\_\_\_

Initial assessment

Repeat assessment  1  2

Date: \_\_\_\_\_

NOTE: A Star \* and underline indicates referral to an oral health professional (i.e. dentist, dental hygienist, denturist) is required.

Category	0 = healthy	1 = changes	2 = unhealthy	Score	Action Required	Action Completed
<b>Lips</b>	Smooth, pink, moist	Dry, chapped, or red at corners	<u>Swelling or lump, white/red/ulcerated patch; bleeding/ ulcerated at corners*</u>		1=intervention 2 =refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Tongue</b>	Normal, moist, pink	Patchy, fissured, red, coated	<u>Patch that is red and/or white, ulcerated, swollen*</u>		1=intervention 2 =refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Gums and Tissues</b>	Pink, moist, Smooth, no bleeding	<u>Dry, shiny, rough, red, swollen around 1 to 6 teeth, one ulcer or sore spot under denture*</u>	<u>Swollen, bleeding around 7 teeth or more, loose teeth, ulcers and/or white patches, generalized redness and/or tenderness*</u>		1 or 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Saliva</b>	Moist tissues, watery and free flowing saliva	Dry, sticky tissues, little saliva present, resident thinks they have dry mouth	<u>Tissues parched and red, very little or no saliva present; saliva is thick, ropey, resident complains of dry mouth*</u>		1=intervention 2 =refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Natural Teeth</b> <input type="checkbox"/> Y <input type="checkbox"/> N	No decayed or broken teeth/ roots	<u>1 to 3 decayed or broken teeth/roots*</u>	<u>4 or more decayed or broken teeth/ roots, or very worn down teeth, or less than 4 teeth with no denture*</u>		1 or 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Denture(s)</b> <input type="checkbox"/> Y <input type="checkbox"/> N	No broken areas/ teeth, dentures worn regularly, name is on	1 broken area/tooth, or dentures only worn for 1-2h daily, or no name on denture(s)	<u>More than 1 broken area/tooth, denture missing or not worn due to poor fit, or worn only with denture adhesive*</u>		1 = ID denture 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Oral Cleanliness</b>	Clean and no food particles or tartar on teeth or dentures	Food particles/ tartar/ debris in 1 or 2 areas of the mouth or on small area of dentures; occasional bad breath	<u>Food particles, tartar, debris in most areas of the mouth or on most areas of denture(s), or severe halitosis (bad breath)*</u>		1=intervention 2 =refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Dental Pain</b>	No behavioural, verbal or physical signs of pain	<u>Verbal and/or behavioural signs of pain such as pulling of face, chewing lips, not eating, aggression*</u>	<u>Physical signs such as swelling of cheek or gum, broken teeth, ulcers, 'gum boil', as well as verbal and or behavioural signs*</u>		1 or 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO

Completed by: \_\_\_\_\_

REFERRAL  Referral to oral health professional Date \_\_\_\_\_ Name \_\_\_\_\_  
 INTERVENTIONS  Chronic disease management  Acute illness management  Medication review  Patient/Client/Family education  
 Referral to health professional  MD  Nurse/NP  Dietician  OT  SW  Community worker  Other

### NOTES:

2008 September modified with permission from Dr. Chalmers  
 Downloaded: [www.rgpc.ca](http://www.rgpc.ca) or [www.halton.ca](http://www.halton.ca)  
 ML van der Horst, D Scott, D Bowles



# Oral Health Assessment Tool

## ORAL HEALTH ASSESSMENT TOOL (OHAT) for LONG-TERM CARE

Resident: \_\_\_\_\_

Nursing Admission  Quarterly  1  2  3

Date: \_\_\_\_\_

NOTE: A Star \* and underline indicates referral to an oral health professional (i.e. dentist, dental hygienist, denturist) is required.

Category	0 = healthy	1 = changes	2 = unhealthy	Score	Action Required	Action Completed
Lips	Smooth, pink, moist	Dry, chapped, or red at corners	Swelling or lump, white/red/ulcerated patch; <u>bleeding or ulcerated at corners*</u>		1=inter-ventor 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tongue	Normal, moist, pink	Patchy, fissured, red, coated	<u>Patch that is red under white, ulcerated, swollen*</u>		1=inter-ventor 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gums and Tissues	Pink, moist, smooth, no bleeding	<u>Dry, shiny, rough, red, swollen around 1 to 6 teeth, one ulcer or sore next to one denture*</u>	<u>Swollen, bleeding around 7 teeth or more, loose teeth, ulcers and/or white patches, generalized redness under dentures*</u>		1 or 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Saliva	Moist tissues, watery and free flowing saliva	Dry, sticky tissues, little saliva present, resident thinks they have dry mouth	<u>Tissues parched and red, very little or no saliva present, saliva is thick, rooky, resident complains of dry mouth*</u>		1=inter-ventor 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Natural Teeth <input type="checkbox"/> Y <input type="checkbox"/> N	No decayed or broken teeth/ roots	<u>1 to 3 decayed or broken teeth/roots*</u>	<u>4 or more decayed or broken teeth/ roots or very worn down teeth or less than 4 teeth with no denture*</u>		1 or 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Denture(s) <input type="checkbox"/> Y <input type="checkbox"/> N	No broken areas/teeth, denture worn regularly and same is on	1 broken area/teeth, or denture only worn for 1 to 2 hours daily, or no name on denture(s)	<u>More than 1 broken area/teeth, denture missing or not worn due to poor fit, or worn only with denture adhesive*</u>		1 = ID denture 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Oral Cleanliness	Clean and no food particles or tartar on teeth or dentures	Food particles/ tartar/ debris in 1 or 2 areas of the mouth or on small area of denture; occasional bad breath	Food particles, tartar, debris in most areas of the mouth or on most areas of denture(s), or severe halitosis / bad breath*		1=inter-ventor 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dental Pain	No behavioural, verbal or physical signs of pain	<u>Verbal and/or behavioural signs of pain such as pulling of face, chewing lips, not eating, aggression*</u>	<u>Physical signs such as swelling of cheeks or gum, broken teeth, ulcers, 'gum boil', as well as verbal and or behavioural signs*</u>		1 or 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO

Completed by: \_\_\_\_\_

### FOLLOW UP

- Oral Hygiene Care Plan - Date: \_\_\_\_\_  Oral Health Assessment to be repeated on - Date: \_\_\_\_\_  
 Person and/or family/guardian refuses: a)  Referral - Date: \_\_\_\_\_ b)  Dental Treatment - Date: \_\_\_\_\_

**Minimum Data Set (MDS) 2.0<sup>®</sup>  
Canadian Version**

MDS 2.0 Form  
Copyright © InterRAI Corporation 1997, 1999  
Canadianized Items Copyright © CIHI, 2002

**FULL ASSESSMENT**

# RAI- MDS

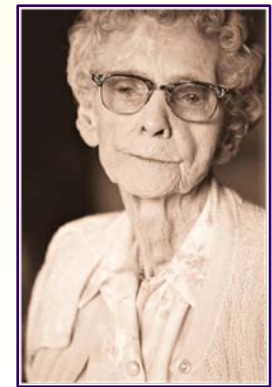
**SECTION K: ORAL/NUTRITIONAL STATUS**

K1	ORAL PROBLEMS	<i>(Check all that apply in LAST 7 DAYS.)</i>			
		a. Chewing problem	a	c. Mouth pain	c
		b. Swallowing problem	b	d. <i>NONE OF ABOVE</i>	d

**SECTION L: ORAL/DENTAL STATUS**

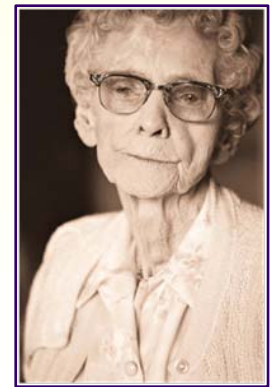
L1	ORAL STATUS AND DISEASE PREVENTION	<i>(Check all that apply in LAST 7 DAYS.)</i>	
		a. Debris (soft, easily removable substances) present in mouth prior to going to bed at night	a
		b. Has dentures and/or removable bridge	b
		c. Some or all natural teeth lost—does not have or does not use dentures (or partial plates)	c
		d. Broken, loose, or carious teeth	d
		e. Inflamed gums (gingiva); swollen or bleeding gums; oral abscesses, ulcers or rashes	e
		f. Daily cleaning of teeth or dentures, or daily mouth care—by resident or staff	f
		g. <i>NONE OF ABOVE</i>	g

- *Any one of these 6 RAP/CAP conditions (Dental Care or Oral Health problem) suggested if:*
  - L1a  Mouth Debris (dental care)
  - L1c  Some/all natural teeth lost and does not have or does not use dentures (oral health)
  - L1d  Broken, loose or carious teeth (oral health)
  - L1e  Inflamed gums, oral abscesses, swollen/bleeding gums/ulcers, rashes (oral health)
  - L1f  Less than daily cleaning of teeth/dentures (dental care)
  - K1c  Mouth pain (oral health)



# RAI-MDS

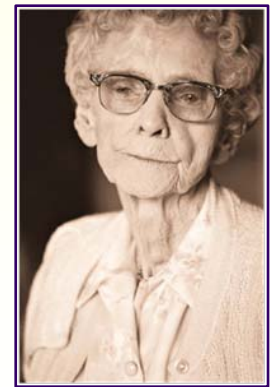
- *MDS oral items are poorly assessed*
  - *Nurses lack proper oral health assessment skills – hands-on*
  - *Nurses under-identify and are inexperienced with detection of oral/dental pain, especially in residents with dementia*
  - *Nurses do not refer to dental health professionals consistently with reported triggers*
- *Nurses underreport on the RAP*
- *Prevalence of oral/dental disease is being grossly underestimated on the MDS*
  - *Majority of LTC residents have oral care issues*
- **Use the OHAT to improve oral health assessment skills to improve nurses' accuracy of MDS assessments**
  - **Expanded in OHAT: Lips, tongue, gums, saliva, dentures**



# Oral Health Assessment Tool

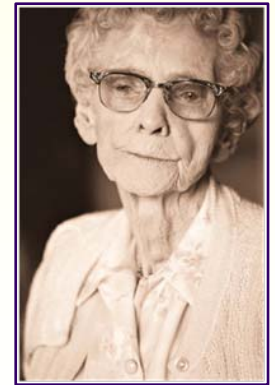
## Care Planning

- **Referral**    □ Referral to oral health professional
- **Interventions**
  - Chronic disease management
  - Acute illness management
  - Medication review
  - Patient/Client/Family education
  - Referral to health professional
    - MD   □ Nurse/NP   □ Dietician   □ SW   □ OT
    - Community worker   □ Other \_\_\_\_\_
- **Notes:** any additional information related to the assessment or follow-up plan



# Oral Care Planning

- Oral Care Plans are available to facilitate communication regarding the plan for providing oral healthcare
- Chalmers (2004) has adapted a care plan for use in LTC




# Oral Hygiene Care Plan

## ORAL HYGIENE CARE PLAN for LONG-TERM CARE

Resident:

Date:

<b>Level of Assistance Required</b>		<input type="checkbox"/> Independent <input type="checkbox"/> Some assistance <input type="checkbox"/> Fully dependent			
<b>Assessment of Natural Teeth &amp; Tissues:</b> <i>(please check)</i>	Upper	Yes	No	Root tips present	
	Lower	Yes	No	Root tips present	
	General	Indicate any other findings on chart below: 			
<b>Interventions for oral hygiene care:</b> <i>(check all that apply and indicate frequency as needed)</i>					
<input type="checkbox"/> Regular large handled toothbrush <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Use 2 toothbrush technique <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Suction toothbrush <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Regular fluoridated toothpaste <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Do not use toothpaste <input type="checkbox"/> Interproximal brush/ floss/ end tuft <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Dry mouth products _____ <input type="checkbox"/> Other:					
<b>Assessment of Dentures:</b> <i>(please check)</i>	Upper	Full	Partial	Not worn	No denture
	Name on denture:		Yes	No	
	Lower	Full	Partial	Not worn	No denture
	Name on denture:		Yes	No	
<b>Regular Barriers to Oral Care or Dental Treatment</b> <i>(check all that apply)</i>					
<input type="checkbox"/> Forgets to do oral hygiene care <input type="checkbox"/> Can't remember how to do oral care <input type="checkbox"/> Refuses oral hygiene care <input type="checkbox"/> Won't open mouth <input type="checkbox"/> Bites toothbrush <input type="checkbox"/> Can't or doesn't follow directions <input type="checkbox"/> Can't swallow properly (dysphagia) <input type="checkbox"/> Can't rinse or spit <input type="checkbox"/> Swallows all toothpastes or liquids		<input type="checkbox"/> Responsive behaviours: <input type="checkbox"/> Pushes away <input type="checkbox"/> Hits <input type="checkbox"/> Turns head away <input type="checkbox"/> Bites <input type="checkbox"/> Spits <input type="checkbox"/> Swears <input type="checkbox"/> Other _____ <input type="checkbox"/> Constantly grinding / chewing <input type="checkbox"/> Won't take dentures out at night <input type="checkbox"/> Difficulty getting dentures in or out		<input type="checkbox"/> Head faces downwards <input type="checkbox"/> Head is constantly moving <input type="checkbox"/> Dexterity or hand problems / arthritis <input type="checkbox"/> Can do some oral care but not all <input type="checkbox"/> Tired, sleepy or poor attention <input type="checkbox"/> Requires financial assistance for dental treatment <input type="checkbox"/> Other:	
<b>Completed by:</b>					

# Contact Information

**Mary-Lou van der Horst, RN, BScN, MScN, MBA**

Geriatric Interprofessional Interorganizational Consultant (GIIC)

Geriatric Nursing / Knowledge Translation Consultant

Regional Geriatric Program – Central, St. Peter's Hospital-RGPc

88 Maplewood Ave, Hamilton, ON. L8M 1W9

P: 905-541-0656

F: 519-428-1754

E: [dhm9@xplornet.com](mailto:dhm9@xplornet.com)

**Donna Scott, RN, BScN, CHRP**

Geriatric (GiiC) Resource Consultant

Regional Geriatric Program – London

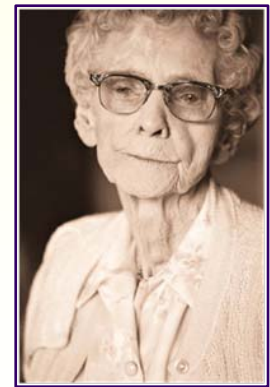
SJHC London - Parkwood Hospital

801 Commissioner's Road East

London, Ontario N6C 5J1

P: 519-685-4292 Ext. 42337

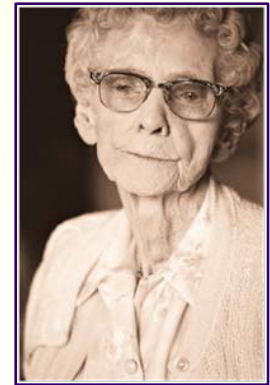
E: [donna.scott@sjhc.london.on.ca](mailto:donna.scott@sjhc.london.on.ca)



# References

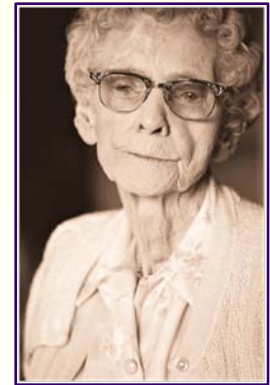
## OHAT and Related References

- Chalmers, J., Pearson, A. (2005). Oral hygiene care for residents with dementia: a literature review. *Journal of Advanced Nursing*, 52(4), 410-419.
- Chalmers, J.M., Spencer, A.J., Wright, F.A.C., & Carter, K.D. (2005). The Oral Health Assessment Tool – Validity and reliability. *Australian Dental Journal*, 50(3), 191-199.
- Chalmers, J.M., & Pearson, A. (2005). A systematic review of oral health assessment by nurses and carers for residents with dementia in residential care facilities. *Gerodontology*, 25(5), 227-233.
- Chia-Hui Chen, C., Dhyun, D.A., Li, C.Y., & McCorkie, R. (2007). A single-item approach to screening elders of oral health assessment. *Nursing Research*, 56(5), 332-338.
- Freer, S.K. (2000). Use of an oral assessment tool to improve practice. *Professional Nurse*, 15(10), 625,636-637.
- Frenkel, H.F., Harvey, I., & Needs, K.M. (2002). Oral health care education and its effect on caregivers' knowledge and attitudes: a randomised controlled trial. *Community Dentistry and Oral Epidemiology*, 30, 91-100.
- Frenkel, H., Harvey, I., & Newcombe, R.G. (2001). Improving oral health in institutionalised elderly people by educating caregivers: a randomised controlled trial. *Community Dentistry and Oral Epidemiology*, 29, 289-297.
- Isaksson, R., Paulsson, G., Fridlund, B., & Nederfors, T. (2000). Evaluation of an oral health education program for nursing personnel in special housing facilities for the elderly. Part II: clinical aspects. *Special Care in Dentistry*, 20(3), 109-113.



# References

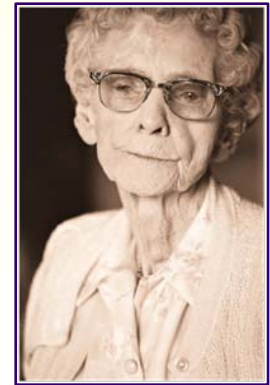
- Nicol, R., Sweney, MP., McHugh, S., & Bagg, J. (2005). Effectiveness of health care worker training on the oral health of elderly residents of nursing homes. *Community Dentistry and Oral Epidemiology*, *33*, 115-124.
- Pausson, G., Soderfeldt, B., Nederfors, T., & Fridlund, B. (2002). Nursing personnel's views on oral health from a health promotion perspective: a grounded theory analysis. *ACTA Odontol Scand*, *60*, 42-48.
- Pausson, G., Nederfors, T., & Fridlund, B. (1999). Conceptions of oral health among nurse managers. A qualitative analysis. *Journal of Nursing Management*, *7*, 299-305.
- Preston, A.J., Punekar, S., & Gosney, M.A. (2000). Oral care of elderly patients: nurses' knowledge and views. *Postgrad Med J*, *76*, 89-91.
- Pyle, M. A., & Stoller, E.P. (2003). Oral health disparities among the elderly: Interdisciplinary challenges for the future. *Journal of Dental Education*, *67*(12), 1327-1335.
- Wardh, I., Hallberg, L., Berggren, U., & Sorensen, S. (2003). Oral health education for nursing personnel: experiences among specially trained oral care aides: One-year follow-up interviews with oral care aides at a nursing facility. *Scandinavian Journal of Caring Science*, *17*, 250-256.
- Wardh, I., Hallberg, L.R.M., Berggren, U., Andersson, L., & Sorensen, S. (2000). Oral health care: A low priority in nursing. *Scand J Caring Sci*, *14*, 137-142.
- Wardh, I., Andersson, L., & Sorensen, S. (1997). Staff attitudes to oral health care. A comparative study of registered nurses, nursing assistants and home care aides. *Gerodontology*, *14*(1), 28-32.



# References

## MDS References

- Arvidson-Bufano, U. B., Blank, L.W., & Yellowitz, J.A. (1996). Nurses' oral health assessments of nursing home residents pre-and post-training: A pilot study. *Special Care in Dentistry, 16*(2), 58-64.
- Cohen-Mansfield, J., & Lipson, S. (2002). The underdetection of pain of dental etiology in persons with dementia. *American Journal of Alzheimer's Disease and Other Dementias, 17*(4), 249-253.
- Dellefield, M.E. (2007). Implementation of the Resident Assessment Instrument/Minimum Data Set in the Nursing Home as Organization: Implication for quality improvement in RN Clinical Assessment. *Geriatric Nursing, 28*(6), 377-386.
- Ettinger, R.L., O'Toole, C., Warren, J., Levy, S., & Hand, J.S. (2000). Nursing directors' perceptions of the dental components of the Minimum Data Set (MDS) in nursing homes. *Special Care in Dentistry, 20*(1), 23-17.
- Folse, G.J. (2001). National MDS and dental deficiency data reported by the US Health Care Financing Administration. *Special Care in Dentistry, 21*(1), 37-38.
- Thai, P.H., Shuman, S.K., & Davidson, G.B. (1997). Nurses' dental assessments and subsequent care in Minnesota nursing homes. *Special Care in Dentistry, 17*(1), 13-18.



# Website Resources

Regional Geriatric Program Central: [www.rgpc.ca](http://www.rgpc.ca) (long-term care and primary care)

Regional Geriatric Programs Toronto (GiiC link): [www.rgp.toronto.on.ca](http://www.rgp.toronto.on.ca) (primary care)

Halton Region Health Department – Dental Health:  
[www.halton.ca/health/services/dental/](http://www.halton.ca/health/services/dental/)

Centre for Community Oral Health- Long Term Care Fact Sheets,  
University of Manitoba  
[www.umanitoba.ca/faculties/dentistry/ccoh](http://www.umanitoba.ca/faculties/dentistry/ccoh)

Registered Nurses Association of Ontario: [www.rnao.org](http://www.rnao.org)  
(best practice guidelines)

