



RNAO Oral Health BPG Practice & Education Recommendations	Resources / Tools	Yes - No - N/A	Current Practice
1. CHC & FHT health professionals should be aware of their personal oral hygiene beliefs and practices, as these may influence the care they provide to older adult patients.	Personal reflection, team reflection		
2. As part of their overall health assessment of older adults patients, CHC & FHT health professionals will obtain an oral health history that includes oral hygiene beliefs, practices and current state of oral health.	<ul style="list-style-type: none"> <li>• Primary Care Oral Health for Older Adults Resource Kit</li> <li>• Oral Health Impact Profile (OHIP-14) quality of life measure</li> <li>• Oral Health Assessment Tool for Non-Dental Professionals</li> <li>• RNAO BPG Appendix D: Oral Hygiene History – Sample Questions</li> </ul>		
3. CHC & FHT health professionals use a standardized valid and reliable oral assessment tool to perform their initial and ongoing oral assessment.	<ul style="list-style-type: none"> <li>• RNAO BPG Appendix E: Oral Health Assessment Tools</li> <li>• Oral Health Assessment Tool for Non-Dental Professionals</li> <li>• Oral Health Impact Profile (OHIP-14) quality of life measure</li> </ul>		
4. Oral health status information is regularly reviewed with all members of the health care team to monitor older adult patients' progress and facilitate the development of an individualized plan of care.	Primary Care Oral Health Resource Kit for Older Adults		
5. Nurses provide, supervise, remind or cue oral care for Patients at least twice daily, on a routine basis. This includes older adult patients who: <ul style="list-style-type: none"> <li>• Have diminished health status;</li> <li>• Have a decreased level of consciousness; and</li> <li>• Who have teeth (dentate) or do not have teeth (edentate).</li> </ul>	Collaborate with primary caregiver Brochures		
6. Nurses provide or supervise the provision of oral care for older adults at risk for aspiration.	Collaborate with primary care giver Brochures		
7. CHC & FHT health professionals provide ongoing education to older adult patients and/or family members regarding oral care.	Halton Health Department – Dental Health education resources for non-dental professionals, clients and families		
8. CHC & FHT health professionals are knowledgeable of oral hygiene products and their applications as they pertain to their specific client populations.	<ul style="list-style-type: none"> <li>• RNAO BPG Appendix G: Oral Hygiene products</li> <li>• Review Supplier's list for oral care supplies</li> </ul>		
9. CHC & FHT health professionals are aware of treatments and medications that impact on the oral health of residents.	<ul style="list-style-type: none"> <li>• Primary Care Oral Health for Older Adults Resource Kit</li> <li>• Medications that Impact Oral Care Reference Tool</li> <li>• RNAO BPG Appendix H : Medication Chart</li> </ul>		
10. Nurse uses appropriate techniques when providing oral care to older adult patients.	Collaborate with primary care giver Brochures		
11. CHC & FHT health professionals advocate for referral for those older adults patients who require consultation with an oral health professional (eg. dental hygienist, denturist, dentist).	Referral Notes		
12. CHC & FHT health professionals ensure that all oral health related history, assessment and care is documented.	<ul style="list-style-type: none"> <li>• Oral Health Assessment Tool</li> <li>• Health care record</li> </ul>		

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13. CHC & FHT health professionals require appropriate oral health knowledge and skills acquired through entry-level education programs, workplace orientation programs, and ongoing professional development opportunities.	<ul style="list-style-type: none"> <li>Hiring process</li> <li>Ongoing staff education</li> </ul>		
14. Nurses who provide oral hygiene care to their older adult patients, either directly or indirectly, must participate in or complete appropriate oral hygiene education and training.	<ul style="list-style-type: none"> <li>Use education resources such as Primary Care Oral Health of Older Adults powerpoint</li> <li>Education from a Oral Health Professional</li> </ul>		

RNAO Oral Health BPG Organization & Policy Recommendations	Tools/Resources	Yes – No – N/A	Current Practice
15. Health care organizations develop oral health care policies and programs which recognize that the components of oral health assessment, oral hygiene care and treatment are integral to quality older adult care.	RNAO BPG Appendix C: Algorithm to Guide Oral Health Assessment and Interventions		
16. Health care organizations develop partnerships and increase capacity among providers to deliver collaborative practice models that improve the oral health care they provide to patients.	Confirm Older adults dental professionals, community visiting, referral process, onsite clinic space and other options		
17. Health care organizations implement continuing education opportunities for nurses, and support them to complete oral hygiene education and training that is applicable to their health setting	Refer to #14		
18. Oral hygiene care standards that are based on the best available evidence are developed, implemented and monitored as part of the organization's commitment to providing quality oral health care and services.	Implementation of evidence-based oral care practices, policies and tools within the organizations		
19. Organizations encourage and offer support, including time and resources, for nurses to participate in oral hygiene research that assists in a better understanding of the issues related to oral hygiene care provision in various health care settings.	Collaborate with university dental faculties re primary care oral health research		
20. Oral hygiene care is monitored and evaluated as part of the organization's quality management program, utilizing a variety of quantitative and qualitative approaches.	<ul style="list-style-type: none"> <li>Oral hygiene indicators included in quality management program.</li> <li>Oral hygiene quality reports.</li> <li>Oral health is part of your organization's balanced scorecard.</li> <li>Oral health is part of your monthly, quarterly, annual statistics.</li> </ul>		
21. Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation.....see RNAO (2007) for full explanation of this section	RNAO Toolkit: Implementation of clinical practice guidelines – available at <a href="http://www.rnao.org">www.rnao.org</a>		

**References:** Registered Nurses Association of Ontario. (2007). *Oral Health: Nursing Assessment and Interventions. Summary of Recommendations Nursing Best Practice Guideline*, Toronto, ON: Author. [www.rnao.org](http://www.rnao.org).  
The University of Iowa College of Nursing (2002). *Oral hygiene care for functionally dependent and cognitively impaired older adults. Evidence-based practice guideline*. Iowa City, Iowa: Author / Gerontological Nursing Interventions Research Centre. [www.nursing.uiowa.edu](http://www.nursing.uiowa.edu)

**Resource websites:** [www.rgpc.ca](http://www.rgpc.ca) ; [www.halton.ca](http://www.halton.ca) ; [www.rnao.org](http://www.rnao.org) ; [www.nursing.uiowa.edu](http://www.nursing.uiowa.edu)