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IMPROVE THE COMPLETE RATE OF ORAL CARE FOR THE ELDERLY PEOPLE.

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INTRODUCTION

The elderly people is increasing now. If the oral care is bad, it is easy to cause bad breath, tooth or gum pain. Not only loss of appetite, swallowing and chewing dysfunction, but also increased risk of dental caries, missing teeth and periodontal disease, leading to malnutrition crisis, may even increase the chronic disease.

AIM

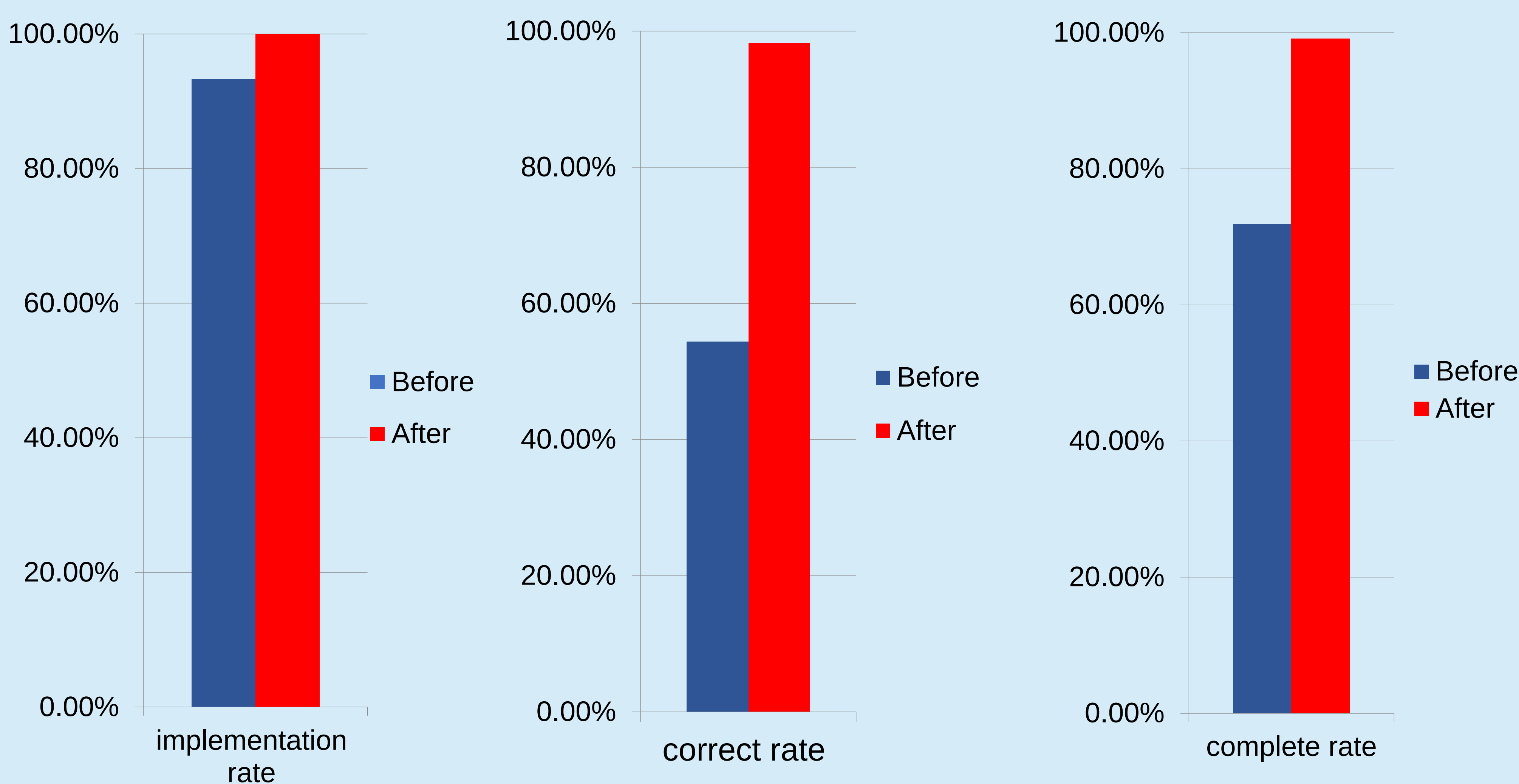
Through actual interviews and observations, it is found that the implementation rate of oral care for the elderly and their caregivers is 93.3%, and the correct rate of oral care is only 54.4%. To refer a medical center's setting value of 90% for the complete rate of oral care as the benchmark. The target value setting of "Oral Care Complete Rate for the Elderly People" was raised from 71.85% before improvement to over 90.00%. Clinically, through the provision of oral hygiene knowledge and the teaching of nursing skills, not only the patients and caregivers can improve their awareness of oral health and understand the importance of oral care to strengthen the integrity of oral hygiene, but also early detection, early treatment can greatly reduce the chances of other chronic diseases caused by poor oral care in the elderly.

RESULTS

According to the results of the OHAT, it is found that patients often have tongue coating and food residues left in the mouth. Using the self-designed survey, it is deduced that the possible reasons are ignorance of the importance of oral cleaning and the possible impact, plus the oral care and skills are not familiar.

Although there were 30 cases accepted at the beginning, only 15 cases were completed due to the short time proceeded and the difficulty in controlling the discharge time of patients. We used the OHAT to monitor if the patient's oral tongue coating reduced and turned to pink, moist and no food residue left in the oral cavity when cleaning the oral cavity.

Finally, through self-made questionnaires, it is found that the implementation rate of oral care for the elderly has reached 100% during this period, and the correct rate has risen to 98.3%. The complete rate of oral care is 99.15%, reaching the target setting value.



METHOD

We observed that patients over 65 years old accounted for 80% of the geriatric ward population. There were 30 cases for patients and their caregivers included, among which 15 patients had dental caries, 24 patients had missing teeth, one person had periodontal disease, and 11 patients had removable dentures.

We used

- Self-designed survey
- Oral Health Assessment Tool (OHAT)
- Give the leaflets
- Demonstrate the dental cleaning in person
- Show hygiene education videos.

Then we will conduct spot checks from time to time, and through teach back. We use the questionnaire as the final evaluation to check the results again with the OHAT.

CONCLUSIONS

Bacteria in the mouth can easily enter the lungs along with coughing and inhalation, which can easily cause aspiration pneumonia in the elderly. Therefore, proper oral cleaning can remove dental plaque on the teeth and food residue left in the soft tissues of the oral cavity, so as to reduce the bacterial species and total bacterial count in the oral cavity, and prevent or reduce the occurrence of aspiration pneumonia. Through this patient safety and quality promotion project, it is hoped that patients and caregivers can obtain relevant information and new knowledge on oral care for the elderly. It can not only improve the cognition and technical ability of oral cleaning, but also understand the importance of implementing oral care for the elderly and improve the quality of nursing care via the practical and feasible methods.

ACKNOWLEDGEMENT

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In the future, I hope to apply what I have learned at the seminar in clinical practice.

REFERENCES

黃純德(2020)·咀嚼吞嚥障礙、吸入性肺炎與口腔衛生不良的三角關係·*護理雜誌*· 67(4)· 14-23。

蔡宜燕、劉彥君、李佳琳、楊月穎、邱逸榛(2015)·口腔健康評估量表-非牙醫專業人員中文版發展與信效度檢定·*長庚護理*· 26(4)· 400-409。

Hussein, S., Kantawalla, R. F., Dickie, S., Suarez-Durall, P., Enciso, R., & Mulligan, R. (2022). Association of Oral Health and Mini Nutritional Assessment in Older Adults: A Systematic Review with Meta-analyses. *Journal of prosthodontic research*, 66(2), 208-220.

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