

Service evaluation on the use of Mouth Care Matters – Promoting good practice for oral care in inpatient settings

By **Ellie Clinton**,¹
Claire Turner² and
Robert Emanuel³

Abstract

Oral health is an indicator of a patient's overall health, wellbeing and quality of life. It is widely understood that poor oral health is linked with general health conditions, such as diabetes, cancer and cardiovascular disease. It is therefore important that good oral care is given to hospitalised patients to maintain good oral health and prevent worsening of oral disease or linked conditions.

Mouth Care Matters is a programme specifically developed to assist those working in inpatient settings in assessing and caring for their patients. It also provides guidance and teaching for healthcare professionals to enable them to care for the patient's whole mouth, and explains the importance of doing this.

It was the purpose of this project to evaluate current practice amongst Sussex Community NHS Foundation Trust staff involved with inpatient care in the Trust's bedded units, and their use and understanding of the Mouth Care Matters guidance.

Introduction

Oral health is an indicator of a patient's overall health, wellbeing and quality of life.¹ It is widely understood that poor oral health is linked with general health conditions, such as diabetes, cancer and cardiovascular disease. It is therefore important that good oral care is given to hospitalised patients to maintain good oral health and prevent worsening of oral disease or linked conditions. Additionally, the problems

caused with eating and drinking, plus the risks of hospital acquired infection, can themselves lead to extending the length of admission.²

Perhaps more important regarding acute medical problems is the link between poor oral health in chronically ill older/debilitated patients and developing aspirational pneumonia.³ Patients who may be debilitated due to chronic conditions such as dementia or who are acutely ill are at risk of aspirating

¹Dental Officer, Sussex Community Foundation Trust, Morley Street Special Care Dental Centre, School Clinic, Morley St, Brighton, BN2 9DH; ²Consultant in Public Health, Sussex Community Foundation Trust, Brighton General Hospital, Elm Grove, Brighton, BN2 3EW; ³Consultant in Special Care Dentistry, Sussex Community Foundation Trust, Haywards Heath Health Centre, Heath Road, Haywards Heath, RH16 3BB

Table 1 E-survey questions

Question	Option 1	Option 2	Option 3
Q1) Are you familiar with the Mouth Care Matters Guidance?	Yes	No, but I have heard of it	No, I have never heard of it
Q2) If so, do you and the team have easy access to this?	Yes	No	Not applicable (eg haven't heard of it)
Q3) Do you routinely complete an initial 'oral health needs assessment' for new patients at the time of admission to document their oral health needs and status?	Yes	No	
Q4) Do you have a daily record sheet available for each patient to document the oral health care given to them?	Yes	No	
Q5) Is 'mouth care training' given to new staff as part of trust/departmental induction?	Yes	No	
Q6) Is refresher mouth care training given to staff?	Yes	No	
Q7) Do you have access to any of the following to provide to patients in your care if needed?	Toothpaste	Toothbrush	Floss/ Interdental brushes
Q8) Do you have a pathway to follow when a patient in your care needs access to dental care or advice?	Yes	No	

‘Patients who may be debilitated due to chronic conditions such as dementia or who are acutely ill are at risk of aspirating bacteria from dental plaque, leading to serious respiratory conditions.’

bacteria from dental plaque, leading to serious respiratory conditions. Good oral care is very important in reducing the potential bacterial load in the mouth and reducing this risk.

Patients who go into a hospital setting as an inpatient usually experience a change to their diet and oral hygiene routine. It has been observed that oral health rapidly deteriorates in patients who have been hospitalised, and an increase in plaque

accumulation and gingival inflammation has been observed, alongside a decline in the health of oral mucosa.^{4,5}

Mouth Care Matters (MCM) is a programme specifically developed to assist those working in inpatient settings in assessing and caring for their patients.⁶ It also provides guidance and teaching for healthcare professionals to enable them to care for the patient’s whole mouth and explains the importance of doing this. Additionally, it is

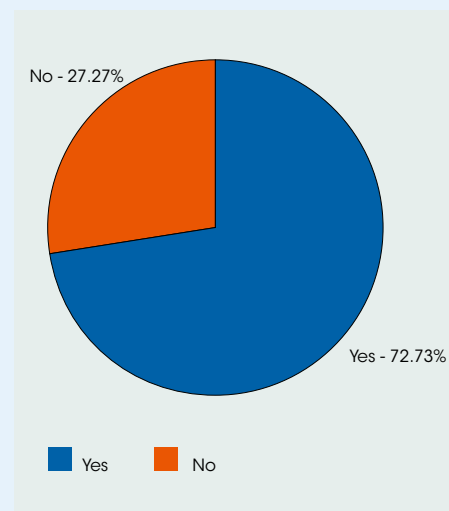


Fig. 1 Responses to the question 'Do you routinely complete an oral health needs assessment for each patient at the time of admission to document their oral health needs and status?'

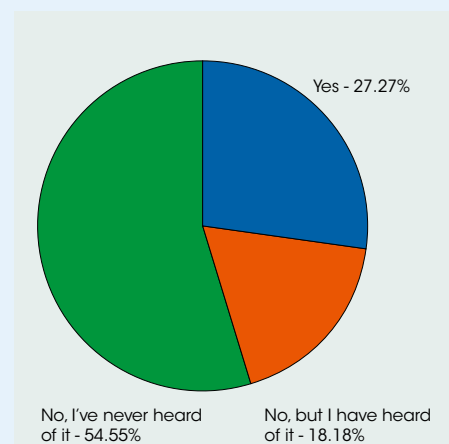


Fig. 2 Responses to the question: 'Are you familiar with the MCM guidance document?'

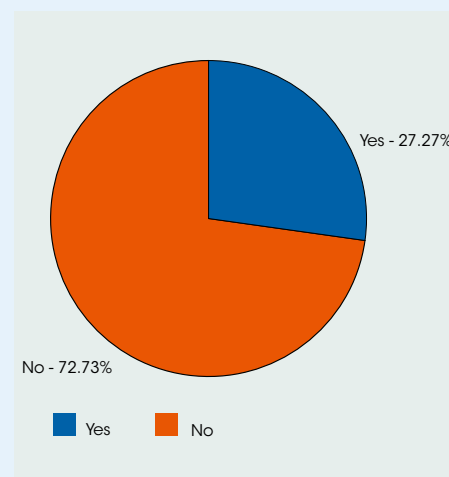


Fig. 3 Responses to the question: 'Do you have a daily record sheet available for each patient to document the oral health care given to them?'

very user friendly and attempts to demystify and keep the practice of oral hygiene simple and logical, making it accessible to all health care providers.

Aims

To evaluate current practice on how Sussex Community NHS Foundation Trust staff involved with inpatient care are looking after patients' mouths and oral health, and their use and understanding of the 'Mouth Care Matters' guidance.

To identify gaps in the mouth care knowledge and skills of staff working in intermediate care units, and to assess the tools and support available to them.

Methodology

The trust manages and runs 13 inpatient Intermediate Care Units for the rehabilitation of patients over the age of 18, with the aim of preventing unnecessary acute hospital admissions and supporting timely discharges from local acute hospitals. The units are nurse and therapy led and largely care for elderly patients. A brief e-survey (Table 1) was devised and distributed to the units, to collect the data required. This was then evaluated, and an action plan made.

Results

Of the 13 units contacted, 12 responded to the survey, with most answering every question, providing sufficient data to analyse.

Only 27% of the units reported that they had heard of MCM, which is the 'gold standard' of oral health guidance for hospital settings (Fig. 1).

While most units (73%) reported that an oral health needs assessment is completed at the time of admission (Fig. 2), far fewer (23%) reported that the oral care given to the patient is documented daily (Fig. 3)

In addition to this, only 30% of units reported that mouth care was included in training for new staff, and all units reported that no regular training is given to staff.

A more positive finding of the evaluation was that units in the trust have the resources to provide a patient with a toothbrush (100%) and toothpaste (90%).

Discussion

Reviewing the results of this service evaluation, the opportunity for improvement of the understanding of the importance of oral care within the trust's inpatient units is clear. Conducting this service evaluation has allowed the trust to

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identify key development needs and create an action plan for these improvements to take place (see below). Regularly reviewing policies, training and record keeping allows for continuous improvement where needed, putting patient care first and ensuring good practice.

The trust is now aware of the need for more regular staff training, and for raising awareness of the MCM guidance. The MCM resource contains templates for record keeping, including an initial oral health needs assessment and a daily record sheet which are vital to ensuring the patient's care plan is tailored to their specific needs, and that appropriate personal care is provided.

While the trust has sufficient tools for basic oral hygiene, acquiring extra resources such as interdental cleaning aids would likely help patients to have an improved level of good oral hygiene, and in turn likely less inflammation and plaque deposits.

Conclusions

The results of this evaluation found that the oral health care given to patients and record keeping would benefit from improvement.

Future action plan

To ensure that we are getting the most benefit from this service evaluation, the following plan has been devised and, in part, carried out.

The findings have been shared with the nursing teams within the trust. Information regarding where additional tools and resources can be found has been provided so the necessary improvements can be made.

The findings have been presented via a poster at the BDA/CDS Annual Presidential & Scientific Meeting 2022, to raise awareness of the importance of service evaluations to improve patient care.

The service evaluation may be repeated in 2–3 years so that improvements in care and record keeping can be reassessed, and further recommendations made if needed.

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