Mouth Care Is Infection Control

Changing the Culture of Oral Care “One Mouth at a Time”
Your Speakers

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GOALS

• To empower you with knowledge through science and experiential observations about oral disease in care giving settings
• To understand how oral disease and Alzheimer’s is connected
• To empower you to create change within your facility when it comes to oral health
• To understand what will be the challenges and pay offs with change
• For you to invite the NC public health dental hygienists to help you and guide you through the process of implementing an oral care program within your facility
Teeth

The mouth is a portal, an interface, an erogenous zone.
It is our first connection with the world and our last.
It is the domain of the breath, the self expressing lips. The grotto of the tongue.
The realm of the teeth.
The teeth that are part animal, part mineral.
The teeth, inlaid with jade by the ancient Mayans, still fetishized today.
The teeth, rotting and aching at the dawn of agriculture, still tormenting today.
The teeth that are whitened and straightened.
The teeth that are amputated and thrown away.
The teeth that endure longer than the bones, that withstand fires, floods, time.
The teeth that identify us, scattered in deserts, buried in caves.
The teeth keep a record of our lives, locked in their enamel. They identify us even beyond the grave... By Mary Otto (Araka)
What is Oral Health?

Oral health means much more than healthy teeth. The oral cavity is connected to our craniofacial tissues. These tissues represent the very essence of our humanity. They allow us to speak and smile; sigh and kiss; smell, taste, touch, chew and swallow; cry out in pain; and convey a world of feelings and emotions through facial expressions.

Oral health means the optimum state of the mouth and normal functioning of the organs of the mouth without evidence of disease.
Think about where oral care falls in the order of priority when it comes to ADL care....

- Bathing
- Dressing
- Toileting
- Changing
- Combing hair*****
- Shaving******
- Nails*****
- Tooth brushing

The ***** items indicate grooming. Tooth brushing is recognized by some as grooming.
Oral Care is not Grooming!!!!

Oral care is > **INFECTION CONTROL!**

When providing oral care, you are reducing the numbers of bacteria living inside the mouth. The harmful bacteria in the mouth not only affect the mouth but the entire body.

Daily, thorough and consistent oral care helps to reduce bleeding which poses a risk of the transmission of blood borne pathogens.

Ex. Hepatitis, HIV
Did you know..................

•There are 20 billion bacteria in your mouth and they reproduce every five hours. If you go 24 hours without brushing, those 20 billion become 100 billion!
Gingivitis: Inflammation of the Gums

- Gingivitis is the first stage of gum disease.
- Gums are puffy and red.
- They bleed easily when you brush and/or floss.
- It is reversible with daily, thorough oral hygiene.
Periodontal Disease

When gingivitis progresses, it jumps to periodontitis.

Early periodontitis can happen quickly.

Periodontal disease is when the infectious bacteria start to destroy the tissues, ligaments and bones in the mouth that hold our teeth in place.

Once this disease progresses to the moderate and advanced stages, the destruction leads to tooth mobility, infection and ultimately tooth loss.
Periodontal Disease
Could you have gum disease and not even know it????????????

• Over 90% of adults age 30 have some stage of active gum disease.

• 65% of 15 year olds have active gum disease.
Gum Disease = Active Bacterial Infection and increases the risks of many conditions

- Medical Condition
  - Stroke
  - Heart disease
  - Fatal coronary heart disease
  - Preterm birth
  - Oral cancer
  - Diabetes
  - Arthritis
  - Pneumonia aspiration

- Increased Risk
  - 300%
  - 72-168%
  - 50%
  - 700%
  - 400%
  - Increased risk
  - Increased risk
Gum Disease and the Immune System

• Infection, wherever in the body, stresses the immune system.

• The more serious the infection and the longer it persists, the more the immune system is affected.

• A cut on the finger will not stress the immune system as much as a lung infection or kidney infection.

• Not all infections are created equally.

• One of the worst infections the body has to deal with is the infection that involves the gums and the underlying bone.
More on Gum Disease and the Immune System

• The type of infection that is found in moderate to advanced gum disease not only involves numerous and very toxic bacteria but these organisms have constant and direct access to the blood stream and indirectly the lungs.

• Another factor that makes this type of infection so damaging to the immune system is that it has access to the blood and lungs 24 hours a day, 7 days a week, for as long as the infection is present.

• If you are dealing with other health problems that stress the immune system, you must do all you can to seek periodontal treatment.
Other Oral Diseases

How to Prevent the Devastating Effects of Tooth Decay

[Image of damaged teeth]

www.dentaloptimizer.com
Periodontal Disease and the Dementia Patient

Periodontal Disease is an inflammatory disease of the mouth. It is not a normal part of aging. It is a disease.

Dementia is a disease of neurodegeneration (brain cell death). It is not a normal part of aging. It is a disease. It is more than just forgetfulness—which is part of normal aging. It makes independent life impossible.

There is growing evidence that links the body’s inflammatory response to increased rates of cognitive decline. Inflammation is a recurrent theme among investigations of oral and systemic diseases.
Alzheimer’s Disease

• Is the most common type of dementia
• Is caused by damage to nerves in the brain and their eventual death
• Has an expected progression with individual variations-about 8-12 years
• Will get worse over time-we can’t stop it!
• Is a terminal disease-there is NO known cure at this time.
• 4.5 million Americans have AD
• It is estimated that 14 million will be afflicted by 2050
Studies have shown that patients with Alzheimer’s Disease have poorer dental health than others of similar age and that the more severe the dementia the worse the dental health, most likely reflecting greater difficulties with taking care of oneself as dementia becomes more severe.

As mentioned earlier, perio disease is a risk factor for strokes. The periodontal disease bacteria in the bloodstream alters platelet function and promotes atherosclerosis and blood coagulation.

Strokes are a significant risk factor for dementia!!!!!!!
FYI’s with the Dementia Patient

• An oral care plan should be put into place as soon as possible after diagnosis.
• A newly admitted dementia patient may have extensive decay.
• Appetites change as well as taste buds. Most often, they prefer sweets which will make oral care all the more important.
• These folks will have oral clearance issues. (Pocketing of food)
• Puddings and soda may be used to get them to take medicines. This will increase their decay rates.
• Consistency is the key for success when it come to oral care.
• Remember, dental office visits are most often scary and uncomfortable situations for dementia patients. Prevention first!!!!
Oral Care Helps How?

- It will prevent or maintain oral disease, thus preventing pain and discomfort.
- It will prevent the need for dental restorative treatments.
  - Which will prevent the need for sedation for treatment.
  - Which will prevent the need for 1:1 with the resident and staff.
- It will improve appetites and the taste of food.
- Saving teeth will help with diet consistency.
- Reduces the aspiration pneumonia cases.
- It will improve breath. Bad breath tends to deter staff interaction.
Quality of Life

Just imagine, you are aging, and you are dependent for daily care.
You have most or all of your teeth because you took care of them when you were independent.
You need help with oral care daily. No one is available to help you.
Today you have something stuck in between a few of your back molars.
You need help and can’t get it out yourself. Your gum area is sore. You can no longer speak so you can’t tell anyone.
You are frustrated.......
Let’s be the change for the future
Why Does Oral Health Matter?

• Oral and systemic health are closely related:
  • Weight loss and failure to thrive is often caused by poor oral health
  • Dry mouth, caused by many medications, increases the risk of dental decay
  • Glycemic control in diabetics is more difficult in patients with periodontal disease and periodontal disease is more prevalent in patients with poorly controlled diabetes
  • Inadequate oral hygiene is associated with an increased incidence of respiratory diseases, including pneumonias

The attention to oral health issues can play an important role in helping to keep your patients healthy. Mouth Care is an important part of infection control and not merely grooming. This is true for your memory care patients as well as your general patients.
Complete tooth loss has decreased from 50% to 18% in the last 50 years due to:
- Community water fluoridation
- Improved access to dental care
- More emphasis on prevention

More elders are keeping more of their teeth, but with an increased level of disease.

Dental health is perceived as Poor or Very poor by over 50% of elders, the statistics are worse for those living with dementia or Alzheimer’s Disease.

Prevalence of oral disease in elders:
- Severe periodontal disease – 23%
- Tooth decay – 32%
Why are the Elderly at Risk?

Location
- 15% over age 65 live in areas with limited medical and dental access

Disability
- 38% of those over 65 suffer from one or more disabilities

Lack of Mobility
- 1.25 million in long term care facilities; additional 1 million receiving care or confined to home
- 25% reporting difficulty performing at least one activity of daily living

Chronic Illness
- Chronic disease impacts 80% of the elderly
- 30% of the elderly report three or more chronic diseases
- Loss of memory makes previously routine daily care almost impossible

Socioeconomics
- Most lack any form of dental insurance
- 14% of the elderly live in poverty
- Minorities more likely to be suffering from poverty
- Previous care, while enjoying dental insurance, begins to break down with age due to neglect and lack of funds (insurance) to maintain existing work
Poor Access to Care

• Medicare does not cover preventive and outpatient dental care
• 70% of elders lack any form of dental insurance
• Only 43% of elders visit the dentist even once per year
• Many elders living in poverty
• Transportation, physical mobility or disability create barriers to care
• Institutions often lack access to dental care
• Institution staff may lack oral health knowledge
• Institutions may lack oral health policies
• Lack of dentists trained in geriatric dentistry
Prevention is a much better solution than treatment!

• A few minutes of mouthcare per day can prevent the need for more extensive treatment
• Mouthcare can prevent tooth decay, gum disease, diabetic issues, lung and cardiac issues
• Getting routine, preventive mouthcare to residents is much easier and less expensive than getting residents to restorative dental care... and it is better for the patient
Is it OK to not brush the resident’s teeth?

• The federal government mandates that residents living in long term care facilities accepting Medicaid and Medicare payments receive assistance with daily oral hygiene.

• Under 42 CFR 483.255 Quality of Care
  (a) (3)- A resident who is unable to carry out ADL’s receives the necessary services to maintain good nutrition, grooming and personal and oral hygiene.

Surveyor F-tag regulation F312 could be given for not providing oral care.
The Institutionalization of Aging

- 1.7 million residents in nursing facilities
- Both Medicare and Medicaid require oral health assessment and care for residents
- Oral care is not consistently delivered
- 70-90% of residents cannot brush their own teeth or clean dentures, especially memory care patients
- 16% of residents receive any oral care
- Average brushing time is 16 seconds once per day (ADA recommends 2 minutes twice per day for healthy adults)
Oral Health Assessment

• Daily oral care gives a “set of eyes” to the residents’ mouths to detect abnormalities before they become more serious
• Staff does not have to make a definitive diagnosis, merely create awareness that something “does not look normal”, and alert a nursing supervisor
• Consider the overall picture – facial swelling & asymmetry, soft tissue, teeth, tongue, floor of mouth, roof of mouth, neck, back of throat
• Assess without dentures or partials
• Look for physical signs: abscesses and fistulae; swelling of cheeks or gums or neck; broken, decayed or loose teeth; odor, cracked lips, ulcerations, creasing of skin around mouth, scaly lesions at corner of mouth
• Communicating pain may be difficult for patients with disabilities
  • Signs of pain may be vague and location may be misconstrued
  • Behavioral signs: pulling at face, poor eating habits, agitation
<table>
<thead>
<tr>
<th>First step is to decide that it will be done</th>
<th>Make a decision that every resident WILL receive care EVERY day</th>
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<tbody>
<tr>
<td>Supplies and Training are available</td>
<td>Public health dental hygienists will train your staff AT NO COST TO YOU</td>
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<tr>
<td></td>
<td>Supply lists are furnished with the training and are very affordable</td>
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<td>You will receive a “Starter Kit” to get you going immediately after training</td>
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Patient Centered Care

Each patient should have a ‘supply kit’ geared specifically to their needs.

Your facility can keep a cart or supply closet with products used by all patients.

Having individual kits makes compliance easier and more consistent.
Mobile cart with individual patient supplies
Mobile cart *without* individual patient supplies
Assemble your supplies

- Retrieve patient’s personal oral care kit
- Wash or sanitize hands, put on gloves and sanitize area with a Caviwipe
- Put paper tray cover, or paper towel, on top of work area
- Put the following supplies on the tray:
  - Medicine cup with 10 ml alcohol free chlorhexidine, if prescribed
  - Medicine cup with 5 ml of Listerine Alcohol Free
  - Paper cup
  - 2 x 2 gauze square
  - Cotton-tip applicator
  - Pea-sized drop of over-the-counter toothpaste OR Rx high fluoride toothpaste
  - Patient’s toothbrush/es, interdental cleaner, mouth rest, etc. on the tray cover
There is an art to brushing teeth!

1. The brush actually cleans the teeth, not the toothpaste.
2. Always use a soft or ultra soft brush.
3. Dip toothbrush in alcohol free chlorhexidine or Listerine Zero.
4. Place the bristles at a 45° angle to the gums.
5. Wiggle the bristles at the gum line and then sweep toward the chewing surface.
6. Brush the front, inside and top of the teeth.
7. Brush the tongue from side to side.
8. Clean between the teeth with an interdental cleaner.
9. Allow the patient to rinse and spit if possible.
10. Apply pea-sized drop OTC toothpaste or extra strength fluoride toothpaste, if prescribed, along the teeth with a cotton tip applicator after brushing. Patients should not rinse afterwards.

Public health dental hygienists will come and train your staff on techniques for brushing as well as methods to deal with uncooperative residents at no charge to your facility!
Mouth Care Without a Battle® is an evidence-based approach to person-centered daily mouth care for persons with cognitive and physical impairment. Developed by the research group that brought you Bathing without a Battle®, Mouth Care Without a Battle combines best practices in oral hygiene with proven techniques to overcome resistance to care among persons with dementia and related conditions.
Putting the program into motion

- Success depends on consistent implementation.
- Talk directly to patients and their families and let them know you care.
- Contact your Regional Public Health Dental Hygienist for training.
- Show your residents how much you care by putting the program into action!
Public Health Dental Hygienists By Region
How to make contact

• Come by the exhibit to get local contact information
• Contact Debbye Krueger to locate Public Health Dental Hygienist in your Region

Debbye.Krueger@dhhs.nc.gov
704 798 2870

“It’s not a matter of time, it’s a matter of heart!”
Questions or Concerns?

Thank you!