

Oral Care Community of Practice 2015/16

Oral Health Baseline Data Collection Tools

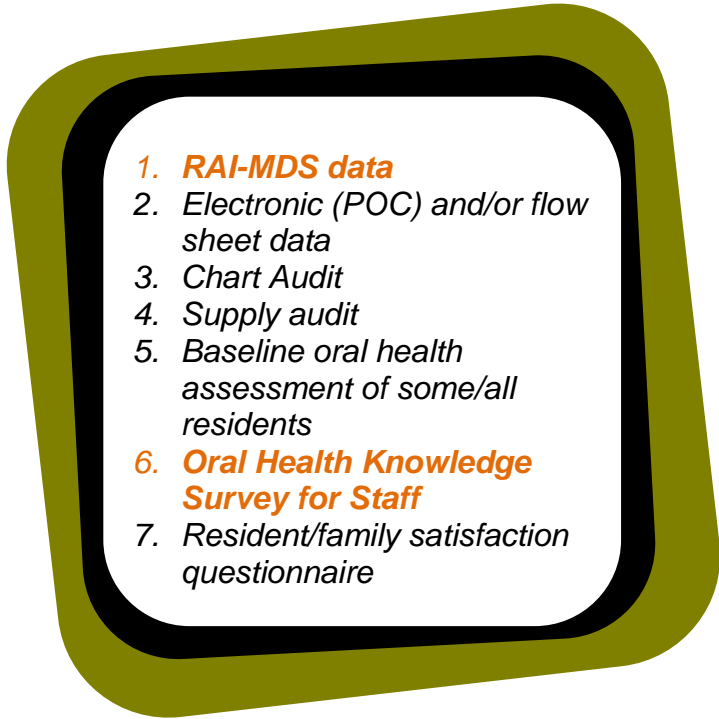


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The Purpose of the Oral Health Baseline Data Collection Booklet

The purpose of this booklet is to provide Oral Care Teams with the documents that they can use to capture oral health baseline data. By capturing baseline oral health data your team can use this information to help establish priorities, to develop your oral care work plan, to assist with evaluating changes in oral care practices over time, and to create your homes' oral care education plan.



Getting Started

First, bring together your Oral Care Team and review the various baseline data collection strategies (see box to the left). As a team determine which strategies you would find useful to use. Narrow down the strategies that will be used and decide who is responsible for data collection.

NOTE: The RAI-MDS data and Oral Health Knowledge Survey for Staff are two documents that are required by all participating LTCHs

Any feedback on these tools is appreciated – please send to ibo at imacdonald@rناو.ca

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RAI-MDS Table

Person completing: _____ Date: _____

| RAI-MDS | # of residents |
|---|----------------|
| Section K | |
| K1a Chewing problems | |
| K1b Swallowing problems | |
| K1c Mouth pain | |
| K2c Complains about the taste of many foods | |
| Section L | |
| L1a Debris present in mouth prior to going to bed at night | |
| L1b Has dentures or removable bridge | |
| L1c Some or all natural teeth lost – does not have or does not use dentures or partial plates | |
| L1d Broken, loose, or carious teeth | |
| L1e Inflamed gums, swollen or bleeding gums, oral abscesses, ulcers, or rashes | |
| L1g Daily cleaning of teeth or dentures, or daily mouth care – by staff or resident | |
| Other | |
| E4e Resists care (*must identify if this is in relation to oral care) | |

Oral Care Supplies Audit Tool

(√ all that apply and make notes as required) Person completing: _____ Date: _____

| Supplies | Resident rm # | Resident rm # | Resident rm # | Resident rm # | Resident rm # | Resident rm # | Totals |
|---------------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|--------|
| Toothbrushes | | | | | | | |
| Present | | | | | | | |
| Labelled | | | | | | | |
| Appearance –clean (not worn) | Notes: | Notes: | Notes: | Notes: | Notes: | Notes: | |
| Dentures | | | | | | | |
| Present | | | | | | | |
| Labelled/legible | | | | | | | |
| Condition -clean | | | | | | | |
| Denture cup (DC) | | | | | | | |
| DC labelled | | | | | | | |
| DC clean | | | | | | | |
| Denture brush (DB) present | | | | | | | |
| DB labelled | | | | | | | |
| DB condition - clean | Notes: | Notes: | Notes: | Notes: | Notes: | Notes: | |
| Other oral care supplies | | | | | | | |
| Toothpaste present | | | | | | | |
| Toothpaste labelled | | | | | | | |
| Mouth wash present | | | | | | | |
| Mouth wash labelled | | | | | | | |
| Cup for rinsing the mouth | | | | | | | |
| Cup labelled | | | | | | | |
| Cup clean | | | | | | | |
| Lip moisturizer | | | | | | | |
| Lip moisturizer labelled | | | | | | | |
| Other: _____ | | | | | | | |
| Other labelled | | | | | | | |
| Location of oral care supplies | | | | | | | |
| In the right location | | | | | | | |
| Where were supplies found | | | | | | | |

Oral Health Knowledge Survey

Please complete the table below using the "Oral Care Approaches" in the first "white" column. In column #2 (Yellow) - Rate your level of knowledge around the following oral care approaches. In Column #3 (Blue) - Indicate how often you use each oral care approach in your day-to-day practice

| LTCH Name: _____ Position (X): <input type="checkbox"/> RN <input type="checkbox"/> RPN <input type="checkbox"/> PSW <input type="checkbox"/> Other Typical shift worked: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Varies | Rate your level of knowledge 1 – No knowledge 2 – Minimal knowledge 3 – Average knowledge 4 – Expert knowledge 5 – Not part of my job | How often do you perform these approaches 1 – Never 2 – Rarely 3 – Often 4 - Always/daily 5 – Not part of my job |
|---|---|--|
| Oral Care Approaches | | |
| 1. Using a regular tooth brushing | | |
| 2. Using an electric toothbrush | | |
| 3. Using mouth wash | | |
| 4. Using oral rinses (i.e. Nystatin, Chlorhexidine) | | |
| 5. Using saliva substitutes | | |
| 6. Cleaning the oral mucosa | | |
| 7. Using a 4x4 gauze to clean the mouth | | |
| 8. Cleaning dentures | | |
| 9. Completing an oral health status assessment | | |
| 10. Noticing subtle changes in oral health status | | |
| 11. Assessing oral pain in a cognitively impaired resident | | |
| 12. Assessing fit of dentures | | |
| 13. Identifying problems with teeth (broken or loose) | | |
| 14. Identifying residents who have dry mouth | | |
| 15. Providing oral care to a resident with responsive behaviours | | |
| 16. Providing palliative/end-of-life oral care to residents | | |
| 17. Using the 2-toothbrush technique | | |
| 18. Using techniques to encourage a resident to open their mouth | | |
| 19. What is oral debris? (what things would you see in a residents mouth that would make you say that the resident has oral debris): | | |

Part 2: Beliefs, attitudes and knowledge about oral health - Please place a check mark (✓) to indicate your level of agreement with each statement.

| Statement | 1- Strongly agree | 2 - Agree | 3 – Neither | 4 - Disagree | 5 – Strongly disagree |
|--|-------------------|-----------|-------------|--------------|-----------------------|
| 20. I believe oral hygiene is a high priority | | | | | |
| 21. I find the oral cavity difficult to clean | | | | | |
| 22. I believe that good oral care has a significant impact on residents' health outcomes | | | | | |
| 23. I believe oral care is important at end of life | | | | | |
| 24. I am satisfied with my oral care practices for my residents | | | | | |
| 25. I need more information/education on oral care | | | | | |