

A Two-Cycle Audit of a Mini-Mouth Care Matters Project within a London Children’s Hospital.

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Background

The World Health Organisation states that oral health is integral to overall health and essential for wellbeing.¹ Hospitalisation is associated with a deterioration in oral health, leading to increased length of stay and care costs, pain, infection, reduced oral nutrition and lowered quality of life.

Fact: A quarter of 5-year olds have dental decay.²

Mouth Care Matters (MCM) is a Health Education England initiative to improve the oral health of hospital inpatients. This audit measures the success of implementation of the paediatric version, Mini-Mouth care Matters (MMCM), to improve the oral health of paediatric inpatients (>24 hours) at the Royal London Children’s Hospital.

Aims

- To improve the oral health of paediatric inpatients, to help prevent poor health outcomes.
- To promote positive oral health messages to all and equip parents and patients with transferrable mouth care skills to take back home.

Standards

Hospitalisation should not affect oral hygiene. 100% was agreed as the standard.

Methods

A collaborative multi-disciplinary MMCM project was launched by Paediatric Dentistry, Speech and Language Therapy, Play Team, and Paediatric Nursing.

Across two audit cycles the following data was collected and compared:

- Nurse questionnaire responses
- Patient interview responses
- Record of mouth care in clinical notes
- Availability of mouth-care products on wards

The implementation stage included:

- Nurse teaching
- Implementation of the mouth-care assessment tools on wards.
- Social media, information posters and staff intranet promotion.
- Weekly ward visits were
 - *Mouth-Care Mondays* -one-on-one teaching to families on the wards.
 - *Toothbrush Tuesdays* - weekly toothbrush audit s between wards, as shown in figure 1.

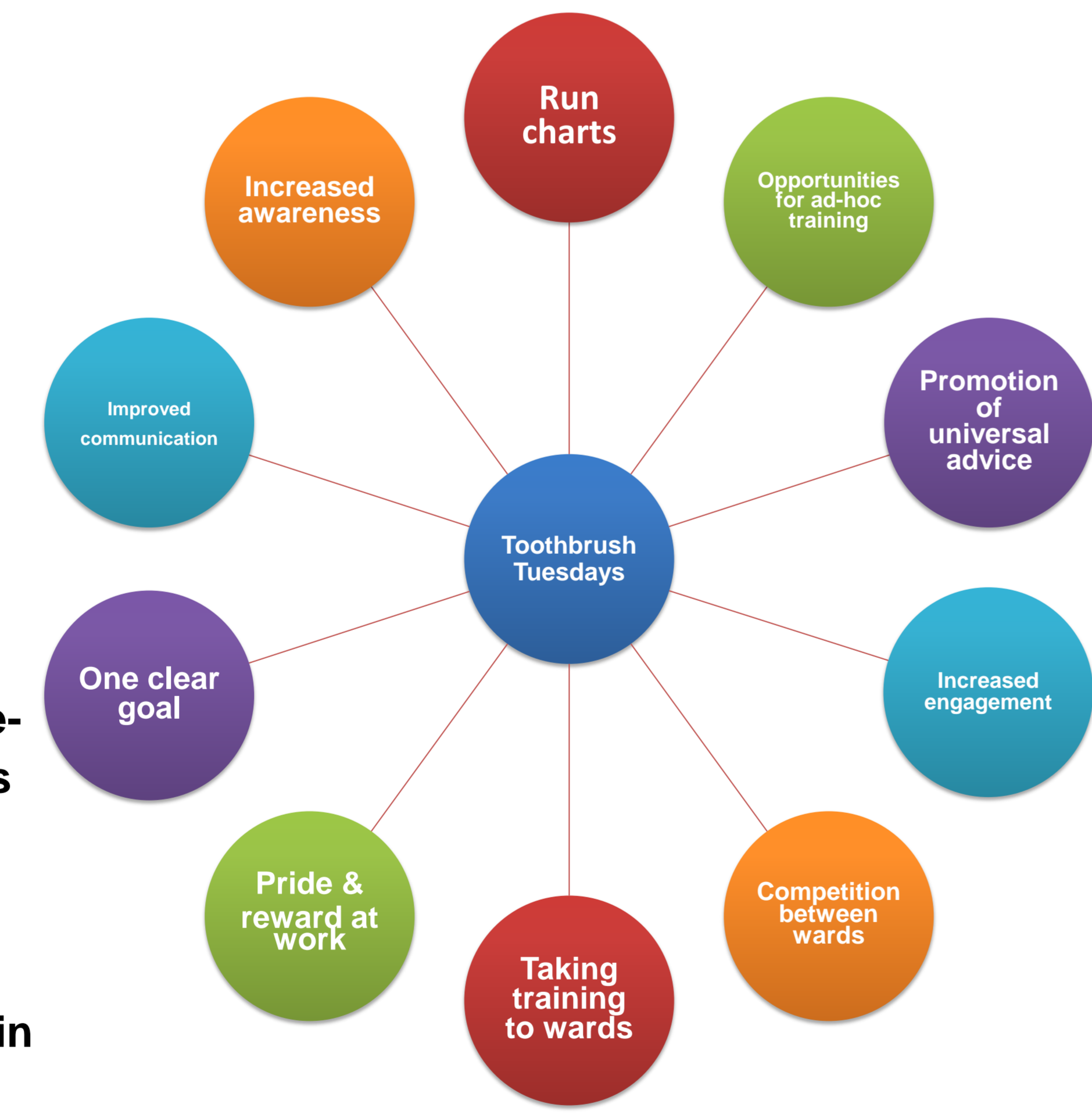


Figure 1 : Weekly initiative goals “Toothbrush Tuesday s”

Results:

Patient survey: <ul style="list-style-type: none">•1/11 had been asked about mouth/teeth•4/11 had not brushed their teeth since coming into hospital•Since admission oral hygiene was: better= 0, same= 5, worse= 6	Nurse questionnaire: <ul style="list-style-type: none">•4/10 nurses never check mouth care 7/10 nurses brush patient’s teeth once/day <p>Feedback received: many were not confident to: assess mouth, brush teeth of those with challenging behaviour, provide mouth care for NBM/dysphagia</p> <ul style="list-style-type: none">•7/10 would like training in providing oral care
Product questionnaire: <p>Inconsistent access to tooth brushes, most wards do not have toothpaste.</p>	Notes audit: <p>No record of mouth care assessment, tooth brushing</p>

Figure 2: Key results cycle 1: patient interview, nurse questionnaire, clinical notes, product availability

The key points highlighted from the data collected in cycle one are presented in Figure 2. They show limited engagement with mouth care prior to the project.

Feedback collected from wards during the audit shows significant improvements in enthusiasm and awareness of the importance of oral health in cycle two.

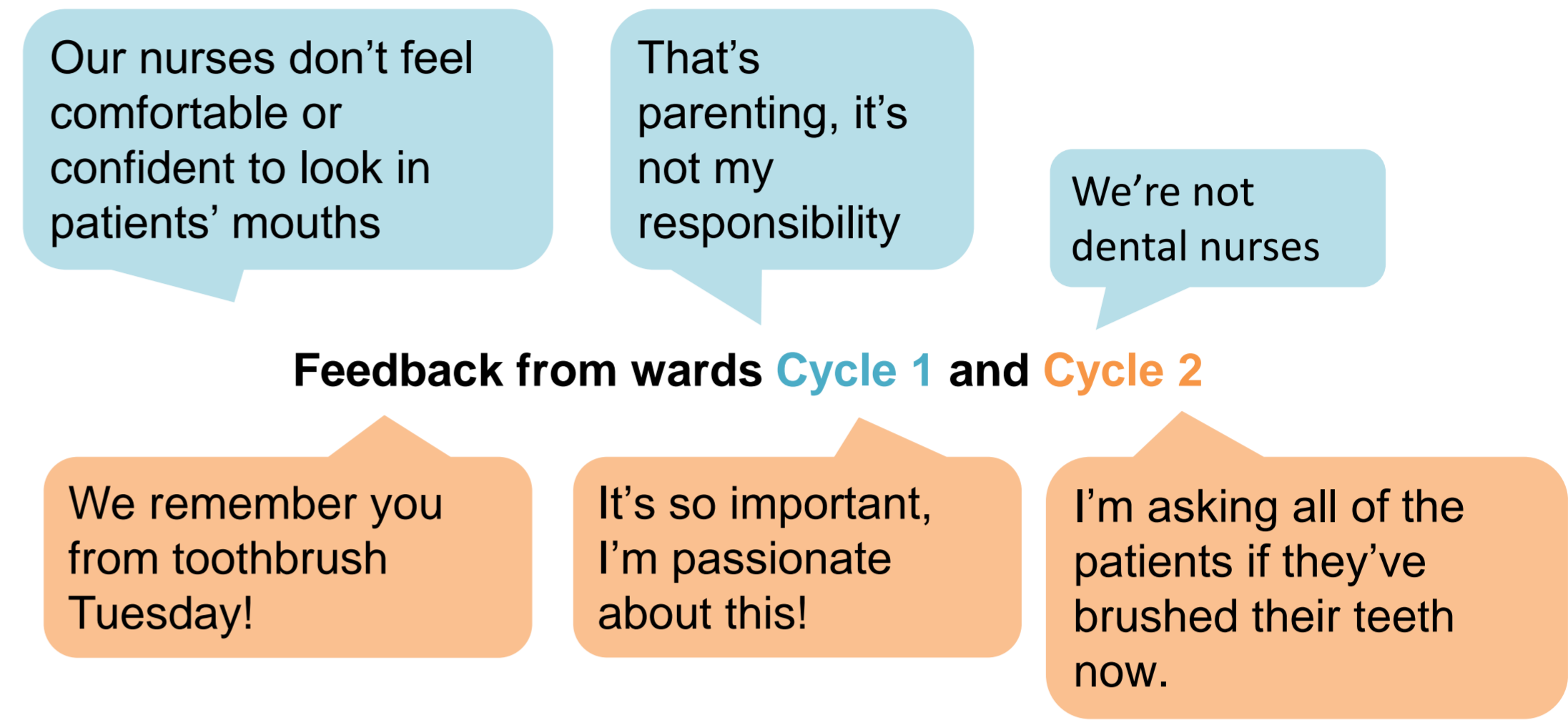


Figure 3 : Feedback from Nurses cycle 1 and cycle 2

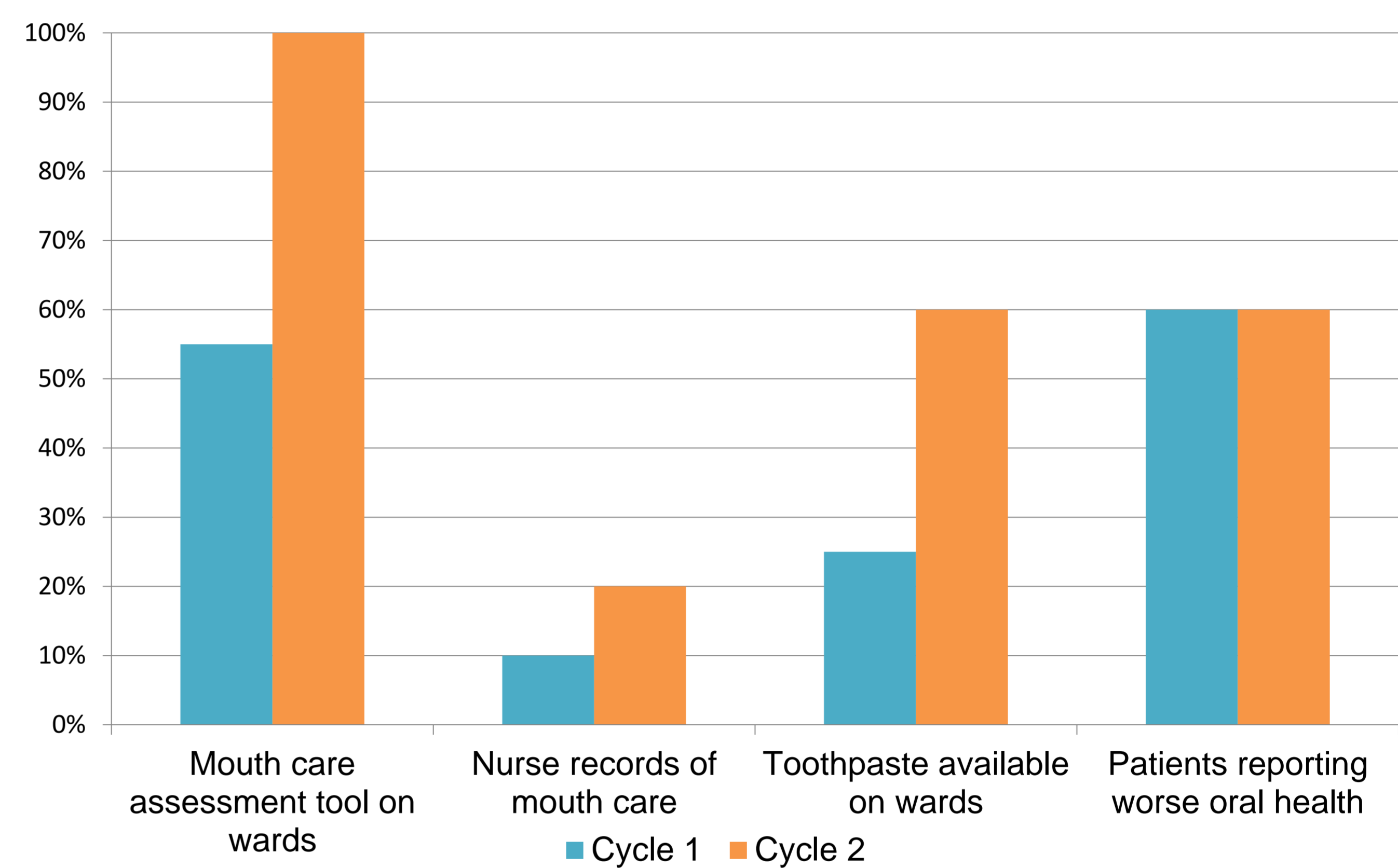


Figure 4: Cycle 1 & 2: Clinical notes Audit, Nurse Questionnaire responses, product availability and Patient Interview Responses.

Key changes between cycle 1 and 2 results, as illustrated in figure 4:

- 45% increase in the use of the mouth care assessment tool
- 10% increase in nurses recording mouth care in notes
- 35% increase in the availability of toothpaste on the wards
- 60% of patients still reported worsening oral health during their stay

Discussion

Despite the majority of nursing staff reporting they would like training in mouth care, the attendance at the training was poor. Barriers were identified, such as: time and prioritisation.

Although results were not analysed by individual wards, those with Senior Sisters who agreed mouth care is a priority had higher engagement with training and better audit results in cycle 2, reflecting the importance of positive attitudes of leaders to influence staff attitudes and behaviour, (illustrated in figure 4).

Conclusion

The project has raised oral health awareness and improved attitudes of staff towards the importance of mouth care for paediatric inpatients, evidenced by qualitative data.

There has been significant improvement in the availability of assessment/recording tools and products, such as toothpaste on the wards.

Further work is required to achieve measurable and sustainable change to patients in the longer term.

Future considerations, related to COVID-19 developments, include:

- Online training resources that staff can access in their own time
- Note templates for online records system

We are hoping to reach a wider range of professionals during the next cycle, including Allied Health Professionals and Doctors, to spread the message that mouth care is everyone’s business.

References

1. World Health Organisation. (2001) International Classification of Functioning, Disability, and Health : ICF. Geneva: World Health Organization.
2. Public Health England. (2017) Guidance, Health Matters: Child Dental Health