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## CONFERENCE ABSTRACT

### Improving Oral Health collaboratively in Residential Aged Care Facilities

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**Introduction:** Older Australians not only suffer cognitive and physical impairments and increasingly complex medical histories, but they have increased oral health (OH) related problems. These include dry mouth, tooth loss, tooth decay, gum disease, denture-related problems and oral cancer. When OH is not considered within general care, the impact on health and quality of life includes increased health service usage and cost.

In Residential Aged Care Facilities (RACF), ensuring residents have their OH needs met is problematic. Oral healthcare for elders in RACF is an area of increasing importance to policy makers, service providers and funders.

Pearly Whites is an outreach program developed by North Richmond Community Health providing individual OH assessments, capacity building and preventive-based care to RACF within the North Western Melbourne Primary Health Network area.

**Aim:** Pearly Whites (PW) aims to improve OH and quality of life for residents of RACF through increasing OH knowledge and confidence for staff and residents, supporting preventive OH care and establishing referral pathways for necessary dental treatment. This enables RACF to meet their accreditation requirements and promotes sustainability.

**Practice change, Targeted population, Stakeholders, Timeline:** On visiting a RACF individual OH assessments are conducted for consenting residents, informing an individual report and OH care plan that is developed for each resident. An OH educational workshop is conducted with facility staff at a subsequent visit. At the third visit individual OH scores are re-assessed. OH scores are compared between first and third visits and staff OH knowledge tested through pre and post survey questionnaires.

Where dental treatment is urgent or necessary, assistance is provided by the team with referral pathways, including on-site treatment by an NRCH dentist if required. Treatment planning is based on comfort and function, with the emphasis on overall OH, rather than dental treatment, with minimal impact and disruption to RACFs.

**Discussion, Lessons, Highlights, Impact, outcome:** Data demonstrates an overall reduction in OH assessment scores of residents, indicating an improvement in oral hygiene following initial OH assessment, preventive care such as silver fluoride application, and care planning. Sustainability of oral hygiene practice change needs further examination. An increase in staff OH knowledge is demonstrated through surveys, indicating the importance of this education component. However, practice change for staff is a challenge and annual attendance at RACFs observe high staff turnover

and stretched resources. There is a clear need for OH education to be a component of nursing and personal carer training, and continuing education.

**Sustainability and transferability:** The program provides early evidence of success in managing oral disease through preventive care and referral pathways. It builds capacity, increasing knowledge and confidence of staff to support residents. It is a low cost service provided by dental hygienists and OH therapists using minimal mobile equipment. Dentists are required for necessary treatment only. It provides a model for other vulnerable groups.

**Conclusion:** Oral health practitioners are integral to RACF health teams. They provide accessible, preventive, low cost OH care by sharing knowledge and building capacity, thus improving quality of life for older Australians.