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Guest Editorial

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The 'Senior Smiles' model of preventive oral health care in Residential Aged Care Facilities – the changing environment of dental hygiene and oral health therapy services for the elderly and frail

Australia's older generation (those aged 65 and over) continues to grow and is projected to more than double by 2057 (AIHW 2016). This will place huge demands on dental and medical services and ultimately effects health dollars. Many of these older people will end up in residential aged care facilities, requiring assistance with their daily care needs, including oral health.

Traditionally, dental hygienists, dental therapists and oral health therapists have provided oral health care in the dental practice environment. Although this is still the norm, oral health care is now required in other environments external to dental practices and new models of care must be developed to meet the increasing demand for environments such as residential aged care facilities. The transition from normal clinical practice to providing oral health care in the residential aged care facility environment is vastly different. The environment is challenging, not for everyone and requires skills other than those used in traditional clinical practice.

Historically, numerous programs have been designed and resources developed (SA Health & SADS, 2009) to enable nursing staff in residential aged care facilities to manage oral health. This includes performing oral health risk assessments and care plans for residents during a process that is theoretically meant to be part of a resident's journey once they enter the facility. Sadly, the reality is, although many of these programs have been initially successful and the resources valuable, the programs are not sustained and resources are not used. Why? There are many barriers and contributing factors that impede the process of oral hygiene care within residential aged care facilities. Most of these barriers have not changed since research was conducted in this environment a decade ago, by the late researcher, Dr. Jane Chalmers. Staff often report that they are not comfortable managing oral health and they are not very familiar with the oral cavity. They also report having trouble accessing the residents' mouths, especially those with cognitive impairment. More urgent care needs such as showering, feeding and the delivery of

medications takes precedence over oral health and oral hygiene care. Many of the staff lack the underpinning knowledge and skills to identify and understand oral health conditions, even if they have been exposed to oral health education. Residential aged care facility staff are often transient and unless training is provided very regularly, oral health drops off the agenda. This is all substantiated by a body of research published by the University of Newcastle since 2010 (Wallace et al 2010).

The train the trainer type oral health education for staff in residential aged care facilities, does not work, is not sustainable and does not translate into nurses providing oral health care. Podiatrists are not asked to extend their skills to provide dietary advice to residents or residential aged care facility staff and physiotherapists are not asked to dress residents wounds, so why are we, as oral health practitioners asking nursing staff to identify, manage and refer residents for dental and oral health problems? Prevention and referral to dentists for more complex dental needs is the responsibility of oral health practitioners, dental hygienists and oral health therapists. They have the knowledge and skills to provide this service under the Senior Smiles model of preventive oral health care.

How do we change the current paradigm to ensure oral hygiene care becomes as routine as showering residents? How do we as oral health professionals, put oral health on the agenda in residential aged care facilities? How do we make this happen quickly and efficiently and within a budget that the facilities will embrace?

There is a proven model of preventive oral health care known as 'Senior Smiles' (Wallace et al 2016) that was trialed in 2014 and is currently in phase two of implementation on the NSW Central Coast, in the Hunter Valley and in Sydney, in a small, but growing number of facilities. The model places a qualified oral health practitioner within the facility one to two days a week, depending on the number of residents. The practitioners provide the residents

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with oral health risk assessments, oral health care plans and establishes referral pathways to manage more complex dental and oral health needs. The oral health practitioners collaborate with other staff members in the facilities to ensure oral health becomes part of daily care needs and that a holistic approach to residents' care is established. Access to timely dental care through appropriate referral pathways is established with private and public dentists and prosthetists and specialists in geriatric dentistry.

Why is 'Senior Smiles' different? The program offers a preventive focus to ensure daily oral hygiene care is provided. It identifies simple oral health conditions such as xerostomia, candidiasis and ulcers and offers treatment for these immediately. It also identifies more complex problems such as periodontal disease, caries, oral cancers and infections and initiates the referral in a timely manner. Senior Smiles is about advocacy, about ensuring those residents who are unable to manage their own oral hygiene care have assistance. The Senior Smiles model is about ensuring those residents with cognitive impairment, such as Dementia and Alzheimer's Disease are cared for, and helped to maintain good oral health.

The Senior Smiles program has been supported by two substantial grants, one in 2013 from the then Medicare Local, and currently from the Elderslee Foundation Australia, who have pledged \$540,000 over the next three-year period. These generous grants are enabling the model to expand and infiltrate some of the largest residential aged care facilities, such as BUPA, UnitingCare, Catholic Care, Hammond Care and Opal Aged Care. It is hoped that over the next three years the impact of having a qualified oral health practitioner within these facilities, providing oral hygiene care and referral pathways, will positively improve residents' oral health and their quality of life, while lifting the profile of oral health to ensure it is part of daily care.

Training for the Senior Smiles program is available from the University of Newcastle, Oral Health team and includes orientation to the residential aged care facility, orientation to all paperwork required to establish consent, risk assessments, care plans and referral pathways and teaching aids to provide oral health education for residents and staff. The team at the University of Newcastle will also provide ongoing support to all practitioners working in the Senior Smiles model.

There is such a need to provide preventive oral hygiene care in residential aged care facilities and the need is growing. As preventive oral health practitioners, we have the knowledge, skills and attributes to manage this need and to ensure our most frail and elderly have access to appropriate oral hygiene and oral health care at this stage of their lives. Oral health care in residential aged care facilities should be expected, should be available and should be part of daily care plans.

The Senior Smiles program aims to:

- Provide a preventive oral health care model within residential aged care that is actively included in the residents' daily care needs;
- Implement residential aged care facility staff training in provision of oral hygiene support to residents;
- Provide written oral health focused paperwork, underpinning care plans and includes dental content;
- Establish referral pathways for dental services to support residential aged care facilities in accessing timely dental care for all residents;
- Collaborate with residential aged care facilities to develop appropriate policies and procedures to ensure oral health is part of general health care;
- Establish referral pathways to generalist and specialist dentists;
- Ensure dental status and dental care needs of residential aged care facility residents are collected and shared to inform planning of Residential Aged Care Facility menus;
- Collect data to inform future planning of services and aims to change policy in the management of oral health for the elderly living in residential aged care facilities.

The World Health Organisation's new Guidelines on Integrated Care for Older People (WHO ICOPE 2017) recommend ways community based services can help prevent, slow or reverse declines in physical and mental capacities among older people. The guidelines also require health and social care providers to coordinate their services around the needs of older people through approaches such as comprehensive assessment and care plans. Senior Smiles preventive oral health care for older people living in residential aged care facilities is one of these integrated community based services.

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