

Expanding your Dental Practice to Meet the Oral Health Needs of Residents in Long Term Care Facilities

Kentucky Dental Association

Annual Session 2014

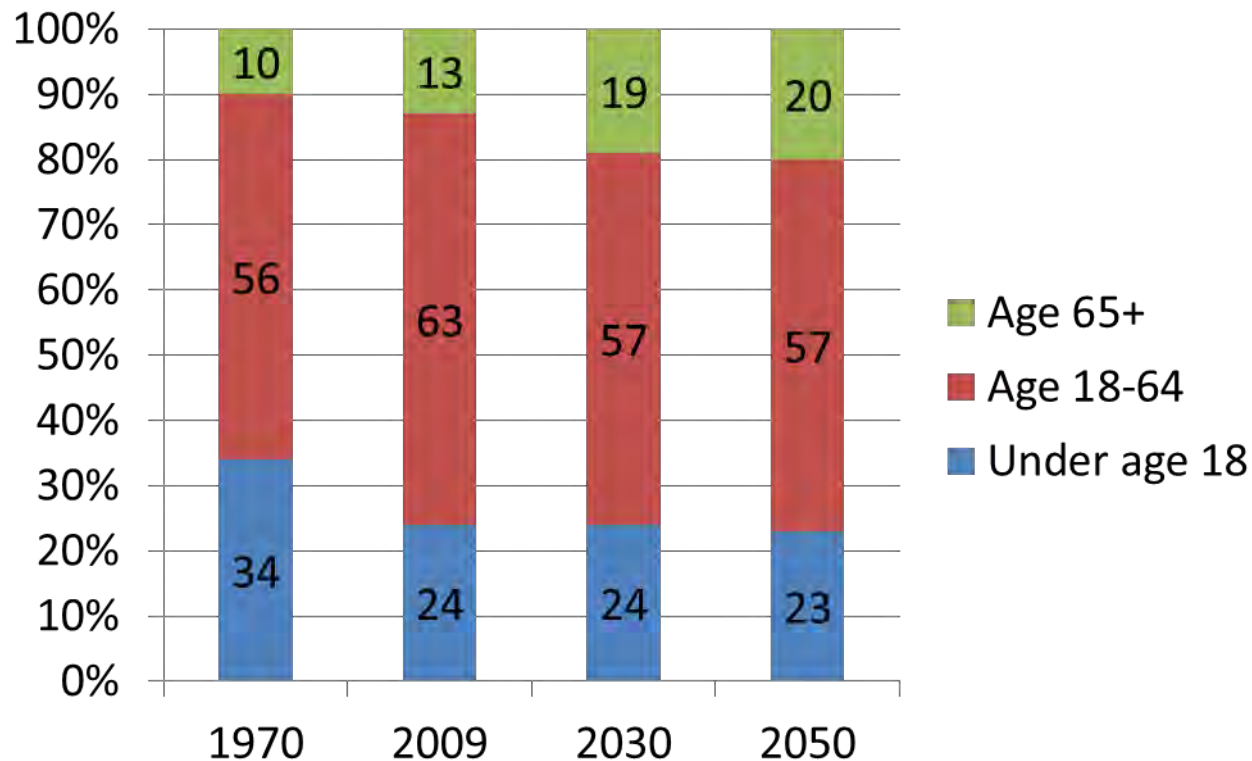
Pam Stein DMD, MPH

Objectives

- Demographics, Trends and Definitions
- Consent and legal considerations
- Documenting and billing for dental care in long term care
- Working effectively with leadership and nursing staff
- Effective communication and patient management strategies

Why talk about Long-Term Care?

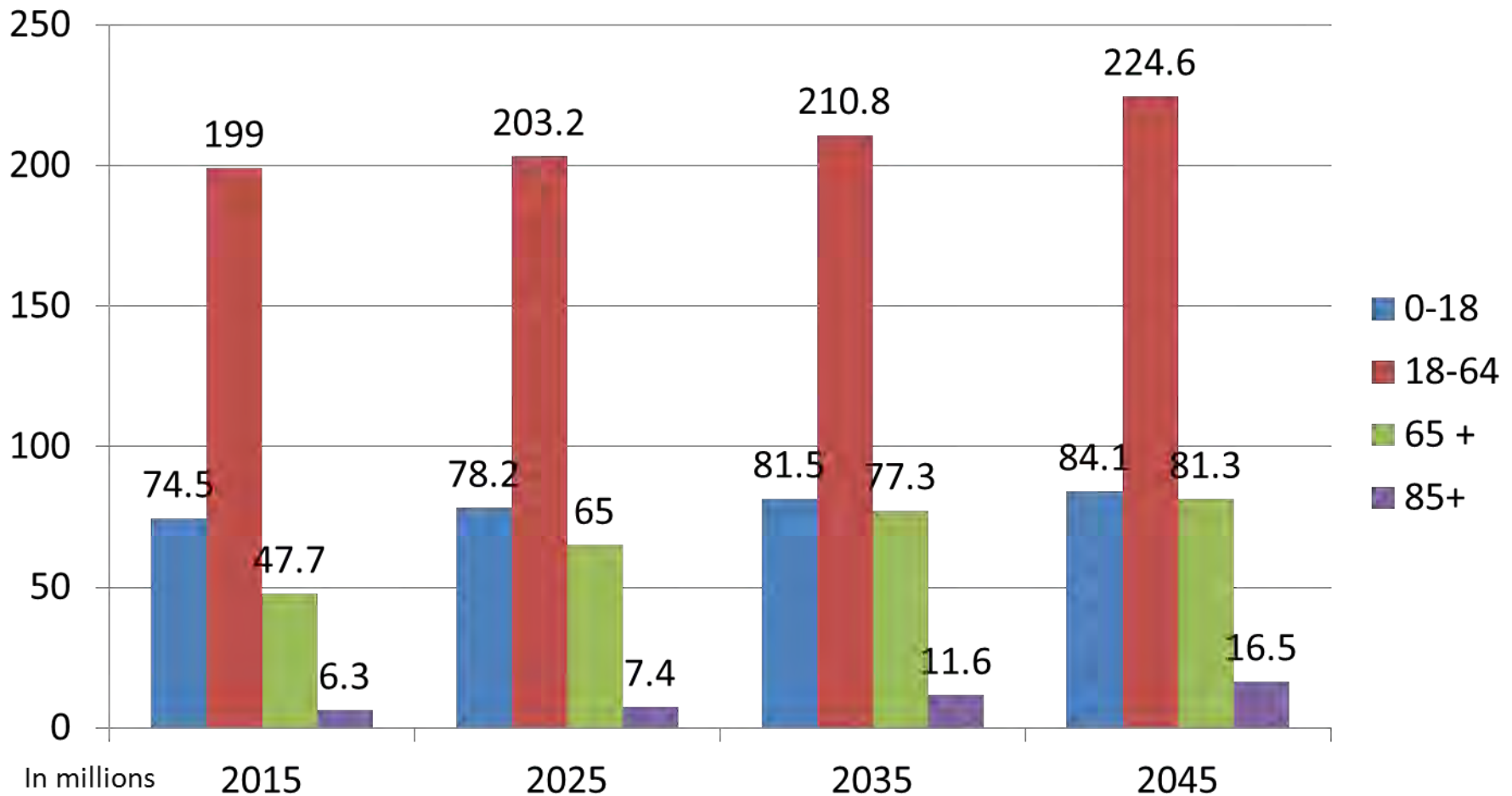
Percent of US Population in Selected Age Groups, 1970-2050



Source US Census Bureau and Jacobsen, Kent, Lee, Mather, America's Aging Population, Population Reference Bureau, 2011, Vol .66, No 1.

2012 National Population Projections

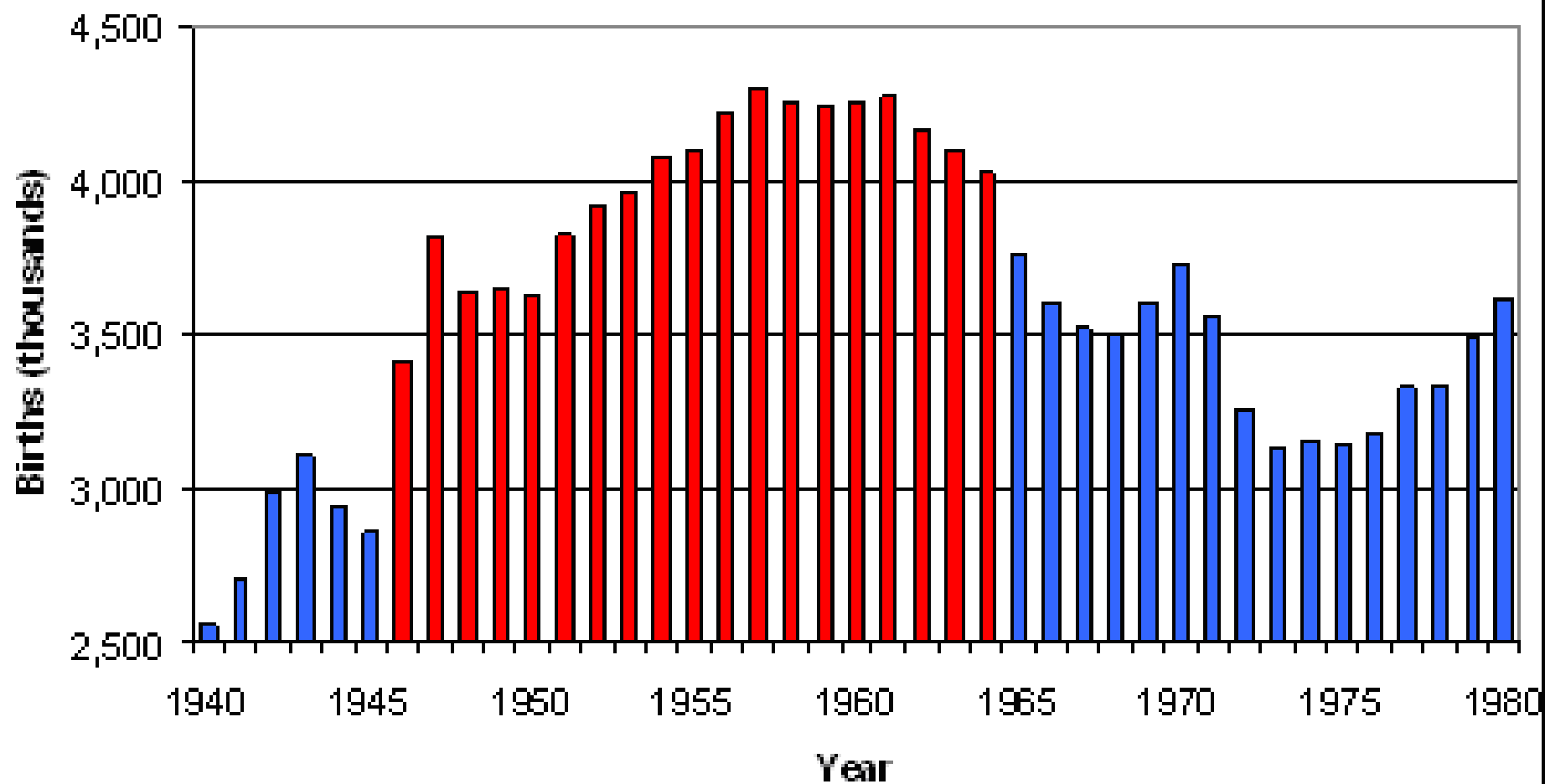
US Census Bureau

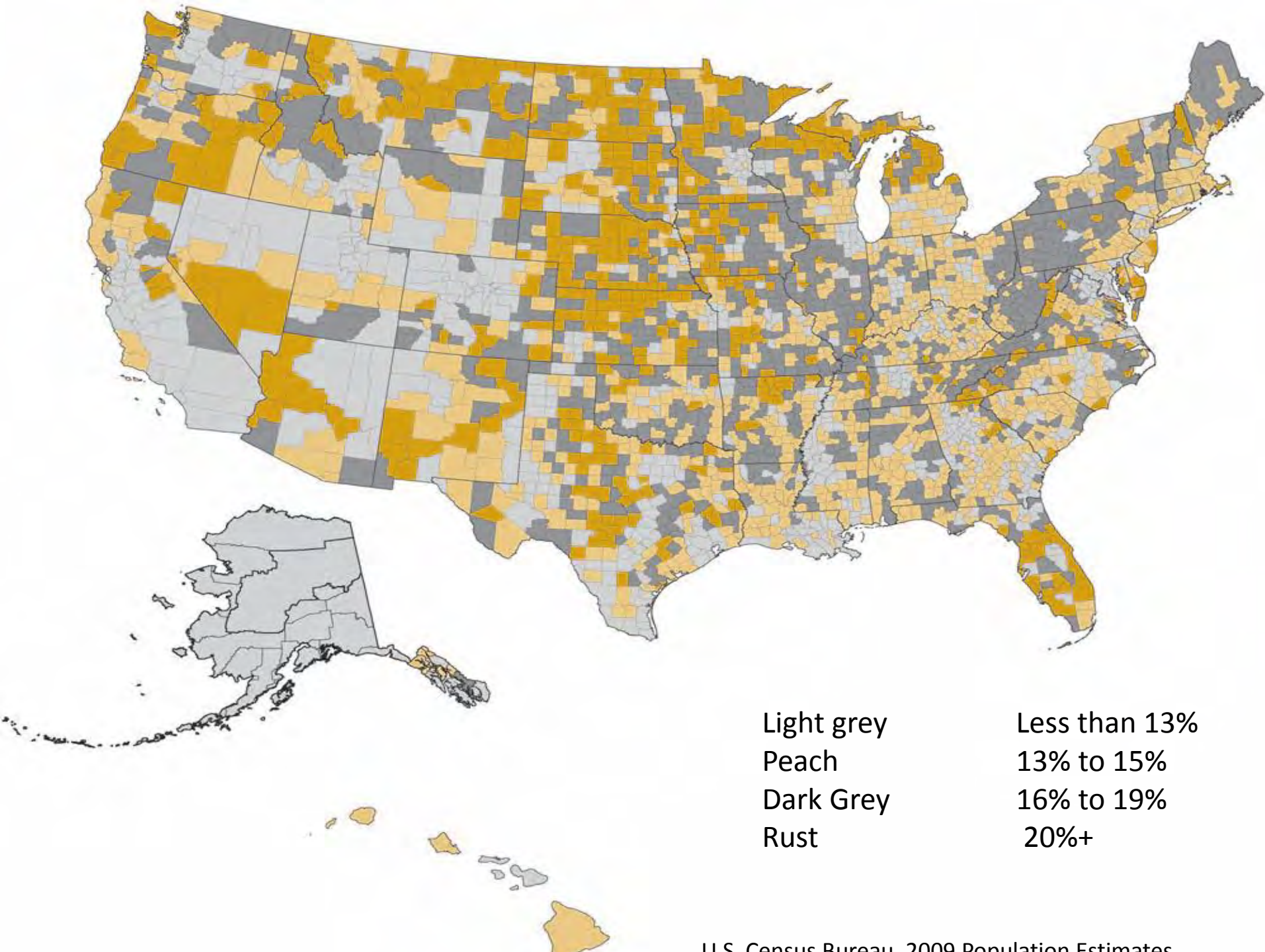


85 and older fastest growing

U.S. Births: 1940-1980

(Baby Boomer Generation in Red)





Life Expectancy

Women 81.1

Men 76.3

Source: National Vital Statistic Reports 2012

Survivorship Effect

Life expectancy at age 65

Women = additional 20.3 years (85.3 vs 81.1)

Men = additional 17.7 years (82.7 vs. 76.3)

Survivorship Effect

Life expectancy at age 75

Women= additional 12.9 years (87.9 vs 81.1)

Men = additional 11 years (86 years vs 76.3)

Living Longer and Keeping Teeth

- In the 1950's **half** of all Americans over age 65 had lost all of their natural teeth.
- In 2008, **18%** of adults over age 65 had no remaining teeth.

Fewer dentures and more teeth!

**In 1999, 44.3% of 65 + in KY
edentulous**



**In 2008, 23.7% of 65 + in KY
edentulous**



From Oral Health Resources, National Center for Chronic Disease Prevention and health Promotion
At <http://apps.nccd.cdc.gov/nohss/ListV.asp?qkey=8&DataSet=2>

Where are adults 65 + living?



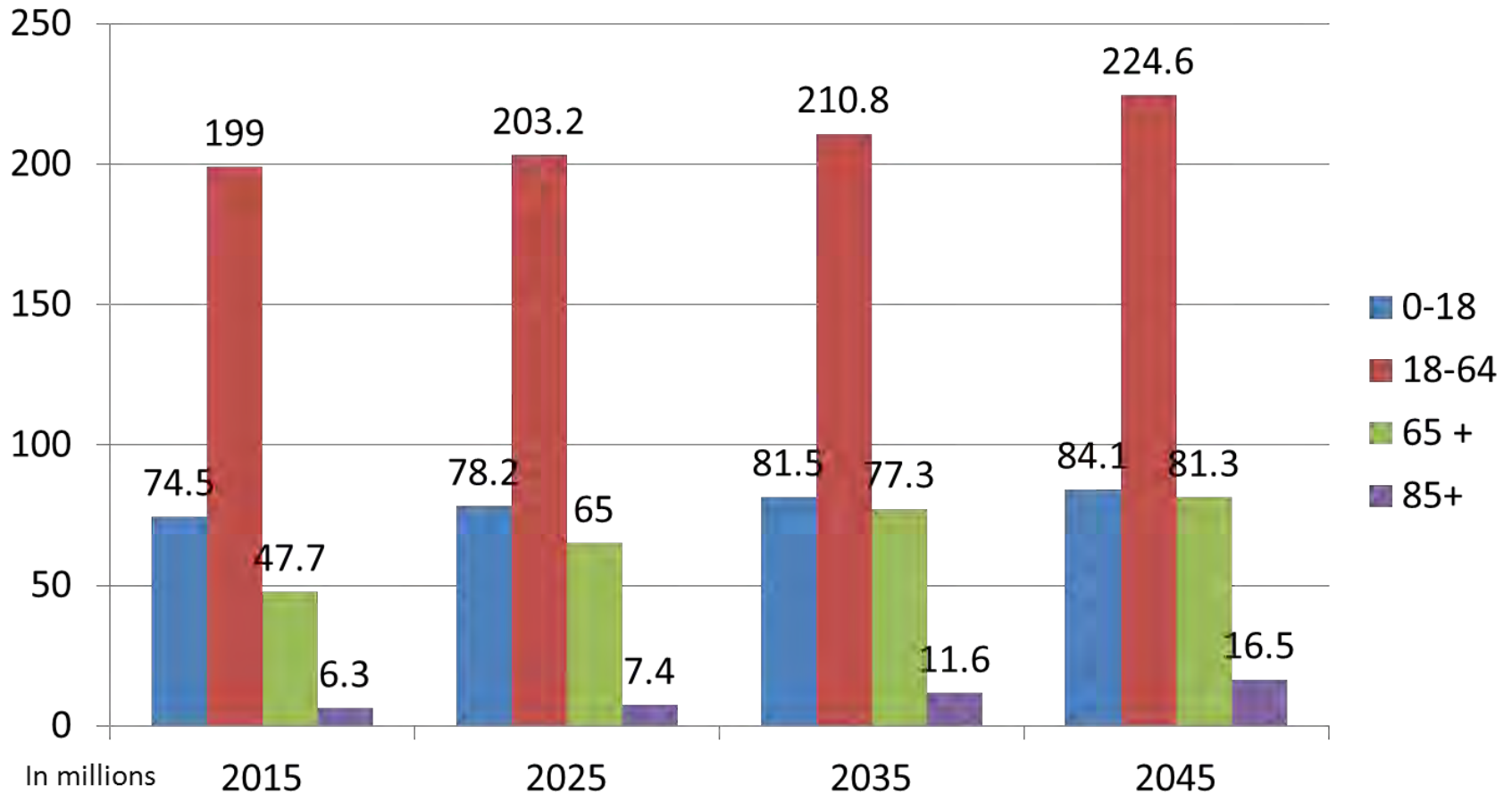
The 5% Fallacy

Only 5% of 65+ Americans reside in nursing homes at any point in time

BUT....

Nearly half of Americans 65 and older will spend time in a nursing home at some time in their lives.

15% of 85 and older live in Nursing Homes at any given time



85 and older fastest growing

Dentists can expect to be in more
demand in nursing homes

Heightened awareness of lack of care in NH

2013 NYT article

☰ SECTIONS

🏠 HOME

🔍 SEARCH

The New York Times

New F.D.A. Nutrition Labels Would Make 'Serving Sizes' Reflect Actual Servings

Mental Illness Risk Higher for Children of Older Fathers, Study Finds



WELL
[Schizophrenic Wanting to](#)

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AGING | AUGUST 4, 2013, 2:30 PM | 207 Comments

In Nursing Homes, an Epidemic of Poor Dental Hygiene

By CATHERINE SAINT LOUIS



well.blogs.nytimes.com/2014/02/27/schizophrenic-and-wanting-to-connect/?ref=health



Is Dental Neglect Epidemic in Kentucky Nursing Homes?

Posted in [Nursing Home Neglect](#) on August 15, 2013

Here's a quick way to see if your loved one is a victim of [Kentucky nursing home neglect](#).

Look inside his or her mouth.

Seniors in nursing homes nationwide are plagued by cavities, gum disease and damaged teeth – often because they are not getting proper oral care.



Contact Us Today!

Name

Phone and/or Email

Your Questions

Get Started Now!



Blog Categories

Increase in % of nursing homes surveyed that received a deficiency in dental services.



If a nursing home calls you and asks you to be provide dental services what would you ask?

Request a face to face meeting



What they want from you?

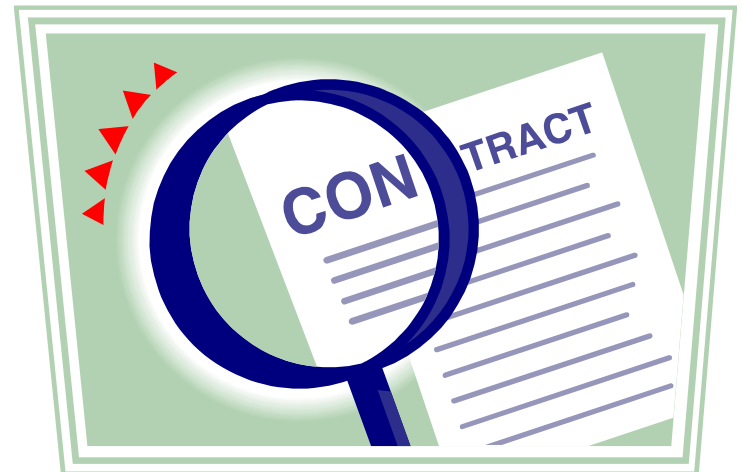
- What services do they want you to provide?
- Your office or their facility?
- Expectations of you, availability ect?
- For how many patients?
- Documentation needed from you for services?

What you need to know about them.

- How their facility organized?
- Who is the medical director?
- Staffing ratios?
- What are their priorities? Oral hygiene?
- Will they send an aid to your office to help with patient?
- Who will you communicate with?
- Who is responsible liability wise?
- How you will handle HIPAA? Share information

Dentists should have a **formal contract** that outlines the preceding details.

*Should consult with Attorney



Contract Discussion Point

Nursing Home Dental Liaison

Your contact person on the “inside” (NH employee).

- Social worker
- Nurse

This person is KEY to reducing your stress and helping things go smoothly

How a **Nursing Home Dental Liaison** Helps You

- Assists in scheduling (knows best time for pt)
- Confirms appointments
- Handles transportation and CNA assignment if needed
- Get you the forms you need
- Make sure pre-meds are taken if needed
- Confirms space availability for in-service and tx

Another Contract Discussion Point

Dental Director Fee

- This is a payment to dentist from the long term care facility
- Usually an annual fee based on the number of residents

Dental Director Fee

- This is in addition to amount dentist is paid by Medicaid, Insurance or resident for dental treatment.
- Offsets cost of treating Medicaid patients, taking extra time to manage complex patients.

Dental Director Fee

- Estimated 60% utilization of dental services by residents
- If 100 residents, project 60 will come to dentist three times a year.
- $60 \times 3 = 180$ dental visits per year at the facility
- How much subsidy do you require per visit?
- $180 \times \$20 = \3600 per year director fee

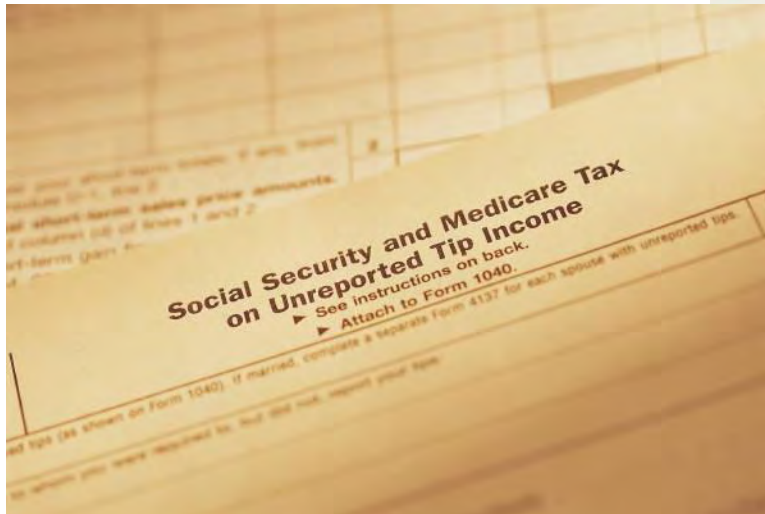
Some facilities will also pay additional fee for ancillary services

- Taking emergency call
- Providing In-Service for staff
- Attorney fees for contract
- Consultation with facility regarding surveys
- Providing documentation of dental care provided

Must know the regulations

What are the federal and state mandates?

Omnibus Budget Reconciliation Act (OBRA) regulations are FEDERAL Apply to facilities that accept Medicaid or Medicare



OBRA mandates facilities

- Provide or obtain from an outside resource routine and emergency dental services to meet the needs of each resident.
- Assist in making appointments and provide transportation
- Promptly refer residents with lost or broken dentures to a dentist

Kentucky regulations

www.hpm.umn.edu/nhregsPlus/

1. Patients shall be assisted to obtain regular and emergency dental care. **SAME AS FEDERAL**
2. The facility, when necessary, shall arrange for the patient to be transported to the dentist's office.
SAME AS FEDERAL
3. An advisory dentist shall provide consultation, participate in in-service education, recommend policies concerning oral hygiene, and shall be available in case of emergency.
4. Nursing personnel shall assist the patient to carry out the dentist's recommendations.

Kentucky regulations

www.hpm.umn.edu/nhregsPlus/

Medical records shall include reports of dental services.

Kentucky regulations

www.hpm.umn.edu/nhregsPlus/

The facility shall conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity.

Assessment shall include dental assessment.

Source: 902 KAR 20:300

These assessments can be very informative for the dentist

- Behavior Assessment
- Cognitive Assessment
- Functional Assessment – can they transfer?
- Dental Assessment

Dental Professionals DO NOT do MDS oral assessment

MDS is done by nurses at the facility

A 30 minute training session by a dentist
significantly improved nurses ability to correctly
assess oral health status and treatment need.

Current **Minimum Data Set** Requirements for Oral Health Assessment

1. Debris present in the mouth prior to going to bed
2. Has dentures or removable bridge
3. Some/all natural teeth lost—does not have or does not use dentures (or partial plates)
4. Broken, loose, or carious teeth
5. Inflamed gums (gingiva); swollen or bleeding gums; oral abscesses; ulcers or rashes
6. Daily cleaning of teeth/dentures or daily mouth care by resident or staff.

ADA and Special Care in Dentistry have suggested MDS revisions:

1. Chewing problems or mouth/facial pain or discomfort
2. Abnormal mouth tissue (ulcers, masses, oral lesions)
3. Problem with a denture or partial denture
4. Natural teeth or tooth fragments
5. Obvious cavity(s) or broken tooth (teeth)
6. A loose natural tooth (teeth)
7. Inflamed or bleeding gums.

MDS is supposed to act as trigger for action

Is it a trigger for action in a patient with oral problems?

Are the oral problems even recorded because then it would require some action?

2010 JADA paper deals with oral neglect in institutionalized elders

“the **absence of a consensus definition of oral neglect** means that there can be no systematic enforcement of this legislative mandate.”

Geriatric Dental Experts Consensus in 2009

Time to qualify for oral neglect for 29 different oral conditions

8 days for acute conditions

35 days for chronic conditions

Katz et al. Defining oral neglect in institutionalized elderly. JADA 2010; 141:433-440

Tool of Operational Definition of Oral Neglect

The “validated consensus of oral neglect in institutionalized elders definition **provides a utilitarian means to enforce**” the legislative mandate against oral neglect.

Other Geriatric Dental experts write a response in JADA

“idea of completing timely referrals nearly impossible”

- years of declining self-care

- resident may choose not to treat dental problem

- unable to find any oral health care professional willing and available to treat their patients

Our research concurs

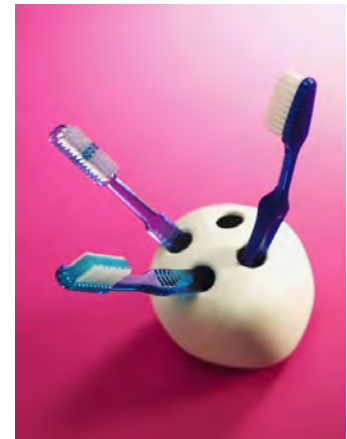
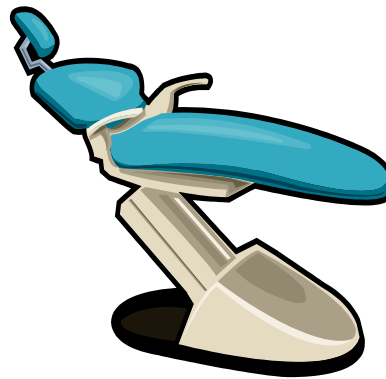
We interviewed NH administrators from across Kentucky.

“What is the biggest barrier to good oral health for your residents?”

Can't find a dentist to treat residents

Long term staff must respect autonomy of resident

So if resident says “I don’t want to go to dentist” or “I don’t want to brush my teeth” then staff respects the wishes of the patient.



Billing for dental care in long term care



Who pays for dental services in Nursing Homes?



NOT MEDICARE

- Reconstructing a jaw after accident
- EXT before radiation treatment for jaw cancer

“Medicaid covers more than 60 percent of all nursing home residents.”

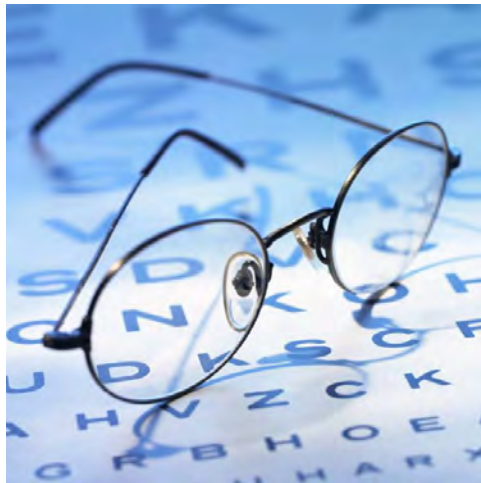
The screenshot shows the official website of the Kentucky Department for Medicaid Services. The header includes the Kentucky.gov logo, navigation links for KY Agencies and KY Services, a search bar, and a dropdown menu set to CHFS. The main banner identifies the KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES and the DEPARTMENT FOR MEDICAID SERVICES. A secondary navigation bar lists links like About CHFS, Contact Us, Forms and Documents, and Información en Español. The breadcrumb trail reads: Home > Department for Medicaid Services > Overview. The left sidebar contains a vertical menu with links: DMS Home, Medicaid Assistance Program (MAP) Forms, Medicaid Tobacco Cessation Program, Programs and Services, Fee and Rate Schedules, Boards and Committees, General Resources, KyHealth-Net System, Pharmacy, Provider Resources, Legal and Policy Information, How Do I enroll? (highlighted with a mouse cursor), and DMS Newsletters. The main content area is titled 'Department for Medicaid Services' and features a section for 'Important Kentucky Medicaid updates and announcements' with links for What's new, Subscribe to DMS E-Alerts, Medicaid Managed Care Updates, Provider Updates, Program Updates, and Policy Updates. Below this is a 'What's New' section with a highlighted item: 'Information regarding KY Kids Recovery grant program', dated (2/3/14), detailing a request for assistance from the Substance Abuse Treatment Advisory Committee. The right sidebar contains 'Web Resources' with links to KY Medicaid Managed Care Organization (MCO) Links, Find your Local DCBS Office, Kentucky Medicaid Provider Enrollment, Kentucky Children's Health Insurance Program (KCHIP), and Kentucky Medicaid Health Information Website. A 'Spotlight' section at the bottom right highlights a new DMS Newsletter page, past MCO Provider Educational Forums, and the Kentucky Medicaid Commissioner Selected for Medicaid Leadership Institute.

Getting paid for providing dental services for nursing homes residents

If nursing home resident is on Medicaid but Medicaid doesn't cover the service they need, i.e. dentures, there is a way to get paid.



Incurred Medical Expense, the mechanism often used to pay for eyeglasses & hearing aids, may also pay for necessary dental care.



Using Incurred Medical Expense

1. Patient MUST be Medicaid recipient
2. Dental service must NOT be covered by Medicaid or other third party payer
3. Patient MUST have income (SS or retirement)

http://www.ada.org/sections/professionalResources/pdfs/ime_dental_professionals.pdf

Incurred Medical Expense

How It Works

A resident's monthly retirement or SS income is used to pay for medically necessary dental services instead of paying the monthly nursing home bill.

Medicaid will reimburse the facility for the money that was used to pay dentist.

IME should NOT affect balance sheet of nursing home.

ADA How-to for IME

Dentist sends bill for non-covered service to patient and to Medicaid caseworker (employee of Medicaid)

http://www.ada.org/sections/professionalResources/pdfs/ime_dental_professionals.pdf



ADA How-to for IME

ADA advises including the following language on the Dental Bill when appropriate:



“This Dental Bill only includes medically necessary services that are not covered by Medicaid or any other third party payer.”



Medicaid Caseworker very important in this process



- They receive dental bill from providing dentist
- Approve payment
- Send letter to dental patient to pay bill out of monthly income
- Notify Medicaid to pay facility to make up for amount of dental bill

Documentation is Critical



The only industry that is more regulated than the nursing home industry?



Nuclear Power

LTC facilities must undergo an annual state survey

- Can last 1 day – 1 week
- Unannounced
- All aspects of care are examined
- Sample of residents – charts are reviewed and residents interviewed

Documentation for Nursing Home



What do they need from you in terms of documentation?

To meet federal regulations:

1. Evidence that you are a dentist that provides routine and emergency dental services to meet the needs of their resident (contract/agreement)
2. Documentation of the dental services you have provided for their residents to be included in the medical chart (format? SOAP notes)

Surveyors WILL read your notes.

Surveyors want to know:

Eat okay?

Pain?

Any oral complaints?

This needs to be VISIBLE in your notes

What You Say and How You Say It

Discuss sensitive issues by phone with Director of Nursing – **don't just write a nasty note**

Instead of writing “**filthy teeth**” write “**heavy plaque present**”

Instead of “**poor oral care**” write “**needs help with oral hygiene care**”

****Provide written orders for oral hygiene care.**

More Documentation Needed In Kentucky....

Facility also needs evidence that dentist

- provides consultation
- participates in-service education
- recommends policies concerning oral hygiene
- is available in case of emergency

Documentation for Dental Provider



Resident or Family Chooses Dentist at Admit

- At admittance to facility, resident or POA fills out **Dental Provider Selection Form**
- Essentially this is permission from the patient for a specific dentist to see the patient
- A copy of this should be kept by facility and by facility dentist

Ethical issues/ Respecting Autonomy

What if resident doesn't want to choose a dentist?

If patient is deemed competent, then on admittance explained that not caring for teeth could cause systemic problems but ultimately resident has the right to make a bad decision. They were making bad decisions before coming to the NH.

They choose you. Now what?

What do you need from facility?

Face Sheet (first sheet in resident's record):

- demographic
- Responsible Party / Power of Attorney
- financial
- medical diagnosis*

*DAY OF ADMIT ... so medical info may be dated

What else do you need?

Physician's orders:

- Contact info of physician
- Daily Medications/ Allergies
- Diagnoses – may not include diagnosis that require Antibiotic prophylaxis because this is about daily orders

That's concerning, so dentists must ***specifically*** ask for a current

Diagnoses / Problem List: This should list all diagnoses and problems of the patient.

Information dentists need before treating

- 1. Dental Provider Selection Form**
- 2. Face Sheet**
- 3. Physician's Orders**
- 4. Diagnosis/Problem Sheet**
- 5. Consent for treatment**

Must get written **Consent for
Dental Procedure** prior to treatment!

Patients/residents (themselves) decide about their own dental care and for which procedures they will provide consent

Except...

When patients have guardians who are their Power of Attorney (POA)

How do you verify who has legal guardianship/POA in the NH setting?

Face Sheet:

- Demographic
- Responsible Party/ Power of Attorney
- Financial

May confirm with facility

- Social worker
- Director of Nursing
- Administrator (Director of Facility)

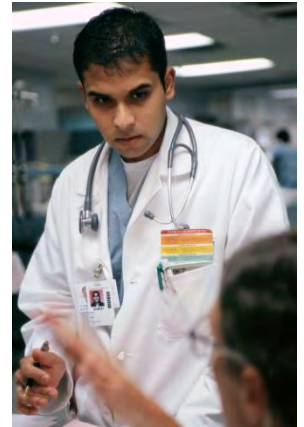
No consent is needed in life threatening emergency



Working Effectively with Facility Medical Director

Should have good communication with Medical Director

- Consult with physician before invasive treatment
 - Are underlying medical conditions stable?
 - Necessary to alter medications?
 - Are labs needed prior to procedure?
 - Other issues to be considered?



Advise physician if you need to write a prescription

- Antibiotics
- Codeine for pain
- Anxiolytic drugs like Ativan



Write stop date on prescription because resident may lose weight.

Consult with Medical Director about Medications

60% of nursing home elders have xerostomia



Photos courtesy Dr. Bob Henry

Over 400 medications cause dry mouth

Medications are the #1 cause of xerostomia



Physician may be able to alter meds to something less drying.

- Antihypertensives
- NSAIDS
- Antidepressants
- Anti-Parkinson's drugs
- Sleep disturbance medications
- Anti-anxiety medications



Drugs commonly associated with dry mouth

Working effectively with facility
leadership and nursing staff

Develop a partnership with the long term facility leadership



Administrator

Director of Nursing

Social Worker



Know what is important to the
leadership and nurses

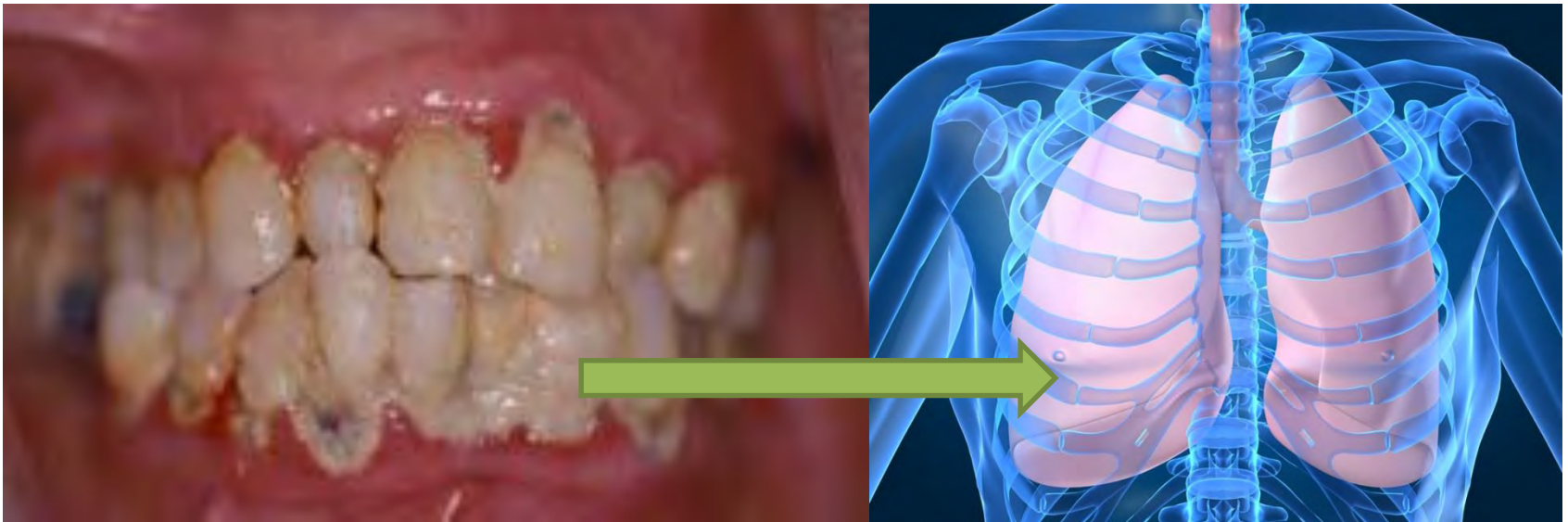
Important issues:

- 1. Good report from surveyors**
- 2. Avoiding pneumonia**
- 3. Financial Concerns**

How can you help solve these
problems?

Lack of oral hygiene is a significant risk factor for pneumonia .

Bacteria from plaque may be aspirated into the lungs



Photograph courtesy Dr. Robert Henry

See Study by Quagliarello V et al. Modifiable risk factors for nursing home acquired pneumonia. *Clin Infect Dis* 2005;40:1-6.

Pneumonia is the number one cause of death in nursing homes and a significant cause of hospitalization.



15 studies have shown brushing the teeth reduces pneumonia in nursing home residents

Brushing lowers the number of bacteria in the mouth and lowers risk of pneumonia.



Sjogren P et al. A systematic review of preventive effect of oral hygiene on pneumonia and respiratory infections in elderly people in hospitals and nursing homes. J Am Geriatr Soc 2008;56:2124-2130.

Cost savings due to fewer bed hold days because of hospitalizations

In Kentucky, Nursing Home must hold bed 14 days if resident hospitalized.

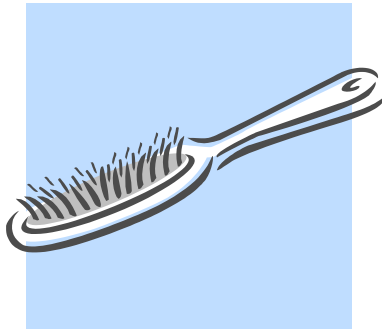
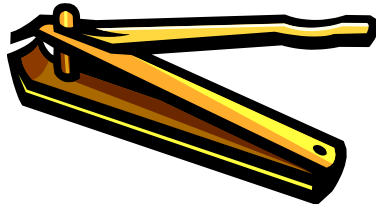


If facility census is at least 95%, facility is reimbursed 75% of the actual per diem Medicaid rate for a bed hold day

If their census is below 95%, facility reimbursed 50% of the actual per diem Medicaid rate

Can also help the leadership by
providing oral health education for
nursing staff

Nursing facilities must ensure that residents receive
“necessary services to maintain good nutrition, grooming
and personal and **oral hygiene**”



Quality of Care (483.25, Tags F310 & F312)

Citations for violating the law of oral hygiene provision are becoming more common

More likely for NH to be cited for oral hygiene than to be cited for not having a dentist.

Lack of needed oral hygiene assistance in nursing homes

- Research has shown nearly 80% of long term residents need help brushing their teeth.
- But only 5% to 16% of nursing home residents receive the help they need for daily oral hygiene.

1. Frenkel HF, et al. Improving oral health in institutionalised elderly people by educating caregivers: a randomised controlled trial. *Community Dent Oral Epidemiol* 2001;29(4):289-97.

2. Simons D, et al. Relationship between oral hygiene practices and oral status in dentate elderly people living in residential homes. *Community Dent Oral Epidemiol* 2001;29(6):464-70.

3. Coleman P, Watson NM. Oral care provided by certified nursing assistants in nursing homes. *J Am Geriatr Soc* 2006;54(1):138-43.

Problems that often result in NH placement

- Impaired cognition **54.0%**
- Wheelchair **50%**
- Impaired Activities of daily living ADLs (dressing, feeding, transferring, toileting, bathing, grooming) **85.0% have 2 or more**
- No family close by to provide caregiving
 - **64.2% Widowed**
 - **37% No Children**

What about Nursing Aids? Shouldn't they be helping?

- 1. 2006 study found only 16% of residents received any oral care (NY state, nursing assistants blinded to study focus)**
- 2. Average toothbrushing time 16.2 seconds**
- 3. None of nursing assistants wore clean gloves to provide oral care (often immediately after cleaning perineal area or changing soiled garments)**

Coleman P, Watson NM. Oral care provided by certified nursing assistants in nursing homes. *J Am Geriatr Soc* 2006;54(1):138-43.

Barriers for nursing aids in helping with oral hygiene in nursing homes

- 1. General lack of knowledge / low oral health literacy among staff**
- 2. Lack of perceived need**
- 3. Higher priorities in medical duties**
 - 1. Giving meds**
 - 2. Feeding, toileting, dressing, etc.**
- 4. Not enough nursing assistants**
- 5. Care resistance**

Dentists can address these barriers
by providing oral health education
sessions for staff

AKA: Dental In-Service

Does it really help?

Research shows improved oral clinical outcomes from **oral health educational programs** for nursing staff in long term care facilities, including **improved plaque scores of residents.**

- Pyle MA, Massie M, Nelson S.. A pilot study on improving oral care in long-term care settings. Part II: Procedures and outcomes. *J Gerontol Nurs* 1998;24(10):35-8.
- Nicol R, Petrina Sweeney M, McHugh S, Bagg J. . Effectiveness of health care worker training on the oral health of elderly residents of nursing homes. *Community Dent Oral Epidemiol* 2005;33(2):115-24.
- Peltola P, Vehkalahti MM, Simoila R. . Effects of 11-month interventions on oral cleanliness among the long-term hospitalised elderly. *Gerodontology* 2007;24(1):14-21.
- Kullberg E, Forsell M, Wedel P, et al. A dental hygiene education for nursing staffs. *Geriatr Nurs* 2009;30(5):329-33.

Successful educational programs for nursing assistants in NHs

- Support of administrators
- Small group instruction
- Hands on instruction
- Care resistance strategies
- Proper oral hygiene tools
- Importance of oral care

Overcoming care-resistance

Effective communication and patient
management strategies

Overcoming Care Resistance

Nonverbal Strategies

Approach at right time of day – dementia AM

Limit distractions and people in room (calm and quiet room)

Approach from the front

Get eye level

Smile

Gentle touch

Positive reinforcement by thumbs up or nodding yes

Distract by giving something to hold



Jablonski, R. (2010) Examining oral health in nursing home residents and overcoming mouth care-resistive behaviors *Annals of Long Term Care*, 18, 21-26.

Kayser-Jones, J., Bird, W.F., Redford, M. (1996). Strategies for conducting dental examinations among cognitively impaired nursing home residents. *Special Care Dentist* 16, 46-52.

Overcoming Care Resistance

Verbal Strategies

Warm greeting

Identify who you are / what you are going to do

Pay a compliment

Deliver one thought at a time

Short simple commands “Open please”

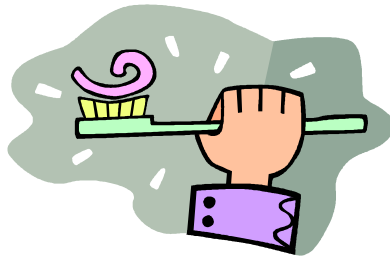
Avoid elderspeak – patronizing babytalk

Jablonski, R. (2010) Examining oral health in nursing home residents and overcoming mouth care-resistive behaviors *Annals of Long Term Care*, 18, 21-26.

Kayser-Jones, J., Bird, W.F., Redford, M. (1996). Strategies for conducting dental examinations among cognitively impaired nursing home residents. *Special Care Dentist* 16, 46-52.

Utilize Implicit Memory in Dementia Patients

Have patient hold toothbrush then with your hand over the patient's hand move the toothbrush over the teeth. This may help them remember how to brush.



Pantomime may help

You show and act out. Whenever possible demonstrate what you want the person to do. Show them what you mean by brushing.



What if patient is angry and refuses care?

Don't force it.

Try again later when the patient may feel better

Lack of quality oral hygiene supplies is an issue

Central Supply Director orders supplies and is given a budget

- Cheap, large headed, hard bristled toothbrushes.
- Cheap toothpaste -tastes bad
- Mouthwash that has no therapeutic value



Photo courtesy Dr. Bob Henry



Nurses and facilities often choose...

Foam swabs: are okay for swabbing mucosa but NOT effective in removing plaque from teeth

May be impregnated with lemon and glycerin – harsh, acidic and dehydrating



Storing Oral Hygiene Tools also an issue

- CDC recommends:

After oral care, the toothbrush/denture brush should be rinsed well and place in the driest cleanest place in room

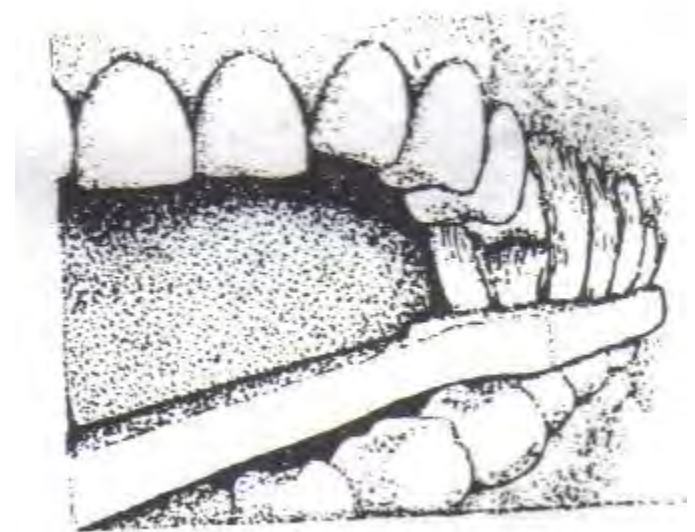


Dentist Should Advocate for Better Oral Hygiene Tools

- Talk to leadership, residents, families and Activities Director about appropriate supplies.
- Each resident has \$40 per month to buy personal items and Activity Director goes shopping for resident or with resident.



The Collis Curve Toothbrush may make toothbrushing easier and quicker. This brush has three layers of bristles and brushes all 3 sides of teeth at one time.



Successful educational programs for nursing assistants in NHs

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- Importance of oral care

Communicating Importance of Oral Care to Staff

Wound Care
resonates with staff and leadership

Wound Animation

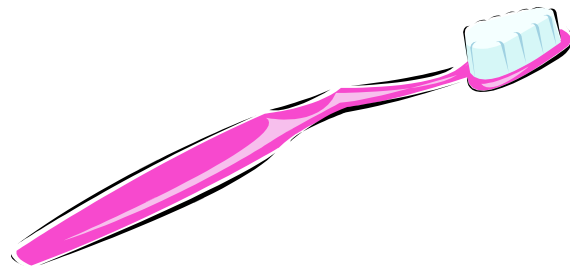
Safety Concerns regarding providing
oral hygiene for nursing home
residents.

Do NOT use toothpaste, mouthwash or water for the following patients

- Comatose patients
- Patients with swallowing problem (dysphagia) on a restricted diet of thickened liquids that can't have thin liquids (30-40% dysphagia)
- Care resistant patients
- Patients who hold liquids in mouth/ can't or won't spit but instead swallow liquids placed in mouth

How to provide oral care without toothpaste, mouthwash or water?

- Simply moisten a toothbrush with a very small amount of water or mouthwash and brush teeth as normal.
- If possible floss teeth
- After brushing and flossing wipe the mouth out with a toothette or gauze moistened with mouthwash.



Lying back for oral care is an aspiration risk

If possible, patient should be **sitting up** for oral care.



If patient can't get out of bed, **elevate head of bed.**





Emphasize
infection
control!!!



“After you have washed your hands and put on gloves, **DO NOT touch anything (except your patient’s own oral hygiene supplies) before providing oral care.** Touching other things will get germs on your gloves that will go into your patient’s mouth and could make them sick.”

Free resources provided for dental professionals

<http://www.uky.edu/NursingHomeOralHealth/>



Funded by Dental Trade Alliance Foundation

Another Website with Free Resources

<http://www.ahprc.dal.ca/projects/oral-care/>



Brushing Up On Mouth Care

This research focuses on oral health care for frail and dependent older adults with particular emphasis on daily mouth care

Daily fluoride rinse reduces the risk for dental cavities.

Search the site

Contact us: karen.mcneil@dal.ca

Main Project Information Oral Care Manual Knowledge Translation Related Links

Education and Resource Package



What is this research about?

This research collaboration includes researchers and community partners from three long-term care facilities on Nova Scotia's eastern shore and a variety of stakeholders that include seniors representatives, facility administrators, university and community college educators, primary care providers as well as policy decision makers. Together, we are exploring the broad spectrum of



Another Website with Free Resources

http://pdhaonline.org/?page_id=188.



Nursing Home Project

HYGIENISTS IN THE KNOW...

WELCOME

ABOUT PDHA

MEMBERS FORUM

KEYSTONE DENTAL HEALTH

CONFERENCE/ANNUAL

SESSION

COMPONENTS

CONTINUING

EDUCATION/ACADEMY

CAREER CENTER

STUDENTS/FINANCIAL AID

PUBLIC HEALTH

Working with Nursing Home Staff to Improve the Oral Hygiene of Residents

The PA Dental Hygienists' Association has compiled a program that hygienists in the community can follow and give a basic oral health presentation to nursing home staff. Each component has a kit to take along to presentations, but many of these resources are also available online. Listed below is all of the paperwork needed to do a complete nursing home presentation. Once this presentation is completed, the hygienist trainer is awarded 3 free CEUs!

[Invitation for Nursing Home](#)

[Course Evaluation for Audience](#)

[Course Evaluation for Presenter](#)

[Flip Chart](#)

[Flip Chart Table of Contents](#)

[Introductory Letter to Trainer](#)

[Inventory List](#)

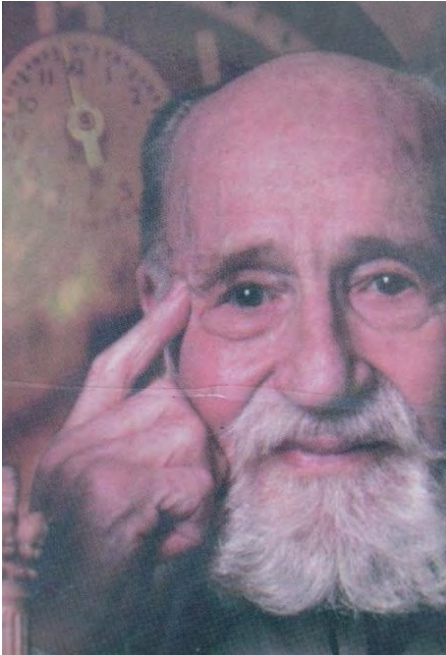
[Audience Handout](#)

[Oral Health Curriculum for Long Term Care Facilities](#)

[Product Guide](#)

Please contact Laura DeHennis, RDH, PHDHP at 215-442-1515 or 267-738-2840 or lauradeh@yahoo.com for more information.

Thank You!



Inside every senior is a 23
year old wondering what the
heck happened!