Oral Health Care Delivery in Residential Care Facilities: A Report of the Seniors' Oral Health Secretariat

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PREFACE

For the past two years, I have had the privilege of working with a group of people who deserve much praise. The Seniors' Oral Health Secretariat is a very special group of dentists, certified dental assistants, dental hygienists and denturists who work with the frailest seniors in residential care facilities in BC. There are many challenges in meeting the oral health care needs of seniors. The dedication of members of the Secretariat to ensure seniors are supported to achieve good oral health is exemplary. I would like to thank them for their willingness to volunteer their time to sit on the Seniors' Oral Health Secretariat and share their expertise.

As chair, I acted as a facilitator encouraging members of the Secretariat to share their experiences and to suggest how we can work together to care for our frailest seniors. What you see in this report is the consensus of the group who were asked to make recommendations on how to best serve the oral health needs of the aging population in BC in light of the expected increase in numbers as the “baby boomers” become seniors.

A special thank you is due Susan Boyd who managed to capture the thoughts of the Secretariat members.

Dr. Ed O'Brien
Chair, Seniors' Oral Health Secretariat
EXECUTIVE SUMMARY

The dental profession, like many health care professions, is monitoring the ability to meet the future health care needs of the growing senior population. There are many barriers that exist to seniors’ achieving optimal oral health.

The Seniors’ Oral Health Secretariat was created to provide a forum for members of the dental team (dentists, dental hygienists, denturists and certified dental assistants) to collaborate on the issues facing the dental profession, residential care facilities (RCFs) and seniors in relation to oral health care. Members brought their professional expertise in working within RCFs to discuss the key barriers to seniors maintaining good oral health and to provide recommendations to improve the delivery of care.

During the review and discussions, the following overall goal was identified to focus recommendations on: all seniors are entitled to receive the necessary support to enjoy good health and quality of life—a vital component of this is oral health. A senior must be supported in maintaining a healthy mouth that is clean, comfortable and free from pain and infection. Seniors must have access to the necessary oral health care services and supplies to achieve this.

This report addresses key barriers to oral care that restrict seniors from maintaining good oral health. These include: restricted finances; increasing frailty and deteriorating health; gaps in education; lack of understanding concerning the connection of oral health to general health; limited engagement of dental professionals in RCFs; priority of dental care (low) among facility staff; and lack of accountability for care.

Recommendations

The report’s recommendations look at ways to ease such barriers and improve the delivery of oral health care programs to residents in RCFs. In doing so, consideration is also given to how to achieve the recommendations. The recommendations are as follows:

1. **Establish a basic preventive dental coverage plan:** All seniors in RCFs (and low-income seniors at home) require coverage for basic dental services for the prevention of dental disease and relief of pain, inflammation and infection.

2. **Refine provincial regulation and create clear standards for oral health care:** While regulations exist in BC to address oral care through the Community Care and Assisted Living Act: Residential Care Regulation, the reality in most care facilities is that there are no oral health care plans in place and residents receive limited support with daily mouth care. Provincial regulations require revisions to ensure it is clear what oral care services must be delivered to maintain residents’ oral health as part of their general health and well-being.

3. **Integrate oral health care into overall health care:** Oral health care should be included as a part of facilities' overall health initiatives for residents. This includes having dental professionals available for service provision. All seniors in RCFs require oral care (daily mouth care and professional services) to minimize oral disease—this is integral to general health.

4. **Standardize oral health care training for non-dental health care providers:** All care providers and health care professionals delivering oral health care services to seniors in RCFs must meet set training requirements in oral health care. This should include hands-on experience.
5. **Expand education in geriatric care for dental professionals:** Seniors have complex care needs (frailty, chronic health conditions, dementia, etc.) that can complicate dental care and treatment. Expanded education in geriatric care is required for dental professionals to address patient management issues, ensure patient (and dental staff) safety and ease the complexity of care.

6. **Enhance the promotion of seniors' oral health:** Seniors and their family members should be educated about the connection of oral health to general health and plan for their future care. It should be clear that ongoing preventive care is required to maintain a healthy mouth and achieve good health.

7. **Create a dental coordinator role to facilitate oral health program:** The creation of a dental coordinator role is fundamental to the successful implementation of dental health programs in RCFs. Specifically, it is recommended that a dental professional fill this role. Pilot funds should be allocated to conduct a pilot project to address the feasibility of incorporating a dental coordinator in RCFs.

8. **Review and expand oral care services to seniors living at home:** In anticipation of more seniors (including frail elders) living at home, a review of the ability to meet their oral health care needs is required. Expanded services are necessary to maintain good oral health through the delivery of daily preventive mouth care and access to professional services.

The report is a starting point. The recommendations are intended to provide a foundation to address areas that require further attention to improve the delivery of oral health care. Implementing change will require input and collaboration from a number of stakeholders including seniors, RCFs, health care professionals and the dental community.
INTRODUCTION

Oral health is a critical component of overall health at any age. Despite improvements to the oral health of older Canadians (due in part to early preventive strategies) oral health continues to decline with increased age and frailty, resulting in pain, infection, tooth loss and other health issues. Poor oral health can impact seniors’ general health, well-being and quality of life. With seniors living longer and anticipated to account for approximately 23% of BC’s population by 2031 the incidences of poor dental health is expected to increase over the coming years. Steps must be taken to ensure the aging population is supported with preventive oral care and treatment.

In 2009, the British Columbia Dental Association (BCDA) formed the Seniors’ Oral Health Secretariat, a collaboration of dental professionals, to discuss barriers to dental health for seniors. Members of the Secretariat work throughout the province and include dentists, dental hygienists, certified dental assistants (CDA) and denturists. The group’s mandate is to document shared experiences and to make recommendations to address the delivery of care to this complex population with a primary focus on seniors in residential care facilities (RCFs).

During a series of meetings the Secretariat addressed common challenges faced in seniors' oral health care. Through the report, the group has outlined recommendations and strategies to improve oral health care delivery in RCFs. In doing this, consideration was given to achieve the following goal: to ensure that all seniors enjoy good oral health and have access to dental care to facilitate improved oral health and quality of life. This includes daily mouth care and professional dental services.

BACKGROUND

Dental professionals in BC and around the world are concerned with the ability of seniors to maintain optimal oral health—a mouth that is free of disease, pain and infection. The 2010 Canadian Health Measures Survey shows more older adults are keeping their natural teeth.

Seniors face a number of issues that influence their oral health. As they age many seniors must rely on others for support with basic activities of daily living such as caring for their mouth. Daily mouth care (brushing, flossing, etc.) is a basic measure to prevent and control dental decay, gingivitis and disease, as is access to professional dental services for oral hygiene, early diagnosis and treatment.

A number of other factors also make seniors more susceptible to oral disease. These include a decline in general health, increased consumption of medications (which can lead to dry mouth), and changes in diet. Daily mouth care decreases due to physical and cognitive impairments, mobility issues, and access to the appropriate hygiene supplies. In addition, many seniors lack the financial resources to seek professional care or require support to attend dental appointments.

A healthy body cannot be achieved without a healthy mouth. Due to the multiple factors working against seniors, they often begin to suffer from poor oral health which can eventually impact their overall health and well-being. Research continues to support the connection between poor dental health and other diseases including heart disease, diabetes and aspiration pneumonia. 3-5
While many facilities have arrangements to manage acute dental problems requiring emergency treatment, basic preventive care measures (such as daily mouth care) are often missing. Seniors in care require dental care services including:

- Access to basic mouth care supplies, such as toothbrushes, denture cups, and toothpaste
- Support with daily mouth care
- Regular screenings to monitor for pain and infection and to ensure the effectiveness of mouth care (ability for self-care) and
- Access to basic professional dental services such as hygiene services and an examination to diagnose and treat any dental disease

According to Statistics Canada there are 286 residential care facilities with close to 25,000 beds in British Columbia. Of the residents, over 85% are over the age of 75. It is reasonable to conclude that many of these individuals will require some level of support with their daily mouth care and in accessing a dental health professional. Yet, in many facilities, the support needs are not being adequately met.

Numerous health organizations and studies highlight the disparity in care related to seniors’ dental health:

Seniors living in long-term care facilities are at particular risk of complications from poor oral health because of frailty, poor health and increased dependence on others for personal care.

Elderly patients in nursing homes often have poor oral health due to difficulties in maintaining a sufficient level of personal oral hygiene and difficulties in accessing professional dental care.

...only 16% of residents received any oral care, with an average tooth brushing time per resident of only 16.2 seconds. While...only 5% of residential home dwellers who requested assistance with oral care ever received it.

Poor oral health status of residents in LTC settings has been repeatedly identified nationally and internationally in both dental and medical literature.
Equally, case studies where dental care programs have been implemented in RCFs demonstrate the positive impact on residents' dental and general health:

One study, Long-term Effect of an Oral Healthcare Programme on Oral Hygiene in a Nursing Home, demonstrated that the introduction of a simple oral healthcare program had significant long-term improvement on dental and oral hygiene.\textsuperscript{12}

Better oral hygiene and frequent professional oral care reduce the progression or occurrence of respiratory tract diseases in high-risk elderly people living in nursing homes and intensive care units.\textsuperscript{13}

The development and progression of dental disease is preventable. Daily mouth care and basic professional dental services can:

- Reduce the progression of oral disease;
- Reduce the need for complex and invasive treatment;
- Improve the success of treatment;
- Reduce the need for emergency care;
- Reduce the overall cost of care; and
- Enhance the overall health and quality of life for seniors in care.

The report's primary focus is on seniors in RCFs. However, the issue of seniors' oral care continues to extend beyond RCFs with more frail seniors and those with disabilities remaining at home—who will also need support with daily mouth care and access to professional dental services. Some consideration has also been given to the issue of home care.
BARRIERS TO DENTAL CARE

The following outlines the main barriers to seniors' obtaining optimal dental care services which impacts their ability to maintain good oral health in residential care:

1. **Restricted finances:** Financing dental care is a key barrier for many seniors. Dental health programs are not funded in most care facilities placing the onus to pay for dental services on seniors and/or their family. Finances are limited and may be controlled by a power of attorney. Dental care is often not prioritized and consent to cover the cost of oral care is not always provided.

   With limited funds and no dental insurance coverage, many low-income seniors living in the community also face challenges in accessing professional dental services. According to Statistics Canada, *A Portrait of Seniors in Canada,* 'insurance coverage often makes the difference in terms of disease prevention and access to health services.' In terms of dental coverage it was found that seniors are somewhat more disadvantaged compared to those working.15

2. **Connection to general health:** Numerous sources site the correlation between oral health and systemic diseases. Yet, one of the fundamental challenges in ensuring consistent oral health care programs in RCFs—both with daily mouth care and access to professional care—is the lack of understanding that oral health is part of general health. Oral health receives low priority, necessary daily mouth care is inconsistent and many residents do not have access to professional dental care services. The term oral health and general health should not be interpreted as separate entities. Oral health is integral to general health. Oral health programs are a necessary part of a resident's health care regime.

3. **Seniors struggle with deteriorating health:** Older adults with increasing frailty have more oral problems. Advancing age brings a number of challenges that can impact seniors' oral health and their ability to care for themselves. For instance, physical and cognitive impairments increase along with chronic health conditions. Many seniors take multiple medications, some of which contribute to decreased salivary gland function resulting in xerostomia (dry mouth). Without the protective buffer of saliva, there is an increased risk of tooth decay. The ability to perform daily mouth care can also be affected and without support dental issues can develop.

4. **Education Gaps:** Gaps in education exist for both dental professionals and residential care staff. Many dental professionals are not familiar with the complexities of working with a geriatric population. Further training on caring for seniors with dementia, other physical/cognitive frailties and multiple chronic health conditions is required to increase confidence in treating this expanding population.

   - Training in delivering daily mouth care (basic preventive hygiene) is limited and inconsistent. In many cases, those responsible for this task do not have the training and/or confidence to support residents’ basic care requirements, such as brushing teeth and cleaning dentures. If RCFs are to meet residents' oral health care needs, care staff must have the appropriate training to do so. This includes hands-on experience to increase their confidence in working in the mouth of elderly residents. Equally, nursing staff responsible for performing overall health assessments (which includes an assessment of oral health) often have limited training to recognize concerns in the mouth or to develop effective daily mouth care plans to address a resident’s unique needs.
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5. **Accountability:** Despite the fact that provincial regulations exist (through the *Community Care and Assisted Living Act: Residential Care Regulation*) to outline oral care standards (including supporting daily mouth care) there is lack of clarity and accountability within RCFs to ensure that this is being delivered. Access to professional care is often hindered by restricted finances while daily mouth care is not prioritized. In many cases, the level of daily mouth care is not understood. RCFs must ensure that residents are supported with their oral health. In turn, there is a need for adequate training for care staff to ensure they are able to effectively support residents. As part of this, facilities should ensure that the necessary dental supplies are available.

6. **Interdisciplinary care:** Mouth care is essential to a senior’s general health, yet dental professionals are not integrated into the health care team within many RCFs. This can lead to dental professionals not being engaged and having limited access to residents' health information—resulting in a negative impact on care. Additionally, residential care staff lack adequate training to ensure a healthy mouth. Further integration of dental professionals as part of the care team is required to support daily care staff and residents' health.

7. **Facility recognition and promotion:** Oral care is currently not prioritized in residential care. In order to affect change in the delivery of daily mouth care and in accessing professional dental services, RCFs must understand the correlation of dental health to seniors’ general health and quality of life. The inclusion of a dental program as a necessary and required daily service must be recognized and actively promoted to all members of staff.

8. **Professional engagement:** Dental professionals face a number of challenges in treating seniors in RCFs. As a result many dental professionals are not engaged in working in this environment. Challenges include: lack of funding for care and the additional time required to treat seniors in RCFs; inexperience in meeting the multiple care needs of frail seniors; limited interaction with facility staff; unpredictable appointments (relying on facility staff to prepare patient and gain consent for treatment); and lack of treatment space and equipment. Expanded education in geriatric care, increased collaboration with facilities and funding can all work to enhance care.
RECOMMENDATIONS

There are a number of factors influencing seniors’ ability to achieve optimal oral health. The following recommendations have been made to improve the delivery of care within RCFs.

1. **Establish a basic preventive dental coverage plan for seniors**

   All seniors in RCFs require a coverage plan for basic dental services to prevent dental disease and relieve pain, inflammation and infection. Professional dental care is fundamental to the prevention and early diagnosis of dental disease and supports general health and overall well-being. Financial limitations should not restrict a senior’s ability to access basic dental services such as an examination and hygiene services.

   Establishing a basic preventive dental coverage plan will have the following benefits:
   - Improve access to basic dental care.
   - Support residents’ health.
   - Ensure timely access to dental care services and early diagnosis to prevent dental disease. A preventive approach to care can eliminate more complex and costly treatment in the future.
   - Ease the ability to obtain consent, which can be withheld purely due to the cost of care.
   - Increase the number of dental professionals willing to deliver treatment in RCFs.

   A sponsored basic (preventive) dental plan is required for all seniors in RCFs (all low-income seniors) using current Ministry for Social Development dental programs as a template. Professional dental organizations should be engaged to refine the plan to ensure it meets the basic coverage requirements for seniors.

   **Supporting evidence:**
   *Aging Well in British Columbia,* a Report of the Premier’s Council on Aging and Seniors’ Issues states that ‘we must provide quality medical care for older people who need it including: assisting low income older people with the cost of vision and hearing aids, assistive devices for those with mobility limitations and necessary dental care and dentures for those with serious dental problems.’

   The British Columbia Dental Association’s (BCDA) *Report on Seniors’ Oral Health estimated in 2008 that it would cost $2.5 million* to create a dental plan for seniors in residential care. This is a minimal cost considering the high cost associated with emergency dental services and the unnecessary risks poor dental health can have on a resident’s general health.

   **Additional consideration:**
   Funding for residents in care is a starting point. All low-income seniors require a basic preventive dental plan. The number of seniors anticipated to require home care is expected to rise in the next 10–15 years. Based on information available at the time, the BCDA estimated this to cost an additional $24 million.
2. Refine provincial Residential Care Regulation and create clear oral health care standards

British Columbia addresses oral care as part of its regulation for facilities through the *Community Care and Assisted Living Act; Residential Care Regulation*.25 This is a valuable acknowledgement of the importance of oral health to general health. However, the reality in most care facilities is there are no oral health care plans in place, there is limited support for residents with daily mouth care and dental professionals are not engaged. The mouth is part of the body and care should not be limited by the resident’s ability or lack of understanding as to what is required to meet the basic care needs.

Specifically, it is recommended to:

- Refine the current regulation and to expand services and clearly define what should be delivered in order to support residents to achieve good oral health.

  In doing so, consideration should be given to internal support services, such as maintaining daily mouth care (helping residents with or delivering daily mouth care, as required), providing hygiene supplies and conducting assessments. It should also expand on professional dental services, outlining recommended services and frequency of services to support residents to achieve good health. Guidelines for emergency/urgent care should also be addressed.

- Reinstate the Adult Care Regulation (now the Residential Care Regulation) policy document, Essential Care Requirements for Oral Health (see Appendix I), to provide clarity for the regulation and define standards of care.

  Originally, the regulation was supported by a policy document to provide background information, oral health standards, guidelines, and protocols along with a sample daily oral health care policy. The policy document clarified the intent of the oral health component and provided context for RCF staff to build oral health care programs. It is understood that this policy no longer exists.

  As part of a review of the regulation, clear and defined oral health care standards are necessary to clarify the services and improve execution of programs in RCFs. Such standards should clearly outline the care required to maintain good oral health and can be included in a policy document. A proposed standard of care has been included in Appendix II as a starting point for further input and future discussions.

  Clarifying the regulations and reinstating the policy will provide the following benefits:
  
  o Clarify preventive dental services (daily mouth care and professional dental care) required in RCFs to achieve good dental/general health.
  o Reduce any room for misinterpretation around the delivery of oral health care programs.
  o Improve accountability for care—what is needed to fulfill the regulation.
  o Improve preventive care, leading to better health outcomes for residents.

**What’s needed to make this happen?**

- Input from professional dental organizations should be sought to review the current regulation and to guide changes and the development of a policy document.
- Clear and defined standards of oral health and oral health care services for older adults should be developed and promoted by professional dental organizations.
**Additional considerations:**

It is recognized that while the regulation exists, the services delivered cannot be imposed on a senior. The regulation must respect a resident’s dignity, independence, choice, individuality, involvement with decision making and are sensitive to financial ability. The implementation of a basic dental plan for seniors (see recommendation 1) would eliminate many of the financial barriers to accessing the professional dental services outlined in the regulation.

As part of public education on oral health care, there is a need for professional dental organizations to educate seniors and their caregivers on the existing regulation. When choosing a care facility, family members should ask about oral health protocols to help their family members obtain daily mouth care and access professional dental services. Seniors and/or their family members need to ensure that they are supported in maintaining good health. Facilities should also work to engage family members to support daily mouth care and to arrange professional care.
3. Integrate oral health care into overall health care

An integrated oral health care program (including/led by members of the oral health care team) is required within facilities' overall health care system. This will improve oral care, minimize dental disease and lead to better overall health. Oral care is often seen as separate to general health, separate to a senior's basic daily care needs and a separate (and external) professional service than those offered within a facility. An individual cannot be healthy without a healthy mouth.

Specifically, facilities should do the following:
- Allocate an appropriate space and maintain equipment to deliver oral health services onsite—this includes professional care and daily mouth care supplies.
- Engage dental professionals as part of the overall health care system.
- Develop standardized dental reporting (charting) within the medical chart.
- Record oral care as part of residents' main health record—including a daily mouth care plan.
- Obtain consent to deliver basic professional dental care services. This will facilitate access to preventive care such as an examination and hygiene services. (It is recognized that consent may be dependent on the ability to finance care and further consent may be required for any additional treatment.)

An integrated oral health care program will provide the following benefits:
- Engage more dental professionals to work with RCFs.
- Improve the ability to treat residents onsite.
- Create a holistic health care system to support residents' overall health.
- Ensure consistency of care—all internal and external health care professionals will have access to relevant health information—including oral health.
- Support internal training opportunities for facility staff in delivering daily mouth care and conducting oral assessments. Reduce barriers to seniors receiving dental care services.
- Improve preventive dental care and overall health and well-being.

What’s needed to make this happen?
- Facilities should engage dental professionals as part of the overall health care team for residents.
- Minimum standards for space and equipment to deliver oral health care programs in RCFS need to be defined. A long-term care facility dental program in Prince Edward Island acknowledged that one of the biggest challenges to screening patients is having adequate space to conduct screenings and to work around the facility schedule. At a minimum it was recommended that a facility have a dedicated health room that could be used to accommodate dental services as well as other health services. The space must accommodate a portable dental chair/wheelchair and have a sink.
- Standardized oral health care reporting procedures should be implemented within RCFs. Input should be sought from dental professionals.
- To ensure the safe and efficient delivery of care, resident health files must be accessible to all dental professionals serving the facility. Oral health care information must be included in resident files to ensure consistency of care.
- Professional dental organizations should be engaged to create standards within RCFs to integrate oral health care programs.
Supporting evidence:
Successful models involving an integrated approach to care do exist in some facilities. At Queen's Park (Fraser Health Authority) a dental team is part of a resident's overall care team. This includes a certified dental assistant, hygienist and dentist. The dental team works directly with clinical care staff, nurses, denturists, care aides and other staff members as required. All dental information is included in the resident's medical charts. Care plans are developed by the dental team and members are involved in care conferences. While Queen's Park is unique, the facility's oral health care delivery model should be reviewed and its success adapted to other facilities.

The University of British Columbia's Geriatric Dentistry Program demonstrated that the development and implementation of a comprehensive dental service within RCFs is possible.27
4. **Standardize oral health care training for non-dental health care providers**

All care providers and health care professionals delivering oral health care services to seniors in RCFs must meet set training requirements in oral health care. This should include hands-on experience. For example, in many RCFs, care aides are responsible for assisting residents with their daily mouth care, yet they receive limited training. As a result, care staff are not confident and often neglect this task. Without this basic preventive measure, tooth decay can develop rapidly. Additionally, other health care professionals do not have the knowledge to accurately assess a senior’s oral health to identify concerns early. This often results in oral health care being delayed until pain or infection is evident.

Specifically, the following steps should be taken:

- Develop minimum education/training standards for care staff (i.e. care aides) involved in supporting daily mouth care. This should include theoretical and practical learning opportunities.
- Develop minimum education/training standards for health care professionals (i.e. nurses) responsible for conducting assessments and developing care plans for residents. This should include theoretical and hands-on learning opportunities.
- Educate all health care professionals on the importance of oral health and how it relates to general health and well-being.

Standardizing oral health care education will provide the following benefits:

- Enhance understanding of oral health related care and the importance to achieve good health.
- Improve the delivery of basic preventive daily mouth care services.
- Improve the early detection of dental issues and subsequent referral to a dental professional.
- Prevent and control dental disease and overall cost of care.

**What’s needed to make this happen?**

- The role of all health care professionals in supporting and delivering oral health care needs to be reviewed and standards of education need to be created to enable individual professions to meet the obligations to care. Dental professionals should work in collaboration with other health care professionals or training institutes to provide recommendations/input on the curriculum.
- Education programs for health professionals should also be looked at through hospitals, colleges and universities.
- The provincial government should review professional regulations and ensure that those delivering oral care to seniors have the appropriate knowledge to effectively serve the health needs of seniors.

**Additional consideration:**

Integrating oral health care programs within RCFs has the potential to alleviate some of the gaps in oral care. Dental professionals receive standardized training related to oral care. Each profession is regulated and can practice within their specific scope to deliver services based on their professional training. Dental team members can be a resource to RCF staff and improve efficiencies of care.
5. Expand education in geriatric care for dental professionals

Expanded education in geriatric care is required for dental professionals to address patient management, ensure patient (and dental staff) safety and ease the complexity of care. Seniors have complex care needs (frailty, chronic health conditions, dementia, mobility issues, etc.) that can complicate dental care and treatment. As such, many dental professionals are not engaged in working with frail seniors—particularly in a RCF. By being aware of these factors, understanding how to effectively address these care needs during dental treatment, and gaining hands-on experience, dental professionals can increase their comfort in working with seniors.

A 2003 review of Seniors' Oral Health by the Calgary Health region noted that 25% of dental schools do not have geriatrics addressed didactically and 45% do not provide clinical experiences in geriatrics. A recent article in the *Journal of the Canadian Dental Association* highlighted the need to review the number of practitioners and the expertise required to serve the senior population. The article also referenced the development of geriatric/special needs dentistry.

Expanded education focused on geriatric care will provide the following benefits:
- Identify unique care needs (of seniors) and improve understanding of how such factors can influence dental care.
- Improve the ability to address patient management issues to effectively and efficiently deliver care.
- Increase the comfort of working with frail seniors.
- Expand the number of professionals serving the senior population.
- Enable the profession to better serve the needs of seniors in facilities and in the community.
- Improve seniors' access to professional care.

What’s needed to make this happen?
- A review of current curriculum/geriatric dentistry teaching should be conducted. In doing this, consideration should be given to the core competencies required to work with an aging population. Considerations may be given to a specialist program for geriatrics or 'special needs'.
- Lobby education facilities educating dental professionals (such as the University of British Columbia, community colleges) to include expanded training in geriatric care.
- Create geriatric care modules, as appropriate for each profession, such as for certified dental assistants working in RCF.
- Develop opportunities for dental professionals to gain hands-on experience in RCFs, such as 'job shadowing'.
- Facilitate learning opportunities in geriatric care through associations, dental societies, and study clubs.

Additional considerations:
- Professional dental organizations should look for ongoing opportunities to expand resources related to geriatrics care. This could include sample patient consent forms, a checklist of what to ask when working with facilities, establishing protocols for treating medically compromised patients and other items to improve efficiencies of care. These can be made available to members via the website to provide an online resource of information for treating seniors.
6. **Enhance the promotion of seniors' oral health**

Seniors and their family members should be educated to understand the connection of oral health to general health and plan for their future care. It should be clear that ongoing preventive care is required to maintain a healthy mouth and achieve good health. Financing care (such as through the tax-free savings account), the impact of frailty and chronic health conditions should also be addressed. Emphasis should be given to younger seniors so that they can become advocates for their future care needs.

Additionally, seniors and their family should understand that regulations exist to support the delivery of oral care in RCFs. When choosing a care facility, information should be sought on the dental program. The Government of British Columbia currently produces *A Guide to Choosing a Licensed Residential Care Facility of Residential Care Home*. Under Section 5: Resident Care, two questions are included related to dental care. Family members and seniors should be encouraged to ask questions related to daily mouth care when choosing a facility.

Educating seniors and their caregivers on oral health will have the following benefits:

- Engage seniors in their oral health, including planning for their future care needs.
- Improve acceptance of professional dental treatment by seniors and/or their family.
- Improve overall awareness of the importance of oral health.

**What’s needed to make this happen?**

- Professional dental organizations should work collaboratively with the government to expand education on dental services and the benefit of oral health to achieve a good quality of life. For instance, input on oral health topics can be provided to the provincial government's Seniors' Healthy Living Secretariat to expand resources and information available to the public related to oral health.
- Professional dental organizations should continue to work to educate British Columbians, including seniors and their families, care providers, and organizations that work with seniors (such as the Alzheimer Society) on the importance of good oral health, and how to achieve this. Strategies could include: website resources, oral health presentations, media relations and advertising initiatives.
The creation of a dental coordinator role is fundamental to the successful implementation of a dental health program in RCFs. Specifically, it is recommended that a dental professional fill this role as they are trained in oral health care. The addition of this role can ease many of the barriers seniors in RCFs face in maintaining oral health. There could be one coordinator to facilitate care for a large facility or to oversee a number of smaller facilities.

The dental coordinator will work with facility staff to deliver oral health screenings/assessments, create daily care plans and educate care staff on delivering mouth care. The dental coordinator can deliver a fluoride varnish program—a crucial preventive initiative for residents' susceptible to tooth decay. The coordinator will engage other members of the dental team to care for/treat residents, as required. An outline of some of the proposed responsibilities of the dental coordinator role can be found in Appendix III on page 37.

The dental coordinator will bring the following benefits:
- Enhance preventive dental care services.
- Provide an oral health resource for daily care staff and nursing staff.
- Ensure accountability for the delivery of oral care.
- Increase collaboration between the facility and external dental professionals.
- Improve efficiencies of care and work to attract more dental professionals in treating seniors in residential care.
- Provide resources to facilitate a dental program for residents in care.

What’s needed to make this happen?
- The dental coordinator role needs to be defined. The ability of the dental coordinator to support and/or conduct screenings, assessments and reassessments must be reviewed to further outline the role, necessary skills and to address any limitations within professional scopes of practice.
- Professional bylaws may require revision to ensure that all dental professionals can deliver the services required.
- An additional training module may be required for those interested in becoming a dental coordinator in residential care. (This could be related to further training in geriatrics or due to limitations within a legislated scope of practice for a profession.)
- Legislation is required.

Supporting evidence:
There are a number of models of care in place in BC for the delivery of dental services in RCFs. In many instances the first point of contact is the certified dental assistant (CDA) who will work with the facility to provide a range of services including: identify residents requiring dental care services; ensure consent is obtained; schedule appointments with a hygienist, dentist or denturist (as required); and arrange for equipment onsite. The CDA works to coordinate care between all parties. This alleviates some of the burden on facility staff and allows dental professionals to be efficient in providing care.

For instance, Queen's Park (Fraser Valley) operates a dental program for all residents. A residential care hygienist and dentist are involved as part of the care team, yet the CDA takes on the overall coordination of care. The CDA works closely with facility staff to coordinate care for residents. She also works with the hygienist and dentist to schedule oral assessments, hygiene appointments, dental exams and participation at residents’ care conferences. She is onsite at the facility and seen as part of residents' health care team.
Other provincial models of care also exist that use dental professionals in a coordinator type role to facilitate care between the facility and members of the dental team. This helps to streamline the process for both the facility and the dental team. The extent of the program and services varies based on the facility and available funds.

**Dental coordinator pilot study**

The addition of a dental coordinator has the potential to alleviate many of the existing barriers to care and to improve the delivery of oral health care programs in RCFs. It is proposed that funds are allocated to conduct a pilot study on the impact of the dental coordinator role in RCFs.

One recent pilot study, *Oral Health Coordinators (OHC) in Long-term Care*, looked at the addition of a coordinator to liaise between nursing and dental staff. In this study the coordinator was an existing staff member. The study provides preliminary evidence that combined training and development of an OHC position in LTC facilities can help to improve the oral hygiene of residents at the facilities. The dental coordinator pilot study can gain further insights into the feasibility of delivering a dental program with the added benefit of a trained dental professional serving the facility.

Such a study should include:
- An interdisciplinary team to oversee the pilot—including nursing staff.
- Funds to support the dental coordinator role.
- A provincial scope. Consideration should be given to work with facilities outside of the Lower Mainland and that do not currently offer dental services. This will ensure that new facilities are exposed to the benefits of dental care.
- The development of oral health care resources to support the dental coordinator and future programs.

**Anticipated outcomes of pilot project:**
- Enhance collaboration between dental professionals and care facilities leading to a team approach to residents' overall health care.
- Increase knowledge of health care professionals in oral health care.
- Develop protocols and administrative processes to enhance the delivery of oral care.
- Streamline resources to effectively and efficiently delivery care.
- Attract more dental professionals to work with care facilities.
- Further understand and address education gaps that need to be reviewed for dental professionals, care aides and other health care providers.
- Determine the financial implications of adding a dental position to residential care.
- Improve the health of residents in care.
8. Review and expand oral care services to seniors living at home

This report focuses on recommendations for seniors within RCFs. In anticipation of more seniors (including frail elders) living at home, a review of the ability to meet their oral health care needs is required. Expanded services are necessary to maintain good dental health through the delivery of daily preventive care and access to professional care.

A multi-stakeholder collaboration (including dental professionals, nurses, public health staff, care providers, etc.) is required to assist seniors at home in meeting their basic health care needs. Consideration should be given to the ability of seniors to perform daily mouth care, the impact that diet, medications and other health factors may contribute to poor health, education of support staff and the ability to access professional care (including physical and financial restrictions).

SUMMARY

There is no simple solution to meet the oral health care needs of the aging population. Seniors, care providers, family members, health care professionals (including dental professionals) and residential care facilities face multiple challenges. Finances, education, the priority of dental care services and the ability to deliver oral care are just some of the barriers addressed through this report.

This report is a starting point based on the input and experiences of dental professionals working with seniors in care. The intention is to highlight the issues facing seniors and health care professionals in maintaining good oral health and to provide recommendations to improve the delivery of service in the future.

These recommendations should be explored further through an ongoing collaboration of dental professionals. Input should be sought from other health care professionals, such as nurses who are at the forefront of care in RCFs. It is recommended that this begin by looking at a dental coordinator pilot project. This role has the potential to address many of the current barriers to care and provide further insights into an integrated care system.

Poor oral health can impact a senior's general health, well-being and quality of life. If not addressed now the issues related to the delivery of oral health care to seniors are only anticipated to grow with more seniors keeping their natural teeth, living at home and requiring support to maintain good oral health.
REFERENCES


APPENDIX I: RESIDENTIAL CARE POLICY

SECTION 5: ADULT RESIDENTIAL CARE
Subsection 4: Essential Care Requirements -- Oral Health

ORAL HEALTH CARE

POLICY:

According to the Adult Care Regulations:

9.2 (2) A licensee must encourage a resident to obtain an examination by a dental health care professional at least once every year.

(3) A licensee must ensure that a resident is assisted in
(a) maintaining daily oral health,
(b) obtaining professional dental services as required, and
(c) following a recommendation or order for dental treatment made by a dental health care professional providing care to the resident.

BACKGROUND:

This regulation recognizes the importance of oral health care. Research indicates that oral infections, lesions, ill-fitting dentures and other mouth related problems may impact quality of life because of their effects on general health, relationships with others, level of satisfaction with life and desire to be as active as possible. An individual suffering from a mouth condition, making it difficult to eat, is at risk for weight loss and a decline in overall physical health.

This regulation provides licensees the flexibility to encourage a resident to obtain the appropriate level of examination based on the resident's desires, needs and financial ability to pay for the service. Only dentists may provide dental services related to the examination, diagnosis and management of all conditions of teeth and their supporting hard and soft tissues. However, an assessment or evaluation of the oral cavity and some treatment services may be provided by dental hygienists and denturists to meet the intent of this regulation. The extent of these dental services is limited by the legislated scopes of practice for these two professional groups.


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Dental Hygienists can assess the status of teeth and adjacent tissues and provide preventive and therapeutic dental hygiene care for teeth and adjacent tissues. Note: Present legislation permits clinical dental hygiene services (e.g., scaling of teeth) to proceed within 365 days of a person having been examined by a dentist. However, specially qualified dental hygienists can provide dental hygiene services without a prior examination by a dentist.

Denturists can evaluate the mouth in order to provide services related to the fabrication, repair and/or relining of complete dentures in an edentulous arch. Note: the provision of partial dentures and complete dentures over implants is presently under review.

The guidelines outlined below indicate preferred practise and are sensitive to residents’ financial ability. They are presented in accordance with the following principle:

Residents’ dignity, independence, choice, individuality, and involvement in decision making will be respected.

GUIDELINES:

It is recommended that licensees:

- encourage residents to receive an annual examination, including a complete diagnosis and treatment plan, by a dentist. It is recognized that this may not be feasible for all residents; see Background for additional information.

- develop and implement written policies and procedures for:
  - annual examinations for residents,
  - daily oral health care for residents (see Section 10.B, Appendix 12 for a sample),
  - accessing professional dental services for residents as required, and
  - carrying out recommendations or orders for dental treatment for residents as required.

- consult with health authority Dental Health staff and/or local dental health care professionals for assistance in developing necessary policies and procedures and/or educational materials for staff development if required.

- establish access to on-going oral health care support from dental health care professionals in the community.
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Subsection 4: Essential Care Requirements -- Oral Health

- establish methods of communication between care staff to ensure that oral health issues are identified and addressed.
- include an oral health care section in the staff orientation program.
- provide in-service staff training on oral health issues.
- record the resident's dental status on admission to the facility (refer to Care Plans policy for more detailed information).
- record the name of the resident's personal dental health care professional on admission to the facility.
- include an oral health section in residents' charts encompassing assessment, treatment and ongoing care.
- include oral health care issues as a topic for discussion at resident care conferences.
- establish a mechanism to ensure availability of necessary oral care supplies.
- establish a routine to ensure that residents' personal oral care items are hygienically and conveniently stored. This may necessitate labelling of some items, including dentures.
- provide residents with the personal assistance necessary to ensure daily oral hygiene as outlined in their personal oral health care plan.
- facilitate implementation of recommendations or orders made by dental health care professionals. This may include addressing issues of consent, finances, behaviour, transportation and scheduling.

REFERENCES:

- Section 9.2 (1) of the Adult Care Regulations defines a dental health care professional as a person who is a member of:
  (a) the College of Dental Surgeons of British Columbia,
  (b) the College of Dental Hygienists of British Columbia, or
  (c) the College of Denturists of British Columbia.

- Section 10.8, Appendix 12 - sample daily oral health care policies and procedures (Simon Fraser Health Region, Continuing Care, 1998).
The following are policies and procedures regarding daily oral health care created by Simon Fraser Health Region, Continuing Care, 1998. These are provided as a sample to assist licensees in writing their own policies and procedures for daily oral health care for their residents.

**ORAL HYGIENE CARE**

**MOUTH, TEETH AND DENTURE**

1.0 **STANDARD**

- Residents who are able or unable to care for or clean their own teeth or dentures will be provided mouth care twice daily; once on day shift and once on evening shift.
- Residents are assisted and supported in maintaining their own oral hygiene, whenever possible.
- Resident's oral hygiene supplies are to be purchased by the resident, and if not possible, by the facility and replaced, as required (minimum every 3 - 4 months).

2.0 **ORAL HYGIENE PROTOCOLS**

2.1 **Mouthcare Protocol**

2.1.1 Residents with natural teeth:

- Natural teeth will be brushed two times a day - once on day shift and once on evening shift.
- Permit resident to brush own teeth if able, assist as required.
- Brush teeth for resident who is unable to do own.

2.1.2 Residents with complete or partial dentures:

- Dentures should be labeled with resident's name (on admission to facility).
- Dentures will be brushed twice daily and soaked in water nightly and in commercial cleaner weekly.
- With resident agreement, remove dentures, brush and soak in water nightly (or 1/2 hour daily if resident requests to wear dentures overnight).
- Soak in commercial denture cleaner (Polident, Efferdent) every Friday night.
- Brush and disinfect in Chlorhexidine solution if being treated for oral infections.
- Brush and rinse well before returning to mouth.
SECTION 10: APPENDIX
Subsection B: Appendix 12 - Sample Daily Oral Health Care Policies

2.1.3 Residents without teeth:
- Residents will have their mouths cleansed, as required.
- Gently brush gums with soft toothbrush as required for resident comfort and cleanliness.
- Brush coated tongue in a forward direction.

2.1.4 Residents with dry mouth:
- Residents will receive relief from a dry mouth and prevention of oral infections.
- Brush teeth as indicated above.
- Avoid acidic solutions (i.e., lemon glycerine) or solutions containing alcohol (i.e., mouthwashes).
- To relieve dryness, soft tissues (i.e., gums, palate) may be sprayed or swabbed with saliva substitute (i.e., Moi-stir, Oral balance, Sage) or water.
- Use non-petroleum based lip lubricants (i.e., hydrous lanolin, Sage lubricant).

2.1.5 Residents who take nothing by mouth / choking risk:
- Natural teeth will be brushed two times a day.
- Brush teeth or clean mouth as indicated above, dabbing moisture off brush frequently.
- To avoid aspiration, do not use toothpaste and position resident as if eating.
- Diluted alcohol-free mouthwash or fluoride gel are acceptable substitutes for toothpaste.

Note:
Report oral concerns to Team Leader/Supervisor.
Resident Care Plans

Policy:

According to the Adult Care Regulations:

9.3 (1) A licensee must ensure that staff develop and implement an individualized care plan for a resident who remains in an adult care facility for two or more weeks.

(2) A care plan must include
(a) a plan for the resident’s health care, including any self-medication plans,
(b) a plan for the resident’s oral health care,
(c) a nutrition care plan, and
(d) a plan for the resident’s recreation and leisure activities.

(3) A care plan must take into consideration the abilities, the physical, social and emotional needs and the cultural and spiritual preferences of the resident.

(4) A care plan must be
(a) completed within six weeks of the resident’s admission to the facility,
(b) reviewed on a regular basis and modified according to the current needs and abilities of the resident, and
(c) accessible at all times to staff who provide direct care to the resident.

(5) A licensee must encourage a resident to participate in the development and review of his or her care plan.

Pursuant to section 7(1)(a) and 7.1(a) of the Adult Care Regulations, the nutrition care plan must be completed within two weeks of the resident’s admission to the facility. For additional policy related to nutrition care plans, please refer to Section 5, Subsection 3 of this manual (Adult Care Regulations, section 7 and 7.1).
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- an outline of the continuum of care for providing services (i.e., from prevention directed towards the maintenance of health, to emergency procedures, to advance directives if applicable);
- any self-medication plans for the resident, authorized under section 8.6 (1) and (2), Adult Care Regulations. (Refer to section 5, subsection 3 of this manual for policy and guidelines relating to self-medication plans).
- the use of a restraint and the reasons for using it;
- requirement for trained and qualified health care professionals;
- equipment requirements; and
- reassessment/review schedules.

B. Plan for Oral Health Care

The oral health care plan should assist residents, licensees and care staff in the management of residents' daily oral health care. The plan should include the resident's general dental status and concerns and recommendations for maintaining his or her daily oral health.

The following information should be gathered and documented in the development of the oral health care plan:

- presence or absence of natural teeth in upper and lower arches;
- presence or absence of dentures (complete or partial) in upper and lower arches;
- current cleaning routine for resident's mouth, teeth and/or dentures including: frequency, time of day, products and procedures used, and ability to perform the task without assistance;
- general concerns expressed by the resident regarding his or her mouth such as pain or an inability to eat comfortably with existing teeth and/or dentures;
- contact information for resident's dental health care professional if available and date of last appointment;
- dental coverage or other sources of funding for dental care; and
- date information gathered.

The following recommendations should be included in the oral health care plan:

- level of assistance required with daily oral health procedures;
- products and supplies required;
- cleaning procedures to be followed (for a sample set of procedures refer to Section 10.8, Appendix 13);
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- special considerations including communication and behavioural challenges, dry mouth, dysphagia, and specific concerns identified by the resident.

Note: Some or all of these special considerations may need to be addressed by the multi-disciplinary care team for decisions regarding appropriate management and referral as required for professional dental consultation and/or treatment.

- date of plan development and review schedule.

The licensee may find it useful to provide care staff with in-service training that enables them to carry out individualized oral health care plans.

General information and resource material may be available by consulting with health authority Dental Health staff and/or local dental health care professionals. For additional references and detailed information on oral health care requirements under section 9.2 of the Adult Care Regulations, please refer to the policy on oral health care included in this section of the manual.

C. Plan for Nutrition

Please refer to Section 5, Subsection 3 of this manual for detailed policy and guidelines regarding nutrition care plans for facilities with 24 or fewer residents and nutrition care plans for facilities with 25 or more residents.

D. Plan for Recreation and Leisure Activities

It is recommended that a recreation/leisure questionnaire be completed when assessing new residents. This is an evaluative tool to help identify the resident’s interests, strengths and needs. Assessment information should also be obtained through interviews, observation and existing reports and records.

It is recommended that the following information be obtained and documented:

- resident background information (including ethnic, religious, educational, vocational, daily living before admission, family involvement, etc.)
- health status
- activity pursuit patterns (e.g., time awake, preferred activity settings, activity preferences, recreation/leisure preferences)
- former interests (prior to admission to facility)
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- present interests
- hobbies
- involvement in outside organizations
- interest in activities available at the facility
- interest in available committees or jobs
- activity related intervention/need areas (e.g., vision, hearing, communication, mobility, fine motor, orientation, dietary/allergy precautions, activity related doctor’s orders)

The results of the assessment should be shared with the resident and/or contact person and members of the multi-disciplinary care team.

The plan for recreation and leisure services activities should be based upon the complete assessment of the resident, be goal oriented and be consistent with the resident’s overall care plan.

The plan should include a description of the resident’s interests and strengths in recreation, social activities, education, vocation and independent living. Challenges relating to participation in activities and leisure should also be noted. Short term and long term goals should be included based on the resident’s goals and directed towards leisure and recreation satisfaction and increasing, maintaining or minimizing the decrease of the resident’s health, well-being and quality of life.

References:

- For detailed information regarding self-medication plans and nutrition care plans refer to Section 5, Subsection 3 of this manual.

- Draft Standards for Acute and Continuing Care Programs, Ministry of Health and Ministry Responsible for Seniors, February 1998.


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- Draft Standards of Practice, British Columbia Therapeutic Recreation Association, June 1996.

- For additional resource information regarding recreation and leisure, contact the British Columbia Therapeutic Recreation Association.

- For additional resource information regarding activity planning, contact the British Columbia Activity Coordinators' Association.
APPENDIX II: STANDARDS OF ORAL HEALTH AND CARE REQUIREMENTS

Note: The following outlines some initial considerations to outline standards of care. Further details should be included to address any proposed changes to the Residential Care Regulation (see recommendation 2), particularly to outline the services of dental professionals and who can deliver services based on professional scope of practice.

Clear and defined guidelines need to be in place for RCFs to support the oral health of residents. Facilities must be accountable for ensuring these guidelines are followed and that staff receive the necessary training to deliver care.

All seniors are entitled to receive the necessary support to enjoy good health and quality of life—a vital component of this is oral health. A senior must be supported in maintaining a healthy mouth that is clean, comfortable and free from pain and infection. Seniors must have access to the necessary oral health care services to achieve this.

To achieve this, seniors in care and homebound seniors that have limited mobility and/or physical or cognitive impairments or other issues must be supported with daily mouth care and in accessing preventive, diagnostic and restorative dental services. The following must be delivered in residential care facilities:

**Daily Mouth Care:** Daily mouth care is essential to remove decay causing plaque and food particles from the mouth. Mouth care must be performed as a basic preventive measure to maintain good oral health.

If a senior is unable to perform their own mouth care they must be supported by daily care providers. This should be done at least twice per day/daily and preferably after every meal. Seniors care needs will vary depending on the dental and overall health status of the senior and the level of support required.

Daily mouth care can include but is not limited to, brushing and flossing teeth, cleaning dentures and cleaning the inside of the mouth. Residents must also be supported in obtaining and storing the required mouth care supplies. Whether or not seniors can perform their own care or require a reminder, staff must monitor oral health care and perform daily inspections.

**Accountability:** Daily care staff or staff members with a sufficient level of oral care training are needed to monitor and support resident when required.

**Daily Visual Inspection:** Visual inspections must be performed to monitor the cleanliness of the mouth. For seniors unable to support their own mouth care, care staff must perform a daily visual inspection of all areas of the mouth including the lips, tongue, gums and tissues, teeth, and dentures. They should be looking for overall cleanliness of the mouth, and any potential problems. Salivary flow should also be monitored as it is a protective buffer against decay. Weekly inspections must be conducted on residents who perform their own mouth care.

**Accountability:** Daily care staff or staff members with a sufficient level of oral care training required to monitor and support resident. Perform inspection and note concerns for nurse or designated care leader.
Oral Health Care Delivery in Residential Care Facilities: 
A Report of the Seniors’ Oral Health Secretariat

**Oral Assessment:** An oral assessment must be performed upon admission to the facility, semi-annually thereafter as part of a senior’s ongoing health care plan and at any time oral health care concerns are noted. Through an initial assessment, a facility will gain important information on the resident’s current dental health status including a comprehensive review of the teeth, dentures, gums and tissues, overall cleanliness and presence of dental pain. An initial assessment will also help staff understand the individual’s daily hygiene habits and ability to perform their own care. This information should be used to create an individualized care plan for each resident (to be supported by daily care staff). The date of the last dental examination and cleaning should be recorded.

**Accountability:** Nurse or staff member with a sufficient level of oral care training required to assess oral health status – possibly working in collaboration with dental team member. When possible, assessments should be conducted or supported (as appropriate, based on scope of practice) by a member of the dental team – such as a dentist, dental hygienist, denturist and certified dental assistant.

**Dental Professional Engagement:** Dental professionals should be engaged regularly to deliver dental services for the prevention and early diagnosis of disease. The extent, frequency and delivery of services should be further defined based on each professional’s scope of practice. An examination by a dentist should be included at least once per year to diagnose and manage all conditions of the teeth and their supporting hard and soft tissues. Residents should be assisted in obtaining care from dental professionals onsite or through a community dental office, as appropriate.

**Accountability:** Nurse (to coordinate care).

**Emergency and Urgent Care:** In the case of a dental emergency (severe pain, uncontrolled bleeding, severe swelling in the mouth, face or neck, or a traumatic injury) a doctor should be notified immediately. If follow up care is required, this should be coordinated with the dentist within 24 hours.

**Accountability:** Daily care staff to highlight issue for nurse. Nurse to engage dentist or doctor.

**Facility Dental Room:** It is not always practical for residents to travel to a dental office to receive an examination or treatment. Therefore, all facilities must be equipped to support dental care onsite. At a minimum, facilities should ensure a separate space for the dental team to work with adequate light, a chair and dental tools.

**Accountability:** Facility in coordination with dental personnel.

**Charting:** All patient health information, including dental, should be charted and documented in the resident’s main file. Access to patient files should be available to dental personnel treating residents on and offsite.

**Financing Care:** All seniors in care should receive the above care regardless of income and/or approval of family members to pay for care. Financing should not be a barrier to a resident’s health. Daily mouth care and regular access to professional dental services can prevent oral disease and reduce the likelihood of necessary and more costly dental treatment in the future and reduce complications possibly leading to acute care.

**Accountability:** Government-funded plan for seniors in care.

**Accountability:** The facility must be accountable for delivering dental care as outlined above.
APPENDIX III: DENTAL COORDINATOR

Note: The following outlines some initial considerations for the recommended role of a dental coordinator. It is proposed that any member of the dental team can be the dental coordinator. It is understood that the roles and responsibility may vary depending on the training and level of services that each member of the dental team can provide (within their scope of practice). Through a pilot project it is anticipated that further insights can be gained to define the role.

Overview: The dental coordinator works within residential care facilities to implement the oral health care program for residents. The dental coordinator is the first point of contact for concerns related to residents' oral health. He/she supports the screening of residents upon arrival at the facility and works to engage other dental professionals as required.

Funding: The dental coordinator role is a paid staff position within all residential care facilities. A dental coordinator may serve multiple facilities or work within one facility, depending on the number of residents and support needs.

Responsibilities: The dental coordinator's primary role is to conduct oral health screenings and support preventive oral health care of residents. This role will support the facility to develop an oral health care plan as outlined in the Community Care and Assisted Living Act: Residential Care Regulation.

Specific tasks are as follows:

Oral health screening/assessments: Upon admission to a facility the dental coordinator will conduct an oral health screening or assist admission nurse with assessments, as needed. Specifically, the dental coordinator will observe the status of the mouth and look for:
- Debris/cleanliness of mouth
- Dentures or implants
- Broken or obviously carious teeth
- Missing teeth
- Chewing issues
- Noticeable issues with the gums and soft tissues
- Root exposure
- Ability to provide daily mouth care

The dental coordinator will observe and document the status of the mouth. He/she will consider the resident's ability to perform their own mouth care and make recommendations for support. Any issues, areas to monitor and referrals to another dental professional will be noted in the oral care plan as a part of the resident's overall care plan.

Additional information including overall medical health, date of last dental examination and cleaning, current dentist, and consent for dental care will also be noted.

Oral hygiene plan: The dental coordinator will use the information gathered through the oral health screening to begin to develop an oral health care plan for the resident, including recommendations for daily oral hygiene. This will be the foundation of the plan and further recommendations for care will be added based on oral health assessments and dental examinations conducted by external dental health professionals.
Preventive care and oral hygiene instruction: As required, the dental coordinator can support preventive care and oral hygiene instruction including:

- Working with daily care staff on residents’ mouth care – oral inspections, brushing, flossing, cleaning dentures
- Providing hands-on training to support care aides in performing daily mouth care and inspections
- Applying fluoride varnish to minimize decay
- Labelling dentures
- Recommending the proper storage of mouth care supplies
- Educating family members/seniors on oral health, preventive care and dental exams/assessments
- Scheduling dental appointments

Administration & Coordination: The dental coordinator ensures that:

- All records related to residents’ oral health care are maintained in each resident's main file
- Daily mouth care plans are included in a resident's daily care chart and updated as required
- Consent for dental care services is obtained from a resident/family member upon admission to the facility including:
  - Oral assessments – conducted upon admission (within two weeks) and with care conference (8 weeks after admission and yearly thereafter)
  - Dental examinations – conducted within six weeks/six months of admission and on recommendation by dentist
  - Consent for treatment and payment would be sought for additional treatment needs
- Dental professionals are engaged with the facility to assess and examine residents, as appropriate
- Dental professionals are scheduled to treat residents on or offsite
- Treatment is arranged for residents who need to be seen at community dental clinic
- All medical information is provided to dental professionals in advance of appointments
- Any recommendations/instructions provided by dental professional to prepare for treatment are followed
- All inventory of oral hygiene supplies is maintained
- Care aides/residents are provided with instructions on the appropriate labelling and storage of oral hygiene supplies
- The necessary instruments and supplies required for dental procedures are available. Sterilization of dental tools
- Follow up on lab cases – ensure pick-up and deliver