A Provider-driven Approach to Preventative Oral Care in Nursing Home Facilities

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Maine has the highest percentage of older citizens in the nation, prompting a high-demand for nursing home care. In nursing home settings, oral health care is not routinely provided due to financial challenges, other health concerns, and mobility/transportation issues. Oral care is an essential part of preventative medicine, as it minimizes risk for pneumonia, dental infection, thrush, and other infections.

**Problem/Impact Statement:**

- In scope: 8 MaineHealth owned or contracted nursing home facilities, patients, and providers
- Out of scope: Maine nursing home facilities, Assisted living facilities

**Goal/Objective:**

Reduce variation in Oral Care between nursing home patients: 100% of Nursing Home Patients will have 1 oral healthcare documented in Epic, with the long-term goal of 2 per year.

**Baseline Metrics/Current State:**

- % Nursing Home Patients with 1 Oral Health Assessment Documented July

**Root Cause Analysis:**

- Why do patients not receive oral care during routine care? Providers do not consistently provide it. Why?
- Providers are unaware that a patient is due for oral care during their visit. Why?
- It is not integrated into provider workflow. Why?
- Providers are not prompted to provide oral care in Epic. Why?

Oral care has not traditionally been part of nursing home provider practice, but given the mobility, transportation, and health challenges for this population, integrating oral care into routine care is the best solution. The opportunity for improvement is how to support providers to adopt this change in practice across all sites.

**Countermeasures**

<table>
<thead>
<tr>
<th>Countermeasure</th>
<th>Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project to create flowsheet for oral exams as part of routine visits</td>
<td>July 2018</td>
<td>Complete</td>
</tr>
<tr>
<td>Measured KPI Goal: 75% of nursing home patients will have documented oral care in Epic</td>
<td>June 2019</td>
<td>Complete</td>
</tr>
<tr>
<td>Report on oral exams distributed monthly to providers from the nursing home director</td>
<td>Nov. 2018</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Integrate oral healthcare into provider quality meetings</td>
<td>Nov. 2018</td>
<td>Complete</td>
</tr>
<tr>
<td>Automated reminder to conduct oral exam in Epic</td>
<td>Nov. 2018</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

**Outcomes**

- % Nursing Home Patients with 1 Oral Health Assessment Documented
- Oral Care Assessment Documented by Facility - November 2018
  - Norway
  - Market Square
  - Pine Point
  - Springbrook
  - Cedars
  - FBTS
  - Seaside
- Oral Care Provided Documented
- Not Documented

**Next Steps**

- Integrate a second oral healthcare assessment into standard practice
- Implement goals at individual facilities to reduce variation in oral health assessments between facilities
- Examine number of cases pneumonia relative to patients receiving oral care, to determine if oral care is aligned with patient outcomes
- Increase vaccination rate, as another strategy to prevent pneumonia