Oral care is an integral part of holistic patient/client centered care

Background

- Oral care can reduce the incidence of Ventilator-Associated Pneumonia (VAP).
- Interprofessional care can help improve patient/client care while providing provider satisfaction with a respectful and collaborative environment. 
- Together, the CRTO and the CDHO can advocate for best oral care practices to ensure high quality, safe and ethical care in the interest of mechanically ventilated patients/client in Ontario.

Objectives of the IPC Project

- To review existing oral care practices to determine if current practices align with evidence-based best practice recommendations.
- To determine if there is a need for the Colleges to develop new clinical best practice guidelines for oral care of mechanically ventilated patients.
- To make recommendations based on an evidence and IPC practices to registered respiratory therapists (RTh), registered dental hygienists (RDH), other health care providers, patients/client and the public.

Methods

Electronic Survey

- CRTO conducted a survey of RTh to:
- Current oral care practices of RTh and other health care providers;
- Interface sharing of organizational policies and procedures; and
- Identify oral care champions (OCC) willing to participate in a focus group.

Facilitated Focus Group

- 5 RTh and 3 RDH were engaged from across Ontario and a variety of practice settings.
- Review current practices and evidence-based literature (clinical and IPC).
- Make recommendations to the CRTO and the CDHO to improve patient/client care.

Generative Strategic Used – IPC (teambuilding, brainstorming, sequential questioning, small group work; process mapping; roundtable discussions.

Results

Electronic Survey

Oural Care Survey by CRTO:

- 118 responses
- 23% RTh involved in oral care of ventilated patients; clients
- 2% indicated home therapy program
- 8% indicated interprofessional approach
- 88% indicated do not rinse the oral cavity within 30 minutes of mechanical ventilation
- No one had received any training from RDH
- 29% would like to participate in IPC focus group

Focus Group

Current Practice Review

- Invasive – Endotracheal Tube (ETT) or Tracheostomy Tube in situ
- Oral care is delegated from organization to organization
- Notify based on Safe Healthcare Now! VAP Bundle for oral care management
- Need to identify who was on oral care team
- Need to increase awareness and standardize oral care of invasively ventilated patient/client
- Recommendations could be extended to intubated ventilated patient/client in community
- Further recommendations for institutional and pediatrics population, non-invasively ventilated patient/client should be considered in the future

Other Challenges to Oral Care Identified:

- Proximity of oral care provider to intubation is an emergent situation
- Access to patient (e.g., patient’s chart, client/parent guarding, trauma, infection, patient linger)
- Patient’s/client education and understanding (e.g., limitations, demands, elements)
- Patient’s/client compliance (e.g., physical ability, access to assistance)
- Home care and support of family, access to competent and evidence-based care
- Fear of touching mouth (e.g., lack of understanding, stigma of sexual abuse)

References


As a team, ask:

- What needs to be done? – Evidence-based best practices, guidelines, policy & procedure, competency, quality assurance
- What can we base upon scope and perhaps outline our approach (e.g., outlining)
- Who is involved? – Units of benchmarking committees (i.e., medical directors, deligation), oral hygiene including the patient/client, facility and non-regulated health-care providers
- What would different? – What is the best current of the patients/clients given the provider and practice setting

Evidence-based oral care reduce VAP Advocates for standardization and adoption of evidence-based best practices based on Safe Healthcare Now! VAP Bundle

Communicate and Document

Suggested Next Steps for CRTO/CDHO

- Joint communication
- Presentations, posters, abstract, papers
- Conferences (e.g., Respiratory Therapy Society of Ontario (RTSO) Educational Forum Fall 2011 or Ontario Dental Hygienists’ Association [ODHA])
- Interprofessional Forum (e.g., Federation of Health Regulatory Colleges)
- Hospital and other organizations (e.g., Education Days)
- Interprofessional Education (IP) – Cardiac, Alzheimer, OR, CH, and Pandemic colleges have both approved RT and OR programs
- Share with other health regulatory colleges (e.g., Nemer, Speech Language Pathologists, etc)

Was This A Successful IPC Project? YES

CICO Goal of IPC

A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues.

Who is on the Oral Care Team?

- Dental Hygienists
- Respiratory Therapists
- Physicians
- Pharmacists
- Nurses
- Social Worker
- Personal Support Workers
- Patient-family members

Acknowledgements

Focus Group Participants

From left to right: Betty Lau Doucette, RRT, Children’s Hospital of Eastern Ontario (CHEO); Lisa Frisch, RDH, Baycrest Geriatric Health Care System, Toronto, Jennifer Harrison, RRT, Professional Practice Advisor, CRTO, Cynthia Harris, RRT, Sharp Star Houlder, Toronto, Nancy Perkus, RRT, (The Ottawa Hospital), Tara Fowler, RRT, University Health Network, Toronto (front); Shoelagh Walsh, RRT, Toronto (behind); Miranda Zadzinski, CRT, Kingston General Hospital, Beth Reket, RRT, Vital Air, Donna Savell, RDH, Richard Richardson, RDH, Registrar, CDHO, Lisa Taylor, RDT, Associate Registrar, CDHO (Front present for photo)

Project Lead and Focus Group Facilitator

Jennifer Harrison, RRT, Professional Practice Advisor, CRTO