



Public Health
England

Protecting and improving the nation's health

Dental public health intelligence programme

North West oral health survey of services for dependant older people, 2012 to 2013

Report 3: hospitals with in-patient facilities

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Preface

Oral health surveys in England are undertaken with various population groups as part of the PHE Dental public health intelligence programme. Prior to the 2013 re-organisation such surveys came under the umbrella of the NHS dental epidemiology programme. The survey reported here is 1 of 3 undertaken over the time of transition and was initiated by a working group comprising dental public health practitioners who now work within PHE in the Operations and Chief Knowledge Officer's Directorates.

The survey was only run in the North West region as there was an opportunity to do this within the overall planned programme while other regions undertook other surveys.

The needs of older people are becoming a priority area and this survey was undertaken to provide information that was lacking about this population group. It recognises the stages of dependency that people go through and the different services that support them through this. The learning from the North West survey is now being used to plan national oral health surveys of dependent older people which will take place in 2015 to 2016.

This report is the third of a series of 3 and tells of the findings of oral health related questionnaires run with managers of hospital wards for older adults. The others report on questionnaire surveys of managers of 'care in your home' services and of adult residential and nursing care homes.

Introduction

Among older people the transition from 1 level of dependency to another is often heralded by admission to hospital. This may be because of an acute phase of a pre-existing condition, the manifestation of a condition which was not previously known, self-neglect or an accident. During a hospital stay oral care may be of low priority when more challenging conditions are being treated, but if this is neglected in the long-term, the impact can be large with respect to infection and complications of other general conditions, discomfort and the ability to eat.

A hospital stay may be an opportunity to encourage older patients to adopt good oral hygiene habits, if these are not already being practiced. The new stage of a condition may mean that some patients can no longer maintain their own oral hygiene without assistance and this should be taken into account and factored into any rehabilitation plans.

Anecdotally some older people experience the loss of their dentures during a hospital stay. This can have a large impact upon patients' ability to eat and speak, on their self-confidence and dignity, as the existence of teeth is important for maintaining appearance. The re-provision of new dentures can be difficult for older people and sometimes it is impossible for them to learn to cope with them. This can be the start of decline as eating is difficult and socialising becomes problematic. For this reason the causes for loss of dentures in hospital need to be investigated.

Clearly the impact of a hospital stay on oral health can be large so it is important that this is acknowledged by hospital staff and training provided to ensure good practice is implemented.

Summary

A wide range of practices relating to oral health were reported in in-patient wards for older people.

It is clear that on many wards the importance of oral health has been understood and processes had been set up to ensure that assessments of oral health were routinely undertaken and the results were responded to. Support for regular oral hygiene and denture hygiene was provided where it was assessed that the patient could not undertake this by themselves. Good practice was also established to identify oral conditions and access suitable care to treat these, as there was an appreciation of the impact of these.

In contrast, at some sites, assessments were not undertaken or were carried out ad hoc or during day to day care and limited procedures were in place to assist patients with oral hygiene. Some sites recorded that they referred oral conditions to the doctor, an ear, nose and throat (ENT) specialist, or maxillo-facial surgeon. Others had no access to dental clinicians on-site and relied upon general dental practitioners (GDPs) to visit and provide care. In these situations it could be surmised that the importance of maintaining a healthy mouth was not understood or it was not considered worthwhile engaging appropriate services for in-patients.

The loss of dentures on the wards, or in hospital departments attended by patients previously, is clearly an occasional, but widespread occurrence. The impact of such a loss on the patient's ability to chew, talk, smile and socialise can be considerable, but this was not clearly appreciated by respondents. The assumption that such a problem can be remedied by the provision of new dentures clearly show an underestimation of the considerable difficulties some older people have adapting to new dentures. The marking of dentures with patients' names and raising the awareness of nursing and support staff would only go some of the way to reduce the occurrence of this insurmountable problem, particularly among patients with dementia.

Section 1. Methodology

A survey containing 15 questions was used to gather the views of ward managers from hospitals with in-patient facilities providing care for adults, over 65, living in the North West. The survey was observational and only involved service managers, not patients or individual service users. A copy of the full questionnaire is provided in Appendix A.

A list of all hospitals within each former Primary Care Trust¹ was drawn together along with details of the number of geriatric beds in each. All hospitals were visited and the following managers were interviewed:

- one randomly selected elderly care ward manager
- one randomly selected medical/general ward manager
- one randomly selected surgical ward manager

A total of 96 hospital ward managers took part in the survey, across North West local authorities² (plus the Isle of Man). Surveys took place via face-to-face or telephone interviews from October 2012 to May 2013. Results were entered onto computers using a regional format.

All data was analysed using statistical package for the social sciences (SPSS) version 21. Missing responses were excluded from analysis.

¹ As of 31 March 2013, primary care trusts were abolished and their work taken over by clinical commissioning groups (CCGs).

² Chorley, South Ribble and West Lancashire local authorities did not participate in the survey.

Section 2. Results

Participation in the survey

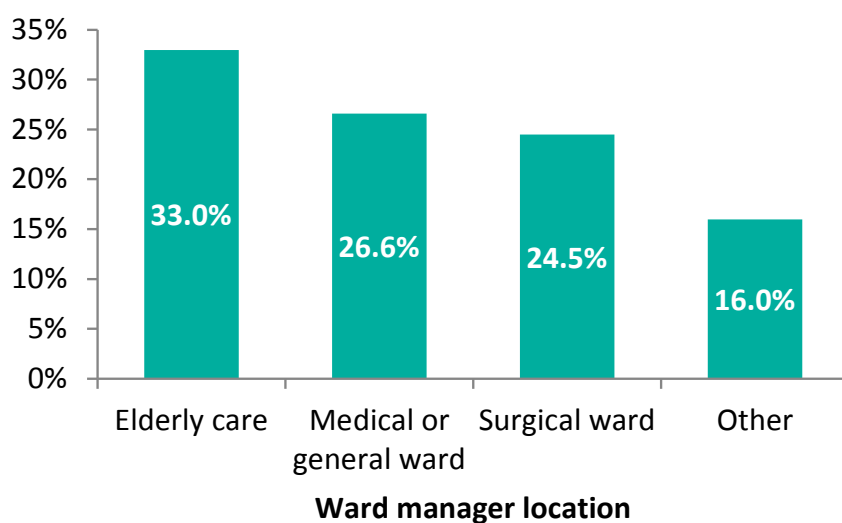
Two-thirds of agency managers (66.3%) reported receiving an information letter about the study prior to participating (table 1). Almost all had been given the opportunity to ask questions about the survey (94.7%) and freely agreed to take part (97.9%).

Table 1. Participant background questions

Has the agency manager...	Yes	No	Not sure
received the information letter	66.3%	17.9%	15.8%
been given chance to ask questions about the survey	94.7%	5.3%	N/A
freely agreed to take part	97.9%	2.1%	N/A

There was an even spread of respondents across the different ward types (figure 1), with 33% from elderly care wards, 26.6% medical or general, 24.5% surgical and 16% other. Additional comments were made by 50 respondents, mostly providing information about the type of ward they worked on, for example, rehabilitation (n=15) or stroke (n=4).

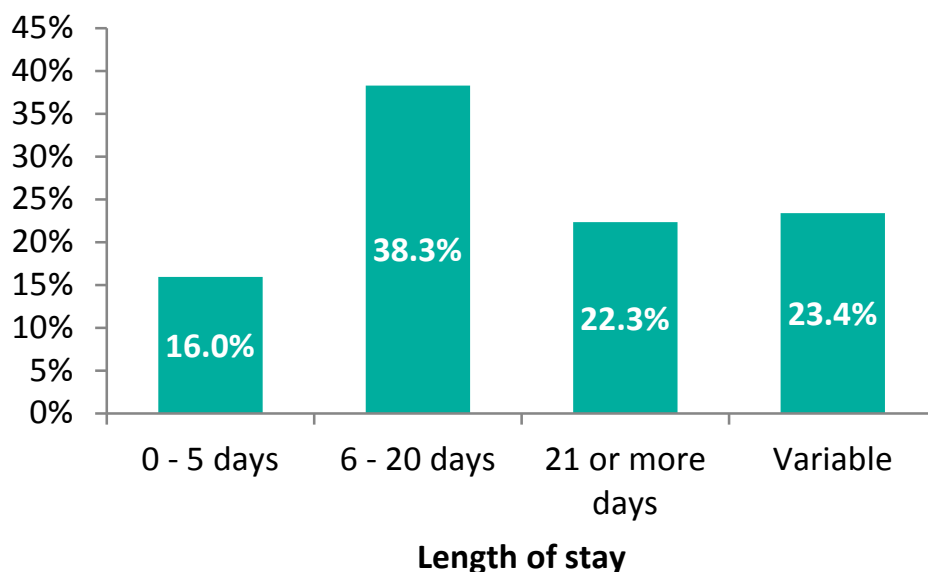
Figure 1. Type of ward that the manager was responsible for



Length of stay

Managers were asked to provide information on the approximate length of stay on their ward for elderly patients (figure 2). Between 6 and 20 days was the most common length of stay on a ward (38.3%).

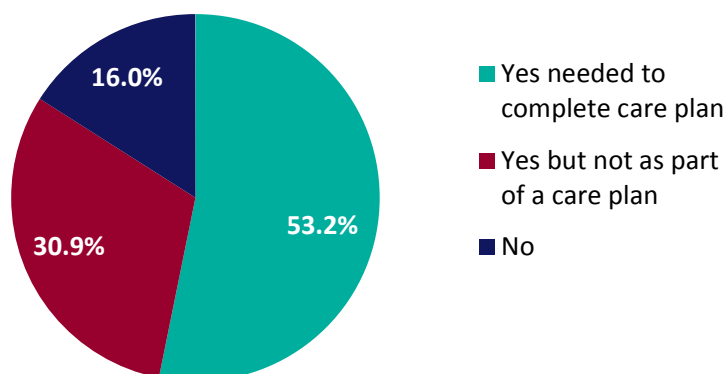
Figure 2. Approximate length of stay for elderly patients (aged 65 years and over).



Oral care needs assessment

The majority of ward managers reported that they undertake a formal assessment of each elderly patient's oral care needs on admission (84.1%), many as part of the patient's care plan (53.2%), but others do not form part of a care plan (30.9%; figure 3). A number of additional comments were made in relation to this question (n=37), mainly providing information about who conducts the assessments and when. A wide range of approaches are reportedly taken towards needs assessments; some of these are based on personal hygiene, others from a view about swallowing ability. In some cases the presence of dentures is enquired into as an item of patient property, in others so that the hospital hygienist can help with denture cleaning. Where thrush was present hospital doctors, not dentists, were informed.

Figure 3. Responses to the question: 'Is there a formal assessment of each elderly patient's oral care needs on admission?'



Of those who conducted assessments, the presence or absence of dentures was checked by 90% of hospitals (table 2). The ability of the patient to clean their own teeth was checked by 77.8%, and their ability to chew by 75.6%. The presence of oral conditions requiring urgent attention was the least commonly assessed of the four categories (60.2%).

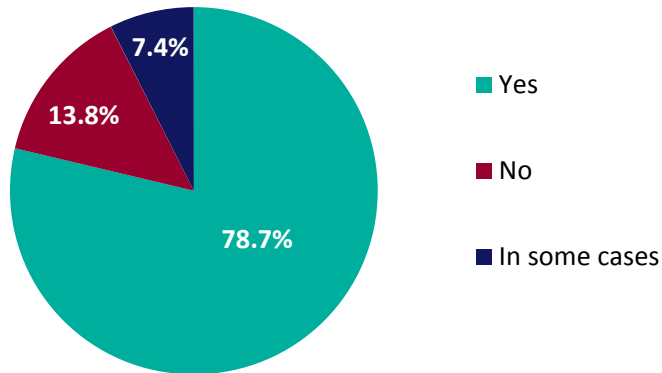
Table 2. Type of oral health needs assessment

Assessment of...	Yes	No	N
presence/absence of dentures	90.0%	10.0%	90
ability of the patient to eat food they want	75.6%	24.4%	90
ability of the patient to clean their own teeth	77.8%	22.2%	90

Oral hygiene

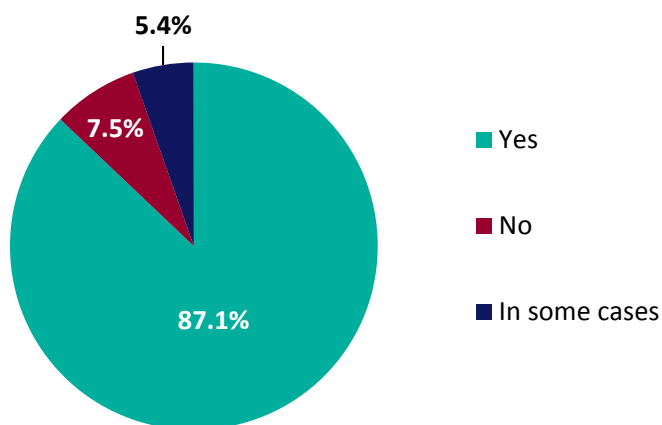
Over three-quarters (78.7%) of ward managers had a protocol or system in place to ensure that patients had the opportunity to clean their teeth (figure 4). Additional comments were provided by 34 respondents, mostly stating that patients have the opportunity to clean their teeth as part of their care plan or daily hygiene plan/pathway.

Figure 4. Responses to the question: 'within elderly patient's everyday care is there a protocol or system to ensure that all patients have the opportunity to clean their teeth?'



Respondents were then asked whether they had a system to ensure that the elderly patients who need help with oral hygiene receive it. Of those who responded, 87.1% did have a system in place (figure 5), while an additional 5.4% said there was a system in place on 'in some cases'. There were 24 additional comments, mostly stating that oral hygiene is part of personal care/hygiene plans.

Figure 5. Responses to the question: 'Is there a system in place to ensure elderly patients who need help with oral hygiene receive this help?'



Staff training

Managers were asked whether their staff had received training in 5 different areas of oral health care (table 3). Across the 5 areas, hospitals had most commonly provided training on assessing a patient's need for assistance with oral hygiene (72.3%), while the least common was assessing a client's need for urgent dental treatment (35.9%).

Table 3. Staff assessment skills

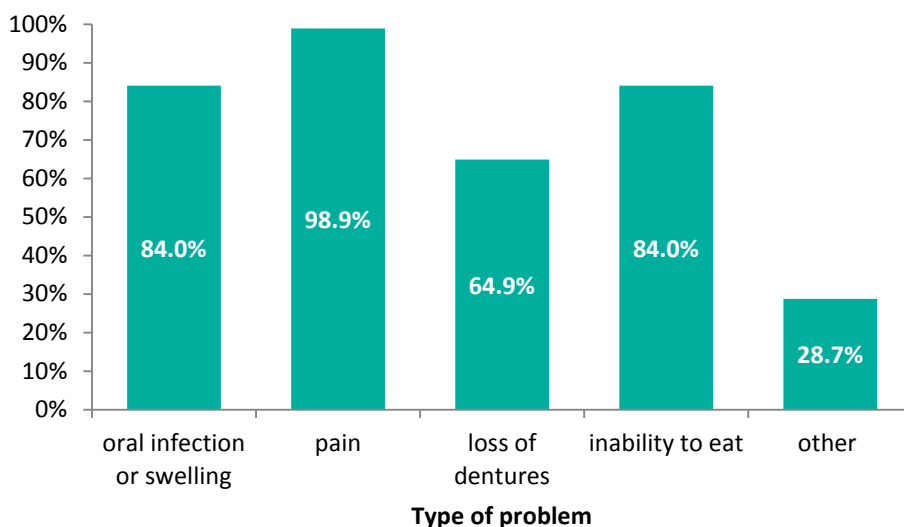
Are care staff trained to....	Yes	No	N
assess a patient's need for assistance with oral hygiene	72.3%	27.7%	94
give patients assistance with oral hygiene	76.3%	23.7%	93
assess a patient's need for urgent dental treatment	35.9%	64.1%	92
obtain urgent dental treatment from the correct source	51.6%	48.4%	93
take care of patient's dentures	81.7%	18.3%	93

A number of respondents provided additional comments in relation to this question (n=58). On some wards staff are trained as part of their induction (but with no follow up), while for many there was no formal training in place (with some stating they rely on common sense).

Urgent oral care

Managers were asked under what circumstances urgent oral care would be sought for elderly patients. Across the 5 categories, pain was the most common reason for seeking urgent oral care (98.9%), followed by oral infection or inability to eat (84% respectively; figure 6). Those who stated that urgent oral care was given in 'other' circumstances were asked to provide further details, and opportunity for further general comments was also given. There were 57 additional comments, many reaffirming that care would be sought under the circumstances already described. Other comments related to the process which would be followed if a patient required urgent oral care, such as a nurse informing a doctor or contacting the patient's family or general dental practitioner.

Figure 6. Circumstances under which urgent oral care is sought for elderly patients



Managers were asked to provide information about the arrangements that were in place on their ward for geriatric patients to access dental care. There were 89 responses, categorised as follows:

- contact patient's own general dental practitioner/contact community dental services (n=25)
- refer to other hospital department e.g. oral surgery, maxillo-facial team (n=20)
- contact on-site dental team (n=5)
- no formal arrangements in place (n=15)
- other (n=24)

Complications from oral infection

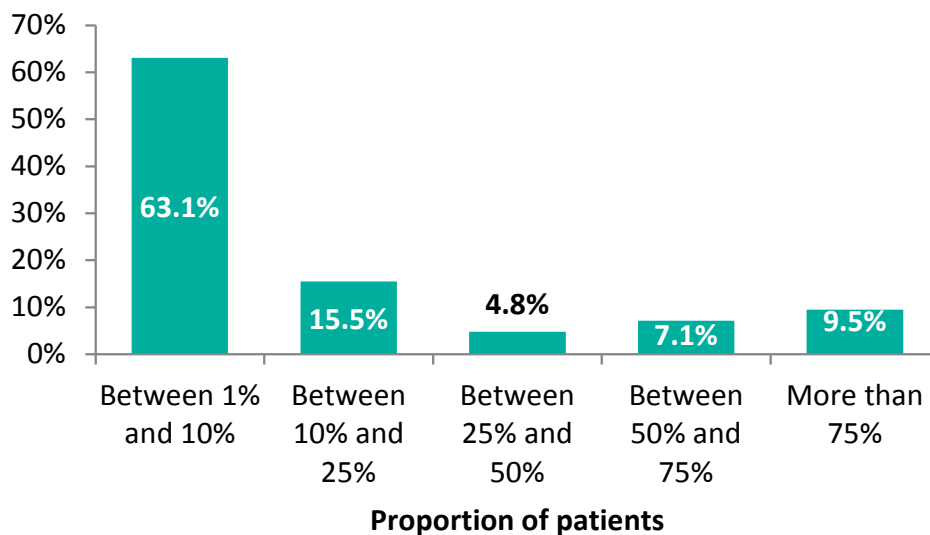
Respondents were asked if they were aware of any cases where complications may have arisen as a result of oral infection. Almost a third (31.5%) stated that they were aware of such cases, while the remaining 68.5% were not. There were twenty-seven additional comments made in relation to this question, most of which related to the type of complications that arise, such as chest infection/pneumonia, thrush, ear infection or dental abscess.

Nutrition programmes

Managers were asked to estimate what proportion of nutrition programmes for geriatric patients were altered as a result of their dental status. For the majority of hospitals, between 1% and 10% of nutrition programmes were altered (63.1%; Figure 7). Some respondents mentioned that a patient's diet may be

specifically adapted to suit their condition, for example providing blended foods for those patients with swallowing difficulties.

Figure 7. Proportion of nutrition programmes for geriatric patients that are altered as a result of their dental status

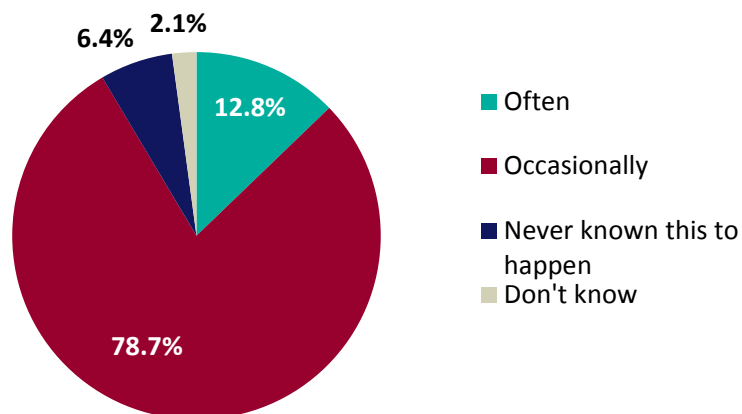


Loss of dentures

Managers were asked whether patients ever lose their dentures entirely during their stay on the ward. The majority said they had known this to occur 'occasionally' (78.7%), while 12.8% stated it occurred 'often' and 6.4% said they had 'never known this to happen' (figure 8).

Further comments revealed that the causes of loss of dentures were varied; some reported that dentures were often lost in A&E and in wards that patients had stayed on prior to the one for which the manager was answering, others said that patients with dementia lost them in bedding, or wrapped them in tissue and left them on trays or lost them on trips to other departments. There was some indication in other responses that the seriousness of loss of dentures in older people, or those with dementia, was underestimated. The problems of making new dentures successfully were not appreciated.

Figure 8. Response to the question: 'does it ever happen that patients lose their dentures entirely while on the ward?'



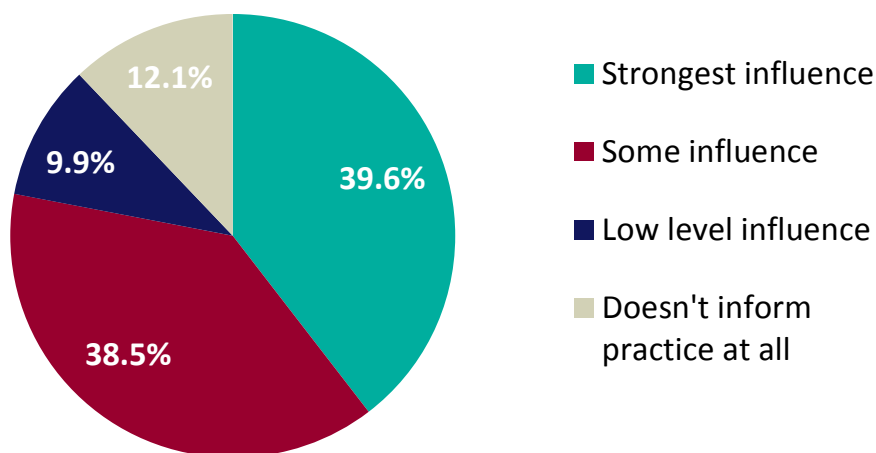
Essence of care

Respondents were asked about 'essence of care'³ and how much it informs daily hygiene care practice for elderly patients on their ward. Essence of care was the 'strongest influence' for 39.6% of respondents, and 'some influence' for 38.5%. For 12.1% of respondents, 'essence of care' didn't inform practice at all. A number of additional comments were made, with some managers stating that they were not aware of, or did not use 'essence of care' documents (n=8). Others stated that 'essence of care' formed part of a patient's care plan (n=5).

³ Essence of Care provides benchmarks to support local level front line care with aim of shared best practice and quality improvement. For further information see:

www.gov.uk/government/publications/essence-of-care-2010

Figure 9. Influence of 'essence of care' on daily oral care hygiene practice for elderly patients



This report forms part of a series of three surveys of services for dependent older people;

1. 'Care in your home' services provided by agencies, for care of adults over 65 years.
2. Adult residential care, nursing homes and hospices, in which adults over 65 years were resident.
3. Wards in hospitals providing in- patient care for adults over 65 years.

Results of all three surveys are presented in separate reports, all of which are available online at www.nwph.net/dentalhealth

Appendix A: Questionnaire about hospitals with in-patient facilities

1. Has the ward manager received the information letter?	
Yes	
No	
Not sure	
2. Has the ward manager been given the chance to ask questions about the survey?	
Yes	
No	
3. Has the ward manager freely agreed to take part?	
Yes	
No	
4. What type of ward is the manager responsible for?	
Elderly care	
Medical or general ward	
Surgical ward	
Other	
Comments:	
5. Approximately how long do elderly patients (65+) stay on this ward?	days
6a. Is there a formal assessment of each elderly patient's oral care needs on admission?	
Yes, it is needed to complete each patient's care plan	
Yes, usually this is done but not as part of a care plan	
No	
Comments:	
6b. Is there an assessment of:	
The presence or absence of dentures	
The ability of the patient to chew	
The ability of the patient to clean their own teeth	
The presence of any oral conditions requiring urgent attention	
Comments:	

7. Within elderly patients everyday care is there a protocol or system to ensure that all patients have the opportunity to clean their teeth?	
Yes	
In some cases	
No	
Comments:	
8. Is there a system to ensure elderly patients who need help with oral hygiene receive this help?	
Yes	
In some cases	
No	
Comments:	
9. With regard to elderly patients - are staff trained to:	
Assess a patient's needs for assistance with oral hygiene?	
Give patients assistance with oral hygiene?	
Assess a patient's need for urgent dental treatment?	
Obtain urgent dental treatment from the correct source?	
Take care of patient's dentures?	
Comments:	
10. What arrangements are there for accessing dental care for the geriatric patients on this ward?	
11. Under what circumstances would urgent oral care be sought for an elderly patient?	
Oral infection or swelling	
Pain	
Loss of dentures	
Inability to eat	
Other – give details:	
Comments:	

12. In relation to geriatric patients are you aware of cases where complications may have arisen as a result of oral infection?	
Yes	
No	
Comments:	
13. Roughly what proportion of nutrition programmes for geriatric patients is altered as a result of their dental status?	
Between 1% and 10%	
Between 10% and 25%	
Between 25% and 50%	
Between 50% and 75%	
More than 75%	
Comments:	
14. Does it ever happen that patients lose their dentures entirely while on the ward?	
Never known this to happen	
Occasionally	
Often	
Don't know	
Comments:	
15. How much does 'Essence of care' inform daily oral hygiene care practice for elderly patients on this ward?	
It's the strongest influence	
It has some influence	
It has a low level of influence	
It doesn't inform practice at all	
Comments:	

Thank you for helping with the survey.