Lehigh Valley Health Network

LVHN Scholarly Works

Patient Care Services / Nursing

Caring for You and Your Smile Oral Hygiene Education at the **Bedside**

Julia Snyder BSN, RN Lehigh Valley Health Network, Julia.Snyder@lvhn.org

Gabriel Velez BSN, RN Lehigh Valley Health Network, Gabriel. Velez@lvhn.org

Kenneth Zamarripa RN Lehigh Valley Health Network, Kenneth.Zamarripa@lvhn.org

Follow this and additional works at: https://scholarlyworks.lvhn.org/patient-care-services-nursing



Part of the Nursing Commons

Let us know how access to this document benefits you

Published In/Presented At

Snyder, J., Velez, G., & Zamarripa, K. (2020, September 3). Caring for You and Your Smile Oral Hygiene Education at the Bedside. Poster presented at LVHN Vizient/AACN Nurse Residency Program Graduation, Lehigh Valley Health Network, Allentown, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Caring for you & Your Smile Oral Hygiene Education at the Bedside

Julia Snyder, BSN, RN; Gabriel Velez, BSN, RN; Kenneth Zamarripa, RN - CICU

Lehigh Valley Health Network, Allentown, Pennsylvania

BACKGROUND

- We noticed an opportunity to improve oral care management for our patient population.
- Bedside staff are in the best position to promote timely oral care practices for patients who may otherwise not perform their normal oral care practices due to being hospitalized.
- Increasing bedside staff knowledge of the significant relationship between oral care and positive patient health outcomes will highlight the importance of oral care management for the hospitalized patient.

PICO

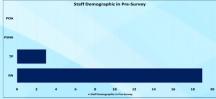
- · P: Direct bedside staff (PSNA, TP, POAs, RNs)
- I:Increase the education of the benefits of oral care management for the hospitalized patient.
- C: Lack of education of the benefits of oral care management for the hospitalized patient.
- O: Impact awareness of the positive patients outcomes of oral care management.

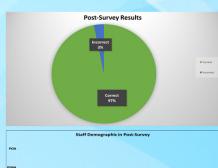
EVIDENCE

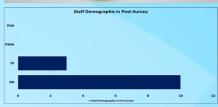
- Hospital acquired pneumonia from missed oral care is the leading cause of hospital acquired infections (HAP). (COMPLESS, 2016)
- The implementation of teeth brushing after every meal and before bed in non-ventilated patients prevents the occurrence of HAP. (Petit et al., 2012)
- Scheduled oral care decreases a patient's length of stay. (Weltzel, Robinson, & Holmes, 2006)
- . The leading missed aspect of nursing care by patients is oral care. (Sjogren et al., 2008)
- Non-ventilated HAP is a risk to adult patients in all inpatient settings. (Baker & Quinn, 2018)

OUTCOMES









Results:

- In the pre-survey, the average score on the questionnaire was a 79%
- The staff demographic in the pre-survey included 3 technical partners and 19 RN's.
- In the post-survey, the average score on the questionnaire was 97%.
- The staff demographic in the pre-survey included 3 technical partners and 10 RN's.
- The average test scores improved from 79% to 97% with the addition of an educational resource via email.
- The education focused on the importance of basic oral care of nonintubated patients.

IMPLEMENTATION

- Distribute a pre-survey staff questionnaire in April, 2020 (5 questions) related to basic oral care knowledge to capture baseline knowledge on oral care management for the hospitalized patient.
- Develop an educational resource on oral care management for the hospitalized patient via PPT.
- Assign the staff (RN's & TP's) the oral care PPT educational resource via email in July of 2020.
- Re-distribute the staff questionnaire to gain insight on the impact of the oral care educational PPT.
- Compare pre-survey and post-survey scores to identify the impact of the oral care educational PPT and learning gaps.

NEXT STEPS

Barriers:

Covid-19 pandemic, reduced post-survey response.

Moving Forward:

- · In-service educational sessions.
- Currently used oral care protocol will be printed and posted throughout unit.
- Education will be included in the new hire orientation and yearly educational in-services.

REFERENCES

Baker D, Quinn B. (2018). Hospital acquired pneumonia prevention initiative-2: incidence of nonventilator hospital-acquired pneumonia in the United States. *American journal of infection control*, 46(1):2-7.

Bassim CW., Gibson G., Ward T., et al. (2008). Modification of the risk of mortality from pneumonia with oral hygiene care. *Journal of American Geriatric Society*. 56(9), 1601-1607.

Kaneoka, A., Pisegna, J. M., Miloro, K. V., Lo, M., Saito, H., Riquelme, L. F., Langmore, S. E. (2015). Prevention of healthcare-associated pneumonia with oral care in individuals without mechanical verification. A systematic review and meta-analysis of randomized controlled trials.

Klompas M. (2016). Hospital-acquired pneumonia in nonventilated patients: the next frontier. *Infection control and hospital epidemiology* 37/1825-826.
Pettt. S., McCann, A., Schneiderman, E., Farren, E., Campbell, P. (2012). Dimensions of Oral Care Management in Texas Hospitals. *The Journal of Dental Hygine*, 8(6): 91-103

Sjogren, P., Nilsson, E., Forsell, M., Johansson, O., & Hoogstraate, J. (2008). A systematic Review of the Preventative Effect of Oral Hygiene on Pneumonia Respiratory Tract Infection in elderly people in hospitals and nursing homes: effect estimates and methodologiq quality of randomized controlled trials. *Journal of American Geriatric Society*, 5(5(1)), 2124-219.

Weitzel, T., Robinson, S. B., & Holmes, J. (2006). Preventing nosocomial pneumonia: routine oral care reduced the risk of infection at one facility. *The American Journal of Nursing*, 106(9), 72A-72E.

