

Mouth Care Matters in Critical Care: A QI Project

Practice Development Team 2023





Introduction





Emerging from the post COVID era has given nurses an opportunity to reset, review and improve how fundamental nursing care is delivered in critical care. Practice Development focuses on both ensuring our practice is evidence based and creating a culture of innovation and effectiveness.



Hospitalisation is associated with a deterioration in oral health of patients. Poor oral health has been linked to an increase in hospital acquired infections, poor nutritional intake, longer hospital stays and increased care costs, in addition to quality of life, experience and dignity related issues for patients ¹. Oral hygiene is an essential part of the care of critically ill patients. An evidenced based oral care assessment and regime reduces the incidence of VAP/HAP and promotes patient comfort ²



Following safety alerts, sponge mouthcare packs were no longer available leaving a gap in our mouthcare product provision.



- 1. Mouthcare matters a guide for hospital healthcare professionals, second edition MCM-GUIDE-2019-Final.pdf (hee.nhs.uk)
- **2. BACCN** BACCN Oral Consensus Paper FINAL.pdf

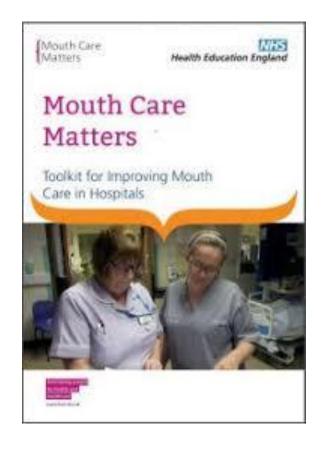
Our Purpose

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

The Critical Care Practice Development team and Trust lead for mouth care embarked on a collaborative project to standardise and improve nursing practice and patient experience. The British Association of Critical Care Nursing. (BACCN) oral consensus paper and Mouth Care Matters (MCM)underpinned our QI work.

Our change ideas

- Implement an oral admission screen to critical care.
- Develop evidence-based mouth care guidance in line with BACCN recommendations.
- Introduce and standardise mouth care products.
- Improve staff knowledge with a package of education.







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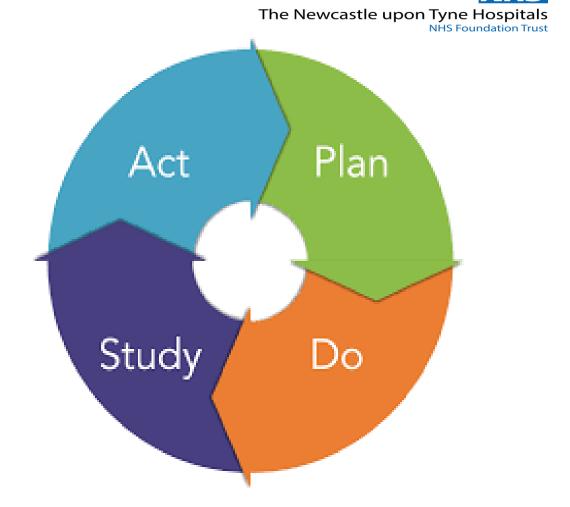
Our Methods

Adopted a PDSA QI methodology to improve mouth care practices across NUTH critical care units in collaboration with the Trusts lead for Mouth Care

How we know its an improvement?

Mouth care matters toolkit to carry out a three-part audit of current practices on the four adult critical care

- Staff surveys
- Inpatient surveys
- Documentation of mouth care.





Audit Results

The Newcastle upon Tyne Hospitals

NHS Foundation Trust

 88% staff felt they would benefit from more training.

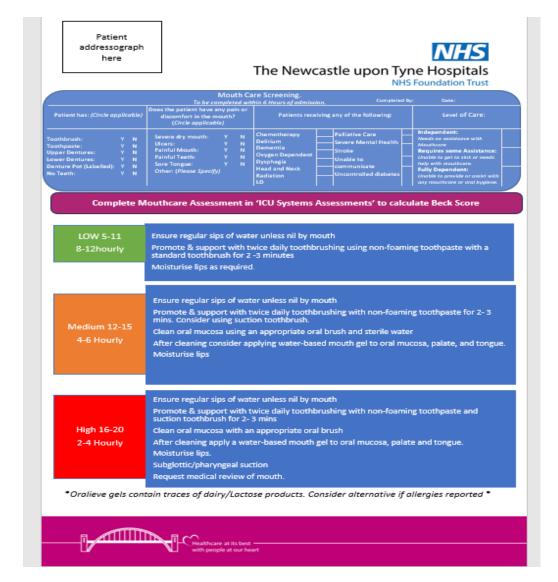
- Staff keen to improve practice and state having mouthcare guidance would be useful
- Only 35% patients had an oral assessment within 6 hours of admission.
- Frequency of ongoing oral assessments varied widely.
- 85% patients reported their oral health was worse since being in hospital.





Our Methods

- Networked with critical care units' nation wide
- Reviewed our current oral assessment tool.
- Introduced the MCM screening tool bedside nursing document to be completed within six hours.
- Developed evidence-based pathway adapted from BACCN guidelines based on level of risk.
- Developed a package of education materials





Our Products

The Newcastle upon Tyne Hospitals

Tested and evaluated a range of products using Harm Free Care Leaders from each unit.

The trials were small and tightly controlled

After evaluating costings alongside staff and patient evaluation for 24-hour packs vs essential NUTH mouth care products, it was decided to opt for a bespoke pack.

Packs made up of products suitable for all levels of critical care patients and allowed us to follow BACCN consensus of cares





Our Education



- BACCN & MCM under pinned our educational resources.
- 2 week education prior to changes 'going live'
- Face to face delivery of educational power point
- Narrated PowerPoint when F2F teaching
- Bedside teaching on how to use products & complete screen
- Support for HCAS and housekeepers on stocking and ordering products



Implications for practice



Established multi-professional working relations with speech and language therapy as recommended by GIPCS.

This QI project has changed the way we deliver mouth care. We achieved our aim of standardising practice across four units aligning with national consensus of best practice.

Utilised different methods of delivering education - 243 staff educated across four adult critical care units.

Developed a process of designing and delivering QI work that we have been able to replicate in other projects.

The PDT handed the project to individual unit for ongoing sustainability with focus on continued education and promotion



Barriers/ Challenges



Each unit faced their own logistical challenges to procuring, storing, and distributing the guidance and products. The PDT supported the units to find working solutions, utilising support staff and ward clerks and store cupboard space.

The current IT system is inadequate for nursing documentation. Local IT services currently suspended post CQC report - prioritising other work

Handing over projects to unit leads for sustainability & transition of ownership/repsonsibilty





ANY QUESTIONS

