Aged Care Oral Health Outreach Program

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**Introduction:** Improved dental health for older people has the potential to reduce avoidable hospitalisations, known to be much higher in rural areas than in major cities, as conditions such as cardiac disease and aspiration pneumonia are now known to have periodontal disease as an etiologic factor. However, dental workforce shortages in rural and remote areas preclude the very few dentists in these areas from providing on-site services to semi- and non-ambulatory residents in nursing homes or residential care facilities (RCF).

**Aim:** HM Oral Health planned and implemented a pilot program for a period of six months to develop a model to address the dental needs of residents in rural and remote RCF.

**Approach:** An oral health worker was sent to an RCF to educate staff on daily oral health care of residents, create individual care plans and start a pathway for comprehensive dental treatment. A borrowed dental van was driven into the RCF to perform comprehensive on-site dental treatment on non-ambulatory residents who would otherwise only access emergency dental services. The dental team then commenced treatment one day a month, getting each patient into the van and completing all the required dental treatment in one sitting.

**Results:** Of the 44 residents assessed and allocated individual care plans, 24 were assessed as requiring dental treatment and 10 were selected based on disability and severity of dental condition for on-site treatment.

The program created a pathway for comprehensive dental care, thus managing dental problems before they became emergencies.

Beyond our expectations, nursing staff and family members reported that the quality of life of these residents improved markedly following the dental treatment. While one resident started mingling more with other residents, another’s family started mingling with him more saying he smelt better; and a third stopped having UTIs.

A productivity analysis comparing the operator’s days at Booroongen and at Kempsey Public Clinic showed that despite time spent getting the van to Booroongen, setting up, getting patients on and dealing with equipment problems, the average values at Booroongen were only slightly lower than at the clinic, again unexpected. This suggests that the program’s productivity would be comparable to that of Kempsey clinic if a fully operational van is used.

**Conclusion:** The pilot program enabled funding to buy a new fully functional dental van and a major project is under way to expand the program to all RCF in the mid-north coast rural area.