

## Clinical Question

- Do comprehensive oral assessment and referral guidelines in the preoperative setting increase adult patients' access and follow-up for primary dental care?**



## Purpose of the Evidence-based Practice (EBP) Change Project

- ❖ Identify the incidence of oral health disease in a perioperative setting
- ❖ Identify an EBP solution
- ❖ Develop and implement an effective solution to address the oral health concern



### Significance of Clinical Problem

- The poor dental health of preoperative surgical patients continues to be an unaddressed clinical problem encountered by healthcare providers. Adult patients with chronic disease may have exacerbated oral health conditions, and oral health conditions may exacerbate the individual's oral health status (NIDCR, 2014). Oral health is significantly influenced by medications, saliva, tooth brushing, flossing, smoking, and alcohol. A bacterial shift in the biofilm leads to a periodontal disease, a condition that eventually destroys the tooth's attachment to the gums, and leads to tooth loss (Marah, 2006).
- Oral health disease is a preventable condition, and lack of access to dental services denies the individual the opportunity for prevention, early diagnosis, and treatment (Marah, 2006; NIDCR, 2014; Yamamoto, 2005; NIH, 2014). The U.S. Surgeon General's Report revealed oral health objectives to include oral disease identification efforts, by ensuring the expertise of individuals, health care providers, community, and policy makers at all levels of society (NIDCR, 2014; NIH, 2014).

## Results

|                                                                    |
|--------------------------------------------------------------------|
| Table 1                                                            |
| Characteristics of Participants in Mean Age, Gender, and Ethnicity |

| Mean age | Male            | Female          | African American | Caucasian      |
|----------|-----------------|-----------------|------------------|----------------|
| 53.5     | 41.66% (n = 15) | 58.33% (n = 21) | 66.6% (n = 24)   | 33.3% (n = 12) |

|                                         |           |
|-----------------------------------------|-----------|
| Table 2                                 |           |
| Results of the Two sample Paired t-Test |           |
| Pretest DHKQ to Posttest DHKQ           | p = 0.000 |

Note.  $P \leq 0.05$  indicates statistical significance between means.  
DHKQ = Dental Health Knowledge Questionnaire

### t-Test: Paired Two Sample for Means

| Dental Health Knowledge      | Pretest Score % | Posttest Score % |
|------------------------------|-----------------|------------------|
| Mean                         | 78.33333333     | 94.44444444      |
| Variance                     | 151.4285714     | 71.11111111      |
| Observations                 | 36              | 36               |
| Pearson Correlation          | 0.376289338     |                  |
| Hypothesized Mean Difference | 0               |                  |
| df                           | 35              |                  |
| t Stat                       | -8.043152845    |                  |
| P(T<=t) one-tail             | 9.08124E-10     |                  |
| t Critical one-tail          | 1.689572458     |                  |
| P(T<=t) two-tail             | 1.81625E-09     |                  |
| t Critical two-tail          | 2.030107928     |                  |

|                                                         |  |  |
|---------------------------------------------------------|--|--|
| Table 3                                                 |  |  |
| Summary of Dental Health Knowledge Questionnaire Scores |  |  |
| (Percentage of Correct Responses)                       |  |  |

| Question | Pretest Score | Posttest Score |
|----------|---------------|----------------|
| 1        | 97% (n=35)    | 100% (n=36)    |
| 2        | 53% (n=19)    | 88% (n=32)     |
| 3        | 58% (n=21)    | 97% (n= 35)    |
| 4        | 61% (n=22)    | 94% (n=34)     |
| 5        | 78% (n=28)    | 97% (n=35)     |
| 6        | 97% (n=35)    | 100% (n=36)    |
| 7        | 94% (n=34)    | 97% (n=35)     |
| 8        | 97% (n=35)    | 100% (n=36)    |
| 9        | 100% (n=36)   | 100% (n=36)    |
| 10       | 44% (n=16)    | 75% (n=27)     |

**Note.** 36 total participants for each questionnaire,  $n$  = participants.  
See Dental Health Knowledge Questionnaire for all the questions.

## Materials and Methods

- Flyers in exam rooms advertised EBP project



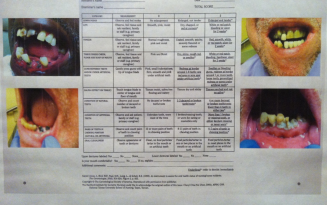
Preoperative nurses were given a lecture via Power Point on the use of the tool for oral health assessments, a skills assessment session. All nurses were given a 1.0 continuing education credit by the project manager (PM).

Dental Health  
Knowledge  
Questionnaire (DHKQ)Dental Health Knowledge  
Questionnaire (DHNQ) Pre-test

| GENERAL HEALTH AND WELL-BEING QUESTIONNAIRE                                           | TRUE                     | FALSE                    |
|---------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Having an ongoing gum disease (bleeding gums).                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Having severe gum pain helps tight teeth loose.                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If you have no teeth and wear dentures you must continue to use the dentist spray. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Mouthwash is as effective as brushing to clean teeth.                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Dental health does not affect the body's general health status.                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Brushing your teeth twice a day helps to keep your teeth and gums healthy.         | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Using tobacco products does not affect your gums.                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Rinsing your teeth helps prevent gum disease.                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Visiting the dental every 6 months is recommended for dental health.               | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Teeth are supported as we get older.                                              | <input type="checkbox"/> | <input type="checkbox"/> |

## BOHSE TOOL

The Kaper-Jones Brief Oral Health Status Examination (BCOHE)



## Conclusions

- Performing an oral health assessment and identifying oral health disease in the preoperative patient, with dental referral guidelines, is a new concept for the Nurse Practitioner working in a preoperative setting.
- The goals of the EBP change were successful in providing preoperative nurses an educational program to improve clinical knowledge of oral health assessments, to improve preoperative dental knowledge in patients with oral health disease, and to increase dental health referrals for intervention preoperatively. Of the 36 participants, 100% received scheduled dental intervention with a dental clearance letter before surgery.
- This EBP change project supports one of the recommendations made by the IOM (1991) to develop a protocol that is accessible across clinical settings with defined oral health clinical competencies that can be used to inform decision making and

### Implications for Nursing Practice

- 20 A future implication from the EPB change initiative includes a need for academia to target a national initiative for the establishment of a universally mandated oral health assessment curriculum for all nursing students.
- 21
- 22 Oral health assessment questions with dental intervention recommendations from case studies should be incorporated in Board examination questions at a national level.
- 23
- 24 In addition, studies are needed to collect comprehensive, longitudinal data from dental records and clinical examinations to further the understanding of the relationship between oral health and systemic disease associations.

## References

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