

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

21 March 2012

Dear Committee Secretary,

Thank you for the opportunity to make a submission to the Senate Inquiry into Palliative Care in Australia. Dental Health Services Victoria (DHSV) is the leading public oral health agency in Victoria. We are funded by the State Government to provide dental and oral health services to people all around Victoria.

Many patients who are palliating/ at end-of-life will experience oral health issues at some time during the course of their illness and therapies, and it is important that palliative and/or residential care facilities are resourced to address these issues for their palliative patients. End-of-Life oral care therapies need to focus on providing treatments and therapies that improve oral comfort and are consistent with the patient's end-of-life care wishes.

Poor oral health can significantly affect the quality of life of palliative/residential care patients in many ways including:

- pain and discomfort
- ability to eat, nutritional status and weight loss
- bleeding gums, tooth decay and tooth loss
- bad breath
- speech and swallowing
- impact on dying with dignity
- change in behaviour

Poor oral health can also significantly impact on general health in palliative/residential care facilities. There are strong associations between oral health and for example:

- Aspiration pneumonia
- Chronic infection and bacteraemia
- Cardiovascular disease
- Poor oral health may also complicate the management of systemic illnesses.¹

In Australia on 30th June 2010 there were 50,691 high care places in residential care facilities, including palliative care services. Based on the Oral Health of Australians report projections, approximately 70% of these residents (35,484) had some or all of their natural teeth.² This is presenting new challenges for palliative/residential care services, as previously many patients had dentures, which were much easier to care for than natural teeth.

A Systematic Review of Guidelines for a palliative approach to residential aged care undertaken by the National Health and Medical Research Council (NHMRC) in 2005 found in relation to oral health that:

- Studies have revealed a high incidence of poor oral health in residents of RACFs. Gum recession also creates areas of stagnation where food debris and micro-organisms can collect, further increasing the risk of severe periodontal disease.
- In one RCT, oral side effects were noted in persons receiving treatment for cancer, and other RCTs have been conducted in people with cancer regarding best practice interventions for the prevention of mouth ulcers.
- Poor oral health for residents in RACFs is considered to contribute to problems with eating and the consequent low nutrient and vitamin C levels)
- A UK study of 1041 nursing home residents (249 men and 792 women, with a mean age of 83.9) found that 250 residents had problems with eating, 206 with taste, and 261 found it hard to care for their mouths.
- When combined with a reduced ability to communicate, and functional debility, it was found that residents were more likely to have a very poor oral status and therefore, an increased likelihood of weight loss and dehydration.
- Plaque retention, sore or fissured tongues, and oral ulceration were considered the main oral health problems for residents.
- The aged care team needs to understand the components of a healthy mouth in order to promote good oral care practices. A multidisciplinary approach is preferable to ensure that the aged care team are supported in their practice of oral care for residents.
- A continuing education program for the aged care team (of all levels) is also recommended to promote good oral care practices
- A thorough oral assessment based on a systematic approach to care is required for sound management of oral care and to facilitate prevention or minimisation of oral complications.
- Individualised assessment helps determine specific needs and the level of self-care the resident is capable of, which should then guide any adaptations of standard practices.
- The most appropriate screening tool for use with residents is the Geriatric Oral Health Assessment Index (GOHAI) a self-reported measure designed to assess the oral health problems of older adults, because it is very accurate at identifying people who do and do not require care.
- Clear standards are required that address denture care, 'natural' teeth care, plaque removal, tongue care, requisite materials for mouth care, regular oral screening, pathways for referrals, and types of oral treatments available.³

The recent report of the National Advisory Council on Dental Health proposes the development of a National Oral Health Promotion Plan as the cornerstone for future promotional activities. This Plan could investigate various opportunities and pathways for oral health promotion and includes recommendation of the oral health screening and education upon admission to residential care, and incorporated as part of the client's overall care plan. DHSV would be supportive of this occurring in palliative/residential care settings.⁴

Further to this the report outlined that many people living in residential care have difficulties maintaining oral hygiene and accessing dental care. The following recommendations were made:

- Wider use of all dental practitioners in home and aged care facilities;
- The non-dental workforce, which are providing health services to older Australians, could receive further training in oral health, including reintroducing the successful Nursing Home Oral and Dental Health Plan (and including referral pathways for active treatment) and using oral health competencies developed by Community Services and Health Industry Skills Council;
- Existing oral health screening, assessment and simple care planning could be evaluated and improvements could be built into existing assessment and care planning processes such as those undertaken by Aged Care Assessment Teams (ACAT);
- Many of the existing ACAT Comprehensive Assessment Forms (CAFs) have some standard questions to determine the basic Oral/Dental Hygiene status of the client.
- The Department of Health and Ageing has developed an Aged Care Assessment Program Toolkit for use by ACAT assessors and includes an 'Oral Health Assessment Tool'. At this time the use of the toolkit is not mandatory. However, the Department is in the process of developing a standardised National ACAT CAF.
- Current accreditation standards, under expected outcome 2.6 and 2.15 the Aged Care Act 1997, could be assessed to see if they are effective in assessing and care planning for oral health and in the implementation of these care plans in aged care facilities. This could be examined as part of the Department of Health and Ageing's pilot of revised Accreditation Standards, which is anticipated to be undertaken this year.
- Greater employment of mobile dental clinics and dental equipment in providing services to aged care residents with mobility and transport issues;
- Attention could be given to including oral health as part of TAFE and university nursing course curriculums;
- A strategy to educate the dental workforce in managing aged care. This could include the use of scholarships, such as those available through relevant Funds established by the Commonwealth in the 2011/12 Budget and administered by the Department of Health and Ageing. This could include specific scholarships for dental therapists and oral health therapists to work in aged care facilities, with a particular emphasis on working in rural and remote facilities.
- The Council is also aware that the Government provides funding to the Department of Education, Employment and Workplace Relations under the National Workforce Development Fund, which allows eligible organisations to apply for funding to support the training of existing workers and new workers in the areas of identified business and workforce development need. Aged Care training has been specifically identified as an area for development through this funding and has been allocated \$25 million towards skills development in 2011-12.
- The Council also is aware of other policy initiatives for improving overall clinical health, including dental health, for residents in aged care facilities. Opportunities for synergies between this and other activities could be investigated to strengthen the reach and effectiveness of dental health interventions for this vulnerable group.⁴

Whilst DHSV recognises that not all palliative patients reside in residential aged care facilities, DHSV believes that the above recommendations made by the National Advisory Council on Dental Health should be considered in the context of this inquiry into palliative care in Australia. DHSV would also like to recommend, as per the Systematic Review of Guidelines for a palliative approach to residential aged care undertaken by the NHRMC that the most appropriate screening tool for use with residents is the Geriatric Oral Health Assessment Index (GOHAI). DHSV would like to see this introduced across all residential facilities that provide palliative care services as a compulsory assessment to be undertaken, and for compliance of this be monitored.

Yours Sincerely

Dr Deborah Cole
Chief Executive Officer

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