Practicum Summary Report

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Institution and Profession: *Glyndŵr University, Nursing*

Faculty Advisor/Support: *Angela Williams, Glyndwr University*

Title of project undertaken/supported: *Improving Mouth Care for Inpatients*

1.   Context: *My project was undertaken on an inpatient Medical Ward. The staff involved were trained nurses and health care assistants, led by myself, a then Student Nurse.*

2.   Problem and aim:

a) *I wanted to address the apparent lack of mouth care being done for inpatients in acute hospitals. My aim was therefore to increase the frequency of mouth care procedures by staff and ultimately to improve oral hygiene of the patients.*

b) *My rationale was that I had seen poor mouth care/no mouth care or consideration to oral hygiene being given to patients and this was affecting their nutrition.*

I had identified numerous research articles on the devastating effects of poor oral hygiene. Daniel et al (2004) discovered that training is needed for HCPs, patients, relatives and carers to increase knowledge of oral care and ultimately improve care standards. Coleman (2005) identified that increasing the awareness of oral hygiene increased the standard of oral care and therefore, more attention should be paid to the matter. Forsell et al (2011) found statistical correlations between poor oral hygiene and incidences of systemic disease, including pneumonia and cardiovascular problems. Curtis et al (2007) further highlighted that the prioritisation of advanced nursing practice at present leaves little room for basic nursing activities such as mouth care.

3.   Assessment of problem and analysis of its causes: *I spent a week observing practice and basic care on the ward. I also highlighted the matter to Sister who mentioned my ideas to the staff. Most patients needed regular mouth care as they were unable to do it themselves. But from my observations, none of them were having it.*

4.   Intervention: *I implemented a mouth care chart which assesses, documents and evaluates the mouth care given in one simplified document. It was implemented over a course of four days for patients who were deemed as having an identified "problem" with their oral hygiene needs in their initial nursing admission assessment, if the patient was not self caring, or if the nurse felt that they were at risk from developing oral hygiene problems. The chart was placed on the clip board at the end of the bed and introduced to staff at safety briefings.*

Date and Time	Indication for mouth care	Condition pre-mouth care	Action taken	Evaluation post-mouth care	Initials
	1 = 12 hourly brush 2 = 2 hourly moistening 3 = other indication (please state)	1 = Dry/cracked 2 = Healthy/moist 3 = other (please state)	1 = Teeth/denture brush 2 = mouth care using sponges 3= other (please state)	1 = Moist/healthy 2 = To repeat mouth care after (?) hours 3=other (please state)	

5. Measurement of improvement:

a) How did you measure the effects of your planned changes? How was the impact of the project measured? Describe the methods used and results obtained.

I assessed the usage of the forms I had created which included a post mouth care evaluation. I also looked at the mouths of the people who had been on the chart. I did not use a very scientific method of measurement and this is where some negatives came about from my project. It made it difficult to see if much of an improvement to the patient's care had been done, and impossible to demonstrate to others the effects of the chart even where it had worked well.

b) Was the quality improvement methodology new to you?

I had relatively limited knowledge of QI methodology. I did not know as much as was required. But using the Open School helped me improve my knowledge. I know a lot more now than I did when I started the project. I have learned from the positive and negative aspects of my own project.

c) What did you think of using PDSA Cycles?

I thought they were excellent as they set out 4 steps to follow which really helped a person new to improvement projects. Having structure and a "framework" to work on made the whole process much clearer and easier to define.

d) How did you find the experience of using measurement for improvement (process and outcome measures / run charts)?

I originally found measurement for improvement quite a difficult concept and I do not think I fully grasped it prior to planning my project which is why I did not measure the effects of my change well enough. I do however now see the importance of measurement and will be sure to work on it on future projects and stress its importance to others.

6.   Effects of changes:

a)   What were the effects of your changes? How far did these changes resolve the problem you set out to address? And b)   Did the project achieve its aim? Why do you think this was the case?

I think that a few staff became more aware of the fact that mouth care was often neglected in practice. One particular patient's oral hygiene improved significantly following the project and this resulted in her eating better and gaining more energy. For me, helping one patient was a significant success of the project. But on the grander scale, the original problem was not resolved through my change and I do not believe that a chart like mine alone could have made a significant change anywhere. I think some education and training of staff needed to be done alongside the form implementation in order for them to understand the importance of mouth care and how it can improve not only the condition of mouths and quality of care, but also the patient's general health.

c)   What will happen to the results of the project now?

The results of the project have taught me a lot as a HCP hoping to facilitate and run future projects because I have learned a lot from the QI process. I have also had the opportunity to demonstrate my project to other students and HCPs.

7.   Lessons learnt: What lessons have you learnt from this work? What would you do differently next time?

a)   How did you find the experience of participating in the project?

I enjoyed the project very much. I felt part of the wider movement of healthcare improvement and this was very exciting. The project was a challenge and required a lot of time and effort, but it was well worth it because I have learned a lot of new invaluable skills which I can pass on to others and take forward into my career. Making a small improvement to the care of just one patient is something to feel proud of and I am pleased that I was able to do this.

b)   Were there any limitations to implementing the project?

Limitations for the project were mainly time and resource orientated. Working by yourself is good but having a team to delegate some tasks to may have facilitated the project. As a student it proved difficult to get hold of resources which may have been beneficial to the project.

8.   What support did you need in completing the project?

I required support from an academic support tutor involved in the project; also the support of the Sister enabled me to make changes.

9.   What would you consider to be the key to achieving a successful improvement project?

Commitment to the project as it is essential to dedicate time and effort to a project. You must also be passionate about making a change to BENEFIT the patients, improve patient care and safety.

Understand the methodology of QI. It really does help completion of the project. Using the Open School and 1000 Lives Plus Guide were integral in increasing my knowledge and understanding.

10. Message for others: What is the main message based on the experience that you describe here that you would like to convey to others?

a)   What would you say to students who are considering undertaking an improvement project?

Go for it !

Obtain support from an academic and somebody in practice (preferably a Sister or Charge Nurse).

Start small; small changes can have significant impacts on patient experience – so never think that any change you make is insignificant. If it helps one person, you have been successful. It will also give you the chance to go through a change process and learn the methodology in more depth without creating excessive work.

Get a team together. Health care is about working with others and although you all have an individual and important role – it is imperative that you work together to not only share the workload, but to share ideas, and ultimately end up with a better project.

Utilise the IHI Open School courses – they give you so much information and workable examples which you can relate to practice, making learning QI methodology much easier and more enjoyable.

b)   What advice would you give to academics who are considering using quality improvement projects with their students?

Have a go at doing your own QI project. It really does improve your own understanding of the methodology and would make you appreciate the barriers that your students may come across. It will also enable you to explain some of the difficult concepts better as you will have had to learn the same.

Create links with clinical practice so that students do not face mentors/staff who do not understand that they need to complete these projects.