



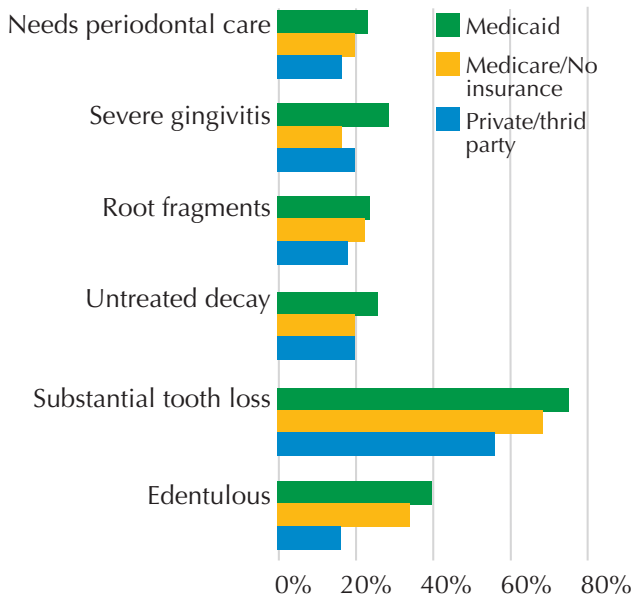
Dental Screenings and Daily Care for North Dakota Nursing Home Residents: A Promising Practice

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North Dakota Nursing Home Residents' Dental Status

According to the North Dakota Department of Health's 2016 Basic Screening Survey, roughly 34% of all nursing home residents needed early or urgent dental care.¹ Those with a dentist on record were less likely to need early or urgent care (30%) than those without (39%).¹ Nearly half of residents were covered by Medicaid (47.8%); 23.5% were either uninsured or covered by Medicare (which has no dental benefit). Medicaid nursing home residents were more likely than those with Medicare/no insurance or private/third party insurance to: be edentulous; have substantial tooth loss; experience untreated decay; have prevalence of root fragments; have severe gingivitis; and, need periodontal care.¹ See Figure 1.

Figure 1. Oral Health among North Dakota Nursing Home Residents: Insurance Status, 2016¹



Federal Law and North Dakota Century Code: Dental Assessments

Federal law (42 CFR § 483.20) requires all nursing home facilities to conduct an oral health assessment upon admission of a new resident and periodically.² Though required, 28%

of North Dakota long term care facilities surveyed in 2015 (n = 47) stated that no assessment was conducted.³ Among facilities that were in compliance, the unit charge nurse or other nursing staff were the individuals most likely to complete the initial dental assessment for new residents. Federal law also requires that long term care facilities:

- Obtain routine and emergency dental services from an outside resource to meet resident needs;
- Assist residents with making appointments and arranging transportation, as requested;
- Within 3 days, refer patients with lost or damaged dentures; and,
- Assist residents in applying for dental service reimbursement.²

Under North Dakota Administrative Code 33-0703.2-17, each nursing home resident's record must include the name of the resident's dentist and copies of dental reports.⁴ In North Dakota, only 60.3% of nursing home residents had an identified dentist.¹

Centers for Medicare & Medicaid Services

The Centers for Medicare & Medicaid Services' (CMS) Minimum Data Set (MDS) Resident Assessment Instrument (RAI) provides clear tracking measures for nursing home resident health.⁵ It is to be applied upon admission, quarterly, annually, and/or at a significant change in health status. Effective October, 2017, Section L of the MDS 3.0 RAI intended for nursing homes to record the following dental problems present in a seven-day look-back period:

- Broken or loosely fitting full or partial denture
- No natural teeth or tooth fragment(s)
- Abnormal mouth tissue (ulcers, masses, lesions)
- Obvious or likely cavity or broken natural teeth
- Inflamed or bleeding gums or loose natural teeth
- Mouth or facial pain or discomfort with chewing
- Unable to examine⁵

For more information on MDS 3.0 RAI, access [downloads.cms.gov/files/MDS-30-RAI-Manual-v115-October-2017.pdf](https://www.cms.gov/files/document/MDS-30-RAI-Manual-v115-October-2017.pdf).

Promising Practice: Resident Dental Screen

In collaboration with the North Dakota Older Adult Oral Health Workgroup, staff at the Center for Rural Health (CRH) reviewed state and federal laws, CMS regulations, and national promising practices guides addressing oral health assessments and screenings in long term care settings. The CRH then developed a template for screening the oral health status of all new nursing home residents upon admission.^{2,4-7}

The template was reviewed by a focus group and state stakeholders. A full presentation of the tool along with an implementation strategy may be found in the *Standardized Dental Screening for New Nursing Home Residents: A Promising Practice Guide* available at ruralhealth.und.edu/what-we-do/oral-health/publications.

The guide suggests all new nursing home residents will have a dental screen completed by a dental provider and a direct care provider at the nursing home within 14 days of admission. The completed screen will be utilized to develop a resident's daily plan of care for oral hygiene.

Responsibility of the Dental Professional

1. Dental visit type: Admission, Annual, Other
2. Number of functional teeth
3. Edentulous [Y/N]
4. Maxillary denture present [Y/N]
5. Mandibular denture present [Y/N]
6. Substantial oral debris, impaction [Y/N]
7. Root fragments [Y/N]
8. Severe gingival inflammation [Y/N]
9. Calculus buildup [Y/N]
10. Any dental problems present [checklist provided in the template, taken from CMS RAI 3.0]
11. Treatment needed
12. Daily oral care plan recommendations:
 - Prevident and Chlorhexidine Mouthwash
 - Denture cleaning: Level of assistance needed
 - Teeth cleaning: Level of assistance needed

Responsibility of the Unit Charge Nurse

1. Contact information for resident's dentist
2. Date of last complete dental exam
3. 24-hour dental emergency contact
4. Cognitive problem(s) limiting ability to perform personal dental hygiene [checklist provided]
5. Functional impairment(s) [checklist provided]
6. Dry mouth, causing buildup of oral bacteria [Y/N]
7. Medication(s) that cause dry mouth [medication checklist from MDS provided]

8. Diseases/conditions that may be related to poor oral hygiene, oral infection [checklist provided]
9. Developed daily oral health plan [Y/N]
10. Prepared oral health toolkit [Y/N]

Oral Health Toolkit

- Toothbrush
- Toothpaste
- Floss
- Floss handle
- Prevident
- Chlorhexidine mouthwash
- Kidney dish
- Facecloth(s)
- Toothettes
- Mouth prop
- Denture cleaner
- Denture brush
- Denture cup
- Proxabrush
- Daily oral care plan

References

1. North Dakota Department of Health, Oral Health Program. (2016). North Dakota older adults basic screening survey [data]. Provided by the North Dakota Department of Health.
2. 42 C.F.R. § 483.20 (2017).
3. Schroeder, S., & Bright, B. (2016). Oral health services and barriers to care in North Dakota long term care facilities: Chartbook. Center for Rural Health. Available at, <https://ruralhealth.und.edu/pdf/2016-oral-health-ltc-chartbook.pdf>.
4. N.D. Admin. Code § 33-0703.2-17.
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6. Dalhousie University. (2011). Brushing up on mouth care: An oral health resource for those who provide care to older adults. Available at, <https://cdn.dal.ca/content/dam/dalhousie/pdf/dept/ahprc/BrushingUp-OCManual.pdf>.
7. Center for Oral Health. (2013). Guidelines for providing dental services in skilled nursing facilities. Available at, https://www.cda.org/Portals/0/pdfs/snf_dental_provider_handbook.pdf.

For more information

Visit the CRH webpage for additional oral health publications and information. ruralhealth.und.edu/what-we-do/oral-health

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