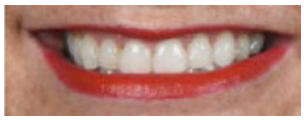
Seniors Dental Care



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Ms Amina Schipp
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15 September 2023

Re: Public Hearing in Brisbane on 20 September 2023

Aged Care Reform Now (Submission 95):

Aged Care Reform Now is a group of committed people looking to change the Aged Care sector for the better. It is a non-partisan grassroots group driven by older people and families who have personal experiences with aged care.

Aged Care Reform Now is dedicated to improving aged care services in Australia. Our aim is to highlight failures in the system and to offer solutions. We advocate for a new aged care system that focuses on transparency, accountability and effective regulation to ensure the human rights of older people are upheld.

We receive no government funding. Our private Facebook group that was started in late June 2021 and has just over 500 members. https://www.facebook.com/groups/agedcarereformnow2.0 We also have a public Internet website https://agedcarereformnow.com.au/

Please see this link to a story featuring Amina Schipp and Yvonne Buters in Canberra at Parliament House in *aged care insite* https://www.agedcareinsite.com.au/2023/07/how-two-women-are-fighting-for-reform-in-the-aged-care-sector/

Amina Schipp has the strength of character and resilience to lobby and advocate for Aged Care Reform Now. Like most of the members, they have witnessed the pain of a loved one and, as survivors, are living with the trauma and the lasting negative effects that this has had, and is still having, on them.

Seniors Dental Care Australia (Submission 3 and Supplementary Submission 3.1):

Leonie has worked at six universities and has helped establish Australia's first dual-skilled Bachelor of Oral Health degree at the University of Queensland in 1998, Australia's first new dental school for 57 years at Griffith University in 2004 and the Bachelor of Oral Health degree at CQUniversity in Rockhampton in 2012. Leonie has been awarded over $2m in competitive research grants and numerous publications in referred journals. Leonie is a registered dental practitioner – dental therapist – with the Dental Board of Australia.

During the COVID-19 pandemic in 2020, Leonie was working 75 hours each week at CQUniversity, was living with hip pain, and had undiagnosed sleep apnoea and a heart condition. She decided to leave her academic position, get her health back on track, and direct her work pursuits to a more worthy cause. Instead of leading a quiet life in retirement in her late 60s, Leonie has directed her time and energy to lobby and advocate to give persons receiving care a mouth and a voice.

Leonie established Seniors Dental Care Australia (SDCAust) and Oral Health Care Training and Education (OHCTE) to offer oral health training and education for health workers in the aged, home and disability sectors. Our team also provide coaching, screening, monitoring, assistance, support, referral and follow-up oral health care for persons participating in the National Disability Insurance Scheme (NDIS).

As part of two competitive research grants, we are currently working collaboratively with aged care providers, universities and dental innovators to improve oral health care and outcomes in urban, regional and rural areas of Queensland.

1. Personal "lived and living experience" stories about people's experiences accessing (or not being able to access) dental services in Australia:

1. Eva P., Melbourne, Victoria, 8 September 2023

Eva's father was on the public dental waiting list for 3-5 years before he could be seen at the local community health centre. After he was seen, he had to wait one year before he could go back onto the waiting list again. "He went there for years."

If he was still living at home and had an adjustable bed, a team from the Royal Dental Hospital would have been able to see him at no cost.

Unfortunately, when we moved into a nursing home, "no-one cared" about his mouth and "no-one mentions anything". "No-one has a clue about what, where and how about oral health". "It is just like the Child Dental Benefits Scheme – no-one knows about it." "And most have teeth pulled out". It was "like putting him in the bin". "He has passed away now."

Eva's mother now has issues with her teeth, and she lives with dementia. "There are no resources for people with dementia. I can't find the information out there. People who can't speak English – even harder for them."

“I get frustrated. This is a nightmare. It is not funded, not anything.”

Take home messages – “Oral health is very important.” “Oral health is a health issue – quality of life is a health issue. I don’t understand” why it isn’t. Oral health care needs to be provided for persons living in care homes.

2. Yvonne B., Perth, Western Australia, 7 September 2023

Yvonne took her mother-in-law to a Special Needs dentist in Perth as her front incisor had broken off. In the meantime, dental practitioners from the State dental service saw her in the nursing home and stated that she had “no issues” and “everything was fine” even though “she could not open her mouth”. “Couldn’t they see the broken front tooth?” ”Her mother-in-law couldn’t smile or eat properly” with the broken front tooth.

Worse still, Yvonne had not given consent for her mother-in-law to be seen by the dental practitioner who came to the nursing home. And, if Yvonne had known about it, she would have been present for the dental examination.

Take home messages – “The state dental service staff need training as everything was not fine.” Aged care managers must ensure that informed consent is obtained from each resident or substitute decision-maker for dental examinations; not to do so is criminal assault.

3. Liz B., Facebook, 7 September 2023

As a hospital trained RN, fairly recently retired I get upset when I hear stories of poor dental care in acute care or aged care. We were taught cleaning of teeth, dentures, mouth and gum health was part of daily hygiene care. We were expected to attend to oral hygiene at night when settling our patients. The minimum was offering our clients/ patients the wherewithal of cleaning teeth. There is absolutely no excuse, other than poor practice(or laziness) not to do this. And woe betide any nurse who lost/ broke/ misplaced dentures. People were given labelled (name & bed number) lidded dental containers. And never, never throw out an empty tissue box without checking for secreted dentures, hearing aids and “ spare” glasses! Part of Care was checking condition of mouth for possible thrush etc.

Take home messages – There is absolutely no excuse, other than poor practice (or laziness), for aged care staff not to provide oral health care. People receiving care should never suffer from lost/ broken/ misplaced dentures.

4. Amina S., Perth, Western Australia, 7 September 2023

Amina's mother was 97.5 years of age when she moved into a care home. "One of the first things Amina's Mum was discouraged to do once she entered an aged care facility was using her dentures and hearing aids. The reason given was, 'they get damaged, lost and we cannot be responsible "

As a consequence, Mum suffered with painful sores on her gums and aching jaws, not to mention the loss of dignity. It's shocking." "This affected her eating, nutrition and weight." Her mother went from "53kgs to 36 kgs in 15 months." "She was skin and bones and suffered multiple fractured bones from falls." "It was a domino effect with no dignity or respect."

Furthermore, it's not a 'requirement' for aged care staff to do oral health care training. Amina realises that people with dementia do not comply easily, but one hopes that the carers are utilising appropriate behavioural strategies and performing the most effective oral hygiene techniques.

Take home messages – Poor oral health affects a person's decreased ability to eat, reduced nutrition, weight loss, and risk of falls and fractures. Older persons receiving care should be able to wear their dentures and staff should be trained in how to clean and monitor them.

5. Christine T., Melbourne, Victoria, 3 September 2023

Christine highlighted that she has two lived experiences to share as she cares for her Aunty and her mother. Her Aunty, 88, still has her own teeth, and her my Mum has full dentures, upper and lower.

When Christine's father passed away, her Mum's dementia became apparent. 7 years ago, Christine sold her house and moved in with her Mum to be her full-time carer. Christine says that it an honour and a privilege to care for her Mum. Some carers come during weekdays and within business hours.

Christine stated that you are not permitted to use any Home Care Packages Program funding for any dental, including adjustments to dentures, even if they are broken. "And there hasn't been a single carer who has known how to clean them, even after they have been shown, they still haven't managed to get Mum to take them out to clean and often just squirt toothpaste on her finger and tell her to rub it on her teeth (Mum has Alzheimer's)".

"It was the same with any hospital admissions and nursing staff." "I do clean the dentures daily for her for the last 4 years." "Carers are not held responsible for oral health." And when her Mum went to hospital with Respiratory Syncytial Virus (RSV), "she did not receive any oral health or showering for 7 days." They said that her Mum was assessed as being 'independent' but refused this care.

Christine knows that her Mum is not independent and does not have the capacity to press the emergency button. Interestingly, Christine manages to clean her dentures at home every day.

Nursing staff need to be trained." They also need to be able to communicate back to her when there is an issue. "Oral health is not mentioned under 'personal care' – it is in its own little bag; nobody thinks about it." Example – a nurse gave her Mum toothpaste on her finger whilst she was in the shower. Her Mum was supposed to rub it on her dentures. It would have been better for the dentures to be placed in a denture bath with a cleansing tabled whilst her Mum was in the shower.

Christine is not an expert in dementia, but she uses a combination of actions and miming to direct her Mum to do things. She has watched heaps of videos and highly recommends the videos from Teepa Snow in the USA. https://www.youtube.com/watch?v=6gLrH8mioCw https://www.tiktok.com/@teepasnow?referer_url=https%3A%2F%2Fhellocare.com.au%2F&referer_video_id=7003736038715788550&refer=embed

When her Mum's dentures broke, Christine organised for the dentures to be repaired and she paid for it on a carer's pension. Sadly, Christine can't afford dental treatment for herself.

Christine's "aunty has her all her own teeth and travels an hour to get to the dental college in the city to be able to get any work done on her teeth and has been in pain on a few occasions. She is 88!" "The cost for dental treatment is out of control." She uses a taxi voucher or catches public transport to the University of Melbourne's dental clinic. She pays $26 per visit for a clean, filling or a root treatment.

Christine does not believe that the recent changes to aged care are going to make life easier for older persons. " Christine does not believe that the new Aged Care Act will alleviate problems in the system. "Actions are profit driven." As care managers work for the provider, these front-facing persons are more like office workers, salespersons and accounts managers. Instead, workers need a human or caring ability.

Take home messages – Oral health care needs to be provided for persons in hospital and for those living in care homes. Teepa Snow's resources and videos about cleaning teeth and dentures for persons with dementia should be recommended for training of health workers and carers.

6. Debe T., email, 30 August 2023

Firstly, carers of a loved one with dementia are not told about mobile dentistry that comes to the home, we stumble upon that information in support groups like Dementia Carers Australia. The CHECKLIST is a comprehensive checklist for carers provides a great resource (both on Facebook). https://www.dementia.org.au/sites/default/files/2022-08/Dementia-Guide-10-Checklist.pdf

On a level 4 care package, with a loved one bedridden, the government would rather pay for patient transfer both ways, an exorbitant cost to taxpayers, than for a $5,000 purpose-built mobility vehicle to get our loved ones to the myriad of appointments- geriatrician, doctors, skin cancer, hearing, optometrist, etc.

During his care I was not able to get him to a dentist as his care was 24/7…and I was unable to get him into our ordinary vehicle due to atrophy. Further, my own teeth suffered, as I grinded my teeth due to anxiety and stress levels and sleepless nights caring for a loved one in a broken system. And I could not afford extra support workers due to the inequity and limitations of aged care packages compared to NDIS that creates a two-tiered society. Of which my husband missed out on by only a few months when waiting for diagnosis.

On the day mobile dental was booked my loved one ended up in emergency, a life-threatening scenario, and was expected to pay for the cancellation at short notice. Furthermore, the cost of the service was equivalent to two people, approximately$500-600. For that price, I would have been able to have my teeth checked and cleaned also. In my case, it would have come out of my pocket (carers payment) as all other monies were allocated to my husband's care.

The financial and emotional toll of lack of access is wider reaching than just dental, it leaves carers feeling guilty and inadequate. My husband has since passed on, but I managed to look after his teeth as best I could. Funding equity needed. Allowance in that should be made for funding for transportation or mobility dentistry for twice a year.

In my street we had 6 families that would have benefited from mobile dentistry; imagine if we all used patient transfers? Compared to mobile dentistry, patient transfers are more expensive.

Training and education are needed so staff understand how to deal with those who have dementia, including those who are non-verbal.

Early intervention of dental hygiene means one less issue and worry for carers to manage, navigate and deal with. To give dignity to carers and loved ones with dementia, they deserve to have their oral hygiene intact.

We need training and education and change in nursing homes and hospitals. Every week nationally in our support groups, I hear stories of our carers with loved ones in nursing homes where their teeth are not cleaned, and dental plates are in a disgusting dangerous state (apparently not important enough). There is a lack of understanding for the need for good oral hygiene to prevent infection because they write our loved ones off because they are terminal. They use excuses of being short staffed or saying that because of the loved one's decline and because it is 'terminal', it is to be expected.

Take home messages – Mobile dentistry options needs to be provided for persons receiving care. The financial and emotional toll of lack of access to dental care and treatment leaves carers feeling guilty and inadequate.

7. Lynda H., Gerringong, New South Wales, 30 August 2023

Lynda is a regular visitor and carer for her close friend Vyda. Vyda has had extensive dental treatment in the past – a bridge on 4 upper teeth and 4 implants in her lower jaw. This work was completed with the aid of nitrous oxide (laughing gas) and cost $23,000 after rebates rom private health insurance. Vyda is living with dementia where mouthcare became more difficult to provide when resistance increased when she was living at home. After over one year in residential care, the staff were unable to clean her teeth, the bridge and the implants. Transport is a huge issue as she can't get transport to see a dentist or dental prosthetist. Vyda is unable to receive regular dental treatment. Vyda's gum disease and bone loss became apparent, and the implants became loose and had to be removed.

The loss of her implants has changed what Vyda can eat, how she views food and how she eats her food. She is now given meal supplements and can't eat with her fingers anymore.

Lynda recommends the resources and videos from Teepa Snow in the USA.
https://www.youtube.com/watch?v=6gLrH8mioCw
https://www.tiktok.com/@teepasnow?referer_url=https%3A%2F%2Fhellocare.com.au%2F&referer_video_id=7003736038715788550&refer=embed

Take home messages – Oral health care needs to be improved and provided for persons receiving residential, home and community care, and for persons living with dementia and disabilities. Teepa Snow's resources and videos about cleaning teeth and dentures for persons with dementia should be recommended for training of health workers and carers.

8. Leonie S., Augustine Heights, Queensland, 15 September 2023

A head injury from a one-car collision in 2014 was the impetus for a diagnosis of dementia after assessment from ACAT and a geriatrician for my twice-widowed mother, Ruth Hawkshaw. After a home assistance trial was unsuccessful, Mum's three daughters agreed that she should live in residential care close to where she was living at Umina Beach. This was a distressing decision for us to make and it was resisted by our mother. With assistance from the public guardian, a month in an acute hospital and a month at an aged care home in Orange, Mum moved into a Hammond Care dementia cottage nearby in Woy Woy.

After settling in, Mum lived there happily for 5 ½ years before dying aged 94 years in December 2019. Apart from the dementia, she was well, enjoyed visitors and went out regularly with family. Whilst in care, she was only offered food that the other residents who had dentures could eat. Eating out once per week enabled our Mum to have wider food choices, maintain good nutrition, and utilise her natural teeth to their fullest extent – biting and chewing. I firmly believe that her supplementary diet was a key factor in Mum's longevity and high quality of life.

Mum was the only person in her cottage to have natural teeth, albeit heavily restored – all other residents had dentures. Mum always looked after her teeth very well and had dental check-ups every 6 months. As a war widow, she was supported financially for dental treatment by Veterans' Affairs. Mum had an electric toothbrush, used dental floss and performed twice-daily oral hygiene for 5 years. It was only in the last 6 months of her life that Mum could not provide her own oral health care. Unfortunately, her treating dentist in Kincumber was shocked and could not believe it was the same patient as her carers were unable or unwilling to perform her oral hygiene to the level that Mum always had done so. At her last dental appointment, she required a restoration (filling) and extensive scaling and prophylaxis (cleaning). Again, Mum's natural dentition with excellent oral hygiene greatly lowered her risk of contracting aspiration pneumonia or infective endocarditis.

My elder sister used to take Mum to her dental appointments; she would travel from Bathurst in rural NSW to do this (train from Bathurst to Gosford, 2 nights' accommodation and a hire car from Gosford). On a couple of occasions, I travelled from Rockhampton in Queensland to also do this (flights from Rockhampton to Brisbane and Brisbane to Sydney, 2 nights' accommodation and a hire

car from Sydney). So, even if the dental treatment is provided at no cost to the older person, the travel and accommodation costs would be prohibitive for many adult children. This is especially so for those who do not live near (or in the same state) as their parent.

Take home messages – older persons with natural teeth should be provided with a wider selection of foods to improve their nutrition and quality of life. Assistance for transport to and from dental practices should be considered as a strategy to improve oral health care.

9. Ingrid D., Geelong, Victoria, 1 September 2023

Ingrid is the adult child of her father who lived in an aged care home for five and a bit years - he died in 2022. He had all his own teeth when he went into care, and he used an electric toothbrush. “He always told us kids to brush our teeth and we did not have sweets.”

“He could not brush his own teeth anymore; he was not mobile and needed assistance to brush his teeth.” “He used to ask me to brush his teeth when and whist I visited.” Ingrid used the ‘hand-on-hand technique to brush his teeth. Ingrid would also regularly check on her father’s dental supplies and wash all his dental aids and products in his bathroom. Sometimes, she could tell that they had not been used.

“He had food in his mouth at night and his teeth became yellow, brown and had bits chipped off.” He could not use mouthwash as he could not swish and spit. Ingrid had to turn away or she’d cry about his teeth. Ingrid knew that all the food in her father’s mouth put him at higher risk for aspiration pneumonia.

Ingrid’s fear became a reality when her father contracted aspiration pneumonia. Just after he recovered from this, a new dentist visited the aged care home and treated her father. Unfortunately, this dentist treated different residents in different sections of the aged care home after a resident had been diagnosed with COVID-19. Even more troubling, Ingrid did not give permission for this dental treatment to be provided for her father. And Ingrid was not present during the dental treatment, and she was not able to support and comfort him. Her father was left with bleeding gums from having his teeth cleaned – he must have been so sore.

In 2022 when the COVID-19 pandemic had abated, Ingrid’s father contracted COVID-19 and went downhill after that – “it is what tipped him over.” Sadly, Ingrid’s father then died of a heart attack. She believes that the dentist could have been responsible for the spread of COVID-19 in the aged care home. She also believes that her father’s death this was a result of the dentist’s unauthorised treatment of his gum disease. Ingrid wanted “to speak to the dentist about this and realises that it should have been investigated but she has not had the strength to do it.” “It is very difficult to raise resident care issues or concerns as there are different levels of people with different levels of protection, fear, etc.” Ingrid explained it as “lies, denial, attack and disbelief.” There needs to be better communication with families about the care of our loved ones.

Ingrid believes that the careers need proper training in oral health care, and they should want to know the science behind oral health. Oral health is “recommended as best practice by experts in the field.” A human is needed to help someone to brush their teeth.” We also need to recognise the cultural aspect for carers as dental care and treatment is different in different countries.

Even with onsite dental practitioners, it is still very difficult to transport residents to dental appointments. A resident may have to wait nearly an hour before they are seen and the same for transport back to their rooms. Supervision is required and staff are needed to provide this transport.

Take home messages – Oral health care and transport to dental appointment need to be provided for those living in care homes. Aged care managers must ensure that informed consent is obtained from each resident or substitute decision-maker for dental examinations; not to do so is criminal assault.

10. Gwenda D., Finley, New South Wales, 30 August 2023

Please refer to the video above that Gwenda, recorded in her lounge room for Reconciliation Week in May 2022 – it was sent in earlier to this Senate Inquiry. The video was released and published by the Department of Health in the federal government. In the video, Gwenda speaks as a proud Indigenous woman about the link between poor nutrition and cognitive decline.

At the 6-minute mark of the video, Gwenda says that a person can't eat healthy nutritional food without teeth; good dentition is vital, and communities are desperate for dental care Australia-wide. Gwenda's top teeth were extracted when she was 11 years old, and her bottom teeth extracted when she was 14 years old by the school dentist. Gwenda believes that the school dentist did not fill Aboriginal children's teeth – they were all pulled out. Now, she still wears ill-fitting dentures due to malformed bone growth due to her teeth being extracted in her teenage years.

Gwenda explains this by saying that black people have teeth taken out, but white people don't have teeth take out as dentists won't do it – they have crowns, implants, etc.

As part of her living experience, Gwenda says that at 70 years of age she can't get dentures from her My Aged Care package and has already lost 25 kgs in weight. Aboriginal Medical Services need funding for dental services, and they also need support in trying to employ dentists and other dental staff. Aboriginal people living with diabetes and renal services should also be referred for dental care.

People in residential care can't get dental care from the 13% of their pension that is left from the daily accommodation payment. And the 2-3 year wait for public dental services is not helping. Access to allied health services is easier than access to dental services.

Gwenda does not tell us these things looking for empathy, she tells us because she hopes we will realise that there are so many aspects to ageing. "You can be brave and speak up to make the change."

Take home messages – teeth, dentures and oral health are integral aspects to ageing.

1. Take home message – Recommendation 60: Establish a Senior Dental Benefits Scheme for people who live in residential aged care or in the community as a matter of urgency (RCACQS, 2021). Recommendation 38: Residential aged care to employ or retain allied health professionals, including oral health practitioners (RCACQS, 2021).

2. Communication strategies for consumers and participants and an education program for dental practitioners:

There is a need for a national consumer-led communication program about the importance of oral health. If the Senior Dental Benefits Scheme is funded and implemented, there is no guarantee that older Australians will avail themselves of the program.

We already see that with the Child Dental Benefits Schedule (CDBS) – the expected performance result for 2022-23 is a 37.2% participation rate (Commonwealth of Australia, 2023:89). As the CDBS commenced on 1 January 2014 (Department of Health and Aged Care, 2023a), 37.2% is a low participation rate for a scheme that has been widely promoted for over 9 years. And I have not seen any data that describes who is providing dental treatment under the CDBS – are they mainly oral health practitioners (oral health therapists, dental therapists and dental hygienists) or dentists (dentists and paediatric specialists)? And are these services mainly provided in the public sector through the school dental services or are they provided in private dental practices? Even though the Australian Dental Association promotes the CDBS heavily, my guess is that most services are provided by oral health practitioners in the public sector. If Medicare Provider Numbers were mandatory for oral health practitioners (instead of using the provider numbers of dentists), we would be able to access and analyse this provider data to target the groups of providers who are low users of the CDBS. We will need the same Medicare provider data to track and evaluate the Senior Dental Benefits Scheme.

Approximately 50% of older Australians do not attend for regular dental check-ups, they mainly make a dental appointment with toothache or pain (extraction rather than a filling, root treatment or treatment for periodontal diseases), and they may have low oral health literacy going back decades. What they thought about oral health care or dental treatment has changed a great deal since the 1940s. They may also have a fear of 'dentists' and dentistry which is passed on to their adult children and grandchildren.

When speaking with assistants in nursing, personal carers and disability support workers in the aged, home and disability sectors, I'm amazed to find that their main source of dental information is from influencers, social media, Internet websites and high-end dental product companies. And they are purchasing and using very expensive dental aids and products (including Swedish Foreo electric toothbrushes, hismile whitening products, and doTERRA natural toothpaste). As many of these workers are not regular dental attendees, their respected source of advice for dental products is not a dental practitioner, it is an influencer. Much needs to be done to restore trust and respect for dental practitioners as a respected source of evidence-based information and advice for dental products, aids and medications for Australians.

We need to address their dental trauma, fears, and anxiety so that they are more accepting of dental treatment. So, to ensure a good uptake of the Senior Dental Benefits Scheme, a national consumer-led communication program to inform older Australians about the link between general health and

oral health, and the importance of twice-daily oral health care and regular dental check-ups is required for any new scheme to be successful.

This communication strategy will also assist in helping shape non-regular attendees into dental patients that dental practitioners will want to treat. Dental practitioners will not participate in the Senior Dental Benefits Scheme if it is more trouble than it is worth. Treating anxious, scared and frightened dental patients take more patience, understanding and time when compared with regular dental patients.

There will also need to be an education program for dental practitioners. Dental practices may need to adapt their facilities and buildings to cater for older patients in wheelchairs, on mobility scooters and with walkers. Dental practitioners may need upskilling in dental treatments (root caries), co-morbidities and polypharmacy of older patients, and dental receptionists will need to be informed about what dental treatments will be part of the Senior Dental Benefits Scheme.

2. Take home message – $2m for communication strategies for consumers and participants and an education program for dental practitioners with the introduction of the Seniors Dental Benefits Scheme.

3. Nurses are not trained to be dental practitioners:

Nurses are not trained to be doctors, dentists and allied health practitioners. However, we do understand that scopes of practice for different health practitioners overlap between and across professional boundaries.

Older persons are living longer, they are retaining more natural teeth, and they have undergone more complex dental treatment (veneers, crowns, bridges, implants, implant over-dentures, orthodontic retainers, and partial dentures). This means that their ongoing dental treatment needs are also more complex.

Nurses (let alone carers) are not presently trained and qualified to provide dental assessments, care plans and advice for these persons with complex dental needs. Nurses and carers perform 'mouth care' as part of personal hygiene but are unable to perform 'dental acts' that are restricted by the National Law (Queensland Government, 2022) and defined in the scope of practice for dental practitioners (Dental Board of Australia, 2020).

> *Dentistry involves assessing, preventing, diagnosing, advising on, and treating any injuries, diseases, deficiencies, deformities or lesions on or of the human teeth, mouth or jaws or associated structures. It includes restricted dental acts (see section 121 of the National Law).*
> (Dental Board of Australia, 2020).

Evidence-based training in oral health care should be provided for health practitioners during their undergraduate education or vocational training by dental practitioners. This training is relevant for medical practitioners, nurses, midwives, allied health professionals, pharmacists, social workers, personal carers and disability support workers. As people's needs are more dentally complex, nurses should not be providing the training in oral health care for registered nurses, enrolled nurses, assistants in nursing, personal carers and disability support workers.

Residents and their families should be informed that nurses are limited in the level of oral health care that they can provide and a localised clinical referral pathway to appropriate off-site, on-site and virtual dental practitioners should be readily available. The 'living and lived experiences' from the persons in this document are testimony to the deficiencies of informed consent procedures for on-site dental practitioners and the provision of oral health care for their loved ones by nurses and carers in aged care homes.

3. Take home message – Recommendation 114: Immediate funding for education and training to improve the quality of care, including oral health (RCACQS, 2021). Recommendation 79: Review Certificate III and IV courses to consider including oral health as a core competency (RCACQS, 2021).

4. Revised Aged Care Quality Standards:

> *Oral health 5.5.6 The provider implements processes to maintain oral health and prevent decline by:*
>
> *a) facilitating access at the commencement of care to oral health assessments and regular review by a dentist or other oral health practitioner*
>
> *b) monitoring and responding to deterioration in oral health and providing timely referral to specialist oral and medical care when required*
>
> *c) assisting with daily oral hygiene needs*
>
> *d) providing access to and use of required products, aids and equipment.*

The Revised Aged Care Quality Standards (Department of Health and Aged Care, 2023b) have 'no teeth 'as the bar of the standard is set too low. Words like "facilitating access", "monitoring and responding", "assisting" and "providing access to" just means that a nurse or carer needs to suggest that a resident should seek an oral health assessment or be referred for dental treatment but that is as far as it goes - there is no easy and achievable mechanism for either of those two dental referrals to occur.

Similarly, the revised standard for residential aged care homes to purchase and distribute dental products, aids and equipment has no requirement that these products are recommended by dental practitioners for each resident's specific oral health care needs. Sadly, most residential aged care homes in Australia are still supplying toothbrushes and toothpaste to residents with dentures when both toothbrushes and toothpaste are contraindicated for denture wearers. Similarly, very few care homes would be removing dentures at night and storing them dry.

Lastly, nurses and carers will not be effectively assisting residents with their twice-daily oral health care needs until they have been trained by dental practitioners to do so. The 'living and lived experiences' from the persons in this document are testimony to the deficiencies in the provision of oral health care to their loved ones by nurses and carers in aged care homes.

4. Take home messages – Recommendation 19: Urgent review of the Aged Care Quality Standards, in particular best-practice oral care, with sufficient detail on what these requirements involve and how they are to be achieved. (RCACQS, 2021). Recommendation 79: Review Certificate III and IV courses to consider including oral health as a core competency (RCACQS, 2021).

5. Updating of oral health policies and standard operating procedures by aged care providers

Since the Aged Care Quality and Safety Commission provided a webinar and resources (ACQSC, 2023) on 'Oral and dental health' on 11 August 2023, there has been an increase in awareness and some heightened interest in aged care providers updating their oral health policies, guidelines and standard operating procedures. Over 500 persons registered for the webinar and over 300 persons attended on the day. However, in the two requests for free training, information and references that I have received, neither of the aged care providers was willing to pay for this service.

As oral health care is a high-risk procedure (blood, saliva, bacteria, viruses, fungi), the health worker, carer or disability support worker should always wear Personal Protective Equipment (PPE). However, unlike dentistry, infection prevention and control for oral hygiene in the aged, home care and disability sectors is poorly understood, regulated and operationalised. For the health and safety of nurses, personal carers and disability support workers, this needs to change. And with the clinical expertise and input from dental practitioners, this could change.

Again, the absence of any standard 'with teeth' or reporting requirement for oral health care, and providers' reluctance to pay dental practitioners for their clinical expertise means that improvements can't, and won't, be made. Funding needs to be provided for the employment of dental practitioners to assist aged and home care providers in evidence-based and best practice oral health care.

5. Take home messages – Recommendation 38: Residential aged care to employ or retain allied health professionals, including oral health practitioners (RCACQS, 2021).

6. Poor implementation of the Oral Health Practice Alert within the National Disability Insurance Scheme (NDIS).

In August 2022, I was able to assist with the updating of the Oral Health Practice Alert (NDISQSC and ACSQHC, 2021). The new Oral Health Practice Alert was released in January 2023 (NDISQSC and ACSQHC, 2023). This document is supposed to be used by National Disability Insurance Scheme (NDIS) providers, allied health professionals and disability support workers to monitor, maintain and support participants in their oral health, and to refer participants for appropriate dental treatment.

As is the case with nurses and personal carers in the aged and home care sectors, very few allied health professionals and disability support workers have the training and skills to assist participants in twice daily oral health care, recommendation of dental products, aids and medicaments for their specific needs (no-flavour toothpaste), and referral to appropriate dental providers for dental treatment (disability access, trauma-informed care, dental anxiety, sensory impairments, etc).

I will illustrate this point with a case study of a NDIS participant on the Gold Coast from March this year. I was told that the 56-year-old male had natural teeth, so I prepared my oral health training resources for the disability support workers accordingly. However, when I first saw the participant, I could see that he had upper and lower implant over-dentures, not teeth. A photograph taken of his mouth with a mobile camera confirmed my suspicion. The two carers were very surprised as they had been cleaning his mouth as if he had natural teeth for months. The Support Co-ordinator was also surprised but, when she remembered that his elderly parents had mentioned $50,000 of dental treatment, it made sense. A local referral pathway for the participant was devised to have the implant over-dentures checked. In the meantime, part of the upper implant-overdenture had broken off. Without regular dental check-ups and excellent oral hygiene, the implants can become inflamed, infected and loose. If not maintained very well, the implant over-dentures could fail and need to be removed.

I hate to think that this case study is just the tip of the iceberg – there would be thousands of other examples of poor and/or inappropriate oral hygiene being provided to NDIS participants across Australia.

Unfortunately, there is no evidence from research or evaluation on how well the Oral Health Practice Alert (NDISQSC and ACSQHC, 2023) is being implemented in the NDIS and no data on the oral health status of participants. Moreover, there is no funding within the NDIS available for any research or evaluation studies for this purpose.

6. Take home messages – Recommendation 114: Immediate funding for education and training to improve the quality of care, including oral health (RCACQS, 2021). Recommendation 79: Review Certificate III and IV courses to consider including oral health as a core competency (RCACQS, 2021).

References:

Aged Care Quality and Safety Commission. 2023. Food, Nutrition and Dining (providers). Oral health resources – provider and aged care staff. https://www.agedcarequality.gov.au/providers/quality-care-resources/food-nutrition-and-dining-providers

Commonwealth of Australia. 2023. Health And Aged Care Portfolio, Portfolio Budget Statements 2023–24 Budget Related Paper No. 1.9, Budget Initiatives and Explanations of Appropriations Specified by Outcomes and Programs by Entity https://www.health.gov.au/sites/default/files/2023-05/health-portfolio-budget-statements-budget-2023-24.pdf

Dental Board of Australia. 2020. Guidelines for scope of practice. https://www.dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines/Guidelines-Scope-of-practice.aspx [Accessed 5 April 2022]

Department of Health and Aged Care. 2023a. Child Dental Benefits Schedule. https://www.health.gov.au/our-work/child-dental-benefits-schedule

Department of Health and Aged Care. 2023b. Revised Aged Care Quality Standards, Draft for Pilot, March. https://www.health.gov.au/sites/default/files/2023-05/strengthened-aged-care-quality-standards-pilot-program.pdf

NDIS Quality and Safeguards Commission and the Australian Commission on Safety and Quality in Health Care. 2021. Oral Health Practice Alert.
https://www.ndiscommission.gov.au/sites/default/files/2022-05/practice-alert-oral-health_0.pdf

NDIS Quality and Safeguards Commission and the Australian Commission on Safety and Quality in Health Care. 2023. Oral Health Practice Alert.
https://www.ndiscommission.gov.au/sites/default/files/2023-02/Oral%20Health%20Practice%20Alert%20Update%202023.pdf

Queensland. 2022. Health Practitioner Regulation National Law (Queensland).
https://www.legislation.qld.gov.au/view/pdf/inforce/2018-03-01/act-2009-hprnlq

Royal Commission into Aged Care Quality and Safety. 2021. Final Report – List of Recommendations.
https://agedcare.royalcommission.gov.au/publications/final-report-list-recommendations