

Policy 1.02 AOHPI Position on Oral Healthcare in Aged Care Facilities

Speaking up for those who can't

Oral healthcare is essential to overall health and well-being. People in aged care facilities must be provided with access to the services and resources they require to maintain not only adequate oral health, but also their dignity and to be able to live their lives free of pain and discomfort. The new [Aged Care Quality Standards Final Draft](#) provides the framework for reforms that aim to make aged care safe and provide the quality of life older Australians deserve. These standards seek to restore dignity by putting older Australians first and creating a sector that provides:

- trusted, safe and high quality care
- equitable access for all older people
- care that puts older people at the centre
- sustainable care for an ageing population and
- accountability and transparency to measure success.

The Australian Oral Health Policy Institute (AOHPI) has welcomed the inclusion of specific oral health processes in Standard 5 (Oral Health 5.5.7) of the [Aged Care Quality Standards Final Draft](#) that are aimed to leading improvements in the health and wellbeing of residents living in aged care facilities:

The provider implements processes to maintain oral health and prevent decline by:

- a) facilitating access to a dentist or other oral health practitioner for oral health assessments at the commencement of care, regularly and when required*
- b) monitoring and responding to deterioration in oral health*
- c) assisting with daily oral hygiene needs.*

AOHPI calls for urgent improvements in access to and the provision of oral healthcare for older Australians in line with these new Quality Standards.

Facilitating access to a dentist or other oral health practitioner for oral health assessments at the commencement of care, regularly and when required (5.5.7a)

Residents must be provided with the opportunity for an initial oral health assessment conducted by a dentist or Oral Health Practitioner on admission to an aged care facility. The assessment provides the basis for attaining and maintaining essential oral health and informs the ongoing care required for a resident throughout their stay. Oral health planning must be informed by regular engagement with an oral health practitioner.

Based on the initial assessment, an oral healthcare plan must be developed and integrated into residents' healthcare plans. This individual plan forms the framework to provide assistance with residents' daily oral health needs. The Oral Health Practitioner must also be involved in reviewing and updating the plan regularly and adapting it to the residents needs and wishes. If a resident or carer identifies a need for oral health review or dental management access to a dentist/OHP must be provided when required

Monitoring and responding to oral health deterioration (5.5.7b)

Regular and as required reviews by a dentist or OHP will assist in the identification of oral health deterioration. Once identified then an appropriate intervention or advice can be facilitated by the OHP that is engaged in assessing and monitoring the residents.

The engagement with oral health practitioners allows for the identification of appropriate referral pathways for residents where necessary. Oral Health Therapists (OHTs) working to the top of their scope would be the most appropriate practitioner group to perform these roles. OHTs are capable of planning daily care but also facilitating all the information required to ensure referrals to dentists or medical practitioners are provided in an efficient, cost-effective and person-centred manner.

Assisting with daily oral healthcare needs (5.5.7c)

AOHPI believes daily oral hygiene assistance is comprised of both training and tools – both residents and support workers need education as well as equipment to deliver safe and effective oral hygiene for themselves or to a person requiring assistance. Daily care is supported by trained care workers assisting residents with equipment, aids and products as defined in an individual's oral health care plan.

The [Royal Commission into Aged Care Quality and Safety](#)² called for the inclusion of oral health care training to be included in Certificate III and IV courses for aged care support workers. It also recommended that aged care facilities should engage with an oral health practitioner. AOHPI calls for the implementation of these recommendations of mandatory workforce training for support workers in oral health care to ensure that aged care residents receive the daily oral healthcare support required to meet their individual needs. As well AOHPI recommends the inclusion of registered OH practitioners as part of the skills mix of health professionals available within aged care facilities. These recommendations have been included in the [Final Report of the Senate Select Committee Inquiry into the Provision of and Access to Dental Services](#)³.

The appropriate use of technology, products, aids and equipment is essential to developing appropriate models of care that facilitate the maintenance of the oral health for residents within aged care facilities. Tele-dentistry/virtual consultations provide opportunities to enhance the patient experience and cost-effectiveness for assessment, monitoring and review of residents. Available digital technology can enable more efficient patient care by utilising digital healthcare records and facilitating treatment procedures (including provision of dentures) for these vulnerable members of the community.

These requirements for the provision of oral health services and daily care provision in aged care facilities are linked to the referenced Quality Standards:

Quality standard 3: Care and Services (page 18)¹

Expectation statement: The care and services I receive are safe and effective, optimise my quality of life including through maximising independence and reablement, meet my current needs, goals and preferences, are well planned and coordinated and respect my right to take risks.

Quality Standard 5: Clinical Care (page 28)¹

Expectation Statement: I receive person-centred, evidence-based, safe, effective, and coordinated clinical care by qualified health professionals and competent workers that meets my changing clinical needs and is in line with my goals and preferences.

Quality standard 7: The Residential Community (page 41)¹

Expectation Statement: I am supported to do the things I want and to maintain my relationships and connections with my community. I am confident in the continuity of my care and security of my accommodation.

References:

1. The Strengthened Aged Care Quality Standards – Final Draft (November 2023).
<https://www.health.gov.au/resources/publications/the-strengthened-aged-care-quality-standards-final-draft?language=en>
2. The Final Report of the Royal Commission into Aged Care Quality and Safety (March 2021)
<https://www.royalcommission.gov.au/aged-care/final-report>
3. The Final Report of the Senate Select Committee Inquiry into the Provision of and Access to Dental Services (November 2023). Recommendation 12.
https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Dental_Services_in_Australia/DentalServices/Final_report/List_of_recommendations