



Service Priorities and Programmes
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Submitting author: Ms Y L CHOW

Post title: Advanced Practice Nurse, TMH, NTWC

To implement a sustainable evidence-based practice on oral hygiene care to post stroke survivors in acute care setting

Y L CHOW (1), Y H CHOI (1), K F CHAN (1), Cindy LAM (1)

(1) Acute Stroke Unit, Department of Medicine & Geriatrics, Tuen Mun Hospital.

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Introduction

TMH Acute Stroke Unit (ASU) located in one of the busiest wards amongst acute care setting in hospital. It is expected a great challenge to implement an evidence-based practice of oral hygiene care (OHC) in acute clinical setting by nurses, although literatures supported that OHC could reduce bacterial burden in oral cavity and hence reduce the risk of development of stroke-associated pneumonia. (SAP). OHC was given a lower priority by nurses due to the focus on patients' illness and medical condition, since heavy workload and low working morale of nurses might be the crucial barriers of this pilot program. We developed and implemented a clinical practice improvement process, based on diffusion of innovations theory and research, with management support, structured training and shared vision staffs forum, see if scientific evidence can be translated into routine practice in acute hospital.

Objectives

- To implement a sustainable EBP project in acute care setting through "Change culture" strategy
- Aligning to the international standard of clinical practice on OHC to post stroke patients in ASU.
- Identifying the common barriers on carrying out EBP for improvement.

Methodology

Program implemented since 1/2/2017, pre-program study period commenced in December of 2016 and evaluation performed in August 2017. A pre & post survey performed to 27 nursing staffs in ASU. One 3-months observational survey performed for participation evaluation during program implementation period

- Planning stage: - To introduce the "Change culture" strategy by 4 "P": Purpose; Picture; Plan and Part.
- To seek for staff engagement by conducting staffs discussion forum and shared the literature review in Dec 2016.
- Initiation stage: - Common barriers on OHC identified and strategy on execution - Core group members' feedback and advice for improvement in March 2017.
- Implementation stage: - OHC logistic flow revised - Redistribution the roles of OHC to nurses and supporting staffs in ASU

Result

- Pre and Post Survey on staff perception, distributed to n=27 and return by n=26

(return rate is 96.2%). - Survey result shown 19% increased that nurses believed OHC could improve patient's oral health. - There was 15.4% of nurses were reluctant to perform OHC and set as the lowest priority in daily routine work, which is 42.3% decreased as compared to pre-program period. - There were no change on nurses' perception that ward busy and heavy workload prohibited them to perform OHC • The participation rate of nurses in performing OHC was increased from 7.7% to 38.5%. • 65.4% of nurses have performed the supervision roles in OHC. Conclusion and Recommendation: The findings show the receptivity of nurses to implement EBP of OHC. This EBP project on OHC is sustained and as daily routine in ASU. Identifying actual and potential barriers such as education, resource availability and how nurses view their role that allows health professionals to develop an effective EBP plan in acute care setting.