The Second National Nursing Oral Health Summit

“The Nursing Oral Health Journey: Successful Innovations and Challenges”

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Associate Dean of Graduate Programs
Ursula Springer Leadership Professor in Nursing
Co-Executive Director, OHNEP

Washington, D.C.
June 5, 2013
IOM Reports (2011)
IPEC Competencies (2011)
Healthy People 2020

The Healthy People 2020 Leading Health Topics are:

- Access to Health Services
- Clinical Preventive Services
- Environmental Quality
- Injury and Violence
- Maternal, Infant, and Child Health
- Mental Health
- Nutrition, Physical Activity, and Obesity
- ORAL HEALTH
- Reproductive and Sexual Health
- Social Determinants
- Substance Abuse
- Tobacco
Perfect Storm
Interprofessional Oral Health Care Model

- Health & Education Systems
  - Builds Primary Care Oral Health Workforce Capacity
- Collaborative Practice
- Increased Access to Oral Healthcare, Reduced Oral Health Disparities
- Increased Oral and Overall Health Outcomes

Oral Health Facts

- 130 million US adults and children lack dental coverage
- 70% of adults aged ≥ 65 lack dental coverage
- Up to 75% of pregnant women declined dental services because of pregnancy
- ECC is the most common chronic disease of childhood in 5-to-17 year olds
- ECC is 5x more common than asthma
- Application of fluoride varnish can reduce caries by 25-45%
- 50 million school hours per year lost b/c of oral health related illness (pain, infection)
Successful Innovations
OHNEP
Oral Health Nursing Education and Practice
National Interprofessional Initiative on Oral Health

NYU College of Nursing
www.ohnep.org
1,640 Visits
March 1, 2012 – May 31, 2013
1,571 Visits
March 1, 2012 – May 31, 2013
Welcome to OHNEP Initiative Newsletter!

It is our pleasure to welcome you to the inaugural issue of Oral Health Matters, a quarterly newsletter designed to connect you to New York University College of Nursing’s Oral Health Nursing Education and Practice (OHNEP) initiative. This initiative is part of a larger project to enhance oral health care through the promotion of oral health in nursing. The aim is to create an infrastructure for the nursing profession to enhance oral health care across the lifespan.

For more information on our initiatives, please read on and consider how these efforts can make a difference in improving oral health outcomes.

OHNEP Aims:

- Enhance oral health care education and practice.
- Create a strategy for developing oral health competencies and curricula in undergraduate and graduate nursing programs, including the National Oral Health Education Curriculum.
- Develop a strategy for implementing best practices in oral health care as registered nurses and advanced practice nurses.
- Demonstrate strategies for integrating oral health care into current practice, health care settings, and professional practice settings.
- Develop a strategy for implementing best practices in oral health care as registered nurses and advanced practice nurses.

National Summit

The NYU College of Nursing’s Oral Health Nursing Education and Practice National Summit was convened on May 26-30, 2011, at The Mayflower Renaissance Hotel in Washington, DC. Summit participants represented over 1,500 oral health care providers, including registered nurses, nurse practitioners, oral health nurses, and dental hygienists.

Spotlight

Danae Delahaye, PhD, RN, CPNP, BC, CNRN, FAANP, a pediatric nurse practitioner, has been appointed as a Subject Matter Expert for the ANCC’s Oral Health Nursing Competency Standards (2011). This position is an innovative, web-based training initiative designed to improve the education and practice of oral health nurses.

The goal of OHNEP is to help patients collect and analyze patient data, nurses, and doctors improve quality of care.

For information on OHNEP faculty and professional development initiatives, visit www.ohnep.nyu.edu.

NYU College of Nursing
IP Education & Collaborative Practice

- Faculty and Preceptor Development

- Curriculum Integration
  - Oral-Systemic Health Knowledge Base for Primary Care Providers
  - Interprofessional Oral-Systemic Health Core Competencies for Primary Care Providers
    - Health History
    - Physical Health Exam (HEENOT)
    - Oral-Systemic Risk Assessment
    - Action Plan (preventive interventions, management within scope of practice)
    - Collaboration
    - Referral
HEENT to HEENOT
Interprofessional Oral Health
Teaching-Learning Strategies

- Standardized patient cases
- Virtual cases
- Evidence-based oral health section on care plans
- Collaborative cases
- IP clinical rotations
Service Learning Programs

• **Inter professional Objectives**: Expand access to oral and primary healthcare to children; conduct health promotion public health initiatives; practice as an inter professional team

**Who participates:**
DDS, PG- Dental and Dental Hygiene students; BS, NP-Nursing students
NYUCN / NYUCD faculty
Presentations at the National Conferences
Interprofessional OHNEP Projects Across the Country
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Amy Barton</td>
<td>University of Colorado Anschutz Medical Campus College of Nursing</td>
</tr>
<tr>
<td>Anne Cardinale</td>
<td>Ulster County Office for the Aging</td>
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<tr>
<td>Anne Bavier</td>
<td>University of Connecticut</td>
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<tr>
<td>Beverly Kupiec-Sce</td>
<td>New Jersey Department of Health and Senior Services</td>
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<tr>
<td>Carol Savrin</td>
<td>Frances Payne Bolton School of Nursing, Case Western Reserve University</td>
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<tr>
<td>Cynthia Darling-Fisher</td>
<td>University of Michigan, School of Nursing</td>
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<tr>
<td>Cynthia Selleck</td>
<td>University of Alabama at Birmingham School of Nursing</td>
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<tr>
<td>Dedra Marie Hayden</td>
<td>University of Louisville, UL School of Nursing, UL School of Dentistry</td>
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<tr>
<td>Eleanor Bond</td>
<td>University of Washington</td>
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<tr>
<td>Ethan Gray</td>
<td>National Association of Clinical Nurse Specialists</td>
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<tr>
<td>Evelyn Duffy</td>
<td>Frances Payne Bolton School of Nursing, Case Western Reserve University</td>
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<tr>
<td>Marguerite DiMarco</td>
<td>Frances Payne Bolton School of Nursing, Case Western Reserve University</td>
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<tr>
<td>Mary Ellen Roberts</td>
<td>Seton Hall University College of Nursing</td>
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<tr>
<td>Melinda Ray</td>
<td>National Association of Clinical Nurse Specialists</td>
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<tr>
<td>Patricia Underwood</td>
<td>Case Western Reserve University</td>
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<tr>
<td>Rita Jablonski</td>
<td>University of Alabama at Birmingham School of Nursing</td>
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<tr>
<td>Sally Schoessler</td>
<td>National Association of School Nurses</td>
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7 OHNEP Seed Grants

1. **IP Model for an Oral Health Protocol in a Pediatric Primary Care Clinic**  
   **PI** - Janice A. Odiaga, DNP, CPNP  
   Rush University College of Nursing

2. **IP Oral - Systemic Health Course for Nursing and Dental Hygiene Students**  
   **PI** - Jacquelyn J. McClendon, PhD, APRN  
   College of Health Professions, School of Nursing, Wichita State University

3. **Oral Health in the Palliative Care Patient: Care throughout the Continuum of Illness**  
   **PI** - Rose Anne Indelicato, MSN, ANP-BC, ACHPN, OCN  
   Sound Shore Medical Center

4. **Refinement of an Existing Oral-Systemic Health Instructional Resource for Interprofessional Geriatric Education**  
   **PI** - Pamela Stein, DMD, MPH  
   College of Dentistry, University of Kentucky

5. **Oral Health and Mechanically Ventilated Critically Ill Adults**  
   **PI** – Deborah J. Jones, PhD, MS, RN  
   University of Texas Health Science Center Houston

6. **Oral Health Assessment Didactic Module for RN and NP Students**  
   **PI** – Donna Meyer, MSN, RN  
   Lewis and Clark Community College

7. **An IP Approach to Oral Health in Adolescents for Improved Birth Outcomes**  
   **PI** – Sally Lemke, MS, RN, WHNP-BC  
   Rush University College of Nursing
OHNEP Technical Assistance

1. Case Western Reserve University
2. University of Tennessee
3. University of Nebraska
4. University of Maryland
5. University at Buffalo
6. University of Louisville
7. Virginia Commonwealth University
Policy Appointments

Judith Haber, PhD, APRN-BC, FAAN
IP Expert Panel Member for the
Interprofessional Oral Health Core Competencies (IPOHCC) Oral Health Group

Donna Hallas, PhD, RN, PNP-BC, CPNP, PMHS, FAANP
Expert Panel Member for the
Systematic Screening and Assessment of Workforce Interventions Designed to Promote Oral Health and Prevent Dental Disease Project (Robert Wood Johnson Grant)

Subject Matter Expert on the AAP Committee for the
Education and Quality Improvement for Pediatric Practice (EQIPP) Oral Health Group
Policy Appointments

Marguerite DiMarco, PhD, RN, CPNP
Nursing Representative of an Interprofessional Team at AAP to

Review the work of the AAP on an oral health risk assessment tool designed to assess the oral health status of children (0-20 years).

The goal of this review process is to develop a risk assessment tool that can be used by all primary care clinicians who provide care to pediatric patients.

Maria Dolce, PhD, RN, CNE, NEA-BC, FACHE
Nursing Profession Representative on the

Smiles for Life a National Oral Health Curriculum Steering Committee

Smiles for Life is the nation’s only comprehensive oral health curriculum. Developed by the Society of Teachers of Family Medicine Group on Oral Health and now in its third edition, this curriculum is designed to enhance the role of primary care clinicians in the promotion of oral health for all age groups through the development and dissemination of high-quality educational resources.

For Individual Clinicians

We’ve made it easy for individual physicians, physician assistants, nurse practitioners, students, and other clinicians to access the curriculum and learn on their own time and at their own pace. Each of the courses is available online. Free CME credit is available.

For Educators

The curriculum is available in a presentation format easily implemented in an academic setting. Included is a comprehensive set of educational objectives based on the Accreditation Council for Graduate Medical Education (ACGME) competencies, test questions, resources for further learning, oral health web links, an implementation guide, and detailed outlines of the modules.
Smiles for Life is endorsed by the following healthcare organizations who support the role of medical clinicians in promoting good oral health:

- American Academy of Family Physicians
- American Academy of Pediatrics
- Society of Teachers of Family Medicine
- American Academy of Physician Assistants
- American Dental Association
- Physican Assistant Education Association
- Association of Faculties of Pediatric Nurse Practitioners
- National Association of Pediatric Nurse Practitioners
- Gerontological Advanced Practice Nurses Association
- American Association of Public Health Dentistry
- National Association of School Nurses
- American College of Nurse-Midwives
Smiles for Life Curriculum
Site Visitors and Inquiries

![Graph showing visitor growth from 2010 to 2012. The graph indicates a steady increase with a significant jump in 2011. The numbers on the y-axis range from 0 to 200,000, and the x-axis shows the years 2010, 2011, and 2012. The number of visitors in 2010 was 3,552, in 2011 it was 25,916, and in 2012 it was 184,422.]
Smiles for Life Curriculum
Powerpoint Modules Downloaded
2010 (HY), 2011 (FY) & 2012 (FY)

- 2010: 1,257
- 2011: 4,687
- 2012: 6,265
Smiles For Life
Percentage of Users by Professions
Full Year 2012

- Physician: 21%
- Nurse or NP: 25%
- Physician Assistant: 28%
- Other: 18%
- Dentist: 4%
- Hygienist: 3%
- Assistant: 1%
Grants

Health Resources and Services Administration (HRSA)

DentaQuest Foundation

Washington Dental Service Foundation

Connecticut Health Foundation

Oral Health 2014 Initiative

Samuel D. Harris Fund
HRSA Teaching Oral-Systemic Health (TOSH) Grant

Thomas Riles, MD
NYU Langone Medical Center

Judith Haber, PhD, APRN, BC, FAAN
NYU College of Nursing

Edwidge Thomas, DNP, ANP-BC
NYU College of Nursing

Kellie Bryant, DNP, WHNP-BC
NYU College of Nursing

Erin Hartnett, DNP, APRN-BC, CPNP
NYU College of Nursing

Kenneth Allen, D.D.S., M.B.A.
NYU College of Dentistry

NYU College of Nursing
Research Article
Oral Health Nursing Education and Practice Program

Maria C. Dolce, Judith Haber, and Donna Shelley

New York University College of Nursing, 766 Broadway, 5th Floor, New York, NY 10003, USA

I Introduction
Over a decade ago, the United States Surgeon General's landmark report, Oral Health in America, profiled the poor oral health status of the nation as a "silent epidemic" and limited oral health to overall health and well-being [1]. While overall improvements in oral health have been reported in the US population, millions of Americans have been reported to have oral health problems related to oral health and profound oral health disparities persist in vulnerable and underserved populations, especially poor children, older adults, and racial and ethnic minorities [2]. For example, tooth decay (tooth decay) is the most common chronic disease and is a major cause of health problems in children and adolescents [3].

One of the many barriers to quality oral health is the lack of access to oral health by nondental health care professionals (e.g., nurses, pharmacists, physicians, physical therapists, and dietitians) [4]. For example, oral health has not been a priority in nursing profession [5]. Another barrier is the inadequate education of nondental health care professionals in basic oral health [6]. In addition to these challenges, the Commission on Oral Health Education to Services recommended the development of a core set of oral health competencies and curricula for nondental health care professionals to enhance their role in oral health promotion and disease prevention [5]. In response to this recommendation, nursing programs will need to prepare graduates with competencies to identify oral health risk factors, conduct oral examinations, provide oral health information, conduct oral health information with dental and dental professionals, and make referrals to dental professionals [7]. There are over 3 million licensed registered nurses, including approximately 140,000 registered nurses (RNs) in the US health care workforce [8]. With adequate education and training in oral health, the nurse workforce has the potential to have a major impact on improving access and quality of oral health care.
Evaluation

• Smiles for Life Module Utilization
• Faculty Development
• Documentation of Oral Health Curriculum Integration
• Documentation of IP Oral Health “Best Practices” in EHR
  Primary Care
    ➢ Hx
    ➢ PE
    ➢ Risk Assessment
    ➢ Action Plan
    ➢ Referrals
  Acute Care
    ➢ Compliance with Oral Health Best Practice Standards
    ➢ VAP Risk Reduction
    ➢ Caries Risk Reduction in Hi-Risk Patient Population
Evaluation

• Dissemination
  - Publications
  - Presentations
  - Grants
  - Appointment

• Standardized Inclusion of IP Oral Health Content and Competencies
  - Licensure
  - Accreditation
  - Certification
  - Education
  - Practice

• Change in IP Competency Attainment
ICCAS - Interprofessional Collaborative Competencies Attainment Survey

Please answer the following questions by placing the circle that most accurately reflects your opinion about the following interprofessional collaboration statements: 1 = strongly disagree, 2 = moderately disagree, 3 = slightly disagree, 4 = slightly agree, 5 = moderately agree, 6 = strongly agree; na = not applicable.

Please rate your ability for each of the following statements:

After participating in the learning activities I was able to:

<table>
<thead>
<tr>
<th>Communication</th>
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</thead>
<tbody>
<tr>
<td>1. Promote effective communication among members of an interprofessional (IP) team*</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>2. Actively listen to IP team members’ ideas and concerns</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>3. Express my ideas and concerns without being judgmental</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>4. Provide constructive feedback to IP team members</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>5. Express my ideas and concerns in a clear, concise manner</td>
<td>O</td>
<td>O</td>
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<thead>
<tr>
<th>Collaboration</th>
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<td>6. Seek out IP team members to address issues</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>7. Work effectively with IP team members to enhance care</td>
<td>O</td>
<td>O</td>
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<tr>
<td>8. Learn with, from and about IP team members to enhance care</td>
<td>O</td>
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<tr>
<th>Roles and Responsibilities</th>
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<tr>
<td>9. Identify and describe my abilities and contributions to the IP team</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>10. Be accountable for my contributions to the IP team</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>11. Understand the abilities and contributions of IP team members</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>O</td>
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<tr>
<td>12. Recognize others' skills and knowledge complement and overlap with my own</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<thead>
<tr>
<th>Collaborative Patient/Family-Centered Approach</th>
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<tr>
<td>13. Use an IP team approach with the patient*** to assess the health situation</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>14. Use an IP team approach with the patient to provide whole person care</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>15. Include the patient/family in decision-making</td>
<td>O</td>
<td>O</td>
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<thead>
<tr>
<th>Conflict Management/Resolution</th>
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<tr>
<td>16. Actively listen to the perspectives of IP team members</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>O</td>
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<tr>
<td>17. Take into account the ideas of IP team members</td>
<td>O</td>
<td>O</td>
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<tr>
<td>18. Address team conflict in a respectful manner</td>
<td>O</td>
<td>O</td>
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<thead>
<tr>
<th>Team Functioning</th>
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<tr>
<td>19. Develop an effective care*** plan with IP team members</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>20. Negotiate responsibilities within overlapping scopes of practice</td>
<td>O</td>
<td>O</td>
<td>O</td>
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*The patient's family or significant other, when appropriate, are part of the IP team.  
** The word 'patient' has been employed to represent client, resident, and service users.  
*** The term 'care' includes intervention, treatment, therapy, evaluation, etc.

Adapted from MacDonald, Archibald, Thumpower, Clegg, Casimiro, & Johnstone, 2009.
Challenges

- Obtaining Key LACE Stakeholder “Buy-In”
  - Curriculum
  - Clinical Competencies
  - Licensure
  - Certification
  - Accreditation

- Sustainability

- Standardizing Replicable National Nursing/IP Model

- Evaluation

- Preventing Innovation Fatigue
How can they work together if they don't learn together?
Knowledge, Trust, Respect, Collaboration