International Centre for Allied Health Evidence

*i*CAHE JC Critical Appraisal Summary

Journal Club Details

Journal Club location	**LMH Speech Pathology**
JC Facilitator	**Lauren Hammond**
JC Discipline	**Speech Pathology**
CAT completed by:	**MC**

Background

Clinical Scenario

Review Question/PICO/PACO

P:
I:
C:
O:

Article/Paper

The experience of implementing standardized mouth cares and a free water protocol in a metropolitan hospital rehabilitation unit – Maria Schwarz, Inger Kwiecien, Anne Coccetti, and Elizabeth Cardell, 2018.

Please note: due to copyright regulations CAHE is unable to supply a copy of the critically appraised paper/article. If you are an employee of the South Australian government you can obtain a copy of articles from the DOHSA librarian.

Article Methodology: **Case Study + Literature Review**

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Ques No.	Yes	Can't Tell	No	Comments
1			X	**Were patient's demographic characteristics clearly described?** *The article does not describe the characteristics of the patients whom the MOHAT was developed on. The article also does not describe the patients' and staff characteristics who were surveyed to evaluate the oral care protocol.* To identify and address barriers and perceptions of key stakeholders, pilot data was collected using two surveys (one for patients and one for staff) which collected both quantitative (5 point Likert scale) and qualitative feedback (in the form of open responses). Patients provided ratings of their oral health prior to hospitalisation, post hospitalisation and post transfer to the rehabilitation unit, in addition to providing feedback on the oral care protocol. Staff primarily reported on their awareness of the mouth care protocol, their perceptions of the protocol (including impact on workload, perceived impact on patient care and satisfaction and suggestions for continued utilisation) in the form of open responses. The surveys were completed by patients (n = 42) and staff (n = 9) .
2			X	**Was the patient's history clearly described and presented as a timeline?** *No detail about the patients within the rehabilitation is given.*
3			X	**Was the current clinical condition of the patient on presentation clearly described?**
4		X		**Were diagnostic tests or assessment methods and the results clearly described?** *A screening tool is referred to, but it is not included in the article. It is listed as Appendix A. There was no description of the inclusion/exclusion criteria that determined whether a patient was included in the development of the oral care protocol.*
5	X			**Was the intervention(s) or treatment procedure(s) clearly described?** Each category of the MOHAT (lips, tongue, gums and tissues, saliva, natural teeth, dentures, oral cleanliness and dental pain) is given a score of 0–2, with final scores being added up and assigned to a risk category relating to an oral care schedule. Adequate oral hygiene was defined as results fitting into the "Usual care or low risk" category (constituting a score of 0–2 on the MOHAT). The score (collected on admission to the rehabilitation unit) relating to a rating of severity then prompts a standardised oral care regime, targeting key areas of impaired oral hygiene. Following engagement and education of all relevant stakeholders, the MOHAT was implemented as part of routine nursing care in the Logan Hospital Rehabilitation Unit. Educational plans included preparation of in-service education sessions (presented by the speech pathologist), handouts, pictures/images showing oral health with attributed rating scales on MOHAT, as well as a staff engagement survey. The MOHAT also includes a clinical form for filing within the medical record, with training provided to nursing staff on how to accurately complete the new record sheets. Side-by-side auditing was conducted by the nurse clinical facilitator to monitor compliance and validity of tool completion. *See the answer to Question 1 to review how the oral care protocol was evaluated.*

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6		X		**Was the post-intervention clinical condition clearly described?** Self report of oral hygiene from home to hospital improved in only 12% (n = 5) of patients and deteriorated in 43% (n = 18) of patients. Following transfer to the rehabilitation unit from hospital, 36% (n = 15) reported improvement in oral hygiene, compared to only 17% (n = 7) who reported deterioration (see Figure 2). Patient perceptions (n = 35) of the oral care protocol are shown in Table 1. While initial concerns were identified by nursing staff that patients might find oral care invasive or uncomfortable, most patients did not report being uncomfortable, offended or feeling awkward during mouth care assessment (86%) or during associated questioning regarding their teeth cleaning performance (80%). Further, 34% of patients indicated that offering assistance to clean their mouth was appreciated. To identify the impact of the implementation of the oral care protocol on staff workloads, surveys of staff particularly targeted nursing colleagues. All staff responders (n = 9) stated that they were aware of the oral hygiene protocol and 100% (n = 9) felt that it improved oral hygiene for their patients. Despite increases in workload, all nurses (n = 9) felt that the standardised process should continue.
7			X	**Were adverse events (harms) or unanticipated events identified and described?** To further determine these protocols' usability, utility, and clinical outcomes, a number of outcome measures are being collected. These include the rates of compliance with oral care regimes, oral hygiene ratings, time to administer oral care, ***adverse events*** (such as aspiration pneumonia), the volume of daily fluid intake, as well as patient and staff satisfaction with the new protocols.
8	X			**Reliability of information** **Is the author of the information identified?** *Yes.* **Does the author of the information have the qualifications or experience to write on this topic?** *Yes.* **Does the information come from an 'authoritative source'?** *The article is identified as peer-reviewed.*
9		X		**Accuracy of information** **How is the information presented?** *Logical layout, easy to follow.* **If the information is presented as fact, can it be checked?** Side-by-side auditing was conducted by the nurse clinical facilitator to monitor compliance and validity of tool completion. *It is good to see some degree of consistency, but this may not be the best means to 'monitor compliance and validity of tool completion' as side-by-side auditing also brings in a degree of bias whereby the recorder may be affected by the other auditor.* **Is the information biased?** *The inclusion of a 'Limitations and future directions' section is good to see. Although the article is peer-reviewed,*
10				**Timeliness of information (how recent is the information)** *Published 2018.*
11	Journal Club to			**Does the case report provide takeaway lessons?**

12	discuss	**Can the results be applied to the local population? Choose relevant context issues. The following are only suggestions to prompt discussion.** **CONTEXT ASSESSMENT** – *Infrastructure* – *Available workforce (? Need for substitute workforce?)* – *Patient characteristics* – *Training and upskilling, accreditation, recognition* – *Ready access to information sources* – *Legislative, financial & systems support* – *Health service system, referral processes and decision-makers* – *Communication* – *Best ways of presenting information to different end-users* – *Availability of relevant equipment* – *Cultural acceptability of recommendations* – *Others*
13		**Were all important outcomes considered?**
14		**Are the benefits worth the harms and costs?**
15		**What do the study findings mean to practice (i.e. clinical practice, systems or processes)?**
16		**What are your next steps?** ***ADOPT, CONTEXTUALISE, ADAPT*** **And then (e.g. evaluate clinical practice against evidence-based recommendations; organise the next four journal club meetings around this topic to build the evidence base; organize training for staff, etc.)**
17		**What is required to implement these next steps?**

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