

Oral Health Documentation in Pediatric Cancer Unit at Children’s Hospital

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INTRODUCTION

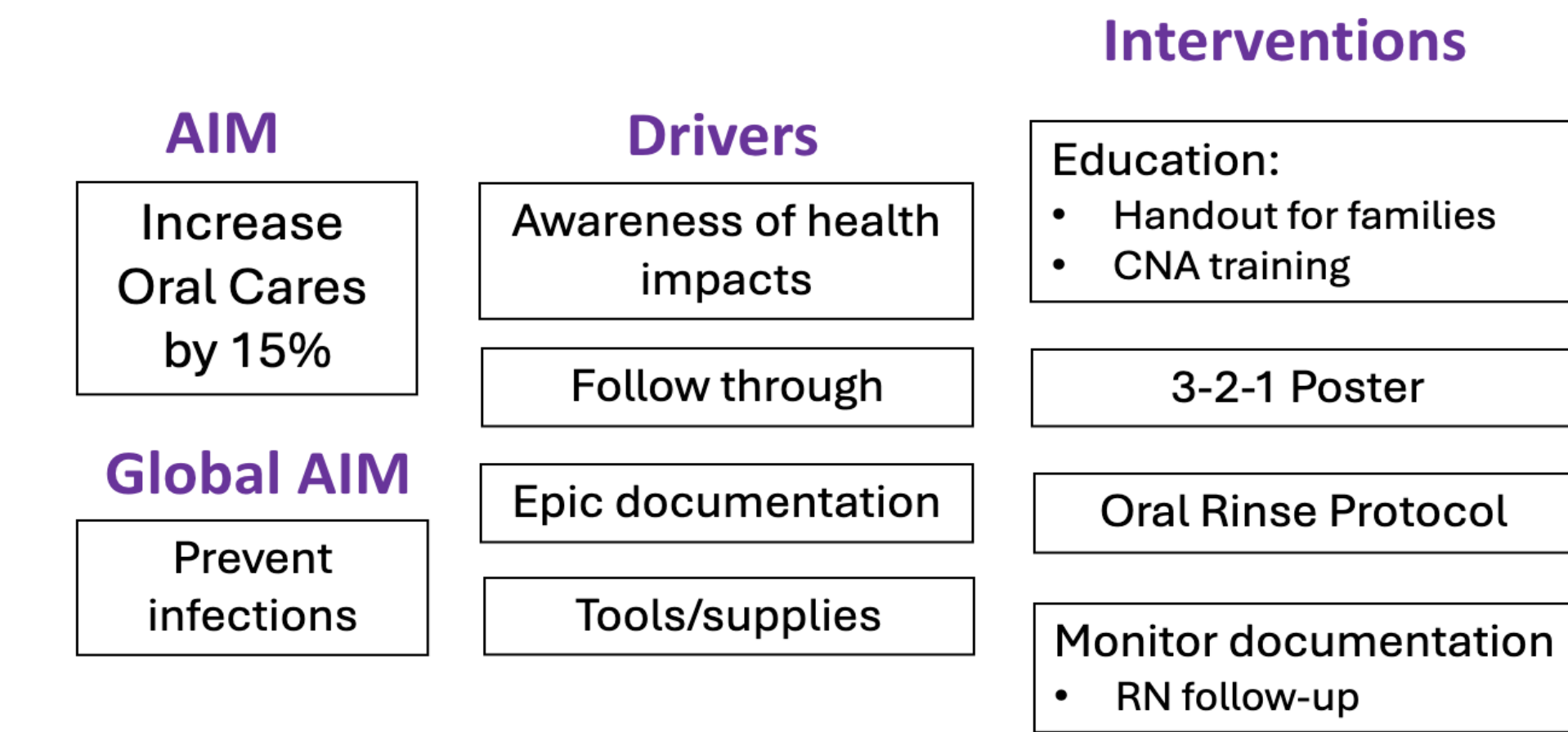
- Patients hospitalized for cancer and blood disorders have an elevated risk of infection due to immunosuppression during treatment.
- Damaged oral mucosa can be a direct entry for bacteria and fungus, leading to bloodstream and systemic infections.
- Meticulous oral care is the optimal strategy to prevent mucosal barrier injury (MBI) bloodstream infection.

PURPOSE

- This quality improvement project aims to increase oral care documentation for patients hospitalized in the Cancer & Blood Disorders Center (CBDC).

METHODS

- The CBDC Oral Cares Project team included an interdisciplinary group of registered nurses (RN), occupational therapists, pediatric dentists, physicians and certified nursing assistants (CNA).

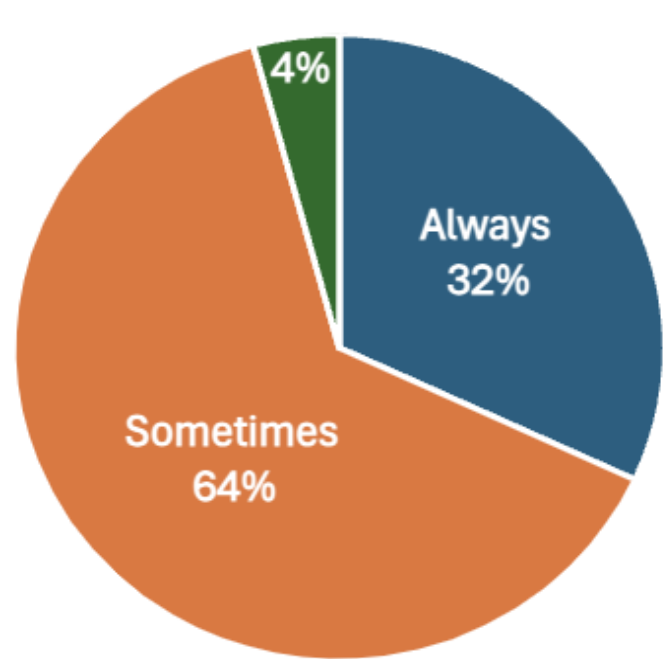


RESULTS

CNA education

- Forty-seven (87%) CNAs completed the oral care post education questionnaire
- Thirty-three (70%) of CNAs reported that they use the 3-2-1 poster
- Fifteen (32%) CNAs report that they chart oral care twice a shift

How often do you chart oral care in Epic?

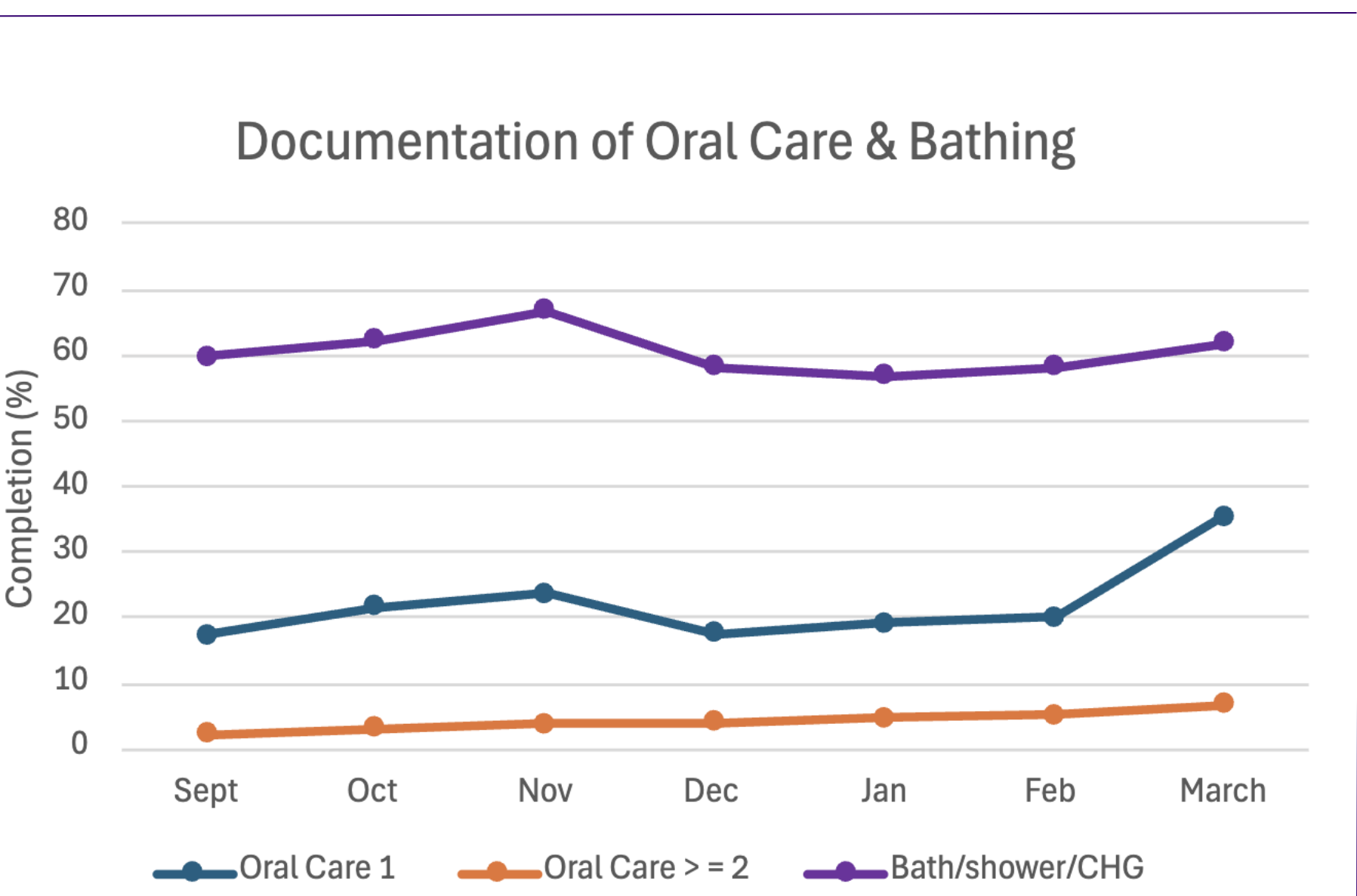


CBDC population

- February 2024 - March 2025
 - N: 2737
 - Average length of stay: 7.3 days
 - Standard deviation: 18.2 days
- Pre-intervention: Feb 2024 – Aug 2024
- Post-intervention: Sept 2024 – Mar 2025

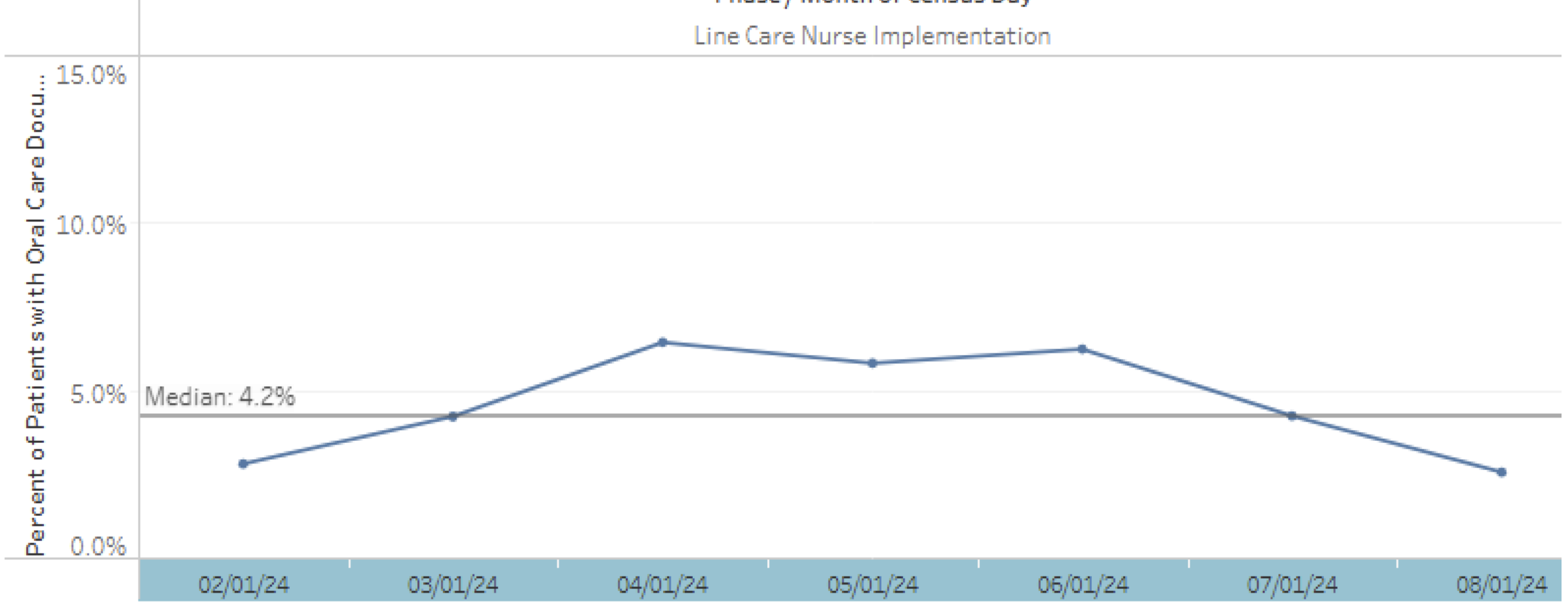
MBI Laboratory-Confirmed Bloodstream Infections totals

- Pre-intervention 10
- Post-intervention 14

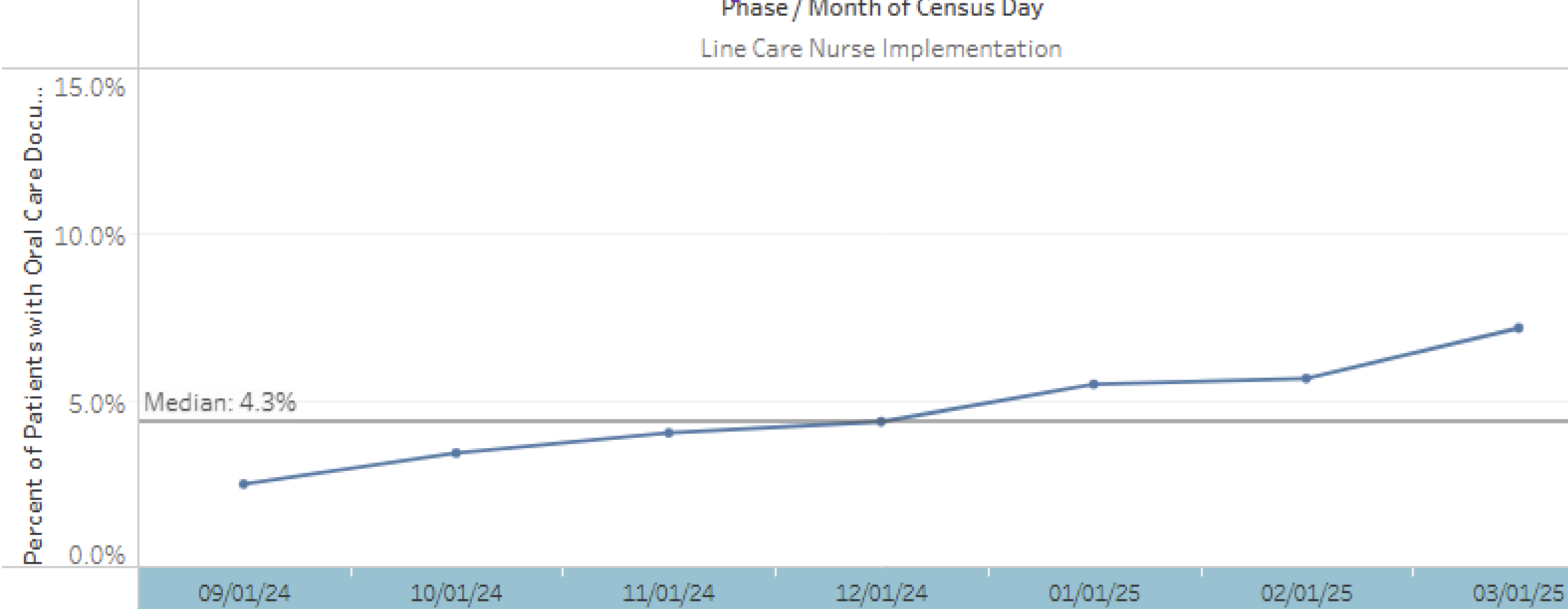


Chi-squared test for bathing documentation and oral care compliance (yes/no):
p-value < 2.2e-16

Pre-intervention Group



Post-intervention Group



Chi-squared test for pre- and post-intervention oral care compliance (yes/no): **p-value = 0.042**

DISCUSSION

- CNAs overestimate their own documentation rates.
- Oral care documentation after intervention showed an improvement (p-value <0.05) but remained low and did not reach the goal of 15%.
- Documentation for bathing was significantly higher compared to oral care documentation. Oral care is not prioritized over other tasks.
- Barriers include low knowledge of oral health impacts, low confidence to provide oral care support and undefined workflow to complete documentation.

CONCLUSIONS

1. Despite interventions, CNA oral health knowledge and oral care documentation in hospitalized children remains low.
2. Provider and patient education are important but not a sufficient way to improve inpatient oral care documentation.
3. The CBDC interdisciplinary group will continue to implement interventions to improve oral care messaging and documentation.

REFERENCES

