

Quality of Care in Older Population: Quality Improvement

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Quality and Safety Education for Nurses (QSEN) aims to empower nurses with knowledge, skills, and attitudes to succeed in the changing healthcare environment and give patients the best quality care and safe care (Quality and Safety Education for Nurses Institute, 2020). Quality improvement (QI) is a segment or one of six QSEN competencies, and its purpose is to find the outcomes of care that are not good quality and improve them (Quality and Safety Education for Nurses Institute, 2020). Knowledge is an essential part of quality improvement and needs to be communicated to everyone involved in the process. Nurses, students, patients, and families need to be informed about the problem, its cause, and the plan of care in order to get the best outcomes (Quality and Safety Education for Nurses Institute, 2020). Also, research, service evaluation, clinical audits, and clinical transformation are the parts of knowledge to be collected and used for improvement. *Skills* are methods that use different charts to understand differences or to measure improvements (Quality and Safety Education for Nurses Institute, 2020). Nurses should be committed to constant evaluation, changes, and variations. The article concerns older populations' lack of proper self-care, which affects their morbidity and mortality (Kusama et al., 2019). Older patients do not take good care of their dentures. Moreover, this is related to increased cases of pneumonia and repetitive hospitalization (Kusama et al., 2020). The population of older patients with oral hygiene problems can be helped by quality improvement, using education, skills, and attitude to make changes and improve the outcomes by lowering lung infections and mortality and morbidity in the community.

Article Summary

This article discusses the importance of oral hygiene in preventing pneumonia in an older population (Kusama et al., 2019). The research uses information from voluntarily collected questionnaires and compares that to the occurrence of pneumonia in these persons (Kusama et al., 2019). The questionnaires inquired about how often a person cleans his dentures. The results showed that the people who did not clean their dentures daily were getting pneumonia significantly more often than those who had better hygiene. Some had repetitive cases of pneumonia in the last year (Kusama et al., 2019). Hospitalizations and disease decreased their quality of life and put them at risk of death. Based on the results of this article, it was suggested that oral hygiene is associated with acquiring pneumonia (Kusama et al., 2019). Quality improvement could make a difference in older people's quality of life and longevity by finding the possible points to improve the outcomes.

Introduction

This article is a quantitative study of an older population, and it is done because of the high incidence of pneumonia in this group of people. (Kusama et al., 2019). The article compares two groups of people who unequally maintain dental hygiene. Lack of oral hygiene is connected to pulmonary disease (Kusama et al., 2019). Pneumonia is the leading cause of hospitalization and death among older adults (Kusama et al., 2019). The reasons for the high incidence of pneumonia in very old patients are different. One is believed to be the frailty and decline of immune system function (Kusama et al., 2019). Another is the aspiration of food particles and bacteria because, in aspirational pneumonia, bacteria from the mouth are found in the lungs

(Kusama et al., 2019). This article could be related to quality improvement because it indicates that improving oral hygiene could decrease unfavorable outcomes.

Overview

The article is about the possible reason for increased pneumonia cases in the older population. The reason is bad oral hygiene. Research of this kind can help improve the healthcare quality for older people because it points to the problem to be solved. The suggested problem in this case is improper oral hygiene or suboptimal care that can be improved (Kusama et al., 2019). The QSEN competency, in this case, should be done using the knowledge of what is causing older people to neglect oral hygiene and provide education about the problem (QSEN Institute, 2020). Also, the skills and attitudes can be used to improve care by documenting the data on what was done for the patient and collecting the results (QSEN Institute, 2020).

Quality Improvement

This research article is about the older population segment that does not take good care of its health, ignoring oral hygiene (Kusama et al., 2019). This can be improved in three steps. The first step or pre-implementation stage, would be the education of healthcare workers about importance of oral hygiene in older patients who have dentures and an explanation on how to assist them. Also, the family and patients could get information/education. The intra-implementation stage is when the patients get assistance with hygiene. All actions done by Nurses and staff should be documented. The post-implementation stage is checking the results, like checking the incidence of pneumonia in the next several months. If the incidence of pneumonia decreases, which means the quality improvement was successful. Producing educational material will cost the hospital or long-term facility. Also, if the hospital has to

provide hygiene supplies, that will be costly. Patients will be more satisfied with the service because the quality of their lives will improve, and they will not return to the hospital so often.

Application to Nursing

Nursing is being applied and becomes alive through research, practice, and education. Research should be constantly done because new information on the problem nurses may be looking for can be already available. A nurse can apply her knowledge and skills by following the rules within her profession. Education is essential for nurses for their work and also for educating others.

Practice

Nurses can do several things to maintain good hygiene of patient's dentures in a long-term facility or hospital. Using gloves, the nurse should rinse and clean dentures with a brush. If the patient has partials, he should clean his natural teeth with toothpaste and rinse his mouth to remove food particles. Dentures should be in a special cup with water or denture-soaking solution overnight. This action helps oral tissue to recuperate from wearing dentures (Taylor et al., 2019). The patient should brush his gums twice daily to remove food particles and bacteria from the surface. It is also necessary to see the dentist annually to check a proper fit of dentures. Also, the patient should keep his mouth moist by drinking water. Using mouthwash is suitable for removing bacteria from the mouth (Taylor et al., 2019).

Education

Education is essential for the healthcare team, patients, and family. Nurses should educate CNAs about proper denture cleaning every evening before a patient falls asleep. They should

only let a patient sleep if they do this action. The patient could be educated too if he has the capacity; if not, then the family could get education on the importance of dental hygiene and how to help their family member if he plans to return home. If the patient stays in the long-term facility indefinitely, the staff will assist him. Also, CNAs need to know why dentures must be taken out at night (Taylor et al., 2019). Nurses can explain how particles of food-containing bacteria can get from the mouth into the lungs and start an inflammation, infection in the respiratory tract, or pneumonia. Also, a nurse can emphasize the connection between pneumonia and high mortality in older people. Educating staff helps increase their interest in work.

Research

Research is essential for getting information on oral health and the best ways to maintain it. Also, a nurse should search for information on preventing pneumonia in patients with dentures and get beyond cleaning it. Some information suggests pneumonia prevention by strengthening the immune system through good nutrition, exercise, and hydration. In the future, there will be more problems related to oral health because the older population is increasing.

Conclusion

Quality improvement is necessary because the healthcare field needs constantly to be better. Quality improvement provides excellent and safe patient care with the best outcome. This system saves lives (Quality and Safety Education for Nurses Institute, 2020). Quality improvement knowledge explains the importance of measuring the assessed quality of care (Quality and Safety Education for Nurses Institute, 2020). Attitude as part of Quality improvement accepts constant changes. Attitude accepts how unwanted change affects care.

Improper care of the dentures is causing pneumonia in older patients (Kusama et al., 2019). People are different, and it is hard to improve for every person equally, especially those living alone. Patients who live in long-term facilities can be equally assisted with denture and oral hygiene and will get fewer infections than those who do not get help. Quality improvement increases the efficiency and productivity of care. Also, it increases the satisfaction of patients. It decreases waste and cost in health care.

References

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*As you can see the reference is centered and is bolded. The first line is NOT tabbed over, all other lines are, this is called hanging indentation. All references are double spaced. All sources should be listed in alphabetical order. Be sure to use the APA 7th edition and guide for your reference page.