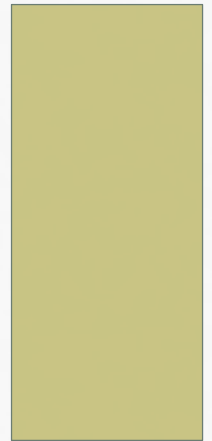


FRAZIER FREE WATER PROTOCOL (FFWP)  
AND ORAL HEALTH TO IMPROVE  
HYDRATION IN LTC

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# CLINICAL PROBLEM

## ➤ Dysphagia

- Malnutrition
- Dehydration
- UTI
- Oral hygiene
- Chest Infections (Aspiration Pneumonia)

## ➤ Oral Hygiene\*

## ➤ NL Support for Clinician-led Research Proposal and Award

# SYSTEM PROBLEM

## ➤ Dysphagia

- 13% total population 65+
- **51% institutionalized**

*Cabre et al. 2010*

- NL study 1997 : 45.5% dysphagia LTC

*Butt-Chedore 1997*

## ➤ Acute Care

- Respiratory illness and infections #1 ED Visits;
- Highest for 65+

*CIHI, 2014*

# SYSTEM PROBLEM

- Average hospitalization cost 65+ 2011-2016  
(Aspiration Pneumonia) \*  
**\$11,000 per hospitalization**
- Hospitalizations for AP ranged 24-45 per year
- Per year cost range over 2011-2016  
**\$240,000 - \$505,000**

# STUDY PROBLEMS

- Reviews link oral status, oral hygiene and upper respiratory tract infections with varying relationships.

*Azarpazhooch, Leake 2006*

- Research on swallowing dysfunction identifies implication for poor oral health and respiratory infections.

*Ortega et al. 2015*

- Problems are interrelated and may have reciprocal etiologies.

???

# DYSPHASIA AND FFWP

- A solution for dysphagia is modified texture diet and thickened liquids but not always tolerated.
- The Frazier Free Water Protocol (FFWP) is plain “thin” water offered between mealtimes and 30 minutes after a meal.
- Clients who select this program are required to have teeth brushed prior to ingesting the water or thin liquid and after meals.

# FFWP AND ORAL HYGIENE

- A systematic review in 2016 concluded that the FFWP was effective for clients in rehabilitation.

Gillman, 2016

- This protocol had not been studied in LTC

# STUDY OBJECTIVE(S)

- This study intends to highlight that persistent oral hygiene with the FFWP can decrease hospital admissions for respiratory infections and improve quality of life for a cohort of adults over the age of 65 years living in LTC.
  - Decrease malnutrition?
  - Decrease UTI?
  - Increase oral hygiene?
  - Increase interdisciplinary collaboration?



# RESEARCH TEAM

- 3 Speech-Language Pathologists
- 2 Dental Hygienists
- Dietician
- Nurse Practitioner
- Resident Care Manager
- Social Worker
- Nursing Manager
- **Resident Family Representative**
- **Resident Representative**
- **2 staff with direct care access (PCA, LPN)**

# RESEARCH METHOD

- Randomized Control Trial
- Convenience Sample 36 Residents with dysphagia and neurocognitive impairment randomly assigned to intervention and control groups (18 each group)
- All resident participants would receive a swallowing assessment and oral health assessment at start.
- Care giver staff would receive an overview of oral care for LTC
- Resident participants are monitored with FFWP and control for 3 months and re-assessed.
- Feedback questionnaires for all participants, staff and research team.

# RESEARCH METHOD

- Intervention Group
  - Receives dental hygiene debridement at beginning of study period;
  - Receives FFWP with tooth brushing between mealtimes throughout study period.
- Control Group
  - Receives 'standard care' with recommended diet texture modifications and thickened liquids.
  - Receives dental hygiene debridement at end of study period.

# INCLUSION/EXCLUSION

- Residents with moderate-severe dysphagia
- Neurocognitive degeneration
- Have been recommended modified texture diet
- Have indicated on chart that they are accepting of risk for taking unmodified diet for improved satisfaction (EH Policy 050)
- Must have signed EH Policy for therapeutic services outside RHA (EH Policy 140)
- No current or chronic respiratory disease, severe oral disease,
- Must be able to tolerate assessments without oral defensive behaviours.
- Not currently receiving oral hygiene therapy

# STUDY APPROVALS

- HREB approval October 2018
- Waiting on RPAC
- Study is registered as Clinical Trial on NIH website

<https://clinicaltrials.gov/ct2/show/NCT03672552?recrs=ab&cond=Free+water+and+oral+hygiene&rank=1>

# EXPECTED OUTCOMES

- Improved hydration (less UTI and malnutrition)
- Improved oral status and oral care
- Improved satisfaction and quality of life
- New health professional collaborations
- Improved quality of life for residents in LTC

# ANTICIPATED ISSUES

- Oral hygiene problematic for residents and staff?
- QoL forms not suitable to both OH and Swallowing
- Logistics with professional oral care not convenient for LTC environment?
- Research is somewhat inter-sectorial?

SUGGESTIONS WELCOME!