E-Poster

EP-262

Development of an Integrated Oral and Swallowing Care System for Hospitalized Patients in a Regional Healthcare Setting

Topic: TEAM work: Rehab Professionals

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BACKGROUND

Oral hygiene and swallowing dysfunction in hospitalized patients are significant risk factors for aspiration pneumonia, malnutrition, and prolonged hospital stays. In regional healthcare settings, including northern Miyagi Prefecture, Japan, aging populations and limited medical resources present additional challenges. To address these issues, we developed a multidisciplinary care system integrating otolaryngology, oral and maxillofacial surgery, and rehabilitation medicine. This system employs OHAT-J (Japanese version of the Oral Health Assessment Tool) and EAT-10 (Eating Assessment Tool) for screening and tailored interventions.

1. To establish a standardized protocol for evaluating and managing oral health and swallowing function in hospitalized patients.
2. To analyze the clinical and economic benefits of the proposed system.
3. To assess its adaptability to regional healthcare systems globally.

METHODS

A structured screening and intervention protocol was implemented as follows:

1. Screening:

OHAT-J ≥ 7 or EAT-10 ≥ 3 prompts referral to an Oral Function Care Center.

Patients consenting to further assessment undergo an oral frailty examination.

Patients with OHAT-J ≥ 7 are automatically referred to a dentist.

2. Assessment & Intervention:

The Japanese Dental Association's 2019 Oral Frailty Manual was used for standardized evaluation.

Patients meeting ≥ 3 criteria for oral frailty were diagnosed with oral hypofunction and received inpatient rehabilitation guidance from speech therapists (STs).

Data sharing among medical professionals was enhanced through digital integration with electronic medical records (EMRs).

Expected Challenges:

1. Interdisciplinary collaboration barriers:
   Inconsistent patient information sharing.
   Scheduling conflicts among departments.
2. Human and resource limitations:
   Shortage of STs and dentists may compromise screening quality.
3. Patient and family engagement:
   Education deficits may limit adherence and impact outcomes.

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4. Nursing staff burden:

Increased workload for initial assessments has led to resistance from nursing teams.

Expected Benefits:

1. Cost reduction:

Prevention of aspiration pneumonia and related infections reduces hospitalization costs.

Shortened hospital stays improve bed turnover rates.

2. Improved patient satisfaction:

Enhanced oral and swallowing function contributes to better quality of life (QoL) and treatment satisfaction.

3. Institutional reputation enhancement:

Evidence-based comprehensive care strengthens hospital branding.

'Scientific Contributions' and 'Action Plan' are going to be presented and discussed.

CONCLUSION

Proposed system provides a structured, multidisciplinary approach to oral and swallowing care in regional hospitals, demonstrating potential for both clinical and economic benefits. Further evaluation and adaptation for diverse healthcare settings worldwide will be pursued.

Statement of Disclosures

None