CO-DESIGNING AN INNOVATIVE ORAL HEALTH MODEL OF CARE FOR PALLIATIVE CARE NURSES: AN AUSTRALIAN FIRST

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KEYWORDS

oral health; palliative care; equity; carers; nurses

EXECUTIVE SUMMARY (100 words maximum)

Oral health issues are common yet often overlooked in palliative care. The Palliative Oral Health program (PALLIOH) aims to address this by enhancing specialist nurses' ability to promote oral health. Initial research, involving a global review and needs assessments with nurses and carers in Sydney, identified various issues, including a limited focus on oral health, a lack of training, unclear roles, and dental access barriers. Participants suggested practical solutions like nurse-led screening, targeted education, resources, and referral pathways, including home-based support. These suggestions were incorporated into PALLIOH to provide an acceptable and feasible model for more inclusive, effective palliative care.

HIGHLIGHTS

- Unmet oral health needs that are often overlooked in palliative care
- Nurses reported inconsistent practices, limited training and unclear roles in oral health
- Carers sought early oral health advice, practical resources and home-based support
- PALLIOH was co-designed to include comprehensive training, screening processes and referral options

METHODOLOGY/ PROCESS

PALLIOH project was systematically developed by identifying barriers to equitable oral health care and co-designing a practical response. Initially, a global integrative review synthesised 25 studies on current practices and strategies for oral health promotion in palliative care. Next, qualitative studies involving focus groups with 21 palliative care nurses (hospital/community) and 12 family carers of people receiving palliative care across Greater Sydney were undertaken to co-develop acceptable and feasible supportive strategies. Data was thematically analysed by a multidisciplinary team using a transdisciplinary action research approach to inform the co-development process.

RESULTS/ OUTCOMES

Across all project stages, oral health emerged as an important but under-recognised component of holistic palliative care. The review identified inconsistent provider knowledge and practice, limited prioritisation of oral health, and few supportive strategies. Nurses described strong awareness of the impact of oral disease on comfort, nutrition, dignity and quality of life, yet reported inconsistent assessment, symptom-focused management, limited formal education, role ambiguity and uncertain referral pathways. Carers reinforced that oral health problems were common and distressing, but were often overshadowed by other priorities, including cost, transport barriers and limited professional guidance. There was overall support for early, accessible, and shareable oral health information, while both nurses and carers endorsed practical solutions including short screening tools, targeted education, home-based support, telehealth-enabled advice and clearer referral options. [*Refer to Table 1 for the outcomes from the global integrative review and qualitative studies with palliative care nurses and carers*]. These findings informed the development of PALLIOH, which includes nurse-supported oral health screening, online evidence-based training, carer-facing resources and tailored dental referral pathways [*Illustrated in Figure 1*].

Table 1: Key findings from the review paper and qualitative work with nurses and carers

Review Paper (Jain et al., 2025)	• Across 25 studies, providers showed inconsistent oral health knowledge, varied practices, low prioritisation of oral care, and barriers related to systems, limited training and patient access. Supportive strategies included guidelines, screening tools and educational interventions. • Synthesis finding supported the need for evidence-based guidance, tailored training and clearer referral pathways.
Qualitative work with Palliative care nurses	• Nurses recognised oral disease as important to comfort, dignity, nutrition and quality of life, but oral assessment and management were inconsistent in routine care. • Nurses wanted practical tools linked to clear actions and referral steps, not assessment alone. "*whose responsibility is this, who's responsible for the mouth care because it doesn't seem to be something that is picked up very well in a lot of the assessments….*" "*I think as part of the screening tool, you'd have to have... if you tick this, this, this, this is the pathway then that you'd follow...*"
Qualitative work with carers of people receiving palliative care	• Carers linked oral health to whole-person wellbeing and described oral needs as painful, distressing and often insufficiently addressed by services. • Carers supported practical resources and a staged pathway involving nurse review, virtual support and escalation to in-home care when needed. *"He can't chew because before he had beautiful teeth like pearls now his condition in the mouth is disaster."* *"I think the first stage is nurse, then someone virtually have a look video, and then if it's something like they go, okay, I can see something that we need to actually come physically and see..."*

CONCLUSION

Improving oral health in palliative care is both an equity issue and a service design opportunity. The proposed PALLIOH model is acceptable and feasible and has the potential to better support people receiving care at home or with limited access to dental services. This work aligns with inclusive and equitable palliative care by addressing an overlooked source of discomfort and by strengthening the right support, in the right place, at the right time.

Figure1: PALLIOH Training Program: 1) Online Training Modules; 2) Oral Health Screening Tool; 3) PALLIOH Brochure; 4) Dental referral Pathway

