WELSH INFORMATION STANDARDS BOARD

DSC Notice:	DSCN 2023 / 09
Date of Issue:	30th March 2023

Welsh Health Circular / Official Letter: N/A	**Subject:** Welsh Nursing Care Record – All Wales Mouth Care Assessment
Sponsor: Claire Bevan, Senior Responsible Officer / Director of Quality, Safety, Patient Experience & Nursing, Welsh Ambulance Services NHS Trust Sue Tranka, Chief Nursing Officer Welsh Government	
Implementation Date: 1st April 2023	

DATA STANDARD CHANGE NOTICE

A Data Standard Change Notice (DSCN) is an information mandate for a new or revised information standard.

This DSCN was approved by the Welsh Information Standards Board (WISB) at its meeting on 16th March 2023.

WISB Reference: ISRN 2022 / 042

Summary: The introduction of a standardised digital Mouth care Assessment form to be used across the secondary care setting in Wales.

Applies to: This standard applies to all NHS Wales health boards and trusts that provide patient care in a secondary care setting.

Please address enquiries about this Data Standard Change Notice to the Data Standards Team in Digital Health and Care Wales

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The Welsh Information Standards Board is responsible for appraising information standards. Submission documents and WISB Outcomes relating to the approval of this standard can be found at:

http://howis.wales.nhs.uk/sites3/page.cfm?orgid=742&pid=24632

DATA STANDARD CHANGE NOTICE

Introduction

In 2017, Welsh Government authorised a project to commence the Digitalisation of Nursing Documents. The project was authorised in response to Health and Care Standards audit reports and findings, and a nursing leadership requirement to introduce e-nursing documents, starting with secondary care.

One of the key success factors of the digitisation of nursing documents will be to collaboratively define and develop information data standards and patient level data that will inform current and future system developments. This will include learning from existing e-nursing documents projects and pilots across Wales. This will provide one standard set of assessments and documents with the potential to provide safe and effective care to the population of Wales irrespective of location, and improve patient, carer and staff experience. The aim is to release nurses from the administrative burden of completing paper-nursing documents to spend more time on direct patient care.

Nursing colleagues, from across all NHS Wales health boards and trusts, have identified which nursing documents are to be digitised for secondary care settings.

In April 2021 the Welsh Nursing Care Record system went live in hospital sites across Wales with the first phase of digital documentation including an Adult Inpatient Assessment, Discharge Checklist and six Core Risk Assessments.

For Phase Two of the project, 19 additional documents have been identified for standardisation and digital design for implementation into the nursing community via WNCR. The project board has provided a mandate to seek national clinical recommendations to support this standardisation work, and the work package and associated documentation outlines the requirements and expectations. One of the 19 identified documents was the All-Wales Mouth Care Assessment

This DSCN mandates the data fields and associated definitions to be collected as part of the Mouth Care assessment.

Scope

The digitised Mouth Care Assessment form will be implemented across all NHS Wales health boards and trusts that provide patient care in a secondary care setting.

Developing e-nursing- documents for primary and community care settings are not in scope as these are in scope for existing programmes. The project will work closely with these programmes to ensure a consistent use of national information standards.

Actions

Local Health Boards / Trusts:

- Ensure that local processes and systems have been updated to comply with the standard set out in the Information Specification within this DSCN.

Digital Health and Care Wales:

- Ensure that all national systems have been updated to comply with the standard set out in the Information Specification within this DSCN.

SPECIFICATION

Information Specification

The table below lists the Data Items and corresponding definitions and values that make up the information standard mandated by this DSCN. Please refer to Appendix A at the end of this DSCN for a more detailed specification.

User Interface Name	Field Identifier	Definition	Data Display Format	Data Value Format (code or other value)	Value Sets
Date and Time of Assessment	Assessment_Date_Time	This is the date and time the assessment took place	Date and Time Picker	8 digit numeric, YYYY-MM-DD 4 digit numeric, hh:mm	

Part 1: Mouth Care Assessment **(If assessment declined must reassess at another time during the same day or the next day)**					
Are you able to eat and drink unaided?	Eat_drink_unaided	This is to indicate whether the patient is able to eat and drink unaided	Radio Button (No Yes)	n1	1 No 2 Yes
Would you describe your mouth as comfortable (e.g. no pain, not dry, no soreness)	Comfortable_mouth	This is to indicate whether the patient describes their mouth as feeling comfortable	Radio Button (Multiple Options - single select)	n1	1 No 2 Yes 3 Not Applicable
Are you able to clean your teeth and mouth without assistance?	Mouth_care_assistance	This is to indicate whether the patient is able to clean their teeth and mouth without assistance	Radio Button (No Yes)	n1	1 No 2 Yes
At this time a full Mouth Care Assessment is not routinely required - Please select if you would like to start a full Assessment - Start Assessment button Please select the highest risk to inform the mouth care plan	Mouth_care_start	This will enable a user start a full assessment when it's not routinely required	Radio Button (Multiple Options - single select)	n1	1 - Not required 2- Continue with Full Mouthcare Assessment
Part 2 - Level of Support **Determine the level of support needed for mouth care - Please select the highest risk to inform the mouth care plan**					

Level of support needed for mouth care	Mouthcare_support	This is to indicate the level of support needed for the patients mouth care	Radio Button (Multiple Options - single select)	n1	1 - (L) Low Risk - No help required for mouth care. Advice given / leaflet 2 - (M) Medium Risk - Needs some help with mouth care / additional mouth care throughout the day 3 - (H) High Risk - Fully dependent on others for mouth care, advanced dementia, end of life care
Part 3 - Oral Hygiene and Prevention **Please complete the following mouth care assessment and link to the care plan** **STAFF MUST LOOK IN THE MOUTH TO DO THIS PART OF THE ASSESSMENT** **(i) Please record the highest risk to inform the care plan**					
Have you undertaken a full mouth care assessment?	Mouth_care_ass_undertaken	This is to indicate whether a full mouth care assessment has been undertaken	Radio Button (No Yes)	n1	1 No 2 Yes
Please enter reason why a full mouth care assessment has not been undertaken	No_mouth_ass_details	This is to provide further details on why a full mouth care assessment has not been undertaken	Text Box	nvarchar(500)	
Oral Hygiene and Prevention **Record the highest risk (L, M or H) to inform the mouth care plan**					

Daily Diet	Daily_diet	This indicates whether the patient is at risk of tooth decay	Radio Button (Multiple Options - single select)	n1	1 - (L) Low Risk - Balanced diet 3 - (H) Has a high sugar diet or prescribed nutritional supplements 4-Nil by Mouth (NBM)
Risk of choking	Choking_risk	This indicates whether the patient has a swallowing problem and is at risk of choking	Radio Button (Multiple Options - single select)	n1	1 - (L) Low Risk - Low choking risk 2 - (M) Medium Risk - Some swallow problems or uses thickeners 3 - (H) High Risk - High choking risk or PEG / tube fed
Saliva	Saliva	This indicates if the patient is at risk from a dry mouth	Radio Button (Multiple Options - single select)	n1	1 - (L) Low Risk - Mouth moist, no problems 3 - (H) High Risk - Dry Mouth
Mouth Cleanliness	Mouth_cleanliness	This indicates if the patient requires additional support to keep their mouth clean	Radio Button (Multiple Options - single select)	n1	1 - (L) Low Risk - Teeth and mouth clean 2 - (M) Medium Risk - Some areas of the mouth not clean 3 - (H) High Risk - Teeth and mouth not clean
Gum Health	Gum_health	This indicates if the patient is at risk of gum disease	Radio Button (Multiple Options - single select)	n1	1 - (L) Low Risk - Gums do not bleed on brushing 2 - (M) Medium Risk - Gums sometimes bleed on brushing 3 - (H) High Risk - Gums bleed all the time on brushing
Part 4: Dental need					
Record the highest risk (L, M or H) to inform the mouth care plan					
Please tick all that applies:					

Dentures	Dentures	This is to indicate whether the patient wears dentures	Radio Button (Multiple Options - multi select)	n1	1 - Upper 2 - Lower 3 - Obturator 4 - Removable Partial Denture 5 - No dentures
Dentures	Denture_risk	This indicates whether the patient requires further advice from the dental team regarding their dentures	Radio Button (Multiple Options - multi select)	n1	1 - (L) Low Risk - Dentures clean 2 - (M) Medium Risk - Dentures not clean or patient complains of loose dentures 3 - (H) High Risk - Denture broken, painful or recently lost
Please tick all that applies:					
Natural Teeth	Natural_teeth	This is to indicate whether the patient has natural teeth	Radio Button (Multiple Options - multi select)	n1	1 - Upper 2 - Lower 3 - No natural teeth
Natural Teeth	Natural_teeth_risk	This indicates whether the patient requires further advice from the dental team regarding their natural teeth	Radio Button (Multiple Options - multi select)	n1	1 - (L) Low Risk - No problems, All appear healthy 2 - (M) Medium Risk - Broken or decayed teeth but no pain 3 - (H) High Risk - Behaviour indicates dental pain, Very loose teeth
Lips, Tongue & Soft Tissues	Lips_tongue_softtissues	This indicates whether the patient is at risk of a dry coated tongue due to insufficient fluids / mouth care. If the patient has a very sore mouth or reports painless white or red patches / ulcers they will need referral to the dental team	Radio Button (Multiple Options - multi select)	n1	1 - (L) Low Risk - All appear healthy 2 - (M) Medium Risk - Lips dry, tongue 'coated' 3 - (H) High Risk - Very sore mouth - White or red patches, multiple ulcers, swelling or thrush

Mouth Care Products					
Does the patient have mouth care products with them?	Mouthcare_products	This is to indicate whether the patient has mouth care products with them	Radio Button (No Yes)	n1	1 No 2 Yes
Has a relative/carer been asked to supply within 24 hours?	Products_supply	This is to indicate that for those patients with no mouth care products, a relative or carer has been asked to supply them within 24 hours	Radio Button (Multiple Options – single select)	n1	1 No 2 Yes 3 Not Applicable
Part 5: Overall Risk					
Overall risk (Please record the highest risk overall to inform the mouth care plan)	Mouthcare_risk	This is to indicate the patients overall risk with regards to mouth care	Radio Button (Multiple Options)	n1	1 - Low 2 - Medium 3 - High
Review Period	Mouthcare_Review	This is to indicate how often the patients mouth care assessment should be reviewed	Radio Button (Multiple Options)	n1	1 - Assess Daily 2 - Assess Weekly 3 - Monthly for long stay patients Displayable text - Or sooner if condition changes

Appendix A

All Wales Mouthcare Assessment - Data Standards Specification

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