

Hospital Authority Convention 2026

Outreach Dental Care Program (ODCP) in WTSH Central Infirmary Unit

Oral and Dental Health Promotion Program

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九龍中醫院聯網
Kowloon Central Cluster



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Background & Introduction

Understanding the context and policy framework of the Outreach Dental Care Program



Program Background & Policy Framework



Evolution of ODCP

2011

Pilot Program Launch

Hong Kong Government formulated a three-year pilot Outreach Dental Care Program for elderly in residential homes

2014

Policy Agenda

Proposed to convert the pilot project into a regular program, demonstrating positive outcomes

2016

HA CI Units Expansion

Food and Health Bureau expanded the program to cover HA Central Infirmarary Units; pilot implemented in two HA CI units in 3Q 2016

2019/20

Full Rollout

HA proposed to roll out to remaining CI Units following positive stakeholder feedback

Key Insight: The program's evolution demonstrates sustained government commitment to addressing oral health disparities among vulnerable elderly populations in institutional care settings.



Multi-Sector Collaboration

May 2024



Department of Health

Policy coordination and governance oversight



衛生署
Department of Health



Non-Governmental Organizations

Outreach dental teams appointed by Government providing professional assessment and clinical treatment



Hospital Authority

Host facilities and patient coordination in Central Infirmarary Units



醫院管理局
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Problem Statement and Challenges

Challenges in oral health care for infirmity patients





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Infirmery Unit Tung Wah Group of Hospitals Wong Tai Sin Hospital



Oral Health Challenges in Infirmiry Settings



Female Infirmiry Ward Patient Demographics

30%

Oral Feeding

70%

Naso-Gastric Feeding

Common Characteristics: Majority are bed-bound and dependent, generally frail and unable to take care of themselves, unable to receive conventional dental care services.



Oral Feeding Cases

Dental Plaque Formation

Food residue accumulates in mouth, creating environment for bacterial growth

Self-Care Deficit

Physical limitations prevent effective oral hygiene maintenance



Non-Oral Feeding Cases

Reduced Saliva Production

Oral stimulation decreases, affecting natural cleaning and protection

Dry Mouth Complications

Formation of membranous substance and phlegm due to dry oral environment

Barriers to Care



Physical Limitations

Upper limb dysfunction prevents independent oral care



Cognitive Impairment

Unable to understand or follow oral hygiene instructions



Dysphagia

Difficulties in swallowing complicates oral care procedures



Transportation Issues

Transport difficulties to conventional dental clinics

Common Oral Problems in Infirmiry Patients

Clinical Manifestations Observed in Infirmiry Patients

Teeth Bite on Lower Gum

Misalignment causing trauma to soft tissues, leading to pain and potential infection

Loose Teeth

Periodontal disease causing tooth mobility, affecting nutrition and comfort

Tartar Buildup

Hardened plaque accumulation due to inadequate cleaning, harboring bacteria

Gum Bleeding

Inflammation and infection of gingival tissues, indicating periodontal disease

Dental Caries

Tooth decay from bacterial acid production, causing pain and tooth loss

Phlegm Formation

Excessive mucus accumulation in oral cavity, affecting breathing and comfort

The Need for Outreach Service

"An outreach dental service appears to be both appropriate and efficient in providing care to these persons."

— Edward CM Lo, Yan Luo, John E Dyson, 2004

Conventional dental clinics cannot accommodate bed-bound patients with complex medical needs, creating a critical gap in care.

Clinical Impact: These conditions not only cause discomfort and pain but also contribute to systemic health issues including aspiration pneumonia, malnutrition, and reduced quality of life.

Program Objectives

Goals and expected outcomes of the ODCP initiative



gettyimages
Credit: HIRAMAN

Four Core Objectives & Benefits





1 Provide Free Outreach Dental Care Services
Deliver professional dental care services by attending dentist suitable for further curative treatment, including scaling, denture cleaning, fillings, repair and making dentures.

2 Provide Education & Training
Enhance ability and related knowledge of staff and relatives through oral care training and health talks, enabling them to provide daily oral care services to frail elderly.




3 Promote Dental and Oral Health Awareness
Increase the awareness of oral care and oral health to elders, their family members and caregivers through health talks and educational materials.

4 Early Detection & Treatment
Detect dental problems earlier for early treatment, cutting short waiting time for dental consultation and preventing complications.

Key Benefits to Infirmiry Services

-  **Save Resources**
Eliminate NEATS arrangement and transportation costs
-  **Save Manpower**
No need for family members or healthcare workers to escort patients
-  **Better Communication**
Enhanced coordination between Dental Dr and infirmiry ward
-  **Continuous Patient Follow-up**
Ongoing monitoring and preventive measures for oral health

Project Goals

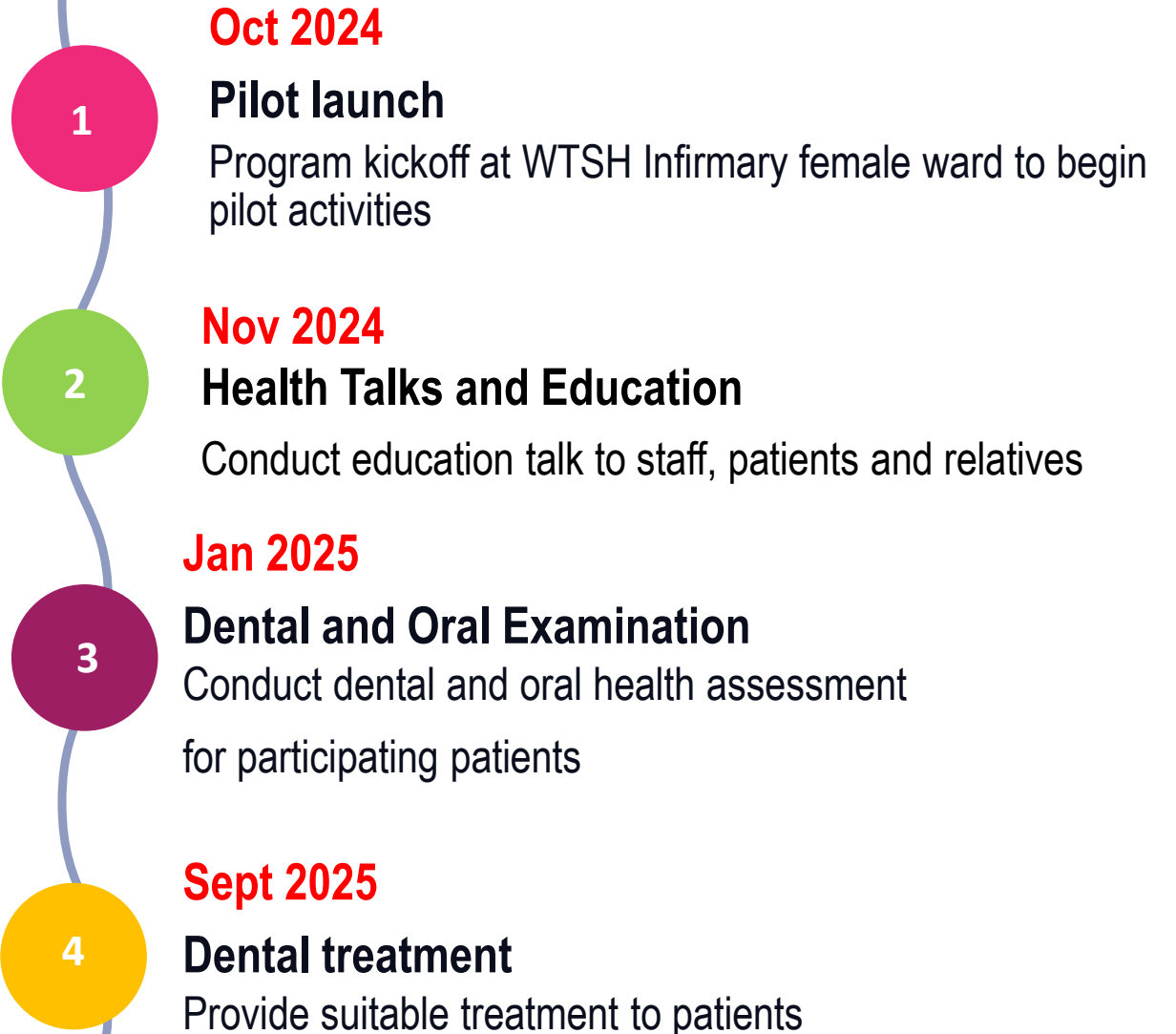
-  To advocate the benefit to staffs and relatives for outreach dental service
-  To strengthen the knowledge related to oral problems and care
-  To reduce and minimize oral problems in infirmiry cases

Methodology & Implementation

How the program was designed and executed



Implementation Timeline





Service Scope and Activities



Oral Health Talk

Health education sessions on oral hygiene to staff, patients and relatives to promote awareness and care.



Dental Assessment

Clinical oral examinations to evaluate patients' dental and oral health status.



Scaling and Cleaning

Professional removal of plaque and tartar to maintain gum health.



Denture Cleaning

Cleaning and maintenance of dentures to ensure hygiene and comfort.



Fillings and Repair

Procedures to restore tooth structure and repair dental prostheses.



Denture Fabrication

Creation and fitting of custom dentures tailored to patient needs.

Health talk to staff, relatives and patients by Outreach Dentist

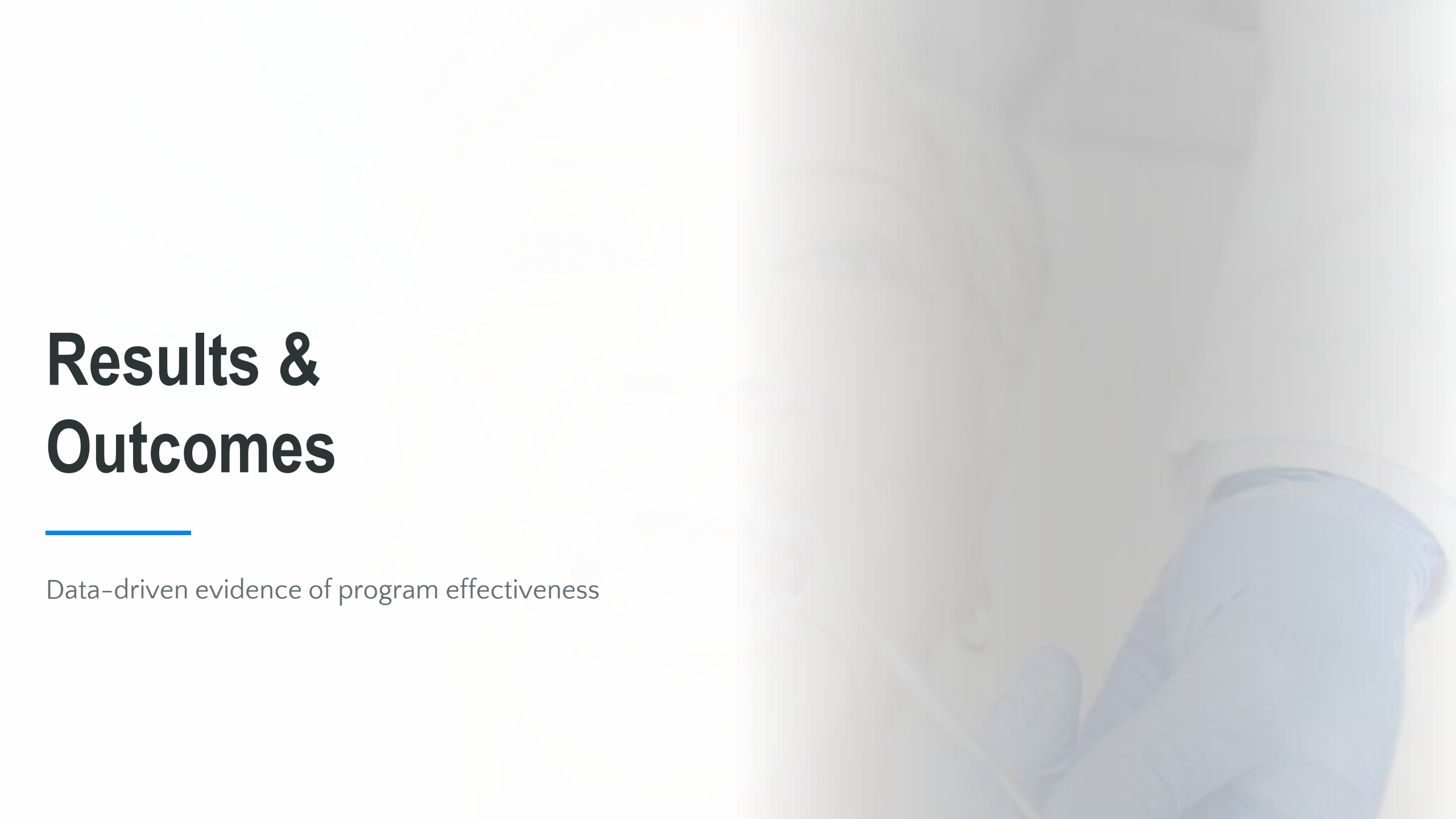


13 Nov 2024 with 19 staff members



20 Nov 2024 23 family members & 1 patient

Results & Outcomes



Data-driven evidence of program effectiveness

Staff Knowledge Improvement: Pre & Post Test Results

Demographic Data

11

Nursing Staff
Registered Nurses

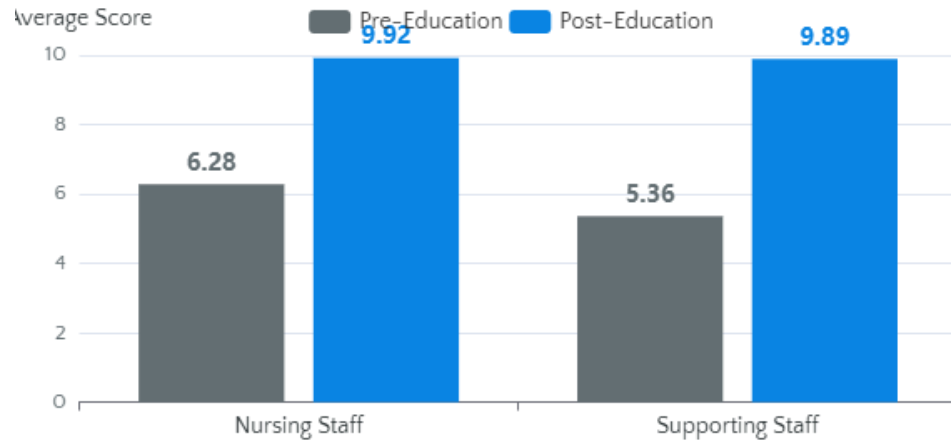
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Supporting Staff
Healthcare Assistants

Total Participants: 19 staff members

Assessment Tool: 10-question knowledge questionnaire

Knowledge Improvement Chart



Key Finding: Both nursing and supporting staff demonstrated significant knowledge improvement, with supporting staff showing particularly dramatic gains (84% increase), indicating the effectiveness of targeted education for frontline care providers.

Performance Results

Nursing Staff Performance

Pre-Education

6.28

out of 10

Post-Education

9.92

out of 10

Improvement

+58%

Supporting Staff Performance

Pre-Education

5.36

out of 10

Post-Education

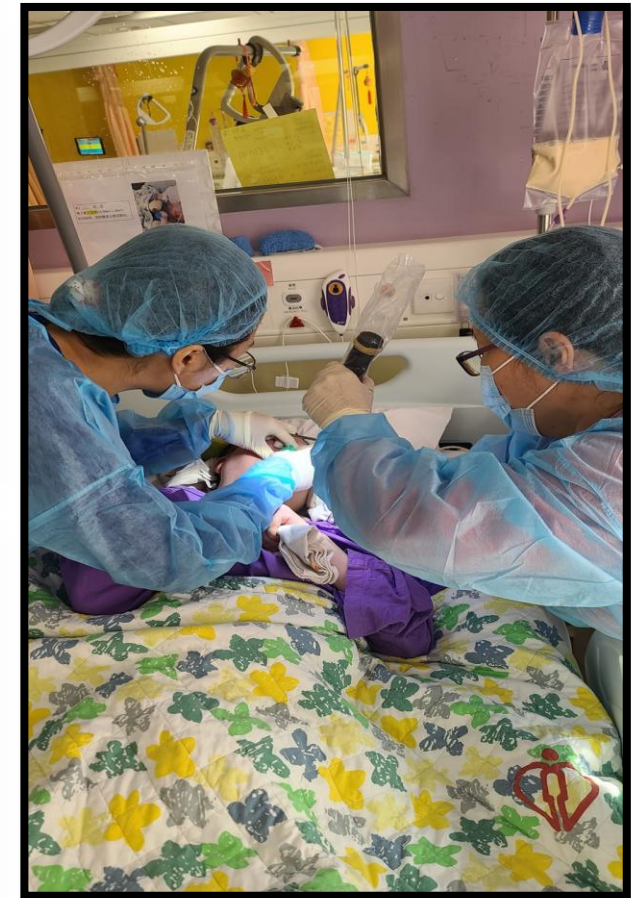
9.89

out of 10

Improvement

+84%

Outreach Dental Assessment on 13/1/2025



Oral Examination Findings and Treatment

Examination Overview

21

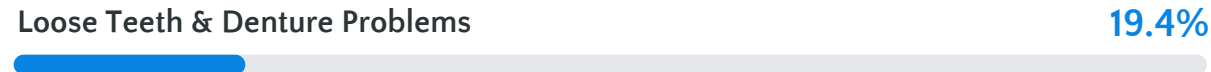
Patients Examined

50% of 42 CI patients

13/1 /2025

Examination Date

Prevalence of Dental Conditions



Participation Rate

50%

of CI patients benefited in the Outreach Dental Service



Dental Treatment

100%

Received Full Mouth Topical Fluoride Treatment

Date: 10 September 2025

Benefits of Fluoride Treatment:

- Strengthens tooth enamel
- Reduces risk of dental caries
- Helps remineralize early decay
- Provides long-lasting protection



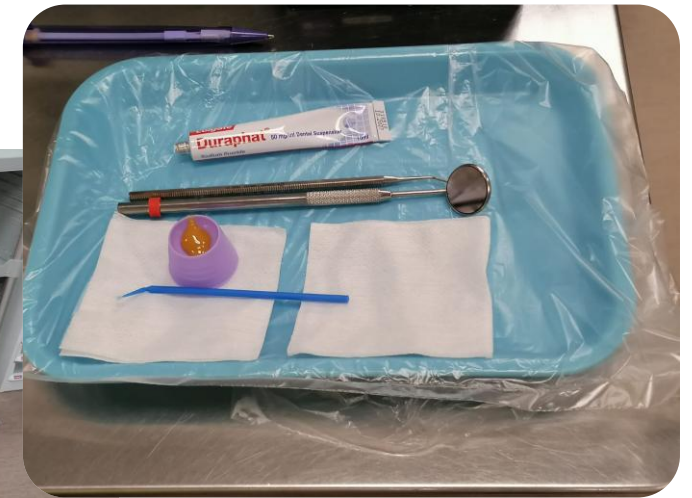
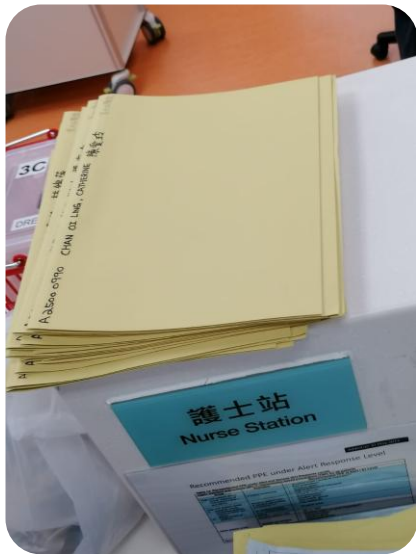
Special Cases

Denture Replacement Case

One patient identified as requiring denture replacement following comprehensive assessment.

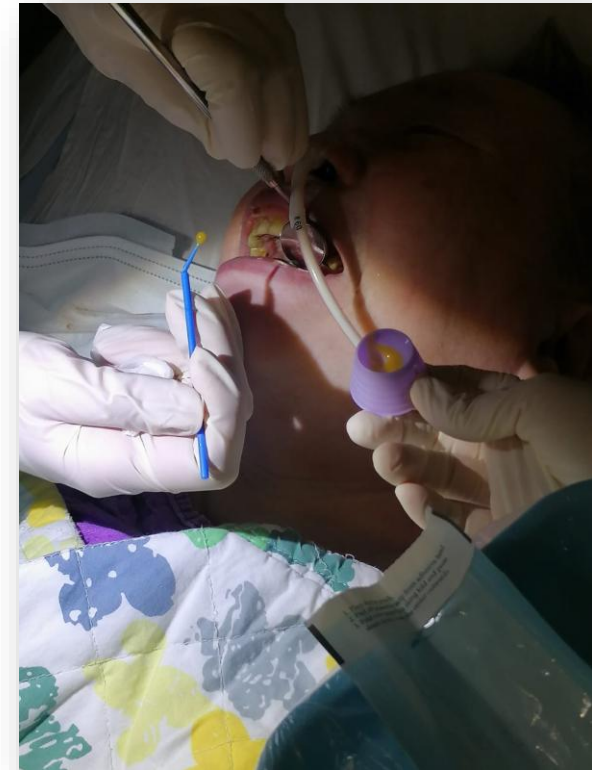
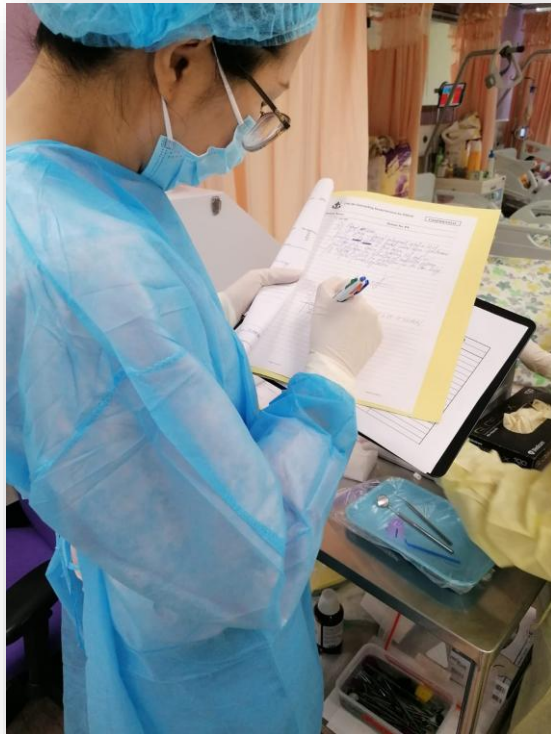
Outreach Dental Care Treatment on 10 Sept 2025

Full mouth Topical Fluoride



Outreach Dental Care Treatment on 10 Sept 2025

Full mouth Topical Fluoride



Patient Feedback & Clinical Outcomes



Patient & Relatives Satisfaction

>90%

Satisfaction Rate

Feedback from patients and relatives

Key Satisfaction Indicators:

- ✓ Convenience of on-site service
- ✓ Professional quality of care
- ✓ Reduced burden on families
- ✓ Comprehensive assessment with treatment provided
- ✓ Improved oral comfort



Program Outcomes



Education Program Established

Structured training for nurse and supporting staff



Enhanced Care Capability

Staff able to perform appropriate oral care



Early Detection Success Stories

Case Identification Through Daily Observation

2 cases were identified with initial formation of tooth gum abscess during daily routine oral observation by trained nursing staff.

Immediate Action Taken:

Urgent dental consultation was arranged for early treatment, preventing progression to more serious complications.

Impact of Early Intervention

- Prevented severe infection and pain
- Reduced need for emergency treatment
- Improved patient comfort and quality of life
- Demonstrated value of staff education



Early Detection of Oral Dental Conditions

Proactive identification of dental problems

Conclusion & Future Directions

Key learnings and recommendations

Conclusion and Achievements



Program Success

- ✓ **Demonstrated Effectiveness**
Outreach dental service proven appropriate and efficient for infirmity patients with special needs
- ✓ **All Goals Achieved**
Successfully advocated benefits, strengthened knowledge, and reduced oral problems
- ✓ **Stakeholder Satisfaction**
>90% satisfaction from patients and relatives;
significant staff knowledge improvement
- ✓ **Early Detection Success**
Two cases of gum abscess identified early,
preventing serious complications



Key Achievements Summary

50%

Patient Participation

100%

Fluoride Treatment

+58-84%

Knowledge Gain

>90%

Satisfaction Rate



Further Initiatives & Program Development

1 Clinical Workflow

Establish concrete clinical workflow including dental assessment, consultation, and treatment:

2 Staff Training

Implement structured annual training:

3 Daily Integration

Integrate dental and oral care into ward routines:

4 Early Detection

Early detection in daily oral inspection and for early intervention

5 Annual Examinations

Establish regular onsite dental services:

6 Program Expansion

Roll out program to male infirmary ward:

Strategic Vision:

These six initiatives create a comprehensive, sustainable framework for ongoing dental and oral health improvement, transforming the pilot program into an hospitalized regular program.

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Thank You

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