





Development and Evaluation of Oral Care Training Program for Indonesian Elderly Caregiver

Susiana Nugraha

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Member name (specialized field)	Task in charge
Yuko Hirano (Health and Medical Sociology) *Study 2-J: PI	Management of the overall study, coordination with the Indonesian members, and report writing.
Tribudi W. Rahardjo (Gerontology) *Study 2-I: PI	Coordination with the Japanese team members, report writing
Susiana Nugraha (Public Health & Gerontology)	Coordination and managing the entire research process, responsible in assuring the smooth research progress, coordination for research participants and FGD moderators, conducting FGDs, data analysis, and report writing.
Dinni Agustin (Social Science)	Coordination of research participants and FGD moderators, conducting FGDs, data analysis.
Lisna Augustina (Nursing and Caregiver)	Data collection and FGD moderators, conducting FGDs, data analysis.
Biben Fikriana (Geriatric Nursing)	Data collection and FGD moderators, conducting FGDs, data analysis.
Melisa Adhiatman (Oral and Dental Care)	Provision of specialist knowledge on oral and dental care analysis data.
Tri Suratmi (Cultural and Curriculum Development)	Coordination with institutions participating in the study (nursing facilities, and government officials) in Indonesia.
Soedibyo Alimoesa (Demographic and Ageing Expert)	Government official coordination and stake holder relation. In charge in dissemination and advocation in ministry level.
Misako Higashijima (Occupational Therapy) Hiroyasu Shiozu (Occupational Therapy)	Provision of specialist knowledge on oral care and analysis of the quantitative and qualitative data and report writing. Provision of specialist knowledge on oral care and analysis of the quantitative and qualitative data.
Yoichi Hiruma (Cultural Anthropology)	Coordination with institutions participating in the study (nursing facilities, and government officials) in Vietnam. Conducting interviews with nursing facility managers and care workers in Indonesia and Vietnam, analysis of the qualitative and quantitative data, and report writing.
Yukari Amano (Nurse, Nursing Care)	Conducting interviews with nursing facility managers and care workers in Indonesia and Vietnam, analysis of the qualitative and quantitative data, and report writing.
Chimi Miyamoto (Occupational Therapy)	Provision of specialist knowledge on oral care and analysis of the quantitative and qualitative data.
Ryota Endo	Conducting interviews with nursing facility managers and care workers in Indonesia and Vietnam, analysis of the
(Care management)	qualitative and quantitative data, and report writing.



Background

- Based on the results of previous study (2018) in the need assessment of oral care in long term care institutions in Indonesia.
- It is showed that there are inappropriate understanding of the caregiver in nursing homes about the importance of oral care.
- A field study was conducted to see the implementation of oral care in preventing aspiration pneumonia
- An education program is needed to increase understanding of the importance of oral care in taking care of the elderly
- The oral care education program is recorded in the form of a complementary module for existing caregiver modules that can be used by caregivers in Indonesia as well as to prepare prospective caregivers who will work abroad particularly in Japan.

Purpose of the Study

- Purpose of this study is to develop and evaluate the oral care training module for Indonesian elderly caregivers.
- To provide a technology transfer in elderly caring especially the oral care from Japan to Indonesia
- To develop the oral care training module that will be tailored as advance course, which can be provided to those who have already finished the basic LTC training programs.

RESULT OF PREVIOUS STUDY (STUDY 1 AND STUDY 3

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Characteristics of the respondents

Characteristics	Indonesian caregivers in Indonesia (n = 215)	Indonesian care workers in Japan (n=120)
Age (SD)	35.2(11.2)	27.9(3.1)
Length of work by year (SD)	7.3(6.8)	3.7(2.8)
Gender		
Female (%)	134(63%)	83(69%)
Academic background		
University/college/STIKES graduate	73(34%)	120(100%)*
Occupation at the care facility		
Nurse	52(24.2%)	_
Caregivers	151(70.2%)	120(100%)
Cadres	1(0.5%)	-
Others	11(5.1%)	-

*All of the Indonesian care workers in Japan had graduated from nursing schools in Indonesia

Comparison of Oral care observation score by each Feeding period



Advantages of each group

Japan

- Physical environment of care facility
- Facilitate with tools/utensils/thickener
- Maintaining good posture of the elderly
- Performing dental care

Care is stressed to avoid unexpected medical risks/disease prevention

Indonesia

- sufficient number of care workers per care receiver
- holistic approach including care workers taking VS

Care is stressed as being a holistic approach that respects individual lifestyles

Project Timeline





4 main step of the study.

01 Observation Study

 The observation study aimed to develop an oral care training module by taking footage of the real condition in elderly care in Indonesia

02 Module Draft Development

 Module were drafted based on the field study result and Higashijima Oral care Isntrument.

03 Module Development

 The development of the entire module by Indonesian research team, based on Higashijima oral care handbook adjusted with Indonesian Long Term Care handbook

04 Intervention study

 Intervention studies aimed to asses the ability of the module to be applied in the institutional care in Indonesia

Field data collection

Prior to take a footage on meal activities, we asses the functional capacity of the elderly such ac:

- 1. Dependency level of the elderly using Barthel index of the ADL,
- 2. Cognitive function using HVLT.
- 3. Swallowing function using EAT-10, Party horn blowing test, and phonatory test
- 4. Brum storm test for upper and lower extremities

The selection of subject

1. Elderly suffering from dementia who are living in private elderly home for high class people	2. Elderly suffering from stroke who are living in private elderly home for high class people	3. Elderly suffering from dementia who are living in private elderly home for low to medium class people		4. Elderly suffering from stroke who are living in private elderly home for low to medium class people
5. Elderiv suffering	6. Elderly suffering	7. Elderly suffering	[8. Elderiv suffering
from dementia who are	from stroke who are	from dementia who are		from stroke who are
home managed by the government (ministry level)	home managed by the government (ministry level)	home managed by the government (district level)		home managed by the government (district level)
	9. Elderly suffering	10. Elderly suffering		
	from dementia who are living in community	from stroke who are living in community		

Footage Elderly with mild dementia





Each footage being observed by the researcher during the 3 days workshop using observer checklist based on Higashijima oral care module.

Osaka Workshop for Indonesian and Japanese Researcher, for oral care module development

- January 2020, the Japanese and Indonesian researchers conduct the workshop on the module transfer implementation.
- Based on the footage observation, the team develop a guideline item to be included in the oral care module



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	Frailty prevention:	A decrease in physical strength leads to pneumonia, so physical and oral functions need
Before meal	 Balloon volleyball 	to be maintained.
	Party horn	Further, this will also help in maintaining cognitive and social functions, which will
	Exercise	encourage independence during meals. Moreover, this will also reduce the level of
	 Singing, etc. 	assistance.
During food preparation	Eating posture	The muscles involved in breathing, posturing, and swallowing are complementary and
		overlap to perform muscle activity. Therefore, the deterioration of posture heavily affects
		breathing and swallowing.
During meals	Appropriate table and chair height	To safely and efficiently* carry food to the oral cavity
		*Efficiently: Fatigue in upper limbs, etc.
	Spoon size	Reduces the risk of aspiration and choking due to improper bite size and pace
	Position of meal assistance	Eye contact
	Assistance from the front	Inside of the mouth can be observed
		Timing can be easily measured
During mould	Position of meal assistance	When assistance cannot be provided from the front
	Assistance from the side	
	Assistance for hydration	
	Assistance when using a cup	
	Assistance for hydration	Ease of drinking
	Straw	Suitable for people who do not want to use cups
Swallowing	Breathing assistance	During pulmonary aspiration, the foreign object (saliva, food, etc.) must be expectorated.
		Therefore, it is necessary to increase the expiratory (expectoration) flow rate. Respiratory
		assistance is performed for the purpose of increasing the expiratory flow rate.
	Modifying the food form	In order to reduce the risk of aspiration and asphyxiation, food must be modified according
		to the swallowing or masticatory function.
	Reclining	Facilitates the delivery of food.
		*Effective for people who store food in the oral cavity, are unable to send food to pharynx,
		or expel food from the mouth.
	Oral care	Most aspiration pneumonia is often caused by "silent aspiration." This condition often
After meals		occurs during nighttime or sleep. Therefore, although oral care after meals is important,
		oral care before bedtime is extremely important.

Oral care module

developed by Indonesian research member based on the guideline from Osaka Workshop

MODUL-ORAL CARE

Tahun 2020

Diadaptasi dari buku: KYO-KARA DEKIRU KOREISYA NO GOENSEIHAIEN YOBO (Prevention of Aspiration Pneumonia in the Elderly from Today) Karya: Misako Higashijima & Nobue Watanabe

IV. POIN PENTING TENTANG KETERAMPILAN MEMBERIKAN BANTUAN MAKAN

A. Posisi orang yang diberikan bantuan dan posisi si pemberi bantuan saat makan

Pada saat memberikan bantuan makan, kita sering menemukan seseorang yang makanannya tanpa disadari keluar dari mulut dan tersedak. Oleh karena itu posisi dalam memberikan mahan harus diperhatikan. Diantarnya, posisi berhadapan seperti terlihat pada (Gambar 3.1a). Posisi duduk di samping seperti (Gambar 3.1b; 3.1c). Posisi ini akan mempermudah melihat kondisi didalam mulut serta kita bisa mengetahui kondisi orang yang di berikan bantuan makan. Kita bisa menyuapi dengan sendok lurus ke mulut sehingga kegagalan dalam memberikan bantuan makan sangat minimal.

Gambar 3.1 Posisi yang Baik saat Memberikan Bantuan Makan



Gambar 3.1a Memberikan Bantuan Makan dari Posisi Berhadapan



POSTUR DUDUK STABIL

1. Apa itu posisi duduk yang stabil?

Keglatan makan tidak hanya sebatas keglatan menelan makanan, tapi juga keglatan menjaga postur. tubuh dan pengaturan nafas yang dilakukan secara bersamaan. Maka karena itu, untuk mengurangi risiko tersedak dan aspirasi penumoni, diperlukan persiapan untuk memaksimalkan kemampuan menelan.

Secara dasar, posisi duduk yang stabil adalah seperti gambar di bawah. Namun, semakin berat dan



gambar di bawah. Namun, semakin berat dan kompleks penyakit yang diidap, maka diperlukan penyesuaian posisi seacra pribadi-

(posisi kepala)

- Cosisi dagu hingga tulang dada berjarak satu Kepalan tangan, dahi sondong ke depan - Pandangan mata mengarah ke miring bawah sehingga bisa melihat makanannya

(posisi anggota tubuh bagian atas)

- Siku, dan lengan bawah diletakkan di atas meja. untuk keseimbangan. - Atur tubuh supaya tidak kaku. - Atur bahu supaya sejajar.

(posisi meja)

- Atur tinggi meja supaya makanan bisa terlihat dan bisa dibawa ke dalam mulut dengan keadaan siku yang menemeel dan jarak antara tubuh, berjarak satu kepalan tangan,

(stabilitas kaki)

- Telapak kaki menempel dengan lantai. Bila tidak sampai bisa menggunakan pijakan kaki.

(vang lainnya)



RESEARCH PROGRESS



Conclusion and Discussion

- Indonesian caregivers need training in implementing oral care and efforts to prevent pneumonia aspiration properly and appropriately
- The oral care module was adopted from the handbook used in Japan and adapted to the conditions and culture of Indonesian society.
- The module application will be tested through an intervention study with a cross over design approach
- Intervention studies were temporarily postponed due to the pandemic and will be rescheduled

