


## Dentistry from the perspective of multidisciplinary, integrated and humanized hospital care for hospitalized patients

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### ABSTRACT

Hospital dentistry was officially recognized as a specialty in 2024. However, dental surgeons have been working in this area for decades, especially when requested by other health professionals, who are usually members of hospital care teams. This chapter seeks to present how the multidisciplinary, comprehensive and humanized approach to patients admitted to or in Hospice Units or under palliative care takes place and the competencies and benefits of Dentistry, together with the other specialties, for the quality of life of this target population.

**Keywords:** Multidisciplinary care team, Hospital dental team, Quality of life.

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## INTRODUCTION

Hospital Dentistry (OH), in Brazil, was recognized as a specialty by the Resolution of the Federal Council of Dentistry, CFO-262, on January 25, 2024 (CFO, 2024). However, many Brazilian Dental Surgeons (DC) have been working in this type of care for decades, but particularly when requested by other members of the team of health professionals who work in this environment.

Since it became official as a dental specialty, there has been a growing search for greater knowledge about how the insertion of HC in tertiary care occurs (represented by high complexity and performance in large hospitals), with respect to the principle of "comprehensiveness in health", "organization of lines of care" and "humanized care" (Fitzgerald, 2023; Fontes *et al.*, 2022; Vargas *et al.*, 2020).

There is much to explore on this topic, mainly because the concept of "Oral Health" (BS) is often linked as something apart or a fragment of human health, disregarding its relationship with the quality of life and well-being of the individual (Hescot, 2017), of the population; And that's worldwide.

In the present chapter we will present some possible benefits or better results achieved with Dentistry in the hospital multidisciplinary team.

These are based on scientific evidence and the authors' experiences, whether in the local scope of hospital care, teaching, research and extension.

## MULTIDISCIPLINARY APPROACH TO PATIENTS ADMITTED TO HOSPITAL UNITS

Multiprofessional care can be defined as a work methodology that involves health professionals with specialized experience, skills, and knowledge. They "complement" each other, to offer holistic and comprehensive care. They share common health goals and exert combined physical and mental efforts in patient assessment, planning, and care. This is accomplished through interdependent collaboration, open communication, and shared decision-making. This, in turn, generates value-added results for the patient, the institution, and the team (Chagas *et al.*, 2024; Fernandes and Faria, 2021).

In all spheres of patient care, teamwork provides direct and indirect improvements to all those involved in the process, such as reducing hospitalization time, improving recovery time and treatment adherence, enabling a greater chance of cure. The discussion of cases among team members has a positive impact on therapy planning and implementation, clinical decision-making, and referrals to specialties (Fernandes and Faria, 2021).

In order for multidisciplinary teams to achieve the expected benefits, each member must establish adequate communication with the other, who not only has a different specialty (area of domain or competence), but also different work routines and norms. It is also necessary to establish a



hierarchy for the coordination of interventions and a routine of meetings, which can hinder equal and mutual relationships, leading to an intrinsic tension in the team's work. Interactions need to be in balance, so that collaborative efforts achieve the desired goals and strengthen the bond and trust between the professionals involved (Nylén, 2018).

Systematized meetings between health professionals strengthen comprehensive care in the provision of care, as they provide the health team with the opportunity to examine the condition and clinical progress of patients, in addition to discussing diagnostic/therapeutic options and making important decisions, especially regarding the care of critically ill patients. In these rounds, problems related to patients are listed, establishing goals to be achieved by the team. The auxiliary resource of the *checklist* contributes to greater quality, safety, and reduction of adverse effects (MARAN *et al.*, 2022).

A multidisciplinary team considered minimal in a Prolonged Care Inpatient Unit (UCP) or in Hospitals specialized in Prolonged Care (HCP) in the Brazilian territory needs to comprise: physician, nurse, nursing technician, social worker, physiotherapist, psychologist and speech therapist (Brasil, 2012). When directed to hospitalized and critical patients, it is composed of a medical technician with qualification in Intensive Care Medicine to be responsible for the Adult ICU or with qualification in Pediatric Intensive Care Medicine, to respond to the Pediatric ICU; in addition to a pediatrician working in Neonatology, to be responsible for the Neonatal ICU, a nurse coordinator of the nursing team (including nursing technicians) and a physical therapist coordinator of the physical therapy team (Brasil, 2010).

Considering the demands presented, especially after the first wave of COVID-19 in our country, there is an "expanded" look at multidisciplinary teams in the hospital environment. And this has impacts, from education and continuing education to the transversality and humanization of health actions; as well as for the self-care of the care team. This is in order to effectively contribute to the quality of life of the assisted individual, their families and the agents involved in this dynamic. In this context, the patient's needs are highlighted; especially when under Palliative Care/PC and Integrative and Complementary Practices or PICS.

The positive perception regarding the importance of dental care in the hospital has been mentioned in studies on the subject. According to data obtained from residents in other health areas, the presence of HC in multidisciplinary teams in hospital units contributes to the training of these professionals, to the exchange of interprofessional knowledge and to the promotion of comprehensive care. Dental evaluation in hospitalized patients is relevant, as oral health conditions impact systemic conditions and patient recovery and comfort; as well as improving safety measures and facilitating inpatient communication (Afrashtehfar, 2022; Silva *et al.*, 2023).

## SCOPE OF HOSPITAL DENTISTRY (OH)

According to Article 1, sole paragraph of Resolution CFO-262/2024, Hospital Dentistry comprises a set of preventive, diagnostic and therapeutic actions for orofacial diseases, oral manifestations of systemic origin or sequelae of their respective treatments, in patients in a hospital environment, hospitalized or not, or in home care. These are inserted in the context of the work of the multidisciplinary team, aiming at the maintenance of SBI and the improvement of quality of life (CFO, 2024).

Article 3 of the same Resolution establishes the following areas of competence:

- I – working in multidisciplinary, interdisciplinary and transdisciplinary teams, with the objective of promoting health based on scientific evidence;
- II – the provision of dental care to inpatient and outpatient patients, urgencies and emergencies to highly complex patients in critical situations who require basic life support;
- III – participation in the dynamics of institutional work, recognizing oneself as an agent of this process;
- IV – the application of the knowledge acquired in clinical work, diagnosis, indications and use of scientific evidence in hospital dentistry care;
- V – the development of scientific and technical projects, as well as research aimed at promoting the use of new technologies, methods and drugs in the field of Hospital Dentistry;
- VI – action in the integration of programs for the promotion, maintenance, prevention, protection and recovery of the patient's health in a hospital environment.

During the first wave of COVID-19 (from March 2020 onwards), HCWs were kept away from the "front line of care" due to the increased risk of infection, due to the characteristics of many procedures inherent to the profession. However, there was a call for the availability of dental care in emergency situations, in the hospital environment; reinforcing the comprehensiveness of health professions and BS as a unique part of the general health and well-being of the individual where the risk of systemic impairment was at risk in hospital units that did not have the possibility of this type of care (Bradley and Meeta, 2021). Figure 1 shows the commitment of CD in the care of a child hospitalized in critical condition, during maneuvers to maintain oral hygiene.

Figure 1. COURY, R.M.M.S.M in assistance at HUAC.



OH in Brazil is still consolidating, with an insufficient number of HCs working in hospitals, in contrast to many developed countries that found themselves at this juncture, starting at the beginning of the twentieth century (Blum *et al.*, 2018). Thus, it is still unclear all the advantages resulting from dental care in the hospital environment. Figure 2 shows a model of the benefits highlighted in the literature.

Prevention of Ventilator-Associated Pneumonia (VAP) - nosocomial pneumonia	Reduction of biofilm and the risk of infections from the oral microbiota	Prevention/treatment of periodontal disease and caries (pain).
Prevention/Treatment of TMD and Orofacial Pain	Prevention/treatment of osteoradionecrosis	Prevention of dental aspiration
Prevention/treatment of oral mucositis, ulcerative lesions on the lips and soft tissues	Prevention of bleeding	Prevention/treatment of scabrous tongue, oral candidiasis and depapillary tongue (burning mouth), and xerostomia (dry mouth)



Better indicators of quality of life and possibility of oral nutrient intake, prevention/treatment of dysgeusia (changes in taste).	Better patient evolution scores/ Reduced length of hospital stay	Cost reduction
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Source: Fonseca *et al.* (2021); Patel *et al.* (2021), Quintanilha *et al.*, (2023).

## FINAL THOUGHTS

Despite being considered a new dental specialty in Brazil, OH can collaborate with the multidisciplinary team in this area, establishing protocols together for the most appropriate approach to the hospitalized patient, according to the characteristics and demands presented. BS is part of the general health and well-being of the individual and much progress must be made in this field of knowledge in order to effectively collaborate with the quality of life of hospitalized patients or those under home care.



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