

'NOT ON MY WATCH'

WISCONSIN-BASED HYLIFE HAS A SINGLE GOAL: "TO NEVER LET ANOTHER ELDERLY PERSON DIE DUE TO THE CONDITION OF THEIR MOUTH." BY FOCUSING ON ONE CLIENT AT A TIME, HYLIFE IS REALIZING THAT GOAL AND EMPOWERING HYGIENISTS ALONG THE WAY.

ZAC KULSRUD
CHIEF EDITOR

The year was 2002. Angie Stone was living in southern Wisconsin and in the early years of her career as a dental hygienist. She had not been practicing long when the health of her mother-in-law, Gladys, began to decline. Gladys was only 65, but her health had reached the point where she could no longer live on her own. The best course, it seemed, was for Gladys to enter a nursing home.

With a job and a busy home life, Stone visited her mother-in-law as often as she could. But as the weeks and months went by, Stone sensed something wasn't right.

Stone had been taught about the growing body of evidence linking oral health to overall health. In her mother-in-law, that lesson seemed to be playing out right before her eyes. Gladys suffered from advanced chronic obstructive pulmonary disease (COPD), which forced her into the nursing home, and she also had chronic periodontitis. Gladys had been seen by Stone regularly for hygiene appointments in a dental office, but that changed when she entered a nursing home. COPD restricted her ability to leave the facility: The physical exertion required for the trip would have left her dangerously out of breath. So,



when Gladys began to experience reoccurring pneumonia, a potentially lethal condition in the elderly, Stone's instincts told her that uncontrolled levels of oral bacteria were making a dangerous situation worse.

But what could be done? Stone knew the oral care provided by the nursing home was not the answer. Should she be cleaning Gladys's teeth herself . . . or would this put Stone at risk of losing her license to practice dental hygiene? The answers to these questions were unclear.

Gladys's bouts of pneumonia continued, and Stone watched as her mother-in-law underwent course after course of antibiotics—each one with decreasing effectiveness. Gladys's condition deteriorated until, one day, her body's resistance gave out, and she passed away.

In the aftermath of what had happened, Stone felt intense feelings of grief, disbelief, and helplessness. Did her mother-in-law die from complications of COPD, or, as Stone asked, "Did she die from dirty teeth?"

It was then that Stone made a promise to her mother-in-law, whose spirit she still held close. "I vowed to her that I was going to change something," she says. "At that point, I had no idea what I was going to do, but I knew I had to do something."

HYLIFE: A PROMISE FULFILLED

Stone fulfilled her vow in 2013 when she founded HyLife LLC. The company provides oral care services to elders who can no longer care for themselves. HyLife works with contractors (who happen to be dental hygienists) to act as independent oral care specialists

for elderly individuals. The specialists brush and floss their clients' teeth on a regular basis, typically once a week. They also act as liaisons between their clients, their clients' families, the nursing homes' caregiving teams, and dental offices.

HyLife currently has 16 independent contractors working in six states. HyLife is slowly expanding, adding contracts with assisted living centers and nursing homes. The company's growth is organic and education-based, and there is no shortage of work: The need for HyLife is substantial because, as Stone says, "No one else is giving oral health care in the elderly the attention it is due."

The benefits HyLife provides its clients are life-enhancing, if not life-saving. Proper oral care can reduce the risk of potentially fatal conditions in the elderly, including aspiration pneumonia. Stone gives the scientific details in *Dying from Dirty Teeth*, which she wrote in 2015.

AN UPHILL JOURNEY

The founding of HyLife was the end of the uphill journey Stone began after the passing of her mother-in-law in 2003. There were many important points along the way, including her attendance at the RDH Under One Roof conference in 2004. There she connected with leaders in the profession, was galvanized to finish her bachelor's degree, and gained confidence that she could "do more" as a dental hygienist.

Stone began learning about oral care in the elderly by working with certified nursing assistants (CNAs), the gatekeepers of nursing home residents' oral health. CNAs have an annual requirement for in-service training on oral care, which Stone began teaching. However, Stone found the impact of her training was minimal. "Teaching the people in charge—CNAs, mostly—to perform

better oral hygiene didn't translate into an improvement in the residents' oral health," she says. "There are too many other things that get in the way."

Stone did not give up. In 2007, she secured an agreement to provide hygiene care for residents of a nursing home. She worked under the general supervision of a staff dentist, as legally required. Yet, to Stone's dismay, hygiene visits weren't solving the problem. Between appointments, residents' oral health would deteriorate rapidly. Stone wondered if xylitol might be a solution. To find out, she began studying the effects of xylitol in the elderly with fellow hygienist and xylitol proponent Shirley Gutkowski. Xylitol proved to be highly effective, and while this was a huge step forward, residents were still presenting with oral health concerns.

It wasn't until Stone saw one of her elderly patients, Ed, in private practice that she discovered a solution. One day, when Ed visited her for a regular hygiene visit, Stone noticed his teeth had deteriorated significantly from his last appointment. The cause? Ed had moved into a nursing home. "I could see Ed was going down the same path as my mother-in-law," says Stone. "But I was determined. I said, 'No way. Not this time. Not on my watch.'"

For two and a half years, Angie visited Ed once a week in the nursing home. She brushed and flossed his teeth—all on a volunteer basis. Remarkably, the regimen worked. There was no gingival bleeding and no need for Ed to go to the dentist. Stone knew, then, that she had the solution—all it took was regular brushing and flossing by a hygienist and xylitol.

The discovery with Ed catalyzed the founding of HyLife. In 2014 at RDH Under One Roof, she began recruiting hygienists to her cause.

EMPOWERING HYGIENISTS

As the baby boomer generation continues to age and begins to fill nursing homes, Stone expects the need for elderly oral care will only increase. While hygienists are an obvious fit for providing oral health care to the Boomers and beyond, Stone has found that many hygienists don't know if they are *allowed* to help. Stone's own story is instructive. "I was scared to death to help my mother-in-law," she says, "for fear that if I cleaned her teeth in a nursing home, without a dentist, I would get in trouble. How ridiculous is that?"

In only a few states can hygienists work in nursing homes without involvement from a dentist. (Most stipulate that a dentist must first perform an exam.) That means most hygienists have to work in connection with a dentist before they can provide care. This can be confusing for all involved, causing the problem to perpetuate. That's where HyLife steps in. HyLife provides the education and guidance to transform hygienists into independent oral care specialists.

"We are the guardians of these people's oral health," Stone says. "All of HyLife's contractors are certified caregivers, but because they are dental hygienists, they also happen to be the best people on the planet to administer oral care."

She adds, "HyLife is a viable way to keep these people healthy. My vision is that in the next year and the years following, we'll add more people—more contractors, more clients—and we can continue to fight this problem and win." 🍀

Editor's note: For more information, visit HyLifeLLC.com.