



SA Dental Service

Year Book 11-12



Government
of South Australia

SA Health

Contents

2	Executive Director Report
3	Strategic Directions
4	Vision
4	Values
5	Organisational Chart
6	Statewide Dental Services
7	Adelaide Dental Hospital
8	Health Promotion Division
8	Policy and Programs Division
9	Corporate Services Division
10	Report on the implementation of the <i>SA Dental Service Strategic Plan 2013-2016</i>
19	Freedom of information
20	Adelaide Dental Hospital statistics
22	School Dental Service statistics
25	Community Dental Service statistics
28	Aboriginal Dental Scheme statistics
29	Human Resource statistics
32	Financial Statements

Executive Director's Report 2011/12

From 1 July 2011 SA Dental Service became part of the new Central Adelaide Local Health Network as the Adelaide Health Service was dissolved.

In its short life the Adelaide Health Service had not produced a Strategic Plan. Hence, SA Dental Service developed its own suite of strategic outcomes 2011-2016 within the framework of the SA Health Care Plan and the Department for Health and Ageing's Strategic Directions. These SA Dental Service Strategic outcomes formed the framework for activities during the 2011/12 financial year. Highlights of the year include:

- > A balanced budget for at least the 11th year in a row.
- > Further expansion of the Aboriginal Liaison Program connecting Aboriginal communities with mainstream public dental services. As a result there was a further 13% increase in the number of Aboriginal children treated in SA Dental Service facilities and a 6% increase in the number of Aboriginal adults. This builds on significant increases in previous years.
- > A 13% increase in the number of residents of Supported Residential Facilities who received dental care.
- > A 21% increase in the number of preschool children treated in the School Dental Service reflecting a focus on reducing the incidence of early childhood caries. The number of pre-school children referred to the School Dental service via the 'lift the lip' protocol also doubled in this financial year. In due course these programs are expected to decrease the number of children who have to be treated in Hospital under general anaesthetic as a result of severe dental caries.
- > A further reduction in the average period between dental check-ups in the School Dental Service to the preferred 18 months. There are still a significant number of children who are overdue for their dental check-up and this will be the focus of effort in the 2012/13 year.
- > A further reduction in waiting lists for restorative dental treatment of eligible adults from 17 months in June 2011 to 16 months in June 2012. The waiting time for dentures decreased from 17 months in 2011 to 12 months in 2012.

(However, the average waiting time for specialist dental services at the Adelaide Dental Hospital increased from 11 months to 14 months.)

- > In line with oral health's integral role within general health, the number of public dental patients receiving short interventions for tobacco cessation increased once again, this year by a further 14%.
- > Continued improvements in a range of indicators of clinical quality including retreatment rates for a range of services.
- > The publication of the Health Promotion Practice Guidelines to assist in the design and implementation of effective preventive programs.
- > The opening of two GP Super clinics that include major dental facilities at Noarlunga and Modbury. Noarlunga clinic includes 6 dental chairs for undergraduate dental and oral health therapy students.
- > The appointment of the Executive Director Statewide Services, Martin Dooland, to the National Advisory Council on Dental Health to advise the Federal Government of priorities for dental reform and dental funding. This led to the inclusion of an estimated \$33 million over three years for public dental services in South Australia in the May 2012 Federal Budget.
- > The attraction of Commonwealth funding for new or expanded dental facilities at Murray Bridge and the Adelaide Dental Hospital.
- > The completion of a new business case for the upgrading or replacement of the Adelaide Dental Hospital.
- > The attraction of Commonwealth funding under the 'Encouraging Best Practice in Aged Care' (EBAC) programs for a two state trial to assist in the maintenance of the oral health of community living older people.

A key issue that is likely to affect the SA Dental Service in the next few years is the dental reform agenda of the Federal Government. If the recommendations of the National Advisory Council on Dental Health are adopted the environment of public dental services will change dramatically and access to timely and affordable dental services for South Australians will improve beyond measure.

Martin Dooland
Executive Director
Statewide Services

Strategic Directions

SA Dental Service Strategic Outcomes for 2011-2016

Strategic Outcome 1 – The oral health of the South Australian population is improved and oral health inequalities are reduced with a particular focus on:

- > people living in rural and remote areas
- > Aboriginal people
- > homeless people
- > people in Supported Residential Facilities
- > older people living in the community and in residential care
- > pre-school children
- > people with chronic diseases
- > migrants with a refugee background

Strategic Outcome 2 – Oral health is sustainably integrated into the wider health system.

Strategic Outcome 3 – The community and private dental sector are involved in the planning, design and monitoring of public dental services.

Strategic Outcome 4 – SA Dental Service is active in the development of public oral health policy at a State level and National level.

Strategic Outcome 5 – Population based health promotion underpins all of SA Dental Service Programs and clinical programs have an increased focus on prevention and early intervention.

Strategic Outcome 6 – Client focused quality systems drive improved clinical and non clinical services which are demonstrably efficient and effective.

Strategic Outcome 7 – SA Dental Service is an employer of choice, has sufficient skilled clinical and non clinical workforce and is making full and flexible use of its capabilities.

Strategic Outcome 8 – SA Dental Service is an active partner with the dental tertiary education and research sectors.

Strategic Outcome 9 – Public dental infrastructure supports the provision of contemporary public dental services and is integrated with other health services wherever possible.



SA Dental Service Vision

Good oral health is essential for overall health and well being. A healthy mouth has a positive impact on physical, mental and social well being, hence healthy smile - healthy life.

Healthy Smile Healthy Life

Mission

Working with the community to enable South Australians to achieve better oral health and well being through

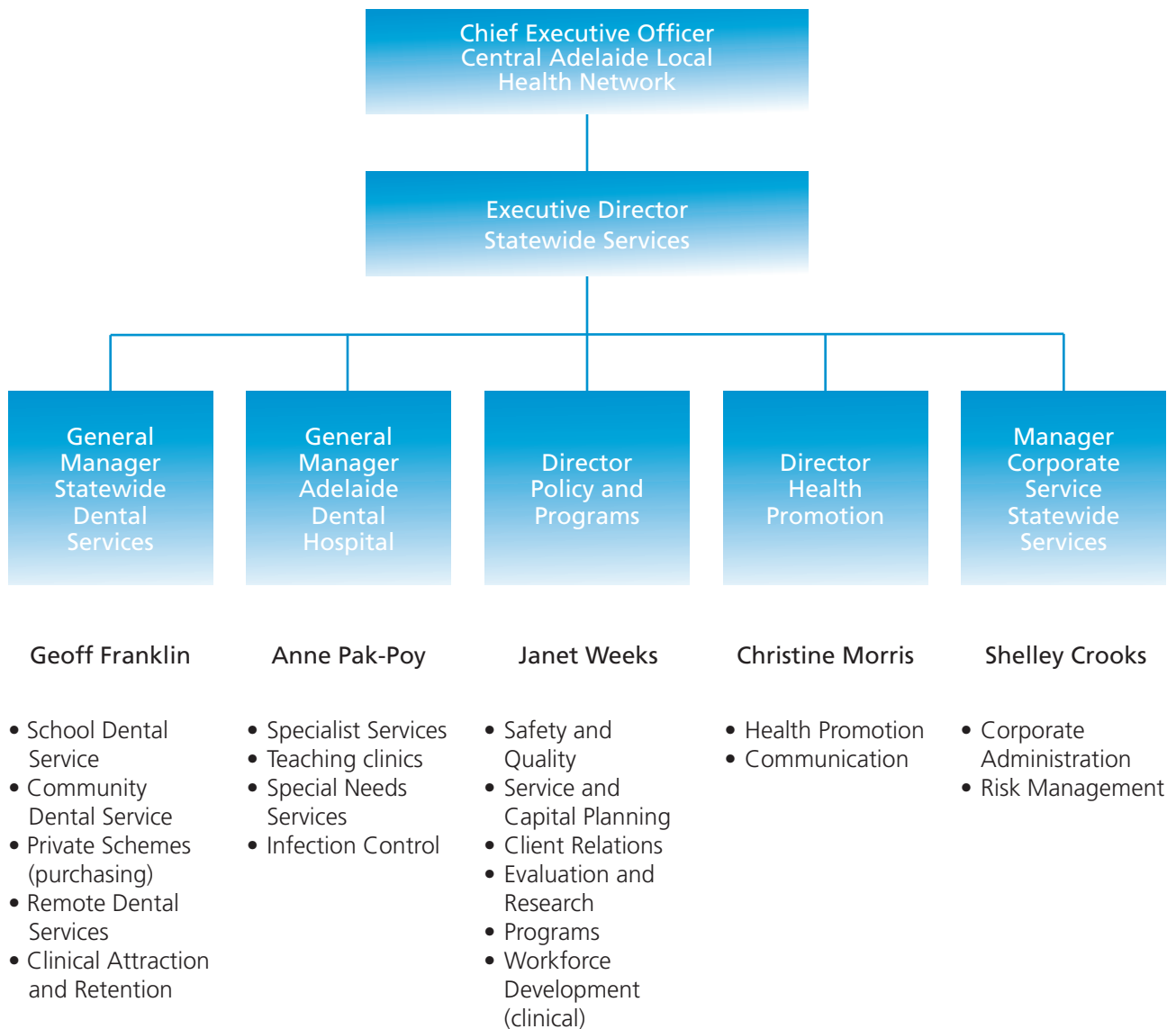
- > health promotion
- > timely dental treatment with a focus on prevention and early intervention
- > support for education and research.

Values



Organisational Structure

SA Dental Service – June 2012



Statewide Dental Services Division

Statewide Dental Services provides dental services to children and eligible adults through two core programs, the School Dental Service and the Community Dental Service. Special arrangements apply for those who may be particularly vulnerable to the consequences of poor oral health including preschool children, Aboriginal clients, clients with mental health issues and the aged. Those arrangements may include priority access to care and/or free care.

In addition to services provided by qualified clinicians, general dental services in School and Community Dental Services are also provided by undergraduate dental students and students in the Bachelor of Oral Health Program. School and Community Dental Service staff are involved in the clinical supervision and training of undergraduate students.

School Dental Service

The School Dental Service offers a comprehensive dental care program to all children up until their 18th birthday. This care is free of charge to all pre-school children. It is also free for primary school and high school students with a school card, or who have or are dependents of a Centrelink cardholder. All other primary school and high school students are required to pay a small fee for each general course of care they receive. Those aged between 12-17 years who are eligible may present their Medicare Teen Dental Voucher to receive their care.



Care is provided by teams of Dentists, Dental Therapists and Dental Assistants who work from a network of 43 clinics and mobile vans throughout the state. Many of these clinics are located within Primary Schools while others are mobile services to remote locations such as Leigh Creek, Nepabunna and Marree. The advent of the GP Plus and GP Super clinics has resulted in the closure and consolidation of many small, old, part time clinics.

Private dentists provide school dental services, under a capitation agreement, to approximately 3000 children who reside in areas remote from a school dental clinic. No client fees apply for these services.

General Anaesthetics are required for some young children with extensive oral health care needs and these are provided both at local hospitals by SA Dental Service dentists and under contractual arrangements with the Department of Paediatric Dentistry at the Women's and Children's Hospital.

Children are examined on a regular basis according to their individual needs and receive a full range of preventive and treatment based services. These services are provided mainly by Dental Therapists who work under the general supervision of a Dentist and in accordance with their conditions of employment, supported by Dental Assistants.

Community Dental Service

The Community Dental Service provides emergency and routine dental services to adults who are the holders of a Centrelink concession card. Urgent needs are usually attended to promptly, while routine care is provided after recourse to a waiting list. Average waiting periods reduced to 16 months during the year.

The majority of care is provided by dentists who operate from a network of 30 clinics and mobile services located throughout the state, supplemented by private dentists through a range of schemes such as the Emergency Dental Scheme, General Dental Scheme, Pensioner Denture Scheme, Prison Dental Scheme and the Aboriginal Dental Scheme. Client fees apply for most services but some preventive items are provided at no cost. In addition some adult care is now provided by Dental Therapists and Dental Hygienists working under the prescription of a dentist.

Two Domiciliary Dental teams operate in the Adelaide metropolitan area and provide services to homebound people in private homes and Residential Aged Care Facilities.

Remote Dental Services

The Remote Dental Service team responsibilities include:

- > Strategic planning to meet service needs in remote areas, in particular for Aboriginal communities
- > Contractual arrangements with private dentists to provide services in remote locations such as Coober Pedy
- > Visiting services by SA Dental Service staff, for example, services to children in Ceduna
- > Output or other funded services through Aboriginal Community Controlled Health Services such as at Coober Pedy, Yalata and Nganampa (APY Lands).

Schemes Unit

This team has a range of responsibilities for predominantly externally sourced services including:

- > The management of private practice schemes including Emergency Dental Scheme, General Dental Scheme, Aboriginal Dental Scheme, Pensioner Dental Scheme, Capitation, Prisoner Dental Scheme
- > Purchasing of dental services including schedules for services provided through private practitioners
- > Clinical quality issues relating to the provision of internal and external oral health services.

The Adelaide Dental Hospital Division

The Adelaide Dental Hospital (ADH) is one of the service provision arms of SA Dental Service and is a core component of the SA Government's approach to providing public dental care. The ADH fulfils a number of essential roles including:

- > the only dental teaching hospital in South Australia that provides facilities, management and staff to support the training of undergraduate and postgraduate students of the School of Dentistry of the University of Adelaide
- > the sole statewide referral centre for specialist and complex oral health care services
- > provision of general and specialist public dental services, continuing education, some specialist and treatment planning advice to SA Dental Service professional staff. The provision of a specialist network and advice supports the acute medical sector in SA.

General and emergency dental care is largely provided by undergraduate dental and oral health students under the supervision of SA Dental Service.

Specialist services in the ADH are provided by a combination of staff and visiting specialists, academic staff of the University and significantly by

postgraduate students in specialty training programs.

The range of specialty services provided include:

- > oral and maxillofacial surgery
- > orthodontics
- > endodontics
- > periodontics
- > fixed and removable prosthodontics
- > special needs dentistry.

In addition to managing the operation of the ADH, and providing patient care, staff are involved in the clinical supervision and training of undergraduate and postgraduate students. Academic staff of the Dental School provide patient care as honorary appointees to the Hospital, or indirectly by the supervision of students in clinical programs.

Because of its historic relationship with the Royal Adelaide Hospital (RAH), the ADH provides dental services to inpatients of the RAH and operates an after hours on-call service through the RAH Accident and Emergency Department. All patients requiring general anaesthesia for dental or oral and maxillofacial surgery procedures are admitted and treated in theatres of the RAH. Dental technicians attached to the Oral and Maxillofacial Surgery Unit provide maxillofacial prostheses on referral from metropolitan hospitals.

In addition to providing specialist support to dentists in SA Dental Service Community and School Dental Services, the ADH also accepts a limited number of referrals from the private sector. These patients are accepted in circumstances where the resources of the Hospital are better able to accommodate the needs of particularly complex or difficult cases.



Health Promotion Division

The Health Promotion Division is focussed on the provision of strategic advice on health promotion and quality support to SA Dental Service staff, our clients and consumers and the wider community. The division has a strategic approach to ensure that health promotion is integrated into all SA Dental Service programs and projects and to actively promote the integration of oral health into overall health and wellbeing.

The Division works in partnership with our staff and other agencies to promote health, prevent oral diseases and provide health information. We support oral health as an integral part of general health through the development of healthy public policy and organisational development. We assist our staff to develop local health promotion initiatives through skill development and the provision of oral health resources.

Health Promotion Division has responsibility for:

- > promoting an organisational commitment to policies and practices that incorporate the health promotion principles including those of the Ottawa Charter and Social Determinants of Health
- > supporting staff to develop and implement health promotion into their clinical practice through health promotion practice guidelines
- > promoting oral health as an integral part of general health by supporting the development of health promotion and prevention policies, healthy public policy and organisational practices
- > developing quality health information and

- resources to support staff to increase awareness and to promote oral health in the community
- > developing strategic partnerships that increase oral health knowledge and practice
- > managing internal and external communication strategies to ensure consistency of message and branding
- > staff culture surveys
- > implementing population health promotion programs to improve oral health.

Policy and Programs Division

The Policy and Programs Division has a strategic, organisation wide focus, and provides leadership to and works collaboratively with all SA Dental Service divisional teams to challenge and support service improvement and program development.

Policy and Programs Division comprises the following Units:

- > Service Planning
- > Quality, Patient Safety, Clinical Risk and Workforce Development
- > Evaluation and Research
- > Client Relations.

Policy and Programs Division leads service improvement by:

- > Program Development
 - exploring and developing new and innovative models of care
 - implementing the SA Health Care Plan, State and National Oral Health Plans



- identifying at risk population groups and their oral health needs
- developing programs and service delivery for at risk population groups
- > Securing capital funding to support the provision of public oral health services
 - identifying infrastructure requirements
 - pursuing capital funding opportunities
 - oversight of capital developments
- > Promoting a culture of safety and quality and clinical learning
 - engaging with staff at all levels to positively influence the quality & safety culture of the organisation in recognition that improvement has to be an integral part of what the organisation does
- > Evaluating programs and organisational clinical performance
 - providing program analysis and reporting
 - developing management information systems
 - conducting evaluation and research projects
 - undertaking research involving SA Dental Service clients and staff
 - Promoting evidence-based approaches to service and program delivery
- > Promoting client-centred approaches to enhance service quality
 - promoting and facilitating good consumer practice at the interface between staff and clients

- developing and promoting mechanisms to facilitate effective management of consumer feedback.

Corporate Administration Unit

From 1 July 2010, responsibility for most Corporate Services for SA Dental Service became the responsibility of the Corporate and Clinical Support Service of the Adelaide Health Service.

However, a number of corporate functions remained with SA Dental Service through the Corporate Administration Unit. It provides a comprehensive range of general and specialist support services encompassing insurance, contract development and administration, risk management, records management, communications infrastructure and executive support services.

It is anticipated there will be a further restructuring of Corporate Support Services.

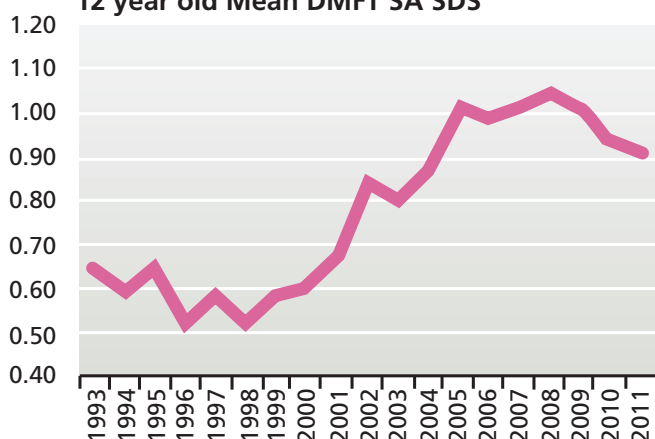
Report on the Implementation of the SA Dental Service Strategic Plan - Progress as at June 2012

Strategic Outcome 1

Improved health and reduced health inequalities

After continuous deterioration since the mid-1990s, the amount of dental decay in children fell for the third year in a row.

12 year old Mean DMFT SA SDS



Population Oral Health Program

The Population Oral Health Program continues to increase the number of preschool children attending dental services. In 2011/2012, 2249 children were referred to the Program, up from 1542 the previous financial year.

Referrals were made by 444 allied health professionals, an increase of 69. Children identifying as being of Aboriginal and or Torres Strait Islander descent increased from 10% in 2010/2011, to 15% in 2011/2012. 51% of children referred were aged under 4 at the time of referral, compared to 49% the previous year.

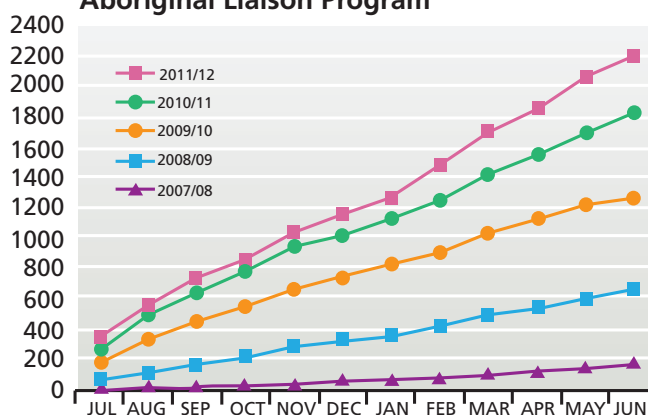
A total of 6440 preschool children had been referred to the program by 30th June 2012.

Aboriginal Oral Health

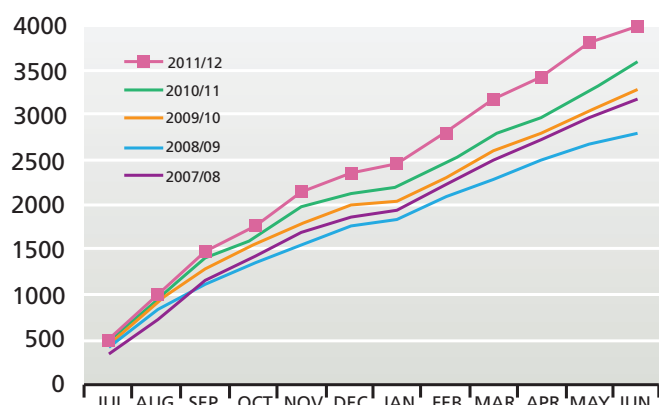
In 2011 SA Dental Service received additional funding to focus on Closing the Gap on Aboriginal oral health. This enabled expansion of the Aboriginal

Liaison Program to other population groups, including preschool children, teens and pregnant women. This resulted in increases in the number of Aboriginal children and adults treated by SA Dental Service for the fourth year in a row. The program was renamed the Aboriginal Oral Health Program to reflect the expansion. The Aboriginal Liaison Program and a range of other approaches to make mainstream public dental services more acceptable to Aboriginal people has been one reason for this increase. In addition to increased access, a full suite of culturally appropriate resources were developed and distributed. In May 2012 The Aboriginal Oral Health Team participated in the Aboriginal Power Cup to promote dental careers to young people and to promote oral health messages. Two Port Power players Chad Wyngard and Brendon Archee became oral health ambassadors

**Aboriginal ADULT PATIENTS
Aboriginal Liaison Program**



Aboriginal CHILD PATIENTS



New Migrant program

Following extensive consultation with the Adelaide Migrant Health Service, from May 2012 a pilot program was launched to provide priority dental care to newly arrived migrants with a refugee background. Adult migrants with a refugee background are referred by the Adelaide Migrant Health Service to designated Community Dental Service clinics for dental care. This regime of early care to bring an individual's oral health to a basic fundamental standard will assist clients to confidently seek employment and meet adequate nutritional needs.

Homelessness and Oral Health Project (HOHP)

The HOHP commenced in April 2011 and is based on the successful Supported Residential Facilities Dental Program model. The Project builds on established relationships with key homeless sector agencies and involves a collaborative partnership between SA Dental Service, the Brian Burdekin Medical Clinic, and the Homelessness Support Program, Department for Communities and Social Inclusion.

The initial focus of the HOHP is to address identified service gaps such as access to timely and affordable care for vulnerable people in need of urgent dental treatment. Patients accessing care via the HOHP pathway are not charged a fee and support is available to assist patients attend their dental appointments.

Patient referrals to the Project are accepted from participating homelessness support providers. Treatment provision is through a mix of public and private dental providers who have expressed their interest and willingness to be involved.

Supported Residential Facility (SRF) Dental Program

In South Australia there are 29 SRFs accommodating around 850 people. Established in 2004, the SRF Dental Program continues to offer dental treatment to all residents of licenced pension-only SRFs. People living in SRFs tend to have complex and diverse needs and many have a history of chronic homelessness. Overall, SRF residents are a vulnerable group who face significant barriers in accessing mainstream health services.

Over the past year around 500 (59%) SRF residents have received dental treatment which compares favourably with attendance patterns of the general population.

The SRF Dental Program involves a multidisciplinary approach involving SRF residents, SRF Managers and care staff, external support agency staff, and public and private dental professionals. Excellent working relationships have been established supporting a greater awareness of the importance of oral health, and better oral health outcomes for SRF residents.

Strategic Outcome 2

Oral health is sustainably integrated into the wider health system

Primary Prevention Plan 2011-2016

The Primary Prevention Plan launched in 2011, provided a framework for prevention strategies in SA. Oral Health is a priority action area and the focus on populations and the life course provides many intersections for integrating oral health into general health promotion.

Integration into GP Plus Centres

The Noarlunga GP Super clinic and the Modbury GP Super Clinic were opened in January and February 2012 respectively, adding to the suite of existing GP Plus clinics at Marion and Elizabeth. These clinics are integrated to varying degrees with the other health services provided at these local centres, which include general practitioners, mental health and other allied health services, enabling immediate referrals to other disciplines where additional client needs are identified. To varying degrees, there are staff interactions within the centres including meetings, presentations and information sharing sessions. Most of these clinics also contribute significantly to the training of dental students by providing extensive clinical practice experience under the supervision and tutelage of qualified clinicians.

Oral Health Domain on SA Health Website

The SA Department for Health and Ageing has launched a new resource on their website called the "Best care for older people everywhere – The toolkit". The toolkit was first developed as part of the Victorian Government's implementation of the Council of Australian Governments Long Stay Older Patients initiative and is closely aligned to the criteria in the National Safety and Quality Health Service (NSQHS) Standards.

The aim of the toolkit is to increase awareness about the unique aspects of caring for older people and to provide staff with accessible information and practical tools to help them reduce the likelihood of functional decline occurring in older people during an acute hospital stay.

SA Dental Service in partnership with SA Health has enhanced the toolkit by creating an additional domain for oral health. The oral health domain refers to four key oral health processes of oral health screening, oral health care planning, assistance with daily oral hygiene and referral for dental care and is supported by the Better Oral Health in Residential Care resource portfolio. The toolkit can be found at: <http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+topics/older+people/care+of+older+people+toolkit/>

Building Better Oral Health Communities



In June 2012 SA Dental Service secured \$1.4M funding for a project called Building Better Oral Health Communities under the Commonwealth Department for Health and Ageing's Encouraging Better Practice in Aged Care (EBPAC) initiative. The Project will run for 2.5 years and is to be completed in Dec 2014.

SA Dental Service is the leader of this project in partnership with:

- > Helping Hand Long Term Care, Salisbury SA
- > Helping Hand Country Community Care, Port Pirie SA
- > Aboriginal Elders and Community Care Services, Adelaide SA
- > Baptist Community Services Care Centre-Hunter, NSW
- > Hunter New England Oral Health Service, NSW
- > The University Of Adelaide (The School of Nursing and ARCPOH), SA

This project aims to translate the Better Oral Health in Residential Care model into the community aged care setting. In doing so it will:

- > develop a model of oral health care for use in community aged care which is person centred and supports the principles of ageing well at home
- > support the changing needs of older people as they transition from independence to informal assistance to formal assistance and finally to residential care
- > enhance access to oral health information across the continuum of ageing for care workers and for older people, their families and the wider community
- > promote the integration of the four key oral health processes of oral health assessment, oral health care planning, daily oral hygiene and dental referral into routine community aged care service delivery.

Strategic Outcome 3

The community and private dental sector are involved in the planning, design and monitoring of public dental services

Consumer Advisory Panel

The SA Dental Service Consumer Advisory Panel (CAP) was established in 1999 as a sub-committee of SA Dental Service Executive. Panel members are representative of each of the major population groups to whom public dental services are provided.

CAP's role is to advise the Executive Director on effective consumer participation in oral health programs, operational policy and strategy and impact on quality oral health service outcomes. CAP also advocates to the Executive Director on behalf of the community to promote attention

and sensitivity to the needs of disadvantaged and marginalised consumers and communities.

During 2011-12 CAP was actively involved in

- > providing advice on draft organisational policies and procedures
- > commenting on a range of written materials for consumers
- > providing advice to Executive on how best to manage saving strategies
- > urging support for proposed Federal funding for public dental treatment through their member organisations
- > promoting information about SA Dental Service to their communities of interest.

Strategic Outcome 4

SA Dental Service is active in the development of public oral health policy at a State level and National level.

South Australia continued to provide secretariat support for the National Oral Health Monitoring Group, and the Executive Director, Martin Dooland, was acting chair for most of the year. This group monitors the implementation of the National Oral Health Plan 2004-2013 and develops a report for the Health Ministers at the Standing Council on Health.

In September 2011 the Federal Government established the National Advisory Council on Dental Health to advise on priorities for dental reform. The Council has members from a range of dental settings, professional associations, tertiary education and non-government organisations representing various sectors of the community. Martin Dooland was appointed to the Advisory Committee bringing his knowledge of the public dental sector.

The Advisory Council reported to the Federal Minister in February 2012 and the May 2012 Federal budget included the following funding for dental services.

May 2012 Federal Budget Funding for Dental Services in SA

	2012/13	2013/14	2014/15	2015/16	Total
Waiting List Reduction	\$5.6 m	\$12.5 m	\$9.6 m		\$27.7 m
Health Promotion*		\$0.4 m	\$0.4 m		\$0.8 m
Dental Graduate Year* (dentist)	\$0.3 m	\$0.5 m	\$0.7 m	\$0.7 m	\$2.2 m
Dental Graduate Year (capital)	\$0.4 m	\$2.0 m	\$0.2 m		\$2.6 m
Total	\$6.3 m	\$15.4 m	\$10.9 m	\$0.7 m	\$33.3 m

*proposed SA share

Strategic Outcome 5

Population based health promotion underpins all of SA Dental Service Programs and clinical programs have an increased focus on prevention and early intervention.

Health Promotion Practice Guidelines

In 2008, SA Dental Service was audited as a health promoting health service. Audit results demonstrated that although dental staff have great clinical expertise, they have limited knowledge about health promotion. In response to this, it was recommended that a set of Health Promotion Practice Guidelines be developed and implemented across SA Dental Service to support clinical dental service staff deliver effective health promotion. The guidelines would include clinical and community activities that are evidence-based and proven to be effective in improving oral health outcomes.

Extensive consultation took place with clinical staff and Managers, in developing the Health Promotion Practice Guidelines. Feedback from focus groups was incorporated into the final guidelines document. In addition, an extensive literature review of oral health promotion initiatives was conducted to identify those proven to be effective. Evidence was collected to support each initiative included in the guidelines.



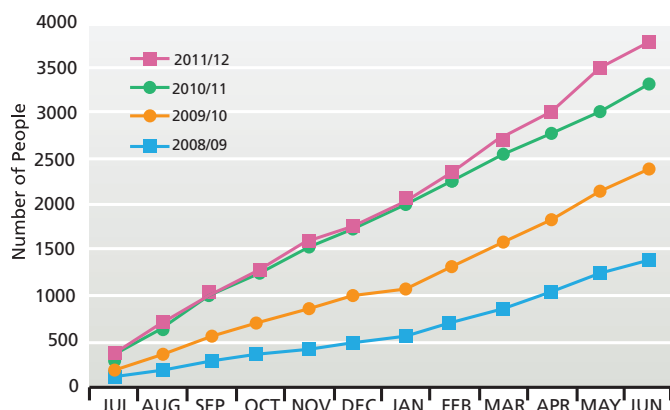
The Health Promotion Practice Guidelines were formally launched by the Minister for Health and Ageing at the SA Dental Service Conference Day in June 2012.

Smoking Cessation

In line with oral health's integral role within general health, a tobacco cessation program for patients has been implemented in all CDS clinics and is being rolled out in ADH. SDS staff attended youth focussed quitting workshops which provided information and strategies to engage with young people about smoking and tobacco use.

The program has resulted in significant increases in the number of public dental patients receiving short interventions for smoking cessation. Patients' interest in quitting is assessed and where appropriate the person is linked to Quit SA.

SADS TOTAL Number of People Receiving Short Intervention for Smoking Cessation (QUIT)

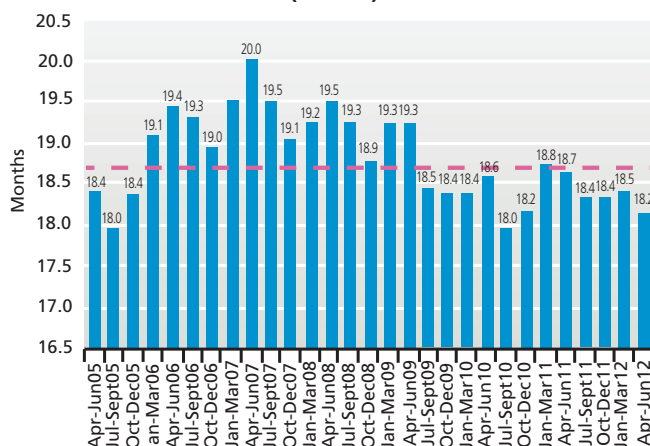


A large number of SA Dental Service Aboriginal clients are smokers. Health Promotion worked with Drug and Alcohol Services SA (DASSA) and Aboriginal people to develop display material and resources which aim to make the waiting room a more welcoming space for Aboriginal clients and to prepare them for a conversation about their smoking.

Child Recall Intervals

The reduction in median actual recall interval for children treated in the School Dental Service was sustained with a reduction to 18.2 months, below the target of 18.7 months and the lowest level in 1.5 years. Recent emphasis on ensuring timely children's recalls, in particular for high risk children, started to show improvement with a slight reduction on the total number of overdue recalls. Significant improvements in actual recall timeliness are anticipated to be delivered in 2012/13 as a consequence of strategies implemented in 2011/12.

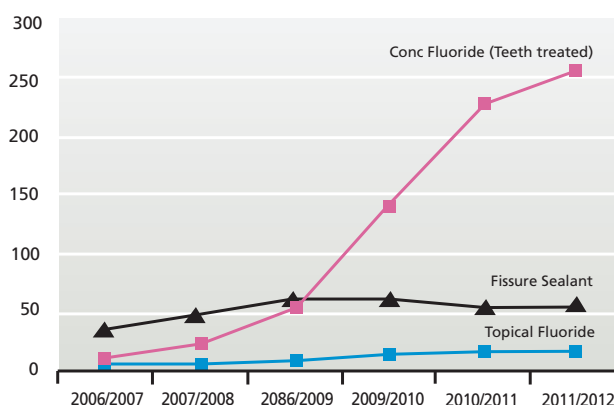
SDS Median RECALL (months)



Preventive Care

The average hours of preventive services per client improved across all of SA Dental Service. Highlights were a further 2.4% increase in services provided in School Dental Clinics at more than 60 hours per 100 clients and Community Dental Service clinics which evidenced a 34% increase over the course of the year. The increased emphasis on the application of fluoride to the teeth of children assessed as being at high risk of caries was maintained. The outcomes of this sustained increase in clinical prevention for children can be seen in the 'Mean DMFT' graph on page 10 which shows that the amount of dental decay in 12 year old children attending the School Dental Service fell for the third year in succession.

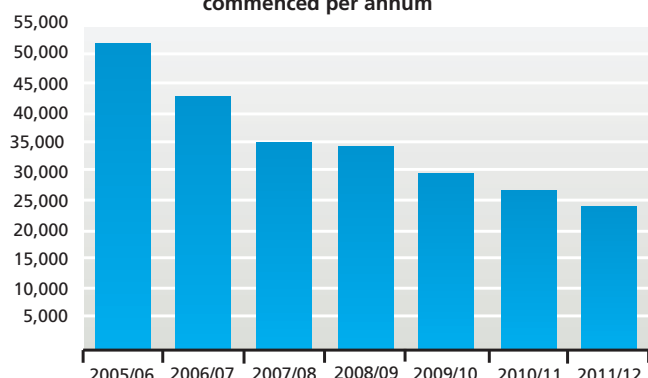
**Clinical Prevention Services
Rate per 100 Consenting Patients**



Reduced Emergencies

Dental emergencies treated in 2011/12 were 24,082, a reduction of 2,823 or 10% on 2010/2011. The proportion of clients receiving non-emergency care improved to 68.6%, an increase from the 2010/11 result of 66.5%. The computer assisted Relative Needs Index triage tool continues to deliver consistent assessment of the clinical and social indicators for genuine emergency care for adults.

Dental Emergency Courses of Care commenced per annum

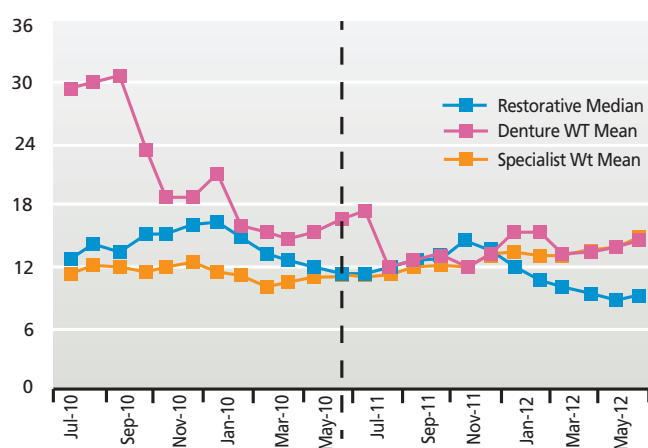


Waiting Lists

Waiting lists for public dental care reduced in 2011/12 as shown in the graphs below. The median waiting time for patients removed from routine care waiting lists reduced to 9 months at June 2012 compared with 12 months at June 2011.

The weighted mean waiting time for patients being removed from denture waiting lists was 14 months at June 2012 compared with 17 months at June 2011. However, difficulty attracting dentists to some country areas and limited treatment of public patients by private practices has led to a widening of the gap in average waiting times between the Adelaide metropolitan area and some country areas.

**Dental - Wait Lists
PPRC KPI (Months Wait)**



Strategic Outcome 6

Client focused quality systems drive improved clinical and non-clinical services which are demonstrably efficient and effective.

Quality of Care & Clinical Indicators

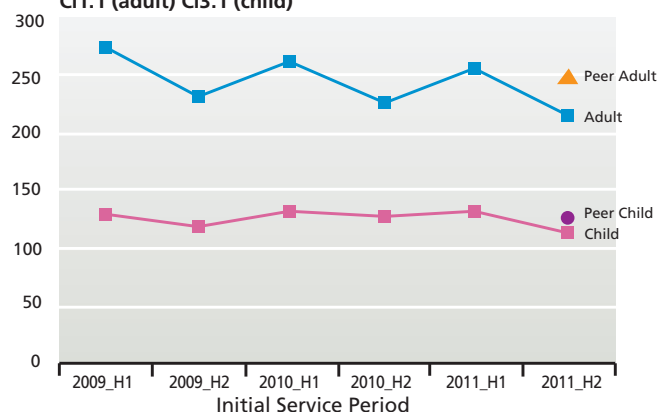
The SA Dental Service participates in the national quality clinical indicators program managed by the Australian Council on Healthcare Standards (ACHS). From 2012, the ACHS released a new and refined suite of Clinical Indicators for Oral Health services, reducing the number of indicators from 23 to 10 measures. The main oral health care clinical indicators focus on monitoring and minimising returns for repeated care, usually on the same tooth – also known as retreatment rates, or unplanned return visits for adult dental services (restorations, extractions and dentures), endodontics and children's dental care (restorations, pulpotomy and fissure sealants).

The 2011/12 ACHS data therefore covered the final half-year period of the 2011 (v2) user guide, and the first six-month period under the new indicator set (v3).

The SA Dental Service achieved statistically better than peer aggregate results for low rate of restoration retreatment on the same tooth within 6 months in 2011, and mostly better than peer average rates within the peer norm for seven other clinical indicators.

For the June 2012 ACHS indicator report, covering the second half of 2011, plus six-month lag for return events, SA Dental Service achieved statistically better than national peer aggregate results in four of the nine indicators areas submitted.

**ACHS Clinical Indicators
Restoration Retreatment (6mths)
C1.1 (adult) C13.1 (child)**



Accreditation

In December 2011 SA Dental Service completed the fourth phase of the Accreditation cycle. This cycle involved a Periodic Review against the EQulP5 framework with Australian Council on Health Care Standards (ACHS). SA Dental Service maintained its accredited status and received excellent results and many favourable comments from the survey team.

SA Dental Service was awarded nine Extensive Achievement (EA) ratings and six Marked Achievement (MA) Ratings and received 6 recommendations.

In early 2012 key organisation staff commenced the process of developing action plans to address the 6 recommendations and to prepare the organisation for the next accreditation phase.

During the year SA Dental Service was advised of the development of 10 Healthcare National Safety and Quality Health Service Standards by the Australian Commission on Safety and Quality in Healthcare. These Standards form the basis of a new accreditation framework and were approved by the Australian Health Ministers' Council (AHMC) in September 2011. SA Dental Service has been supported by the SA Health Safety and Quality Unit to assess the applicability for dental service providers and determine the processes for the implementation of this new framework from January 2013.

Strategic Outcome 7

SA Dental Service is an employer of choice, has sufficient skilled clinical and non clinical workforce and is making full and flexible use of its capabilities.

Credentialling and Scope of Practice

SA Dental Service Credentialling Committee has reviewed and endorsed credentialling of 579 Dental Practitioners, this includes all non-SA Dental Service employees who provide and or supervise the provision of dental care within SA Dental Service (eg University Tutors).

The Credentialling Committee reviewed and implemented a process for documenting the scope of clinical practice of credentialled dental practitioners employed by SA Dental Service, a similar process has been commenced for non-SA Dental Service employees.

SA Health has facilitated forums for Credentialling Officers from all Local Health Networks. This group meets regularly to review the processes for credentialling and defining scope of clinical practice, provide an opportunity to continuously review the database, revisit the policy and ensure consistency across all of the Local Health Networks. SA Dental Service Clinic managers have been provided with access to the SA Health Credentialling database to verify and review the current credentialling status of their dental practitioners.

Strategic Outcome 8

SA Dental Service is an active partner with the dental tertiary education and research sectors.

Collaborative Partnership with the Australian Research Centre for Population Oral Health (ARCPHO)

Research Agenda

Following a half day seminar attended by representatives from both organisations in November 2011 SA Dental Service and ARCPHO formalised the research agenda for the 2012 calendar year. Key research areas include:

- > Adult recall intervals and services in a course of care
- > Risk assessment and effective preventive interventions among adults.
- > Review and update of child caries risk assessment tool
- > Aboriginal Liaison Project
- > Improve access to oral health care for people experiencing disabilities
- > Assess the long term outcomes of improved access to dental care for older people.

Research activities range from relatively short duration literature reviews to clinical trials taking place over several years. The research results and findings will be used to inform broad policy decisions and clinical service provision in future years

National Child Oral Health Survey

SA Dental Service in conjunction with ARCPHO is conducting the SA part of the National Oral Health Survey. This commenced in September 2011 with an anticipated completion date of late 2013. The survey requires 3,100 examinations to be completed in SA

and this is being coordinated by a project officer and teams of examiners across approximately 70 schools. The survey will assist in the evaluation of oral health gains for Australian children resulting from policies and practices around oral health and dental services.

Inclusion of student dental chairs in GP Plus/ Super clinics

With the opening of the Noarlunga GP Plus clinic, there are now 28 dental chairs specifically available for use by undergraduate dental students during clinical placements in Statewide Dental Services GP Plus/Super clinics. These are in addition to the 4 student chairs at the Whyalla Oral Health Centre, dental chairs at the Adelaide Dental Hospital and other Statewide Dental Service dental chairs that are vacated by clinicians for student use during semesters.

Strategic Outcome 9

Public dental infrastructure supports the provision of contemporary public dental services and is integrated with other health services wherever possible.

During the year there were further significant steps forward in improving public dental infrastructure across the State.

Aged Care Clinic

The SA Dental Service, in partnership with the University, was successful in attracting Commonwealth funding for a new Aged Care Clinic at the ADH. The project funding of \$2.1M will build a 6 chair clinic so that students can experience providing dental care specifically for older people including those who are very frail, sick and disabled.

A decommissioned laboratory will be demolished in order to locate the clinic that will include 2 mobile and a fixed wheelchair lifter and have the capability to treat barouche bound clients. As the building works will be conducted within an existing, functioning building, it is expected that this will be a challenging time.

The clinic will be a welcome addition to the ADH. with completion expected in May 2013.

Noarlunga and Modbury GP Plus Super Clinics Open

At a cost of around \$4.4M the new dental clinic in the Modbury GP Plus Super Clinic opened in February 2012. The 14 chair clinic incorporates 11 School Dental Service chairs and 3 Community Dental Service chairs.

The Noarlunga GP Plus Super Clinic opened in January 2012. The 24 chair clinic comprises 18 chairs for the School Dental Service and Community Dental Service and 6 chairs for dental students. Noarlunga GP Plus Super Clinic occupies an existing building. The former 6 chair clinic space was demolished then expanded to create the new facility. During refurbishment staff and all services were temporarily re-located to the Somerton Park Dental Complex. Consolidation of services in the new space meant that 14 school dental clinics in the vicinity were closed and decommissioned.

Annual Programs



During the year there was further progress in the implementation of the SA Dental Service Capital Plan. This included over \$600,000 spent on several ADH projects such as the remodelling of the ground floor reception and information area as well as replacing 2 OPG machines, 6 dental chairs and fire safety improvements.

With a budget of approximately \$300,000, the Mitcham School Dental clinic has been refurbished and expanded. Sterilising, reception, waiting room, and staff areas have been upgraded and the 3 dental chairs retained. An equipment upgrade complemented the building works. The renovated clinic has significantly improved the environment for clients and staff.

Infrastructure Improvements in Country Areas

SA Dental Service staff have been heavily involved with Architects and Engineering consultants developing concept plans and detailed design work throughout the year on major projects for Wallaroo, Port Lincoln and Mount Gambier.

Construction of the new \$3.3M stand alone 5 chair dental clinic in Wallaroo is expected to commence in August 2012 and be ready for operation in mid/late 2013.

The Port Lincoln and Mount Gambier dental clinic projects are part of larger scale redevelopments of the respective local hospitals totalling \$66M. Construction is set to commence in early 2013 on both sites and be completed in mid/late 2014.

In May 2012 the Commonwealth announced the SA Dental Service application for \$3.8M to establish a new 6 chair clinic in Murray Bridge had been successful. Planning for this new clinic will occur in 2012/13. It is envisaged the new clinic will be operational in late 2014.

Adelaide Dental Hospital Business Case

In 2011/12 SA Dental Service worked with SA Health to undertake a master planning exercise to identify capital options for the future of the Adelaide Dental Hospital. Two options were explored in some detail and prepared for SA Health.

Given the scale of the investment required for either option, decisions and funding will be further considered in the future by SA Health and ultimately by SA Government.

Freedom of Information 2011/12

Information Statement

The *Freedom of Information Act 1991* gives members of the public a legally enforceable right to access information held by the South Australian Government, subject to certain restrictions.

Functions of SA Dental Service directly impacts on the public

The work of SA Dental Service directly impacts on the public as a result of providing public dental services to eligible South Australians who hold current Centrelink Pensioner Concession Cards or Health Care Cards.

Public participation

The public can contribute to policy development within SA Dental Service in a number of ways. SA Dental Service accesses external expertise and policy advice through statutory and non-statutory advisory committees such as the Consumer Advisory Panel, which are comprised of both government and non-government representatives. SA Dental Service consults with major consumer groups,

circulates discussion papers, calls for submissions on particular topics, and convenes public meetings in metropolitan and country areas. It also fosters a culture of inclusion of communities and service providers in planning, development and evaluation of services. These processes ultimately facilitate the community's access to services and their informed decision making about service options and program developments.

Types of documents held by SA Dental Service

SA Dental Service holds various hard copy and/or electronic oral health publications in addition to administrative and client files. These include books, reports, reviews, serial publications, pamphlets, information sheets, codes of practice, surveys, guidelines, policies, procedures, programs, strategies, directories and evaluations.

Arrangements and procedures for seeking access to records and policies

Application forms for access to documents can be downloaded from the SA Dental Service website, obtained through any clinic or provided by the Client Relations Unit. The Client Relations Unit is responsible for processing FOI requests and is able to assist with any FOI related enquiries.

Applications for Access (2011-12)

Details of Applications	Personal	Non Personal	Total
New applications for the year	26	1	27
Applications brought forward from previous year	0	0	0
Total to be processed	26	1	27
Determined	26	1	27
Transferred in full	0	0	0
Withdrawn	0	0	0
Totally actually processed	26	1	27
Unfinished	0	0	0

Outcomes of Access Applications (2011-12)

Outcome description	Personal	Non Personal	Total
Full Release	26	1	27
Partial Release	0	0	0
Refused access	0	0	0
Total	26	1	27

Adelaide Dental Hospital Statistics

Treatment Statistics

	2008/2009	2009/2010	2010/2011	2011/2012
Patients	21,459	20,883	21,276	21,527
Attendances	69,435	68,293	69,600	75,531

Diagnostic / Preventive

Examinations	11,868	11,844	13,306	14,506
Consultations	12,930	11,784	12,010	11,487
Radiographs	29,175	28,263	29,680	28,739
Periodontal treatment/ dental health education	14,631	14,798	16,701	18,741

Conservative Dentistry

Temporary restorations	1,218	1,418	1,469	1,939
Plastic restorations (amalgam, GIC & resin)	14,069	13,515	12,612	14,219
Complex restorations	879	1,029	982	1,032
Root canal treatment	1,014	1,061	928	883

Prosthetic Dentistry

Full dentures	680	642	548	495
Part dentures	723	689	633	692
Denture relines / re-bases	147	167	156	173
Denture repairs	156	174	196	211
Denture adjustments	1,303	1,166	982	935

Oral Surgery

Simple extractions	14,630	13,145	12,348	12,084
Surgical extractions	2,468	2,413	1,907	2,101

Orthodontics

Removable appliances**	793	790	791	942
Fixed appliances (Arches)	841	890	1,220	1,125

Adelaide Dental Hospital Statistics (cont.)

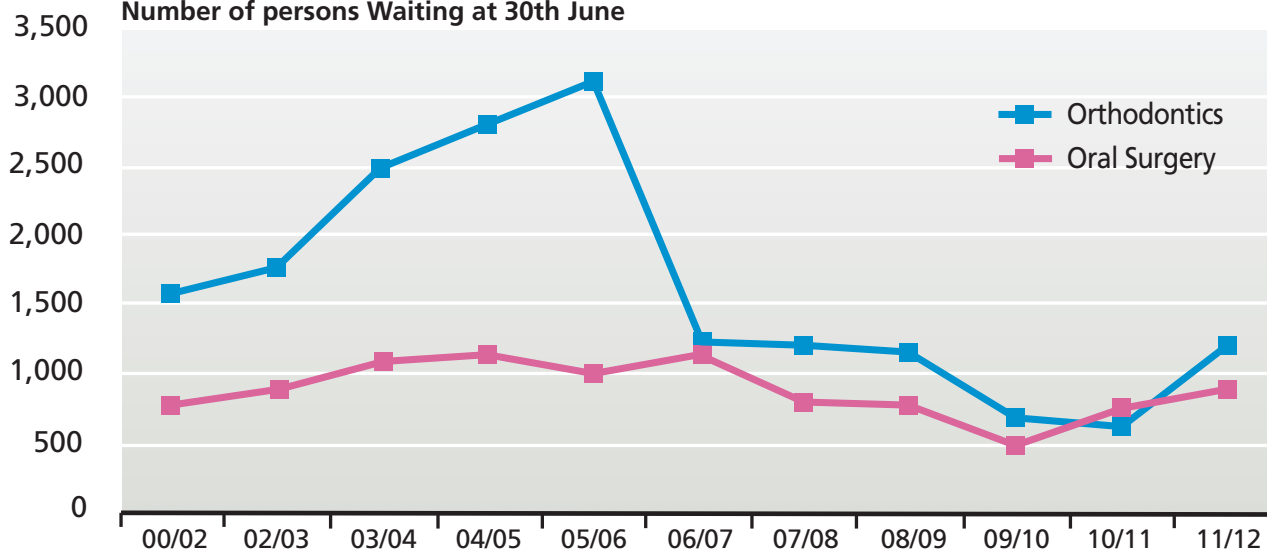
Waiting Lists

Number of people on waiting lists

	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
Orthodontics	1,594	1,782	2,481	2,791	3,120	1,249	1,222	1,165	708	626	1,210
Oral Surgery	779	885	1,092	1,141	1,008	1,125	819	765	494	721	895

Adelaide Dental Hospital Specialist Waiting Lists

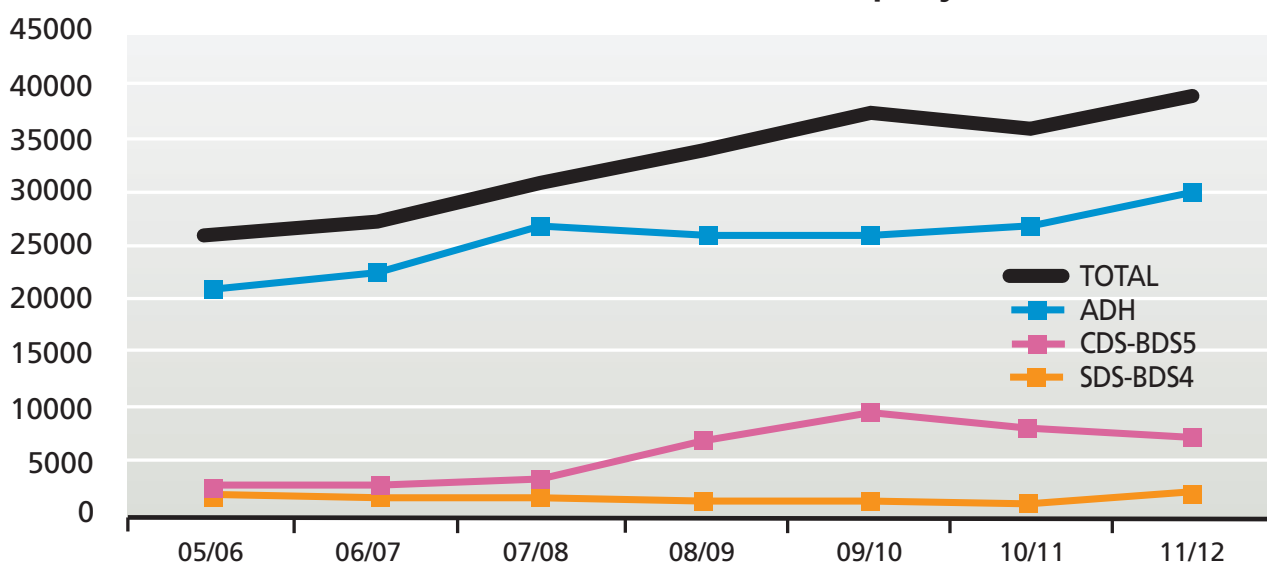
Number of persons Waiting at 30th June



Patient Visits – seeing a dental student

	05/06	06/07	07/08	08/09	09/10	10/11	11/12
Adelaide Dental Hospital	21198	22978	26426	25816	26003	26877	29905
Community- BDS5	2495	2816	2934	6978	9716	7980	7397
School Dental/Pedo BDS4	1826	1677	1807	1242	1539	1295	1978
All	25519	27471	31167	34036	37258	36152	39280

Total Number of BDS Student Patient Visits per year



School Dental Service Statistics

Children under care (consents)

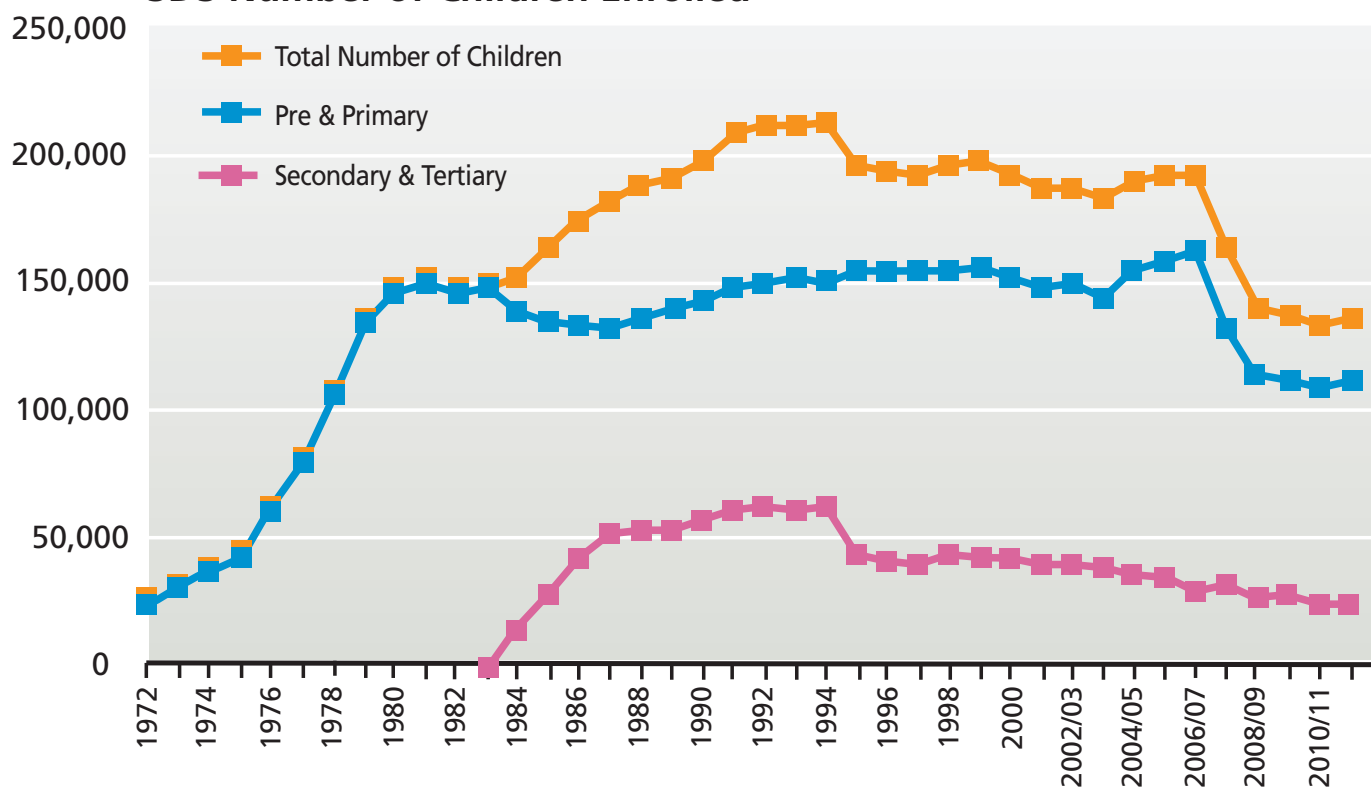
In 2011/12, the School Dental Service cared for 136,494 registered children; 111,766 pre-school and primary school children (+2,430) and 24,728 (-186) secondary school students. The number of patients under care is 2,244 more than the 2010/11 total.

The increased number of registered enrolments in 2011/12 reverses a trend of declining registrations seen over the previous four years in the pre-school & primary school sector, with slightly reduced secondary school enrolments again.

The Medicare Teen Dental Plan voucher scheme for diagnostic and preventive dental services, allows the SDS to offer free dental care to many non-cardholder children aged 12 to 17 years, covered under Family Tax Benefit A entitlements.

The number of children under care by the School Dental Service since 1972 is shown below:

SDS Number of Children Enrolled



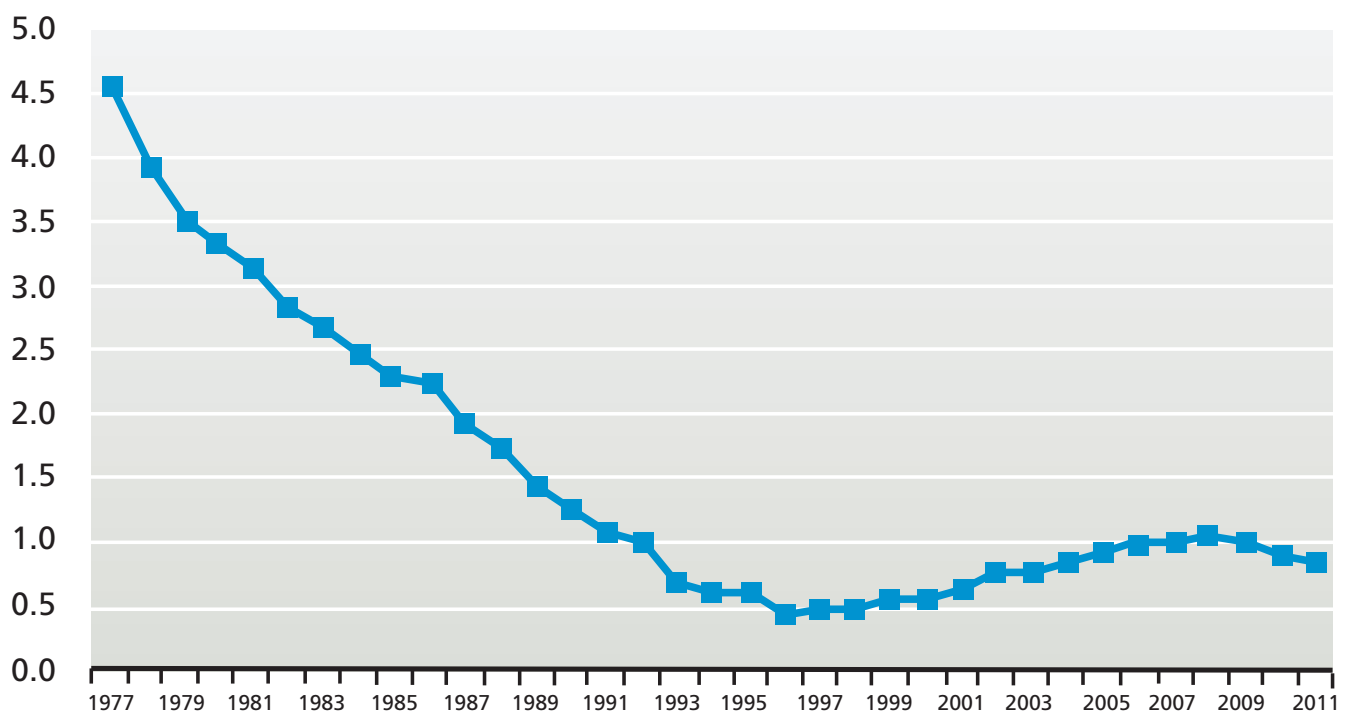
- > Note: lower secondary school participation since 1995, associated with an annual secondary school subscription.
- > Note: Copayments were introduced for Primary (& some Preschool) children – after first Free course of care – for non-cardholders from January 2007.
- > Pre-school aged children are now free of copayments for school dental service care.
- > The Medicare Teen Dental Plan voucher scheme introduced from July 2008, also now allows non-carholders to receive free SDS care in exchange for the voucher.

School Dental Service Statistics (cont.)

Dental caries experience

A patient's DMF(T) index is the total number of decayed, missing or filled permanent teeth and is a measure of decay experience. The mean DMF(T) for 12 year old children is presented below for years since 1977. The oral health of 12 year old SDS patients is represented by a mean DMFT score of 0.91 in 2011. While there had been noticeable deterioration in children's oral health over approximately the decade leading up to 2006, this had stabilised at about DMFT = 1.0 for about four years, and improved during 2010 (0.94) and again in 2011 to 0.91.

SA School Dental Service DMFT – 12 year olds



School Dental Service Statistics (cont.)

Annual services per 100 children under care (registered consents)

	2008/09		2009/10		2010/11		2011/12	
	Freq	Per 100 Consents	Freq	Per 100 Consents	Freq	Per 100 Consents	Freq	Per100 Consents
Patients	83,373		81,491		79,829		84,380	
Attendances	162,184		166,698		164,742		173,208	
Examinations	82,877	58.7	79,652	57.1	75,860	56.5	81,013	59.4
Radiographs	53,851	38.2	72,810	52.2	78,817	58.7	88,971	65.2
Prophylaxis	13,818	9.8	14,708	10.5	14,211	10.6	14,592	10.7
# Topical Fluoride	#11,487	8.1	#19,191	13.8	#20,349	15.2	#19,836	14.5
#Conc Fluoride (Teeth treated)	78,067	55.3	199,610	143.2	302,324	225.2	354,336	259.6
Filling (primary + permanent)	51,646	36.6	50,199	36.0	45,859	34.2	46,758	34.3
Pulpotomy (Primary)	2,931	2.1	2,708	1.9	2,447	1.8	2,350	1.7
Root Canal Treatment	240	0.2	236	0.2	197	0.1	251	0.2

Extractions

Simple (primary+perm)	15,969	11.3	15,907	11.4	15,791	11.8	15,925	11.7
Temporary dressing	5,543	3.9	4,032	2.9	3,308	2.5	2,585	1.9

Orthodontics

Active appliance	368	0.3	367	0.3	294	0.2	280	0.2
Referral	4,140	2.9	3,695	2.6	3,892	2.9	4,512	3.3
Mouthguard	806	0.6	822	0.6	811	0.6	853	0.6
Fissure sealant and surface protection	85,018	60.3	86,643	62.1	76,606	57.1	79,767	58.4

Dental Health Education

Child-individual*	44,709	31.7	52,491	37.6	57,899	43.1	60,256	44.1
small group*	693	0.5	641	0.5	1,555	1.2	1,343	1.0
Parent-individual*	84,605	60.0	83,145	59.6	80,587	60.0	82,073	60.1
-group**	92	0.1	248	0.2	318	0.2	133	0.1

* Estimated 5 minute time unit

** Estimated 15 minute time unit

change to Australian Fluoride Guidelines.2006/07

Community Dental Service Statistics

Treatment Statistics (Community Dental Clinics and Private Sector Schemes)

Number of services provided 2011/2012

	CDS		Contracted Privately		Total 2011/2012	
	Freq	Per 100 Patients	Freq	Per 100 Patients	Freq	Per 100 Patients
Number of patients	32,440		15,316		45,997	
Patient attendances	75,509		32,067		107,543	
Examinations	30,481	94.0	9,770	63.8	40,251	87.5
Radiographs	31,396	96.8	9,804	64.0	41,200	89.6
Periodontal treatment / dental health education	27,920	86.1	5,474	35.7	33,394	72.6
Temporary restorations	1,983	6.1	335	2.2	2,318	5.0
Plastic restorations (amalgam, GIC & resin)	30,556	94.2	12,121	79.1	42,677	92.8
Complex restorations	1	0.0	0	0.0	1	0.0
Root canal treatments	725	2.2	96	0.6	821	1.8
Denture units	1,555	4.8	3,994	26.1	5,549	12.1
Denture relines / rebases	171	0.5	187	1.2	358	0.8
Denture repairs	174	0.5	4,977	32.5	5,151	11.2
Denture adjustments	1,514	4.7	37	0.2	1,551	3.4
Simple extractions	17,551	54.1	4,402	28.7	21,953	47.7
Surgical extractions	108	0.3	914	6.0	1,022	2.2

Community Dental Service Statistics (cont.)

Treatment statistics (Community Dental Clinics and Private Sector Schemes combined)

Number of services provided most recent four years

	2008/2009		2009/2010		2010/2011		2011/2012	
	Freq	Rate Per 100 Patients	Freq	Rate Per 100 Patients	Freq	Rate Per 100 Patients	Freq	Rate Per 100 Patients
Number of patients	63,990		54,825		48,635		45,997	
Patient attendances	135,085		117,518		108,823		107,543	
Examinations	48,934	76.5	45,247	82.5	41,961	86.3	40,251	87.5
Radiographs	40,714	63.6	42,199	77.0	40,056	82.4	41,200	89.6
Periodontal treatment / dental health education	23,110	36.1	25,529	46.6	26,365	54.2	33,394	72.6
Temporary restorations	2,252	3.5	2,086	3.8	2,486	5.1	2,318	5.0
Plastic restorations (amalgam, GIC & resin)	48,307	75.5	47,013	85.8	43,419	89.3	42,677	92.8
Complex restorations	2	0.0	4	0.0	0	0.0	1	0.0
Root canal treatments	874	1.4	685	1.2	623	1.3	821	1.8
Denture units	9,255	14.5	6,834	12.5	5,695	11.7	5,549	12.1
Denture relines / rebases	750	1.2	559	1.0	410	0.8	358	0.8
Denture repairs	8,452	13.2	6,738	12.3	5,866	12.1	5,151	11.2
Denture adjustments	2,017	3.2	1,566	2.9	1,214	2.5	1,551	3.4
Simple extractions	29,201	45.6	24,290	44.3	22,613	46.5	21,953	47.7
Surgical extractions	959	1.5	1,159	2.1	944	1.9	1,022	2.2

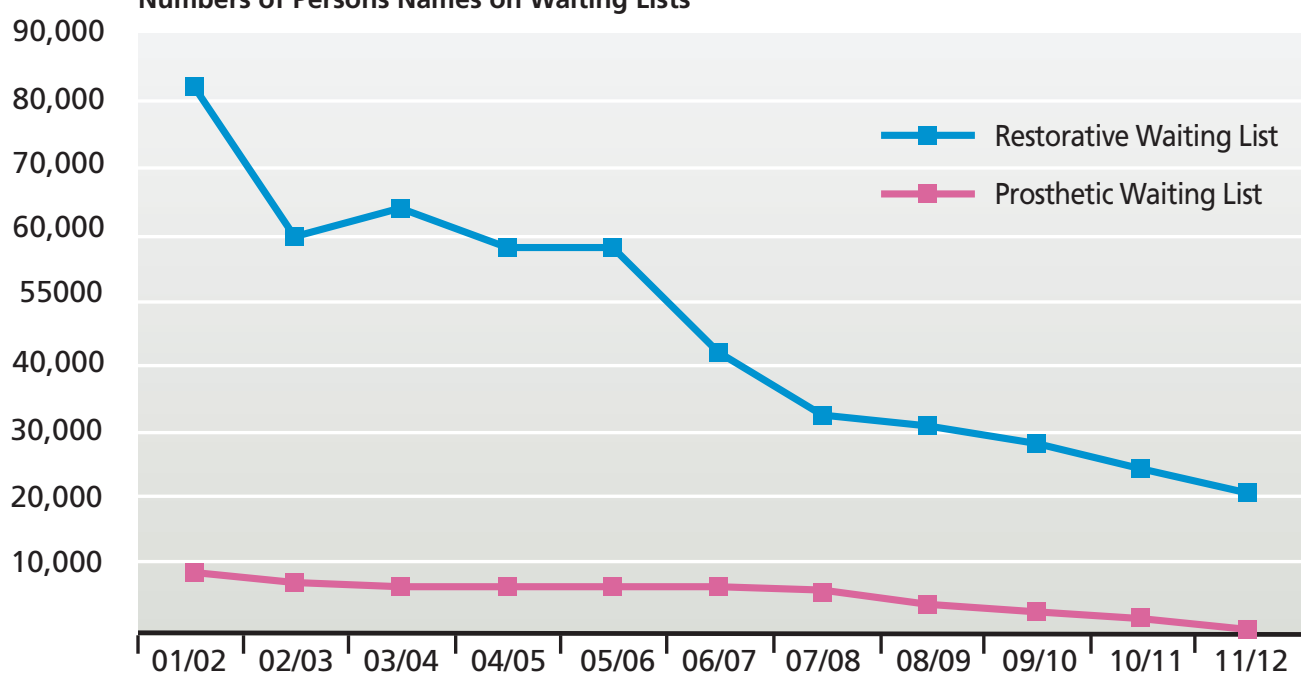
Community Dental Service Statistics (cont.)

State Adult Dental Waiting Lists

Waiting lists at Community Dental Service Clinics – adult dental services

	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
Prosthetic Waiting Lists	8,892	7,611	6,331	6,177	6,119	6,378	6,075	3,776	3,043	1,615	927
Conservative Waiting Lists	82,131	58,417	63,876	58,121	57,969	42,051	32,429	31,289	28,143	23,951	21,373

CDS State Total Waiting Lists Restorative and Prosthetic Numbers of Persons Names on Waiting Lists



State Average Waiting Time (months) at Community Dental Service Clinics

	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
Prosthetic Waiting Lists	44.4	37.9	34.0	34.2	37.5	40.6	38.7	27.8	28.6	16.6	14.8
Conservative Waiting Lists	48.9	31.6	34.8	28.7	26.0	22.6	19.1	17.3	17.7	16.8	16.0

Aboriginal Dental Scheme Statistics

Treatment Provided 2007/2008 – 2011/2012

	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
Practices participating	46	45	46	55	56
Claims submitted	1,096	969	917	847	611
Examinations	858	758	775	723	503
Dental prevention	148	72	71	91	57
Restorations	611	359	300	272	222
Endodontics	3	2	1	3	1
Radiographs	581	368	396	370	235
Extractions	633	567	521	408	275
Surgical extractions / oral surgery	60	49	69	75	82
Relief of pain / Temporary filling	17	27	15	11	9
Dentures units	75	61	47	46	29
Repairs / maintenance to Dentures	20	35	16	15	16
Adjustments or relines	7	4	3	3	5

Aboriginal Liaison Project Statistics

	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012
Number of patients	183	688	1,351	1,840	2,216
Patient attendances	359	1,750	3,679	4,625	5,557
Courses of care	189	727	1,425	1,951	2,352
Examinations	196	861	1,511	2,108	2,442
Dental prevention / periodontal treatment	91	412	909	1,189	2,197
Restorations	141	743	1,792	2,147	2,616
Endodontics	0	2	15	25	28
Radiographs	199	822	1,534	2,151	2,756
Extractions	172	766	1,506	1,812	2,338
Surgical extractions / oral surgery	0	1	7	10	5
Relief of pain / temporary filling	7	37	75	149	129
Dentures units	5	53	129	100	139
Repairs / maintenance to dentures	1	0	15	8	12
Adjustments or relines	2	21	53	52	75

Human Resources Statistics

	Health Units	
Agency Persons	930	
FTE's	648.33	
Gender	% Persons	%FTE
Male	16.12903226	19.9
Female	83.97849462	80.1
Number of Persons Separated from the agency during the last 12 months	75	
Number of Persons Recruited to the agency during the 10/11 financial year	92	
Number of Persons Recruited to the agency during the 08/09 financial year AND who were active/paid at June 2012	38	
Number of Persons on Leave without Pay at 30 June 2012	31	

Number of Employees by Salary Bracket

Salary Bracket	Female	Male	Total
0 - \$50,000	382	9	391
\$50,001 to \$65,000	121	37	158
\$65,001 to \$85,000	144	14	158
\$85,001 to \$105,000	17	13	30
\$105,001 Plus	52	56	108
Total	716	129	845

Status of Employees in Current Position

FTEs	Gender	Ongoing	Short-term Contract	Long-term Contract			Total
	Male	83.41	20.37	2			105.78
	Female	503.99	37.29	1			542.28
	Total	587.4	57.67	3			648.07
Persons	Gender	Ongoing	Short-term Contract	Long-term Contract	Casual		Total
	Male	102	25	2	21		150
	Female	660	51	1	68		780
	Total	762	76	3	89		930

Number of Executives by Status in Current Position, Gender and Classification

Classification	Ongoing		Term Tenured		Term Untenured	
	Male	Female	Male	Female	Male	Female
EXECHOA	0	0	0	0	1	1
EXECOC	0	0	0	0	1	0
Total	0	0	0	0	2	1

Human Resources Statistics (cont.)

Total Days Leave Taken

Leave Type	2011/12	Days Per FTE
1) Sick Leave Taken	4964.1595	7.66
2) Family Carer's Leave Taken	574.2	0.89
3) Miscellaneous Special Leave	469.783	0.72

Number of Aboriginal and/or Torres Strait Islander Employees

Salary Bracket	Aboriginal Employees	Total Employees	% Aboriginal Employees
0 - \$50,000	4	391	1.02
\$50,001 to \$65,000	1	158	0.63
\$65,001 to \$85,000	1	158	0.63
\$85,001 to \$105,000	0	30	0.00
\$105,001 Plus	0	108	0.00
Total	6	845	0.71

Number of Employees by Age Bracket by Gender

Age Bracket	Female	Male	Total	% of Total
15 - 19	8	0	8	0.86
20 - 24	94	9	103	11.08
25 - 29	76	9	85	9.14
30 - 34	65	25	90	9.68
35 - 39	60	17	77	8.28
40 - 44	84	12	96	10.32
45 - 49	102	8	110	11.83
50 - 54	130	17	147	15.81
55 - 59	115	27	142	15.27
60 - 64	44	16	60	6.45
65+	2	10	12	1.29
Total	780	150	930	100

Cultural and Linguistic Diversity

Name	Male	Female	Total	% of Agency
Number of Employees born overseas	41	156	197	21.18
Number of Employees who speak language(s) other than English at home	12	21	33	3.55

Total Number of Employees with Disabilities (according to Commonwealth definition)

Male	Female	Total	% of Agency
2	7	9	0.97

Human Resources Statistics (cont.)

Types of Disability (where specified)

Disability	Male	Female	Total	% of Total
Disability Requiring Workplace Adaptation	2	7	9	0.97
Physical	0	0	0	0.00
Intellectual	0	0	0	0.00
Sensory	0	0	0	0.00
Psychological/Psychiatric	0	0	0	0.00

Number of Employees using Voluntary Flexible Working Arrangements by Gender

Leave Type	Male	Female	Total
Purchased Leave	0	0	0
Flexitime	12	17	29
Compressed Weeks	3	37	40
Part-time	51	429	480
Job Share	0	0	0
Working from Home	1	1	2

Documented Review of Individual Performance Management

Documented Review of Individual Performance Management	Total
% Reviewed within the last 12 months	0.32
% review older than 12 months	65.70
% Not reviewed	33.98

Leadership and Management Training Expenditure

Training and Development	Total Cost	% of Total Salary Expenditure
Total training and development expenditure	\$0.00	manual calculation – consult Circular 13
Total Leadership and Management Development	\$0.00	manual calculation – consult Circular 13

Financial Statements

SA Dental Service Financial Report as at 30 June 12

Revenue	YTD Actuals	YTD Budget	YTD Variance
Patient/Client Fees	-6,239,059	-5,621,319	617,740
Goods and Services Recharge / Recoveries	-153,485	-138,852	14,633
Recharges - Employee Related Cost	-286,708	-492,829	-206,121
Grants, Donations & Subsidies	-120,000	-162,481	-42,481
User Fees and Charges Revenue	-316,001	-131,382	184,619
Investment Income & Other Revenue	-1,014,614	-873,332	141,282
Cost or Valuation of Assets Disposed	1,628,401	0	-1,628,401
Accum Depreciation of Assets Disposed	-1,170,773	0	1,170,773
Revenue Total	-7,672,238	-7,420,195	252,043
Expense			
Employee Related Expenses			
Salaries and Wages - Nursing	246,842	359,816	112,974
Salaries and Wages - Medical Officers	432,962	419,088	-13,874
Salaries and Wages - Weekly Paid	346,194	303,855	-42,339
Salaries and Wages - Clinical Academics	74,464	0	-74,464
Salaries and Wages - Salaried Employees	34,313,518	34,859,680	546,162
Other Employee Related Expenses	4,495,560	4,556,973	61,413
Employee Related Expenses Total	39,909,540	40,499,412	589,872
Non Employee Related Expenses			
Agency Staffing	217,187	54,988	-162,199
Food Supplies	25,285	12,859	-12,426
Drug supplies	1,371	17,555	16,184
Medical, Para Med & Laboratory Supplies	3,672,818	3,689,065	16,247
Outside Pathology Charges	3,680	4,445	765
Housekeeping	316,012	272,876	-43,136
Linen Services	4,910	3,447	-1,463
Electricity, Gas, Fuel	434,317	569,004	134,687
Minor Equipment	675,267	326,761	-348,506
Repairs & Maintenance	1,263,581	1,075,763	-187,818
Fee for Service	7,560,689	7,745,820	185,131
Other Supplies & Services	5,949,829	5,757,850	-191,979
Patient/Client Transport Assistance	24,054	18,665	-5,389
S & W Purchased Staff from Other SA Health Regions	442,917	0	-442,917
Grants and Subsidies	39,512	0	-39,512
Financial and Investment Losses	61,793	60,901	-892
Depreciation & Amortisation	1,010,818	609,197	-401,621
Non Employee Related Expenses Total	21,704,038	20,219,196	-1,484,842
Expenses Total	61,613,579	60,718,608	-894,971
Grand Total	53,941,340	53,298,413	-642,927

For more information

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**Government
of South Australia**

SA Health