



SA Dental Service

Year Book 12-13



Government
of South Australia

SA Health

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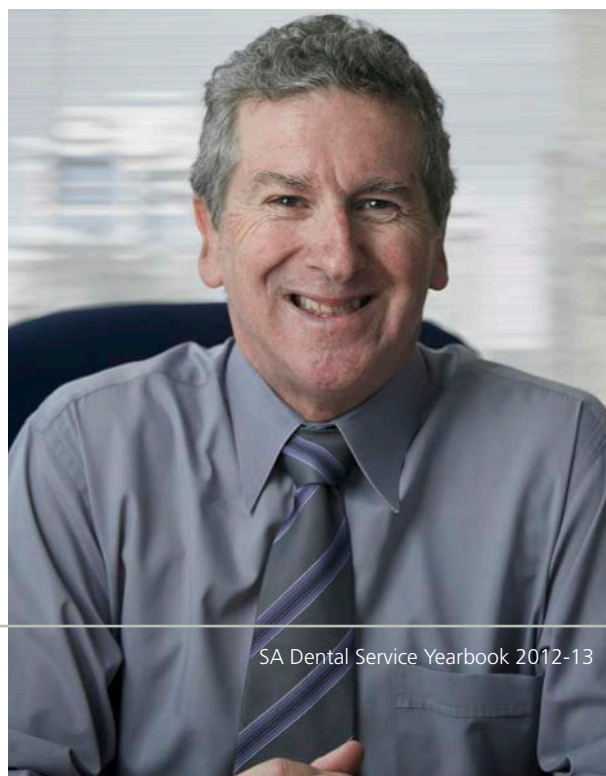
Executive Director's Report 2012/13

SA Dental Service has 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 2012-13 financial year. Highlights of the year include:

- > A balanced budget for at least the 12th 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 9.4% increase in the number of Aboriginal children treated in SA Dental Service facilities and a 4% increase in the number of Aboriginal adults. This builds on significant increases in previous years.
- > A further 4.5% increase in the number of preschool children treated in the School Dental Service reflecting a focus on reducing the incidence of early childhood caries.
- > A reduction in the number of children waiting for treatment under general anaesthetic from 1,212 children waiting an average 20.4 months to 565 children waiting an average of 4.6 months.
- > A significant reduction in the number of children who are more than 6 months overdue for their dental check-up from 15.6% to 9.4% including 10% fewer children assessed as high risk being overdue.
- > A significant reduction in waiting lists for restorative dental treatment of eligible adults from 16 months in June 2012 to 11.5 months in June 2013. The waiting time for dentures decreased from 14.8 months in June 2012 to 11.4 months in June 2013. (However, the average waiting time for specialist dental services at the Adelaide Dental Hospital increased from 14.4 months to 15.6 months at June 2013.)
- > 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 33%.

- > Sustainment of excellent outcomes in a range of indicators of clinical quality including retreatment rates for a range of services.
- > Implementation of the National Partnership Agreement on Treating More Public Patients in May 2013 which had immediate impact on waiting lists.
- > Implementation of the 'Building Better Oral Communities' project.
- > Involvement in the development of a National Oral Health Promotion Plan.
- > Implementation of a Specialist fee for service scheme for endodontic care.
- > Roll out of Motivational Interviewing training for all clinical staff.
- > Construction of a new 6 chair Aged Care clinic at the ADH.
- > Commencement of involvement in conducting the National Child Oral Health Survey.
- > Commencement in January 2014 of the Commonwealth Voluntary Dentist Graduate Year Program with one graduate selected for SA Dental Service.

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.

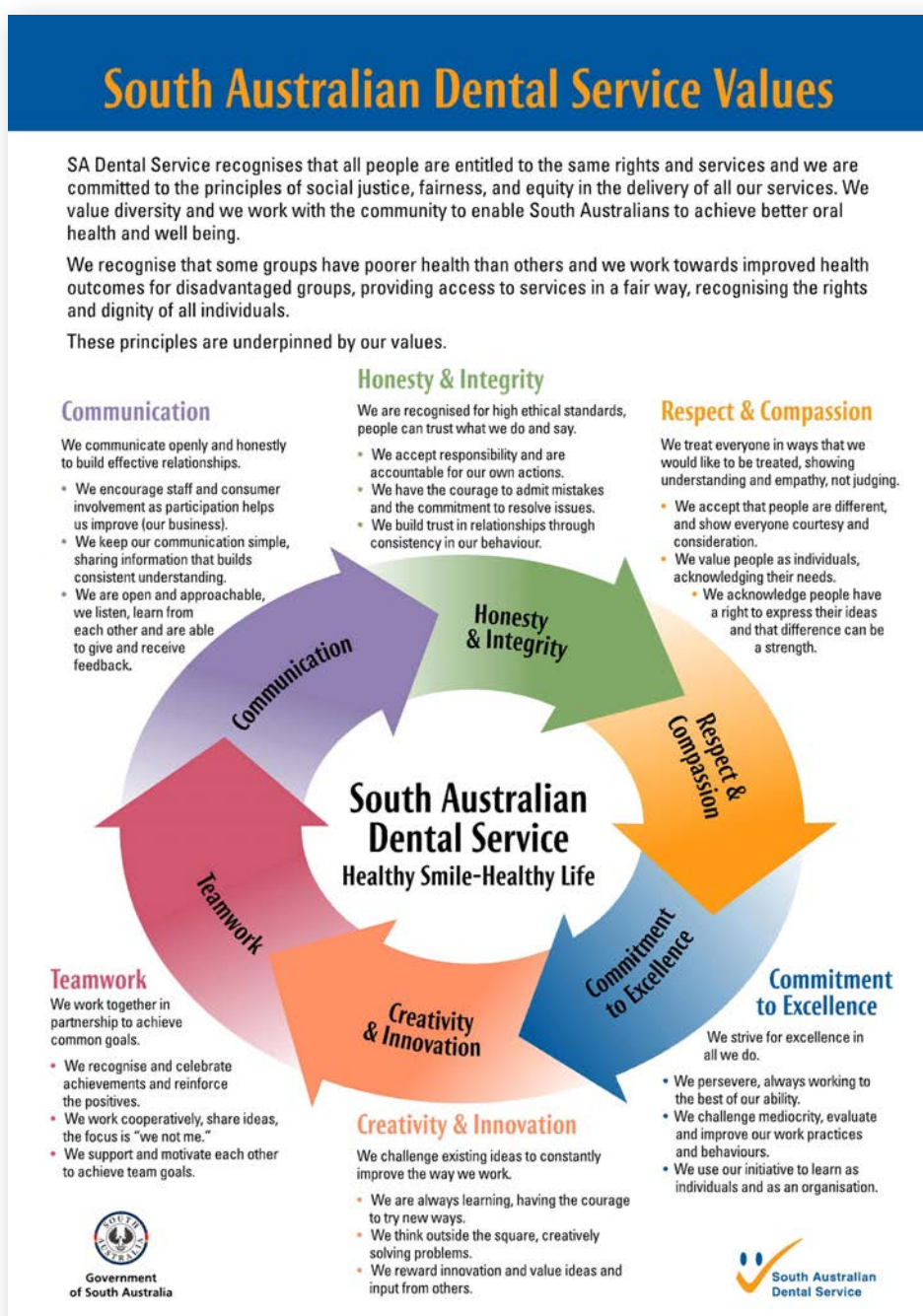
Healthy Smile Healthy Life

Mission

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

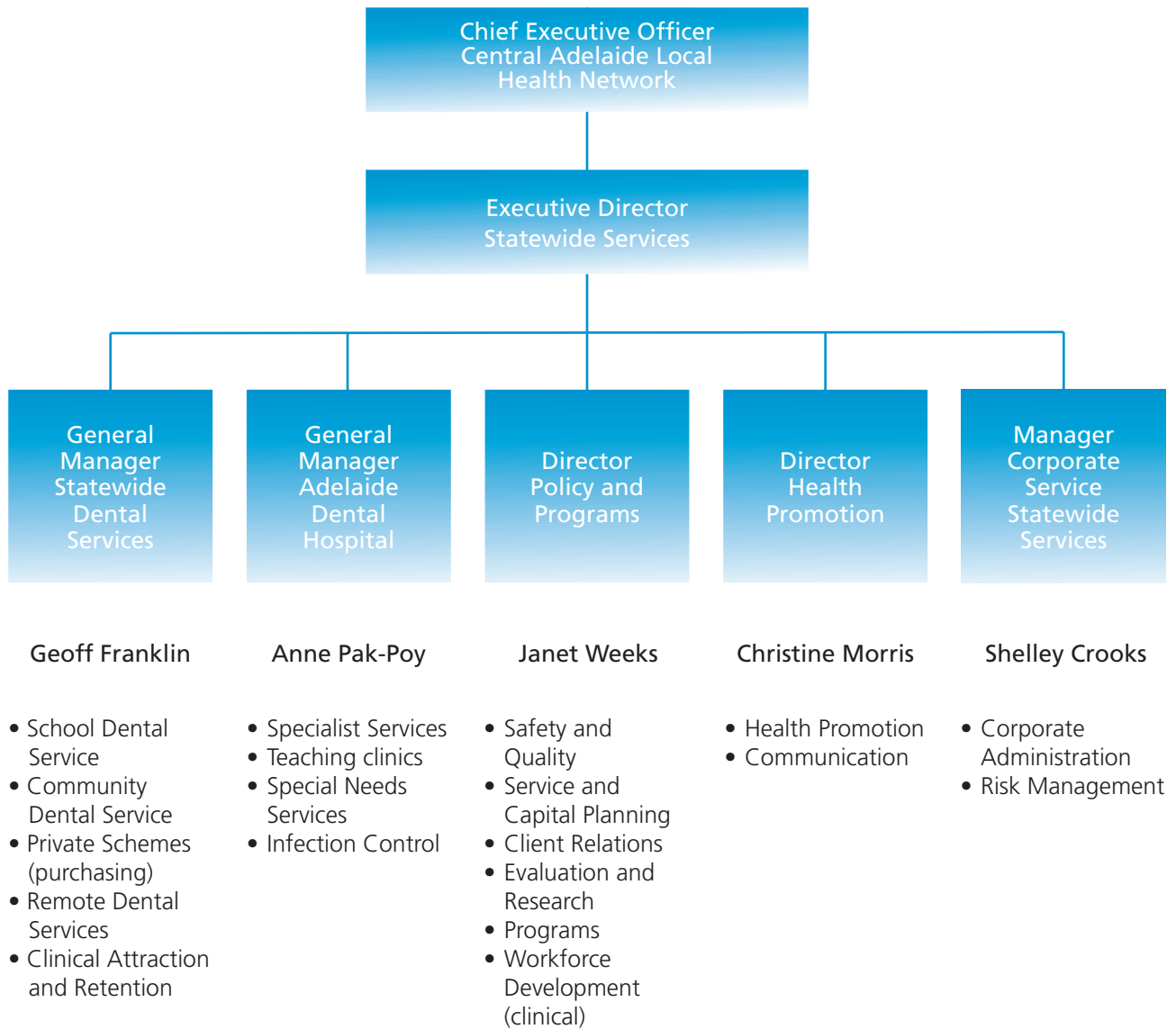
- > health promotion
- > timely dental treatment with a focus on prevention and early intervention
- > support for education and research.

Values



Organisational Structure

SA Dental Service



Statewide Dental Services Division

Statewide Dental Services provide 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 46 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 at Elizabeth, Modbury, Marion and Noarlunga has resulted in the closure of many small, old, part time clinics in these areas.

Private dentists provide school dental services, under a capitation agreement, to approximately 2100 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 12 months during the year.

The majority of care is provided by dentists who operate from a network of 37 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, Prisoner Dental Scheme and the Aboriginal Dental Scheme. Client fees apply for most services but some preventive items are provided at no cost.

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 and Yalata.

During the year, services at Oodnadatta, Leigh Creek, Nepabunna and Marree were either introduced or enhanced with the assistance of Commonwealth infrastructure funding which enabled the building of a dental clinic at Oodnadatta and the refurbishment of a dental truck.

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 outsourced provision of oral health services.

The Adelaide Dental Hospital Division

The Adelaide Dental Hospital (ADH) is one of the two 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 RAH theatres. 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. As a Division, Policy and Programs promotes public oral health principles, drives quality and service improvement and provides high level advice and leadership with respect to:

- > Strategic and operational planning
- > Safety, quality and clinical risk management



- > Client relations and the management of consumer feedback
- > Program planning and development
- > Capital and infrastructure planning and development
- > Program Evaluation and Research.

Policy and Programs Division comprises the following Units:

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

Policy and Programs Division leads service improvement by:

- > Promoting a culture of safety and quality as well as clinical learning.
 - Engaging with staff to positively influence the quality and safety culture of the organisation in recognition that improvement has to be an integral part of what the organisation does.
- > Developing Programs
 - Exploration and development of new and innovative models of care
 - Implementation of the SA Health Care Plan, State and National Oral Health Plans
 - Identification of at risk population groups and their oral health needs
 - Development of programs for at risk population groups.

- > Seeking and securing capital funding to support the provision of public oral health services
 - Identification of infrastructure requirements
 - Pursuit of capital funding opportunities
 - Oversight of capital developments
- > Evaluating programs and organisational clinical performance
 - Provision of program analysis and reporting
 - Development of management information systems
 - Conducting and/or overseeing evaluation and research projects
 - Supporting 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
 - Monitoring consumer experience.

Corporate Services Division

The Corporate Services Division provides non-clinical support services to SA Dental Service for the management of risk, corporate records, and building assets, as well as policy and procedure administration, contract development, business management and executive support services.

The Division leads strategic work for SA Dental Service via strong links with consolidated support services such as eHealth Systems, Procurement and Supply Chain Management, Biomedical Engineering, Corporate Finance and Property Management, all of which report under SA Health.

Other non-clinical support services are provided by SA Health staff out posted to Central Adelaide LHN who work closely with SA Dental Service in areas such as Human Resources, Finance and Business Advisory Service, and Worker Health and Safety. Links are also maintained with Shared Services SA who provide Accounts Receivable, Accounts Payable and Payroll functions under the Department for Premier and Cabinet.

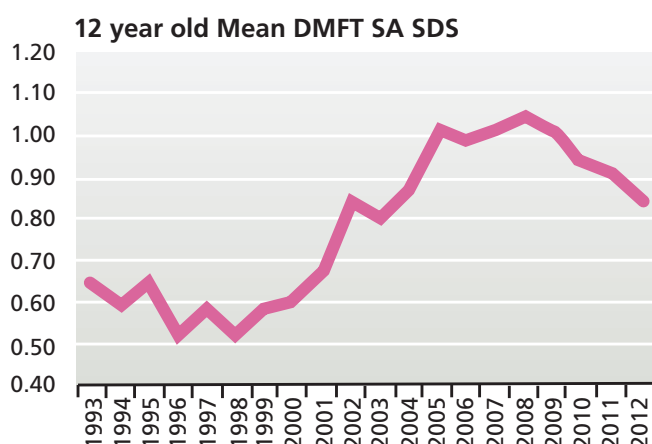


Report on the Implementation of the SA Dental Service Strategic Plan - Progress as at June 2013

Strategic Outcome 1

Improved health and reduced health inequalities

After continuous deterioration since the late 1990s, the amount of dental decay in children fell for the fourth year in a row. The 12 year-old mean DMFT is now 0.84, compared with 1.05 in 2008.



Population Oral Health Program

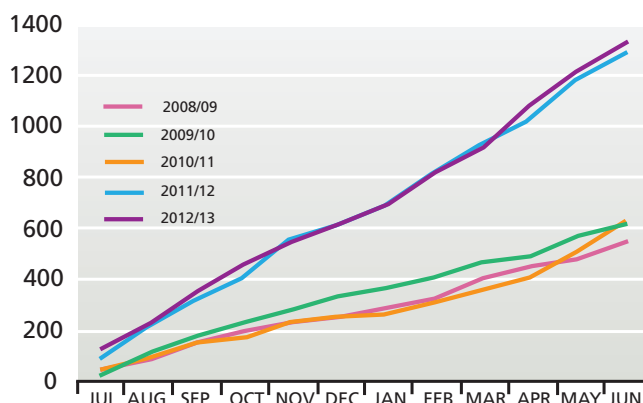
The Population Oral Health Program aims to increase the number of preschool children attending dental services. In 2012/2013, 2437 children were referred to the Program. A total of 8878 preschool children had been referred to the program by 30 June 2013.

Referrals were made by 591 allied health professionals, up from 510 to June 2012; 71% of external referrals were made by CaFHS nurses in 2012/13 and 42% of children referred were aged under 4 at the time of referral.

Aboriginal Health Workers were trained to screen preschoolers for tooth decay and were asked to offer all Aboriginal and or Torres Strait Islander preschool children a referral. Referrals made by Aboriginal Health Workers increased from just under 2% in 2011/12, to 10% in 2012/2013. Of the total referrals received in 2012/2013, 13% of referred children identified as being of Aboriginal and or Torres Strait Islander descent.

In 2012/13 1331 children attended SDS an increase of 2.3% compared to 2011/12 and 113% increase from 2010/11

Number of New Children seen under the 'Lift the Lip' program by SDS



Aboriginal Oral Health

The general and oral health of the Aboriginal and Torres Strait Islander population of South Australia is significantly worse than the total population. As a consequence, Aboriginal and Torres Strait Islander oral health has been identified as a priority in South Australia's Oral Health Plan 2010 – 2017 and an action area in Australia's National Oral Health Plan 2004 - 2013. The South Australian Dental Service secured funding through the Council of Australian Governments (COAG) for the financial years 2011-2013. The first round of funding has ensured that strategies to increase access to mainstream dental services for families, early childhood, teenagers and pregnant women was available in addition to resources to support oral health messages specifically for Aboriginal people.

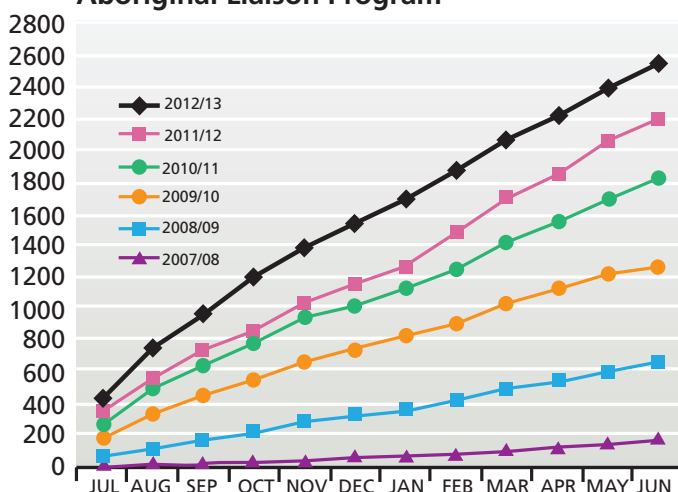


Through the Aboriginal Oral Health Program, partnerships have formed between SA Dental Service and other participating organisations. These partnerships have been pivotal in raising the profile of oral health and increasing acceptability of dental services among Aboriginal people, resulting in an increase in Aboriginal people accessing dental care.

The Aboriginal Liaison Program has expanded to all 24 Community Dental Service sites. All Adult Community Dental Clinics are now participating in the Aboriginal Liaison Program for adults with many Aboriginal adults self-referring to SA Dental Service.

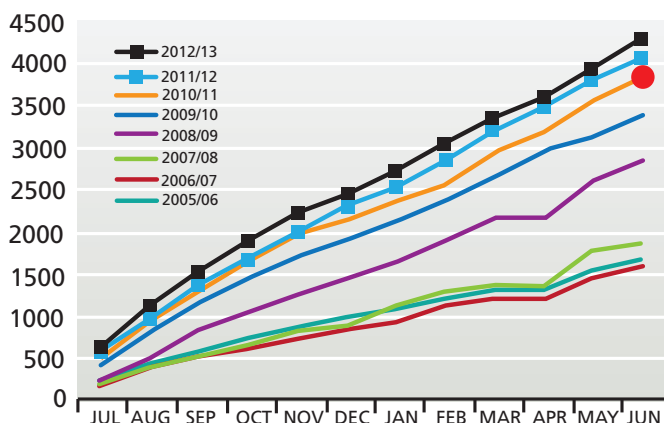
In 2012/13, 2,548 Aboriginal adult clients who attended SA Dental Service Community Dental Clinics were referred through Aboriginal Liaison Program (part of the Aboriginal Oral Health Program).

Aboriginal ADULT PATIENTS Aboriginal Liaison Program



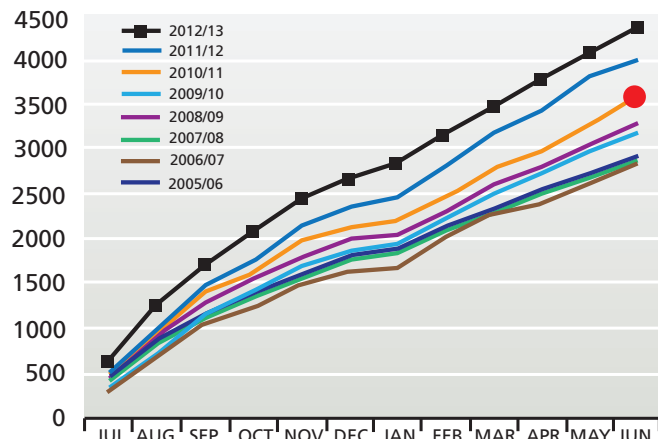
In 2012/13 4,274 Aboriginal adult clients were treated in public dental services an increase of 4% on the previous year and an increase of 10% since baseline in 2010-11.

Aboriginal ADULT PATIENTS



In 2012/13 4403 Aboriginal children attended SDS an increase of 9% compared to 2011/12 and 24% increase from 2010/11.

Aboriginal CHILD PATIENTS



Crunch&Sip®

Crunch&Sip® encourages children to eat fruit and vegetables and drink water every day. Schools implement a formal break allowing students to eat fruit and vegetables and drink water in the classroom. It is a healthy way for children to re-fuel, and aids concentration, and mental and physical performance at school. This aligns with our oral health messages and supports clinical practice.



During 2012-2013, 139 Reception to Year 7 schools implemented Crunch&Sip®. Within these schools, 1,605 classes participated with a total of 37,433 students. Crunch&Sip® also reached 26,823 families through these schools.

Following a program review by SA Health, Crunch&Sip® will transition to the next stage of being championed by parents and teachers, with program updates and resources including advice and tips for teachers and parents available online.

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)

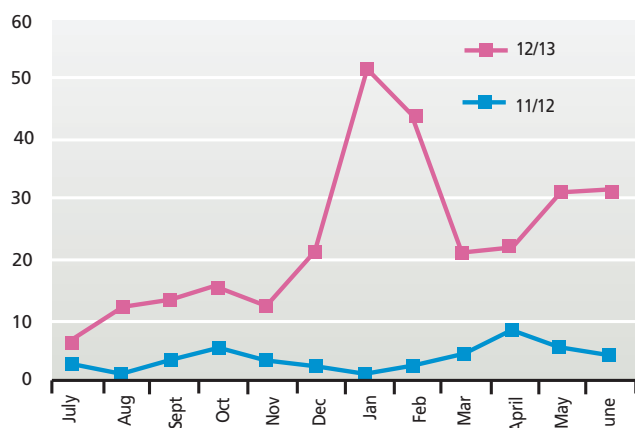
The HOHP commenced in April 2011 and builds on established relationships with key homeless sector agencies and involves a collaborative partnership between SA Dental Service, the Homelessness Support Program and the Department for Communities and Social Inclusion.

The initial focus of the HOHP was to address identified service gaps such as access to timely and affordable care for vulnerable people in need of urgent dental treatment in the inner city area.

Following an extensive review, the 2012-2013 year saw the HOHP expanded to cover the most of the metropolitan and some country areas of South Australia.

Cessation of the Medicare Chronic Disease Program also saw a change in the focus from emergency care to a general course of care for HOHP clients. Treatment provision continues to be provided through a mix of public and private dental providers who have expressed their interest and willingness to be involved.

Homeless Referrals



Supported Residential Facility (SRF) Dental Program

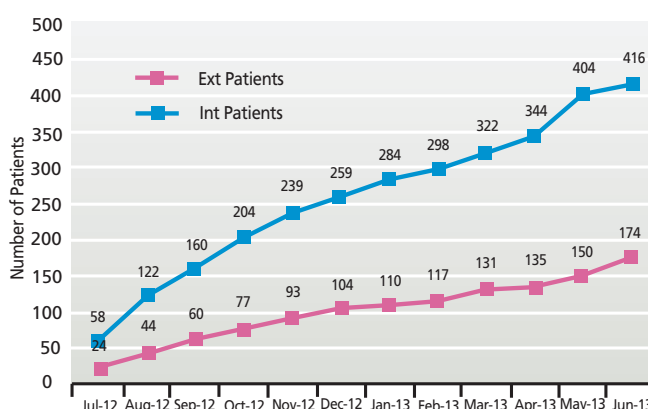
In South Australia there are 29 Supported Residential Facilities (SRFs) accommodating around 850 people. Established in 2004, the SRF Dental Program continues to offer dental treatment to all residents of licenced pension-only SRFs.

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 590 (69%) 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.

SRF_YTD Patients 2012/2013



Focus on increased country access

Strategies were developed to increase access for country clients where significant waiting time inequity existed. Mobile dental vans were placed at Mount Gambier (waiting time 44.7 months at December 2012) and the Riverland (waiting time 27.8 months at July 2012).

This enabled recruitment of additional salaried dentists. Staff worked with the private sector to maximise their ability to see SA Dental Service clients via the private sector schemes funded by SA Dental Service.

This resulted in waiting times reducing to 34.5 months in Mount Gambier and 7.2 months in the Riverland by June 2013.

Enhanced service provision models for pre-school children including GA/RA models

Revised guidelines and protocols for provision of General Anaesthetic (GA) and Relative Analgesia (RA) services to children were developed. These focussed on referral protocols, preventive care and maintenance of children waiting for GA and RA care. Information for the families and siblings of child GA patients was developed to assist in preventing the need for further GAs.

Additional GA sessions were implemented at both Noarlunga and Modbury Hospitals. The wait time for GAs improved from 20.1 months in August 2012 to 4.6 months in June 2013 and, from 12.8 months in June 2012 to 6.5 months in June 2013 for RA.

Strategic Outcome 2

Oral health is sustainably integrated into the wider health system

Integration into GP Plus Centres

SA Dental Service has four clinics integrated into GP Plus centres at Noarlunga, Marion, Modbury and Elizabeth. These clinics are integrated 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.

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.

Better Oral Health in Residential Aged Care

High levels of dental disease continues to be suffered by people in residential aged care facilities despite the Building Better Oral Health Care in Residential Aged Care project. Led by SA Dental Service and funded by the Commonwealth Department of Health and Ageing, the project was rolled out Australia wide in 2010 to promote a team approach to oral health care for residents.

This year the Service Planning team surveyed the 273 Residential Aged Care Facilities in South Australia to establish the effectiveness of this model, help inform planning for ongoing care and determine what support the dental service could provide for the sector.

The survey has five main foci:

- > To establish residential aged care facilities' knowledge of the Better Oral Health in Residential Care Model and if so have they implemented the Model.
- > To establish whether oral health assessments are conducted for residents.
- > To establish whether oral health care plans are developed for residents.
- > To establish whether staff have received any training on oral health care.
- > To establish whether residents have access to dental treatment.

The key findings included:

- > The difficulty residential aged care facilities have accessing a dentist particularly on site.
- > The difficulty many residents have accessing a private and / or public dentist offsite.
- > Overall the facilities in the country have far more difficulty accessing a dental professional than their counterparts in the metropolitan area.
- > Many reported the Better Oral Health in Residential Aged Care Model is a positive and useful tool however there is a continued need for care staff to be educated and trained to provide oral health care to residents.
- > Education is also required to ensure facilities are equipped to implement and committed to embed the Better Oral Health in Residential Care Model in policy, planning and service development.
- > Facilities concerns of the lack of resources (people, financial and time) to continue the implementation of the Model.

Planning re how to address these issues will continue in 2013-2014

The Better Oral Health in Residential Care educational resources continues to attract national and international interest. This year a visiting UK Public Health Dentist from the Birmingham and Solihull NHS Cluster entered into an agreement with SA Dental Service to adapt some the resources to better suit the UK context.

Building Better Oral Health Communities

In late 2011-12 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 partners include three SA community aged care providers, one of which is an Aboriginal specific service, an aged care provider in the Hunter New England area of NSW together with the Hunter New England Oral Health Service. The University of Adelaide School of Nursing and ARCPOH are our project evaluation partners.



The aims of the Project are to:

- > 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.

Phase 1 of this 2½ year project is now well underway. Key activities in the first 12 months have included formalisation of arrangements with our project partners, the recruitment of staff within both SA Dental Service and our project partner organisations, gaining the relevant ethics approvals, establishment of the project governance arrangements and most importantly the recruitment of older people to participate in the project and the collection of baseline information

Disability Project

The Australia Research Centre for Population Oral Health (ARCPOH) commenced a project in collaboration with SA Dental Service and the Disability Sector. This project aims to:

- > collaborate with sector agencies to develop a feasible and sustainable oral health intervention program
- > train care workers to provide oral care for people with disabilities

- > evaluate the training program via care worker questionnaires and assessment of care recipient clinical outcomes.

14 different agencies sent representatives to the initial workshops and a steering group was formed.

Despite this initial interest, recruitment for participants in the project has been difficult, and it is running slightly behind planned timeframes at this stage.

Strategic Outcome 3

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

Consumer Advisory Panel 2012-13

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 2012-13 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.

Two CAP meetings were held away from Flinders St at the Marion GP Plus and Modbury GP Plus Super clinics.

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. Executive Director, Martin Dooland, was acting chair for most of the year. This group monitors the implementation of the National Oral Health Plan 2004-13 and develops a report for the Health Ministers at the Standing Council on Health. Dr Dooland also chairs the National Dental Directors Group and SA provides the secretariat support for this group as well.

Changes in Demand for Care and the National Partnership Agreement on Treating More Public Dental Patients

A number of strategies commenced in 2012-13 as a result of additional Commonwealth funding for public dental services announced in the May 2012 Federal budget as part of the Commonwealth Dental Reform Package.

The most significant of these was the National Partnership Agreement (NPA) on Treating More Public Dental Patients. This Agreement provides up to \$27.7 m for SA and was signed in January 2013 with the SA Implementation Plan approved by the Commonwealth in May 2013. In line with NPA objectives, South Australia's Implementation Plan focuses on:

- > Improving access to general dental care for:
 - adults who have not accessed care for a number of years
 - high risk groups inclusive of those with medical conditions that impact oral health, or whose oral health potentially impacts their general health and wellbeing. A planned recall interval system (regular dental check-ups) has been introduced for identified at-risk adult clients.
- > Expanding and enhancing access to dental care for eligible
 - Older people
 - Aboriginal people
 - People living in regional, rural and remote areas.

In order to fund the NPA the Commonwealth announced in August 2012 that several existing Commonwealth programs were closing. The Chronic Disease Dental Scheme was closed from

30 November 2012. Closure of this scheme led to a sharp increase in the demand for adult care across restorative, prosthetic and specialist care. Demand for restorative services for example, increased by 42% between MCDDS closure in Oct 2012 and June 2013.

Approval of the Implementation Plan and release of Commonwealth funds in May 2013 had a dramatic and immediate effect on both the waiting time and the numbers of people waiting for care including:

- > Immediate removal of 470 people (or more than 55%), from the routine denture waiting lists with the offer of care.
- > The removal of more than 14,400 names from the restorative waiting lists, a five-fold increase over the normal rate of the flow of offers of care

Waiting times are expected to reduce further in the coming months.

While some additional clinical staff will be employed under the NPA, the majority of clinical activity arising from these offers of care will occur in the private sector under existing private sector dental schemes arrangements.

Grow Up Smiling

The Grow Up Smiling (GUS) program, a further component of the Commonwealth Government's Dental Reform, was announced in Aug 2012.

This initiative will replace the current Teen Dental Plan. Under GUS low and middle income earning families will be eligible to access subsidised basic general dental care in either the private or public dental sectors.

Prior to implementation in January 2014, SA Dental Service will require substantial changes to existing business and work practices as well as the financial and budget model in the School Dental Service.

Health Workforce Australia (HWA) 'Oral Health Workforce 2025 Project'

HWA commenced a new project considering Australia's Future Oral Health Workforce requirements through to 2025. In January 2013, Geoff Franklin, General Manager of Statewide Dental Services was invited to join the National Project Advisory Group representing the State Dental Directors and attended a number of meetings. HWA are expected to release a report in 2013-14 detailing workforce supply and demand projections for registered dental provider groups.

Scope of Practice Registration Standard for Dental Providers

During the year key SA Dental Service staff attended forum(s) and/or provided feedback to the Dental Board of Australia (DBA) as part of its review of the Scope of Practice Registration Standard. The Scope of Practice Registration Standard is one of the regulatory drivers which determine how the dental workforce is to be utilised in the future. Providing feedback to the DBA is an important step towards being able to optimise use of the dental workforce. It is expected the Dental Board consultation and review process will conclude in 2013-14.

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

Following the formal launch of the Health Promotion Practice Guidelines (HPPG) in June 2012, implementation of the guidelines across SA Dental Service commenced. To support implementation, all SWDS staff were invited to participate in health promotion professional development training.

In 2012 –13, 220 SWDS staff attended Health Promotion in the Dental Clinic Setting training and 460 SWDS staff attended Motivational Interviewing training. A range of resources were developed to support both training programs. An external facilitator, Dr Tom Nehmy, was contracted to deliver the Motivational Interviewing training.

An internal and external evaluation of HPPG training showed that staff found the sessions extremely useful and beneficial to their daily clinical work. Throughout the year, Health Promotion introduced strategies, including refresher sessions, regular clinic visits and newsletter updates to encourage clinical staff to continue using Motivational Interviewing and enhance their understanding of effective oral health promotion.

Smoking Cessation

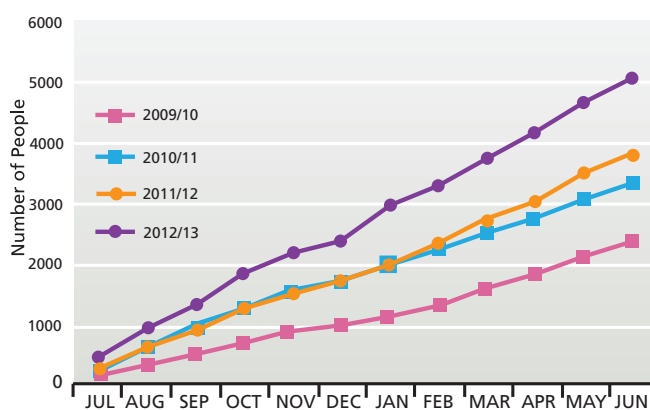
In line with oral health's integral role within general health, a clinic based tobacco cessation program for patients has been implemented in all CDS clinics and continues to be rolled out in ADH. SDS staff

attended youth focussed quitting workshops which provided information and strategies to engage with young people about smoking and tobacco use. Health Promotion developed a suite of new quitting resources with an oral focus to support staff conversations with patients about smoking.

The program has resulted in significant increases in the number of public dental patients receiving short interventions for smoking cessation. 17,313 interventions have been recorded since 2006.

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)



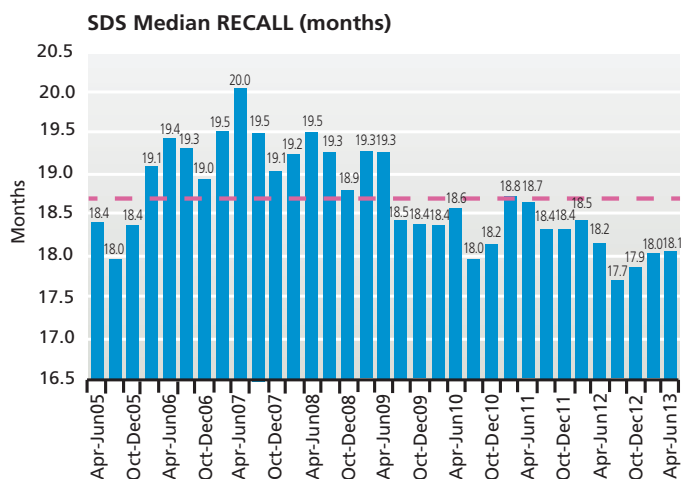
A large number of SA Dental Service Aboriginal clients are smokers. Health Promotion worked with Drug and Alcohol Services SA (DASSA) and Aboriginal people to develop display material and resources which aim to make the waiting room a more welcoming space for Aboriginal clients and to prepare them for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

Child Recall Intervals 2012/13

The reduction in median actual recall interval for children treated in the School Dental Service was sustained with a reduction to



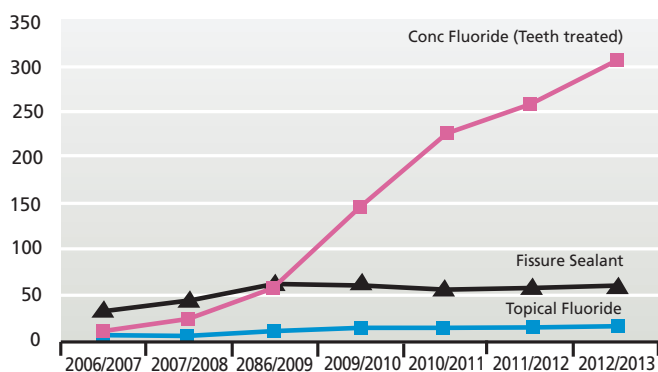
18.1 months or less, during 2012-13. This is well below the target of 18.7 months and the lowest levels since before 2005. Recent emphasis on ensuring timely children's recalls, in particular for high risk children, has started to show improvement with a reduction on the total number of overdue recalls. Significant improvements in actual recall timeliness are anticipated to be delivered in 2013-14 as a consequence of continuing strategies implemented since 2011-12.



Preventive Care 2012/13

The delivery of preventive services per client improved across all of SA Dental Service. Across the School Dental Service the emphasis on providing Fissure Sealants and the increased application of Fluoride to the teeth of children assessed as being at higher 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 the amount of dental decay experience in 12 year old children attending the School Dental Service fell for the fourth year in succession.

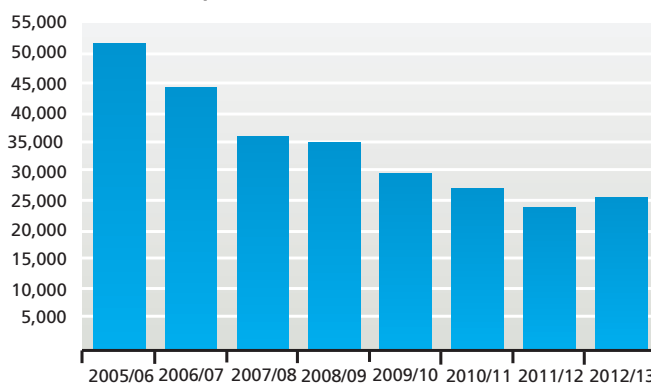
Clinical Prevention Services Rate per 100 Consenting Patients



Reduced emergencies 2012/13

Dental emergencies treated in 2012-13 were 26,065, an increase of 1,558 or 6% on 2011-12. For the first three months of 2012-13 the number of emergencies was reducing. However since the announcement of the cessation of the Commonwealth's Medicare Chronic Disease Dental Scheme (MCDDS) in late August 2012, there has been significantly increased demand for both emergency (+13%) and general services on the state public system. An additional 2,300 more emergency patients were seen in the last nine-months, after the MCDDS closure, compared with the same period of the year before.

Dental Emergency Courses of Care commenced per annum



The proportion of clients receiving non-emergency care improved to 69.9%, an increase from the 2011-12 result of 68.6%. 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. The endorsement of the implementation plan for the National Partnership on Treating More Public Dental Patients from mid-May 2013, allowed for more general dental care clients to be seen over the last six weeks of the financial year, with 3,837 additional non-emergency patients seen in 2012-13 than the previous year.

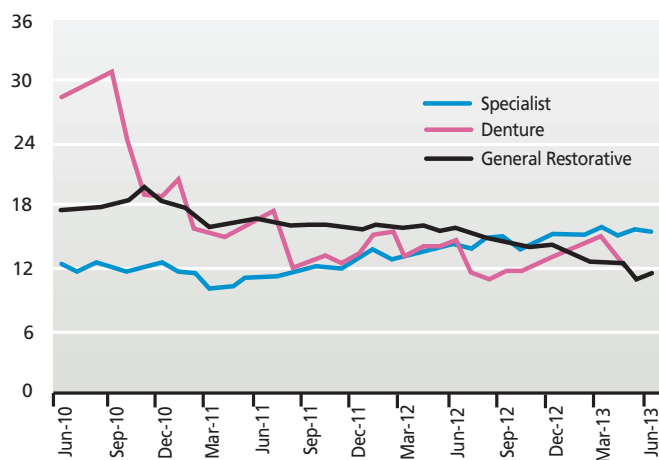
Waiting Lists 2012/13

Waiting lists for general and denture public dental care reduced in 2012-13 as shown in the graphs below. The average waiting time for patients removed from routine care waiting lists reduced to 11.5 months at June 2013 compared with 16 months at June 2012. The weighted mean waiting time for patients being removed from denture waiting lists was 11.4 months at June 2012 compared with 14.8 months at June 2012.

However, difficulty attracting dentists to some country areas and limited treatment of public patients by private practices has maintained a wide gap in average waiting times between the Adelaide metropolitan area and several country areas of at least one year longer wait.

The combined average waiting time for Specialist Services at the Adelaide Dental Hospital increased slightly from 14.4 months in June 2012 to 15.6 months by June 2013, continuing a long term trend evident since March 2011.

Dental Wait Lists (Months)



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

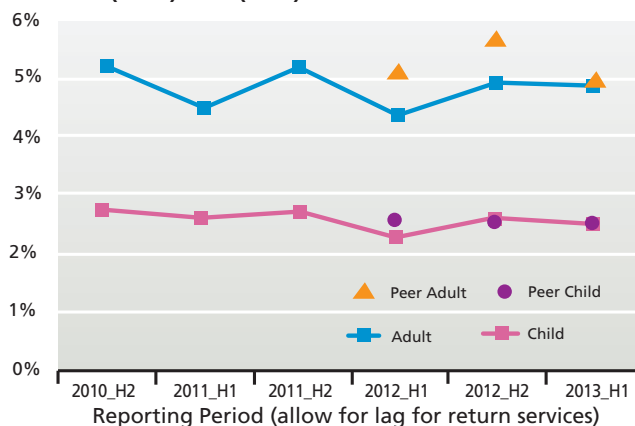
The SA Dental Service participates in the national quality clinical indicators program managed by the Australian Council on Healthcare Standards (ACHS). From 2012, the ACHS released a new and refined suite of Clinical Indicators for Oral Health services, reducing the number of indicators from 23 to 10 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).

2012/13 ACHS Quality Clinical Indicators (Oral Health) results:

The SA Dental Service achieved statistically significantly better than peer aggregate results for low rates of adult restoration retreatment on the same tooth within 6 months in the first half of 2012, and for denture remakes within 12 months. For the remaining seven clinical indicator areas both the School and Community Dental Services achieved mostly better than peer average rates, all within the peer norm range.

For the June 2013 ACHS indicator report, covering the second half of 2012, plus six-month lag for return events, SA Dental Service achieved statistically equal to national peer aggregate results in all nine of the indicators areas submitted. There were no outliers.

ACHS Clinical Indicators Restoration Retreatment (6mths) C11.1 (adult) C13.1 (child)



Accreditation

In second half of 2012 SA Dental Service completed 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.

In January 2013 SA Dental Service transitioned from the EQulP5 framework developed by ACHS to the Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service (NSQHS) Standards for Accreditation. SA Health mandated that all health care services would be accredited against the NSQHS standards from 2013 onwards which follows endorsement of these by Australian Health Ministers in 2011.

Transitioning to the NSQHS standards involved a review of our contract with ACHS and the opportunity to select a new provider. The program for NSQHS altered the accreditation cycle from 4 years to 3 years. Following an extensive review of

the providers it was decided by SA Dental Service Executive to continue our contract with ACHS until 2016.

There are 10 NSQHS standards, but Dental Services are only reviewed against 6 of these as the remaining 4 are determined by the Australian Commission on Safety and Quality in Health Care National Safety to be non applicable.

The 6 NSQHS standards for Dental Services are:

- > Governance for Safety and Quality in Health Service Organisations
- > Partnering with Consumers
- > Preventing and Controlling Healthcare Associated Infections
- > Medication Safety
- > Patient Identification and Procedure Matching
- > Clinical Handover.

A series of workshops were attended by SA Dental staff from January to June to ensure familiarity with the new standards and their application to SA Dental Service in preparation for the first organisation wide survey in August 2013 utilising the NSQHS Standards.

Op Plan 6.1 CDS Clinical KPIs

The original 10 Adult (CDS) Clinical KPIs have been reviewed; two KPIs (Bitewing radiographs at first General Course of Care examination and the provision of preventive advice at an emergency appointment) will continue to be recorded on a rolling 3-monthly basis with the remaining 8 Clinical KPIs recorded 6-monthly. A new Clinical KPI will be introduced to monitor the prescription of antibiotics by dentists in SWDS.

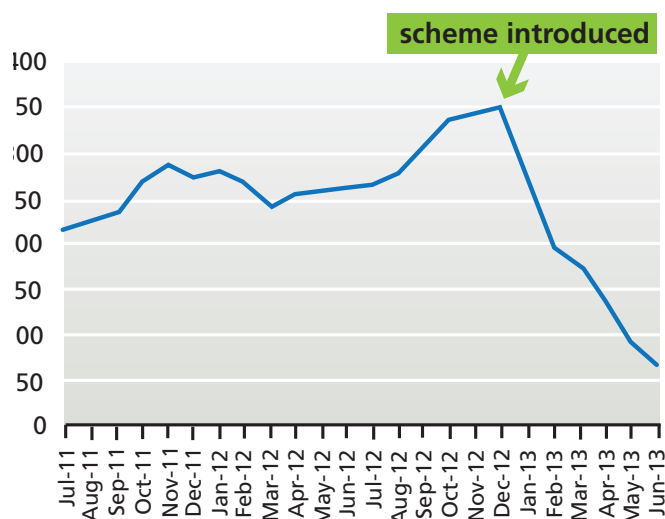
In line with the CDS Clinical KPIs the School Dental Service Clinical KPIs have also been reviewed reduced to a rolling 3-monthly report with an emphasis on prevention (fluoride application, fissure-sealant provision and bitewing radiograph diagnosis).

The revised Clinical KPIs will continue to be evaluated by both the clinical leadership team and Executive to determine clinical performance and compliance and the suitability of the revisions.

Specialist Schemes

During 2012/13 the Adelaide Dental Hospital (ADH) commenced development of private dental schemes similar to the General and Emergency Dental Schemes to enable public patients waiting

on long dental specialist lists at the ADH to access their care earlier. The first such scheme to be rolled out is the Specialist Dental Scheme (Endodontics). This commenced in February 2013, with all private endodontists in SA agreeing to participate. The scheme allows for referral of suitable complex endodontic cases to the private sector for treatment, thus reducing the SRU waiting list for specialist endodontic treatment. Feedback from the private practices and patients has been very positive. The endodontists report that the cases being referred are truly complex, which is a reflection of appropriate case appraisal and selection by SRU. The private specialist practices also report that the processes are working smoothly and efficiently, and patient and provider expectations are being met as a result of clearly communicated procedures. Since the introduction of the scheme, the number of patients on the SRU endodontics waiting list has reduced to 68 by end June 2013.



Corporate Services Developments

SA Health continues to review non-clinical services and implement consolidated services to achieve improved efficiencies through economies of scale. For SA Dental Service this saw the closure of the SA Dental Service stores warehouse in Hindmarsh which housed and delivered dental supplies to all clinics for more than 10 years. From July 2012, all clinical and non-clinical supplies were ordered and distributed through the SA Health Distribution Centre at Camden Park. After some initial teething problems, the new arrangement was effective and resulted in the larger clinics receiving deliveries more regularly which was of benefit for stock management. In addition, SA Biomedical Engineering was officially formed which saw the transition of the SA Dental

Service biomedical engineering technicians to work under a centralised model in SA Health. The new division now manages all biomedical equipment across the state. Technicians remain allocated to SA Dental Service to support dental equipment maintenance.

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

During the year SA Dental Service Credentialing Committee maintained the credentialing status of over 500 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 Credentialing Committee continued to refine the processes for documenting the scope of clinical practice of credentialed dental practitioners employed by SA Dental Service, a similar process has been commenced for non-SA Dental Service employees.

Staff Biennial Conference

In June 2012 over 540 SA Dental Service staff attended the organisation's Biennial Conference. Themed '*Excellence in Action*', the program included presentations by staff and invited speakers. Feedback from attendees indicated the contribution made by guest speakers and staff about their projects and activities were well received.

SA Dental Service acknowledged the outstanding achievements of a number of its '*Unsung Heroes*'—those staff who made a significant contribution to improving oral health outcomes for South Australians. Badges acknowledging 30 and 40 years of service were presented to staff in recognition of their contribution to the organisation. Conference day also provided an opportunity for staff to network with colleagues from other sites across the state.

Teaching on the Run

In October 2012, Workforce Development Unit staff completed facilitator training for the Teaching on the Run program. This course had been identified

by the Dental Board of Australia as being particularly relevant for staff involved with clinical tutoring.

The purpose of the program was to:

- > Help clinical tutors plan for, and recognise opportunities for teaching in the clinical setting
- > Help clinicians provide effective feedback
- > Provide strategies supporting good supervision and learner support
- > Build clinicians confidence in their ability as teachers
- > Encourage sharing of ideas and networking among clinical teachers to enhance their practice.

Voluntary Dentist Graduate Year Program

An initiative of the Commonwealth Government Dental Reform Package is the Voluntary Graduate Year Program (VDGYP). Under this program new dental graduates work in the public sector providing treatment to eligible patients as well as undertaking a structured educational program to enhance their clinical practice.

SA Dental Service was allocated funding and recruited one Graduate for the 2013 calendar year and expects to increase these numbers slightly in the coming years. The graduate was based at the Marion and Noarlunga GP plus Community clinics and did rotations through a number of the clinical units of the Adelaide Dental Hospital.

The cost of the graduate salaries and clinical mentor time is included in the Commonwealth funding.

The VDGYP Program also incorporates allocation of capital funding of \$1.9 million to provide space to support the VDGYP placements. SA Dental Service is looking to establish a new 6 chair clinic in the western metropolitan area with this funding.

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 2012/13

SA Dental Service has a long, well established and successful relationship with the Australian Research

Centre for Population Oral Health (ARCPHO).

Research topics currently underway 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
- > Focus Group testing Aboriginal clients about barriers to care that influence attendance patterns
- > 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 2012/13

The National Child Oral Health Survey being conducted by SA Dental Service in conjunction with ARCPHO has been extended to the end of 2013. The enrolment of participating schools has proven to be more difficult than expected. The survey includes a questionnaire for parents to complete as well as dental examinations of children included in the survey by a small team of SA Dental Service staff. The quality of the questionnaire returns seems high, with little missing data. The oral epidemiological examinations have been progressing smoothly and examination teams have completed about 700 examinations during visits to about a third of the participating schools.



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.

Infrastructure Improvements in Country Areas

SA Dental Service staff have continued to be heavily involved with Architects and Engineering consultants developing detailed plans on major projects for Wallaroo, Port Lincoln and Mount Gambier.

It was very exciting to see building works commencing with Wallaroo starting in October 2012 following the tender process that saw GC&J Constructions appointed as the builder.

Mossop Group Pty Ltd were appointed to build the Port Lincoln Hospital development including the 7 chair clinic for SA Dental Service and commenced onsite in April 2013. Built Environs were appointed for the Mount Gambier Hospital development that includes a 6 chair extension to the SA Dental Service together with a minor refurbishment of the existing clinic.

This year also saw work commence on the new 6 chair Murray Bridge clinic with architects appointed and concept planning beginning after delays in sign off on funding agreements.



Other Infrastructure Projects

The new 6 chair Aged Care Clinic was built in the Adelaide Dental Hospital. This proved to be a challenging project due to existing building conditions and the tight timeframes required to reduce impact on students, which resulted in the General Practice Offices being moved and refitted. The final result was extremely pleasing and included an inbuilt wheelchair lifter and 2 portable lifters that will assist staff and patients.

The Prison clinics at the Adelaide Remand Centre and the Women's Prison were approved for upgrade.

The Mitcham School Dental Clinic was extended and completely refurbished.



Freedom of Information 2012/13

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 documents

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 (2012-13)

Details of Applications	Personal	Non Personal	Total
New applications for the year	37	0	37
Applications brought forward from previous year	0	0	0
Total to be processed	37	0	37
Determined	36	0	36
Transferred in full	0	0	0
Withdrawn	0	0	0
Totally actually processed	36	0	36
Unfinished	1	0	1

Outcomes of Access Applications (2012-13)

Outcome description	Personal	Non Personal	Total
Full Release	36	0	36
Partial Release	0	0	0
Refused access	0	0	0
Total	36	0	36

Applications for Amendment (2012-13)

	Personal	Non Personal	Total
New Amendment applications	1	0	1
Outcome description			
Determined	1	0	1
Notation added to record	1	0	1
Total	1	0	1

Applications and Outcomes for Internal Reviews (2012-13)

	Personal	Non Personal	Total
New Internal Review applications	0	0	0
Outcome description			
Determined	0	0	0
Decision confirmed	0	0	0
Total	0	0	0

Adelaide Dental Hospital Statistics

Treatment Statistics

	2009/2010	2010/2011	2 011/2012	2012/2013
Patients	20,883	21,276	21,527	22,096
Attendances	68,293	69,600	75,531	77,174

Diagnostic / Preventive

Examinations	11,844	13,306	14,506	13,455
Consultations	11,784	12,010	11,487	12,238
Radiographs	28,263	29,680	28,739	27,830
Periodontal treatment dental health education	14,798	16,701	18,741	18,551

Conservative Dentistry

Temporary restorations	1,418	1,469	1,939	1,915
Plastic restoratio (amalgam, GIC & resin)	13,515	12,612	14,219	14,708
Complex restorations	1,029	982	1,032	943
Root canal treatment	1,061	928	883	947

Prosthetic Dentistry

Full dentures	642	548	495	498
Part dentures	689	633	692	834
Denture relines / re-bases	167	156	173	186
Denture repairs	174	196	211	194
Denture adjustments	1,166	982	935	1,056

Oral Surgery

Simple extractions	13,145	12,348	12,084	12,280
Surgical extractions	2,413	1,907	2,101	2,863

Orthodontics

Removable appliances**	790	791	942	982
Fixed appliances (Arches)	890	1,220	1,125	1,134

Adelaide Dental Hospital Statistics (cont.)

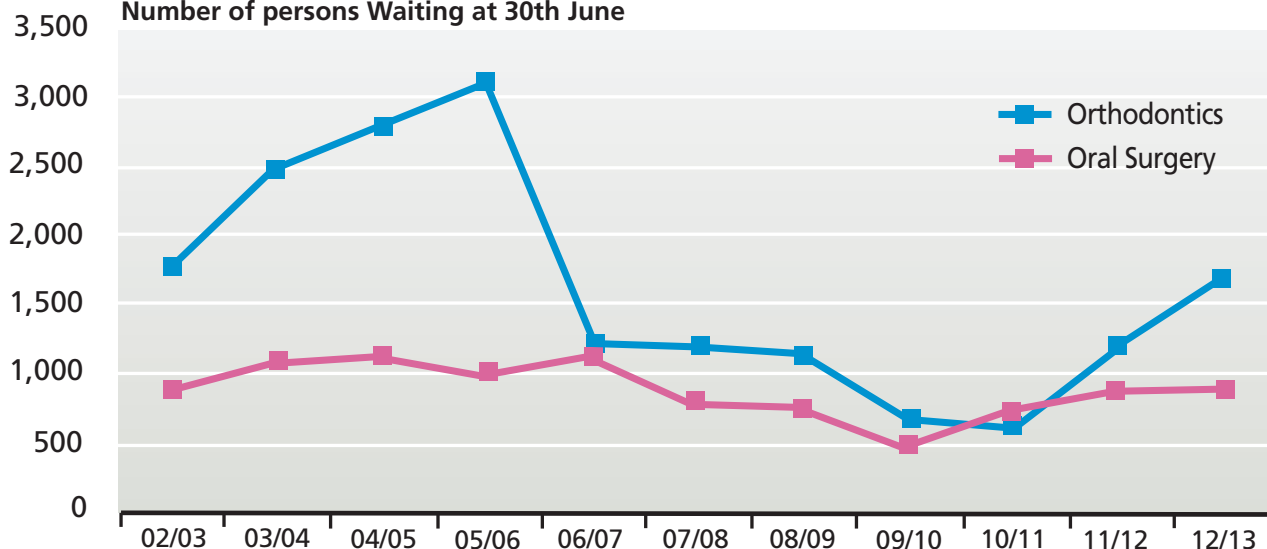
Waiting Lists

Number of people on waiting lists

	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13
Orthodontics	1,782	2,481	2,791	3,120	1,249	1,222	1,165	708	626	1,210	1,710
Oral Surgery	885	1,092	1,141	1,008	1,125	819	765	494	721	895	898

Adelaide Dental Hospital Specialist Waiting Lists

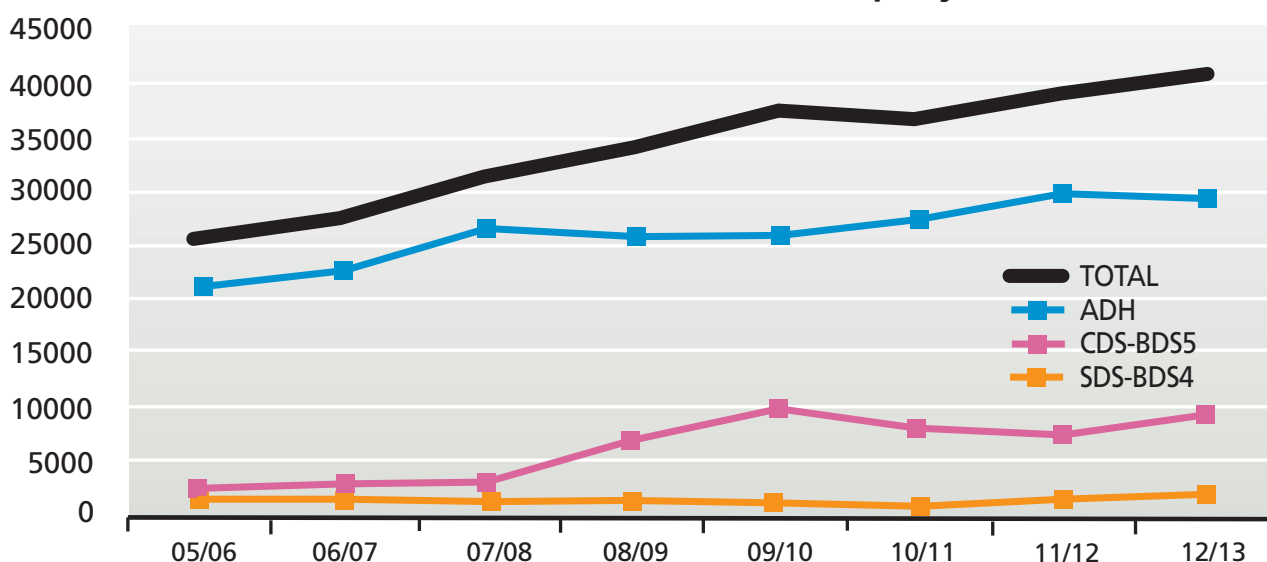
Number of persons Waiting at 30th June



Patient Visits – seeing a dental student

	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13
Adelaide Dental Hospital	21198	22978	26426	25816	26003	27272	29707	29193
Community- BDS5	2495	2816	2934	6978	9716	7990	7386	9272
School Dental/Pedo BDS4	1826	1677	1807	1242	1539	1296	1982	2163
All	25519	27471	31167	34036	37258	36558	39075	40628

Total Number of BDS Student Patient Visits per year



School Dental Service Statistics

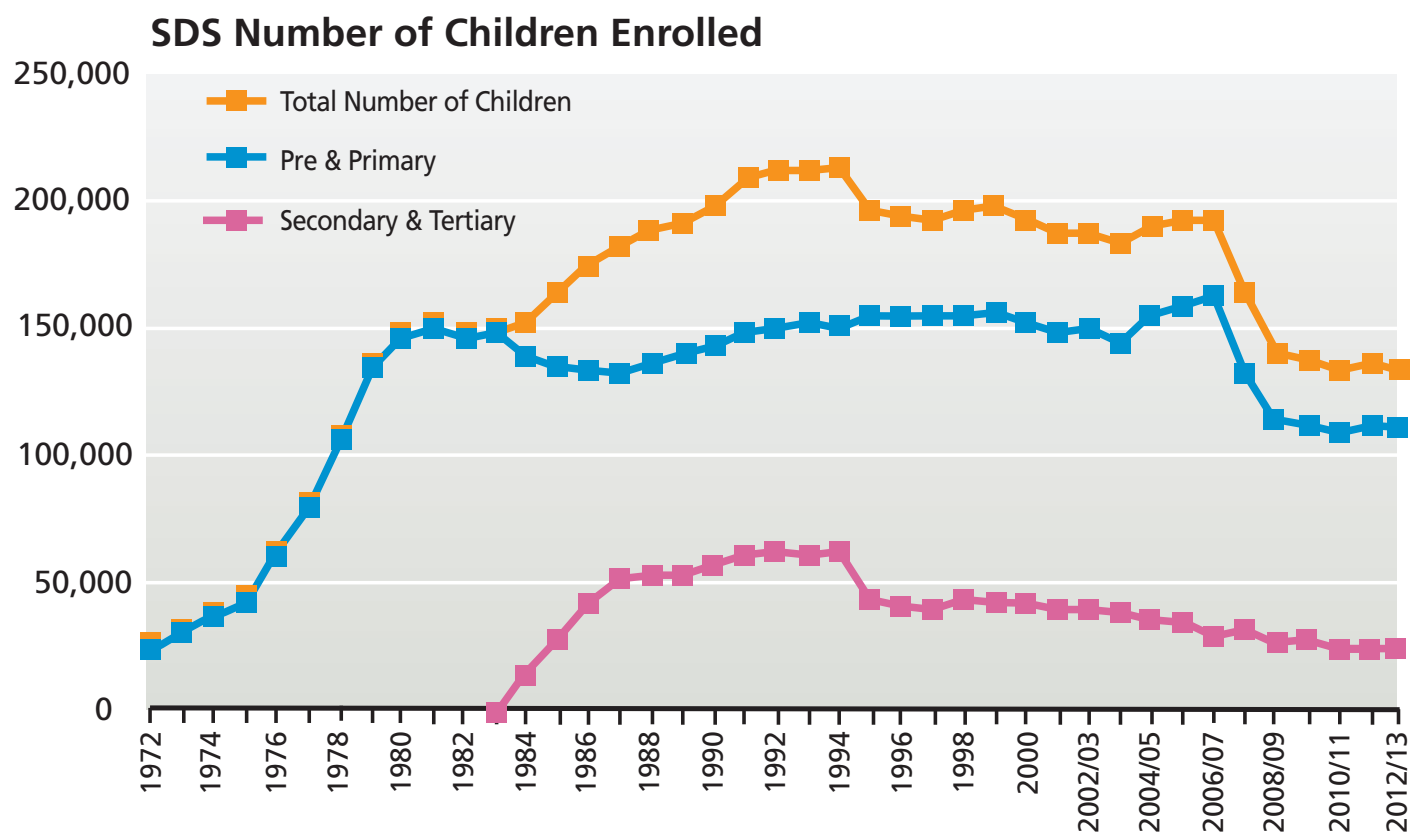
Children under care (consents)

In 2012/13, the School Dental Service cared for 135,012 registered children; 110,829 pre-school and primary school children (-937) and 24,183 (-545) secondary school students. The number of patients under care is 1,482 fewer than the 2011/12 total, but 762 children more than in 2010/11.

Slightly fewer secondary school children enrolled in SDS (-2%), continues the year-on-year trend observed since 1999.

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:



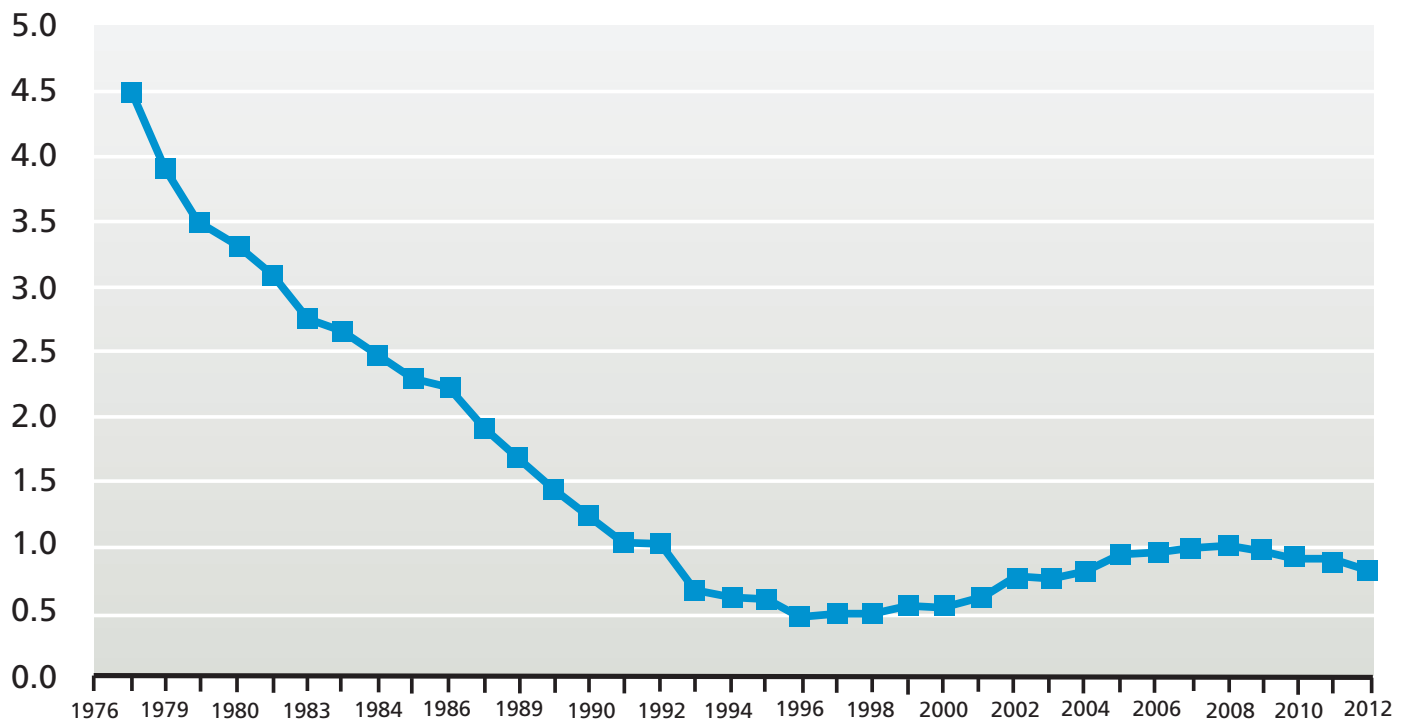
- > Note: lower secondary school participation since 1995, associated with an annual secondary school subscription.
- > Note: Copayments were introduced for Primary (& some Preschool) children – after first Free course of care – for non-cardholders from January 2007.
- > Pre-school aged children are 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 DMFTscore of 0.91 in 2013. 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 annually between 2009 and 2012.

SA School Dental Service DMFT – 12 year olds



School Dental Service Statistics (cont.)

Annual services per 100 children under care (registered consents)

	2009/10		2010/11		2011/12		2012/13	
	Freq	Per 100 Consents	Freq	Per 100 Consents	Freq	Per 100 Consents	Freq	Per100 Consents
Patients	81,491		79,829		84,380		84,975	
Attendances	166,698		164,742		173,208		184,509	
Examinations	79,652	57.1	75,860	56.5	81,013	59.4	83,967	62.2
Radiographs	72,810	52.2	78,817	58.7	88,971	65.2	92,273	68.3
Prophylaxis	14,708	10.5	14,211	10.6	14,592	10.7	15,390	11.4
Topical Fluoride	19,191	13.8	20,349	15.2	19,836	14.5	20,235	15.0
#Conc Fluoride (Teeth treated)	199,610	143.2	302,324	225.2	354,336	259.6	413,611	306.4
Filling (primary + permanent)	50,199	36.0	45,859	34.2	46,758	34.3	44,544	33.0
Pulpotomy (Primary)	2,708	1.9	2,447	1.8	2,350	1.7	2,207	1.6
Root Canal Treatment	236	0.2	197	0.1	251	0.2	285	0.2

Extractions

Simple (primary+perm)	15,907	11.4	15,791	11.8	15,925	11.7	15,872	11.8
Temporary dressing	4,032	2.9	3,308	2.5	2,585	1.9	2,617	1.9

Orthodontics

Active appliance	367	0.3	294	0.2	280	0.2	331	0.2
Referral	3,695	2.6	3,892	2.9	4,512	3.3	4,916	3.6
Mouthguard	822	0.6	811	0.6	853	0.6	933	0.7
Fissure sealant and surface protection	86,643	62.1	76,606	57.1	79,767	58.4	80,479	59.6

Dental Health Education

Child-individual*	52,491	37.6	57,899	43.1	60,256	44.1	65,018	48.2
small group*	641	0.5	1,555	1.2	1,343	1.0	804	0.6
Parent-individual*	83,145	59.6	80,587	60.0	82,073	60.1	84,325	62.5
-group**	248	0.2	318	0.2	133	0.1	124	0.1

* Estimated 5 minute time unit

** Estimated 15 minute time unit

Community Dental Service Statistics

Treatment Statistics (Community Dental Clinics and Private Sector Schemes)

Number of services provided 2012/2013

	CDS		Contracted Privately		Total 2012/2013	
	Freq	Per 100 Patients	Freq	Per 100 Patients	Freq	Per 100 Patients
Number of patients	36,096		20,910		53,846	
Patient attendances	86,902		44,488		131,350	
Examinations	33,927	94.0	15,011	71.8	48,938	90.9
Radiographs	37,045	102.6	18,607	89.0	55,652	103.4
Periodontal treatment / dental health education	36,111	100.0	11,772	56.3	47,883	88.9
Temporary restorations	2,714	7.5	362	1.7	3,076	5.7
Plastic restorations (amalgam, GIC & resin)	37,782	104.7	21,418	102.4	59,200	109.9
Complex restorations	22	0.1	0	0.0	22	0.0
Root canal treatments	950	2.6	170	0.8	1,120	2.1
Denture units	1,669	4.6	4,427	21.2	6,096	11.3
Denture relines / rebases	201	0.6	237	1.1	438	0.8
Denture repairs	183	0.5	5,774	27.6	5,957	11.1
Denture adjustments	1,517	4.2	71	0.3	1,588	2.9
Simple extractions	18,301	50.7	5,383	25.7	23,684	44.0
Surgical extractions	127	0.4	1,144	5.5	1,271	2.4

Community Dental Service Statistics (cont.)

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

Number of services provided most recent four years

	2009/2010		2010/2011		2011/2012		2012/2013	
	Freq	Rate Per 100 Patients	Freq	Rate Per 100 Patients	Freq	Rate Per 100 Patients	Freq	Rate Per 100 Patients
Number of patients	54,825		48,635		45,997		53,846	
Patient attendances	117,518		108,823		107,543		131,350	
Examinations	45,247	82.5	41,961	86.3	40,251	87.5	48,938	90.9
Radiographs	42,199	77.0	40,056	82.4	41,200	89.6	55,652	103.4
Periodontal treatment / dental health education	25,529	46.6	26,365	54.2	33,394	72.6	47,883	88.9
Temporary restorations	2,086	3.8	2,486	5.1	2,318	5.0	3,076	5.7
Plastic restorations (amalgam, GIC & resin)	47,013	85.8	43,419	89.3	42,677	92.8	59,200	109.9
Complex restorations	4	0.0	0	0.0	1	0.0	22	0.0
Root canal treatments	685	1.2	623	1.3	821	1.8	1,120	2.1
Denture units	6,834	12.5	5,695	11.7	5,549	12.1	6,096	11.3
Denture relines / rebases	559	1.0	410	0.8	358	0.8	438	0.8
Denture repairs	6,738	12.3	5,866	12.1	5,151	11.2	5,967	11.1
Denture adjustments	1,566	2.9	1,214	2.5	1,551	3.4	1,588	2.9
Simple extractions	24,290	44.3	22,613	46.5	21,953	47.7	23,684	44.0
Surgical extractions	1,159	2.1	944	1.9	1,022	2.2	1,271	2.4

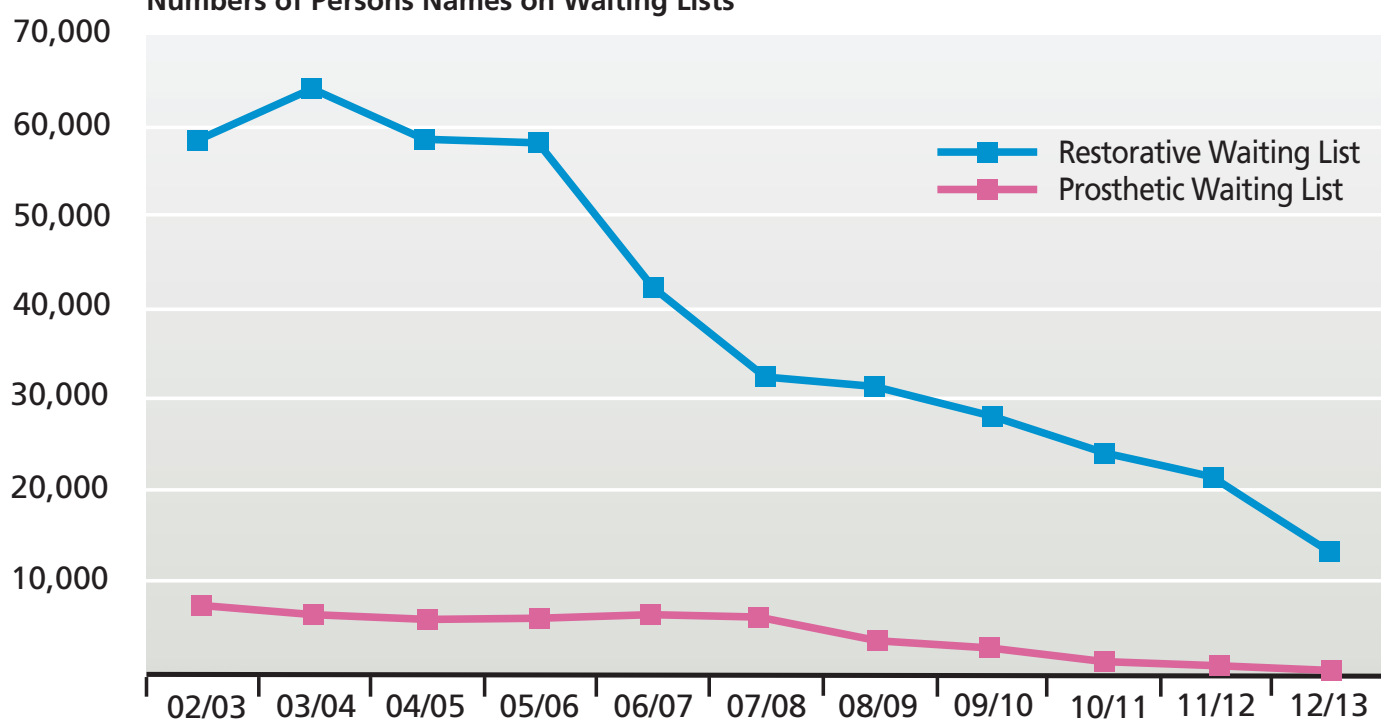
Community Dental Service Statistics (cont.)

State Adult Dental Waiting Lists

Waiting lists at Community Dental Service Clinics – adult dental services

	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13
Prosthetic Waiting Lists	7,611	6,331	6,177	6,119	6,378	6,075	3,776	3,043	1,615	927	429
Conservative Waiting Lists	58,417	63,876	58,121	57,969	42,051	32,429	31,289	28,143	23,951	21,373	13,473

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

	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13
Prosthetic Waiting Lists	37.9	34.0	34.2	37.5	40.6	38.7	27.8	28.6	16.6	14.8	11.4
Conservative Waiting Lists	31.6	34.8	28.7	26.0	22.6	19.1	17.3	17.7	16.8	16.0	11.5

Aboriginal Dental Scheme Statistics

Treatment Provided 2007/2008 – 2012/2013

	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Practices participating	46	45	46	55	56	32
Claims submitted	1,096	969	917	847	611	566
Examinations	858	758	775	723	503	519
Dental prevention	148	72	71	91	57	54
Restorations	611	359	300	272	222	185
Endodontics	3	2	1	3	1	2
Radiographs	581	368	396	370	235	379
Extractions	633	567	521	408	275	244
Surgical extractions / oral surgery	60	49	69	75	82	85
Relief of pain / Temporary filling	17	27	15	11	9	11
Dentures units	75	61	47	46	29	5
Repairs / maintenance to Dentures	20	35	16	15	16	11
Adjustments or relines	7	4	3	3	5	2

Aboriginal Liaison Project Statistics

	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Number of patients	183	688	1,351	1,840	2,216	2,500
Patient attendances	359	1,750	3,679	4,625	5,557	6,322
Courses of care	189	727	1,425	1,951	2,352	2,690
Examinations	196	861	1,511	2,108	2,442	2,767
Dental prevention / periodontal treatment	91	412	909	1,189	2,197	2,898
Restorations	141	743	1,792	2,147	2,616	3,289
Endodontics	0	2	15	25	28	48
Radiographs	199	822	1,534	2,151	2,756	3,307
Extractions	172	766	1,506	1,812	2,338	2,518
Surgical extractions / oral surgery	0	1	7	10	5	12
Relief of pain / temporary filling	7	37	75	149	129	213
Dentures units	5	53	129	100	139	86
Repairs / maintenance to dentures	1	0	15	8	12	11
Adjustments or relines	2	21	53	52	75	71

Human Resources Statistics

Agency	DSSA
Persons	885
FTE's	671.5

Gender	% Persons	%FTE
Male	16.27	16.76
Female	83.73	83.24

Number of Persons Separated from the agency during the last 12 months	90
Number of Persons Recruited to the agency during the 12/13 financial year	124
Number of Persons Recruited to the agency during the 12/13 financial year AND who were active/paid at June 2013	97
Number of Persons on Leave without Pay at 30 June 2013	35

Number of Employees by Salary Bracket

Salary Bracket	Male	Female	Total
0 - \$54,799	10	417	427
\$54,800 to \$69,699	35	186	221
\$69,700 to \$89,199	16	56	72
\$89,200 to \$112,599	20	33	53
\$112,600 Plus	63	49	112
Total	144	741	885

Status of Employees in Current Position

FTEs	Gender	Ongoing	Short-term Contract	Long-term Contract	Casual	Total
	Male	83.39	21.88	2	5.25	112.52
	Female	480.23	63.97	1	13.78	558.98
	Total	563.62	85.85	3	19.03	671.50
Persons	Gender	Ongoing	Short-term Contract	Long-term Contract	Casual	Total
	Male	98	25	2	19	144
	Female	622	78	1	40	741
	Total	720	103	3	59	885

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

Classification	Term Untenured		Total				
	Male	Female	Male	% of total Execs	Female	% of total Execs	Total
EXEC0A	1	1	1	33	1	33	2
EXEC0C	1	0	1	33	0	0	1
Total	2	1	2	67	1	33	3

Human Resources Statistics (cont.)

Total Days Leave Taken – Needs to be divided by average FTE figure for the financial year for per FTE figure

Leave Type	2012/13
1) Sick Leave Taken	5925.49
2) Family Carer's Leave Taken	451.6
3) Miscellaneous Special Leave	456.75

Number of Aboriginal and/or Torres Strait Islander Employees

Salary Bracket	Aboriginal Employees	Total Employees	% Aboriginal Employees
0 - \$54,799	3	427	0.70
\$54,800 to \$69,699	1	221	0.45
\$69,700 to \$89,199	3	72	4.17
\$89,200 to \$112,599	1	53	1.89
\$112,600 Plus	0	112	0.00
Total	8	885	0.90

Number of Employees by Age Bracket by Gender

Age Bracket	Female	Male	Total	% of Total
15 - 19	18	0	18	2.03
20 - 24	81	6	87	9.83
25 - 29	67	9	76	8.59
30 - 34	64	24	88	9.94
35 - 39	57	17	74	8.36
40 - 44	71	11	82	9.27
45 - 49	97	13	110	12.43
50 - 54	114	15	129	14.58
55 - 59	119	24	143	16.16
60 - 64	51	17	68	7.68
65+	2	8	10	1.13
Total	741	144	885	100

Cultural and Linguistic Diversity

Name	Male	Female	Total	% of Agency
Number of Employees born overseas	48	144	192	21.69
Number of Employees who speak language(s) other than English at home	11	30	41	4.63

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

Male	Female	Total	% of Agency
1	7	8	0.9

Human Resources Statistics (cont.)

Types of Disability (where specified)

Disability	Male	Female	Total	% of Total
Disability Requiring Workplace Adaptation	1	7	8	0.9
Physical	0	0	0	0.0
Intellectual	0	0	0	0.0
Sensory	0	0	0	0.0
Psychological/Psychiatric	0	0	0	0.0

Number of Employees using Voluntary Flexible Working Arrangements by Gender

Leave Type	Male	Female	Total
Purchased Leave	0	0	0
Flexitime	10	16	26
Compressed Weeks	6	34	40
Part-time	68	505	573
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	0.23
% review older than 12 months	60.34
% Not reviewed	39.44

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 2013

Revenue	YTD Actuals	YTD Budget	YTD Variance
Patient/Client Fees	-6,169,508	-5,954,236	215,272
Goods and Services Recharge / Recoveries	-86,407	-143,157	-56,750
Recharges - Employee Related Cost	-1,246,010	-506,361	739,649
Grants, Donations & Subsidies	-1,368,393	-91,518	1,276,875
User Fees and Charges Revenue	-313,998	-119,297	194,701
Investment Income & Other Revenue	-758,534	-2,578,236	-1,819,702
Revenue Total	-9,942,851	-9,392,805	550,046
Expense			
Employee Related Expenses			
Salaries and Wages - Nursing	520,685	429,866	-90,819
Salaries and Wages - Medical Officers	514,027	497,437	-16,590
Salaries and Wages - Weekly Paid	376,197	356,088	-20,109
Salaries and Wages - Clinical Academics	62,412	0	-62,412
Salaries and Wages - Salaried Employees	43,866,278	44,919,424	1,053,146
Other Employee Related Expenses	6,341,864	6,400,182	58,318
Employee Related Expenses Total	51,681,464	52,602,997	921,533
Non Employee Related Expenses			
Agency Staffing	85,029	59,425	-25,604
Food Supplies	45,283	16,717	-28,566
Drug supplies	95,869	4,633	-91,236
Medical, Para Med & Laboratory Supplies	4,261,774	3,893,646	-368,128
Outside Pathology Charges	2,539	1,901	-638
Housekeeping	463,939	274,519	-189,420
Linen Services	9,088	2,535	-6,553
Electricity, Gas, Fuel	653,745	649,834	-3,911
Minor Equipment	244,739	339,111	94,372
Repairs & Maintenance	1,037,993	1,122,089	84,096
Fee for Service	7,103,956	5,064,566	-2,039,390
Other Supplies & Services	6,320,249	8,536,786	2,216,537
Patient/Client Transport Assistance	24,591	23,076	-1,515
S & W Purchased Staff from Other SA Health Regions	869,147	0	-869,147
Grants and Subsidies	48,719	0	-48,719
Non Employee Related Expenses Total	21,266,659	19,988,838	-1,277,821
Expenses Total	72,948,123	72,591,835	-356,288
Capital Revenue / Expense			
Cost or Valuation of Assets Disposed	1,473,833	0	-1,473,833
Accum Depreciation of Assets Disposed	-40,300	0	40,300
Appropriations and SA Government Revenue	-1,296,079	-1,871,000	-574,921
Financial and Investment Losses	-20,063	0	20,063
Depreciation & Amortisation	2,319,047	621,681	-1,697,366
Capital Revenue / Expense Total	2,436,438	-1,249,319	-3,685,757
Grand Total	65,441,711	61,949,711	-3,492,000

For more information

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