



SA Dental Service

Year Book 13-14



Government
of South Australia

SA Health

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Executive Director's Report 2013/14

As of 1 July 2013 Statewide Services, which consisted of SA Dental Service, BreastScreen SA, Prison Health Services and Donate Life, was disbanded and SA Dental Service became a distinct clinical directorate within Central Adelaide Local Health Network.

Martin Dooland, Executive Director of Statewide Services retired in early July 2013 and in September 2013 Geoff Franklin, General Manager, Statewide Dental Services took on a dual role of Executive Director SADS/General Manager SWDS.

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. The SA Dental Service Strategic outcomes formed the framework for activities during the 2013/14 financial year. Highlights of the year include:

- > A balanced budget, which has been achieved every year for at least the past decade.
- > Further expansion of the Aboriginal Liaison Program connecting Aboriginal communities with mainstream public dental services. As a result there was a further 2.4% increase in the number of Aboriginal children treated in SA Dental Service facilities and a 7% increase in the number of Aboriginal adults. This builds on significant increases in previous years.
- > A 98% increase in the number of homeless clients who received dental care with an average of 40 new homeless clients per month commencing care.
- > 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.
- > Expenditure of an additional \$16m from the National Partnership Agreement (NPA)¹ funding for Treating More Public Dental Patients, with the majority being spent through private sector schemes.
- > A significant reduction in waiting lists for restorative dental treatment of eligible adults from 11.5 months in June 2013 to 8.4 months in June 2014. The waiting time for dentures decreased

from 11.4 months in June 2013 to 9.0 months in June 2014. (However, the average waiting time for specialist dental services at the Adelaide Dental Hospital increased from 15.6 months at June 2013 to 17.0 months in June 2014).

- > 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 9.2%.
- > Sustainment of excellent outcomes in a range of indicators of clinical quality including retreatment rates for a range of services.
- > Further implementation of Specialist fee for service schemes introducing a scheme for simple fixed prosthetics (simple crowns), saving country clients multiple trips to the Adelaide Dental Hospital for treatment.
- > Further involvement with the Commonwealth funded Voluntary Dentist Graduate Year Program with two graduates selected for SA Dental Service.
- > Introduction of the Commonwealth funded Oral Health Therapist Graduate Year Program with two graduates selected for SA Dental Service.
- > A successful on site Accreditation survey against the National Safety and Quality Health Service Standards.
- > Involvement of senior SADS staff in consultation forums for the development of the new 10 year National Oral Health Plan.



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- > Implementation of the Child Dental Benefits Schedule program with \$8m revenue generated in January 2014 – June 2014, exceeding expectations.
 - > Announcement by the Minister of Health in June 2014 of a public tender process for a Dental Education Partner with SA Health.

This was opened to Universities both nationally and internationally.

Geoff Franklin
Executive Director
SA Dental Service

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

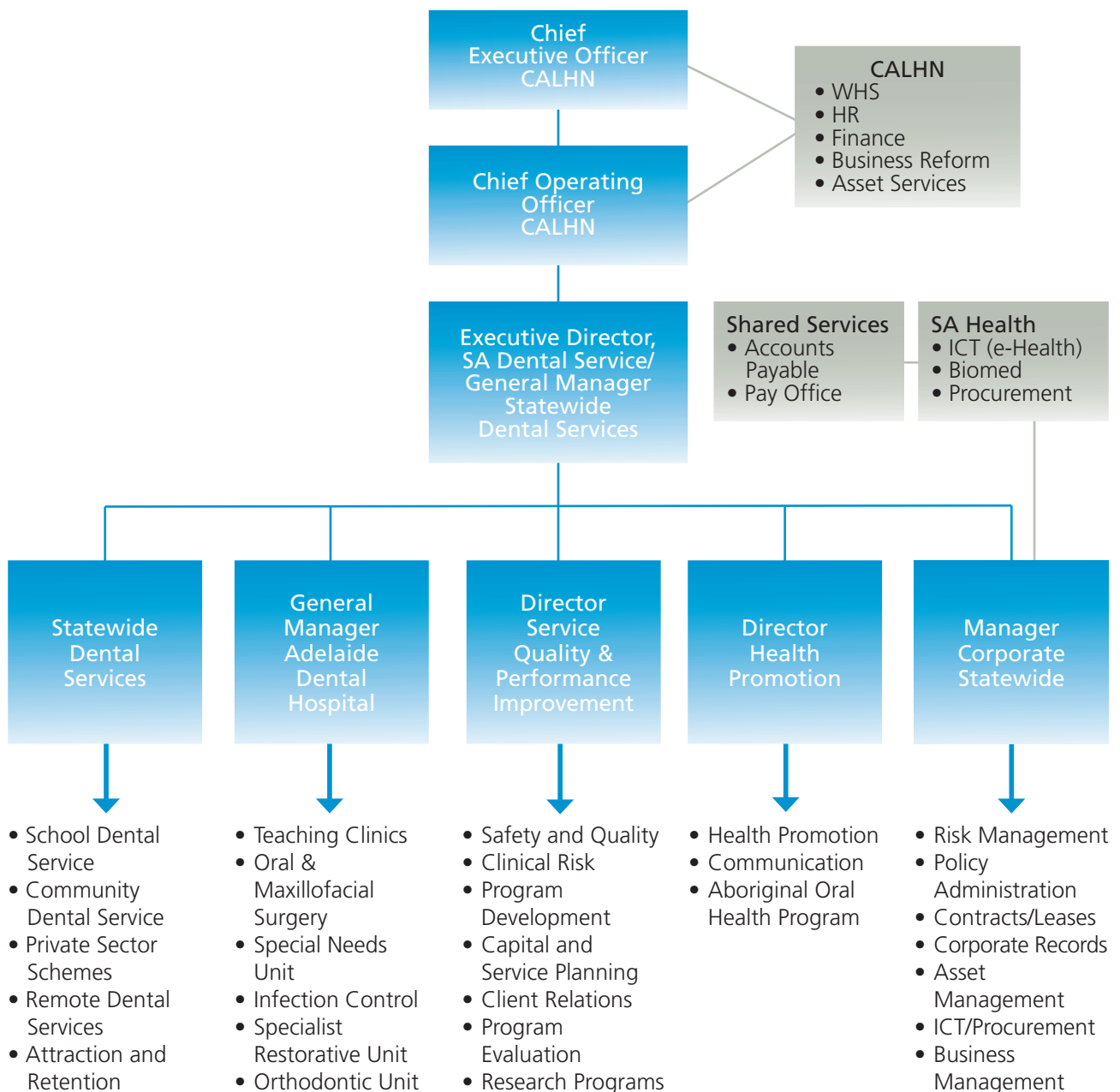
- > health promotion
- > timely dental treatment with a focus on prevention and early intervention
- > support for education and research.

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, the homeless 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. Children and young people may also receive free care under the Commonwealth Child Dental Benefits Schedule which from January 2014 pays scheduled amounts to the provider for dental care to children in families eligible for a range of Commonwealth means tested payments, including Family Tax Benefit Part A. All other primary school and high school students are required to pay a small fee for each general course of care they receive.

Care is provided by teams of Dentists, Dental Therapists and Dental Assistants who work from a network of 45 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 of many small, old, part time clinics.

Private dentists provide school dental services, under a capitation agreement, to approximately 1500 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 of 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 9 months during the year.

The majority of care is provided by dentists who operate from a network of 35 clinics 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. 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 Yalata.

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 2013-14, through the National Partnership Agreement, the ADH contracted an additional 5.4FTE in roles directly related to service provision for the reduction of waiting lists for specialist treatment. NPA specialist dentists provided services in oral and maxillofacial surgery, crown and bridge, endodontics, periodontics and orthodontics.

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

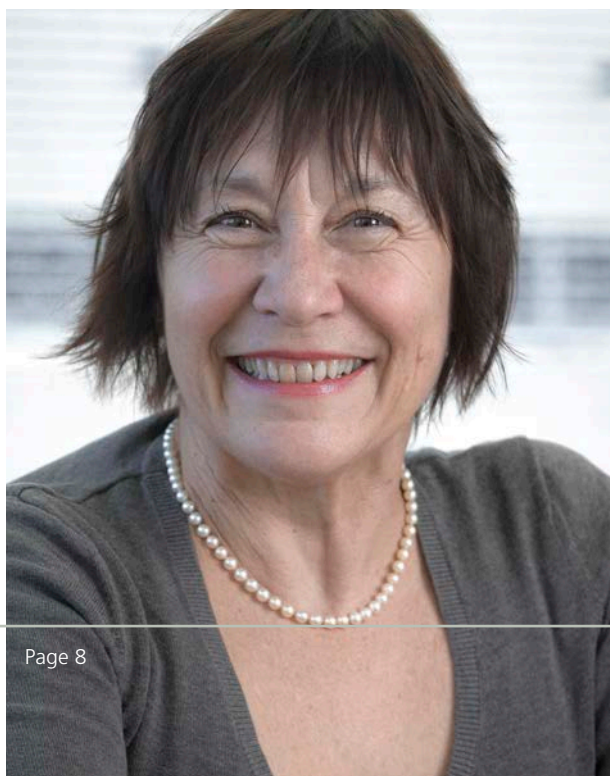
- resources to support staff to increase awareness and to promote oral health in the community
- > developing strategic partnerships that increase oral health knowledge and practice
- > managing internal and external communication strategies to ensure consistency of message and branding
- > staff culture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

Service Quality and Performance Improvement (SQ&PI) Division

Following consultation with all SA Dental Service Divisions, from 1 January 2014 the Policy and Programs Division was renamed Service Quality and Performance Improvement (SQ&PI). This change was made to ensure the title more accurately reflects the key responsibilities and nature of the work undertaken by the Division.

The SQ&PI 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. SQ&PI 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.

The SQ&PI Division comprises the following Units:

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

SQ&PI 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 and corporate records, 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 the 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. There are also close links with the Central Adelaide LHN Asset and Security Management Unit who are responsible for building maintenance and management via the Across Government Facilities Management Arrangement.

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.



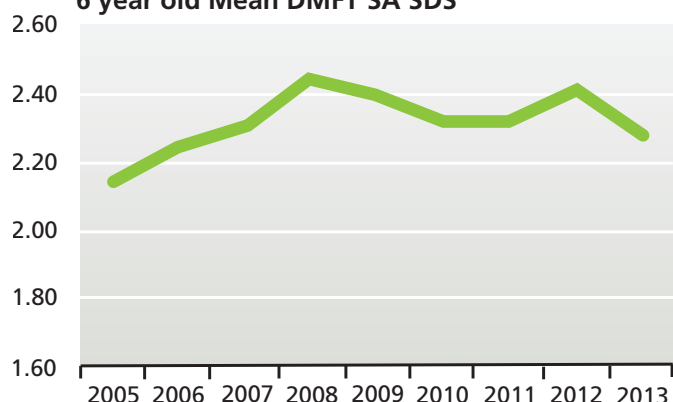
Report on the Implementation of the SA Dental Service Strategic Plan - Progress as at June 2014

Strategic Outcome 1

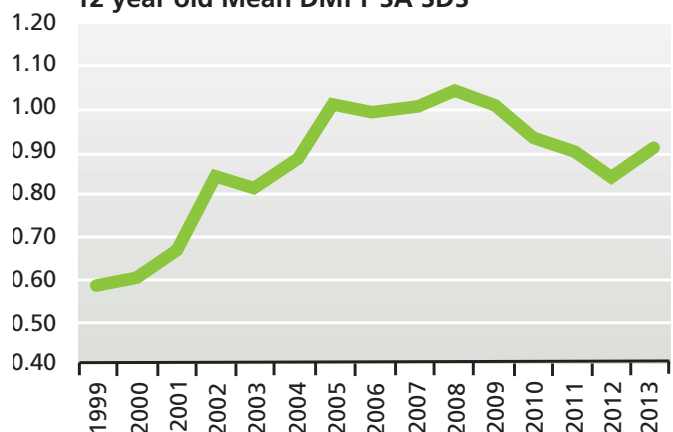
Improved health and reduced health inequalities

After continuous deterioration since the late 1990s, the amount of permanent tooth dental decay in children fell for the fourth year in a row, but increased slightly in 2013. The 12 year-old mean DMFT is now 0.91, compared with 1.05 in 2008. The average 6 year-old, deciduous decay experience is now 2.29 teeth affected, which is the equal lowest since 2007.

6 year old Mean DMFT SA SDS



12 year old Mean DMFT SA SDS



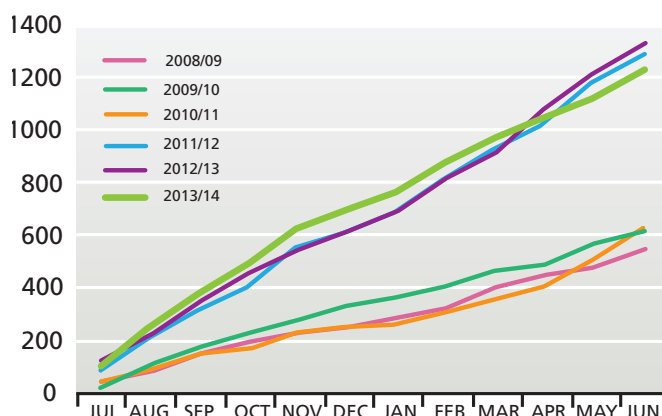
Population Oral Health Program

The Population Oral Health Program continues to increase the number of preschool children attending dental services. In 2013/2014, 2564 'Lift the Lip' referrals were referred to the program, compared to 2437 in 2012-2013, a 5% increase. A total of 11,442 pre-school children had been referred to the program by 30 June 2014.

Referrals were made by 648 allied health professionals. Children identifying as being of Aboriginal and or Torres Strait Islander descent increased from 14% of referred children in 2012/2013 to 15% in 2013/2014. Of the total referrals received in 2013/2014, 48% of children were aged under 4 years at the time of referral, compared to 42% the previous year.

In 2013/2014, almost 100% of referred families chose to attend the public dental sector.

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



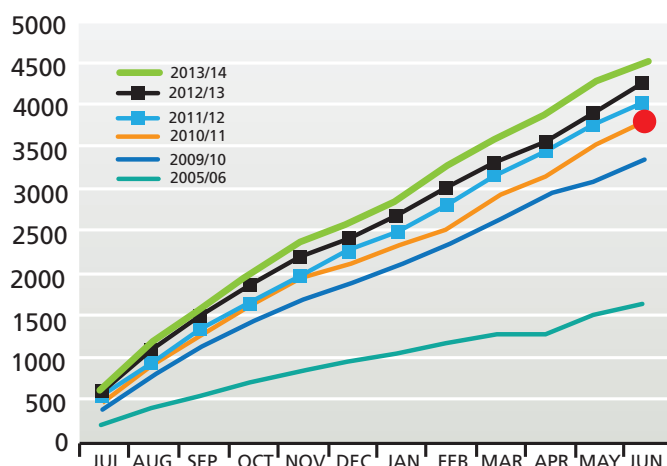
Aboriginal Oral Health

The Council of Australian Governments (COAG) committed further funding as a continued investment to close the gap on Indigenous disadvantage until the end of financial year 2016. This funding will enable the Aboriginal Oral Health Program (AOHP) to continue to support strategies to increase access to mainstream dental services for families, adults, early childhood, teenagers and pregnant women.

Furthermore it has enabled SA Dental Service to deliver Cultural Competency training via facilitator Paul Vandenberg of Power Community Ltd for SA Dental Service staff. The training provides staff with a greater understanding of Aboriginal culture in order for staff to deliver culturally safe and appropriate services when treating Aboriginal people.

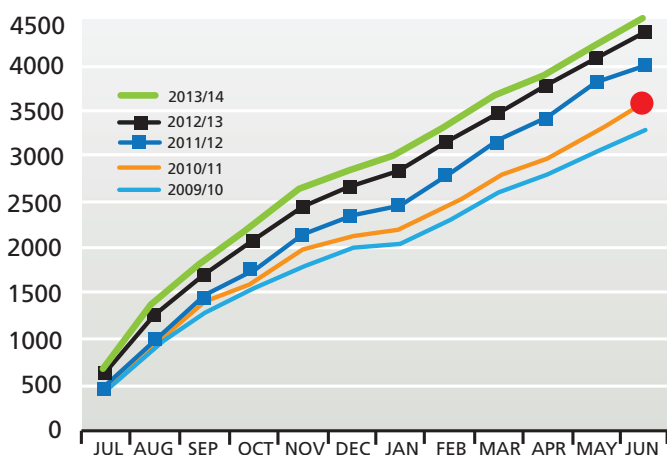
In 2013/14, 4573 Aboriginal adults were treated through the Aboriginal Liaison Program. This is an increase of 7% compared to last year and 18% increase since 2010/2011 baseline.

Aboriginal ADULT PATIENTS



In 2013/14, 4508 Aboriginal children attended SDS an increase of 2.4% compared to 2012/13 and 26% increase from 2010/11.

Aboriginal CHILD PATIENTS



Access to Oral Care program

The Access to Oral Care program aims to increase the proportion of concession card holders from socially disadvantaged population groups accessing SA Dental Service care. Specifically, people from Culturally and Linguistically Diverse (CALD) backgrounds, those with a mental illness and those from rural locations.

In late 2013, with funding available through the National Partnership Agreement, a Project Officer was appointed to investigate these populations and propose strategies.

A survey was developed and sent to over 60 agencies with over 20 agency contacts confirmed. Meetings also occurred with internal stakeholders such as SWDS, Service Planning and the Aboriginal Oral Health team to ensure that project intersections were maximised and resources coordinated.

Work was initiated with non- government organisation's (NGO's) and cultural associations to raise awareness of how dental services can be accessed. Additional strategies included meeting with key CALD organisations to discuss oral health needs of their communities, and providing information sessions to community groups about oral health and the SA Dental Service. There were 10 meetings with organisations such as Uniting Care Wesley – Bowden, Red Cross, Multicultural Aged Care, Polish Federation, Novita Children's Services and the Migrant Resource Centre. One hundred and fourteen (114) community workers and clients received oral health training and information over 5 sessions

Homelessness and Oral Health Project (HOHP)

Commencing in April 2011, the HOHP's initial focus 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.

In 2013/14 key relationships were established and strengthened with homeless sector agencies including the Brian Burdekin Medical Clinic, the Homelessness Support Program, and agencies working with Department for Communities and Social Inclusion, to increase the numbers of clients being referred from outer metropolitan Adelaide.

Program staff have provided education programs for agency staff highlighting the importance of oral health, links between oral health and general health, the HOHP and how to assist clients access care. Treatment is provided through a mix of public and private dental providers who expressed interest and willingness to be involved.

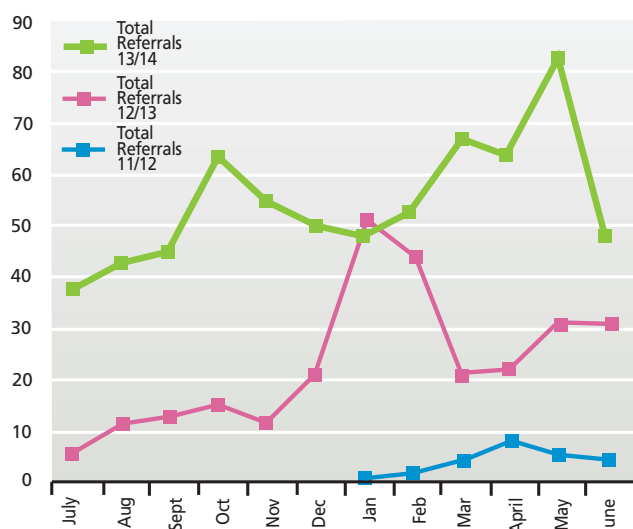
Through a partnership developed with Life Without Barriers the program has expanded to country areas around the Riverland and Country North region providing support to homeless people and support workers.

Work has also commenced with Drug and Alcohol Services (DASSA) around possible care options for their clients. Following initial discussions it

was agreed that most DASSA clients fit the HOHP guidelines and could be included in the program with referrals commencing in 2014.

Month	Total Referrals 2011/12	Total Referrals 2012/13	Total Referrals 2013/14
Average per Month	4.0	23.3	54.7

Homeless Referrals



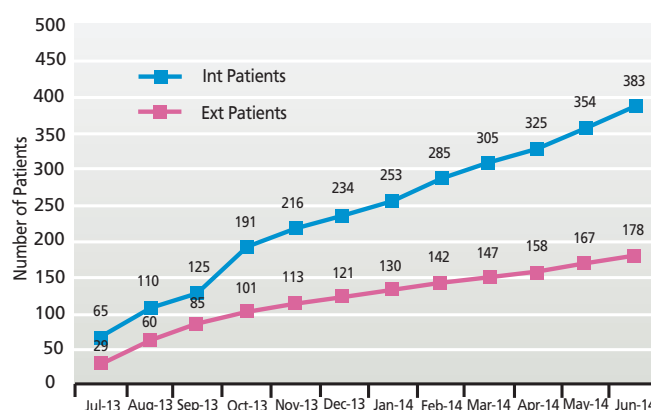
Supported Residential Facility (SRF) Dental Program

In South Australia there are currently 26 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.

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.

Over the past year around 560 (65%) SRF residents have received dental treatment which compares favourably with attendance patterns of the general population and is an extremely positive result for this population group.

SRF_YTD Patients 2013/2014



Fixed Prosthetics in Statewide Dental Services (SWDS) clinics

Guidelines were developed by SWDS in conjunction with the ADH Specialist restorative Unit, to assess patient suitability for simple fixed prosthetics i.e. crowns. This service will be provided by salaried dentists and students on clinical placements in SWDS clinics. The concept was trialled successfully at the Gilles Plains Community Dental clinic in January 2014 and is being implemented across SWDS.

Strategic Outcome 2

Oral health is sustainably integrated into the wider health system

Better Oral Health in Residential Aged Care

The Better Oral Health in Residential Care Model and its accompanying resource portfolios continue to attract national and international attention. Several agencies have entered into agreements with SA Dental Service to use and adapt the resources to suit their context. Of note is the Saskatoon Regional Health Authority in Canada which intends to use this model across their health service.

Work continues to implement the recommendations from the survey conducted in 2012/13. The main focus this year is to support facilities re-introduce the Building Better Oral Health in Residential Care Model and / or support facilities with the ongoing education of staff required to ensure the continued success of the model. The Service Planning Team has worked with many of the facilities who currently participate in the Residential Aged Care Program. Feedback indicates there have been improvements in daily oral hygiene practices of the residents once the education programs have been conducted.

Building Better Oral Health Communities



During the past 12 months, the 2½ year Commonwealth funded Building Better Oral Health Communities Project progressed to its second stage of implementation.

Oral health care training for home care workers involved the development and testing of educational resources to suit the home care context. The Better Oral Health in Home Care resource now forms part of an integrated learning package based on five activities: better oral health care, dementia and oral care, understanding the mouth, care of natural teeth and care of dentures.

Following the training, oral health assessments were undertaken by the care coordinators. Older people identified as requiring a dental referral have attended SA Dental Service and Hunter New England dental clinics for dental examination and treatment. The introduction of oral health care planning by care coordinators has resulted in home care workers encouraging and supporting older people with their daily oral care.

Evaluation of the project continues and will help to shape recommendations for consideration by the Commonwealth Government at the end of the Project.

Disability Project

Australia Research Centre for Population Oral Health (ARCPOH), in collaboration with SA Dental Service and the Disability Sector, has implemented a project to train care workers to provide oral health screening and daily care support for people with disabilities.

Recruitment of participants for the project proved to be challenging resulting in training being provided directly to people with disabilities working at the

Phoenix Society workshops. Following oral health assessments for this group SA Dental Service was able to provide treatment through mainstream clinics rather than the Special Needs clinic. The majority of referrals were successfully treated at the local clinic with oral health improvement noted following initial training. The study will continue into next year.

Oral Health for Older People Project

The Australia Research Centre for Population Oral Health (ARCPOH) led project, Oral Health for Older People commenced in October 2013. The project aims to assess over a two year period the medium to long term benefits of oral health screening for South Australian's aged 75 years and over. To achieve this aim a close working relationship was developed between ARCPOH, SA Dental Service, Central Adelaide & Hills Medicare Local (CAHML) and Southern Adelaide – Fleurieu - Kangaroo Island Medicare Local (SAFKI).

SA Dental service has been involved in all aspects of the project, assisting with recruitment of the GPs and Practice Nurses, delivery of education sessions and provision of the dental care for eligible project participants.

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 2013-14 CAP was actively involved in

- > the development of rights and responsibilities information
- > designing the 2013-14 Client Survey

- > the organisation-wide external assessment session conducted by ACHS on 'Partnering with Consumers'
- > providing advice on the targeting of specialist schemes
- > promoting information about SA Dental Service to their communities of interest.

SA Dental Service - Client Survey

SA Dental Service clients who access public dental care should:

- > gain a clear understanding of their dental situation
- > be informed of their treatment options and possible risks
- > be informed of associated costs
- > provide consent for treatment
- > be provided with professional, timely and caring treatment by staff who are welcoming and helpful.

In 2013-14, SA Dental Service conducted a client survey to gauge whether client experience matched these standards. A random sample of 5,000 clients recently seen at an SA Dental Service clinic, were invited to complete a survey form.

The 2013-14 survey results indicated overall high levels of respondent satisfaction with

- > the manner in which SA Dental Service staff personally interacted with them
- > the work practices and behaviours observed in association with the provision of clinical care
- > availability and content of written information.

The results showed considerable improvement in comparison to the 2010-11 Client Survey results and are evidence of changes made to work practices in response to client feedback.

The results reinforced that SA Dental Service has a respected workforce which provides highly valued services. Clients confirmed that the organisation promotes respectful and effective communication which is meaningful to clients and central to good work practice. It was also clear from the findings that clients do not respond well when these service features were not observed in practice.

Strategic Outcome 4

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

With the retirement of Dr Martin Dooland at the start of July 2013, Dr Geoff Franklin assumed the

roles of Chair of the National Dental Directors Group and Interim Chair of the Oral Health Monitoring group. South Australia continued to provide secretariat support for both the National Oral Health Monitoring Group and the National Dental Directors Group.

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

An additional \$16.0m from the National Partnership Agreement (NPA) for Treating More Public Dental Patients was expended in 2013/14, with the majority being spent through private sector schemes.

The expenditure authority received by SADS over the 2 year and 9 months lifetime of the program exceeded the required activity targets for 2013/14. This was a planned strategy to ensure that SADS would meet all activity targets to receive the maximum reward funding of \$27.7m by the end of March 2015.

This additional expenditure led to further significant improvements in waiting times and numbers in 2013/14. However toward the end of 2013/14 numbers of people on the waiting lists began to rise again due to a significant demand shift.

Demand for general care increased by more than 50% compared with the NPA1 baseline year of 2011/2012. This was due to both the cessation of the Medicare Chronic Disease Dental Program at the end of November 2012 and the shorter waiting time generated by the additional funding.

Without this additional funding, waiting times are expected to increase further in 2014/15.

New 10 year National Oral Health Plan

The previous National Oral Health Plan 2004-2013 lapsed at the end of 2013.

In August 2012 Australian Health Ministers' Advisory Council (AHMAC) endorsed funding for the development of a new plan.

In October 2013 Dr Geoff Franklin was invited to represent the National Dental Directors as part of the National Reference Group providing advice on the development of the new plan.

Scope of Practice Registration Standard for Dental Providers

A revised Dental Board of Australia (DBA) Dental Scope of Practice Registration Standard is to take effect from 1 July 2014. In developing the new

Standard the DBA undertook an extensive review from 2012- 2014. This included consultation with the profession and the community.

Key changes to the standard included:

- > Inclusion of the requirement for a team approach to dental care to facilitate access to timely and appropriate dental treatment by the most appropriate, educated and competent practitioner.
- > Removal of supervision requirements in the registration standard for dental hygienists, dental therapists and oral health therapists in recognition of the team approach.
- > Inclusion of the requirement for a structured professional relationship.

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

The Health Promotion Practice Guidelines were formally launched by the Minister for Health and Ageing in June 2012. During 2013/ 2014, Health Promotion continued implementation of the guidelines across SWDS and commenced professional development training at the ADH.

Motivational Interviewing (MI) refresher sessions were delivered across all LOM districts. SDS Senior Practitioners participated in more advanced MI training with Dr John Litt, Associate Professor in the Discipline of General Practice. 63 GPU staff at the ADH attended an Introduction to Health Promotion and Motivational Interviewing session and 25 staff from the SNU attended MI training.

Toothbrushing Programs are included in the Health Promotion Practice Guidelines as an effective way of improving the oral health of young children. To support local clinical staff with the implementation of toothbrushing programs in their area, a range of resources were developed.

Smoking Cessation

In line with oral health's integral role within general health, a clinic based tobacco cessation program

has been implemented to raise client's awareness of support services available for quitting smoking, with a focus on reducing smoking rates of Aboriginal clients.

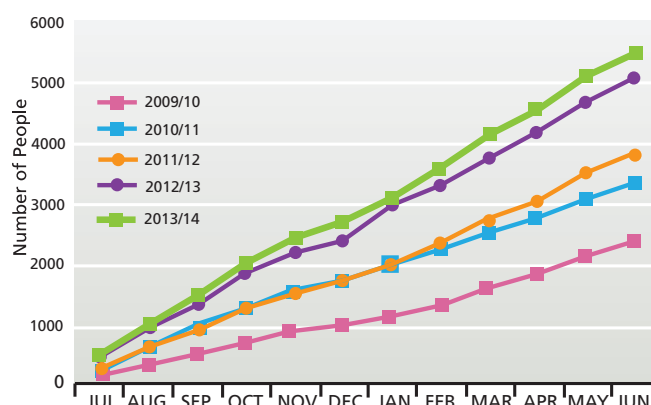
Brief intervention techniques are used to support smokers who are interested in managing their tobacco dependence and provides a referral pathway to the Quitline.

Conversations with clients about their smoking are embedded into daily clinical practice and are supported with targeted written resource material developed by the Health Promotion Unit.

Interventions are tracked on a custom screen recording tool via an electronic case note system.

The program has resulted in significant increases in the number of public dental patients receiving short interventions for smoking cessation. 22,844 interventions have been recorded since 2006. Patients' interest in quitting is assessed and where appropriate the person is linked to the Quitline.

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

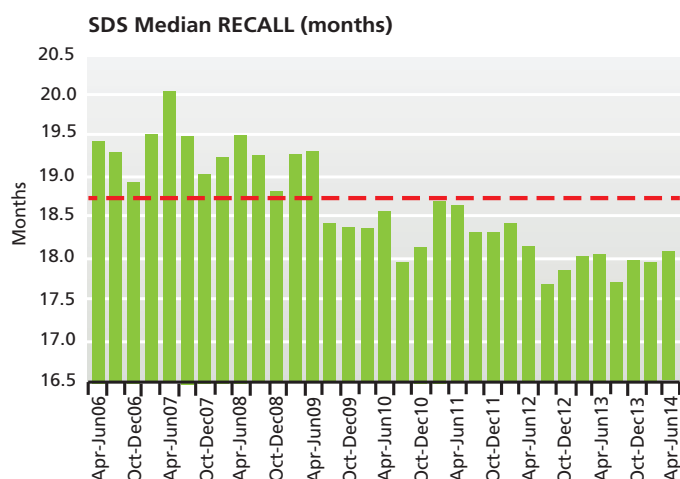


The AOHP team has supported the joint Health Promotion/ Drug and Alcohol Services SA Mighty Mouth strategy by speaking to staff about cultural issues and the value of the resource to the Aboriginal community. The Mighty Mouth resource aims to make waiting areas a more welcoming space for Aboriginal clients and prompts conversations about smoking. The Mighty Mouth banner was displayed at various cultural events during 2013-2014.

Child Recall Intervals 2013/14

The reduction in median actual recall interval for children treated in the School Dental Service was sustained with a reduction to 18 months or less, during 2013/14. This is well below the target of

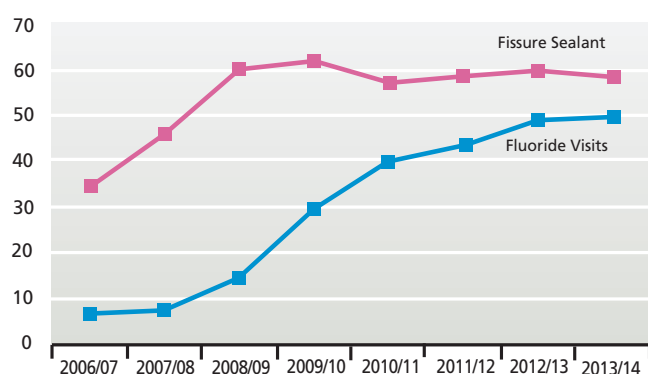
18.7 months and the equal lowest levels, along with last year, since before 2005. Recent emphasis on ensuring timely children's recalls, in particular for high risk children, has demonstrated improvement with a further reduction on the proportion and total number of overdue recalls for each risk group.



Preventive Care 2013/14

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 visits for Fluoride application 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 long term trend of 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 four of the past five years and is currently second lowest since 2007.

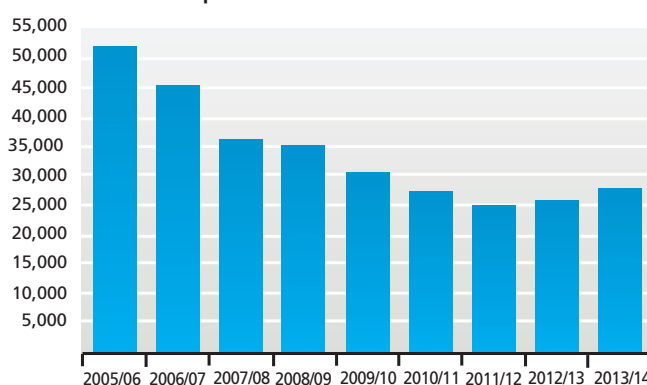
Clinical Prevention Services Rate per 100 Consenting Patients



Adult dental emergencies 2013/14

Dental emergencies treated in 2013/14 were 27,753, an increase of 1,688 or 6.5% on 2012/2013. 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 and general services on the state public system. An additional 3,246 (+13.2%) more emergency patients were seen 2013/14, after the MCDDS closure, compared with the same period from two years before.

Dental Emergency Courses of Care commenced per annum



Waiting Lists 2013/14

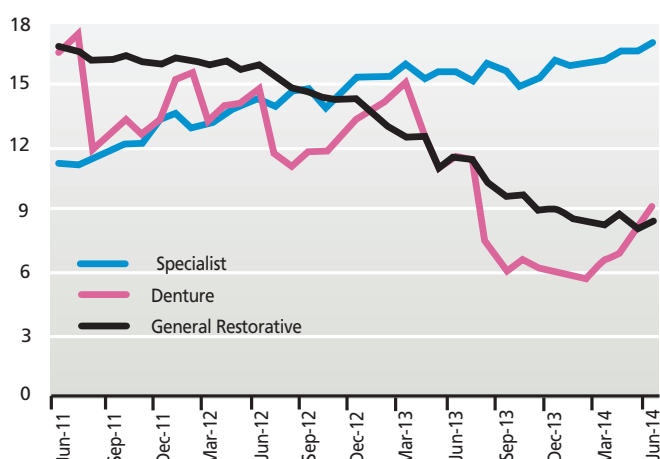
Waiting lists for general and denture public dental care reduced in 2013/14 as shown in the graphs below. The initial phase of the National Partnership Agreement on Treating More Public Dental Patients (NPA), commenced in May 2013 and saw an initial significant reduction in the number of people waiting and waiting times, meeting the first project reward milestone. The additional NPA funding during 2013/14 allowed for significantly more patients to be offered dental care, mainly through private dental schemes, but with some increased in-house (staff) capacity.

The average waiting time for patients removed from routine care waiting lists reduced to 8.4 months at June 2014 compared with 11.5 months at June 2013. The weighted mean waiting time for patients being removed from denture waiting lists improved to 9.0 months at June 2014 compared with 11.4 months at June 2013. The denture wait time had been as low as six months wait for much of 2013/14, as the program funding was committed by February 2014. However, difficulty attracting dentists to some country areas and limited treatment of public patients by some rural private practices has

maintained a gap in average waiting times between the Adelaide metropolitan area and several country areas of at least 6 months longer wait for country patients.

The combined average waiting time for Specialist Services at the Adelaide Dental Hospital increased slightly from 15.6 months in June 2013 to 17.0 months by June 2014, continuing a long term trend evident since 2011.

Dental Wait Times (Months)



Strategic Outcome 6

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

Child Dental Benefits Schedule

From 1 January 2014 the Commonwealth Government introduced the Child Dental Benefits Schedule (CDBS) which provides payments to private and public dental practices for providing a limited range of dental care services to children eligible under the Schedule. Eligible children receive free care from SA Dental Service and include children in families receiving a number of means tested Commonwealth payments, including Family Tax Benefit Part A. To prepare for this significant change to funding arrangements, SA Dental Service undertook a successful change management strategy to revise work practices, the client record system and recording practices to reflect the Commonwealth's business rules. This included the introduction of EFTPOS terminals to School Dental Service clinics,

enabling CDBS claims to be sent electronically to Medicare using the Medclear system.

Despite relatively late finalisation of the Commonwealth's business rules, SA Dental Service implemented these changes from 1 January 2014 and accrued revenue of \$8 million while continuing to maintain population oral health principles and the provision of clinically indicated appropriate care to individual children.



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). 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).

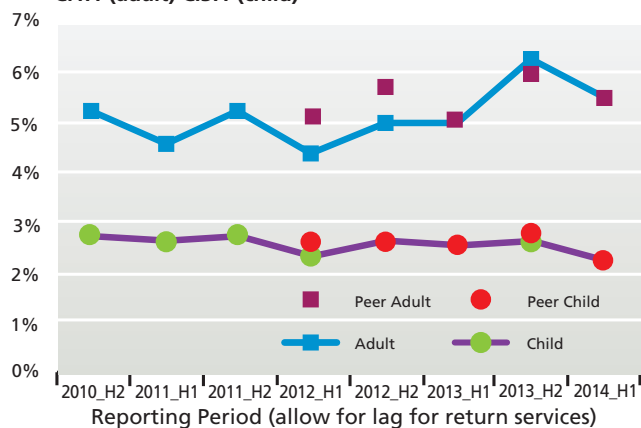
2013/14 ACHS Quality Clinical Indicators (Oral Health) results

SA Dental Service state totals achieved were statistically equal to peer aggregate results for all the nine clinical indicator areas across both the School and Community Dental Services, for the reporting period ending December 2013.

For the June 2014 ACHS indicator report, allowing for any required lag for return events, SA Dental Service aggregated clinics achieved statistically equal to national peer aggregate results in seven of nine of the indicators areas submitted. For indicator 1.2 (unplanned returns following routine extractions) the

CDS was statistically better than peers interstate. At 49.2%, the CDS fell just 3 cases below, compared with a national average of 53.2%, for completing root canal treatments within 6-months of commencing endodontic treatment, where a high rate is deemed desirable.

ACHS Clinical Indicators Restoration Retreatment (6mths) CI1.1 (adult) CI3.1 (child)



The rate of restoration (filling) re-treatments within 6 months, are two of the key ACHS clinical indicators. The CDS adult and SDS child rates were both within peer norm rates during 2013/14

Accreditation

In August 2013 SA Dental Service completed the first phase of the Accreditation cycle utilising the 1-6 National Safety and Quality Health Service Standards (NSQHS Standards) applicable to dental services. This phase involved the onsite organisation wide survey. The survey team consisted of 4 members 'on site' from August 19-23 2013. A number of rural and metropolitan sites were assessed along with the Adelaide Dental Hospital and the Corporate Office at Flinders Street.

SA Dental Service survey utilising the 1-6 NSQHS Standards, was one of the first conducted for dental services by ACHS. This provided many learning opportunities for both the survey team members and SA Dental staff.

The Survey Team Coordinator complimented SA Dental on its commitment to Safety, Quality, Risk and Continuous Improvement. The team identified 10 actions where SA Dental Service did not achieve the expected standard for accreditation (5 for core actions and 5 for developmental actions). SA Dental Service completed the 'Advanced Completion 120 day' desk top assessment in January 2014,

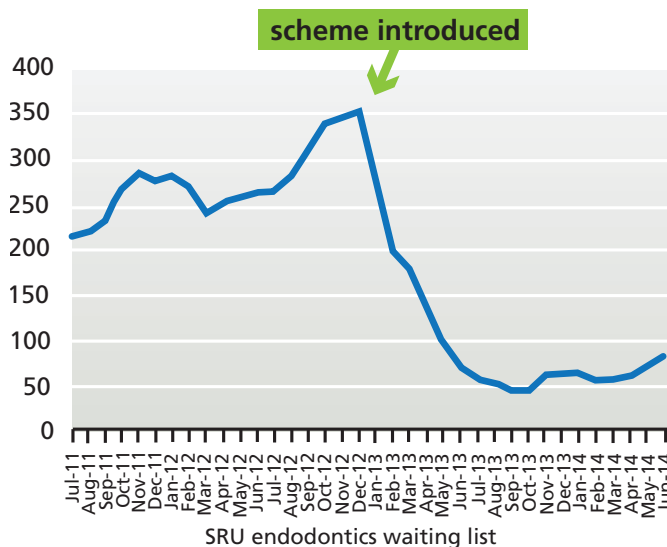
and after providing substantial evidence of plans for improvement for the 10 recommendations, Accreditation was awarded to the organisation until 10 March 2017.

Crown & Bridge Dental Scheme

The Crown & Bridge Dental Scheme was launched in January 2014. The scheme allows for referral of country residents who require simple crown and bridge treatment to the private sector, reducing the Specialist Restorative Unit (SRU) waiting list for specialist crown and bridge treatment. As at end June 2014, 62 country patients on the SRU crown & bridge waiting list had been offered treatment under the scheme. The uptake rate is 74%. As a result of these offers in conjunction with waiting list removals for in-house crown & bridge treatment in SRU, the SRU crown & bridge waiting list at the end of the 2013-14 year has been held below 300, with the maximum waiting time at 12 months.

Specialist Dental Scheme (Endodontics)

170 patients have been offered care under the scheme since its launch in February 2013. \$170K was spent on this scheme for full year 2013-14. The availability of this scheme as another means by which patients can access specialist endodontic treatment has ensured that the SRU endodontics waiting list is being maintained at historical lows, with 80 patients waiting as at end June 2014, with a maximum wait time of less than 5 months.



One Procurement Solution Implementation

In March 2014, SA Dental Service went live with the One Procurement Solution which introduced both electronic ordering of supplies, and electronic

processing of invoices. As one of the first SA Health agencies to introduce the system, the implementation project was a significant piece of work to identify catalogues of dental goods, as well as agency structures and hierarchies for automated approval and escalation processes. There was also training provided across the state for those staff responsible for ordering goods and paying invoices.

Staff have adopted the systems well, and there has been a significant reduction in paper circulating between clinics and offices. There have been improvements to frequency of deliveries, as staff can order goods when required as opposed to being restricted to the previous set delivery times, and invoice payments have been streamlined. There will also be an increased ability to report on invoices paid and goods ordered which will be of great benefit to SA Dental Service managers.

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 maintained the credentialling 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).

Staff Biennial Conference

In June 2014, 600 SA Dental Service staff attended the organisation's Biennial Conference, themed 'Great Expectations: Smart and Strong.' The program explored the challenges and opportunities of great expectations and included presentations by staff and keynote speakers. Six units across the organisation were represented by staff members presenting short segments titled 'Everyday Excellence.' The snapshot presentations provided an opportunity for sharing the units' achievements. Badges acknowledging 30 and 40 years of service were presented to staff in recognition of their contribution to the organisation



Voluntary Dentist Graduate Year Program (VDGYP)

In 2013/14 SA Dental Service employed a further 2 graduates in the Commonwealth funded Voluntary Dentist Graduate Year Program. 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.

The graduates were based in metropolitan SWDS clinics with rotations through the ADH and the Wallaroo Community Dental clinic. In addition, approval was given for SA Dental Service to build a new 6 chair Community Dental Clinic at Marleston in the western suburbs funded by the \$1.9m capital funding allocation from the program.

Oral Health Therapist Graduate Year Program (OHTGYP)

2013/14 saw the introduction of the Commonwealth funded Oral Health Therapist Graduate Year Program with two graduates selected for SA Dental Service, one based at Murray Bridge and the other at Modbury GP Super Clinic. The program is managed and funded along the same principles as the VDGYP.

SA Dental Service was successful in receiving \$1.4m from the capital funding allocation of the program and will redevelop the Magill and Linden Park clinics in 2015 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 (ARCPOH)

Research Agenda 2013/14

SA Dental Service has a long, well established and successful relationship with the Australian Research Centre for Population Oral Health (ARCPOH). Current research topics include:

- > Adult recall intervals and services in a course of care
 - Stage 1 - This retrospective study examining general and emergency services and courses of care over the past ten years has been completed.
 - Stage 2 - will now commence and involves a prospective study of the differences in oral health needs when no, one, two or three year recall periods are applied in the adult population.
- > Caries Risk Assessment Tool
 - Review of the existing Caries Risk Assessment Tool used in the School Dental Service.
- > Qualitative interviews with Aboriginal clients exploring the barriers to care influencing attendance patterns
 - The final report is due in 2014/15.

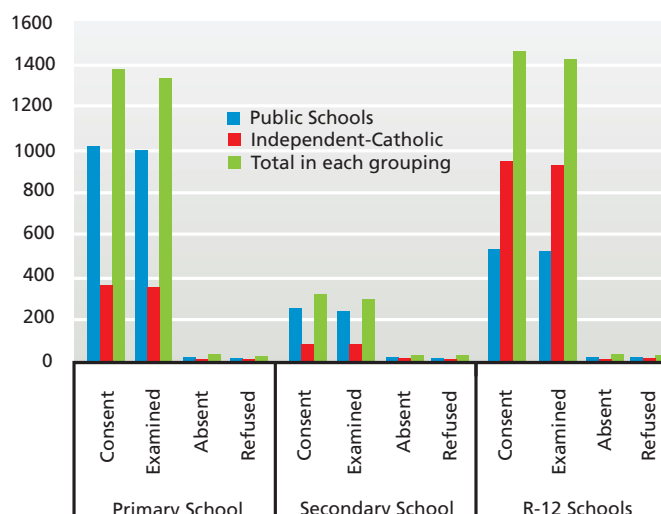
National Child Oral Health Survey 2013/14

SA Dental Service in Partnership with ARCPOH has implemented the South Australian component of the National Child Oral Health Survey. The School Dental Service in South Australia provided in-kind support for this project of \$240,000 during 2011-2013.

The Survey methodology involved inviting children and families to participate via initial approaches to both public and private schools. The survey ran from January 2012 to December 2013 and 3,000 children from 96 South Australian schools were examined.

Data collection in other States and Territories will continue over the next 12-24 months. Ultimately a national report will be released which will inform oral health policy and practice in relation to children's dental services at both the national and local levels.

Parent Consent to Participate – Examination complete 30/01/2014



Strategic Outcome 9

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

Adelaide Dental Hospital Business Case

In June 2014, SA Health issued a Request for Proposal (RFP) for an Educational Partner to join with SA Dental Service to provide dental care for eligible patients in SA. The RFP sought proposals from Australian Universities to use SA Dental Service facilities, provide dental care for patients through clinical placements of dental students and at the same time provide a capital infrastructure solution for the future of the Adelaide Dental Hospital. The results of the tender process are to be known by December 2014.

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 continue to be involved with Architects, Engineering consultants and Managing Contractors, developing detailed plans and the building works for the major projects for Wallaroo, Port Lincoln, Mount Gambier and Murray Bridge.

Wallaroo clinic building works were completed with the official opening in December 2013. This development saw the closure and demolition of the Kadina clinic.



Work continues on the Port Lincoln Hospital development including a 7 chair clinic for SA Dental Service, with handover expected later in 2014.

Mount Gambier Hospital development has progressed, with the handover of the 6 chair extension to the SA Dental Service clinic in June 2014. Work on the dental fit out needs to be completed before staff move in. Works on the minor refurbishment of the existing clinic will occur in the coming months.

Construction of the new 6 chair Murray Bridge clinic commenced in September 2013 with the project handed over in June 2014. The new clinic is expected to be operational in early 2015 following the installation of the dental equipment.

An extension and upgrade to the Port Pirie West School Dental Clinic saw the clinic double in size from the original 70m² to 130m². Major changes include a dedicated reception area, decontamination room and space around the dental chairs.

Metropolitan Infrastructure Improvements

Infrastructure developments in the metropolitan area included refurbishment of the Port Adelaide Dental Clinic. The 2 chair clinic now has upgraded reception and office areas, a decontamination room, x-ray room and record storage facilities.

The Parks redevelopment has seen some progress with the developer and architects appointed. The project is moving quickly through the concept phase with work on detailed design about to commence.

The sale of the local school where the Evanston clinic is located resulted in the clinic site being purchased



in the name of the Minister of Health. Additional works were completed to upgrade areas of the clinic and provide a suitable carpark for staff and clients.

Prison Clinics

The SA Dental Service Planning team have been involved in the planning and building works undertaken to upgrade Prison Clinics located at sites owned by the Department of Correctional Services (DCS). Significant improvements in conditions have been achieved at the Adelaide Remand Centre, Adelaide Women's Prison and Mobilong Prison via the joint co-operation of the DCS and SA Dental Service. Planning for the new Health Building at the Yalata Prison site will include a new dental clinic.

Across Government Facilities Management Arrangement Implementation

In November 2013, the Across Government Facilities Management Arrangement (AGFMA) was introduced. Under this arrangement, all preventative and breakdown maintenance is managed by external facility managers, meaning SA Dental Service no longer engages individual contractors directly.

In addition, the SA Dental Service Asset Services staff transitioned in February 2014 to the new Central Adelaide LHN Asset and Security Management Unit. The Unit is responsible for ensuring the business maintenance needs and regulatory requirements are met by the AGFMA. Budget associated with building repairs and maintenance was transferred to the Unit who oversee the work and expenditure on behalf of SA Dental Service.

Freedom of Information 2013/14

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 (2013-14)

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

Outcomes of Access Applications (2013-14)

Outcome description	Personal	Non Personal	Total
Full Release	36	0	36
Partial Release	0	0	0
Refused access (no record)	1	0	1
Total	37	0	37

Applications for Amendment (2013-14)

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

Applications and Outcomes for Internal Reviews (2013-14)

	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

	2010/2011	2011/2012	2012/2013	2013/2014
Patients	21,276	21,527	22,096	23,239
Attendances	69,600	75,531	77,174	80,425

Diagnostic / Preventive

Examinations	13,306	14,506	13,455	13,983
Consultations	12,010	11,487	12,238	12,683
Radiographs	29,680	28,739	27,830	30,296
Periodontal treatment dental health education	16,701	18,741	18,551	17,317

Conservative Dentistry

Temporary restorations	1,469	1,939	1,915	1,784
Plastic restorations (amalgam, GIC & resin)	12,612	14,219	14,708	14,405
Complex restorations	982	1,032	943	1,312
Root canal treatment	928	883	947	1,175

Prosthetic Dentistry

Full dentures	548	495	498	593
Part dentures	633	692	834	880
Denture relines / re-bases	156	173	186	202
Denture repairs	196	211	194	216
Denture adjustments	982	935	1,056	1,166

Oral Surgery

Simple extractions	12,348	12,084	12,280	14,163
Surgical extractions	1,907	2,101	2,863	2,730

Orthodontics

Removable appliances**	791	942	982	1,148
Fixed appliances (Arches)	1,220	1,125	1,134	1,026

Adelaide Dental Hospital Statistics (cont.)

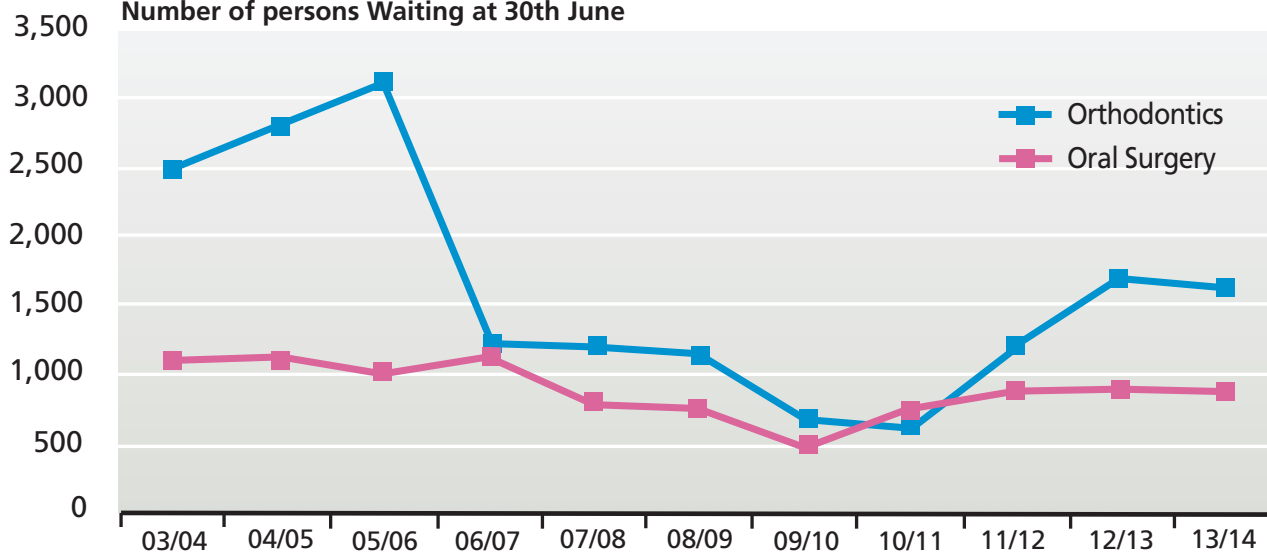
Waiting Lists

Number of people on waiting lists

	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14
Orthodontics	2,481	2,791	3,120	1,249	1,222	1,165	708	626	1,210	1,710	1,635
Oral Surgery	1,092	1,141	1,008	1,125	819	765	494	721	895	898	877

Adelaide Dental Hospital Specialist Waiting Lists

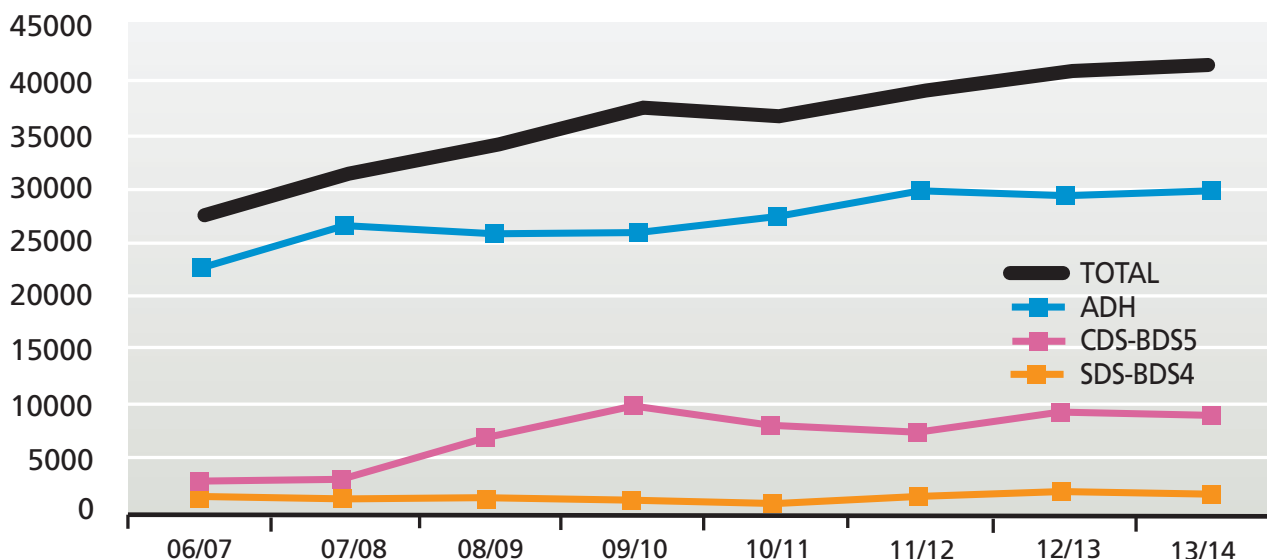
Number of persons Waiting at 30th June



Patient Visits – seeing a dental student

	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14
Adelaide Dental Hospital	22,978	26,426	25,816	26,003	27,272	29,707	29,193	29,713
Community- BDS5	2,816	2,934	6,978	9,716	7,990	7,386	9,272	9,134
School Dental/Pedo BDS4	1,677	1,807	1,242	1,539	1,296	1,982	2,163	2,099
All	27,471	31,167	34,036	37,258	36,558	39,076	40,628	40,946

Total Number of BDS Student Patient Visits per year



School Dental Service Statistics

Children under care (consents)

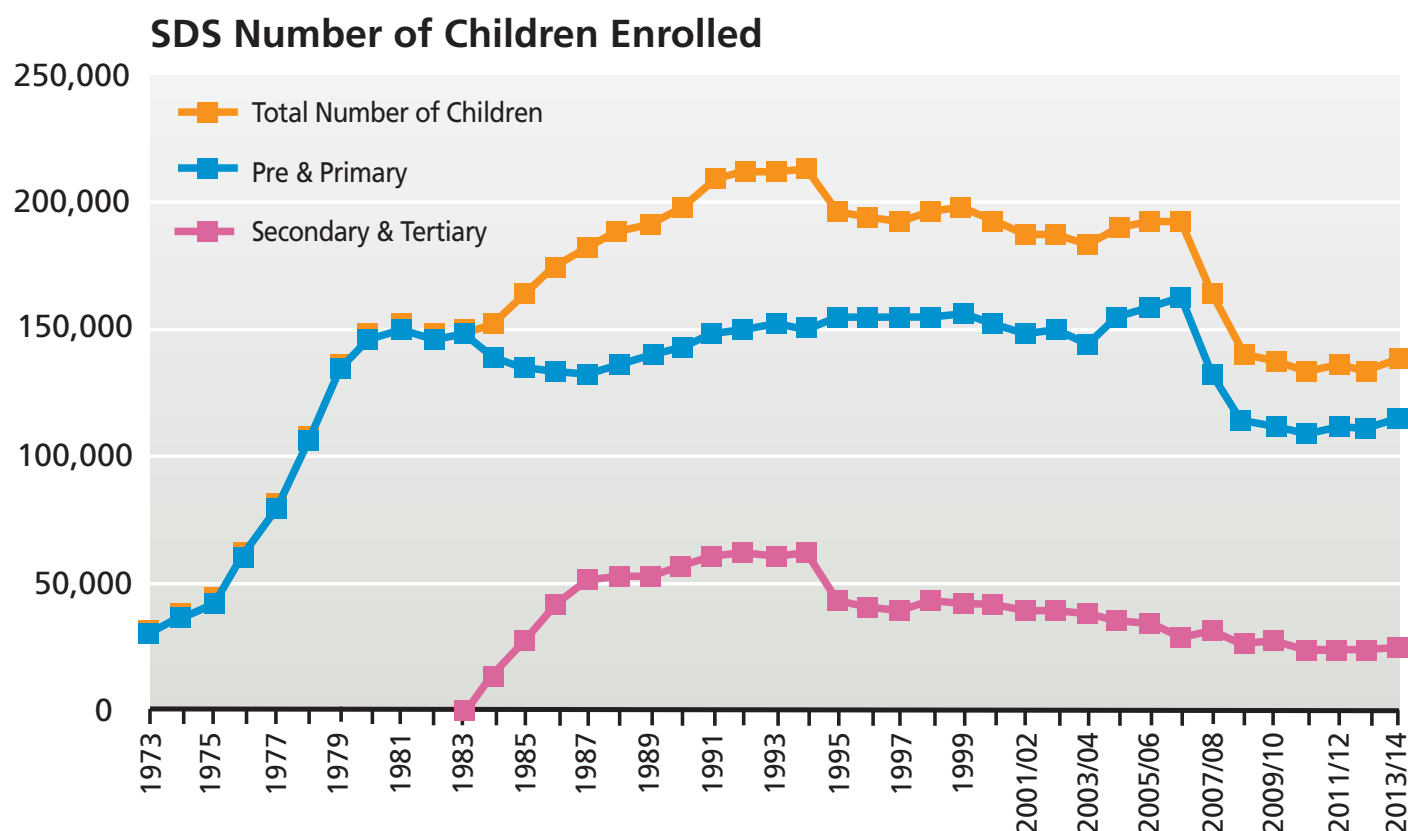
In 2013/14, the School Dental Service cared for 139,735 registered children; 115,387 pre-school and primary school children (+4,558) and 24,348 (+165) secondary school students. The number of patients under care is 4,723 more than the 2012/13 total, and the highest number enrolled since 2009/10.

A similar number of secondary school children have been enrolled in SDS for the past four years. The number of pre-school and primary school children enrolled in the SDS increased to levels not seen since before 2008.

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, ceased in December 2013.

A new commonwealth funded scheme, the Child Dental Benefits Schedule (CDBS) commenced from 1 January 2014.

The number of children under care by the School Dental Service since 1973 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.
- > The Child Dental Benefits Schedule (CDBS), a Commonwealth funded children's dental program commenced in January 2014. The SA School Dental Service staff are deemed eligible providers under the CDBS, but dental students and services under GA in hospitals are not entitled CDBS services.

School Dental Service Statistics (cont.)

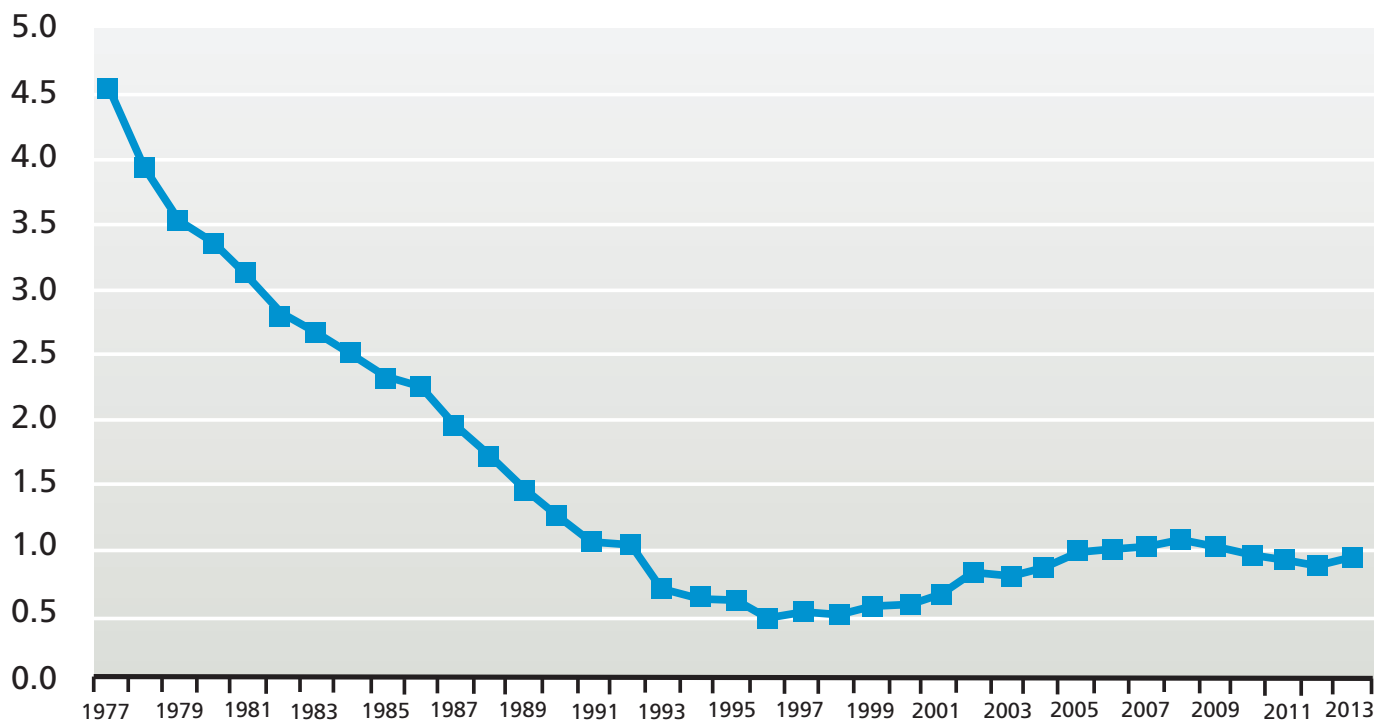
Dental caries experience

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 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.

The average 12 year-old DMFT in 2013 is the same as 2011, at 0.91, and is the equal second best rate observed since 2004.

SA School Dental Service DMFT – 12 year olds



School Dental Service Statistics (cont.)

Annual services per 100 children under care (registered consents)

	2010/11		2011/12		2012/13		2013/14	
	Freq	Per 100 Consents	Freq	Per 100 Consents	Freq	Per 100 Consents	Freq	Per100 Consents
Patients	79,829		84,380		84,975		86,666	
Attendances	164,742		173,208		184,509		183,222	
Examinations	75,860	56.5	81,013	59.4	83,967	62.2	98,218	70.3
Radiographs	78,817	58.7	88,971	65.2	92,273	68.3	99,531	71.2
Prophylaxis	14,211	10.6	14,592	10.7	15,390	11.4	19,829	14.2
#Topical Fluoride (visits)	20,349	15.2	19,836	14.5	20,235	15.0	#47,076	#33.7
#Conc Fluoride (Teeth treated)	302,324	225.2	354,336	259.6	413,611	306.4	#198,357	#142.0
Filling (primary + permanent)	45,859	34.2	46,758	34.3	44,544	33.0	40,474	29.0
Pulpotomy (Primary)	2,447	1.8	2,350	1.7	2,207	1.6	1,816	1.3
Root Canal Treatment	197	0.1	251	0.2	285	0.2	244	0.2

Extractions

Simple (primary+perm)	15,791	11.8	15,925	11.7	15,872	11.8	15,433	11.0
Temporary dressing	3,308	2.5	2,585	1.9	2,617	1.9	2,240	1.6

Orthodontics

Active appliance	294	0.2	280	0.2	331	0.2	302	0.2
Referral	3,892	2.9	4,512	3.3	4,916	3.6	4,300	3.1
Mouthguard	811	0.6	853	0.6	933	0.7	724	0.5
Fissure sealant and surface protection	76,606	57.1	79,767	58.4	80,479	59.6	81,793	58.5

Dental Health Education

Child-individual*	57,899	43.1	60,256	44.1	65,018	48.2	70,102	50.2
small group*	1,555	1.2	1,343	1.0	804	0.6	1,454	1.0
Parent-individual*	80,587	60.0	82,073	60.1	84,325	62.5	80,395	57.5
-group**	318	0.2	133	0.1	124	0.1	41	0.0

* Estimated 5 minute time unit

** Estimated 15 minute time unit

from January 2014 Child Dental Benefits Schedule – Fluorides (as visits)

Not documented as Conc Fluoride per Tooth

Community Dental Service Statistics

Treatment Statistics (Community Dental Clinics and Private Sector Schemes)

Number of services provided 2013/2014

	CDS		Contracted Privately		Total 2013/2014	
	Freq	Per 100 Patients	Freq	Per 100 Patients	Freq	Per 100 Patients
Number of patients	40,016		30,777		65,551	
Patient attendances	96,161		71,318		167,479	
Examinations	35,695	89.2	22,288	72.4	57,983	88.5
Radiographs	39,220	98.0	29,406	95.5	68,626	104.7
Periodontal treatment / dental health education	48,293	120.7	21,244	69.0	69,537	106.1
Temporary restorations	2,691	6.7	555	1.8	3,246	5.0
Plastic restorations (amalgam, GIC & resin)	40,543	101.3	45,471	147.7	86,014	131.2
Complex restorations	15	0.0	0	0.0	15	0.0
Root canal treatments	974	2.4	728	2.4	1,702	2.6
Denture units	1,872	4.7	5,255	17.1	7,127	10.9
Denture relines / rebases	236	0.5	357	1.2	593	0.9
Denture repairs	216	0.5	6,724	21.8	6,940	10.6
Denture adjustments	1,832	4.6	92	0.3	1,924	2.9
Simple extractions	18,434	46.1	10,211	33.2	28,645	43.7
Surgical extractions	97	0.2	1,754	5.7	1,851	2.8

Community Dental Service Statistics (cont.)

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

Number of services provided most recent four years

	2010/2011		2011/2012		2012/2013		2013/2014	
	Freq	Rate Per 100 Patients	Freq	Rate Per 100 Patients	Freq	Rate Per 100 Patients	Freq	Rate Per 100 Patients
Number of patients	48,635		45,997		53,846		65,551	
Patient attendances	108,823		107,543		131,350		167,479	
Examinations	41,961	86.3	40,251	87.5	48,938	90.9	57,983	88.5
Radiographs	40,056	82.4	41,200	89.6	55,652	103.4	68,626	104.7
Periodontal treatment / dental health education	26,365	54.2	33,394	72.6	47,883	88.9	69,537	106.1
Temporary restorations	2,486	5.1	2,318	5.0	3,076	5.7	3,246	5.0
Plastic restorations (amalgam, GIC & resin)	43,419	89.3	42,677	92.8	59,200	109.9	86,014	131.2
Complex restorations	0	0.0	1	0.0	22	0.0	15	0.0
Root canal treatments	623	1.3	821	1.8	1,120	2.1	1,702	2.6
Denture units	5,695	11.7	5,549	12.1	6,096	11.3	7,127	10.9
Denture relines / rebases	410	0.8	358	0.8	438	0.8	593	0.9
Denture repairs	5,866	12.1	5,151	11.2	5,957	11.1	6,940	10.6
Denture adjustments	1,214	2.5	1,551	3.4	1,588	2.9	1,924	2.9
Simple extractions	22,613	46.5	21,953	47.7	23,684	44.0	28,645	43.7
Surgical extractions	944	1.9	1,022	2.2	1,271	2.4	1,851	2.8

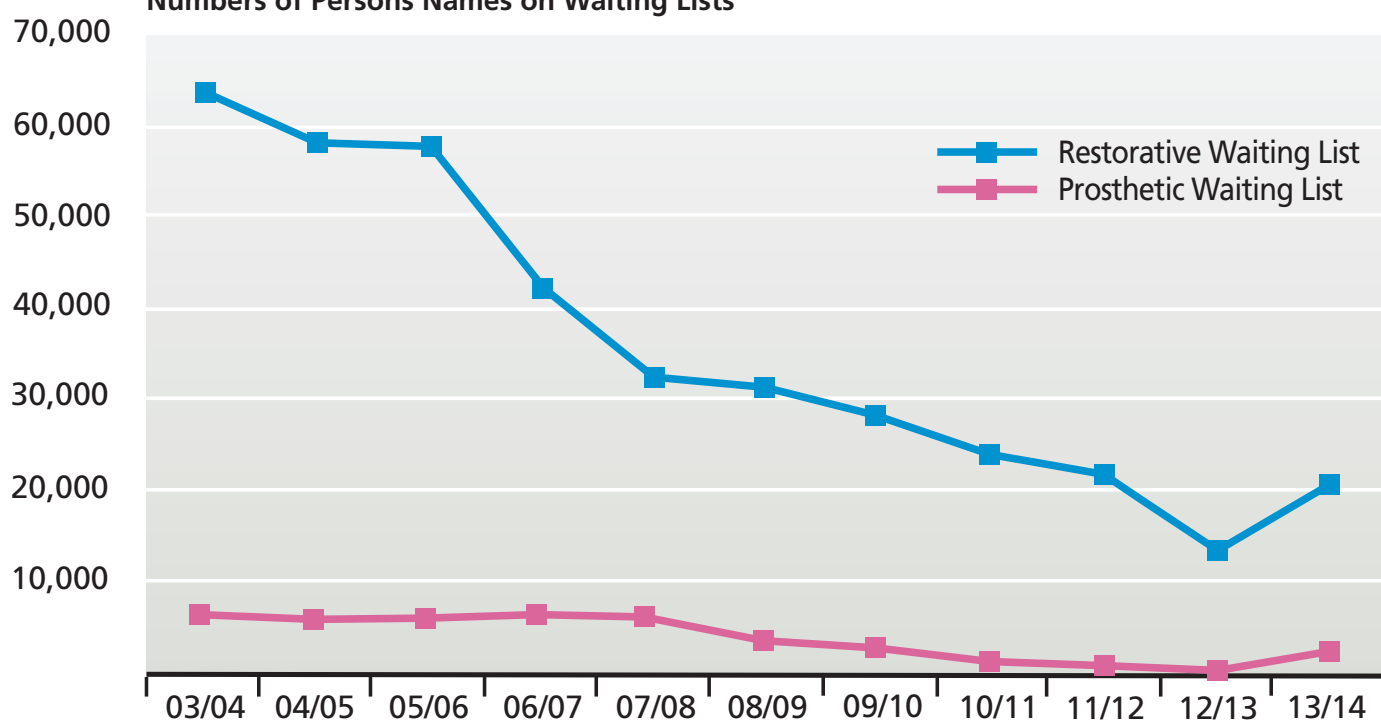
Community Dental Service Statistics (cont.)

State Adult Dental Waiting Lists

Waiting lists at Community Dental Service Clinics – adult dental services

	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14
Prosthetic Waiting Lists	6,331	6,177	6,119	6,378	6,075	3,776	3,043	1,615	927	429	1,861
Conservative Waiting Lists	63,876	58,121	57,969	42,051	32,429	31,289	28,143	23,951	21,373	13,473	20,371

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

	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14
Prosthetic Waiting Lists	34.0	34.2	37.5	40.6	38.7	27.8	28.6	16.6	14.8	11.4	9.0
Conservative Waiting Lists	34.8	28.7	26.0	22.6	19.1	17.3	17.7	16.8	16.0	11.5	8.4

Aboriginal Dental Scheme Statistics

Treatment Provided 2008/2009 – 2013/2014

	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
Practices participating	45	46	55	56	32	18
Claims submitted	969	917	847	611	566	356
Examinations	758	775	723	503	519	318
Dental prevention	72	71	91	57	54	163
Restorations	359	300	272	222	185	412
Endodontics	2	1	3	1	2	4
Radiographs	368	396	370	235	379	573
Extractions	567	521	408	275	244	274
Surgical extractions / oral surgery	49	69	75	82	85	79
Relief of pain / Temporary filling	27	15	11	9	11	4
Dentures units	61	47	46	29	5	17
Repairs / maintenance to Dentures	35	16	15	16	11	5
Adjustments or relines	4	3	3	5	2	0

Aboriginal Liaison Project Statistics

	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
Number of patients	688	1,351	1,840	2,216	2,500	2,934
Patient attendances	1,750	3,679	4,625	5,557	6,322	6,743
Courses of care	727	1,425	1,951	2,352	2,690	3,150
Examinations	861	1,511	2,108	2,442	2,767	3,188
Dental prevention / periodontal treatment	412	909	1,189	2,197	2,898	3,866
Restorations	743	1,792	2,147	2,616	3,289	3,172
Endodontics	2	15	25	28	48	52
Radiographs	822	1,534	2,151	2,756	3,307	3,686
Extractions	766	1,506	1,812	2,338	2,518	2,339
Surgical extractions / oral surgery	1	7	10	5	12	8
Relief of pain / temporary filling	37	75	149	129	213	271
Dentures units	53	129	100	139	86	130
Repairs / maintenance to dentures	0	15	8	12	11	10
Adjustments or relines	21	53	52	75	71	66

Human Resources Statistics

Agency	DSSA
Persons	918
FTE's	696.21

Gender	% Persons	%FTE
Male	16.34	15.69
Female	83.66	84.31

Number of Persons Separated from the agency during the last 12 months	103
Number of Persons Recruited to the agency during the 13/14 financial year	120
Number of Persons Recruited to the agency during the 13/14 financial year AND who were active/paid at June 2014	92
Number of Persons on Leave without Pay at 30 June 2014	22

Number of Employees by Salary Bracket

Salary Bracket	Male	Female	Total
0 - \$54,799	11	435	446
\$54,800 to \$69,699	28	115	143
\$69,700 to \$89,199	16	128	144
\$89,200 to \$112,599	22	29	51
\$112,600 Plus	73	61	134
Total	150	768	918

Status of Employees in Current Position

FTEs	Gender	Ongoing	Short-term Contract	Long-term Contract	Casual	Total
	Male	77.54	23.24	1	7.48	109.26
	Female	493.92	75.42	1	16.61	586.95
	Total	571.46	98.66	2	24.09	696.21
Persons	Gender	Ongoing	Short-term Contract	Long-term Contract	Casual	Total
	Male	95	29	1	25	150
	Female	631	92	1	44	768
	Total	726	121	2	69	918

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	50	1	50	2
Total	1	1	1	50	1	50	2

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	2013/14
1) Sick Leave Taken	6700.73
2) Family Carer's Leave Taken	427.33
3) Miscellaneous Special Leave	558.97

Number of Aboriginal and/or Torres Strait Islander Employees

Salary Bracket	Aboriginal Employees	Total Employees	% Aboriginal Employees
0 - \$54,799	4	446	0.9
\$54,800 to \$69,699	1	143	0.7
\$69,700 to \$89,199	5	144	3.47
\$89,200 to \$112,599	1	51	1.96
\$112,600 Plus	0	134	0
Total	11	918	1.2

Number of Employees by Age Bracket by Gender

Age Bracket	Male	Female	Total	% of Total
15 - 19	0	16	16	1.74
20 - 24	5	78	83	9.04
25 - 29	15	85	100	10.89
30 - 34	21	65	86	9.37
35 - 39	22	61	83	9.04
40 - 44	10	70	80	8.71
45 - 49	12	88	100	10.89
50 - 54	14	102	116	12.64
55 - 59	24	132	156	16.99
60 - 64	18	64	82	8.93
65+	9	7	16	1.74
Total	150	768	918	100

Cultural and Linguistic Diversity

Name	Male	Female	Total	% of Agency
Number of Employees born overseas	55	161	216	23.53
Number of Employees who speak language(s) other than English at home	10	32	42	4.58

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

Male	Female	Total	% of Agency
1	5	6	0.7

Human Resources Statistics (cont.)

Types of Disability (where specified)

Disability	Male	Female	Total	% of Agency
Disability Requiring Workplace Adaptation	1	5	6	0.7
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	9	15	24
Compressed Weeks	7	36	43
Part-time	82	467	549
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	39.11
% review older than 12 months	41.94
% Not reviewed	18.95

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 2014

Revenue	YTD Actuals	YTD Budget	YTD Variance
Patient/Client Fees	-13,174,800	-4,935,670	8,239,130
Goods and Services Recharge / Recoveries	-15,177	-147,596	-132,419
Recharges - Employee Related Cost	-1,605,177	-522,058	1,083,119
Grants, Donations & Subsidies	-924,753	-279,711	645,042
User Fees and Charges Revenue	-354,909	-122,995	231,914
Investment Income & Other Revenue	-882,348	-2,158,162	-1,275,814
Revenue Total	-16,957,163	-8,166,192	8,790,971
Expense			
Employee Related Expenses			
Salaries and Wages - Nursing	600,964	577,715	-23,249
Salaries and Wages - Medical Officers	570,676	648,302	77,626
Salaries and Wages - Weekly Paid	569,525	536,850	-32,675
Salaries and Wages - Clinical Academics	44,445	0	-44,445
Salaries and Wages - Salaried Employees	47,492,364	49,243,689	1,751,325
Other Employee Related Expenses	5,602,112	5,865,355	263,243
Employee Related Expenses Total	54,880,087	56,871,911	1,991,824
Non Employee Related Expenses			
Agency Staffing	103,127	62,411	-40,716
Food Supplies	34,301	21,176	-13,125
Drug supplies	14,472	2,208	-12,264
Medical, Para Med & Laboratory Supplies	4,229,646	3,608,851	-620,795
Outside Pathology Charges	3,529	1,949	-1,580
Housekeeping	1,252,305	272,591	-979,714
Linen Services	8,327	9,098	771
Electricity, Gas, Fuel	578,692	649,353	70,661
Minor Equipment	426,880	344,765	-82,115
Repairs & Maintenance	1,113,964	994,850	-119,114
Fee for Service	18,874,136	5,497,018	-13,377,118
Other Supplies & Services	5,716,926	11,260,945	5,544,019
Patient/Client Transport Assistance	28,910	21,246	-7,664
S & W Purchased Staff from Other SA Health Regions	10,571	0	-10,571
Other Expenses	23,226	0	-23,226
Non Employee Related Expenses Total	32,419,013	22,746,461	-9,672,552
Expenses Total	87,299,100	79,618,372	-7,680,728
Capital Revenue / Expense			
Proceeds from Assets Disposals	-3,450	0	3,450
Appropriations and SA Government Revenue	-34,305	-272,000	-237,695
Financial and Investment Losses	511,850	0	-511,850
Depreciation & Amortisation	2,039,728	1,947,226	-92,502
Donated Assets Expense	4,807,787	4,808,000	213
Capital Revenue / Expense Total	7,321,610	6,483,226	-838,384
Grand Total	77,663,547	77,935,406	271,859

For more information

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**Government
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SA Health