



# SA Dental Service

## Year Book 15-16



Government  
of South Australia

SA Health



---

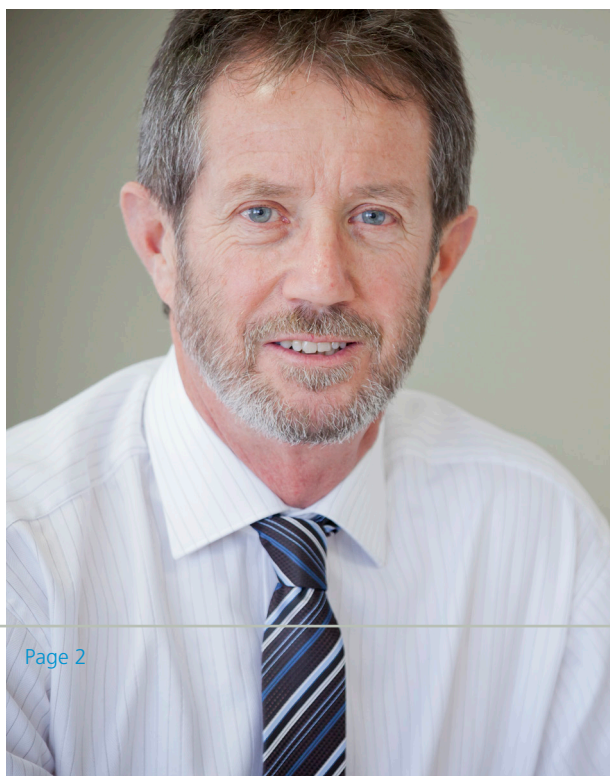
## Contents

2	Executive Director Report
3	Strategic Directions
4	Vision
4	Values
5	Organisational Chart
6	Statewide Dental Services Division
7	The Adelaide Dental Hospital Division
7	Health Promotion Division
8	Service Quality and Performance Improvement Division (SQ&PI)
9	Corporate Services Division
10	Report on the Implementation of the <i>SA Dental Service Strategic Plan</i>
	Other Matters
22	Freedom of information
24	Adelaide Dental Hospital Statistics
26	School Dental Service Statistics
29	Community Dental Service Statistics
32	Aboriginal Dental Scheme Statistics
33	Human Resource Statistics
36	Financial Statements

## Executive Director's Report 2015-16 Geoff Franklin

SA Dental Service has its own suite of strategic outcomes 2011-2018 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 2015-16 financial year. Highlights of the year include:

- > A balanced budget, which has been achieved every year for at least the past decade.
- > Further focus on the Aboriginal Liaison Program connecting Aboriginal communities with mainstream public dental services. As a result there was a further 2% increase in the number of Aboriginal children treated in SA Dental Service facilities and a 1% increase in the number of Aboriginal adults, building on incremental increases in previous years.
- > On average 69 Homeless clients per month were referred for care, an increase of 8% over the previous year.
- > Over the past year 652 (78%) Supported Residential Facilities (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.



- > A further 1.7% increase in the number of preschool children treated in the School Dental Service reflecting a focus on reducing the incidence of early childhood caries.
- > In line with oral health's integral role within general health, the number of public dental patients receiving short interventions for tobacco cessation increased again with more than 7,100 patients receiving one or more QUIT interventions.
- > Sustained excellent outcomes in a range of indicators of clinical quality including retreatment rates for a range of services.
- > Involvement in the development of the new National Oral Health Plan 2015-2024.
- > Continuation in the Child Dental Benefits Schedule program with \$15.6m revenue generated.
- > Finalisation of the SA Health public tender process for a Dental Education Partner with the University of Adelaide being the successful bidder. SA Dental Service contributed a significant amount of work in July – December 2014 towards development of the Request for Proposal and in evaluating the tender bids. In January – June 2015 significant work was required in developing the 30 year Partnership Agreement between Central Adelaide Local Health Network/SADS and the University of Adelaide.
- > A significant outcome of this process is that the University will fund and build a new Adelaide Dental Hospital (ADH) at the West End Health precinct. The new ADH will be designed and developed in collaboration with SA Dental Service and will be managed by SA Dental Service when it opens in mid-2017.
- > Another significant outcome of the Partnership Agreement was the commencement of a post graduate course to train Dental Therapists to treat adults as well as children.
- > In February 2016 the SA Dental Service Executive endorsed a recommendation to integrate the Health Promotion division into the Service Quality and Performance Improvement division. The change will take effect from July 2016

**Geoff Franklin**  
Executive Director  
SA Dental Service



---

# Strategic Directions

## SA Dental Service Strategic Outcomes for 2011-2018

**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
- > people experiencing homelessness
- > 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.



## 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

### South Australian Dental Service Values

SA Dental Service recognises that all people are entitled to the same rights and services and we are committed to the principles of social justice, fairness, and equity in the delivery of all our services. We value diversity and we work with the community to enable South Australians to achieve better oral health and well being.

We recognise that some groups have poorer health than others and we work towards improved health outcomes for disadvantaged groups, providing access to services in a fair way, recognising the rights and dignity of all individuals.

These principles are underpinned by our values.

**Communication**

We communicate openly and honestly to build effective relationships.

- We encourage staff and consumer involvement as participation helps us improve (our business).
- We keep our communication simple, sharing information that builds consistent understanding.
- We are open and approachable, we listen, learn from each other and are able to give and receive feedback.

**Honesty & Integrity**

We are recognised for high ethical standards, people can trust what we do and say.

- We accept responsibility and are accountable for our own actions.
- We have the courage to admit mistakes and the commitment to resolve issues.
- We build trust in relationships through consistency in our behaviour.

**Respect & Compassion**

We treat everyone in ways that we would like to be treated, showing understanding and empathy, not judging.

- We accept that people are different, and show everyone courtesy and consideration.
- We value people as individuals, acknowledging their needs.
  - We acknowledge people have a right to express their ideas and that difference can be a strength.

**South Australian Dental Service**  
Healthy Smile-Healthy Life

**Teamwork**

We work together in partnership to achieve common goals.

- We recognise and celebrate achievements and reinforce the positives.
- We work cooperatively, share ideas, the focus is "we not me."
- We support and motivate each other to achieve team goals.

**Creativity & Innovation**

We challenge existing ideas to constantly improve the way we work.

- We are always learning, having the courage to try new ways.
- We think outside the square, creatively solving problems.
- We reward innovation and value ideas and input from others.

**Commitment to Excellence**

We strive for excellence in all we do.

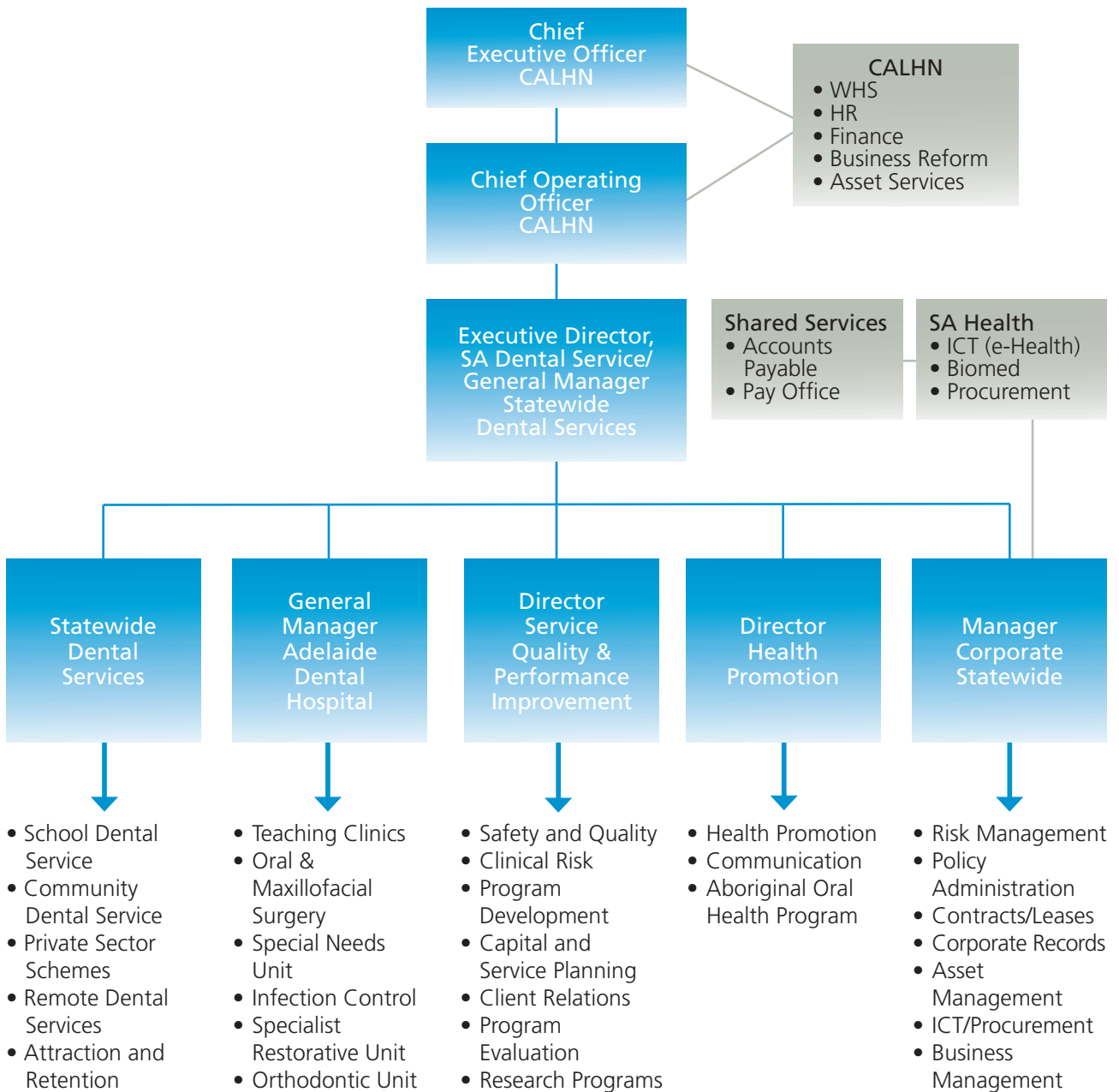
- We persevere, always working to the best of our ability.
- We challenge mediocrity, evaluate and improve our work practices and behaviours.
- We use our initiative to learn as individuals and as an organisation.

Government of South Australia

South Australian Dental Service

# 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 babies and young children, Aboriginal clients, clients with mental health issues, older people and people experiencing homelessness. 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 these 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 concession 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, to a maximum of one fee per calendar year for each child.

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.

Private dentists provide school dental services, under a capitation agreement, to approximately 1,400 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 a structured professional relationship with dentists, 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 concession card. Urgent needs are attended to promptly, while routine care is provided after recourse to a waiting list.

While the majority of care is provided by dentists, some is provided by dental hygienists and extended care dental therapists who have received additional training to provide care to adults, all of whom operate from a network of 35 clinics located throughout the state. This care is supplemented by private dentists through a range of schemes such as the Emergency Dental Scheme, General Dental Scheme, Pensioner Denture 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.



---

## Schemes Unit

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

- > The payment of private practice scheme invoices including Emergency Dental Scheme, General Dental Scheme, Aboriginal Dental Scheme, Pensioner Dental Scheme and Capitation.
- > Fee 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.

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 Unit works in partnership with SA Dental Service staff, external agencies, clients and the wider community to promote oral health as an integral part of general health and wellbeing.

The Health Promotion Unit has responsibility for:

- > incorporating health promotion principles through organisational policies and work practices
- > implementing population health promotion programs to improve oral health



- > developing evidence-based oral health resources to support staff promote oral health in the community
- > assisting staff to plan and implement local health promotion initiatives
- > developing strategic partnerships and providing education and training that increase oral health knowledge and practice
- > managing internal and external communication strategies to ensure consistency of message and branding
- > conducting staff satisfaction and culture surveys.

## Service Quality and Performance Improvement (SQ&PI) 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.

Other non-clinical support services are provided by SA Health staff out-posted to CALHN, 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.

## 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 Local Health Network (CALHN) Asset and Security Management Unit who are responsible for building maintenance and management via the Across Government Facilities Management Arrangement.





# Report on the Implementation of the SA Dental Service Strategic Plan - Progress as at June 2016

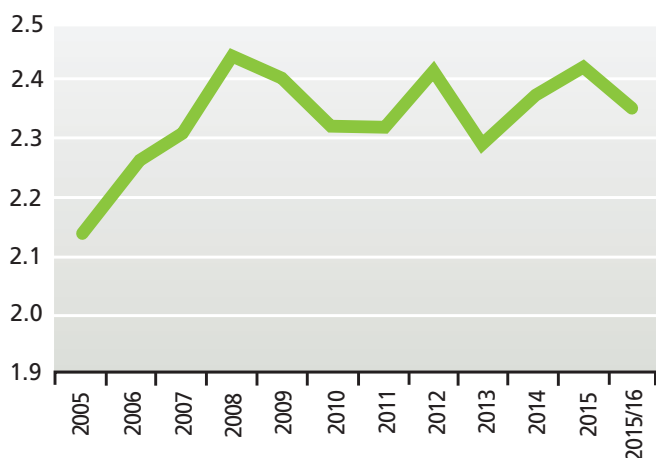
## Strategic Outcome 1

### Improved health and reduced health inequalities

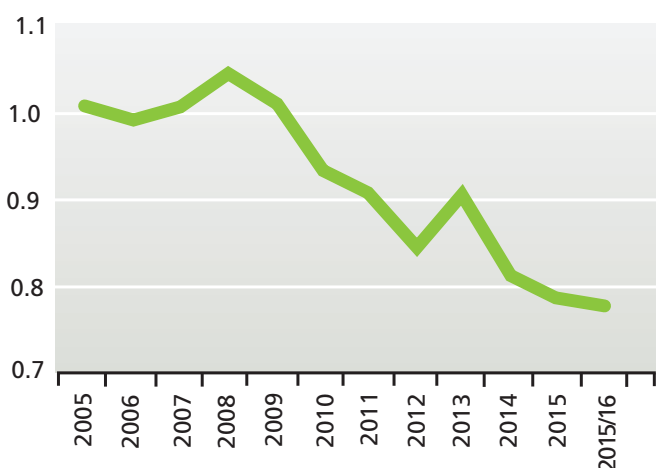
After continuous deterioration since the late-1990s, the amount of permanent tooth dental decay in 12 year old children has reduced by 24% since 2008. The 12 year-old mean DMFT is now 0.79, compared with 1.05 in 2008.

The average 6 year-old deciduous decay experience is now 2.35 teeth affected, which is approximately mid-range since 2008, but remains higher than pre-2007.

**6 year old Mean DMFT SA SDS**



**12 year old Mean DMFT SA SDS**



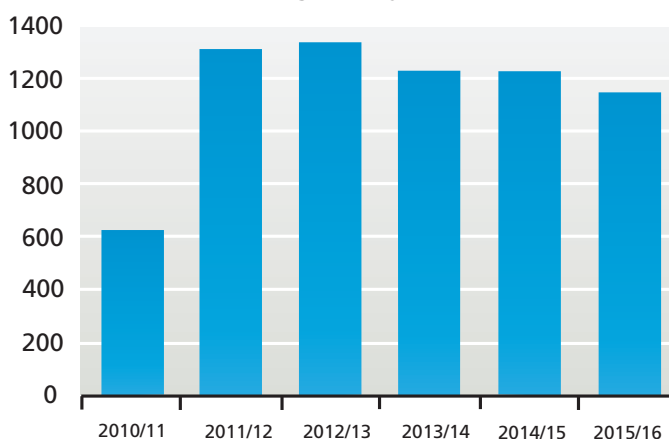
### Population Oral Health Program

The Population Oral Health Program aims to increase the number of preschool children attending dental services. A total of 15,667 pre-school children had been referred to the program by 30 June 2016, 14.5% of whom identified as being of Aboriginal and Torres Strait Islander descent.

Child and Family Health Service (CaFHS) nurses referred 85% of external Lift the Lip referrals in 2015-16; 14 training sessions were carried out for external Lift the Lip referrers. The Lift the Lip Work-practice for SA Dental Service referrers was updated to provide two referral processes for SADS clinical staff, one for high-risk screening in areas with high demand and one for screening and recruiting in areas with low demand.

Of the total referrals received in 2015/2016, 48% of children were aged under 4 years at the time of referral, the same as in the previous year.

**Number of new children seen under the 'Lift the Lip' program by SDS**



### Aboriginal Oral Health

Since 2012 SA Dental Service has received Closing the Gap (CTG) funding to support the implementation of the Aboriginal Health Care Plan in South Australia. This Closing the Gap funding has been used to employ Aboriginal Oral Health Project Officers to engage the Aboriginal and Torres Strait Islander community, raise oral health awareness and provide information about accessing dental services at community and school dental clinics across South Australia.

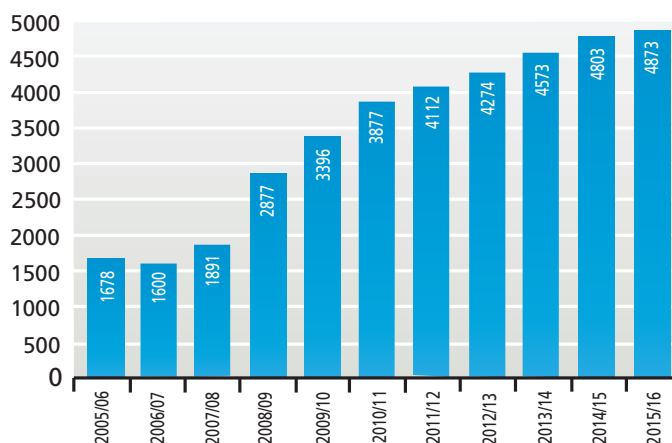
Due to the uncertainty of ongoing CTG funding post 2015-16, one ongoing Project Officer position was funded by SA Dental Service operational budget.

In January 2016, SA Health, Aboriginal Health Branch contracted the South Australian Health and Medical Research Institute (SAHMRI) Aboriginal Health Research unit, Wardliparringga to conduct a rapid review evaluation of Closing the Gap funded programs. The Aboriginal Health Branch submitted a budget bid for 12 months recurrent funding (2016/17) for a further in depth review of existing programs and models of care as well as renewal of the Aboriginal Health Care Plan, due to expire in 2016.

The SA Dental Service Aboriginal Oral Health Program (AOHP) continues to provide state-wide priority, free dental care for all eligible Aboriginal and Torres Strait Islander clients. This priority free care is embedded within SADS routine clinical care.

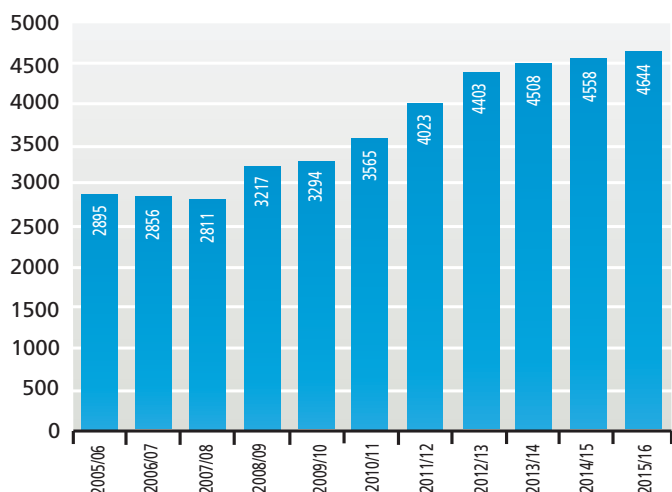
In 2015-16, 4873 Aboriginal adults were treated through the Aboriginal Liaison Program. This is an increase of 1% compared to last year and 26% increase since 2010/2011 baseline.

### Aboriginal ADULT PATIENTS



In 2015-16, 4644 Aboriginal children attended SDS an increase of 2% compared to last year and 30% increase from 2010/11 baseline.

### Aboriginal CHILD PATIENTS



### Homelessness and Oral Health Project (HOHP)

The Homelessness and Oral Health Program continues to deliver a flexible and accessible dental treatment pathway for adults who are homeless or at risk of homelessness in the Adelaide city and metropolitan areas and a number of country areas.

The Program demonstrates the value of multi-disciplinary, primary health care approaches in improving the oral health of referred clients, many of whom have exceptional needs, substance use issues, and complex mental and general health diagnoses.

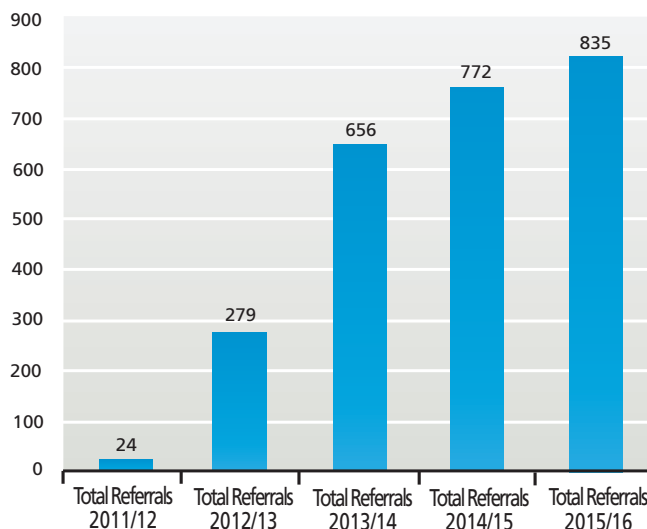
Since its inception the Homelessness and Oral Health Program has successfully connected with over 50 key homelessness sector agencies. Promotion of the Program by the homelessness sector workforce in their day-to-day interactions with clients is a key factor in increasing client engagement, trust and willingness to attend their dental appointments.

Key elements of the Program include:

- > an education and intervention package enabling homelessness sector staff to integrate a simple oral health assessment within routine client assessment processes and to refer clients in need of dental care
- > dental treatment for referred clients which is timely, free of charge, and available in all SA Dental Service adult clinics and some private clinics.
- > case-management to support and sustain continuity of care.

In 2015-16 over 800 people were referred for dental care as a result of this program which successfully removes actual and perceived barriers to oral health care for people experiencing homelessness in South Australia.

### Homeless Referrals - Annual





Year	2011/12	2012/13	2013/14	2014/15	2015/16
HOHP Referrals per Month (Av)	4.0	23.3	54.7	64.3	69.6

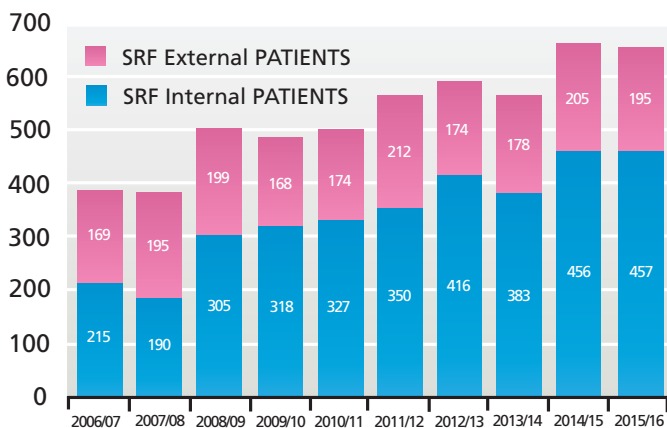
### Supported Residential Facility (SRF) Dental Program

People living in SRFs tend to have complex and diverse needs; many have a history of chronic homelessness and face significant barriers in accessing mainstream health services. In South Australia there are currently 25 SRFs accommodating around 830 residents.

The SRF Dental Program commenced in 2004 and continues to offer client-focused dental treatment for all residents of licenced pension-only SRFs. The Program's ongoing success and effectiveness is underpinned by its partnership approach involving SRF residents, SRF Managers and care staff, external support agency staff, and public and private dental professionals. Regular interaction with these external partners supports greater awareness of the importance of oral health, and improved engagement and oral health outcomes for SRF residents.

Over the past year around 652 (78%) SRF residents have received dental treatment which compares favourably with attendance patterns of the general population.

#### SRF Patients Seen Annually



#### Innovation in Oral Health and Mental Health Project

In 2015, SA Dental Service successfully applied for a second round of grant funding from the Central Adelaide and Hills Medicare Local Partners in Recovery. The funding supported phase 2 of the *Innovation in Oral Health and Mental Health Project*.

Phase 2 aimed to achieve better oral health outcomes for people with mental illness by improving oral health awareness and skills of mental health service workers, community pharmacists and clients.

The second phase of the project focussed on prevention, improving collaboration between service providers and resource development. This was achieved by:

- > establishing relationships with mental health and pharmacy sector staff
- > delivering oral health education sessions to increase the capacity of non-dental staff
- > developing educational resources, including an on-line oral health training package, videos and written information, in consultation with key stakeholders and clients
- > working with the Pharmaceutical Society of Australia to develop a National Oral Health Education Program, due to commence in 2017.

## Strategic Outcome 2

**Oral health is sustainably integrated into the wider health system**

### Building Better Oral Health Communities

The Commonwealth funded *Building Better Oral Health Communities* project was led by SA Dental Service as a public dental provider/ community aged care partnership. The project successfully demonstrated that home care providers can support older people to maintain good oral health through appropriate oral health assessment, care plan development, service delivery and referral to dental care.

This approach actively supports the concept of ageing well at home by providing community based prevention and early detection of oral health problems, oral health quality improvement strategies for home care service delivery and improved oral health knowledge and skills of home care workers.

Recommendations for sustainable change indicate that improving oral health for older people has practice and policy implications which require ongoing inter-sectorial facilitation involving aged care, vocational health education and dental sectors.



### Oral Health for Older People Project

The *Oral Health for Older People Study* was led by The Australian Research Centre for Population Oral Health (ARCPOH) in collaboration with SA Dental Service and general medical practitioners (GPs) from three Medical Local areas (now Primary Health Networks). The study followed oral and general health outcomes for patients referred to public dental care following the inclusion of oral health screening questions with Annual Health Assessments undertaken by GPs for people 75 years and older. Patients referred immediately were compared with those waitlisted.

Results found participating older people had worse oral health and oral health-related quality of life than the national population of that age. Common risk factors for poor oral and general health were low socioeconomic status, comorbidity of chronic conditions and high nutritional risk. Assessment of the need for dental care and referral to public dental care by GPs demonstrated improvement in older people's self-rated oral health and their oral health-related quality of life over one year however no impact on general health and quality of life was identified. No difference in health outcomes were detected between older people referred to clinics immediately and those referred after 3 months waitlisting.

Study recommendations conclude that oral health screening questions be integrated into the Annual Health Assessments for people 75 years and older, that a standardised GP public dental care referral pathway be established and that older people eligible for public dental care be given opportunities to access timely dental treatment.

## 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 2015-16 CAP was actively involved in
- > advocating on behalf of consumers for improved access to and increased physical parking drop off/pick up areas for the new Adelaide Dental Hospital
  - > the development of infographics on consumer feedback and safety and quality data, for posting on the SA Dental Service website
  - > redevelopment of consumer information and work practices related to Rights and Responsibilities
  - > redevelopment of several pages of the SA Dental Service Website
  - > promoting information about SA Dental Service to their communities of interest.

### SA Dental Service - Measuring Consumer Experience

The April 2016 Survey focussed on ascertaining client experiences of public dental services for adults. Surveys were forwarded to a random sample of 500 clients aged over 18 years who had completed an emergency or general course of dental care at a Community Dental Service clinic or the Adelaide Dental Hospital within one to two weeks prior to receipt of a 'Consumer Experience Survey' form. The survey group included clients living in metropolitan and country areas, as well as being from ATSI and CALD backgrounds. The return rate was 34% (171 respondents).

Similar to both the November 2014 Pilot Phase and February 2015 Surveys (both of which focussed on services for adults) the results were generally positive.

Some of the key findings included:

- > 161 (94%) respondents rated their dental clinic experience as 'very good' (70%) or 'good' (24%)
- > 158 (92%) respondents considered staff welcoming and helpful
- > 162 (95%) respondents felt they were treated with dignity and respect
- > 170 (99%) respondents felt that staff either 'always' (89%) or 'sometimes' (10%) explained things in a way they could understand
- > 167 (98%) respondents felt that they 'definitely' (87%) or 'to some extent' (11%) were involved as much as they wanted to be in decisions about their dental care
- > of the 35 (20%) respondents who had questions, worries or fears about their treatment, 80% noted that staff discussed these with them
- > 169 (99%) respondents thought dental staff 'definitely' (86%) or 'to some extent' (13%) worked well together to plan and co-ordinate their care.

The April 2016 Survey results reinforced consistently received feedback about the value clients place on the accessibility and provision of high quality, 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

### Conclusion of the National Partnership on Treating More Public Dental Patients

The Commonwealth funded National Partnership Agreement (NPA) on Adult Public Dental Services was signed by South Australia on 3 December 2015. This twelve month NPA provided an additional \$12.480m to SA and aimed to reduce pressure on public dental waiting lists.

Dental Service was required to provide an additional 14,617 units of activity described as Dental Weighted Activity Units.

Nearly 206,000 adult visits were recorded in 2015-16, a 12.3% increase above the state funded baseline.

While some additional clinical staff were employed in the Adelaide Dental Hospital, the majority of the additional activity was generated via the greater use of private sector dental schemes including emergency, general, denture, crown and bridge and endodontic schemes. An additional 14,600 General Dental Scheme and an additional 3,200 denture offers of care were made and around 250 additional patients were offered specialist care. A private sector scheme to assist increased capacity for oral surgery care was introduced for the first time in March 2016 and around 100 patients requiring extraction of wisdom teeth received care.

The NPA on Adult Public Dental Services enabled the majority of adult public dental waiting lists to stabilise with waiting times at 30 June 2016 being at similar levels with those of July 2015.

On 23 April 2016 the Commonwealth Minister for Health announced there would be changes to the Commonwealth funding for dental care. The announcement included a new national Child and Adult Public Dental Scheme would operate through the public sector and that the Child Dental Benefits Schedule (CDBS) would cease. However, the legislation to close the CDBS did not pass prior to the Commonwealth government entering care-taker mode in the lead up to the Federal election to be held on 2 July 2016. The Commonwealth Government has indicated that State and Territory public sector access to the CDBS will continue for a further six months and that the NPA on Adult Public Dental Services will also be extended for six months.

### Australia's National Oral Health Plan 2015-2024

The new National Oral Health Plan 2015-2024 was endorsed by the Council of Australian Governments (COAG) Health Council in August 2015.

The new plan provides national strategic direction for collaborative action on oral health over the next 10 years, with targeted strategies in six foundation areas and across four priority population groups.

The Executive Director of SA Dental Service, Dr Geoff Franklin, has continued in his role as chair of the national Oral Health Monitoring Group (OHMG). The role of the OHMG is to monitor and report progress of the Plan. The OHMG has commenced:

- > Reviewing the strategies and Key Performance Indicators recommended in the National Plan and determining which are the core KPIs and national



goals that will be reported though to the COAG Health Council over the life of the plan.

- > Designing a standardised reporting framework to enable National reporting against the agreed NOHP KPIs and the ability to track changes in oral health outcomes.

## 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

### Smoking Cessation

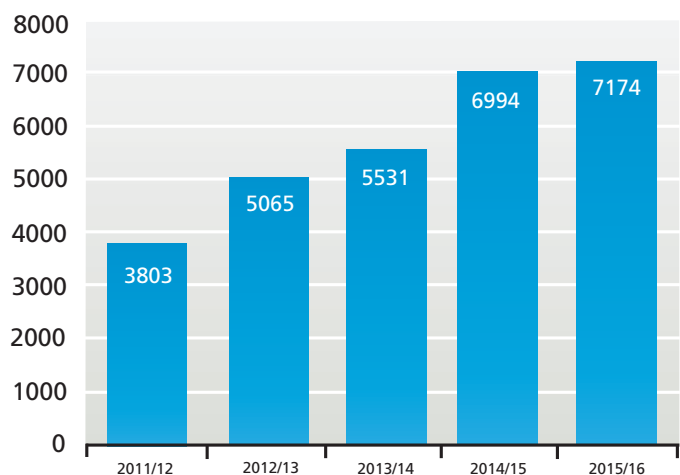
Consistent with oral health's integral role within general health, SA Dental Service introduced a clinic-based smoking cessation support program for adult clients in 2006. The program uses brief intervention techniques to support smokers interested in quitting. The program provides a referral pathway to the Quitline and is supported by Cancer Council SA and Drug and Alcohol Services SA. Quit information/training sessions are offered to ADH and SWDS staff via the Workforce Development calendar.

During the year, Health Promotion supported various events with quitting resource material, including a

Smoking Cessation themed Expo at the Adelaide Remand Centre. SA Dental Service and Cancer Council SA continue to use the Mighty Mouth resource as a support tool for smoking cessation conversations with Aboriginal clients.

Since the project's inception 37,012 smoking interventions have been recorded. 7174 persons received one or more QUIT records this year, a 2.6% increase from 2014/15. The program continues to be embedded into daily clinical practice.

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



### Child Recall Intervals 2015-16

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 2015-16. This is well below the target of 18.7 months and achieved the shortest recalls, 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.

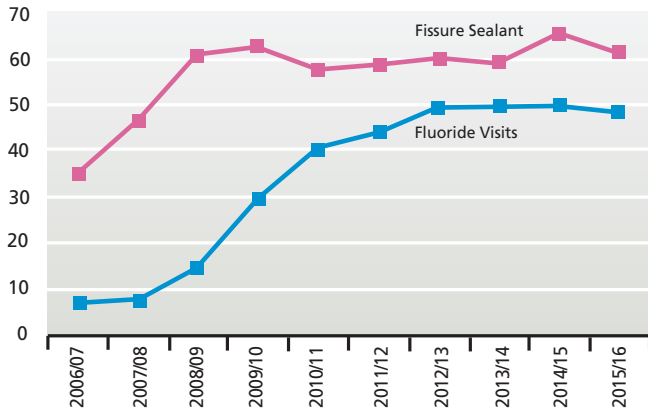
### Preventive Care 2015-16

The delivery of preventive services per client improved across all of SA Dental Service. Across the School Dental Service Fissure Sealants and Fluoride application for 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 six of the past seven years and is currently the lowest since 2003.

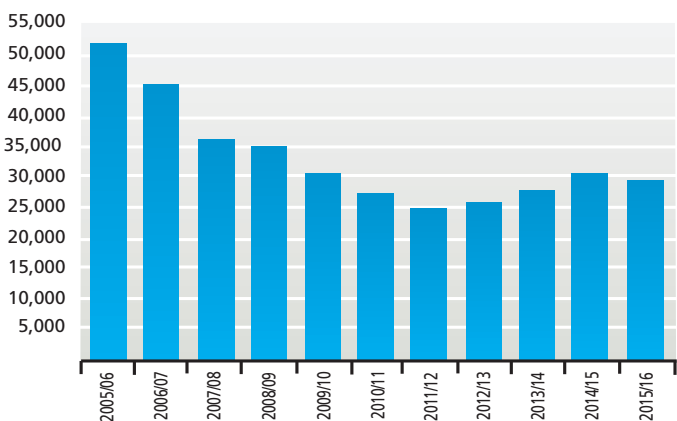
### Clinical Prevention Services Rate per 100 Consenting Patients



### Adult dental emergencies 2015-16

Dental emergencies treated in 2015-16 were 29,649, a slight decrease of 889 or -2.9% since 2014/2015. Since the announcement of the cessation of the Commonwealth's Medicare Chronic Disease Dental Scheme (MCDDS) in late August 2012, there has been a substantial increase in demand for both emergency and general services on the state public system. An additional 5,172 (+21%) more emergency patients were seen in 2015-16, after the MCDDS closure, compared with the same period from five years before.

### Dental Emergency Courses of Care commenced per annum



### Waiting Lists 2015-16

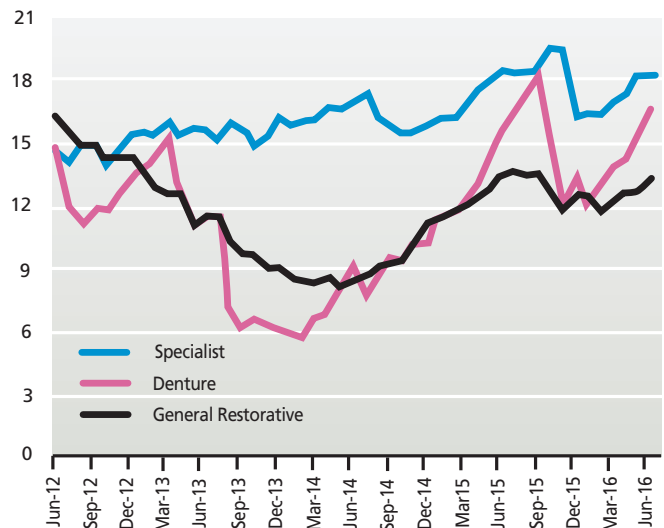
Waiting times on waitlists for general and denture public dental care were similar to those of 2014/15 as shown in the graphs below. Additional Commonwealth funded NPA dental services in the financial year allowed for the waiting time to remain

stable, year-on-year, but at substantially higher levels than two years previously when average waiting times were below 9 months.

The average waiting time for patients removed from routine care waiting lists remained stable at 13.2 months at June 2016 compared with 13.4 months at June 2015. The weighted mean waiting time for patients being removed from denture waiting lists has increased by a month to 16.4 months at June 2016 compared with last year, but both these waitlists have increased since the initial NPA in 2013 and 2014.

The combined average waiting time for Specialist Services at the Adelaide Dental Hospital reduced slightly from 18.3 months in June 2015 to 18.1 months by June 2016.

### 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 encourage dental care for eligible children, a promotional campaign was undertaken to ensure eligible families were aware they could access the CDBS at School Dental Service clinics. This included an online media campaign which launched advertisements on Facebook, enhanced online content on the SA Health/SA Dental Service website, print media advertisements and editorials.

Extensive efforts continue to maximise legitimate CDBS claims including intensive auditing of claims against client records, monitoring of claim errors and adjustments, and retrospective claiming where client eligibility was confirmed during, rather than at the start of care.

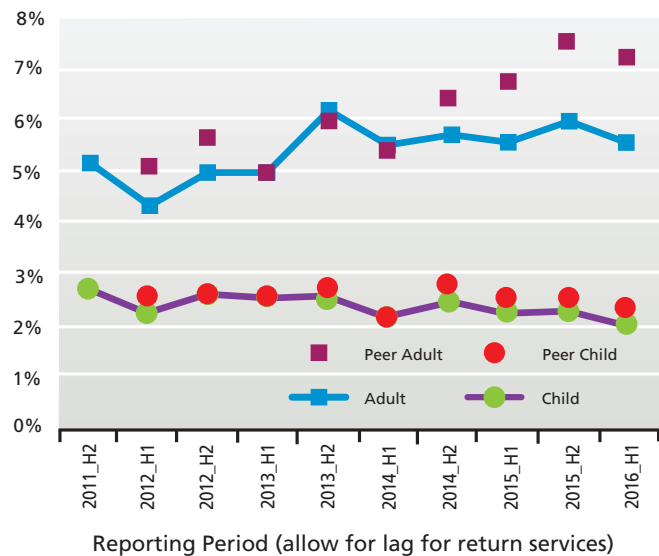
During 2015-16 SA Dental Service received \$15.6 million in Medicare benefits, while continuing to maintain population oral health principles and the provision of clinically indicated appropriate care to individual children.

### 2015-16 ACHS 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).

SA Dental Service results were statistically significantly more desirable than national peer aggregate results for four of the nine clinical indicator areas across both the School and Community Dental Services, for the first half-year reporting period of 2016. Most other oral quality indicators achieved statistically equal to or better than the national peer aggregate results, with only a small shortfall for the indicator associated with 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 rates were significantly better than peer norm rates during 2014/15 and 2015-16 and SDS child rates were statistically significantly better during the second half of 2014, and the first half of 2016 and similar to or better than peer national rates during 2015. Both these measures define positive quality results compared with interstate peer organisations, sustained over several years.

### Accreditation

SA Dental Service is accredited with the Australian Council on Health Care Standards (ACHS) until 10 March 2017. In line with the annual review and progress report requirements, SA Dental Service submitted the required documentation to ACHS in July 2015. The progress report comprised a desktop audit which included:

- > Review and update of member details which outlines the role and purpose of SA Dental Service together with a detailed description of where and how services are provided
- > Review and update of Quality Measures for Standards 1, 2 and 3
- > Progress report against the gaps identified at the time of the 2013 Organisation Wide Survey.

The documentation was reviewed by one surveyor who assessed SA Dental service as being well on the path to continued accreditation at its next organisation wide survey in August 2016.

## Crown & Bridge Dental Scheme

The Crown & Bridge Dental Scheme allows for referral of country residents who require simple crown and bridge treatment to the private sector, reducing the Specialist Restorative Unit waiting list for specialist crown and bridge treatment. This scheme was first implemented in 2014 through the National Partnership Agreement, and was continued through 2015-16. In 2015-16, 80 country patients on the Adelaide Dental Hospital crown and bridge waiting list had been offered treatment under the scheme. The uptake rate was 76%. As a result of these offers in conjunction with waiting list removals for treatment at the Adelaide Dental Hospital, the number of patients on the crown and bridge waiting list at the end of the 2015-16 year was 267, with the maximum waiting time at 17 months.

## Specialist Dental Scheme (Endodontics)

The Specialist Dental Scheme (Endodontics) was launched in February 2013. The availability of this scheme provides another means by which patients can access specialist endodontic treatment, reducing the Adelaide Dental Hospital waiting list for specialist endodontic treatment. In 2015-16, 70 patients on the endodontics waiting list had been offered treatment under the scheme. The uptake rate was 67%. As a result of these offers in conjunction with waiting list removals for treatment at the Adelaide Dental Hospital, the number of patients on the endodontic waiting list at the end of the 2015-16 year was 133, with the maximum waiting time at 4 months.

## Specialist Dental Scheme (Orthodontics)

A pilot Specialist Dental Scheme (Orthodontics) was launched in December 2014, offering care to country patients at the top of the orthodontics priority 2 (P2) waiting list. This scheme aims to provide additional means for patients to access specialist orthodontic treatment, reducing the Orthodontic Unit waiting list. The initial round of offers for treatment under this scheme occurred in December 2014, with care offered to 30 country patients at the top of the P2 waiting list. At 30 June 2016, orthodontic treatment was underway for the 14 patients accepting the offer. In November 2015 the second round of offers was extended to 80 country patients waiting on the orthodontics P2 waiting list. At 30 June 2016, 38 of these patients had accepted the offer with assessment for treatment commencing. The uptake rate

from these 2 rounds of offers for care through the Orthodontics Scheme is approximately 50%.

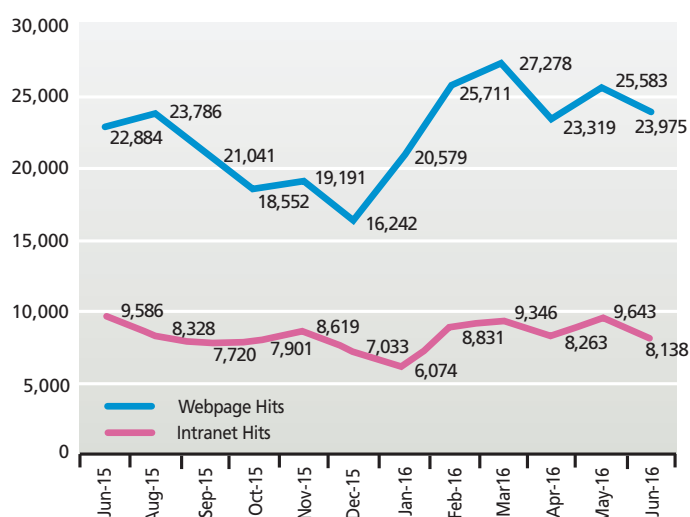
## Specialist Dental Scheme (Oral Surgery)

The Specialist Dental Scheme (Oral Surgery) is a pilot scheme introduced in early 2016. This scheme provides a means for patients waiting on the Oral and Maxillofacial Surgery Royal Adelaide Hospital General Anaesthetic waiting list to access their care through a private specialist oral and maxillofacial surgeon. At 30 June 2016, 150 patients who required extraction of two or more wisdom teeth were offered care under this scheme. The uptake rate was 66%.

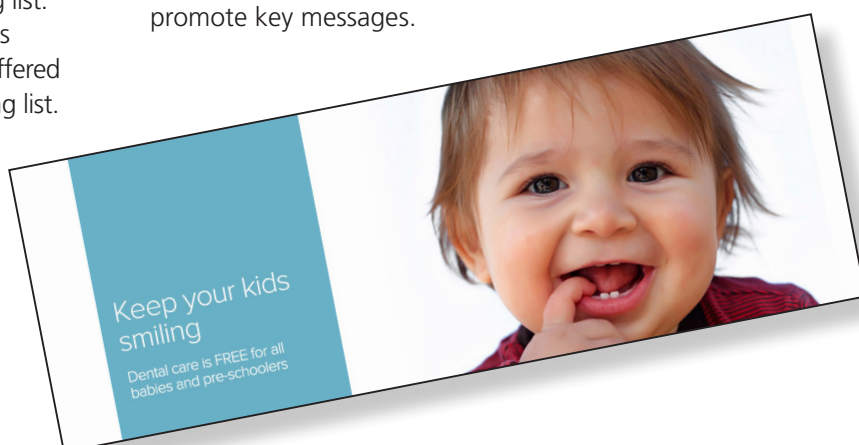
## SA Dental Service Online Content

The update and maintenance of SA Dental Service Online content has become increasingly important as clients and staff use the web more frequently to access SA Dental Service information.

## Internet and Intranet hits per month



In 2015-16 the landing pages on both the SA Dental Service webpage and the intranet were updated with both including the carousel function to promote key messages.



To make it easier for parents/carers to make appointments for children, an online booking request form for School Dental Service clinics was embedded in the SA Dental Service webpage and 1,202 appointment requests were received between February and June 2016.

All SA Dental Service clinics were mapped using google maps, enabling clients to search for their nearest clinic and relevant information regarding opening times, access and services available.

## 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

### Workforce Innovation - Extended Care Dental Therapists

As a result of the 30 year Education Partnership Agreement between Central Adelaide Local Health Network and the University of Adelaide, the Graduate Certificate in Oral Health Science commenced in July 2015. This workforce reform has been on the agenda for the public sector both locally and nationally for some time and now this formal pathway has been implemented.

The six month post graduate course is a pathway for dental and oral health therapists to apply their traditional dental therapist scope of practice to clients of all ages.

Seven SA Dental Service staff were among the inaugural cohort of 10 students and another dental therapist commenced the course in January 2016. All eight SA Dental Service dental/oral health therapists successfully completed the course with a further dental therapist acquiring an equivalent qualification from the University of Melbourne. There are now nine dental therapists working a minimum of 0.4 FTE treating adult clients in the Community Dental Service.

### Credentiailling and Scope of Practice

SA Dental Service Credentiailling Committee maintained the credentiailling 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).

### Voluntary Dentist Graduate Year Program (VDGYP)

The Commonwealth funded Voluntary Dental Graduate Year Program ceased in December 2015 when graduates at Marlestone, with rotations through the ADH and Wallaroo Community Dental Clinic, completed their placements. Under this program new dental graduates worked in the public sector providing treatment to eligible patients as well as undertaking a structured educational program to enhance their clinical practice.

### Oral Health Therapist Graduate Year Program (OHTGYP)

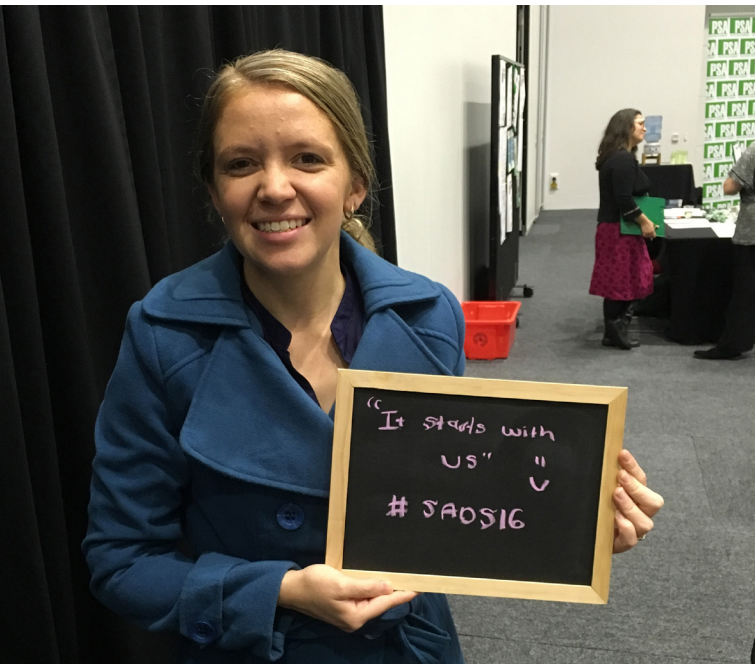
This Commonwealth funded program also ceased in December 2015 when two graduates, based at the Elizabeth GP Plus Dental Clinic, completed their placements. The program was managed and funded along the same principles as the VDGYP.

### Staff Biennial Conference

Around 625 staff attended the 2016 biennial staff conference held on 17 June 2016. The theme for the day was It Starts With Us. Key topics for the day included Responding to Racism, White Ribbon, Building a new Dental Hospital, Communicating for Success and A New Era. Everyday Excellence staff presentations relating to the theme were also a feature and were rated highly by attendees.







Allan Pease, widely recognised nationally and internationally as a communication expert, entertained and motivated staff and provided the audience with inspirational take home messages.

The current cohort of 30 and 40 year service recipients were acknowledged with 33 staff being presented with service badges and certificates. Due to popular demand the Unsung Hero awards returned and 5 staff and a work team were acknowledged as unsung heroes. The social media platform Twitter was used for the first time and proved to be a popular innovation.



## Strategic Outcome 8

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

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 University of Adelaide was the successful education partnership tenderer and the Dental Education Partnership Agreement between Central Adelaide Local Health Network and The University of Adelaide was signed in July 2015.

## 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

As part of the successful tender for an Educational Partner (Strategic Outcome 8), a new 89 dental chair Adelaide Dental Hospital will be constructed as part of the University's Health and Medical Sciences Building. In close proximity to the new Royal Adelaide Hospital, the new ADH is planned to open in July 2017 and will be operated and managed by SA Dental Service. Work on the design and layout of the new facility commenced in January 2015 and has been a major focus for managers and staff of the ADH during 2015-16.

## Riverland Oral Health Centre

As part of the Education Partnership Agreement with the University of Adelaide a new 10 chair clinic will be established in the Berri campus of the Riverland Regional Hospital. Planning and design work is completed and a 'sod turning' ceremony was held at the site on May 20th 2016 to mark the commencement of the building works. The building is due to commence clinical operations in late 2016.

## Other Infrastructure Improvements

Improvements to clinic infrastructure continued in 2015-16 with the following highlights:

- > The new 6 chair Parks Dental Clinic opened in late 2015
- > Redevelopment of the Linden Park school dental clinic was completed in January 2016
- > A substantial upgrade to the dental clinic located within Yatala Prison.



*Parks Dental Clinic (right)  
Linden Park Dental Clinic (below)*





---

# Freedom of Information 2015-16

## **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 children and adults who hold current Pensioner Concession 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 and calls for submissions on particular topics. 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 (2015-16)

Details of Applications	Personal	Non Personal	Total
New applications for the year	48	0	48
Applications brought forward from previous year	2	0	2
<b>Total to be processed</b>	<b>50</b>	<b>0</b>	<b>50</b>
Determined	48	0	48
Transferred in full	0	0	0
Withdrawn	0	0	0
<b>Totally actually processed</b>	<b>48</b>	<b>0</b>	<b>48</b>
Unfinished	0	0	0

### Outcomes of Access Applications (2015-16)

Outcome description	Personal	Non Personal	Total
Full Release	47	0	47
Partial Release	0	0	0
Refused access (no record)	1	0	1
<b>Total</b>	<b>48</b>	<b>0</b>	<b>48</b>

### Applications for Amendment (2015-16)

	Personal	Non Personal	Total
New Amendment applications	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Applications for Internal Reviews (2015-16)

	Personal	Non Personal	Total
New Internal Review applications	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

# Adelaide Dental Hospital Statistics

## Treatment Statistics

	2012/2013	2013/2014	2014/2015	2015/2016
Patients	22,096	23,239	23,689	23,463
Attendances	77,174	80,425	79,685	77,240
<b>Diagnostic / Preventive</b>				
Examinations	3,455	13,983	14,790	14,700
Consultations	12,238	12,683	13,315	12,849
Radiographs	27,830	30,296	28,413	28,050
Periodontal treatment dental health education	18,551	17,317	17,085	16,460
<b>Conservative Dentistry</b>				
Temporary restorations	1,915	1,784	1,693	1,786
Plastic restorations (amalgam, GIC & resin)	14,708	14,405	14,292	13,756
Complex restorations	943	1,312	1,218	1,117
Root canal treatment	947	1,175	923	992
<b>Prosthetic Dentistry</b>				
Full dentures	498	593	608	546
Part dentures	834	880	929	880
Denture relines / re-bases	186	202	191	217
Denture repairs	194	216	256	252
Denture adjustments	1,056	1,166	1,341	1,291
<b>Oral Surgery</b>				
Simple extractions	12,280	14,163	14,184	13,528
Surgical extractions	2,863	2,730	2,777	3,373
<b>Orthodontics</b>				
Removable appliances**	982	1,148	1,068	1,009
Fixed appliance (Arches)	1,134	1,026	1,250	1,186

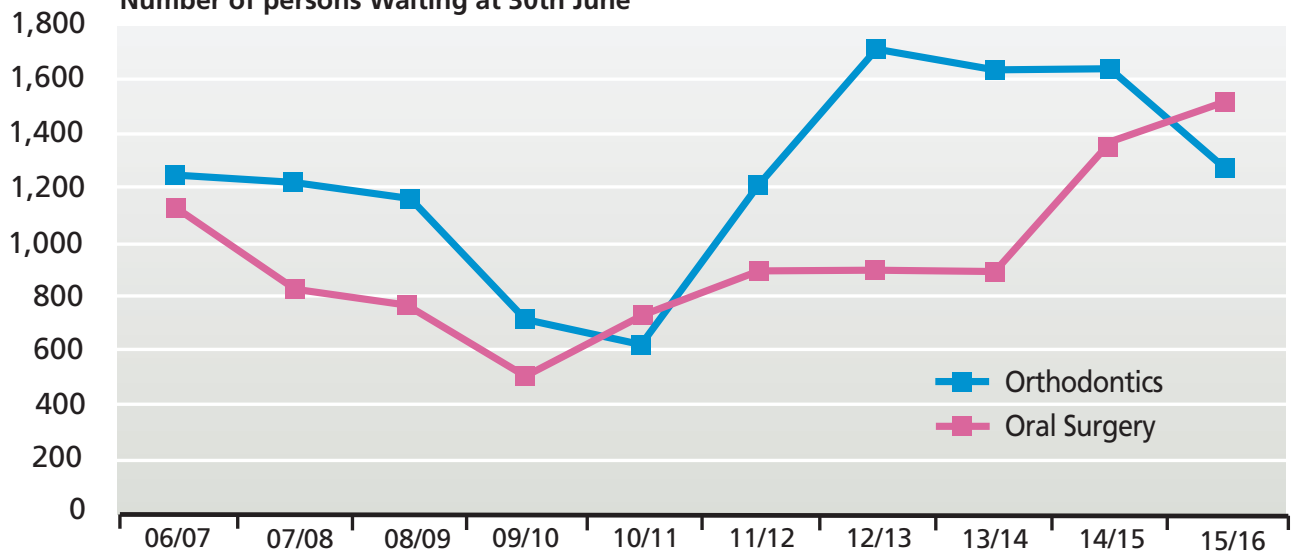
# Adelaide Dental Hospital Statistics (cont.)

## Waiting Lists

Number of people on waiting lists

	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16
Orthodontics	1,249	1,222	1,165	708	626	1,210	1,710	1,635	1,646	1,266
Oral Surgery	1,125	819	765	494	721	895	898	877	1,343	1,509

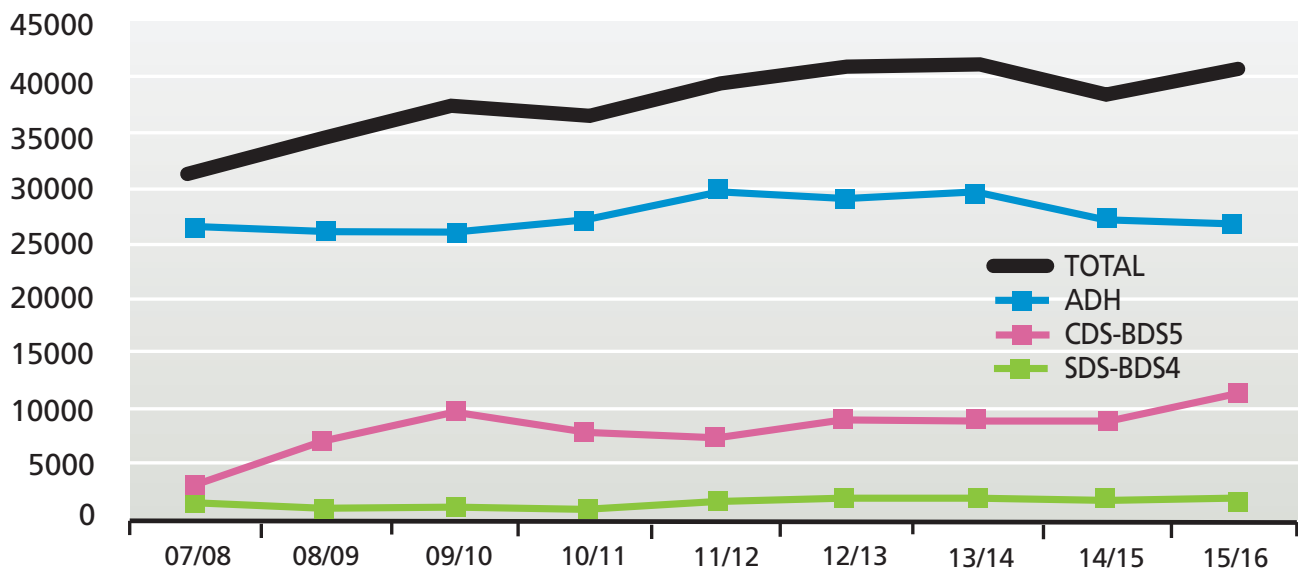
**Adelaide Dental Hospital Specialist Waiting Lists**  
Number of persons Waiting at 30th June



## Patient Visits – seeing a dental student

	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16
Adelaide Dental Hospital	25,816	26,003	27,272	29,707	29,193	29,713	27,065	26,835
Community- BDS5	6,978	9,716	7,990	7,386	9,272	9,134	9,031	11,310
School Dental/Pedo BDS4	1,242	1,539	1,296	1,982	2,163	2,099	1,949	2,115
All	34,036	37,258	36,558	39,076	40,628	40,946	38,045	40,260

**Total Number of BDS Student Patient Visits per year**





# School Dental Service Statistics

## Children under care (consents)

In 2015-16, the School Dental Service cared for 144,576 registered children; 119,822 pre-school and primary school children (+3,423) and 24,754 (-22) secondary school students. The number of patients under care is 3,401 more than the 2014/15 total, and the highest number enrolled since 2009/10.

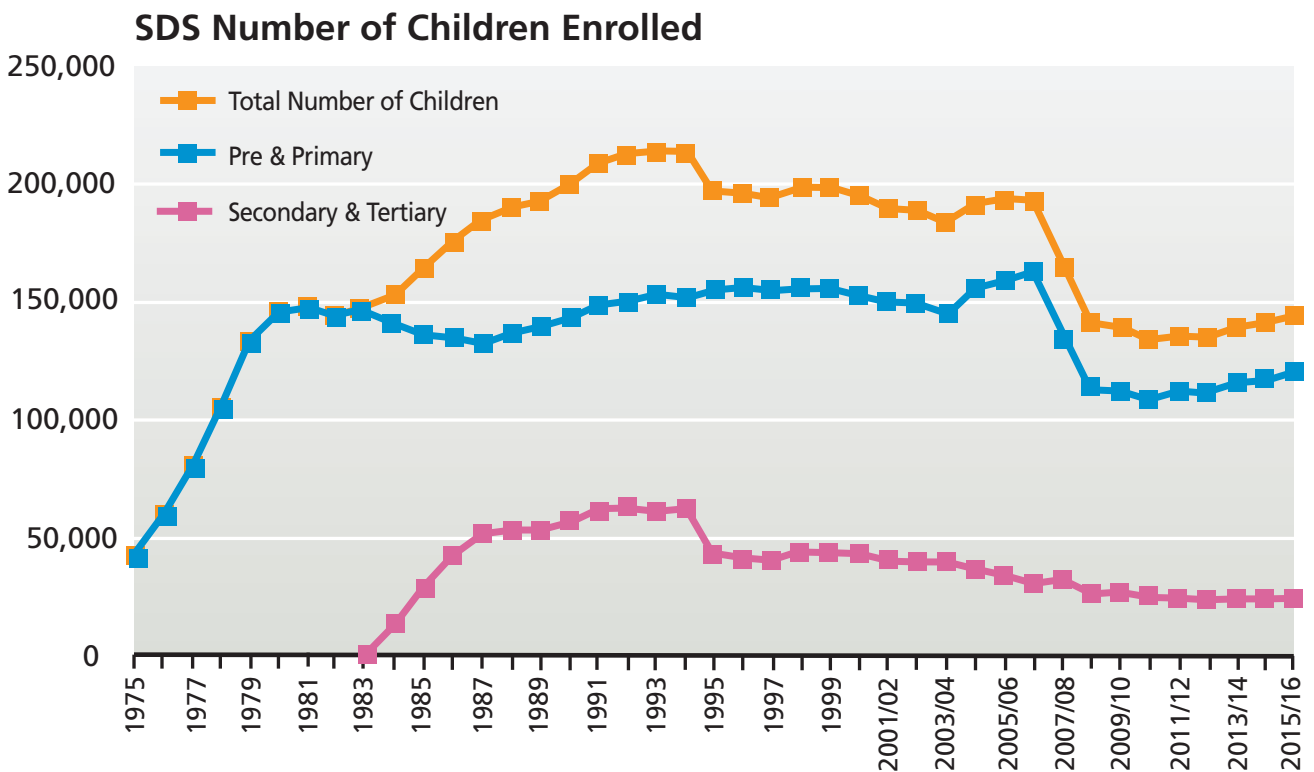
A similar number of secondary school children have been enrolled in SDS for the past six years.

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, covered under Family Tax Benefit A entitlements, ceased in December 2013.

A 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 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-cardholders 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 General Anaesthetic in hospitals are not entitled CDBS services.

## School Dental Service Statistics (cont.)

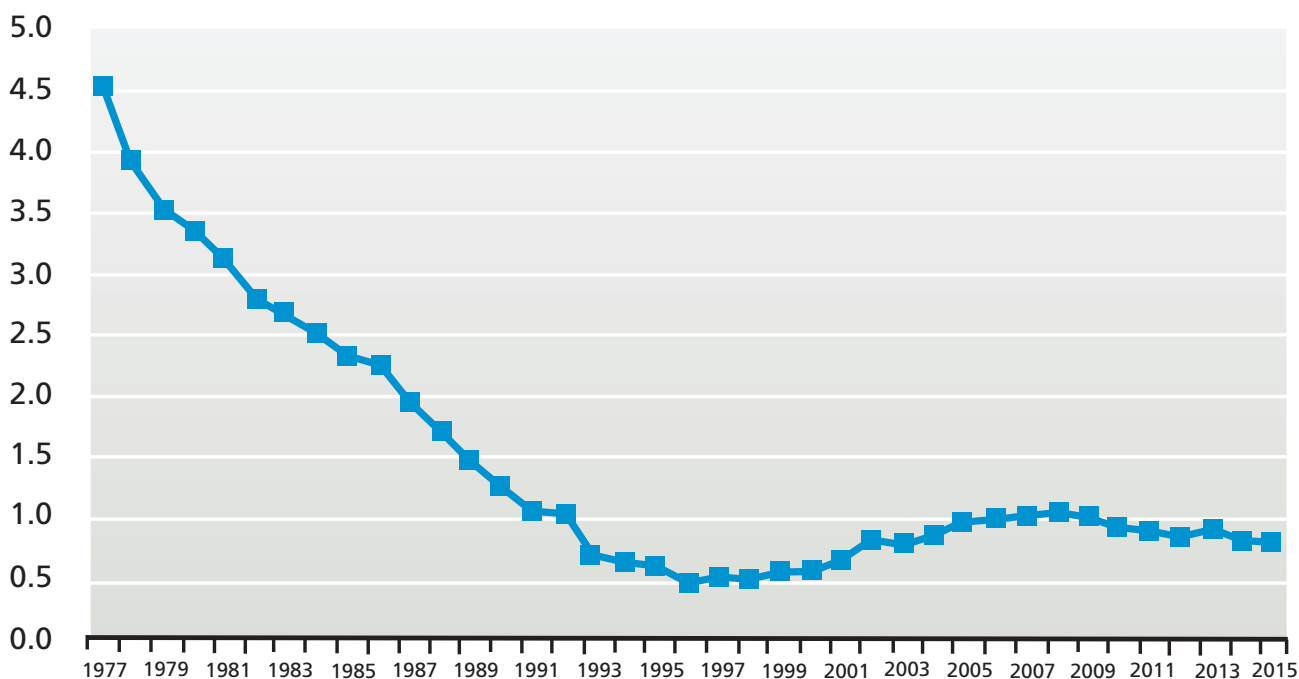
### Dental caries experience

A patient's DMFT index is the total number of decayed, missing or filled permanent teeth and is a measure of decay experience. The mean DMFT 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 0.79 in 2015.

While there had been noticeable deterioration in children's oral health over approximately the decade leading up to 2008, this had stabilised at about DMFT = 1.0 for about four years, and improved annually between 2009 and 2012. Since then the average DMFT index has stabilised at around 0.8.

The average 12 year-old DMFT in 2015 is the same as 2003, at 0.79, and is the 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)

	2012/13		2013/14		2014/15		2015/16	
	Freq	Per 100 Consents	Freq	Per 100 Consents	Freq	Per 100 Consents	Freq	Per100 Consents
Patients	84,975		86,666		85,709		84.604	
Attendances	184,509		183,222		180,402		176,388	
Examinations	83,967	62.2	98,218	70.3	112,261	79.5	120,535	83.4
Radiographs	92,273	68.3	99,531	71.2	103,114	73.0	102,160	70.7
Prophylaxis	15,390	11.4	19,829	14.2	22,833	16.2	22,975	15.9
#Topical Fluoride (visits)	20,235	15.0	#47,076	#33.7	#69,316	49.1	69,401	48.0
#Conc Fluoride (Teeth treated)	413,611	306.4	#198,357	#142.0	Not Applicable since CDBS			
Filling (primary + permanent)	44,544	33.0	40,474	29.0	39,996	28.3	35,193	24.3
Pulpotomy (Primary)	2,207	1.6	1,816	1.3	1,815	1.3	1,672	1.2
Root Canal Treatment	285	0.2	244	0.2	211	0.2	219	0.2

### Extractions

Simple (primary+perm)	15,872	11.8	15,433	11.0	15,808	11.2	14,585	10.1
Temporary dressing	2,617	1.9	2,240	1.6	2,237	1.6	2,100	1.5

### Orthodontics

Active appliance	331	0.2	302	0.2	272	0.2	249	0.2
Referral	4,916	3.6	4,300	3.1	4,334	3.1	4,675	3.2
Mouthguard	933	0.7	724	0.5	480	0.3	497	0.3
Fissure sealant and surface protection	80,479	59.6	81,793	58.5	91,573	64.9	87,208	60.3

### Dental Health Education

Child-individual*	65,018	48.2	70,102	50.2	85,022	60.2	98,592	68.2
small group*	804	0.6	1,454	1.0	1,211	1.0	383	0.3
Parent-individual*	84,325	62.5	80,395	57.5	85,562	61.0	91,553	63.3
-group**	124	0.1	41	0.0	67	0.0	112	0.1

\* 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 2015/2016

	CDS		Contracted Privately		Total 2015/2016	
	Freq	Per 100 Patients	Freq	Per 100 Patients	Freq	Per 100 Patients
Number of patients	45,033		22,210		64,303	
Patient attendances	103,904		51,820		156,229	
Examinations	44,793	99.5	15,139	68.2	60,183	93.6
Radiographs	50,184	111.4	19,762	89.0	70,141	109.1
Periodontal treatment / dental health education	66,000	146.6	13,702	61.7	80,021	124.4
Temporary restorations	3,213	7.1	345	1.6	3,558	5.5
Plastic restorations (amalgam, GIC & resin)	44,704	99.3	24,692	111.2	69,709	108.4
Complex restorations	105	0.2	3	0.0	108	0.2
Root canal treatments	958	2.1	143	0.6	1,101	1.7
Denture units	1,744	3.9	5,729	25.8	7,497	11.7
Denture relines / rebases	236	0.5	385	1.7	631	1.0
Denture repairs	237	0.5	6,882	31.0	7,131	11.1
Denture adjustments	1,967	4.4	68	0.3	2,044	3.2
Simple extractions	24,061	53.4	6,092	27.4	30,208	47.0
Surgical extractions	397	0.9	863	3.9	1,265	2.0



## Community Dental Service Statistics (cont.)

Treatment statistics – service mix profile

(Community Dental Clinics and Private Sector Schemes combined)

Number of services provided for the past four years

	2012/2013		2013/2014		2014/2015		2015/2016	
	Freq	Rate Per 100 Patients	Freq	Rate Per 100 Patients	Freq	Rate Per 100 Patients	Freq	Rate Per 100 Patients
Number of patients	53,846		65,551		57,114		64,303	
Patient attendances	131,350		167,479		131,798		156,229	
Examinations	48,938	90.9	57,983	88.5	52,091	91.2	60,183	93.6
Radiographs	55,652	103.4	68,626	104.7	53,083	92.9	70,141	109.1
Periodontal treatment / dental health education	47,883	88.9	69,537	106.1	64,503	112.9	80,021	124.4
Temporary restorations	3,076	5.7	3,246	5.0	3,398	5.9	3,558	5.5
Plastic restorations (amalgam, GIC & resin)	59,200	109.9	86,014	131.2	47,911	83.9	69,709	108.4
Complex restorations	22	0.0	15	0.0	38	0.1	108	0.2
Root canal treatments	1,120	2.1	1,702	2.6	973	1.7	1,101	1.7
Denture units	6,096	11.3	7,127	10.9	6,047	10.6	7,497	11.7
Denture relines / rebases	438	0.8	593	0.9	611	1.1	631	1.0
Denture repairs	5,957	11.1	6,940	10.6	7,114	12.5	7,131	11.1
Denture adjustments	1,588	2.9	1,924	2.9	1,989	3.5	2,044	3.2
Simple extractions	23,684	44.0	28,645	43.7	26,920	47.1	30,208	47.0
Surgical extractions	1,271	2.4	1,851	2.8	889	1.6	1,265	2.0

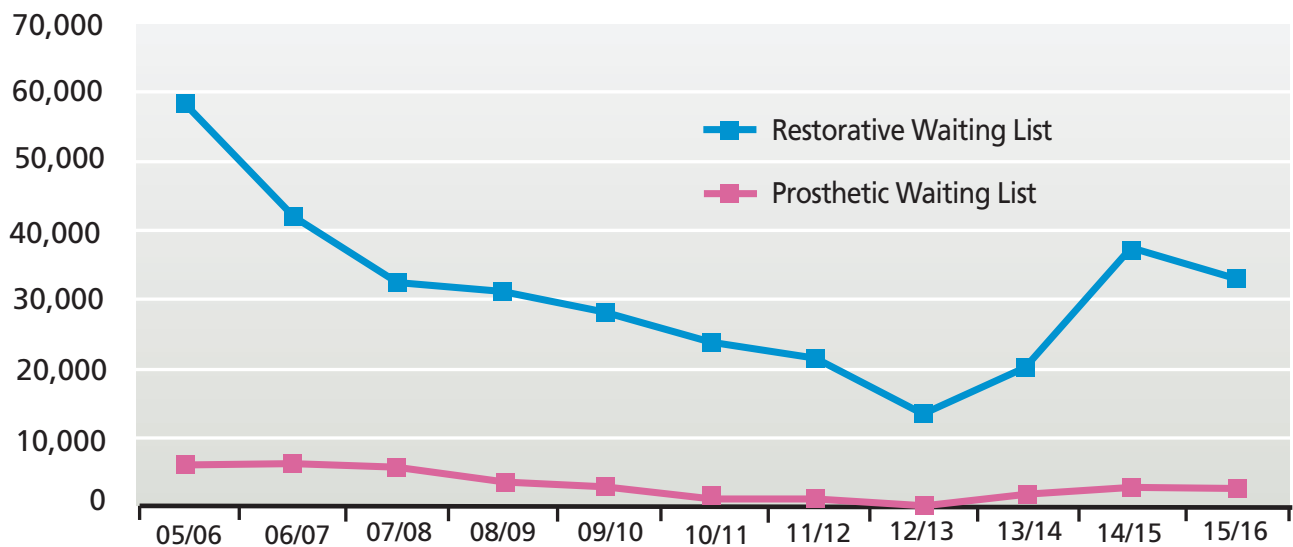
## Community Dental Service Statistics (cont.)

### State Adult Dental Waiting Lists

Waiting lists at Community Dental Service Clinics – adult dental services

	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16
Prosthetic Waiting Lists	6,378	6,075	3,776	3,043	1,615	927	429	1,861	2,823	2,501
Conservative Waiting Lists	42,051	32,429	31,289	28,143	23,951	21,373	13,473	20,371	37,324	33,026

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



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

	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16
Prosthetic Waiting Lists	40.6	38.7	27.8	28.6	16.6	14.8	11.4	9.0	15.4	16.3
Conservative Waiting Lists	22.6	19.1	17.3	17.7	16.8	16.0	11.5	8.4	13.4	13.2

## Aboriginal Dental Scheme Statistics

Treatment Provided 2010/2011 – 2015/2016

	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Practices participating	55	56	32	18	25	21
Claims submitted	847	611	566	356	292	240
Examinations	723	503	519	318	234	202
Dental prevention	91	57	54	163	127	107
Restorations	272	222	185	412	299	221
Endodontics	3	1	2	4	3	0
Radiographs	370	235	379	573	396	294
Extractions	408	275	244	274	198	127
Surgical extractions / oral surgery	75	82	85	79	25	15
Relief of pain / Temporary filling	11	9	11	4	2	5
Dentures units	46	29	5	17	34	31
Repairs / maintenance to Dentures	15	16	11	5	1	0
Adjustments or relines	3	5	2	0	0	1

## Aboriginal Liaison Project Statistics

	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015
Number of patients	1,351	1,840	2,216	2,500	2,934	3,377
Patient attendances	3,679	4,625	5,557	6,322	6,743	7,850
Courses of care	1,425	1,951	2,352	2,690	3,150	3,688
Examinations	1,511	2,108	2,442	2,767	3,188	3,964
Dental prevention / periodontal treatment	909	1,189	2,197	2,898	3,866	5,465
Restorations	1,792	2,147	2,616	3,289	3,172	3,678
Endodontics	15	25	28	48	52	44
Radiographs	1,534	2,151	2,756	3,307	3,686	4,543
Extractions	1,506	1,812	2,338	2,518	2,339	2,847
Surgical extractions / oral surgery	7	10	5	12	8	28
Relief of pain / temporary filling	75	149	129	213	271	219
Dentures units	129	100	139	86	130	140
Repairs / maintenance to dentures	15	8	12	11	10	20
Adjustments or relines	53	52	75	71	66	119

## Human Resources Statistics

Employees	Health Units	Org Level	DSSA
Persons	886		
FTEs	661.82		

Gender	% Persons	%FTE
Male	15.69	15.08
Female	84.31	84.92

Number of Persons Separated from the agency during the last 12 months	114
Number of Persons Recruited to the agency during the 15/16 financial year	112
Number of Persons Recruited to the agency during the 15/16 financial year AND who were active/paid at June 2016	79
Number of Persons on Leave without Pay at 30 June 2016	29

### Number of Employees by Salary Bracket

Salary Bracket	Male	Female	Total
0 - \$57,599	12	434	446
\$57,600 to \$73,299	25	113	138
\$73,300 to \$93,799	14	113	127
\$93,800 to \$118,399	18	30	48
\$118,400 Plus	70	57	127
<b>Total</b>	<b>139</b>	<b>747</b>	<b>886</b>

### Status of Employees in Current Position

FTEs	Gender	Ongoing	Short-term Contract	Long-term Contract	Casual	Total
	Male	74.96	18.33	1	5.48	99.77
	Female	470.02	78.79	1	12.24	562.05
	<b>Total</b>	<b>544.98</b>	<b>97.12</b>	<b>2</b>	<b>17.72</b>	<b>661.82</b>
Persons	Gender	Ongoing	Short-term Contract	Long-term Contract	Casual	Total
	Male	92	22	1	24	139
	Female	605	102	1	39	747
	<b>Total</b>	<b>697</b>	<b>124</b>	<b>2</b>	<b>63</b>	<b>886</b>

### 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
EXEEOA	1	1	1	50	1	50	2
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>50</b>	<b>1</b>	<b>50</b>	<b>2</b>



## 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	2015/16
1) Sick Leave Taken	7655.20
2) Family Carer's Leave Taken	118.35
3) Miscellaneous Special Leave	488.91

### Number of Aboriginal and/or Torres Strait Islander Employees

Salary Bracket	Aboriginal Employees	Total Employees	% Aboriginal Employees
0 - \$57,599	4	446	0.90
\$57,600 to \$73,299	1	138	0.72
\$73,300 to \$93,799	1	127	0.79
\$93,800 to \$118,399	1	48	2.08
\$118,400 Plus	0	127	0
<b>Total</b>	<b>7</b>	<b>886</b>	<b>0.79</b>

### Number of Employees by Age Bracket by Gender

Age Bracket	Male	Female	Total	% of Total
15 - 19	0	11	11	1.24
20 - 24	3	61	64	7.22
25 - 29	18	107	125	14.11
30 - 34	17	61	78	8.80
35 - 39	23	66	89	10.05
40 - 44	14	53	67	7.56
45 - 49	9	80	89	10.05
50 - 54	7	93	100	11.29
55 - 59	23	132	155	17.49
60 - 64	17	73	90	10.16
65+	8	10	18	2.03
<b>Total</b>	<b>139</b>	<b>747</b>	<b>886</b>	<b>100</b>

### Cultural and Linguistic Diversity

Name	Male	Female	Total	% of Agency
Number of Employees born overseas	52	161	213	24.04
Number of Employees who speak language(s) other than English at home	10	37	47	5.30

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

Male	Female	Total	% of Agency
1	6	7	0.8

## 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	1	1	0.1
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	8	11	19
Compressed Weeks	7	37	44
Part-time	75	508	583
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	44.36
% review older than 12 months	41.08
% Not reviewed	14.56

# Financial Statements

## SA Dental Service Financial Report as at 30 June 2016

Revenue	YTD Actuals \$'000	YTD Budget \$'000	YTD Variance \$'000
Patient/Client Fees	(19,924)	(21,406)	(1,482)
Goods and Services Recharge/Recoveries	(294)	(179)	115
Recharges - Employee Related Cost	(3)	0	3
Commonwealth Grants	(386)	(363)	23
Grants, Donations & Subsidies	(100)	(154)	(54)
User Fees and Charges Revenue	(705)	(951)	(246)
Investment Income & Other Revenue	(344)	(334)	10
<b>Revenue Total</b>	<b>(21,756)</b>	<b>(23,387)</b>	<b>(1,631)</b>
<b>Expense</b>			
<b>Employee Related Expenses</b>			
Salaries and Wages - Nursing	360	441	81
Salaries and Wages - Medical Officers	957	920	(37)
Salaries and Wages - Weekly Paid	442	440	(2)
Salaries and Wages - Clinical Academics	54	0	(54)
Salaries and Wages - Salaried Employees	44,222	46,051	1,829
AL, LSL and Revals for Leave and Oncosts	5,714	5,568	(146)
Other Employee Related Expenses	5,555	5,584	29
<b>Employee Related Expenses Total</b>	<b>57,304</b>	<b>59,004</b>	<b>1,700</b>
<b>Non Employee Related Expenses</b>			
Agency Staffing	61	64	3
Food Supplies	34	23	(11)
Drug supplies	150	24	(126)
Medical, Para Med & Laboratory Supplies	4,161	4,133	(28)
Diagnostic Testing Charges	3	5	2
Housekeeping	1,482	1,338	(144)
Linen Services	3	14	11
Electricity, Gas, Fuel	466	573	107
Minor Equipment	23	81	58
Repairs & Maintenance	591	581	(10)
Fee for Service	12,572	12,781	209
Other Supplies & Services	6,334	5,954	(380)
Patient/Client Transport Assistance	19	22	3
S & W Purchased Staff from Other SA Health Regions	0	0	0
Other Expenses	13	0	(13)
Grants and Subsidies	366	334	(32)
Borrowing Expenses	0	0	0
<b>Non Employee Related Expenses Total</b>	<b>26,278</b>	<b>25,927</b>	<b>(351)</b>
<b>Expenses Total</b>	<b>83,582</b>	<b>84,931</b>	<b>1,349</b>
<b>Capital Revenue</b>			
Contributed Assets & Services	0	0	0
Revaluation Increments Revenue	0	0	0
Proceeds from Assets Disposals	0	0	0
Cost or Valuation of Assets Disposed	978	0	(978)
Accum Depreciation of Assets Disposed	(687)	0	687
Fixed Asset Impairments	5,480	0	(5,480)
Appropriations and SA Government Revenue - Capital	0	0	0
<b>Capital Revenue Total</b>	<b>5,771</b>	<b>0</b>	<b>(5,771)</b>
<b>Capital Expenses</b>			
Financial and Investment Losses	267	0	(267)
Depreciation & Amortisation	3,614	3,870	256
Donated Assets Expense	0	0	0
<b>Capital Expenses Total</b>	<b>3,881</b>	<b>3,870</b>	<b>(11)</b>
<b>Grand Total</b>	<b>71,478</b>	<b>65,414</b>	<b>(6,064)</b>





## For more information

SA Dental Service  
GPO Box 864  
Adelaide SA 5001  
Telephone: 8222 8222  
[www.sahealth.sa.gov.au/sadental](http://www.sahealth.sa.gov.au/sadental)



**Government  
of South Australia**

SA Health