



SA Dental Service

Year Book 16-17



Government
of South Australia

SA Health

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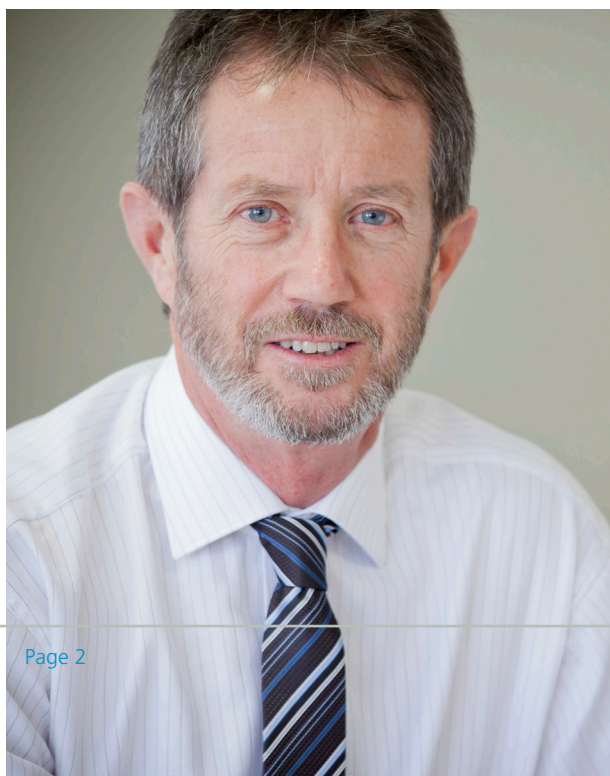
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Executive Director's Report 2016/17

SA Dental Service has 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 2016/17 financial year.

Highlights of the year include:

- > A balanced operating 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 4% increase in the number of Aboriginal adults, building on incremental increases in previous years.
- > On average 77 Homeless clients per month were referred for care, an increase of 11% over the previous year.
- > Over the past year 639 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.



- > Introduced strategies to reduce the numbers of children waiting and the waiting time for dental treatment under a general anaesthetic. Numbers reduced from 795 to 522 with a waiting time reduction of 2 months
- > Sustained excellent outcomes in a range of indicators of clinical quality including retreatment rates for a range of services.
- > Continuation in the Child Dental Benefits Schedule program with \$15.87m revenue generated.
- > Assisted the Government in negotiation for a new National Partnership Agreement on Public Dental Services for Adults which runs from 1 January 2017 to 30 June 2019 with up to \$21.1m in reward funding on offer for SA.
- > Successfully transitioned to the new 89 chair Adelaide Dental Hospital in the last week of June 2017 with the first day of operation on Monday 3rd July 2017.
- > Opened the new 10 chair Riverland Oral Health Centre in December 2016.
- > Continued to support training for Dental Therapists in the Graduate Certificate in Oral Health Science which enables them to treat adults as well as children within their current scope of practice.
- > Successfully completed an Organisation Wide Accreditation survey in August 2016 with accreditation achieved for a further 3 years.
- > Developed a project plan and commenced field work for South Australia's contribution to the National Study of Adult Oral Health 2017/18.
- > Integrated the Health Promotion division into the Service Quality and Performance Improvement division of SA Dental Service.
- > Made a decision to extend the current SA Dental Service Strategic Plan 2011-2016 for a further 2 years pending the development of a new State Oral Health Plan which expires at the end of 2017.

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

Healthy Smile Healthy Life

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.



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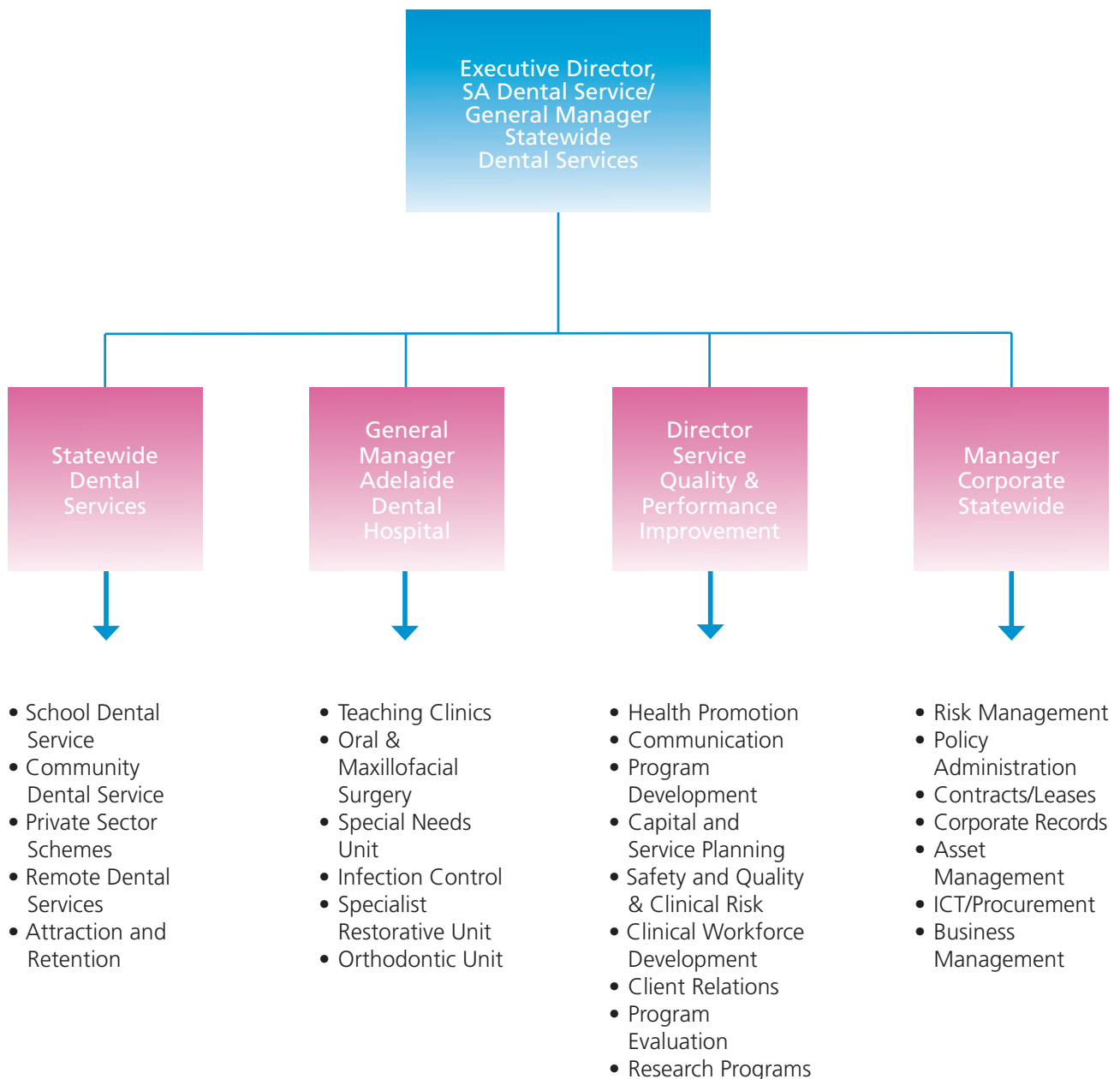


South Australian
Dental Service

SA Dental Service Organisational Chart

From 4 July 2016 the Health Promotion Division merged into the Service Quality and Performance Improvement Division of SA Dental Service. This involved only a change in reporting lines with the Manager, Health Promotion now reporting to the Director SQ&PI instead of the Executive Director and had no material effect on the role of the Health Promotion Unit.

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 poor oral health including babies and young 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 these undergraduate students.

School Dental Service

The School Dental Service offers a comprehensive dental care program to all children until their 18th birthday. This care is free of charge to all children not yet at school. It is also free for primary school and high school students with a school card, or who are covered by a Commonwealth Government concession card. Children and young people may also receive free care under the Commonwealth Child Dental Benefits Schedule which from January 2014 pays for basic 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 in 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, supported by dentists and dental assistants.

Community Dental Service

The Community Dental Service provides emergency and routine dental services to adults who are the holders of a Commonwealth Government issued concession card. Urgent needs are attended to promptly, while routine care is provided after recourse to a waiting list. In 2016/17 average restorative waiting periods increased to 15.2 months (from 13.2 months at the end of 2015/16) during the year.

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 29 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 diagnostic and 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 and 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 operational relationship with the Royal Adelaide Hospital (RAH), the ADH provides dental services to inpatients of the RAH and operates an afterhours 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.

In addition to providing specialist leadership and 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.

*Anne Pak-Poy
General Manager
Adelaide Dental Hospital*

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
- > Health Promotion
- > 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
- > Health Promotion
- > 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.
- > Improving health, oral health and wellbeing
 - Advocacy for the inclusion of health promotion principles in SA Dental Service policies and programs
 - Raising awareness of the importance of oral health in overall health
 - Partnering with staff and other agencies to promote oral health, prevent oral diseases and provide health information.
- > 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.



Janet Weeks

Director

Service, Quality and Performance Improvement

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..

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 Work 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.



*Shelley Crooks
Manager
Corporate Services*

Report on the Implementation of the SA Dental Service Strategic Plan - Progress as at June 2017

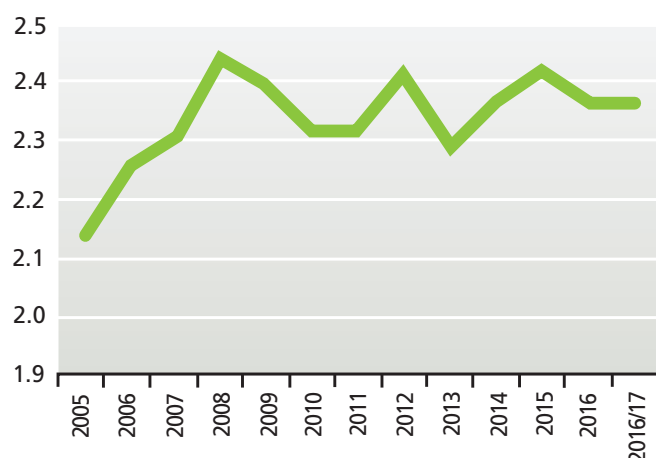
Strategic Outcome 1

Improved health and reduced health inequalities

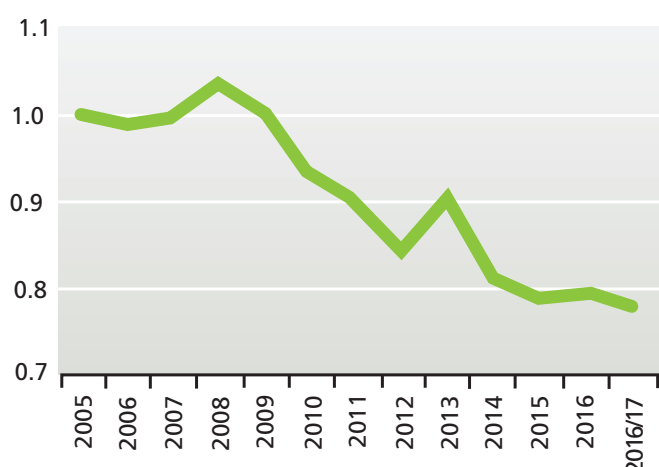
After continuous deterioration since the late-1990s, the amount of permanent tooth dental decay in 12 year old children has reduced by 25% since 2008. The 12 year-old mean DMFT is now 0.78, compared with 1.05 in 2008.

The average 6 year-old deciduous decay experience is now 2.37 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

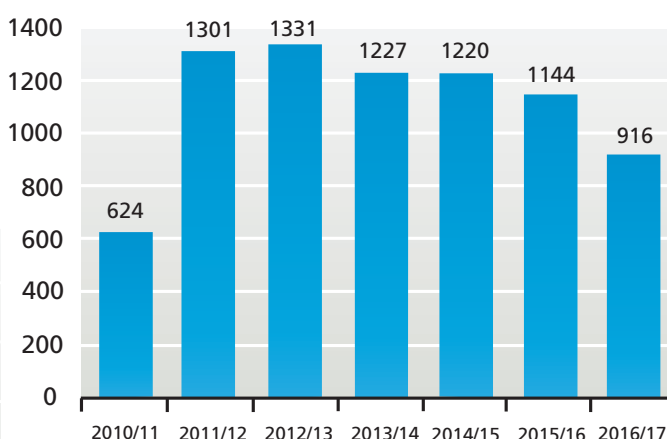


Population Oral Health Program

The Population Oral Health Program aims to increase the number of preschool children attending dental services. A total of 17,605 pre-school children had been referred to the program by 30 June 2017. 13% of referred children identified as being of Aboriginal and or Torres Strait Islander descent.

Child and Family Health Service (CaFHS) nurses referred 88% of external Lift the Lip referrals in 2016/17; 2 training sessions were conducted for external Lift the Lip referrers. Of the total referrals received in 2016/17, 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 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 for accessing dental services at community and school dental clinics across South Australia.

In June 2015, ongoing Closing the Gap (CTG) funding for the Aboriginal Oral Health Program (AOHP) was uncertain and program expenditure was reduced at the end of the financial year. Employment contracts funded by CTG funding were not renewed and only one Project Officer position, funded by SA Dental Service operational budget, was retained to ensure continuation of the program.

Notification of the award of CTG funding (\$430,000) for 2016/17 was provided to SA Dental Service on 30 September 2016.

Funding was awarded for one year pending evaluation of each of the existing CTG funded programs against the Culturally Responsive Health Service Protocol (CRHSP) developed by SAHMRI, Wardliparingga Aboriginal research unit. SA Dental Service submitted an evaluation report against these indicators on 19 December 2017.

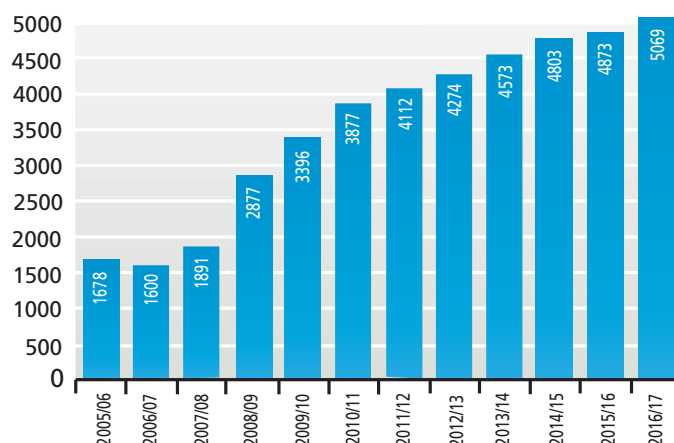
The evaluation results were distributed to CTG Program managers in April 2017. Of the 25 CTG funded programs, the AOHP was one of the seven programs assessed as successfully aligned with all seven CRHSP domains. The evaluation results along with a current Aboriginal Health Gap Analysis for South Australia were provided to CEOs across SA Health LHNs. The next round of CTG funding awards will be informed by the CRHSP framework and the results of these reports, decided jointly by LHN CEOs, Aboriginal Health Leads and the Aboriginal Health Branch

Delayed notification of the award of 2016/17 Closing the Gap funding resulted in budget underspend as at 31 December 2016. Recruitment for CTG funded Project staff appointed on short term contracts ending 30 June 2017 was impacted. A Project Plan was developed with a focus on short-term strategies to promote and increase services for Aboriginal clients; from February 2017 the following additional services were provided:

1. Fifty-five additional dental service sessions for Prison Health System
 - a. Port August (17)
 - b. Yatala (16)
 - c. Adelaide Remand Centre (22)
2. Five additional Remote service visits
 - a. Ceduna (2)
 - b. Oodnadatta (1)
 - c. Marree (1)
 - d. Nepabunna (1)
3. Thirty-seven 'after hours' sessions at Port Adelaide and Port Pirie
 - a. Port Adelaide (22)
 - b. Port Pirie (15)

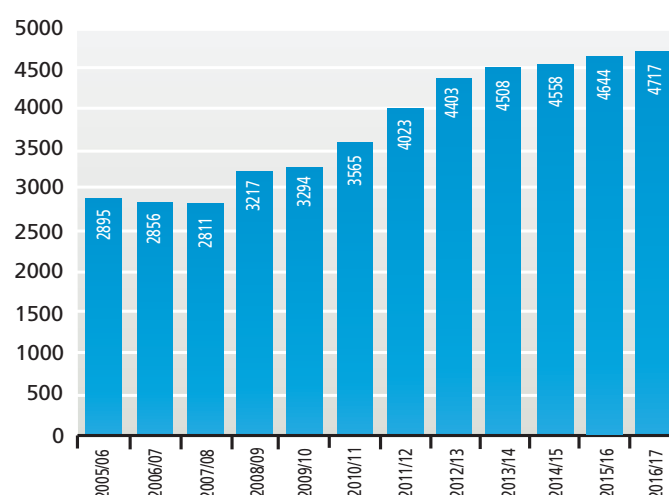
In 2016/17, 5069 Aboriginal adults were treated through the Aboriginal Liaison Program. This is an increase of 4% compared to last year and 31% increase since 2010-2011 baseline.

Aboriginal ADULT PATIENTS



In 2016/17, 4717 Aboriginal children attended SDS an increase of 2% compared to last year and 32% increase from 2010-11 baseline.

Aboriginal CHILD PATIENTS



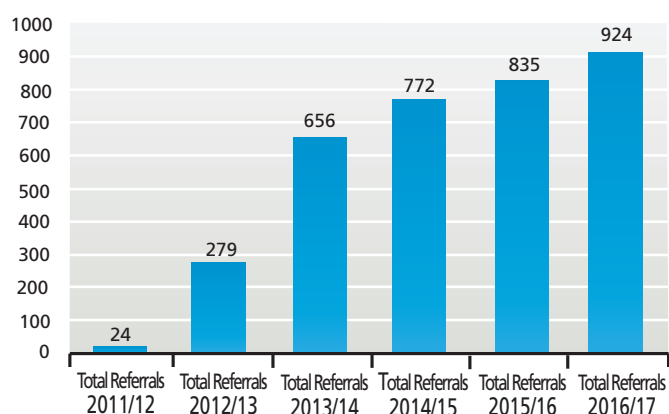
Homelessness and Oral Health Program

The Homelessness and Oral Health Program continues to provide an accessible oral health treatment pathway for adults who are homeless or at risk of homelessness.

A referral to the Program is completed by a participating homelessness service provider and enables eligible clients to access free, timely dental care at a SA Dental Service Community Dental Clinic or participating private dental practice. There are currently more than 50 service providers utilising the referral pathway and SA Dental Service staff work closely with them to support clients to attend their dental appointments.

In 2016/17, more than 900 people were referred through the Program, which was the highest number recorded since its inception.

Homeless Referrals - Annual



Since it commenced in 2004, the Homelessness and Oral Health Program has consistently been able to remove actual and perceived barriers to oral health care for people experiencing homelessness in South Australia. This achievement was formally recognised in 2017 when the Program won an SA Health Award in the Building and Strengthening Partnerships category.

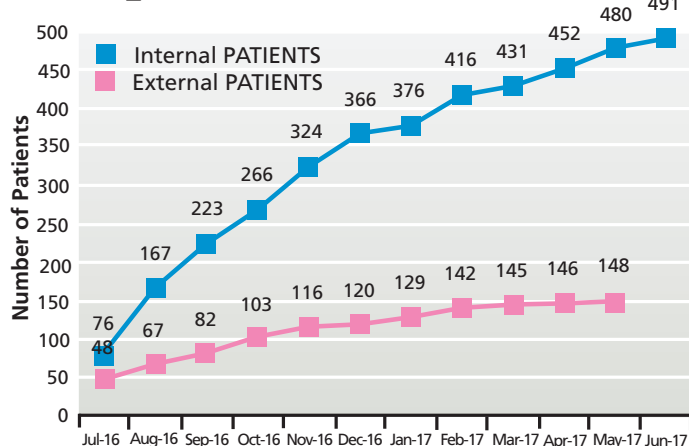
Supported Residential Facility (SRF) Dental Program

The SRF Dental Program continues to offer client-focused dental treatment for all residents of licenced pension-only SRFs in South Australia. 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.

There are currently 20 SRFs in South Australia, accommodating more than 800 residents.

Over the past year, 639 SRF residents received dental treatment at a SA Dental Service clinic or private dental practice as part of the Program. In addition, an annual dental screening session was carried out at each SRF by a SA Dental Service dentist and project team staff.

SRF_YTD PATIENTS 2016/2017



Innovation in Oral Health and Mental Health Project

The second phase of the Innovation in Oral Health and Mental Health Project concluded in late 2016 with an end of project event held to share project outcomes with external stakeholders. Outcomes of the project included:

- > Further collaboration with the pharmacy and mental health sectors, including delivery of a number of oral health education sessions
- > Development of a suite of written information resources - including tips for oral health care and managing dry mouth
- > Development of 3 educational videos to support the written resources
- > Development of an online oral training package for non-dental health professionals
- > Publication of an oral health edition of inPharmation, a National Oral Health Education Program for Pharmaceutical Society of Australia (PSA) members.

Strategic Outcome 2

Oral health is sustainably integrated into the wider health system

Building Better Oral Health Communities

Following the completion of the Commonwealth funded *Building Better Oral Health Communities Project* led by the South Australian Dental Service, further validation of the project's learning and teaching resources took place. The aim was to evaluate whether the oral health resources (www.sahealth.sa.gov.au/OralHealthForOlderPeople) designed for workforce training were relevant for students undertaking an entry-level nursing or aged care qualification.

Participating students from the Adelaide Nursing School of the University of Adelaide and TAFESA, undertaking a Bachelor of Nursing, a Diploma of Nursing or a Certificate III (Aged Care) qualification used the resources as prescribed course reading. Evaluation outcomes showed high levels of student and educator satisfaction. Student learning outcomes demonstrated consistently positive attitudes and significant self-reported improvements in oral health knowledge and skills.



The relevance of this evaluation to the wider health system lies with the proposition that building the oral health capacity of nurses and care workers is one way of reversing oral health neglect and improving the quality of care provided to older people. It does this by reinforcing that oral health is an essential part of fundamental care and in doing so highlights the need to strengthen the oral health content of entry-level nursing and aged care qualifications. Furthermore it encourages educators to use validated evidence-based oral health learning and teaching resources and to engage in interdisciplinary education with the dental sector. Lastly, it raises the awareness that, irrespective of differing scopes of practice, nurses and care workers must be able to provide consistent standards of oral health care.

The broader reporting of the *Building Better Oral Health Communities Project* outcomes including the evaluation results of the project's learning and teaching package has been promoted by the following publications:

- > Lewis, A., Kitson, A., & Harvey, G. (2016) Improving oral health for older people in the home care setting, An exploratory implementation study. *Australasian Journal on Ageing*, 35, 273-280. doi: 10.1111/ajag.12326
- > Lewis, A., Edwards, S., Whiting, G., & Donnelly, F. (2017) Evaluating student learning outcomes in oral health knowledge and skills, *Journal of Clinical Nursing*, online first. doi: 10.1111/jocn.14082

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 represent 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 2016/17 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
- > redevelopment of several pages of the SA Dental Service Website
- > accreditation against the National Safety and Quality Health Service Standards
- > promoting information about SA Dental Service to their communities of interest.

SA Dental Service - Measuring Consumer Experience (Children's) Survey

The September 2016 Survey focussed on client experiences with the School Dental Service. Surveys were forwarded to a random sample of the parents/guardians of 500 clients, aged less than 18 years, who had completed a course of dental care at a School Dental Service clinic within one to two weeks prior to receiving a survey form. The survey group included clients living in metropolitan and country areas, as well as being from Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse backgrounds.

The return rate was 16% (78 respondents). For the first time, respondents were given the opportunity to complete the survey online. This option was accessed by four respondents.

Some of the key findings included:

- > 76 (97%) respondents rated their dental clinic experience as 'good' or 'very good'
- > 73 (94%) respondents considered staff welcoming and helpful
- > 74 (95%) respondents felt they were treated with dignity and respect
- > 73 (94%) respondents felt that staff 'always' explained things in a way they could understand
- > 78 (100%) respondents felt that they 'definitely' or 'to some extent' were involved as much as they wanted to be in decisions about their child's dental care
- > 77 (97%) respondents thought dental staff 'definitely' or 'to some extent' worked well together to plan and coordinate their child's dental care.

Strategic Outcome 4

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

Commonwealth funding for Public Dental Services

In April 2016 the Commonwealth Government announced their intention to introduce the Child and Adult Public Dental Scheme to commence in January 2017 that would replace National Partnership Agreements and the Child Dental Benefits Schedule (CDBS). At the time of the announcement the Commonwealth agreed to offer a 6 month extension of the National Partnership Agreement on Adult Public Dental Services to cover the period 1 July 2016 to 31 Dec 2016 and to continue to allow the public sector to participate in CDBS until 31 December 2016.

However, the proposed Child and Adult Public Dental Scheme did not proceed. As a result the Commonwealth formally extended the participation of all State public dental providers, including the SA School Dental Service, until December 2019 and the previous NPA on Adult Public Dental Services was extended for a further 6 months from July 2016 to December 2016. This NPA extension provided an additional \$6.24 m to SA. Consistent with previous Agreements, in addition to maintaining its State funded base activity, SA Dental Service was required to provide an additional 7,309 units of activity described as Dental Weighted Activity Units.

The new 2.5 year NPA on Public Dental Services for Adults was due to commence in January 2017, however, there were a number of delays and the Commonwealth did not formally offer the new NPA until well into 2017/18. With less funding available for adult services waiting lists increased in the second half of the financial year.



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 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. During 2016/17 the OHMG:

- > Finalised 26 National Key Performance Indicators (KPIs) arising from the National Oral Health Plan that will be monitored over the ten year life of the Plan.

- > Prepared the Baseline Report including data for each of the 26 National KPIs. This Report is due to go to the COAG Health Council in early 2017/18.

After leading the OHMG for more than ten years, from July 2017 the role of Chair and the Secretariat function of the National Oral Health Monitoring Group will move from SA Dental Service to the NSW Centre for Oral Health Strategy.

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

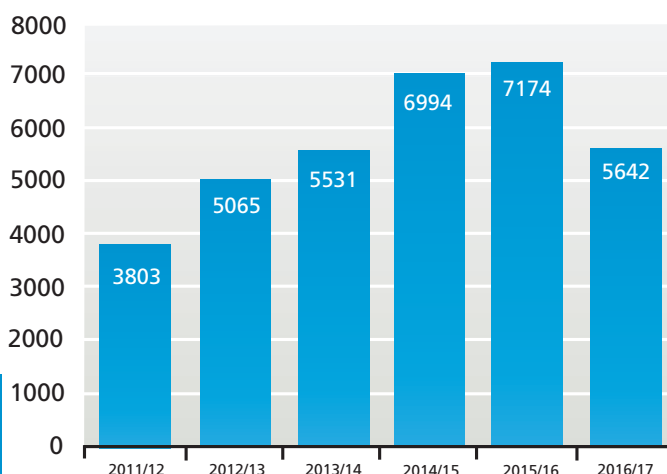
Smoking Cessation

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, 42,654 smoking interventions have been recorded. 5642 clients received one or more QUIT records this year, a 21.4% decrease from 2015/16. A review of the clinical process in place to support smoking cessation has been initiated.

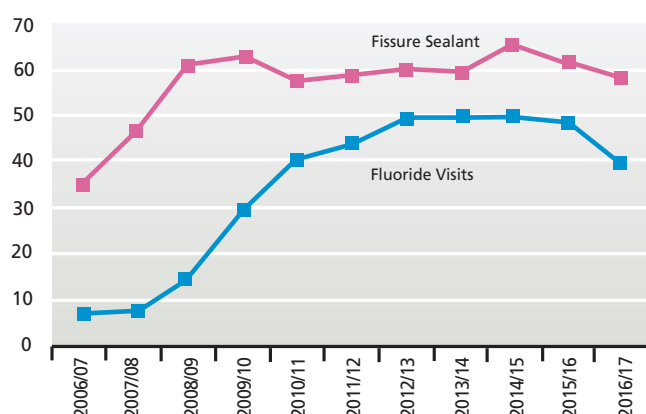
SADS TOTAL Number of People Receiving Short Intervention for Smoking Cessation (QUIT)



Preventive Care 2016/17

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 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 five of the past six years and is currently the lowest since 2003.

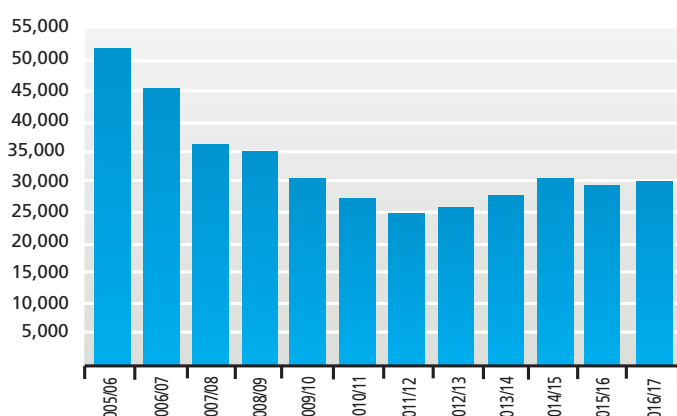
Clinical Prevention Services Rate per 100 Consenting Patients



Adult dental emergencies 2016/17

Dental emergencies treated in 2016/17 were 30,474, similar to the two previous years. 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.

Dental Emergency Courses of Care commenced per annum



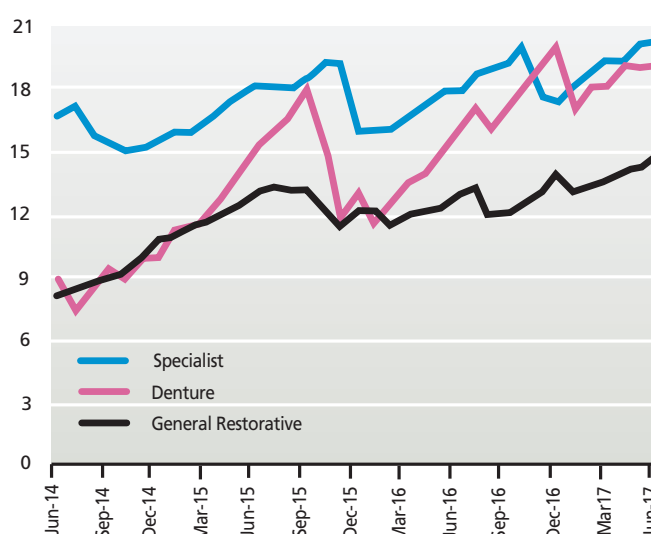
Waiting Lists 2016/17

Waiting times on waitlists for general and denture public dental care have increased since 2014/15 as shown in the graphs below. Additional Commonwealth funded NPA dental services in the first half of the financial year were not sufficient to allow for the waiting time to remain stable, year-on-year.

The average waiting time for patients removed from routine care waiting lists increased by two months to 15.2 months at June 2017 compared with 13.2 months at June 2016. The weighted mean waiting time for patients being removed from denture waiting lists has increased by three months to 19.4 months at June 2017 compared with last year.

The combined average waiting time for Specialist Services at the Adelaide Dental Hospital increased from 18.1 months in June 2016 to 20.5 months by June 2017.

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 a limited range of dental care services to children eligible under the Schedule. Eligible children 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, an ongoing promotional campaign has been used to ensure eligible families are aware they can access the CDBS at School Dental Service clinics and receive that care free of charge. This includes an online media campaign which launches advertisements on Facebook, enhanced online content on the SA Health/SA Dental Service website and 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 2016/17 SA Dental Service received \$15.87 million in Medicare benefits, while continuing to maintain population oral health principles and the provision of clinically indicated appropriate care to individual children.

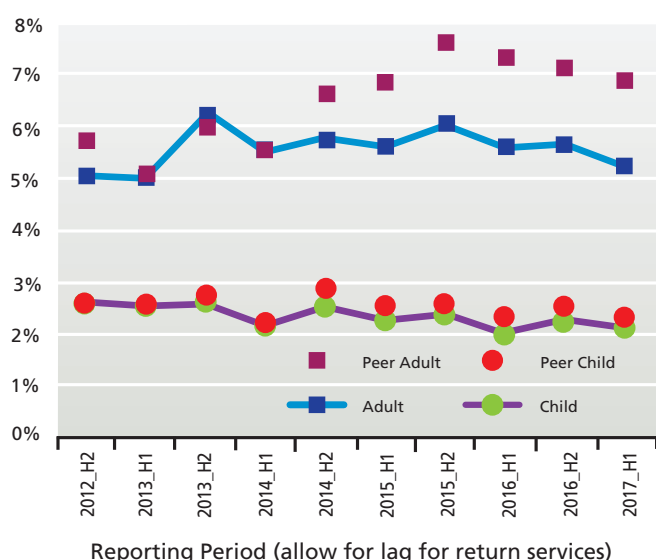
Quality of Care & Clinical Indicators

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).

2016/17 ACHS Quality Clinical Indicators (Oral Health) results

SA Dental Service results were statistically significantly more desirable than national peer aggregate results for three of the nine clinical indicator areas across both the School and Community Dental Services, for the first half-year reporting period of 2017. Most other oral quality indicators achieved statistically equal to or below

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



the national peer aggregate results, with only a small shortfall for the indicators associated (a) returns with complications after routine dental extractions and (b) with completing root canal treatments within 6-months of commencing endodontic treatment, where a high rate is deemed desirable.

The rate of restoration (filling) re-treatments within 6 months, are two of the key ACHS clinical indicators. The CDS adult rates were statistically significantly better than peer norm rates during the past three years, including 2016/17 and SDS child rates were statistically significantly better during the second half of 2014 and the first half of 2016, and similar to but lower than peer national rates during 2015 and 2016/17. 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 2020. In line with the annual review and progress report requirements SA Dental Service submitted the required documentation to ACHS in July 2016 prior to the organisation wide survey in August. The progress report comprised a comprehensive 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.
- > significant organisation changes or issue from 2013-2016
- > activities and achievements against the Quality Measures for Standards 1-6.
- > recommendation action plan for the gaps identified at the time of the 2013 Organisation Wide Survey.

The organisation wide survey was undertaken from 22-26 August 2016.

The documentation and 23 clinical sites were reviewed by four surveyors who assessed 151 Actions from the National Standards. All 151 actions were met by the organisation and SADS was accredited until 10 March 2020.

The surveyors identified 10 key areas where improvements could be made. These areas will be the focus for the next phase of the accreditation cycle.

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 has continued through to 2016/17. In 2016/17, 66 country patients on the Adelaide Dental Hospital crown and bridge waiting list had been offered treatment under the scheme. The uptake rate was 70%. 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 2016/17 year was 419, 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 2016/17, 37 patients on the endodontics waiting list had been offered treatment under the scheme. The uptake rate was 65%. 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 2016/17 year was 241, with the maximum waiting time at 11 months.

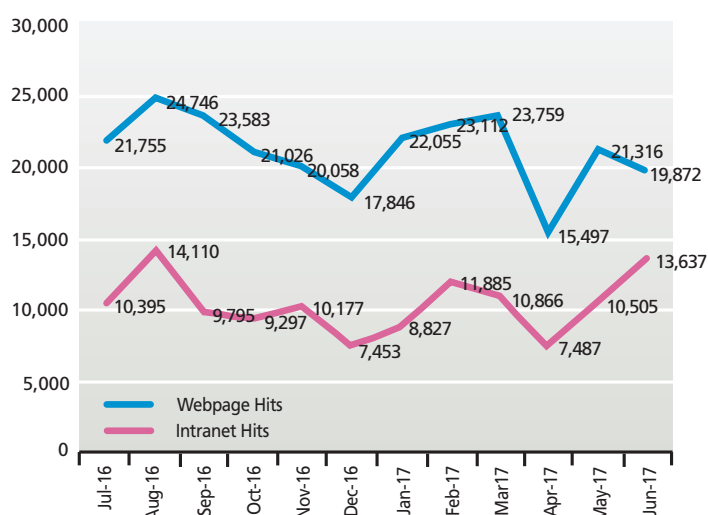
Specialist Dental Scheme (Oral Surgery)

The Specialist Dental Scheme (Oral Surgery) is a pilot scheme introduced in early 2016. This scheme provides a mechanism 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 require 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 2016/17 the landing pages on both the SA Dental Service webpage and intranet were updated to include a carousel function to promote key messages. Social Media through the SA Health platform was also used to promote these messages to the public.

New intranet developments included alphabetical listing for Work Practices, Procedures and Guidelines as well as A-Z listing at the top of the page for bookmarking.

Information updates on the internet informed the public about the Adelaide Dental Hospital move, new locations, maps, parking, bus routes and timetables. A dedicated frequently asked question page provided additional information for clients.

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 (GCOHS) commenced in July 2015. This 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.

By the end of the 2015/16 year eight SA Dental Service Staff had completed the GCOHS with a further dental therapist acquiring an equivalent qualification from the University of Melbourne. The 2016/17 year has seen another two SA Dental Service staff successfully complete the GCOHS, making total of eleven dental therapists working a minimum of 0.4 FTE treating adult clients in the Community Dental Service.

Country Staffing

In January 2017 five dental therapists were recruited to work in country areas – Port Lincoln, Whyalla, Port Augusta, Port Pirie and Clare. Four were graduates and one had a years' experience. A mentoring program for these dental therapists saw further skills and confidence develop.

Credentialing and Scope of Practice

SA Dental Service Credentialing Committee maintained the credentialing status of over 500 Dental Practitioners. This includes all non-SA Dental Service employees who provide and or supervise the provision of dental care within SA Dental Service (e.g. University Tutors).

Strategic Outcome 8

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

National Child Oral Health Study

The findings of the National Child Oral Health Study were published by ARCPOH in 2016. This study was a large cross sectional study of the child population aged 5-14 years across Australia. Nationally nearly 24,700 children from over 840 schools participated, In South Australia around 3,000 children from 143 schools participated. Prior to this study, information about child oral health came from surveys of State operated services such as the School Dental Service. This study included the wider population and considered child experience of oral health across different population groups.

The published data indicates South Australian children have amongst the best oral health in the country. For example SA has the second lowest 12-14 year olds rate of decayed, missing or filled teeth across the States and Territories with only the ACT having a lower level of decay experience in this age group. Nationally, and in SA there is a higher prevalence and severity of untreated dental decay and total decay experience among children:

- > identified as Indigenous,
- > from families where parents had only school – level education,
- > in low income households,
- > living in remote or very remote areas
- > whose last dental visit was for a problem (rather than a check-up).

National Survey of Adult Oral Health

In May 2017, SA Dental Service was the first jurisdiction to commence examinations of volunteer participants in the National Study of Adult Oral Health 2017/18. The study is conducted approximately every 10 years to obtain data about the level of dental problems in the community and the dental care received. Examinations continued into 2017/18.

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 was constructed as part of the University's Health and Medical Sciences Building in close proximity to the new Royal Adelaide Hospital and opened for operations in June 2017. The new Adelaide Dental Hospital is operated and managed by SA Dental Service, and provides a facility and equipment that support contemporary patient care and education of undergraduate and postgraduate dental students.



Adelaide Dental Hospital (above and below)





Adelaide Dental Hospital (above)

Riverland Oral Health Centre

As part of the Education Partnership Agreement with the University of Adelaide a new 10 chair dental clinic was built at the Berri campus of the Riverland Regional Hospital. This facility was officially opened on 7th December 2016. The Riverland Oral Health Centre has 6 SA Dental Service staff chairs and 4 student chairs. Ageing SDS clinics in Loxton, Renmark and Berri as well as a CDS clinic in Berri were closed when the clinic opened allowing Riverland patients to be served in a contemporary facility. Students began at the Riverland Oral Health Centre at the beginning of the 2017 academic year.

Riverland Oral Health Centre (below)



Freedom of Information 2016/17

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 (2016/17)

Details of Applications	Personal	Non Personal	Total
New applications for the year	32	0	32
Applications brought forward from previous year	2	0	2
Total to be processed	34	0	34
Determined	34	0	34
Transferred in full	0	0	0
Withdrawn	0	0	0
Totally actually processed	34	0	34
Unfinished	0	0	0

Outcomes of Access Applications (2016/17)

Outcome description	Personal	Non Personal	Total
Full Release	33	0	33
Partial Release	0	0	0
Refused access (no record)	1	0	1
Total	34	0	34

Applications for Amendment (2016/17)

	Personal	Non Personal	Total
New Amendment applications	0	0	0
Total	0	0	0

Applications for Internal Reviews (2016/17)

	Personal	Non Personal	Total
New Internal Review applications	0	0	0
Total	0	0	0

Adelaide Dental Hospital Statistics

Treatment Statistics

	2013/2014	2014/2015	2015/2016	2016/2017
Patients	23,239	23,689	23,463	21,566
Attendances	80,425	79,685	77,240	70,724

Diagnostic / Preventive

Examinations	13,983	14,790	14,700	13,552
Consultations	12,683	13,315	12,849	11,027
Radiographs	30,296	28,413	28,050	24,364
Periodontal treatment dental health education	17,317	17,085	16,460	13,083

Conservative Dentistry

Temporary restorations	1,784	1,693	1,786	1,603
Plastic restorations (amalgam, GIC & resin)	14,405	14,292	13,756	12,660
Complex restorations	1,312	1,218	1,117	1,141
Root canal treatment	1,175	923	992	897

Prosthetic Dentistry

Full dentures	593	608	546	460
Part dentures	880	929	880	844
Denture relines / re-bases	202	191	217	175
Denture repairs	216	256	252	194
Denture adjustments	1,166	1,341	1,291	1,217

Oral Surgery

Simple extractions	14,163	14,184	13,528	13,403
Surgical extractions	2,730	2,777	3,373	1,995

Orthodontics

Removable appliances**	1,148	1,068	1,009	1,009
Fixed appliance (Arches)	1,026	1,250	1,186	1,057

Adelaide Dental Hospital Statistics (cont.)

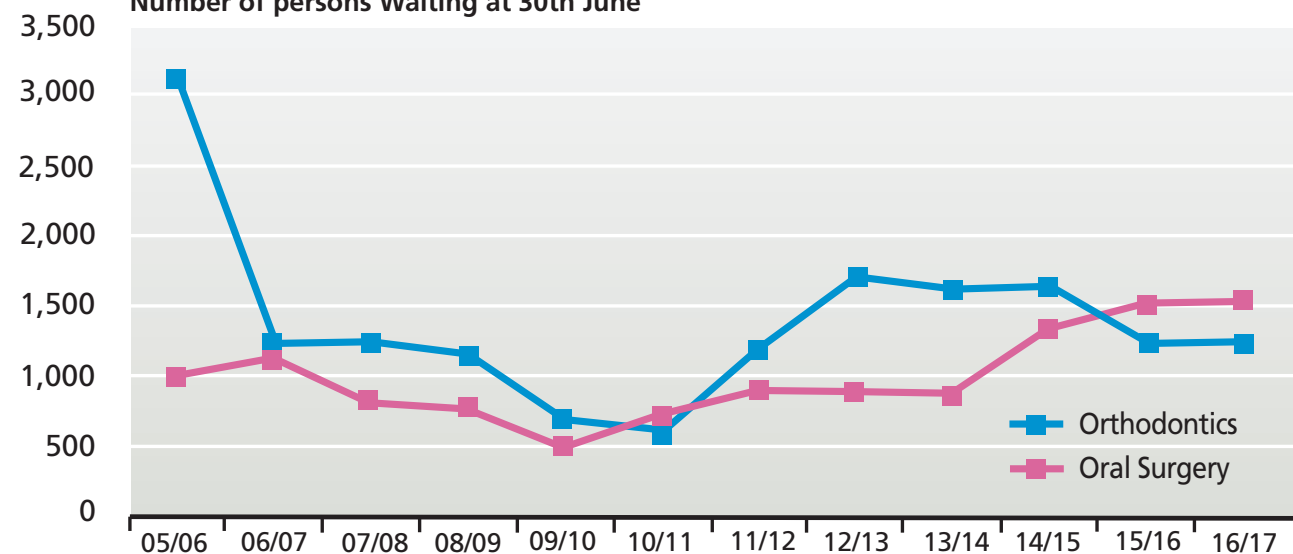
Waiting Lists

Number of people on waiting lists

	5/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17
Orthodontics	3,120	1,249	1,222	1,165	708	626	1,210	1,710	1,635	1,646	1,266	1,250
Oral Surgery	1,008	1,125	819	765	494	721	895	898	877	1,343	1,509	1,542

Adelaide Dental Hospital Specialist Waiting Lists

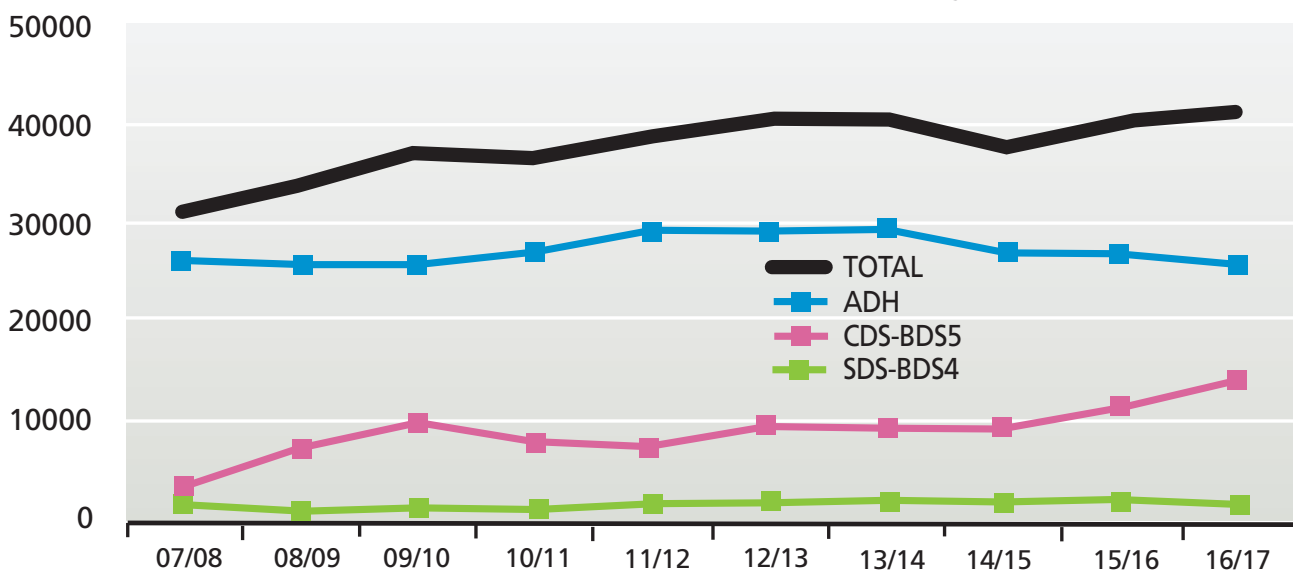
Number of persons Waiting at 30th June



Patient Visits – seeing a dental student

	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17
Adelaide Dental Hospital	26,426	25,816	26,003	27,272	29,707	29,193	29,713	27,065	26,835	25,814
Community- BDS5	2,934	6,978	9,716	7,990	7,386	9,272	9,134	9,031	11,310	13,868
School Dental/Pedo BDS4	1,807	1,242	1,539	1,296	1,982	2,163	2,099	1,949	2,115	1,958
All	31,167	34,036	37,258	36,558	39,076	40,628	40,946	38,045	40,260	41,640

Total Number of BDS Student Patient Visits per year



School Dental Service Statistics

Children under care (consents)

In 2016/17, the School Dental Service cared for 148,130 registered children; 122,987 pre-school and primary school children (+3,165) and 25,116 (+362) secondary school students. The number of patients under care is 3,527 more than the 2015/16 total, and the highest number enrolled since 2008/09.

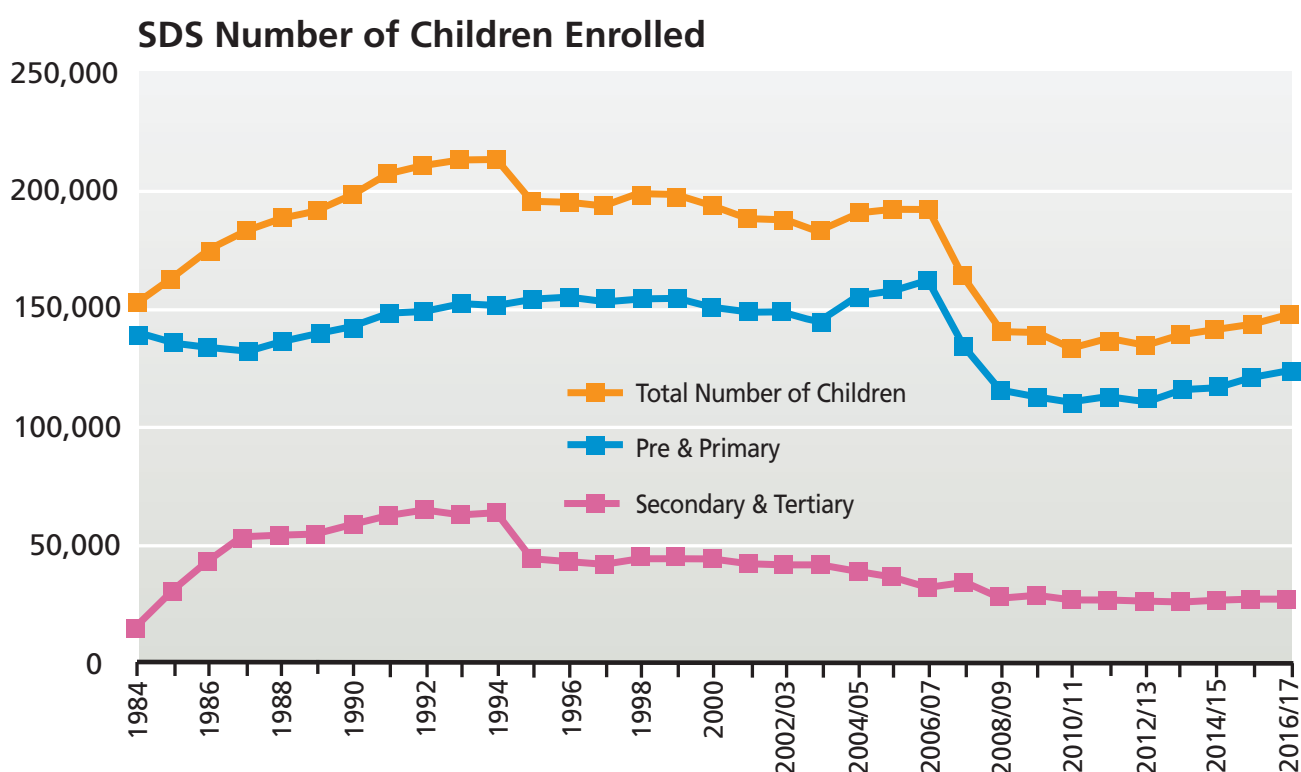
A stable number of secondary school children, just below 25,000, have been enrolled in SDS for the past six years; this has now crossed over to 25,116 patients for the 2016/17 year.

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.

The Medicare Teen Dental Plan voucher scheme for diagnostic and preventive dental services, covered under Family Tax Benefit A entitlements ceased in December 2013. The 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.)

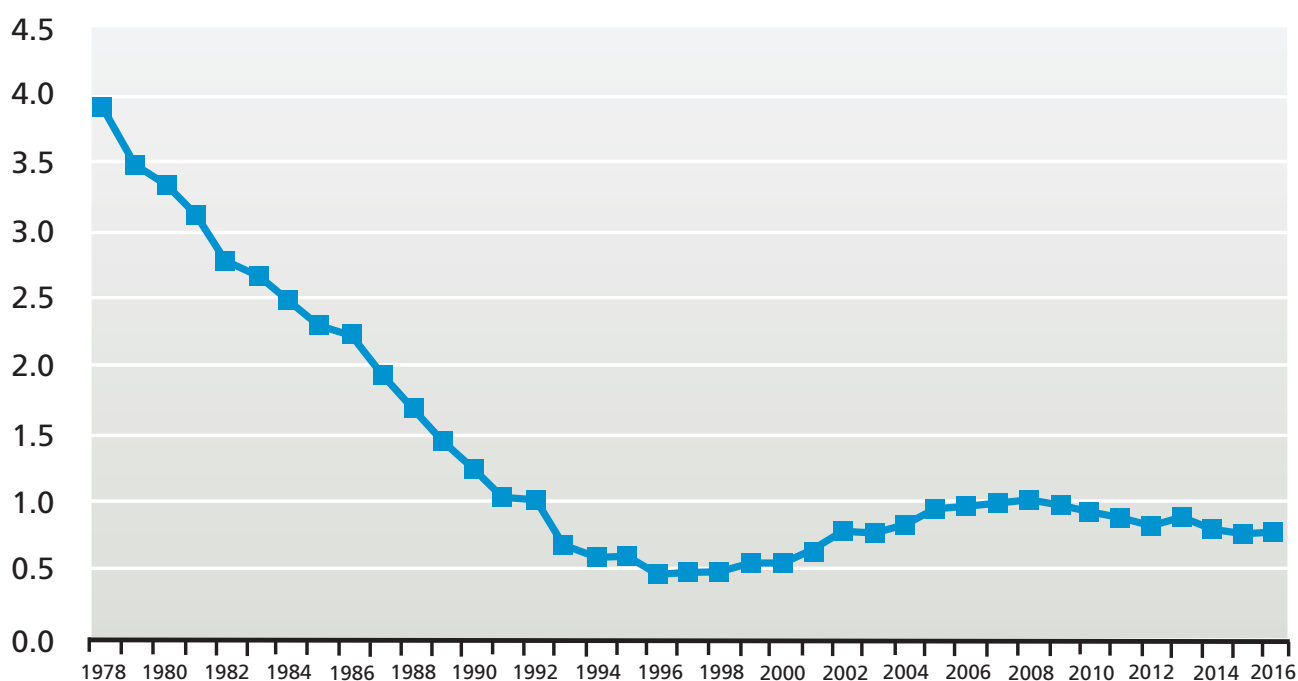
Dental caries experience

A patient's 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 0.795 in 2016.

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. Since then the average DMFT index has stabilised at around 0.7.

The average 12 year old DMFT in 2014 at 0.795 is the lowest rate of caries experience observed since 2003 for children attending the School Dental Service.

SA School Dental Service DMFT – 12 year olds



School Dental Service Statistics (cont.)

Annual services per 100 children under care (registered consents)

	2013/14		2014/15		2015/16		2016/17	
	Freq	Per 100 Consents	Freq	Per 100 Consents	Freq	Per 100 Consents	Freq	Per100 Consents
Patients	86,666		85,709		84,604		83,131	
Attendances	183,222		180,402		176,388		165,883	
Examinations	98,218	70.3	112,261	79.5	120,535	83.4	120,965	82.0
Radiographs	99,531	71.2	103,114	73.0	102,160	71.0	106,899	72.2
Prophylaxis	19,829	14.2	22,833	16.2	22,975	16.0	23,606	16.0
#Topical Fluoride (visits)	#47,076	#33.7	#69,316	49.1	69,401	48.0	57,759	39.0
#Conc Fluoride (Teeth treated)	#198,357	#142.0	Not Applicable since CDBS					
Filling (primary + permanent)	40,474	29.0	39,996	28.3	35,193	24.3	31,963	21.6
Pulpotomy (Primary)	1,816	1.3	1,815	1.3	1,672	1.2	1,692	1.1
Root Canal Treatment	244	0.2	211	0.1	219	0.1	207	0.1

Extractions

Simple (primary+perm)	15,433	11.0	15,808	11.2	14,585	10.1	13,651	9.2
Temporary dressing	2,240	1.6	2,237	1.6	2,100	1.5	2,151	1.5

Orthodontics

Active appliance	302	0.2	272	0.2	249	0.2	197	0.1
Referral	4,300	3.1	4,334	3.1	4,675	3.2	4,352	3.0
Mouthguard	724	0.5	480	0.3	497	0.3	545	0.4
Fissure sealant and surface protection	81,793	58.5	91,573	64.9	87,208	60.3	86,060	58.1

Dental Health Education

Child-individual*	70,102	50.2	85,022	60.2	98,592	68.2	104,579	70.6
small group*	1,454	1.0	1,211	0.9	383	0.3	349	0.2
Parent-individual*	80,395	57.5	85,562	61.0	91,553	63.3	92,367	62.4
-group**	41	0.0	67	0.0	112	0.1	112	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 2016/17

	CDS		Contracted Privately		Total 2016/2017	
	Freq	Per 100 Patients	Freq	Per 100 Patients	Freq	Per 100 Patients
Number of patients	42,367		19,783		59,541	
Patient attendances	99,962		41,388		141,350	
Examinations	40,403	95.36	13,805	69.78	54,208	91.30
Radiographs	48,703	114.96	15,757	79.65	64,460	108.40
Periodontal treatment / dental health education	60,945	143.85	9,323	47.13	70,268	118.30
Temporary restorations	3,303	7.80	498	2.52	3,801	6.40
Plastic restorations (amalgam, GIC & resin)	41,856	98.79	16,722	84.53	58,578	98.80
Complex restorations	122	0.29	-	-	122	0.20
Root canal treatments	916	2.16	113	0.57	1,029	1.70
Denture units	1,673	3.95	4,196	21.21	5,869	9.90
Denture relines / rebases	236	0.56	407	2.06	643	1.10
Denture repairs	210	0.50	6,724	33.99	6,934	11.70
Denture adjustments	1,947	4.60	60	0.30	2,007	3.40
Simple extractions	22,711	53.61	6,112	30.90	28,823	48.50
Surgical extractions	367	0.87	827	4.18	1,194	2.00

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

	2013/2014		2014/2015		2015/2016		2016/2017	
	Freq	Rate Per 100 Patients	Freq	Rate Per 100 Patients	Freq	Rate Per 100 Patients	Freq	Rate Per 100 Patients
Number of patients	65,551		57,114		64,303		59,541	
Patient attendances	167,479		131,798		156,229		141,676	
Examinations	57,983	88.5	52,091	91.2	60,183	93.6	54,370	91.3
Radiographs	68,626	104.7	53,083	92.9	70,141	109.1	64,547	108.4
Periodontal treatment / dental health education	69,537	106.1	64,503	112.9	80,021	124.4	70,445	118.3
Temporary restorations	3,246	5.0	3,398	5.9	3,558	5.5	3,802	6.4
Plastic restorations (amalgam, GIC & resin)	86,014	131.2	47,911	83.9	69,709	108.4	58,804	98.8
Complex restorations	15	0.0	38	0.1	108	0.2	122	0.2
Root canal treatments	1,702	2.6	973	1.7	1,101	1.7	1,032	1.7
Denture units	7,127	10.9	6,047	10.6	7,497	11.7	5,875	9.9
Denture relines / rebases	593	0.9	611	1.1	631	1.0	646	1.1
Denture repairs	6,940	10.6	7,114	12.5	7,131	11.1	6,942	11.7
Denture adjustments	1,924	2.9	1,989	3.5	2,044	3.2	2,020	3.4
Simple extractions	28,645	43.7	26,920	47.1	30,208	47.0	28,858	45.5
Surgical extractions	1,851	2.8	889	1.6	1,265	2.0	1,194	2.0

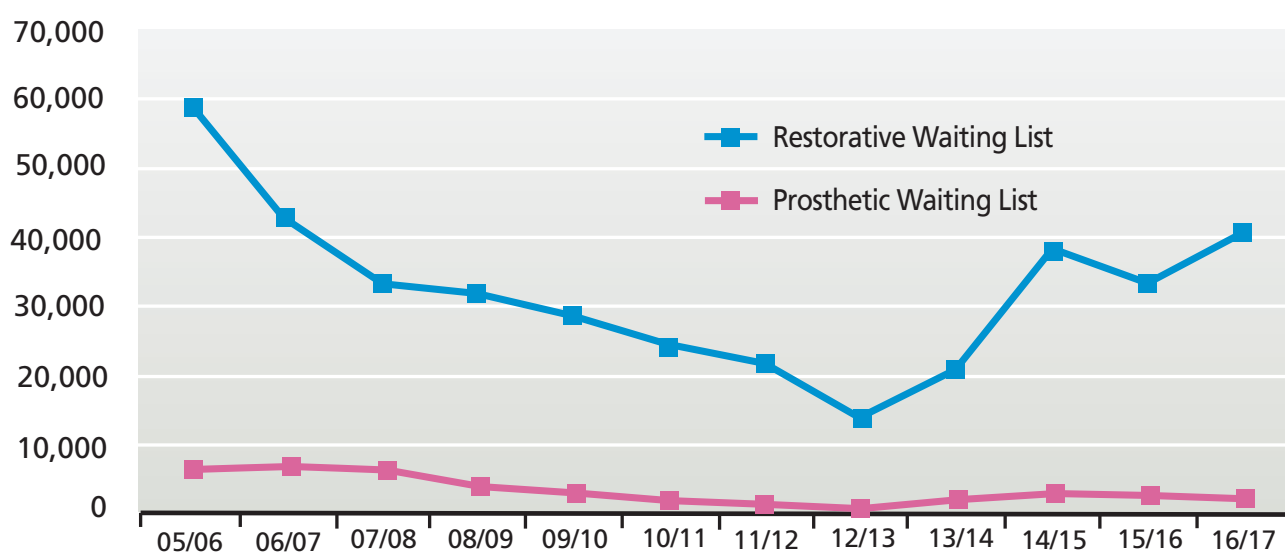
Community Dental Service Statistics (cont.)

State Adult Dental Waiting Lists

Waiting lists at Community Dental Service Clinics – adult dental services

	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17
Prosthetic Waiting Lists	6,075	3,776	3,043	1,615	927	429	1,861	2,823	2,501	2,366
Conservative Waiting Lists	32,429	31,289	28,143	23,951	21,373	13,473	20,371	37,324	33,026	40,295

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

	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17
Prosthetic Waiting Lists	38.7	27.8	28.6	16.6	14.8	11.4	9.0	15.4	16.3	19.4
Conservative Waiting Lists	19.1	17.3	17.7	16.8	16.0	11.5	8.4	13.4	13.2	15.2

Aboriginal Dental Scheme Statistics

Treatment Provided 2011/2012 – 2016/2017

	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Practices participating	56	32	18	25	21	21
Claims submitted	611	566	356	292	240	248
Examinations	503	519	318	234	202	214
Dental prevention	57	54	163	127	107	93
Restorations	222	185	412	299	221	253
Endodontics	1	2	4	3	0	0
Radiographs	235	379	573	396	294	295
Extractions	275	244	274	198	127	166
Surgical extractions / oral surgery	82	85	79	25	15	13
Relief of pain / Temporary filling	9	11	4	2	5	4
Dentures units	29	5	17	34	31	25
Repairs / maintenance to Dentures	16	11	5	1	0	3
Adjustments or relines	5	2	0	0	1	0

Human Resources Statistics

Employees	Health Units
Persons	931
FTEs	669.97

Gender	% Persons	%FTE
Male	14.82%	14.26%
Female	85.18%	85.74%

Number of Persons Separated from the agency during the last 12 months	99
Number of Persons Recruited to the agency during the 15/16 financial year	80
Number of Persons Recruited to the agency during the 16/17 financial year AND who were active/paid at June 2017	80
Number of Persons on Leave without Pay at 30 June 2017	22

Number of Employees by Salary Bracket

Salary Bracket	Male	Female	Total
0 - \$57,599	44	590	634
\$57,600 to \$73,299	32	98	130
\$73,300 to \$93,799	18	55	73
\$93,800 to \$118,399	14	29	43
\$118,400 Plus	30	21	51
Total	138	793	931

Status of Employees in Current Position

FTEs	Gender	Ongoing	Short-term Contract	Long-term Contract	Casual	Total
	Male	63.6	25.07	5.28	1.58	95.53
	Female	435.21	118.21	19.52	1.5	574.4
	Total	498.81	143.28	24.8	3.08	669.9
Persons	Gender	Ongoing	Short-term Contract	Long-term Contract	Casual	Total
	Male	77	33	13	15	138
	Female	554	157	28	54	793
	Total	631	190	41	69	931

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	2016/17
1) Sick Leave Taken	8,896.64
2) Family Carer's Leave Taken	261.10
3) Miscellaneous Special Leave	369.58

Number of Aboriginal and/or Torres Strait Islander Employees

Salary Bracket	Aboriginal Employees	Total Employees	% Aboriginal Employees
0 - \$57,599	5	634	0.79%
\$57,600 to \$73,299	1	130	0.77%
\$73,300 to \$93,799	4	73	5.48%
\$93,800 to \$118,399	0	43	0.00%
\$118,400 Plus	0	51	0.00%
Total	10	931	1.07%

Number of Employees by Age Bracket by Gender

Age Bracket	Male	Female	Total	% of Total
15 - 19	0	13	13	1.40%
20 - 24	7	55	62	6.66%
25 - 29	16	126	142	15.25%
30 - 34	15	73	88	9.45%
35 - 39	24	73	97	10.42%
40 - 44	14	58	72	7.73%
45 - 49	10	73	83	8.92%
50 - 54	9	98	107	11.49%
55 - 59	16	122	138	14.82%
60 - 64	18	86	104	11.17%
65+	9	16	25	2.69%
Total	138	793	931	100%

Cultural and Linguistic Diversity

Name	Male	Female	Total	% of Agency
Number of Employees born overseas	54	180	234	25.13%
Number of Employees who speak language(s) other than English at home	15	61	76	8.16%

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

Male	Female	Total	% of Agency
2	5	7	1.29%

Human Resources Statistics (cont.)

Types of Disability (where specified)

Disability	Male	Female	Total	% of Agency
Disability Requiring Workplace Adaptation	0	0	0	0.00%
Physical	0	1	1	0.11%
Intellectual	1	0	1	0.11%
Sensory	0	0	0	0.00%
Psychological/Psychiatric	0	0	0	0.00%

Number of Employees using Voluntary Flexible Working Arrangements by Gender

Leave Type	Male	Female	Total
Purchased Leave	0	0	0
Flexitime	7	10	17
Compressed Weeks	1	0	1
Part-time	45	396	441
Job Share	0	0	0
Working from Home	0	1	1

Documented Review of Individual Performance Management

Documented Review of Individual Performance Management	Total
% Reviewed within the last 12 months	63.37%
% review older than 12 months	27.07%
% Not reviewed	9.56%

Financial Statements

SA Dental Service Financial Report as at 30 June 2017

Revenue	YTD Actuals \$'000	YTD Budget \$'000	YTD Variance \$'000
Patient/Client Fees	(19,993)	(19,518)	475
Goods and Services Recharge/Recoveries	(224)	(179)	45
Recharges - Employee Related Cost	0	0	0
Commonwealth Grants	0	0	0
Grants, Donations & Subsidies	(91)	(144)	(53)
User Fees and Charges Revenue	(758)	(861)	(103)
Investment Income & Other Revenue	(347)	(330)	17
Revenue Total	(21,413)	(21,032)	381
Expense			
Employee Related Expenses			
Salaries and Wages - Nursing	412	454	42
Salaries and Wages - Medical Officers	741	1,038	297
Salaries and Wages - Weekly Paid	431	436	5
Salaries and Wages - Clinical Academics	57	0	(57)
Salaries and Wages - Salaried Employees	44,120	43,761	(359)
AL, LSL and Revals for Leave and Oncosts	5,728	5,467	(261)
Other Employee Related Expenses	5,252	5,643	391
Employee Related Expenses Total	56,741	56,799	58
Non Employee Related Expenses			
Agency Staffing	37	62	25
Food Supplies	31	22	(9)
Drug supplies	145	111	(34)
Medical, Para Med & Laboratory Supplies	4,239	4,085	(154)
Diagnostic Testing Charges	4	5	1
Housekeeping	1,605	1,554	(51)
Linen Services	8	14	6
Electricity, Gas, Fuel	478	524	46
Minor Equipment	137	21	(116)
Repairs & Maintenance	448	587	139
Fee for Service	9,989	9,202	(787)
Other Supplies & Services	6,275	6,846	571
Patient/Client Transport Assistance	23	23	0
S & W Purchased Staff from Other SA Health Regions	0	0	0
Other Expenses	1	0	(1)
Grants and Subsidies	371	343	(28)
Borrowing Expenses	0	0	0
Non Employee Related Expenses Total	23,791	23,399	(392)
Expenses Total	80,532	80,198	(334)
Capital Revenue			
Contributed Assets & Services	(3,750)	0	3,750
Revaluation Increments Revenue	0	0	0
Proceeds from Assets Disposals	0	0	0
Cost or Valuation of Assets Disposed	251	0	(251)
Accum Depreciation of Assets Disposed	(195)	0	195
Fixed Asset Impairments	0	0	0
Appropriations and SA Government Revenue - Capital	0	0	0
Capital Revenue Total	(3,694)	0	3,694
Capital Expenses			
Financial and Investment Losses	49	0	(49)
Depreciation & Amortisation	1,698	3,777	2,079
Donated Assets Expense	0	0	0
Capital Expenses Total	1,747	3,777	2,030
Grand Total	57,172	62,943	5,771

For more information

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SA Health