



SA Dental Service

Year Book 17-18



Government
of South Australia

SA Health

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Executive Director's Report 2017-18

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 2017-18 financial year. Highlights of the year include:

- > Approval from the Minister to commence development of the next SA Oral Health Plan.
- > SA Dental Service operating within its approved operational budget. My thanks and congratulations to staff and managers at all levels in the organisation who continue to demonstrate strong financial accountability.
- > Improvements in child oral health with both the 6yr old and 12yr old DMFT reducing further since 2016-17.
- > 5,159 Aboriginal adults were treated through the Aboriginal Oral Health Program. This is a further incremental increase of 2% compared to last year and a 33% increase since the 2010-11 baseline. In 2017-18, 4,992 Aboriginal children attended SDS, an increase of 6% compared to last year and a 40% increase from the 2010-11 baseline.
- > The number of people treated under the Homelessness and Oral Health Program continues to increase each year. In 2017-18, more than

1,000 people were referred for free, timely dental care at a SA Dental Service Community Dental Clinic or participating private dental practice.

- > There are currently 20 Supported Residential Facilities (SRF) in South Australia, accommodating more than 800 residents. In 2017-18, approximately 85% of residents attended a dental appointment as part of the program.
- > Consolidated strategies to reduce the numbers of children waiting and the waiting time for dental treatment under a general anaesthetic. Over the past two years the number of children waiting for a general anaesthetic has halved from 795 to 391 with the waiting time now at 3.1 months, significantly lower than the 12-13 month waiting time in 2015-16.
- > 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 \$15.31m revenue generated.
- > Despite delays in the commencement of the National Partnership Agreement (NPA) until late August 2017, SA Dental Service rapidly implemented and achieved the required level of additional activity by the 31 March 2018 milestone.
- > The official opening of the new Adelaide Dental Hospital by Peter Malinauskas, Minister for Health in December 2017.
- > 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.
- > Completed field work for South Australia's contribution to the National Study of Adult Oral Health 2017-18.
- > Parents/carers of children attending the SDS, who were surveyed about their experience and that of their child, rated the School Dental Service highly across a number of indicators.



*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.

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.



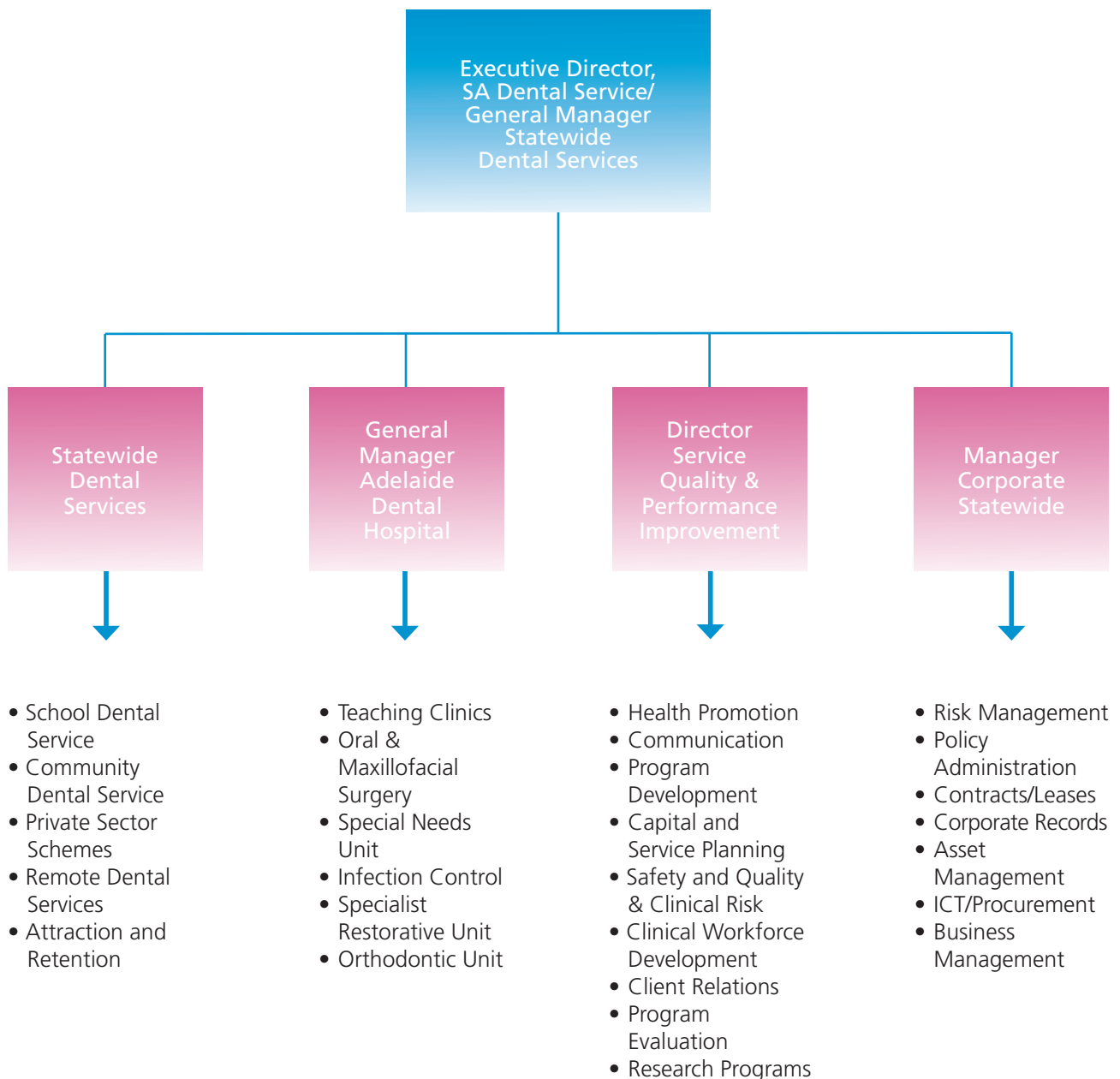
Government
of South Australia



South Australian
Dental Service

SA Dental Service Organisational Chart 2017-18

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 40 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 2017-18 average restorative waiting periods reduced to 8.7 months during the year, down from 15.2 months at the end of 2016-17.

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 25 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.



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.

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

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.

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, providing leadership to, and working 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, quality and 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 corporate records, 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 CALHN staff 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 2018

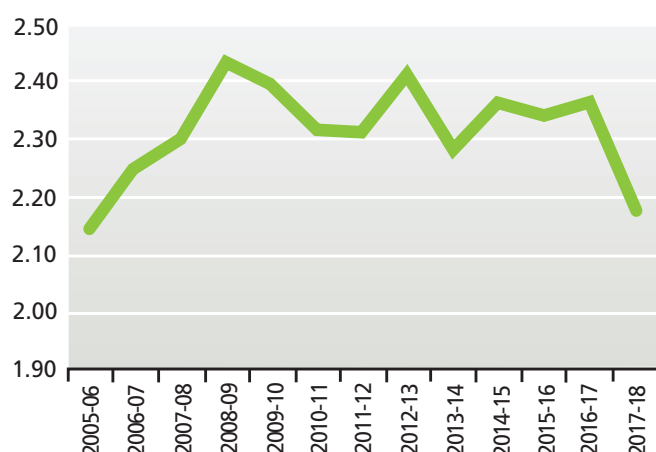
Strategic Outcome 1

Improved health and reduced health inequalities

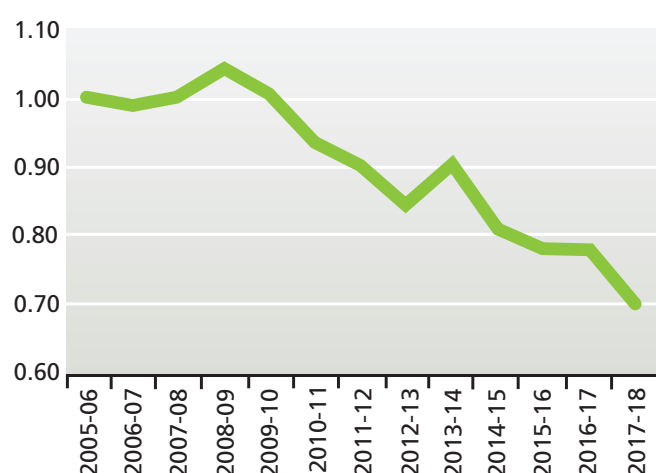
After continuous deterioration since the late-1990s, the amount of permanent tooth dental decay in 12 year old children has reduced by 33% since 2008. The 12 year-old mean DMFT is now 0.70, compared with 1.05 in 2008.

The average 6 year-old also had 8% reduction over last year in deciduous decay experience. The 6 year-old mean DMFT is now 2.18, compared with 2.37 in 2016.

6 year old Mean DMFT SA SDS



12 year old Mean DMFT SA SDS

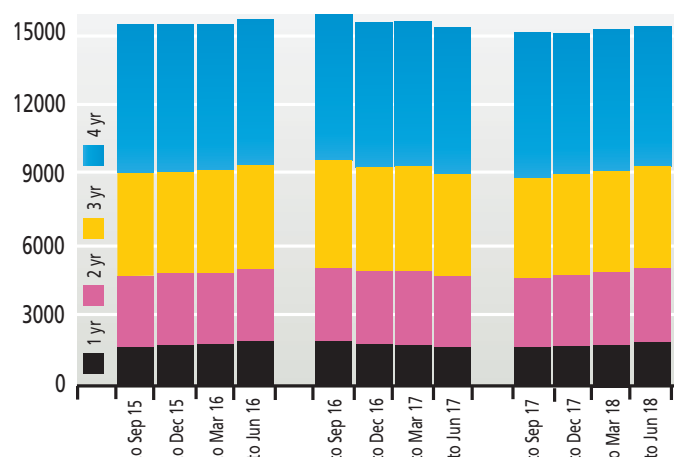


Population Oral Health Program

The Population Oral Health Program 'Lift the Lip', aims to increase the number of preschool children attending dental services. A total of 18,620 pre-school children had been referred to the program by 30 June 2018. 13% of referred children identified as being of Aboriginal and/or Torres Strait Islander descent, the same as in the previous year.

Child and Family Health Service (CaFHS) nurses referred 85% of external Lift the Lip referrals in 2017-18. A training session was conducted for 14 CaFHS inductees. Of the total referrals received in 2017-18, 40% of children were aged under 1 year at the time of referral, up from 22% the previous year.

SDS_ALL Children aged 1 to 4 yrs old seen by SDS in 12 months



Aboriginal Oral Health

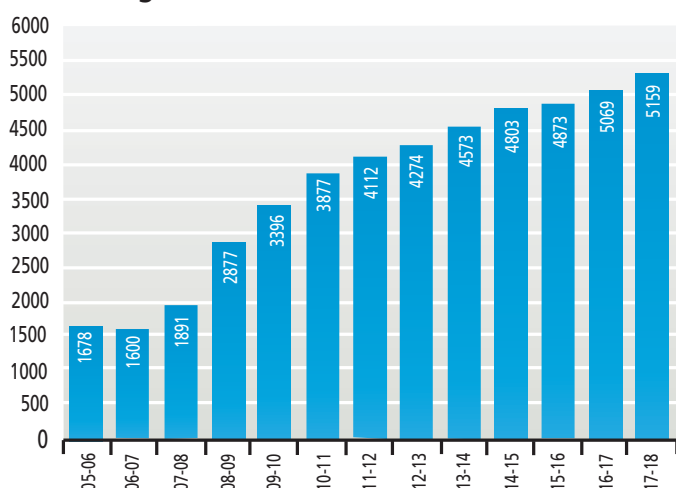
Since 2012 SA Dental Service has received Closing the Gap (CTG) funding to support the implementation of the Aboriginal Health Care Plan in South Australia. CTG has been used to employ Aboriginal Oral Health Project Officers to engage the Aboriginal and Torres Strait Islander community, raise oral health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

In April 2017 A/CEO of Transforming Health, Lynne Cowan announced extensions of CTG funding from 30 June 2017 to 30 December 2017 with \$215,000 approved. Two Aboriginal staff were impacted by the funding uncertainty with short contract terms.

In February 2018 \$202,000 CTG funding was awarded for the period 30 December 2017 to 30 June 2018. During the 2017/18 financial year, four Cultural Awareness (CA) sessions were held by Aboriginal Power Programs with 76 SADS staff members in attendance. CA training is now conducted online through SA Health via the Health Learning Central website and is now mandatory for all SADS staff to complete. The course covers level one learning outcomes from the SA Health Aboriginal Cultural Learning Framework and aligns with the 2017 Australian Commission for Safety and Quality in Health Care Standards.

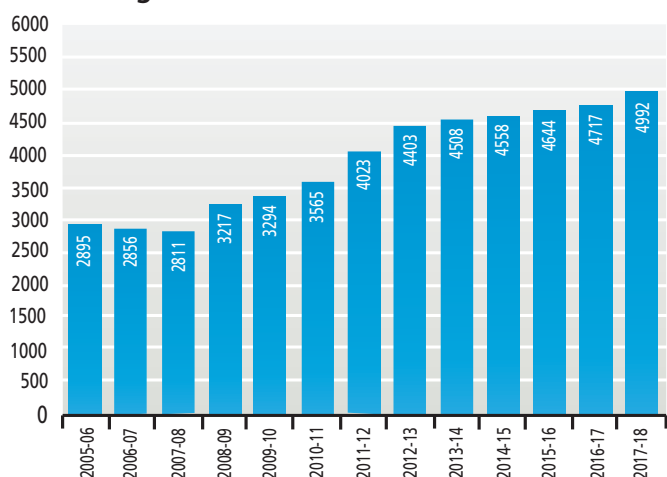
In 2017-18, 5159 Aboriginal adults were treated through the Aboriginal Liaison Program. This is an increase of 2% compared to last year and 33% increase since the 2010-11 baseline.

Aboriginal ADULT PATIENTS



In 2017-18, 4992 Aboriginal children attended SDS clinics, an increase of 6% compared to last year and 40% increase from the 2010-11 baseline.

Aboriginal CHILDREN PATIENTS

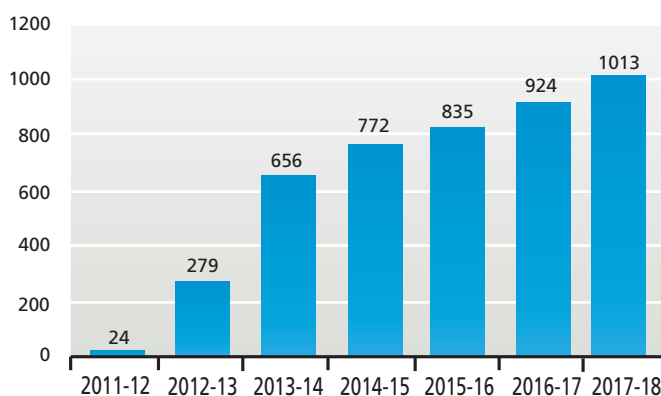


Homelessness and Oral Health Program

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.

The number of people referred through the program continues to increase each year. In 2017-18, more than 1,000 people were referred for free, timely dental care at a SA Dental Service Community Dental Clinic or participating private dental practice.

Homeless Referrals - Annual



The success of the program is largely due to the collaborative relationship between SA Dental Service and the homelessness sector in SA. To access the program, eligible clients require a referral form to be completed by a homelessness service provider. There are currently more than 50 homelessness agencies utilising the referral pathway and SA Dental Service staff work closely with them to support clients to attend their dental appointments.

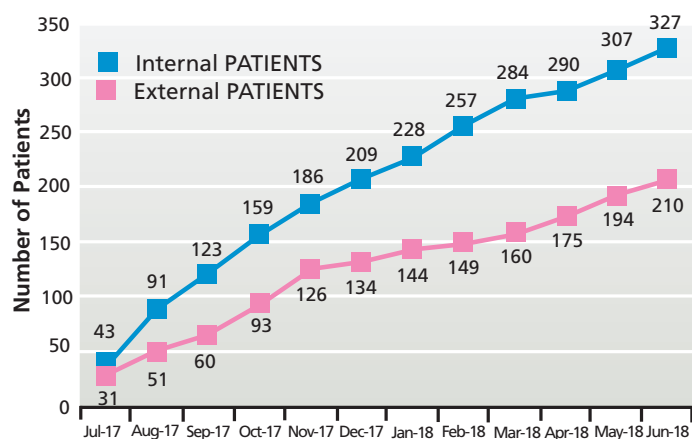
Supported Residential Facility (SRF) Dental Program

The SRF Dental Program offers client-focused dental treatment for all residents of licenced, pension-only SRFs in South Australia. Through the program, residents are able to access priority dental care at a Community Dental Service clinic or participating private dental provider and are not required to pay any fees for treatment. Residents can be referred by the SRF Manager, external SRF Support Providers, Case Managers or, following a screening visit by the SQPI Service Planning Dental Screening Team.

The SRF Dental Program funds 13 Cabs SA taxi transport to optimise SRF resident safety and facilitate maximum attendance at appointments.

There are currently 20 SRFs in South Australia, accommodating more than 800 residents. In 2017-18, approximately 85% of residents attended a dental appointment as part of the program.

SRF_YTD PATIENTS 2017-2018



Strategic Outcome 2

Oral health is sustainably integrated into the wider health system

Building Better Oral Health Communities

In 2014, the Commonwealth-funded 'Building Better Oral Health Communities Project' (2012-14) successfully demonstrated that a multidisciplinary approach based on four key oral healthcare processes (oral health assessment, oral healthcare planning, actioning daily oral care and referral for dental examination and treatment), can lead to significant improvements in the oral health of older people receiving home care services. In 2017-18, a follow-up review was undertaken to ascertain the extent to which the four oral healthcare processes have been sustained and embedded into routine community aged care practice, 3 years after the initial implementation project.

A community aged care provider involved in the original project was recruited to take part in this review. This included interviewing staff members from corporate, management and direct care positions, and consumers representing high and low care recipients from different contextual settings (metropolitan and country). A realist evaluation

approach was used to investigate whether the four oral healthcare processes have been embedded (or not) into routine practice by comparing two timeframes: Time 1 (Implementation June 2012 – Dec 2014) and Time 2 (Post-implementation July 2017 – July 2018).

At Time 1, it was proposed that the action of multi-level facilitation successfully contributed to a favourable context that triggered positive mechanisms supportive of building organisational and workforce oral healthcare capacity. At Time 2, an absence of ongoing multi-level facilitation produced an unfavourable context that triggered negative mechanisms responsible for perpetuating the misconception that oral healthcare was a low priority compared with other care needs. This, in turn, has hindered the ability of staff to embed the four key oral healthcare processes into routine community aged care practice.

In closing, this understanding can be used by SA Dental Service to better inform the development of strategies to navigate contextual barriers so that sustainable oral healthcare practice can be achieved. The identification of positive and negative mechanisms in this review demonstrate that improving oral health for older people has political and policy implications, requiring greater inter-sectorial collaboration between aged care, vocational healthcare education, the dental sector and consumer advocacy groups.

Strategic Outcome 3

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

Development of the next SA Oral Health Plan

The inaugural SA Oral Health Plan expired at the end of 2017 and work commenced on developing the next SAOHP. In May 2018 a detailed Consultation Paper was released inviting the community and stakeholders to provide feedback on the key oral health issues to be addressed. A range of consultation sessions with the dental and wider health and community care sectors have commenced.

It is envisaged a stakeholder working group will be formed in early 2018-19 to review the feedback from the consultation and develop the new Plan for public consultation and consideration by the Minister for Health, prior to being released in mid-2019.

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 2017-18 CAP was actively involved in

- > redevelopment of several pages of the SA Dental Service Website
- > nominating stakeholders to be consulted for the new SA Oral Health Plan
- > contributing to the CALHN Consumer and Engagement Strategy
- > promoting information about SA Dental Service to their communities of interest.

SA Dental Service - Measuring Consumer Experience Survey

The target group for the September 2017 survey was a random sample of the parents/guardians of 500 clients aged under 18 years who had completed a course of dental care at a School Dental Service (SDS) clinic 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 Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse backgrounds.

The return rate was 20% (101 respondents). For the second time, respondents were also provided with the opportunity to do the survey on line. This option was accessed by five respondents in 2017.

Some of the key findings included:

- > 82 (81%) respondents rated their experience of the dental clinic as 'very good' (17%) or 'good'.
- > 98 (97%) respondents considered staff to be consistently welcoming and helpful.
- > 95 (94%) respondents felt that they were treated with dignity and respect.
- > 95 (94%) respondents felt that dental staff 'always' explained things in a way in which they could understand.

- > 100 (99%) respondents felt they were 'definitely' or 'to some extent' involved as much as they wanted to be, in decisions about their child's dental care.
- > 98 (97%) respondents thought that 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

After some delay, the Commonwealth Government formally offered the National Partnership Agreement (NPA) on Public Dental Services for Adults to States and Territories in August 2017. Despite not being offered until August 2017, the 2½ year Agreement runs from 1 January 2017 to 30 June 2019 and provides up to \$242.5 million nationally with SA able to earn up to \$21.1m. As with previous Agreements the NPA is reward based funding with each State's public dental providers required to achieve additional activity (as measured by Dental Weighted Activity Units (DWAUs)) above an agreed level of baseline State activity.

Of note, this NPA reduced the level of expenditure paid to SA from approximately \$850 per DWAU to \$618. Following internal consideration, SA Dental Service recommended to SA Health that the required level of additional activity would be achieved, however would require tight management and control. Via the NPA Cabinet Submission and approval process, SA Dental Service received expenditure authority for \$14.4m in 2017-18 and a further \$6.6m in 2018-19. This approval triggered the release of substantial private sector schemes. Senior staff met monthly across the year monitoring closely both internal and external activity. Despite the late start, the 31 March 2018 activity milestone was met and SA Dental Service is on track to meet the 30 September 2018 milestone. This has been a significant team achievement with contributions from right across the Organisation.

There was no change to the arrangements with the Commonwealth funded Child Dental Benefits Schedule (CDBS), with participation of all State public dental providers, including the SA School Dental Service, confirmed through until December 2019.

Australia's National Oral Health Plan 2015-2024

After leading the OHMG for more than ten years, the role of Chair and the Secretariat function of the National Oral Health Monitoring Group moved from SA Dental Service to the NSW Centre for Oral Health Strategy. SA Dental Service continues to participate in the monitoring of the National Oral Health Plan as a representative of the National Dental Directors Group.

Strategic Outcome 5

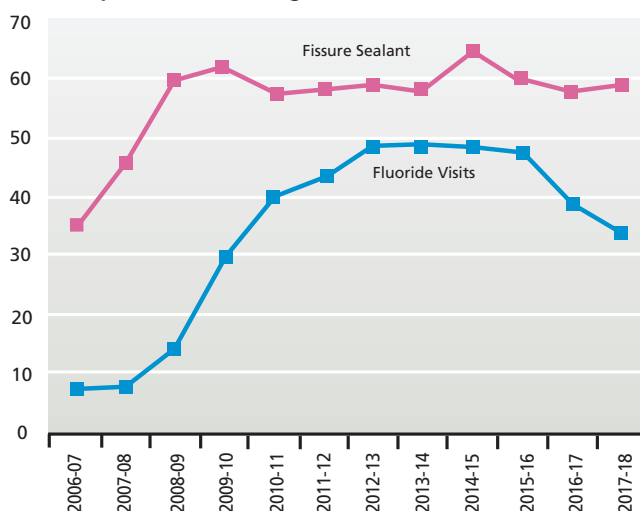
Population based health promotion underpins all of SA Dental Service Programs and clinical programs have an increased focus on prevention and early intervention

Preventive Care

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' in 12 year old children attending the School Dental Service, which has continued to decrease and is currently the lowest since 2003.

Clinical Prevention Services Rate per 100 Consenting Patients

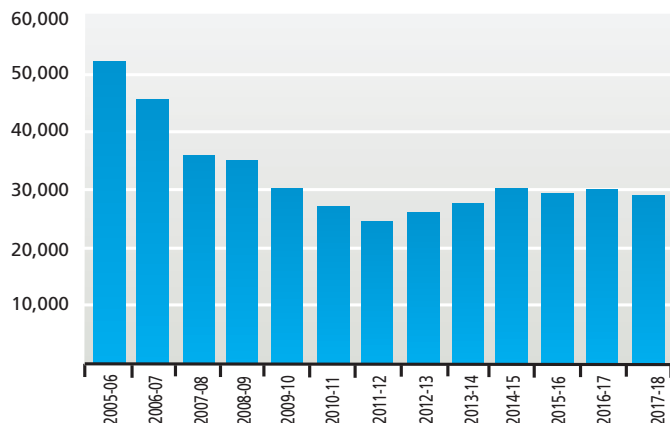


The Performance Monitoring Baseline Report 2017 was released in 2017, including data for each of the 26 National KPIs. It represents the current state of Australia's oral health including the level of oral disease and risk behaviours at the commencement of the 10 year plan. It also provides information on service access, quality, workforce capacity and preventive strategies both nationally and by jurisdiction.

Adult dental emergencies

Dental emergencies treated in 2017-18 were 29,171, similar to the three previous years.

Dental Emergency Courses of Care commenced per annum



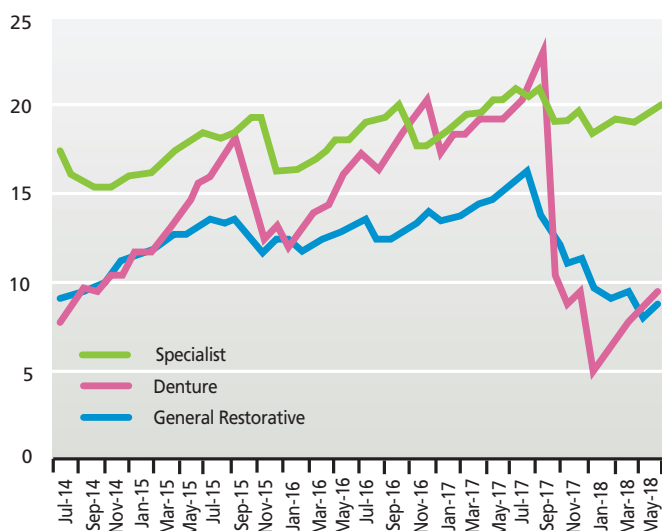
Waiting Lists

Waiting times on waitlists for general and denture public dental care have improved since 2014-15 as shown in the graphs below due to additional Commonwealth funded NPA dental services. However, this is 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 decreased to 8.7 months at June 2018 compared with 15.2 months at June 2017. The weighted mean waiting time for patients being removed from denture waiting lists has decreased to 10 months at June 2018 compared to 19.4 months at June 2017.

The combined average waiting time for Specialist Services at the Adelaide Dental Hospital decreased to 18 months at June 2018 compared with 20.5 months in 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 2017-18 SA Dental Service received \$15.31 million in Medicare benefits, while continuing to maintain population oral health principles and the provision of clinically indicated appropriate care to individual children.

Hall Crown Technique

The Hall technique allows restorative dental care to be provided to young children without the need for local anaesthesia or the use of the dental drill. SA Dental Service introduced the Hall technique in 2017, resulting in a significant change in the treatment provided to children with 500-600 Hall crowns being provided each month.

Due to the high acceptance of the Hall technique, clinicians were able to provide treatment to children who normally would not accept traditional dental care under local anaesthesia. This resulted in a reduction in referrals of children for general anaesthesia and reduced the waitlist from over 1000 children waiting on average 14 months in 2016-17 to less than 400 children waiting on average 3 months in 2017-18.

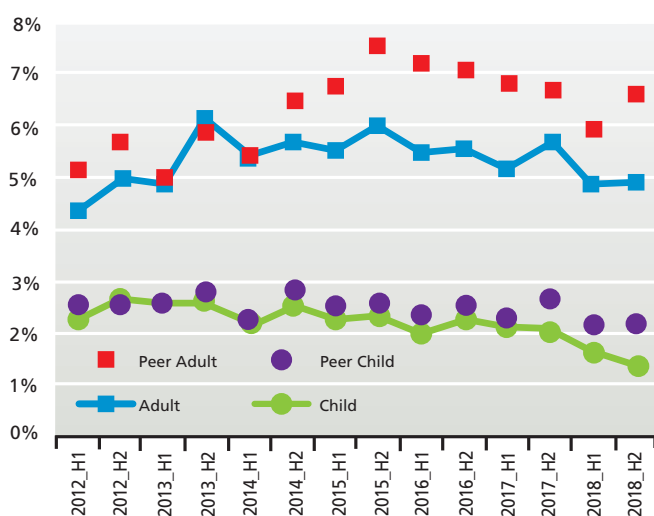
Quality of Care & Clinical Indicators

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).

ACHS Quality Clinical Indicators (Oral Health) results

The rate of restoration (filling) re-treatments within 6 months is a key ACHS clinical indicator. SA Dental Service 2018 results were better than the national peer aggregate results across both the School and Community Dental Services. Both these measures define positive quality results compared with interstate peer organisations, sustained over several years.

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



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 2017. 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 issues since the organisation wide survey in 2016
- > activities and achievements against the Quality Measures for Standards 1-6
- > recommendation action plan for the gaps identified at the time of the 2016 Organisation Wide Survey.

Safety and Quality

Following an infection control breach in late 2016, a significant review of the organisation infection control procedures and work practices occurred.

5 recommendations were identified by an independent review team, led by the CAHLN Risk Manager and included representatives from SA Dental Service Consumer Advisory Panel, a senior Clinical Director from the ADH and Infection Control experts. The SA Dental Service Executive Director chaired a working group, who developed action plans for addressing the recommendations.

In July 2017, following significant consultation the suite of revised work practices, new instructional documents and resources were implemented across the organisation.

Crown & Bridge Dental Scheme

The Crown and 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 to 2017-18. In 2017-18, 138 country patients on the Adelaide Dental Hospital crown and bridge waiting list had been offered treatment

under the scheme. The uptake rate was 75%. 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 2017-18 year was 387, with the maximum waiting time at 16 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 2017-18, 88 patients on the endodontics waiting list had been offered treatment under the scheme. The uptake rate was 56%. 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 2017-18 year was 54, with the maximum waiting time at 3 months.

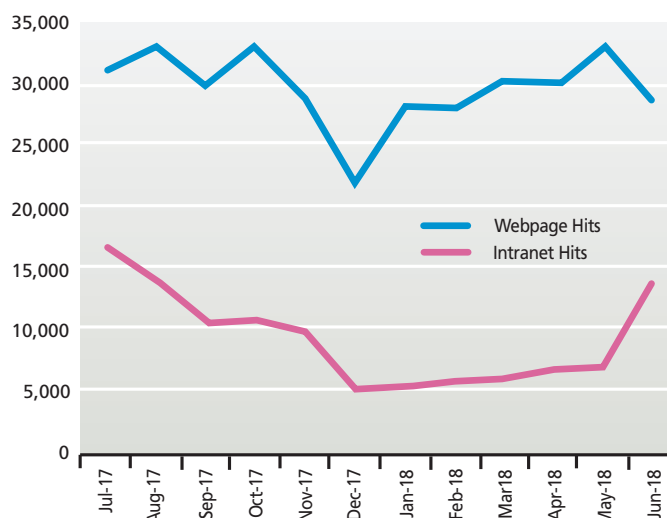
Specialist Dental Scheme (Oral Surgery)

The Specialist Dental Scheme (Oral Surgery) is a scheme initially piloted 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. This scheme continued through 2017-18, with 90 patients who require extraction of two or more wisdom teeth receiving care under this scheme. As a result of this scheme in conjunction with waiting list removals for treatment at the Royal Adelaide Hospital, the number of patients on the oral surgery theatre waiting list at the end of the 2017-18 year was 133, with the maximum waiting time at 12 months.

SA Dental Service Online Content

The management and maintenance of online content for both the SA Dental Service website and intranet continues to be increasingly important for clients, community members and staff. The online presence of SA Dental Service continues to grow with the numbers of hits continuing to increase in 2017-18 as more community members and staff access our sites for information.

Internet and Intranet hits per month 2017-18



Recruitment Campaigns for Dental Assistant Traineeships, Dental Therapists and Dentists were successfully promoted in 2017-18, with paid advertising posts on Facebook, internet content and banners (carousels).

At the time of the move to the new Adelaide Dental Hospital, the SA Dental Service website provided comprehensive information for clients and community about location and access to specialised dental services. This page remained in the top rankings for page views throughout 2017-18.

An Intranet Working Group was initiated in 2018. To ensure the intranet needs of staff were met, a large representation of clinical staff was included. The working group has been pivotal in the development of a *reception quick links* page to assist reception staff efficiently manage client phone or reception desk enquiries.

The SA Dental Service website promoted a series of programs and events throughout 2017-18. These included

- > Aboriginal Oral Health Program - Program and events details were promoted to the community and other health and community workers
- > A 'spit don't rinse' message on the website was posted on social media and reached 8,534 people and received 135 reactions, comments and shares. This was one of our most successful messages for 2017-18, with the organic content being reusable

- > SA Dental Service intranet site promoted the flu vaccination campaign and prompted SA Dental Service Staff to have a flu shot. Flu clinic locations and flu vaccine factsheets were also promoted
- > SA Dental Service website promoted the consultation phase for the Draft SA Oral Health Plan across the SA Community.

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 2017-18 year, 14 SA Dental Service Staff had completed the GCOHS with a further dental therapist acquiring an equivalent qualification from the University of Melbourne. One of these dental therapists resigned to work interstate, leaving 14 dental therapists working a minimum of 0.4 FTE treating adult clients in the Community Dental Service.

Country Staffing

January 2017 saw the successful recruitment of five dental therapists to country areas. This included Port Lincoln, Whyalla, Port Augusta, Port Pirie and Clare. Four were graduates and one had one year of experience. All of these graduates have elected to remain in their locations during the 2017-18 year.

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 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

Official Opening of the new Adelaide Dental Hospital

In December 2017, the Minister for Health, Hon Peter Malinauskas MLC, conducted the official opening of the SA Dental Service Adelaide Dental Hospital, which relocated from its past location on Frome Road to the new University of Adelaide Health and Medical Sciences Building on North Terrace.

The 30 year Partnership Agreement between Central Adelaide Local Health Network (SA Health) and the University of Adelaide consolidates a long standing and successful working relationship between SA Dental Service and The Adelaide Dental School.



*From left to right - Anne Pak-Poy (GM ADH),
Geoff Franklin (ED, SADS), Hon Peter Malinauskas MLC,
Alastair Burt (Executive Dean, Faculty of Health and Medical Science)*

Freedom of Information 2017-18

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 children and eligible South Australian 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, calls for submissions on particular topics, and convenes public meetings

in metropolitan and country areas. It also fosters a culture of inclusion of communities and service providers in planning, development and evaluation of services. These processes ultimately facilitate the community's access to services and their informed decision making about service options and program developments.

Types of documents held by SA Dental Service

SA Dental Service holds administrative records and client treatment records in addition to various hard copy and/or electronic oral health publications. 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 (2017-18)

Details of Applications	Personal	Non Personal	Total
New applications for the year	46	0	46
Applications brought forward from previous year	0	0	0
Total to be processed	46	0	46
Determined	43	0	43
Transferred in full	0	0	0
Withdrawn	0	0	0
Totally actually processed	43	0	43
Unfinished	3	0	3

Outcomes of Access Applications (2017-18)

Outcome description	Personal	Non Personal	Total
Full Release	43	0	43
Partial Release	0	0	0
Refused access (no record)	1	0	1
Total	43	0	43

Applications for Amendment (2017-18)

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

Applications for Internal Reviews (2017-18)

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

Adelaide Dental Hospital Statistics

Treatment Statistics

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Patients	22,096	23,239	23,689	23,463	21,566	20,218
Attendances	77,174	80,425	79,685	77,240	70,724	62,465

Diagnostic / Preventive

Examinations	13,455	13,983	14,790	14,700	13,552	12,546
Consultations	12,238	12,683	13,315	12,849	11,027	10,058
Radiographs	27,830	30,296	28,413	28,050	24,364	22,580
Periodontal treatment dental health education	18,551	17,317	17,085	16,460	13,083	10,725

Conservative Dentistry

Temporary restorations	1,915	1,784	1,693	1,786	1,603	1,348
Plastic restorations (amalgam, GIC & resin)	14,708	14,405	14,292	13,756	12,660	10,354
Complex restorations	943	1,312	1,218	1,117	1,141	838
Root canal treatment	947	1,175	923	992	897	817

Prosthetic Dentistry

Full dentures	498	593	608	546	460	370
Part dentures	834	880	929	880	844	701
Denture relines / re-bases	186	202	191	217	175	139
Denture repairs	194	216	256	252	194	157
Denture adjustments	1,056	1,166	1,341	1,291	1,217	950

Oral Surgery

Simple extractions	12,280	14,163	14,184	13,528	13,403	11,630
Surgical extractions	2,863	2,730	2,777	3,373	1,995	1,993

Orthodontics

Removable appliances**	982	1,148	1,068	1,009	1,009	961
Fixed appliance (Arches)	1,134	1,026	1,250	1,186	1,057	982

Adelaide Dental Hospital Statistics (cont.)

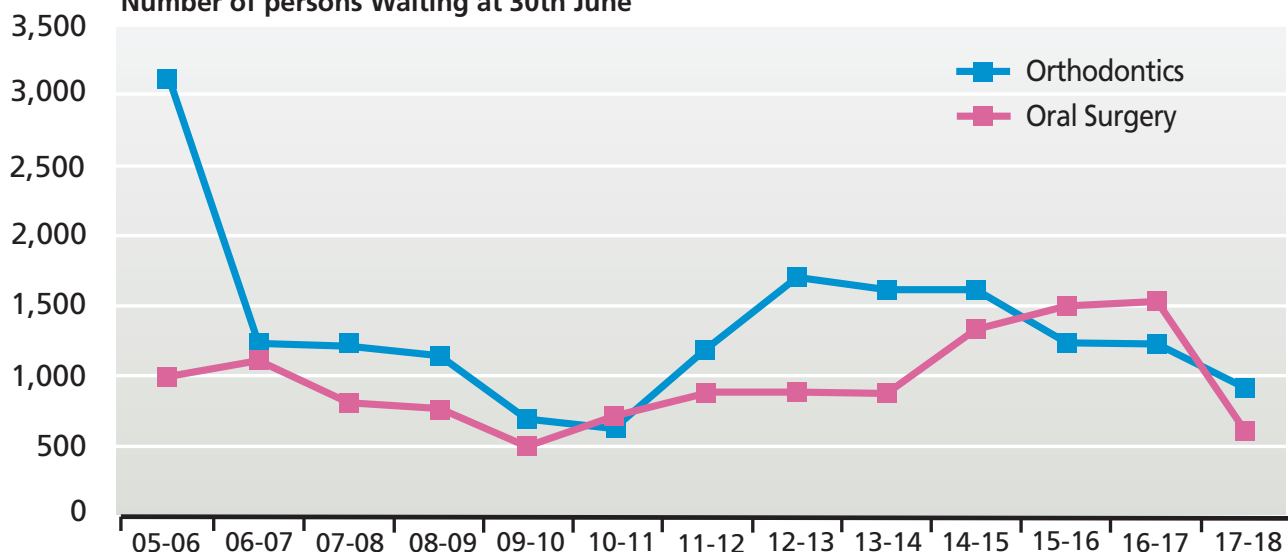
Waiting Lists

Number of people on waiting lists

	05-06	06-07	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18
Orthodontics	3,120	1,249	1,222	1,165	708	626	1,210	1,710	1,635	1,646	1,266	1,250	929
Oral Surgery	1,008	1,125	819	765	494	721	895	898	877	1,343	1,509	1,542	618

Adelaide Dental Hospital Specialist Waiting Lists

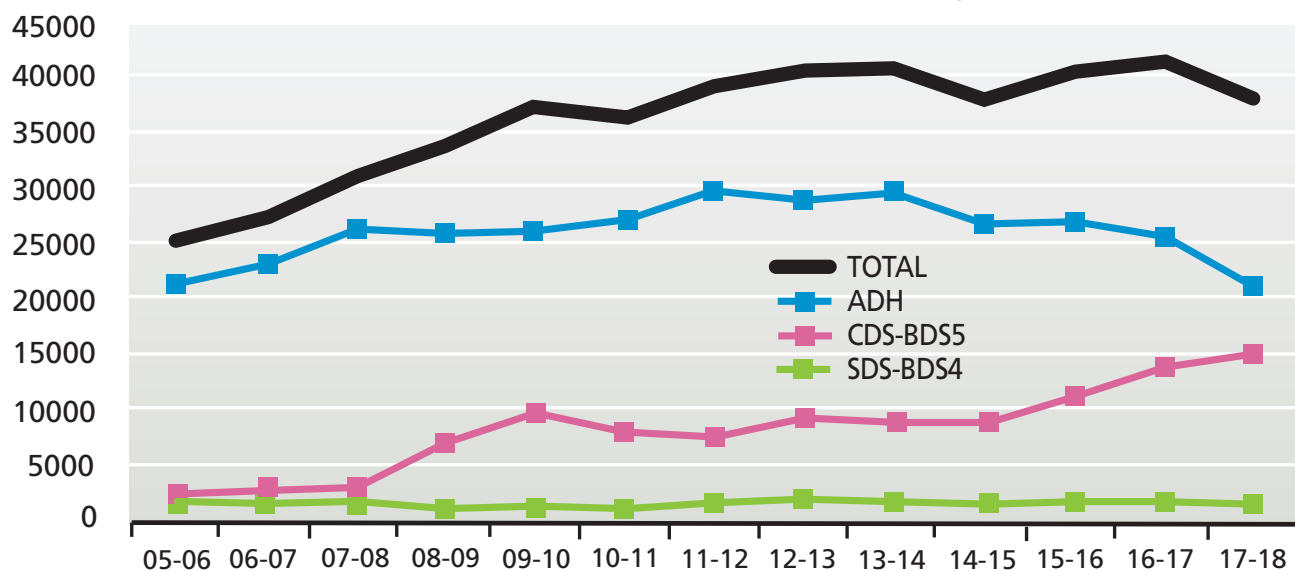
Number of persons Waiting at 30th June



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	17-18
Adelaide Dental Hospital	26,426	25,816	26,003	27,272	29,707	29,193	29,713	27,065	26,835	25,814	21,548
Community- BDS5	2,934	6,978	9,716	7,990	7,386	9,272	9,134	9,031	11,310	13,868	15,190
School Dental/Pedo BDS4	1,807	1,242	1,539	1,296	1,982	2,163	2,099	1,949	2,115	1,958	1,607
All	31,167	34,036	37,258	36,558	39,076	40,628	40,946	38,045	40,260	41,640	38,345

Total Number of BDS Student Patient Visits per year



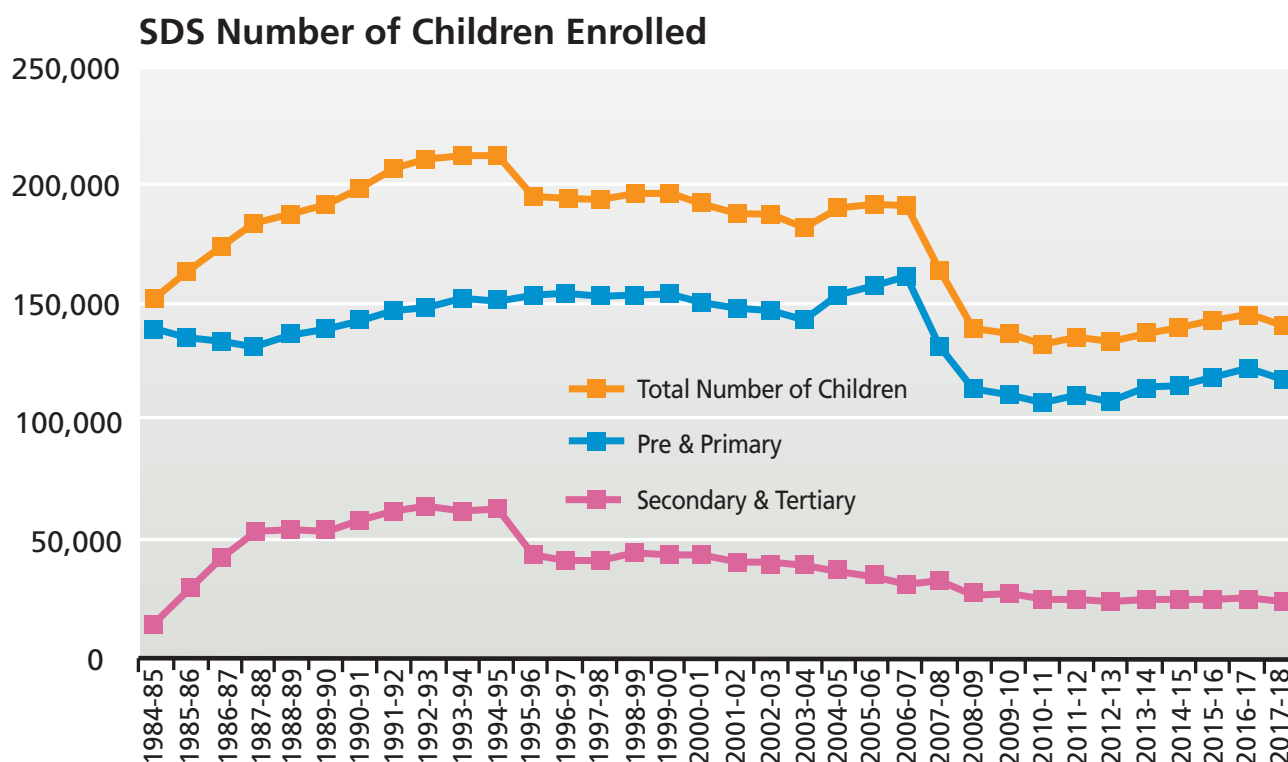
School Dental Service Statistics

Children under care (consents)

In 2017-18, the School Dental Service cared for 141,481 registered children;

- > 117,856 pre-school and primary school children
- > 23,803 secondary school students.

The number of children under care by the School Dental Service since 1984 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.)

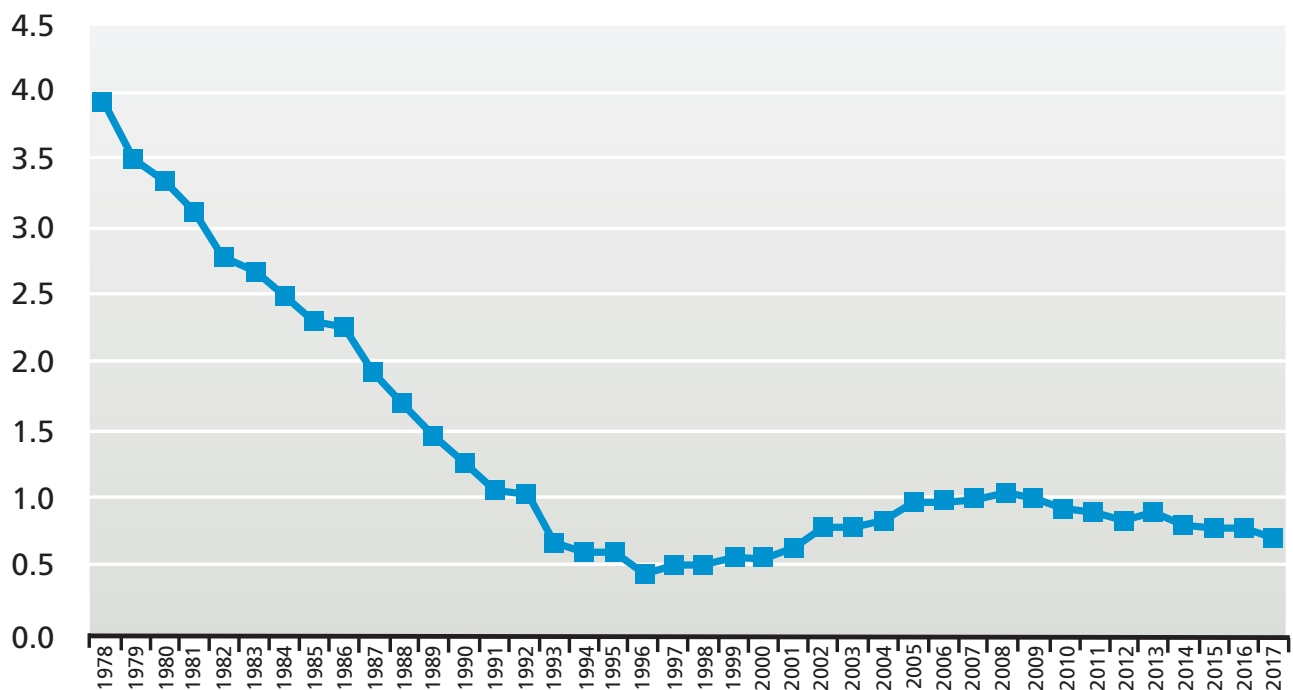
Dental caries experience

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.

While there had been noticeable deterioration in children's oral health over the decade leading up to 2008, this has improved and stabilised at about DMFT = 0.7 since then.

The average 12 year old DMFT of 0.7 in 2017 is the lowest rate of caries experience observed since 2008 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		2017-18	
	Freq	Per 100 Consents	Freq	Per 100 Consents	Freq	Per 100 Consents	Freq	Per100 Consents	Freq	Per 100 Consents
Patients	86,666		85,709		84,604		84,333		82,218	
Attendances	183,222		180,402		176,388		168,465		168,182	
Examinations	98,218	70.3	112,261	79.5	120,535	83.4	120,965	82.0	112,245	79.34
Radiographs	99,531	71.2	103,114	73.0	102,160	71.0	106,899	72.2	115,853	81.89
Prophylaxis	19,829	14.2	22,833	16.2	22,975	16.0	23,606	16.0	23,841	16.85
#Topical Fluoride (visits)	#47,076	#33.7	#69,316	49.1	69,401	48.0	57,759	39.0	48,117	34.01
#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	24,042	16.99
Pulpotomy (Primary)	1,816	1.3	1,815	1.3	1,672	1.2	1,692	1.1	1,260	0.89
Root Canal Treatment	244	0.2	211	0.1	219	0.1	207	0.1	218	0.15

Extractions

Simple (primary+perm)	15,433	11.0	15,808	11.2	14,585	10.1	13,651	9.2	13,913	9.83
Temporary dressing	2,240	1.6	2,237	1.6	2,100	1.5	2,151	1.5	2,061	1.46

Orthodontics

Active appliance	302	0.2	272	0.2	249	0.2	197	0.1	156	0.11
Referral	4,300	3.1	4,334	3.1	4,675	3.2	4,352	3.0	4,199	2.97
Mouthguard	724	0.5	480	0.3	497	0.3	545	0.4	565	0.40
Fissure sealant and surface protection	81,793	58.5	91,573	64.9	87,208	60.3	86,060	58.1	83,998	59.37

Dental Health Education

Child-individual*	70,102	50.2	85,022	60.2	98,592	68.2	104,579	70.6	104,464	73.84
small group*	1,454	1.0	1,211	0.9	383	0.3	349	0.2	977	0.69
Parent-individual	80,395	57.5	85,562	61.0	91,553	63.3	92,367	62.4	83,132	58.76
-group**	41	0.0	67	0.0	112	0.1	112	0.0	111.0	0.08

* 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 2017-18

	CDS		Contracted Privately		Total 2017-2018	
	Freq	Per 100 Patients	Freq	Per 100 Patients	Freq	Per 100 Patients
Number of patients	40,357		32,353		67,738	
Patient attendances	97,085		75,530		172,552	
Examinations	37,750	93.5	26,013	80.4	63,763	94.1
Radiographs	49,206	121.9	38,370	118.6	87,576	129.3
Periodontal treatment / dental health education	61,684	152.8	27,886	86.2	89,570	132.2
Temporary restorations	3,704	9.2	495	1.5	4,199	6.2
Plastic restorations (amalgam, GIC & resin)	41,648	102.3	47,612	147.2	89,260	131.8
Complex restorations	169	0.4	6	0.0	175	0.3
Root canal treatments	905	2.2	318	1.0	1,223	1.8
Denture units	1,467	3.6	6,567	20.3	8,034	11.9
Denture relines / rebases	252	0.6	379	1.2	631	0.9
Denture repairs	116	0.3	6,805	21.0	6,921	10.2
Denture adjustments	1,571	3.9	50	0.2	1,621	2.4
Simple extractions	22,406	55.5	9,515	29.4	31,921	47.1
Surgical extractions	245	0.6	1,473	4.6	1,718	2.5

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

	2013-14		2014-15		2015-16		2016-17		2017-18	
	Freq	Rate Per 100 Patients	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		67,738	
Patient attendances	167,479		131,798		156,229		141,676		172,552	
Examinations	57,983	88.5	52,091	91.2	60,183	93.6	54,370	91.3	63,763	94.1
Radiographs	68,626	104.7	53,083	92.9	70,141	109.1	64,547	108.4	87,576	129.3
Periodontal treatment / dental health education	69,537	106.1	64,503	112.9	80,021	124.4	70,445	118.3	89,570	132.2
Temporary restorations	3,246	5.0	3,398	5.9	3,558	5.5	3,802	6.4	4,199	6.2
Plastic restorations (amalgam, GIC & resin)	86,014	131.2	47,911	83.9	69,709	108.4	58,804	98.8	89,260	131.8
Complex restorations	15	0.0	38	0.1	108	0.2	122	0.2	175	0.3
Root canal treatments	1,702	2.6	973	1.7	1,101	1.7	1,032	1.7	1,223	1.8
Denture units	7,127	10.9	6,047	10.6	7,497	11.7	5,875	9.9	8,034	11.9
Denture relines /rebases	593	0.9	611	1.1	631	1.0	646	1.1	631	0.9
Denture repairs	6,940	10.6	7,114	12.5	7,131	11.1	6,942	11.7	6,921	10.2
Denture adjustments	1,924	2.9	1,989	3.5	2,044	3.2	2,020	3.4	1,621	2.4
Simple extractions	28,645	43.7	26,920	47.1	30,208	47.0	28,858	45.5	31,921	47.1
Surgical extractions	1,851	2.8	891	1.6	1,265	2.0	1,194	2.0	1,718	2.5

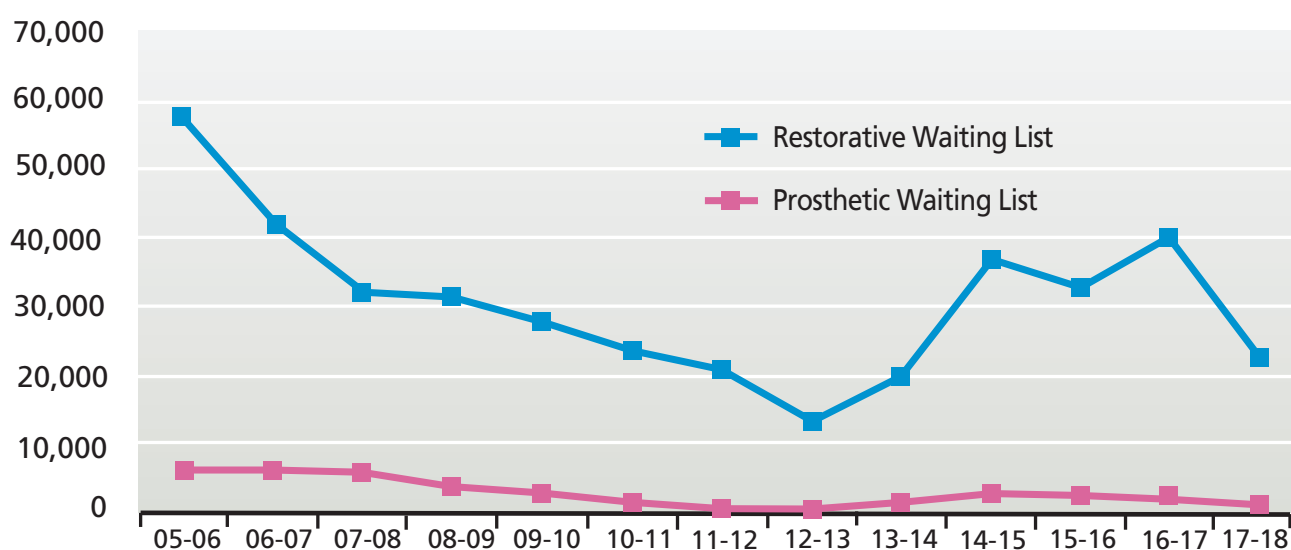
Community Dental Service Statistics (cont.)

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	17-18
Prosthetic Waiting Lists	6,075	3,776	3,043	1,615	927	429	1,861	2,823	2,501	2,366	1,193
Conservative Waiting Lists	32,429	31,289	28,143	23,951	21,373	13,473	20,371	37,324	33,026	40,295	23,021

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	17-18
Prosthetic Waiting Lists	38.7	27.8	28.6	16.6	14.8	11.4	9.0	15.4	16.3	19.4	9.5
Conservative Waiting Lists	19.1	17.3	17.7	16.8	16.0	11.5	8.4	13.4	13.2	15.2	8.7

Aboriginal Dental Scheme Statistics

Treatment Provided 2011-2012 – 2017-2018

	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Practices participating	56	32	18	25	21	21	19
Claims submitted	611	566	356	292	240	248	197
Examinations	503	519	318	234	202	214	163
Dental prevention	57	54	163	127	107	93	73
Restorations	222	185	412	299	221	253	181
Endodontics	1	2	4	3	0	0	0
Radiographs	235	379	573	396	294	295	224
Extractions	275	244	274	198	127	166	97
Surgical extractions / oral surgery	82	85	79	25	15	13	13
Relief of pain / Temporary filling	9	11	4	2	5	4	4
Dentures units	29	5	17	34	31	25	26
Repairs / maintenance to Dentures	16	11	5	1	0	3	4
Adjustments or relines	5	2	0	0	1	0	0

Aboriginal Adult Oral Health Project Statistics

	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Number of patients	1,351	1,840	2,216	2,500	2,934	3,377	3,919	4,177	3,686
Patient attendances	3,679	4,625	5,557	6,322	6,743	7,850	8,226	8,311	8,569
Courses of care	1,425	1,951	2,352	2,690	3,150	3,688	4,682	4,700	3,977
Examinations	1,511	2,108	2,442	2,767	3,188	3,964	4,531	5,266	4,069
Dental prevention / periodontal treatment	909	1,189	2,197	2,898	3,866	5,465	6,045	6,743	6,254
Restorations	1,792	2,147	2,616	3,289	3,172	3,678	3,381	3,604	3,797
Endodontics	15	25	28	48	52	44	38	55	43
Radiographs	1,534	2,151	2,756	3,307	3,686	4,543	4,086	4,758	5,542
Extractions	1,506	1,812	2,338	2,518	2,339	2,847	2,695	3,206	2,907
Surgical extractions / oral surgery	7	10	5	12	8	28	33	6	29
Relief of pain / temporary filling	75	149	129	213	271	219	190	239	321
Dentures units	129	100	139	86	130	140	169	139	142
Repairs / maintenance to dentures	15	8	12	11	10	20	26	28	1
Adjustments or relines	53	52	75	71	66	119	122	109	93

Human Resources Statistics

Agency 2017-18	Health Units
Persons	960
FTEs	699.94

Gender	% Persons	%FTE
Male	13.96%	13.93%
Female	86.04%	86.07%

Number of Persons Separated from the agency during the last 12 months	97
Number of Persons Recruited to the agency during the 17/18 financial year	107
Number of Persons Recruited to the agency during the 17-18 financial year AND who were active/paid at June 2018	107
Number of Persons on Leave without Pay at 30 June 2018	33

Number of Employees by Salary Bracket

Salary Bracket	Male	Female	Total
0 - \$57,599	36	619	655
\$57,600 to \$73,299	33	28	61
\$73,300 to \$93,799	29	90	119
\$93,800 to \$118,399	21	58	79
\$118,400 Plus	15	31	46
Total	134	826	960

Status of Employees in Current Position

FTEs	Gender	Ongoing	Short-term Contract	Long-term Contract	Casual	Total
	Male	75.74	17.54	2.78	1.45	97.51
	Female	458.07	134.17	9.42	0.77	602.43
	N/A	0	0	0	0	0
	Total	533.81	151.71	12.2	2.22	669.94
Persons	Gender	Ongoing	Short-term Contract	Long-term Contract	Casual	Total
	Male	88	26	7	13	134
	Female	580	172	13	61	826
	N/A	0	0	0	0	0
	Total	668	198	20	74	960

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	50%	50%	2
Total	1	1	50%	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	2017-18
1) Sick Leave Taken	7,521.25
2) Family Carer's Leave Taken	724.72
3) Miscellaneous Special Leave	439.38

Number of Aboriginal and/or Torres Strait Islander Employees

Salary Bracket	Aboriginal Employees	Total Employees	% Aboriginal Employees
0 - \$57,599	5	655	0.76%
\$57,600 to \$73,299	3	119	2.52%
\$73,300 to \$93,799	3	79	3.80%
\$93,800 to \$118,399	0	46	0.00%
\$118,400 Plus	0	61	0.00%
Total	11	960	1.15%

Number of Employees by Age Bracket by Gender

Age Bracket	Male	Female	Total	% of Total
15 - 19	0	19	19	1.98%
20 - 24	8	65	73	7.60%
25 - 29	14	127	141	14.69%
30 - 34	14	89	103	10.73%
35 - 39	18	78	96	10.00%
40 - 44	19	55	74	7.71%
45 - 49	8	69	77	8.02%
50 - 54	11	96	107	11.15%
55 - 59	15	116	131	13.65%
60 - 64	16	92	108	11.25%
65+	11	20	31	3.23%
Total	134	826	960	100%

Cultural and Linguistic Diversity

Name	Male	Female	Total	% of Agency
Number of Employees born overseas	56	180	236	24.58%
Number of Employees who speak language(s) other than English at home	18	66	84	8.75%

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

Male	Female	Total	% of Agency
1	5	6	0.63%

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	0.10%
Intellectual	0	0	1	0.00%
Sensory	0	1	1	0.10%
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	8	10	18
Compressed Weeks	6	34	40
Part-time	49	426	475
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	67.92%
% review older than 12 months	22.50%
% Not reviewed	9.58%

Financial Report

SA Dental Service Financial Report as at 30 June 2018

GFS Revenue	YTD Actuals \$'000	YTD Budget \$'000	YTD Variance \$'000
Other Grants & Subsidies	(184)	(194)	(10)
Patient/Client Fees	(19,218)	(19,745)	(527)
Other User Fees & Charges	(825)	(793)	32
Inter SA Health Sales Recharges - Insurance	(5)	0	5
Inter SA Health Sales Recharges - Other G&S	(172)	(169)	3
Other Revenue	(429)	(488)	(59)
Contributed Assets - Other	(2,728)	0	2,728
GFS Revenue Total	(23,561)	(21,389)	2,172

GFS Expense			
Salaries and Wages - Nursing	384	518	134
Salaries and Wages - Medical Officers	1,153	1,119	(34)
Salaries and Wages - Weekly Paid	501	514	13
Salaries and Wages - Clinical Academics	54	0	(54)
Salaries and Wages - Salaried Employees	52,126	52,959	833
Other Employee Related Expenses	5,288	5,365	77
Employee Related Expenses Total	56,506	60,475	969

Recurrent Grants	374	385	11
Grants and Subsidies Provided Total	374	385	11

Workers Compensation Expense	265	172	(93)
Bad Debts Expense	118	0	(118)
Donated Assets Expense	2,000	0	(2,000)
Other Expenses	6	4	(2)
Other Expenses Total	2,389	176	(2,213)

Agency Staffing	14	64	50
Contractors - Contract Management	4	49	45
Staff Training and Development	131	188	57
Drug supplies	7	0	(7)
Medical, Para Med & Laboratory Supplies	1,716	1,010	(706)
Fee for Service	18,045	17,891	(154)
Repairs & Maintenance	3	18	15
Patient Transport	24	23	(1)
Other Supplies & Services Used	4,998	6,170	1,172
Other SA Govt Supplies & Services	1,071	154	(917)
Inter SA Health Payments - Recharges - ICT	59	0	(59)
Inter SA Health Payments - Recharges - Insurance	175	172	(3)
Inter SA Health Payments - Recharges - Other Supplies & Services	6,360	5,876	(484)
Supplies and Services Used Total	32,607	31,615	(992)

Depreciation and Amortisation Expense	2,365	2,969	604
Depreciation and Amortisation Expense Total	2,365	2,969	604
GFS Expenses Total	97,241	95,620	(1,621)
Net (Surplus) Deficit - GFS Adjusted Total	73,680	74,231	551

Non GFS Revenue Total			
Cost or Valuation of Assets Disposed	1,320	0	(1,320)
Accum Depreciation of Assets Disposed	(1,234)	0	1,234
Net Gain from Disposal of Assets Total	86	0	(86)
Non GFS Revenue Total	86	0	(86)
Non GFS Expenses Total			
Revaluation of Leave Liabilities	(453)	0	453
Employee Benefits Costs Total	(453)	0	453
Doubtful Debts Expense	75	0	(75)
Other Expenses Total	75	0	(75)
Non GFS Expenses Total	(378)	0	378
Net (Surplus)/Deficit - Non GFS Total	(292)	0	292
Net (Surplus)/Deficit - Total	73,388	74,231	843
Grand Total	73,388	74,231	843

For more information

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**Government
of South Australia**

SA Health