



SA Dental Service

Year Book 18-19



Government
of South Australia

SA Health

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Executive Director's Report 2018-19

It gives me great pleasure to write my first foreword to a SA Dental Service yearbook, the 2018-19 year.

On 28 October 2018, Dr Geoff Franklin retired as Executive Director, having led the SA Dental Service since 2013. Geoff had a long and distinguished career with the SA Dental Service spanning over 40 years since joining in 1974 as a cadet. In his retirement celebration, Geoff was acknowledged as working in numerous capacities across the State in both Clinical and Management roles and helped lead the organisation through significant changes and improvements including:

- > Decreasing DMFT (Decayed, missing, filled or treated) rates
- > The new Adelaide Dental Hospital
- > New Riverland, Murray Bridge, Wallaroo, Parks, Marlestone clinics
- > Implementation and management of the Commonwealth National Partnership Agreement on Adult Dental care enabling almost 90,000 additional patients to receive treatment
- > Implementation of the Child Dental Benefits Schedule.

The SA Dental Service strategic outcomes formed the framework for activities during the 2018-19 financial year, underpinned by strong financial management and safe and quality clinical services.

SA Dental Service continued to drive positive operational outcomes for priority populations through our Homelessness, Supported Residential Facilities, Aboriginal Oral Health and School Dental programs.

A significant component of Adult Dental care is delivered through National Partnership Agreement (NPA) funding and SA Dental Service again achieved the required level of additional activity by the 31 March 2019 milestone.

SA Dental Service continues to lead the development of the next SA Oral Health Plan 2019-2026 and looks forward to making further progress working with the community to enable South Australians to achieve better oral health and well-being.



*Mark Chilvers
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.



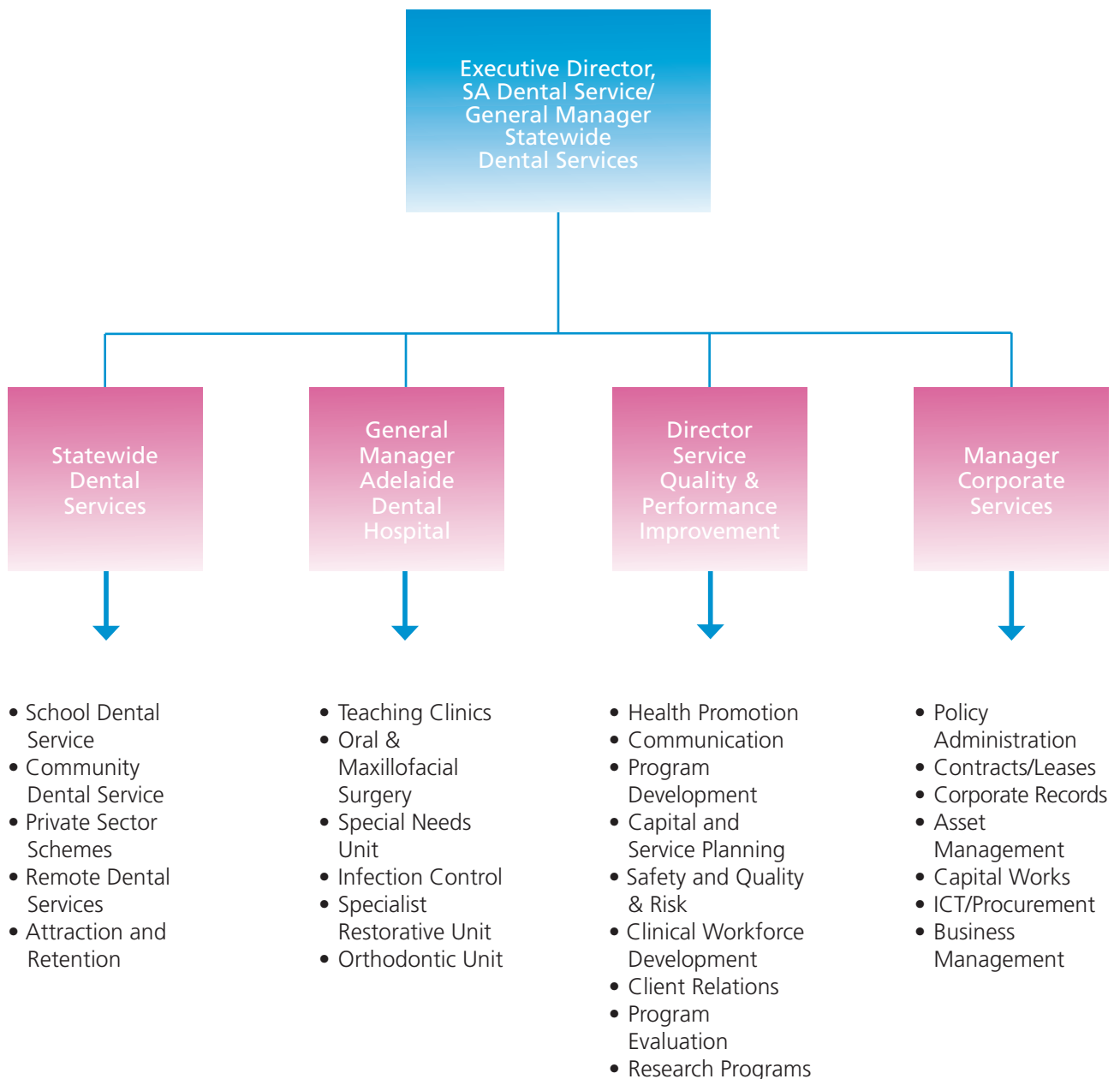
Government
of South Australia



South Australian
Dental Service

SA Dental Service Organisational Chart 2018-19

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 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 39 clinics and 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 1,200 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 and oral health 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 2018-19 average restorative waiting periods rose to 10.6 months during the year, up from 8.7 months at the end of 2017-18.

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 28 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 Treasury and Finance.



*Shelley Crooks
Manager
Corporate Services*

Report on the Implementation of the SA Dental Service Strategic Plan - Progress as at June 2019

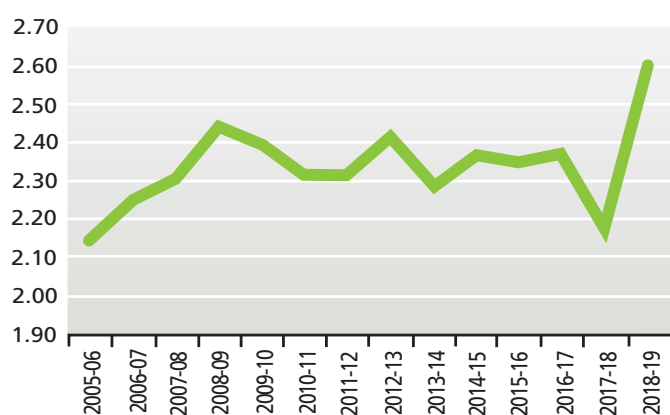
Strategic Outcome 1

Improved health and reduced health inequalities

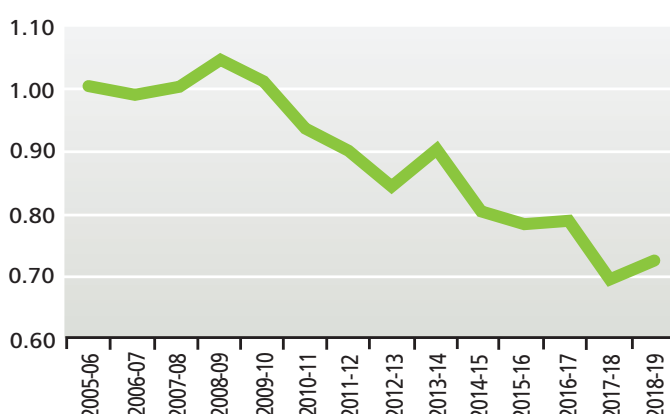
After continuous deterioration since the late 1990s, the amount of permanent tooth dental decay in 12 year old children has reduced by 30% since 2008. The 12 year old mean DMFT is now 0.73, compared with 1.05 in 2008. The average 6 year-old had a 16% increase compared with last year in deciduous decay experience.

The 6 year-old mean dmft is now 2.6, compared with 2.37 in 2016. As this relates to a snapshot in time it is not possible to determine if this is due to an actual increase in disease or a reflection of the focus within the SDS on earlier detection of dental caries associated with a focus on radiographic detection of disease. The data will be reviewed further and monitored.

6 year old Mean dmft SA SDS



12 year old Mean DMFT SA SDS



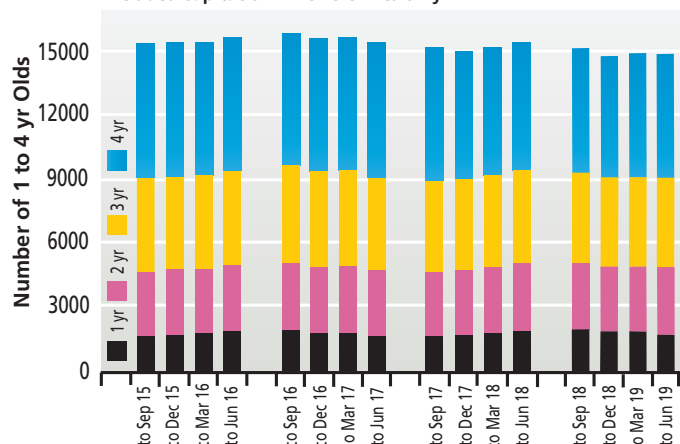
Population Oral Health Program

The Population Oral Health Program 'Lift the Lip', aims to increase the number of preschool children attending dental services. A total of 19,412 pre-school children had been referred to the program by 30 June 2019. 20% of referred children identified as being of Aboriginal and/or Torres Strait Islander descent, up from 13% the previous year.

Child and Family Health Service (CaFHS) nurses referred 77% of external Lift the Lip referrals in 2018-19. Training was conducted for CaFHS inductees. Of the total referrals received in 2018-19, 32% of children were aged under 1 year at the time of referral, down from 39% the previous year.

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

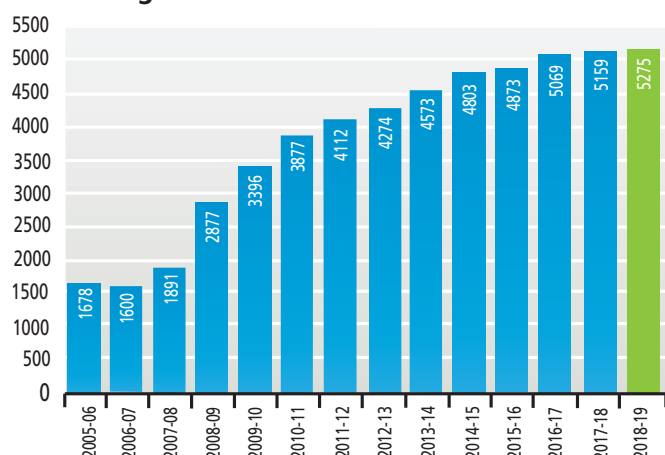
Excludes Capitation • SDS clinics only



Aboriginal Oral Health

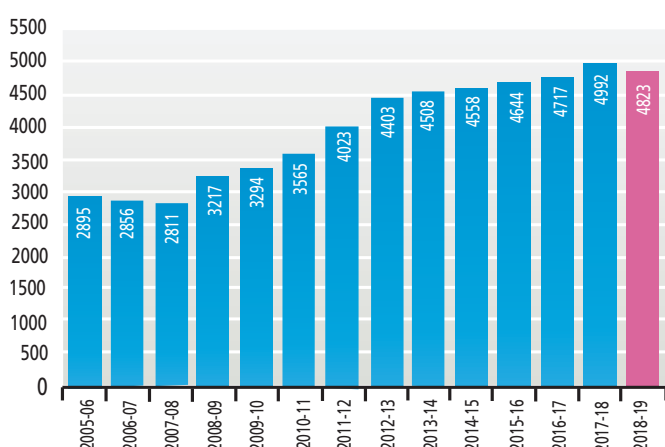
Since 2012 SA Dental Service has received Closing the Gap (CTG) funding to support the implementation of the Aboriginal Health Care Plan in South Australia. CTG has been used to employ Aboriginal Oral Health Project Officers to engage the Aboriginal and Torres Strait Islander community, raise oral health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

Aboriginal ADULT PATIENTS



In 2018-19, 5275 Aboriginal adults were treated through the Aboriginal Liaison Program. This is an increase of 2% compared to last year and 36% increase since the 2010-11 baseline.

Aboriginal CHILD PATIENTS



In 2018-19, 4823 Aboriginal children attended SDS clinics, a decrease of 3% compared to last year; but a 35% increase from the 2010-11 baseline.

The Aboriginal Oral Health Program (AOHP) team and the Attraction and Retention team work together to connect with and support the clinical and non-clinical SA Dental Service (SADS) Aboriginal staff.

Dental Assistant (DA) Traineeship

Two of the SA Dental Service DA Traineeships are assigned specifically for Aboriginal applicants each round, where AOHP Team members developed specific targeted campaigns for Aboriginal and Torres Strait Islander applicants. In the 2018 Calendar year there were 19 Aboriginal applicants, the two

successful Aboriginal trainees completed their traineeship at the end of 2018. Recruitment for the 2019 DA Traineeship is underway.

In May 2018 Tanya McGregor, Director of Aboriginal Health advised extensions of CTG funding from 30 June 2018 to 30 June 2020; with \$347,368 approved for the 2018-19 financial year.

SA Health Learning Central online covers the 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.

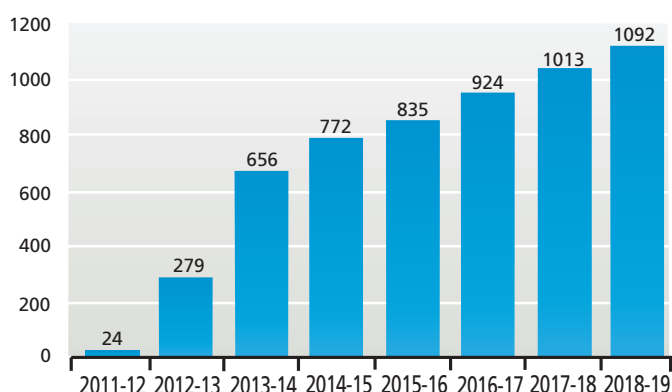
As of 30 June, the Learning Central online system had registered 352 SA Dental Service staff who had completed the online training. The training is now mandatory for all SADS staff to complete.

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. To access the program, eligible clients require a referral form to be completed by a homelessness service provider. There are currently more than 60 homelessness agencies utilising the referral pathway and SA Dental Service staff work closely with them to support clients to attend their dental appointments.

In 2018-19, 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



Supported Residential Facility (SRF) Dental Program

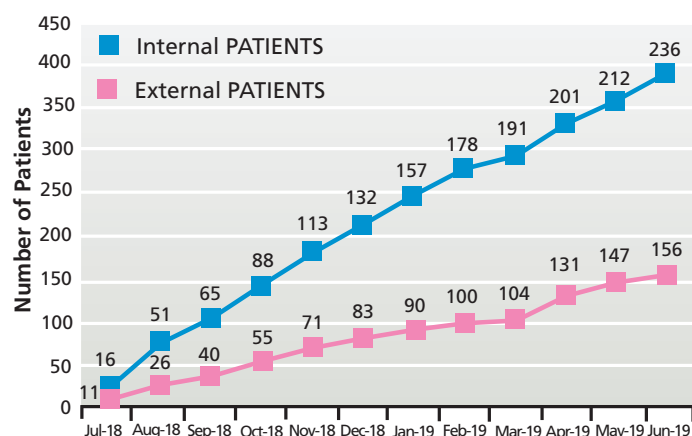
The SRF Dental Program offers client-focused dental treatment for all residents of licenced, pension-only SRFs in South Australia. Through the program,

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 taxi transport to optimise SRF resident safety and facilitate maximum attendance at appointments.

There are currently 22 SRFs in South Australia. In 2018-2019, almost 400 residents attended a dental appointment as part of the program.

SRF_YTD PATIENTS 2018-2019



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.

Findings found that sustainability, in terms of continued oral health benefits for clients and continued workforce capacity had not been achieved. For example, staff training using the Building Better Oral Health Communities resources had not continued and the recommended four key oral healthcare processes were no longer in use.

These results have been peer reviewed and published: Lewis, A, Harvey, G, Hogan, M & Kitson, A 2019, 'Can oral healthcare for older people be embedded into routine community aged care practice? A realist evaluation using normalisation process theory' *International Journal of Nursing Studies*, vol. 94, pp. 32-41, DOI: 10.1016/j.ijnurstu.2018.12.016.

A key learning from this study reinforced that successful implementation does not necessarily guarantee sustainability and that there is a need for ongoing supportive capacity building networks to remain in place. The review highlighted that embedding evidence-based oral healthcare remains the responsibility of aged care organisations through a combination of activities such as research and development, safety and quality processes and/or staff educator oversight.

In closing, these findings validate SA Dental Service's strategic approach in developing multi-level partnering networks (research, education, health, government, community, and industry) to promote oral health through creating enabling environments; a strong sense of organisational responsibility; well-defined reporting and accountability structures; and an aged care workforce and general public that values the importance of oral health.

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 (SAOHP) expired at the end of 2017 and work commenced on developing the next SAOHP with a detailed Consultation Paper released in May 2018. The first meeting of the SAOHP Working Group was held on 3 September

2018 with the following groups represented, SA Health, Australian Dental Association, University of Adelaide, Australian Research Centre for Oral Health, Adelaide and Country Primary Health Centre Network, Consumers and SA Dental Service. Feedback from the consultation phase was used to develop a draft SAOHP which was distributed to stakeholders for further feedback in April 2019. The final SAOHP was submitted to the Minister for Health in June for approval, with the view to launch the SAOHP 2019-2026 during Dental Health week (5-11 August 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 2018-19 CAP was actively involved in

- > redevelopment of several pages of the SA Dental Service Website
- > participated in the development of the new SA Oral Health Plan
- > advocated for the inclusion of mandatory oral health screening for older people during Medicare screens
- > promoting information about SA Dental Service to their communities of interest.

SA Dental Service - Measuring Consumer Experience Survey

The target group for the October 2018 survey was a random sample of 1203 clients aged over 18 years who had at least 80% of dental care provided by supervised students shortly before receiving 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 35% (418 respondents). As in previous surveys, respondents were also provided with the opportunity to do the survey online. This option was accessed by 15 respondents in 2018.

Some of the key findings included:

- > 401 (96%) respondents rated their experience of the dental clinic as 'very good' (78%) or 'good' (18%)
- > 403 (96%) respondents considered dental students and staff to be consistently welcoming and helpful.
- > 401 (96%) respondents felt that they were treated with dignity and respect.
- > 387 (93%) respondents felt that dental students and staff 'always' explained things in a way in which they could understand.
- > 409 (98%) respondents felt they were 'definitely' or 'to some extent' involved as much as they wanted to be, in decisions about their dental care.
- > 407 (97%) respondents thought that dental students and staff 'definitely' or 'to some extent' worked well together to plan and coordinate their 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

Senior staff continued to meet monthly across the 2018-19 year closely monitoring both internal and external activity. This ensured SA Dental Service achieved the required level of additional activity to earn the maximum funding available to South Australia under the National Partnership Agreement (NPA) on Public Dental Services for Adults.

South Australia met both the September 2018 and March 2019 NPA activity milestones. This has been a significant team achievement with contributions from right across the Organisation and complements the work undertaken in 2017-18. SA Dental Service acknowledges almost all of the additional clinical activity is achieved via the private dental sector schemes and thanks the private sector for their contribution.

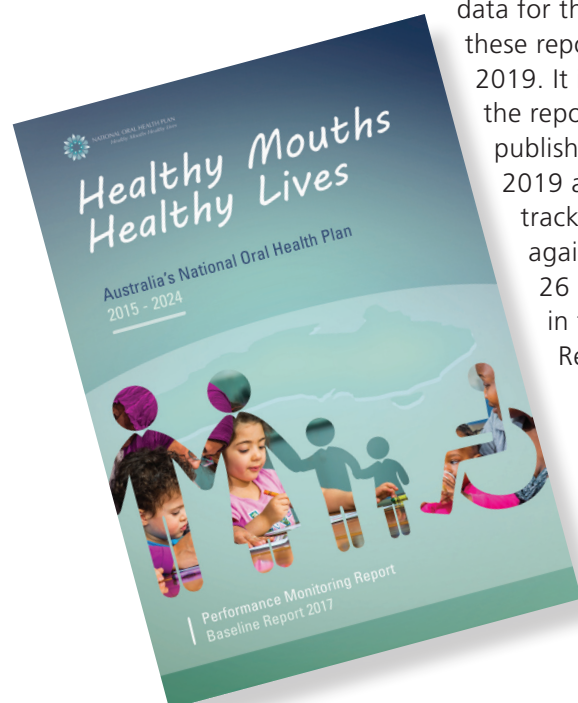
The NPA was to expire on 30 June 2019, however, on 9 April 2019 the Minister for Health and Wellbeing, the Hon Stephen Wade MLC, accepted a 12 month extension to the NPA. This extension retains the terms and conditions of the NPA and provides up to \$9.38m additional funds for patient care for 2019-20.

Australia's National Oral Health Plan 2015-2024

The National Oral Health Plan (NOHP) Performance Monitoring Baseline Report 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.

It is expected the Baseline Report will be supplemented by national biennial reports across the life of the NOHP. SA Dental Service submitted

data for the first of these reports in April 2019. It is expected the report will be published in late 2019 and will track progress against the 26 KPIs defined in the baseline Report.



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

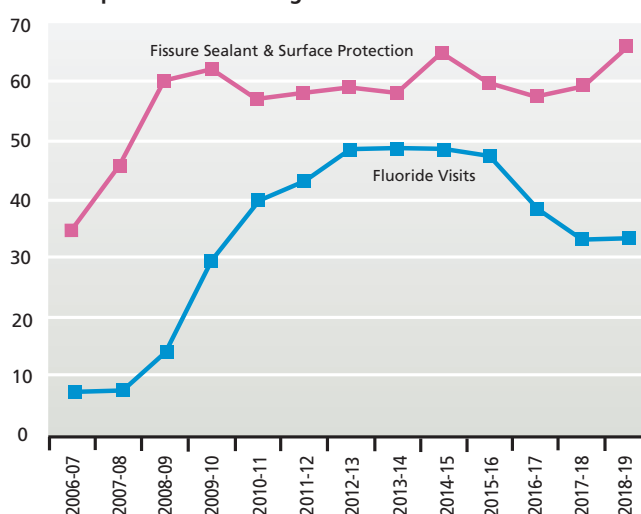
The delivery of preventive services per client improved across all of SA Dental Service. Across the School Dental Service the emphasis on providing Fissure Sealants to the teeth of children assessed

as being at higher risk of caries was maintained.

Following a review of the evidence regarding fluoride varnish application, SDS changed to biannual applications rather than quarterly to align with current evidence to ensure more appropriate use of resources, this is reflected in the graph below.

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.

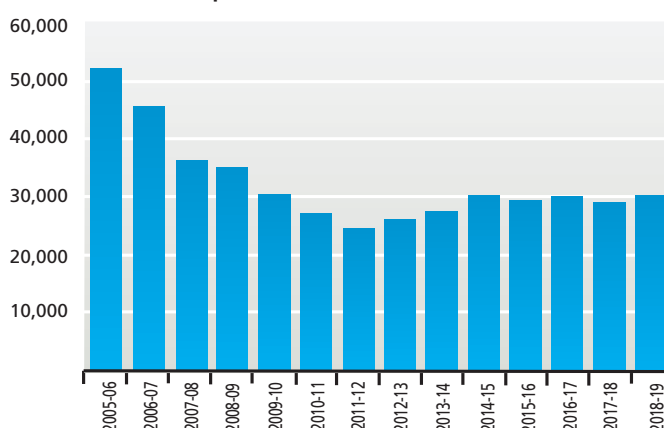
Clinical Prevention Services Rate per 100 Consenting Patients



Adult dental emergencies

Dental emergencies treated in 2018-19 were 30,127, similar to the two previous years

Dental Emergency Courses of Care commenced per annum



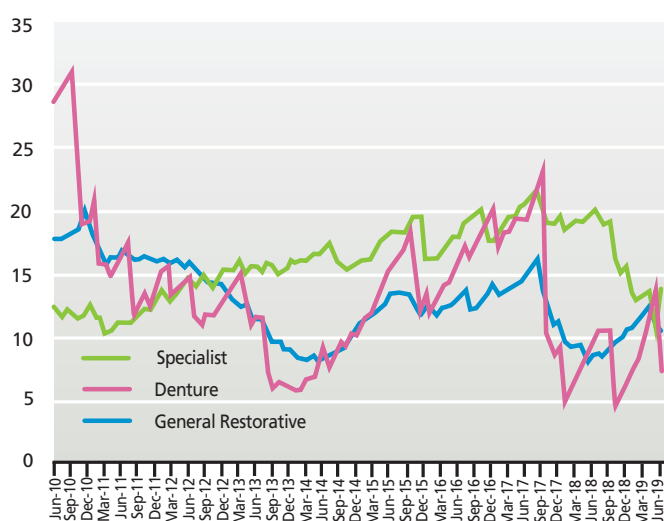
Waiting Lists

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 increased to 10.6 months at June 2019 compared with 8.7 months at June 2018. The weighted mean waiting time for patients being removed from denture waiting lists has decreased to 7.5 months at June 2019 compared to 9.5 months at June 2018.

The combined average waiting time for Specialist Services at the Adelaide Dental Hospital decreased to 14.0 months at June 2019 compared with 18 months in June 2018.

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 2018-19 SA Dental Service received \$14.1 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.

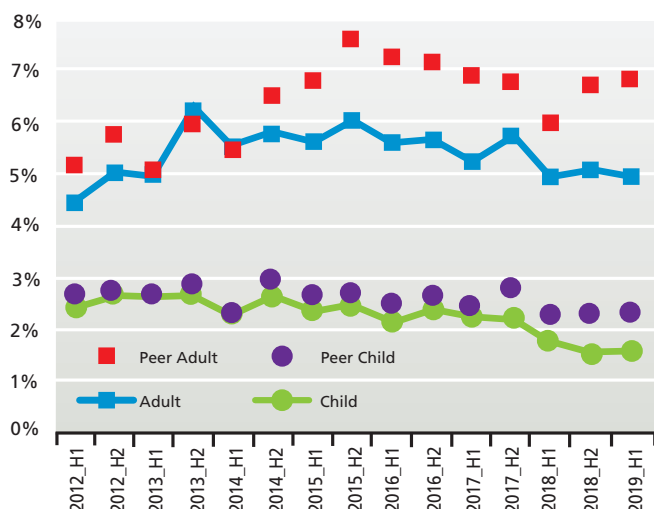
During 2018-19 the Hall technique has been consolidated as the primary method for the management of early caries in primary molars. This has enabled SDS to continue to treat many children without the need for general anaesthesia and maintain historically low wait-times for dental treatment for children under general anaesthesia.

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).

The rate of restoration (filling) re-treatments within 6 months is a key ACHS clinical indicator. SA Dental Service 2018-2019 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 process SA Dental Service submitted the required documentation to ACHS in July 2018. The progress report comprised a comprehensive review and update of structural and operational changes as well as activities and improvements since the 2016 organisation wide survey.

From early 2019 SA Dental Service commenced preparation for the accreditation organisation wide assessment against the revised National Safety Quality and Health Service Standards (NSQHS Stds) scheduled for August 2019.

The 2nd Edition of the NSQHS Standards was released in January 2019 and included a number of significant changes for dental services. SA Dental Service is the first statewide public dental provider to be assessed against the new standards. The changes required substantial investigation and consideration including preparation of discussion papers and consultation with SA Health Department representatives.

Safety and Quality

SA Dental Service Safety and Quality Unit provided data and information in response to several Assurance Audits. These audits have been undertaken by the SA Health Risk and Audit Unit.

The first audit related to Clinical Governance. Information provided included:

- > The organisation structure
- > Accountability and governance arrangements
- > Committee structures, Terms of Reference and reporting relationships
- > Role and responsibilities and positions descriptions for key organisation positions
- > Risk management models
- > KPIs and Clinical Performance measurements and monitoring
- > Reporting arrangements, internally and to Central Adelaide Local Health Network (CALHN).

Following a review of the recommendations of the Audit and in collaboration with the CALHN Executive, SA Dental Service implemented some changes to its Clinical Governance arrangements including:

- > Modifications to Committees' Terms of Reference, to strengthen governance and reporting relationships
- > Consolidated leadership and responsibility for both corporate and clinical risk management into the role of the Safety and Quality Manager.

SA Dental Service was also required to provide information to the SA Health Risk and Audit Child Safe Environment Review. This audit was in response to changes to legislation and the reforms enacted in October 2018.

SA Dental Service had a significant number of well-established processes embedded within the organisation, such as mandatory training in Child Safe Environments for all staff; Child Criminal History Clearances for staff as well as a number of work practices. As a result there were no major improvements identified in the Audit.

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 2018-19. In 2018-19, 137 country patients on the Adelaide Dental Hospital crown and bridge waiting list had been offered treatment under the scheme. The uptake rate was 74%. 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 2018-19 year was 303, with the maximum waiting time at 13 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 treatment. In 2018-19, 31 patients on the endodontic waiting list had been offered treatment under the scheme. The uptake rate was 61%. 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 2018-19 year was 332, with the maximum waiting time at 10 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 2018-19, with 58 patients who required 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 2018-19 year was 130, with the maximum waiting time at 6 months.

Creating an Autism Friendly Dental Setting

An increasing number of School Dental Service clients have been identified as being on the autism spectrum. Responding to staff requests for additional support in treating children with Autism, SA Dental Service developed an online learning module to assist dental teams understand the complexities of autism and their role in creating an autism friendly dental setting. Extensive consultation occurred with SA Dental Service staff and a number of relevant external agencies during this process. The module delivers practical toolbox tips for clinicians and filmed clinical scenarios to assist making the dental visit a more positive experience for clients with autism. Dr Wenn Lawson, British Psychologist, lecturer,

author and Autistic consultant spoke at a School Dental Service clinical update forum where the module was launched.

A Tool Box Tips resource for parents and carers of children with Autism or special needs was developed to assist parents prepare their child for dental visits, inviting them to bring their child's favourite comforters or communication devices to appointments.

Titanium Upgrade at the Adelaide Dental Hospital (ADH)

Titanium is the electronic patient record system that has been used in SA Dental Service for almost 20 years. As both the patient administration and clinical information system, Titanium records all clinical treatment provided, is an appointment book, waiting list management and patient billing system.

In mid-2017 a significant upgrade to the Titanium software was approved by SA Health ICT Operations Committee. The first stage of the project is to upgrade the ADH to what is known as Titanium version 12 (T12).

A Project Team was established in late 2017 and after significant planning and testing, the new software was installed at the ADH with a go live date of Monday 24 September 2018. Additional support for staff was provided pre and post implementation. There were only minor issues with implementation and staff adapted quickly to the software changes. Although some technical issues were identified these will be resolved in subsequent software upgrades.

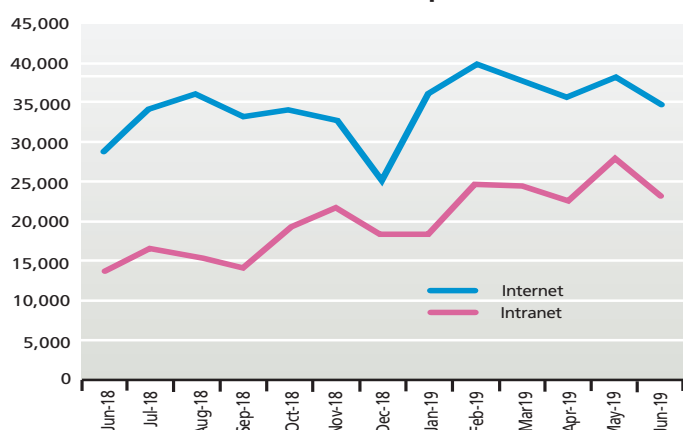
In late 2018 the SA Health Digital Health Board approved the second stage of the T12 project which involves the rollout of T12 into more than 50 Statewide Dental Service (SWDS) sites. It is expected the project will be completed by mid-2020 with a total cost of around \$1.0m

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. There was a significant increase of traffic to the site during 2018-19. Over the past 12 months clients and the community have consistently accessed information about the Adelaide Dental Hospital, dental services for adults and children, and clinic locations.

The SA Dental Service staff intranet continued as an important communication platform for the organisation, enabling staff to access relevant up to date information to inform daily clinical work. To ensure staff needs were met, the Intranet Working Group continued to improve the staff consultation process during 2018-19.

Internet and Intranet hits per month 2018-19



The SA Dental Service website promoted a series of programs, events and organisational updates throughout 2018-19. These included:

- > Online promotion of the consultation process for development of the South Australian Oral Health Plan.
- > Dental Health Week with the theme 'watch your mouth!' was promoted via SA Health social media platforms and the website.
- > Closure of the Nuriootpa Dental Clinic.
- > Supporting the 'Swap sugary drinks for water!' campaign with social media posts and an internet page promoting tap water and healthy tips for teeth.
- > Information about availability of dental services at Murray Bridge and Mount Barker School Dental Clinics via social media.
- > World Oral Health Day, themed 'Show us your ah moment', with key oral health messages.
- > World No Tobacco Day with information about smoking and oral care tips.
- > Development of a new web page providing information to the community about the Homelessness and Oral Health Program.

All 2018-19 recruitment campaigns for Dental Assistant Traineeships, Dental Therapists and Dentists were promoted through paid advertising posts using the SA Health Facebook page linking to internet content and banners (carousels) on the SA Dental Service website.

The SA Dental Service staff intranet promoted the following campaigns and key messages:

- > White Ribbon day
- > Hand Hygiene Day themed 'clean hands save lives'
- > The Flu Vaccination Campaign prompting Staff to have a flu shot. Flu clinic locations and vaccine factsheets were also promoted
- > National Reconciliation Week, 'Grounded in truth, walk together with courage' via a vlog by Mark Chilvers, Executive Director
- > Executive Director Videos (v-log) communicating key organisational updates.

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 2018-19 year, 16 SA Dental Service Staff had completed the GCOHS with a further dental therapist acquiring an equivalent qualification from the University of Melbourne.

Credentialing and Scope of Practice

SA Dental Service Credentialing Committee maintained the credentialing status of over 550 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). A number of enhancements have been made to the application forms and process requirements for credentialing dental practitioners providing or supervising care within SA Dental Service facilities.

SA Dental Service credentialing team worked in collaboration with other Local Health Networks (LHNs), such as Women and Children's Health Network, Southern Adelaide Local Health Network and Country Health SA Local Health Network, to ensure any stream lining of SA Dental Service processes was not limiting

or detrimental to the other LHNs, as a number of dental practitioners work across multiple LHNs.

SA Dental Service 2018 Staff Conference

The SA Dental Service Biennial Staff Conference was held on Friday 21 September 2018 with around 600 staff in attendance.

226 staff completed the feedback form and the results were overwhelmingly positive.

- > Over 90% of staff felt the aims of the day were achieved
- > 88% of staff enjoyed the Service Awards and 85% of staff enjoyed the Unsung Heroes presentations
- > 90% of staff rated the presentation by the motivational speaker Sam Cawthorn as either very useful/ relevant or useful/relevant
- > 95% of staff rated the staff presentations of Everyday Excellence as being either very useful/ relevant or useful/relevant.

Strategic Outcome 8

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

Education Partnership with Adelaide University

The partnership between SA Dental Service and the University of Adelaide was formalised in a 30 year Dental Education Partnership Agreement signed in 2015. The relocation of the Adelaide Dental Hospital to the Adelaide biomedical precinct in 2017 marked the first major stage of the Agreement. Dental undergraduate students rotate through clinical placements between the ADH and some SWDS community clinics, providing care under supervision for public dental patients. This approach to teaching and high quality clinical experience is managed through a collaboration between the Adelaide Dental School and SA Dental Service. There are around 450 – 500 undergraduate dental students each year that gain their skills and experience through this partnership approach.

A key component of the Education Partnership is a joint focus on research projects that frequently form part of postgraduate dental programs. SA Dental Service has a keen interest in research that provides evidence to help develop and improve the services provided to our patients and their oral health outcomes. Within the area of Special Needs

Dentistry there have been a number of research projects which have assisted with the ongoing management of patients with disability and specific illnesses.

Strategic Outcome 9

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

Asset Management

In recent years SA Dental Service has undertaken a number of significant capital projects establishing new clinics, including the Adelaide Dental Hospital in 2017. With no new projects underway, the focus for 2018-19 was sustainment of our existing assets.

Older clinics were structurally assessed and significant building work was undertaken across 16 clinics, including a new roof for Millicent Dental Clinic. Air-conditioning was upgraded at Pt Lincoln and Mt Gambier to improve airflow in the sterilisation areas and three old clinics which had previously been decommissioned were finally demolished.

A program for the replacement of older benchtop sterilisers in Statewide Dental Services also progressed with the purchase of 10 new devices and a new instrument washer was installed at the Mt Gambier clinic.

Closure of Nuriootpa Community Dental Clinic

The Nuriootpa Community Dental Clinic opened in 2007 as part of a private and public facility. The SA Dental Service clinic was a self-contained 4 chair clinic with some shared staff amenities. The lease for this clinic expired in December 2018 and the landlord did not offer a lease extension to SA Dental Service. This resulted in the closure of the clinic on 21 December 2018.

Staff and clinical services have been relocated to the Evanston School Dental Service and Gawler Community Dental Clinics. A number of long term options have been developed and are currently under consideration.

New Queen Elizabeth Hospital Dental Clinic

As part of the redevelopment of the Queen Elizabeth Hospital, SA Dental Service has been exploring the opportunity to establish a new clinic within the Hospital. This clinic would replace the existing clinic with a new two chair facility to meet the needs of both inpatients and some special needs patients which are not able to be easily accommodated in the Adelaide Dental Hospital.

Freedom of Information 2018-19

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 which 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 Freedom of Information (FOI) requests and is able to assist with any FOI related enquiries.

Applications for Access (2018-19)

Details of Applications	Personal	Non Personal	Total
New applications for the year	54	0	54
Applications brought forward from previous year	3	0	3
Total to be processed	57	0	57
Determined	51	0	51
Transferred in full	0	0	0
Withdrawn	0	0	0
Totally actually processed	51	0	51
Unfinished	6	0	6

Outcomes of Access Applications (2018-19)

Outcome description	Personal	Non Personal	Total
Full Release	49	0	49
Partial Release	2	0	2
Refused access (no record)	0	0	0
Total	51	0	51

Applications for Amendment (2018-19)

	Personal	Non Personal	Total
New Amendment applications	1	0	1
Total	0	0	0

Applications for Internal Reviews (2018-19)

	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	2018-2019
Patients	22,096	23,239	23,689	23,463	21,566	20,218	19,855
Attendances	77,174	80,425	79,685	77,240	70,724	62,465	67,039

Diagnostic / Preventive

Examinations	13,455	13,983	14,790	14,700	13,552	12,546	12,247
Consultations	12,238	12,683	13,315	12,849	11,027	10,058	10,715
Radiographs	27,830	30,296	28,413	28,050	24,364	22,580	25,051
Periodontal treatment dental health education	18,551	17,317	17,085	16,460	13,083	10,725	11,874

Conservative Dentistry

Temporary restorations	1,915	1,784	1,693	1,786	1,603	1,348	1,394
Plastic restorations (amalgam, GIC & resin)	14,708	14,405	14,292	13,756	12,660	10,354	11,578
Complex restorations	943	1,312	1,218	1,117	1,141	838	1,190
Root canal treatment	947	1,175	923	992	897	817	954

Prosthetic Dentistry

Full dentures	498	593	608	546	460	370	474
Part dentures	834	880	929	880	844	701	863
Denture relines / re-bases	186	202	191	217	175	139	158
Denture repairs	194	216	256	252	194	157	236
Denture adjustments	1,056	1,166	1,341	1,291	1,217	950	1,243

Oral Surgery

Simple extractions	12,280	14,163	14,184	13,528	13,403	11,630	11,697
Surgical extractions	2,863	2,730	2,777	3,373	1,995	1,993	2,064

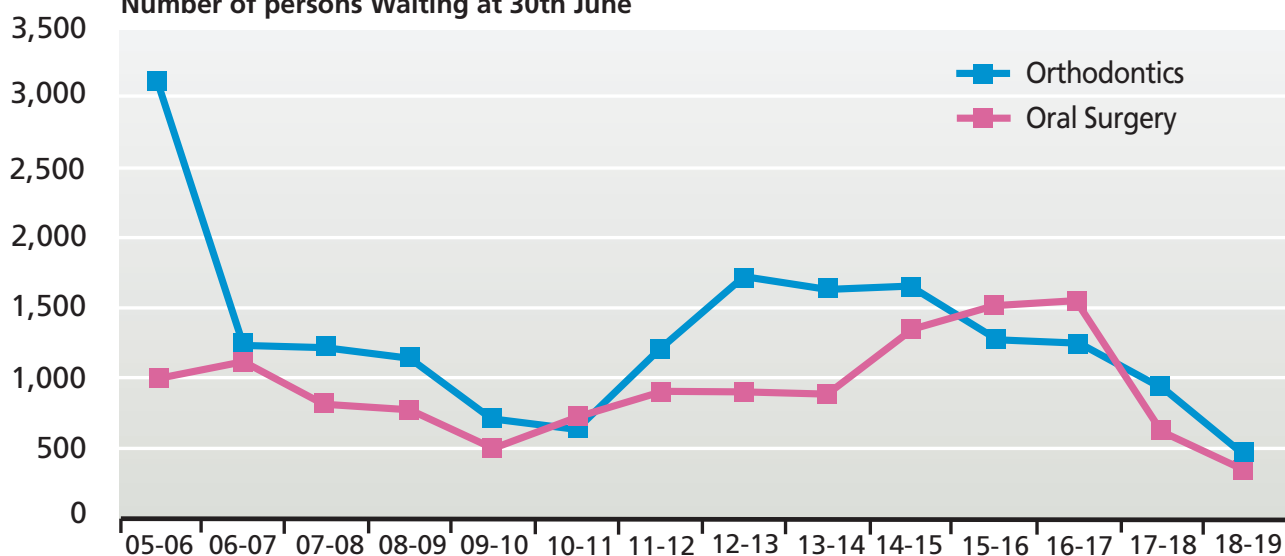
Orthodontics

Removable appliances	982	1,148	1,068	1,009	1,009	961	1,044
Fixed appliance (Arches)	1,134	1,026	1,250	1,186	1,057	982	1,072

	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	18-19
Orthodontics	3,120	1,249	1,222	1,165	708	626	1,210	1,710	1,635	1,646	1,266	1,250	929	447
Oral Surgery	1,008	1,125	819	765	494	721	895	898	877	1,343	1,509	1,542	618	338-

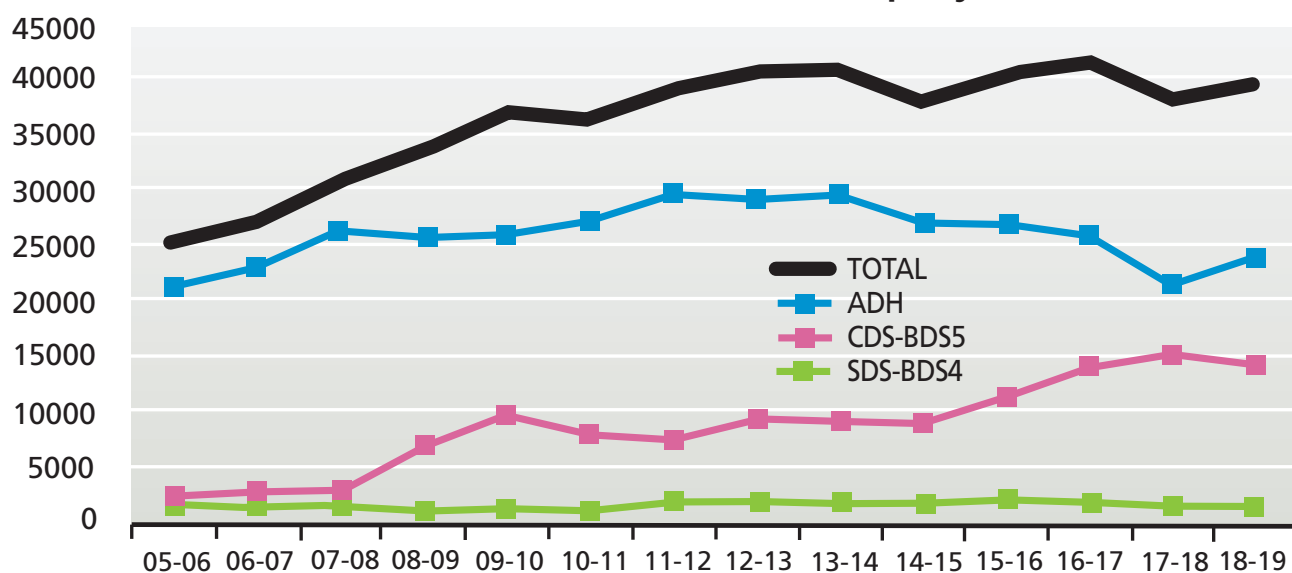
Adelaide Dental Hospital Specialist Waiting Lists

Number of persons Waiting at 30th June



	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19
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	23,834
Community- BDS5	2,934	6,978	9,716	7,990	7,386	9,272	9,134	9,031	11,310	13,868	15,190	13,909
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	1,692
All	31,167	34,036	37,258	36,558	39,076	40,628	40,946	38,045	40,260	41,640	38,345	39,435

Total Number of BDS Student Patient Visits per year



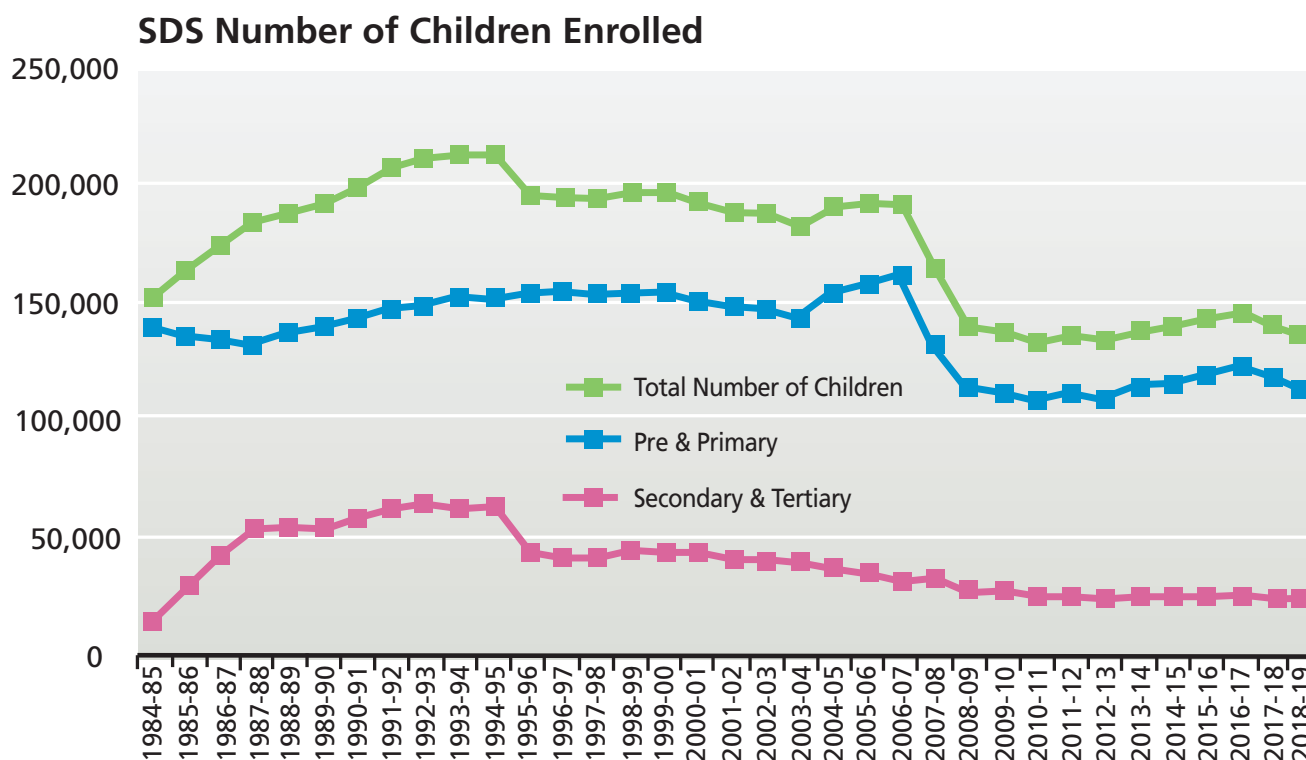
School Dental Service Statistics

Children under care (consents)

In 2018-19, the School Dental Service cared for 139,717 registered children;

- > 115,402 pre-school and primary school children
- > 24,315 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, allowed non-cardholders to receive free SDS care in exchange for the voucher.
- > The Child Dental Benefits Schedule (CDBS), a Commonwealth funded children's dental program commenced in January 2014. The SA School Dental Service staff are deemed eligible providers under the CDBS, but dental students and services under General Anaesthetic in hospitals are not entitled CDBS services.

School Dental Service Statistics (cont).

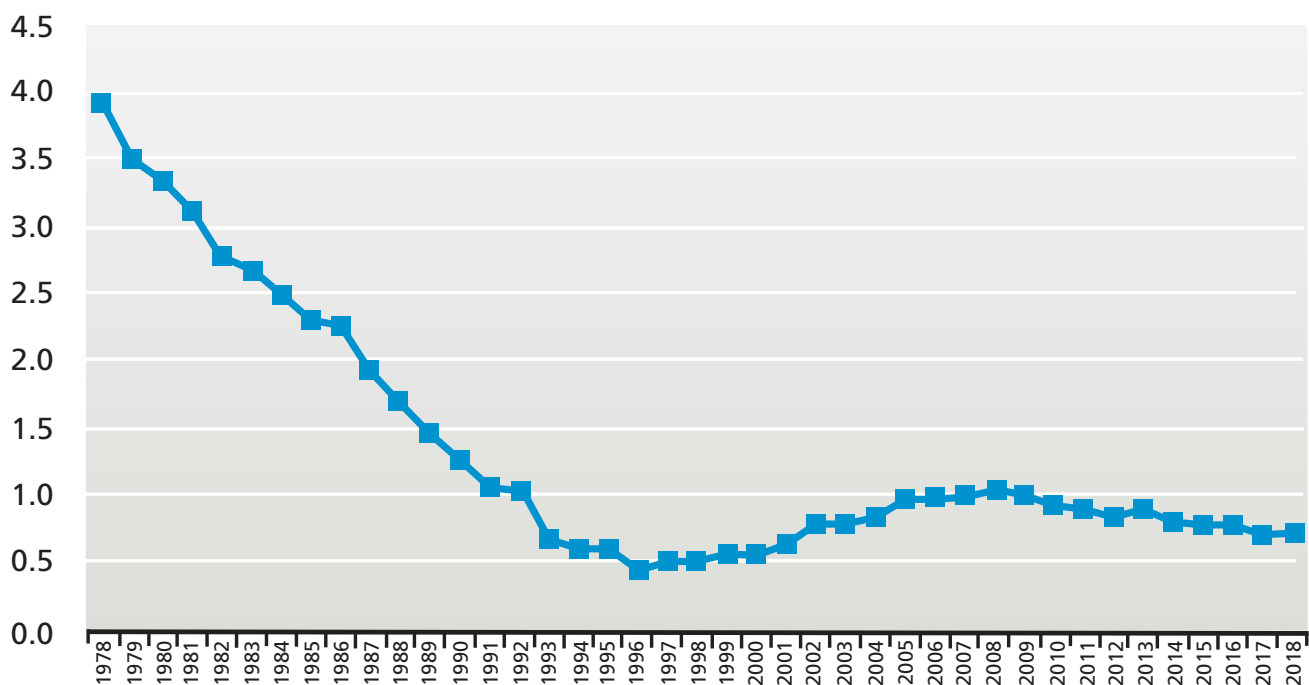
Dental caries experience

A patient's DMFT index is the total number of decayed, missing or filled permanent teeth and is a measure of decay experience. The mean DMFT for 12 year old children is presented below for years since 1977.

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 = 0.73 since then.

The average 12 year old DMFT is now 0.73 in 2018 when compared with 0.70 in 2017, however the slight increase is still recorded at a low 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)

	2014-15		2015-16		2016-17		2017-18		2018-19	
	Freq	Per 100 Consents	Freq	Per 100 Consents	Freq	Per 100 Consents	Freq	Per100 Consents	Freq	Per 100 Consents
Patients	85,709		84,604		84,333		82,218		79,894	
Attendances	180,402		176,388		168,465		168,182		159,461	
Examinations	112,261	79.5	120,535	83.4	120,965	82.0	112,245	79.34	113,238	81.05
Radiographs	103,114	73.0	102,160	71.0	106,899	72.2	115,853	81.89	114,341	81.84
Prophylaxis	22,833	16.2	22,975	16.0	23,606	16.0	23,841	16.85	26,116	18.69
#Topical Fluoride (visits)	#69,316	49.1	69,401	48.0	57,759	39.0	48,117	34.01	47,833	34.24
#Conc Fluoride (Teeth treated)	Not Applicable since CDBS									
Filling (primary + permanent)	39,996	28.3	35,193	24.3	31,963	21.6	24,042	16.99	22,403	16.03
Pulpotomy (Primary)	1,815	1.3	1,672	1.2	1,692	1.1	1,260	0.89	942	0.67
Root Canal Treatment	211	0.1	219	0.1	207	0.1	218	0.15	179	0.13

Extractions

Simple (primary+perm)	15,808	11.2	14,585	10.1	13,651	9.2	13,913	9.83	13,271	9.50
Temporary dressing	2,237	1.6	2,100	1.5	2,151	1.5	2,061	1.46	1,832	1.31

Orthodontics

Active appliance	272	0.2	249	0.2	197	0.1	156	0.11	89	0.06
Referral	4,334	3.1	4,675	3.2	4,352	3.0	4,199	2.97	4,531	3.24
Mouthguard	480	0.3	497	0.3	545	0.4	565	0.40	564	0.40
Fissure sealant and surface protection	91,573	64.9	87,208	60.3	86,060	58.1	83,998	59.37	92,361	66.11

Dental Health Education

Child-individual*	85,022	60.2	98,592	68.2	104,579	70.6	104,464	73.84	123,678	88.52
small group*	1,211	0.9	383	0.3	349	0.2	977	0.69	1,446	1.03
Parent-individual	85,562	61.0	91,553	63.3	92,367	62.4	83,132	58.76	***4,661	3.34
-group**	67	0.0	112	0.1	112	0.0	111.0	0.08	129.0	0.09

* Estimated 5 minute time unit

** Estimated 15 minute time unit

*** Change in process reflected in lower output for 18-19

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 2018-19

	CDS		Contracted Privately		Total 2018-2019	
	Freq	Per 100 Patients	Freq	Per 100 Patients	Freq	Per 100 Patients
Number of patients	37,335		25,742		59,382	
Patient attendances	87,646		40,980		128,626	
Examinations	33,503	89.74	18,988	73.76	52,491	88.40
Radiographs	44,341	118.77	22,361	86.87	66,702	112.33
Periodontal treatment / dental health education	60,702	162.59	13,427	52.16	74,129	124.83
Temporary restorations	2,977	7.97	648	2.52	3,625	6.10
Plastic restorations (amalgam, GIC & resin)	37,596	100.70	24,392	94.76	61,988	104.39
Complex restorations	132	0.35	1	0.00	133	0.22
Root canal treatments	658	1.76	149	0.58	807	1.36
Denture units	1,456	3.90	5,889	22.88	7,345	12.37
Denture relines / rebases	292	0.78	387	1.50	679	1.14
Denture repairs	142	0.38	6,467	25.12	6,609	11.13
Denture adjustments	1,648	4.41	59	0.23	1,707	2.87
Simple extractions	21,012	56.28	8,249	32.04	29,261	49.28
Surgical extractions	252	0.67	1,488	5.78	1,740	2.93

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

	2014-15		2015-16		2016-17		2017-18		2018-19	
	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	57,114		64,303		59,541		67,738		59,382	
Patient attendances	131,798		156,229		141,676		172,552		128,591	
Examinations	52,091	91.2	60,183	93.6	54,370	91.3	63,763	94.1	52,491	88.4
Radiographs	53,083	92.9	70,141	109.1	64,547	108.4	87,576	129.3	66,702	112.3
Periodontal treatment / dental health education	64,656	113.2	80,021	124.4	70,445	118.3	89,570	132.2	74,129	124.8
Temporary restorations	3,416	6.0	3,558	5.5	3,802	6.4	4,199	6.2	3,625	6.1
Plastic restorations (amalgam, GIC & resin)	48,021	84.1	69,709	108.4	58,804	98.8	89,260	131.8	61,988	104.4
Complex restorations	38	0.1	108	0.2	122	0.2	175	0.3	133	0.2
Root canal treatments	979	1.7	1,101	1.7	1,032	1.7	1,223	1.8	807	1.4
Denture units	6,040	10.6	7,497	11.7	5,875	9.9	8,034	11.9	7,345	12.4
Denture relines /rebases	608	1.1	631	1.0	646	1.1	631	0.9	679	1.1
Denture repairs	7,104	12.4	7,131	11.1	6,942	11.7	6,921	10.2	6,609	11.1
Denture adjustments	1,988	3.5	2,044	3.2	2,020	3.4	1,621	2.4	1,707	2.9
Simple extractions	26,345	47.9	30,208	47.0	28,858	45.5	31,921	47.1	29,261	49.3
Surgical extractions	891	1.6	1,265	2.0	1,194	2.0	1,718	2.5	1,740	2.9

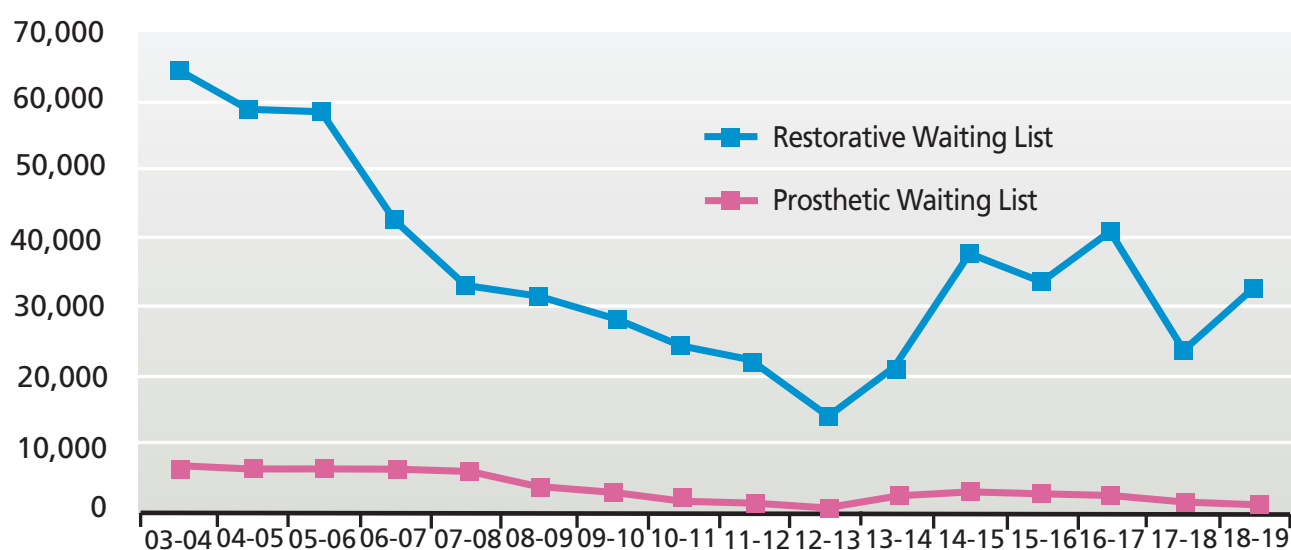
Community Dental Service Statistics (cont.)

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	18-19
Prosthetic Waiting Lists	6,075	3,776	3,043	1,615	927	429	1,861	2,823	2,501	2,366	1,193	608
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	32,187

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	18-19
Prosthetic Waiting Lists	38.7	27.8	28.6	16.6	14.8	11.4	9.0	15.4	16.3	19.4	10.0	7.5
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	10.6

Aboriginal Dental Scheme Statistics

Treatment Provided 2011-2012 – 2018-2019

	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Practices participating	56	32	18	25	21	21	19	21
Claims submitted	611	566	356	292	240	248	197	263
Examinations	503	519	318	234	202	214	163	232
Dental prevention	57	54	163	127	107	93	73	107
Restorations	222	185	412	299	221	253	181	209
Endodontics	1	2	4	3	0	0	0	2
Radiographs	235	379	573	396	294	295	224	334
Extractions	275	244	274	198	127	166	97	232
Surgical extractions / oral surgery	82	85	79	25	15	13	13	15
Relief of pain / Temporary filling	9	11	4	2	5	4	4	1
Dentures units	29	5	17	34	31	25	26	29
Repairs / maintenance to Dentures	16	11	5	1	0	3	4	0
Adjustments or relines	5	2	0	0	1	0	0	0

Aboriginal Adult Oral Health Program

	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Number of patients	1,840	2,216	2,500	2,934	3,377	3,919	4,177	3,686	3,641
Patient attendances	4,625	5,557	6,322	6,743	7,850	8,226	8,311	8,569	8,524
Courses of care	1,951	2,352	2,690	3,150	3,688	4,682	4,700	3,977	3,945
Examinations	2,108	2,442	2,767	3,188	3,964	4,531	5,266	4,069	4,157
Dental prevention / periodontal treatment	1,189	2,197	2,898	3,866	5,465	6,045	6,743	6,254	7,196
Restorations	2,147	2,616	3,289	3,172	3,678	3,381	3,604	3,797	4,315
Endodontics	25	28	48	52	44	38	55	43	36
Radiographs	2,151	2,756	3,307	3,686	4,543	4,086	4,758	5,542	5,670
Extractions	1,812	2,338	2,518	2,339	2,847	2,695	3,206	2,907	3,196
Surgical extractions / oral surgery	10	5	12	8	28	33	6	29	32
Relief of pain / temporary filling	149	129	213	271	219	190	239	321	329
Dentures units	100	139	86	130	140	169	139	142	121
Repairs / maintenance to dentures	8	12	11	10	20	26	28	1	6
Adjustments or relines	52	75	71	66	119	122	109	93	91

Human Resources Statistics

Agency 2018-19	
Persons	942
FTEs	664.69

Gender	Count	FTE	% Persons	%FTE
Male	136	96.42	14.44%	14.51%
Female	806	568.27	85.56	85.49%

Number of Persons Separated from the agency during the last 12 months	107
Number of Persons Recruited to the agency during the 18/19 financial year	87
Number of Persons Recruited to the agency during the 18-19 financial year AND who were active/paid at June 2019	63
Number of Persons on Leave without Pay at 30 June 2019	30

Number of Employees by Salary Bracket

Salary Bracket	Male	Female	Total
0 - \$57,599	36	474	510
\$57,600 to \$73,299	31	34	65
\$73,300 to \$93,799	19	212	231
\$93,800 to \$118,399	34	62	96
\$118,400 Plus	16	24	40
Total	136	806	942

Status of Employees in Current Position

FTEs	Gender	Ongoing	Short-term Contract	Long-term Contract	Casual	Total
	Male	71.52	18.02	3.29	3.59	96.42
	Female	442.34	115.26	9.69	0.98	568.27
	N/A	0	0	0	0	0
	Total	513.86	133.28	12.98	4.57	664.69
Persons	Gender	Ongoing	Short-term Contract	Long-term Contract	Casual	Total
	Male	83	27	4	22	136
	Female	565	148	13	80	806
	N/A	0	0	0	0	0
	Total	648	175	17	102	942

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	2018-19
1) Sick Leave Taken	8,031.03
2) Family Carer's Leave Taken	906.83
3) Miscellaneous Special Leave	291.50

Number of Aboriginal and/or Torres Strait Islander Employees

Salary Bracket	Aboriginal Employees	Total Employees	% Aboriginal Employees
0 - \$57,599	5	510	0.98%
\$57,600 to \$73,299	1	65	1.54%
\$73,300 to \$93,799	3	231	1.30%
\$93,800 to \$118,399	3	96	3.13%
\$118,400 Plus	0	40	0.00%
Total	12	942	1.27%

Number of Employees by Age Bracket by Gender

Age Bracket	Male	Female	Total	% of Total
15 - 19	2	17	19	2.02%
20 - 24	6	58	64	6.79%
25 - 29	13	116	129	13.69%
30 - 34	20	93	113	12.00%
35 - 39	20	76	96	10.19%
40 - 44	20	61	81	8.60%
45 - 49	9	67	76	8.07%
50 - 54	10	87	97	10.30%
55 - 59	9	97	106	11.25%
60 - 64	17	104	121	12.85%
65+	10	30	40	4.25%
Total	136	806	942	100%

Cultural and Linguistic Diversity

Name	Male	Female	Total	% of Agency
Number of Employees born overseas	58	180	238	25.27%
Number of Employees who speak language(s) other than English at home	19	73	92	9.77%

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

Male	Female	Total	% of Agency
1	7	8	0.85%

Human Resources Statistics (cont.)

Types of Disability (where specified)

Disability	Male	Female	Total	% of Agency
Disability Requiring Workplace Adaptation	0	0	0	0.00%
Undefined	1	5	6	0.64%
Physical	0	1	1	0.11%
Intellectual	0	0	0	0.00%
Sensory	0	1	1	0.11%
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	36	42
Part-time	45	423	468
Job Share	0	0	0
Working from Home	1	1	2

Documented Review of Individual Performance Management

Documented Review of Individual Performance Management	Total	%
% Reviewed within the last 12 months	717	76.11%
% review older than 12 months	211	22.40%
% Not reviewed	13	1.38%

Financial Report

SA Dental Service Financial Report as at 30 June 2019

GFS Revenue	YTD Actuals \$'000	YTD Budget \$'000	YTD Variance \$'000
Other Grants & Subsidies	(164)	(166)	(2)
Patient/Client Fees	(18,239)	(19,913)	(1,674)
Other User Fees & Charges	(609)	(735)	(127)
Inter SA Health Sales Recharges - Other G&S	(173)	(169)	4
Other Revenue	(463)	(449)	14
Contributed Assets - Other	(16)	0	16
GFS Revenue Total	(23,561)	(21,389)	2,172

GFS Expense			
Salaries and Wages - Nursing	436	473	37
Salaries and Wages - Medical Officers	1,088	1,143	54
Salaries and Wages - Weekly Paid	428	529	102
Salaries and Wages - Clinical Academics	64	0	(64)
Salaries and Wages - Salaried Employees	50,956	53,496	2,540
Other Employee Related Expenses	5,162	5,504	342
Employee Related Expenses Total	58,133	61,144	3,011

Recurrent Grants	339	415	76
Grants and Subsidies Provided Total	339	415	76

Workers Compensation Expense	180	177	(3)
Bad Debts Expense	58	0	(58)
Other Expenses	34	5	(30)
Other Expenses Total	272	181	(91)

Agency Staffing	37	65	29
Contractors - Contract Management	11	0	(11)
Staff Training and Development	139	188	50
Drug supplies	4	1	(2)
Medical, Para Med & Laboratory Supplies	1,597	1,799	202
Fee for Service	13,183	11,385	(1,798)
Repairs & Maintenance	11	47	36
Patient Transport	15	29	14
Other Supplies & Services Used	3,614	6,038	2,424
Other SA Govt Supplies & Services	1,630	154	(1,476)
Inter SA Health Payments - Recharges - ICT	71	6	(65)
Inter SA Health Payments - Recharges - Insurance	169	176	7
Inter SA Health Payments - Recharges - Other Supplies & Services	5,921	6,250	329
Supplies and Services Used Total	26,401	26,140	(262)

Depreciation and Amortisation Expense	2,309	2,311	2
Depreciation and Amortisation Expense Total	2,309	2,311	2
GFS Expenses Total	87,455	90,191	2,736
Net (Surplus) Deficit - GFS Adjusted Total	67,791	68,760	968

Non GFS Revenue Total			
Proceeds from Assets Disposed	(22)	0	22
Cost or Valuation of Assets Disposed	2,543	0	(2,543)
Accum Depreciation of Assets Disposed	(1,234)	0	1,234
Net Gain from Disposal of Assets Total	856	0	(856)
Non GFS Revenue Total	856	0	(856)
Non GFS Expenses Total			
Revaluation of Leave Liabilities	(453)	0	453
Employee Benefits Costs Total	(453)	0	453
Doubtful Debts Expense	(2)	0	2
Other Expenses Total	(2)	0	2
Non GFS Expenses Total	(2)	0	2
Net (Surplus)/Deficit - Non GFS Total	854	0	292
Net (Surplus)/Deficit - Total	68,645	68,760	(854)
Grand Total	68,645	68,760	115

For more information

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SA Health