



# SA Dental Service

## Year Book 19-20



Government  
of South Australia

SA Health



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## Executive Director's Report

In my second year as the Executive Director for SA Dental Service, the impact of COVID-19 on our service and community has given me a deeper insight and appreciation for the commitment of our staff in providing dental services to the South Australian community.

It has also highlighted the importance of building the resilience and capability within our organisation to adjust to dynamic situations and I am proud of how we have risen to the challenge.

Despite the service disruptions, the SA Dental Service strategic outcomes continued to provide the framework for activities during the 2019-20 financial year, underpinned by strong financial management and safe and quality clinical services. Following an organisational wide assessment in August 2019, SA Dental Service was successfully re-accredited with the Australian Council on Health Care Standards.

A significant component of Adult Dental care is delivered through National Partnership Agreement funding and SA Dental Service again achieved the required level of additional activity by the 31 March 2020 milestone.

The launch of the next SA Oral Health Plan 2019-2026 (SAOHP) was an important step in advancing strategies to enable South Australians to achieve better oral health and well-being. Following on from this, we commenced development of our next Strategic Plan, which will align with the foundation and action areas of the SAOHP.

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.



*Mark Chilvers  
Executive Director  
SA Dental Service*

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# 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.

#### Honesty & Integrity

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

#### Respect & Compassion

#### 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.

#### 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.



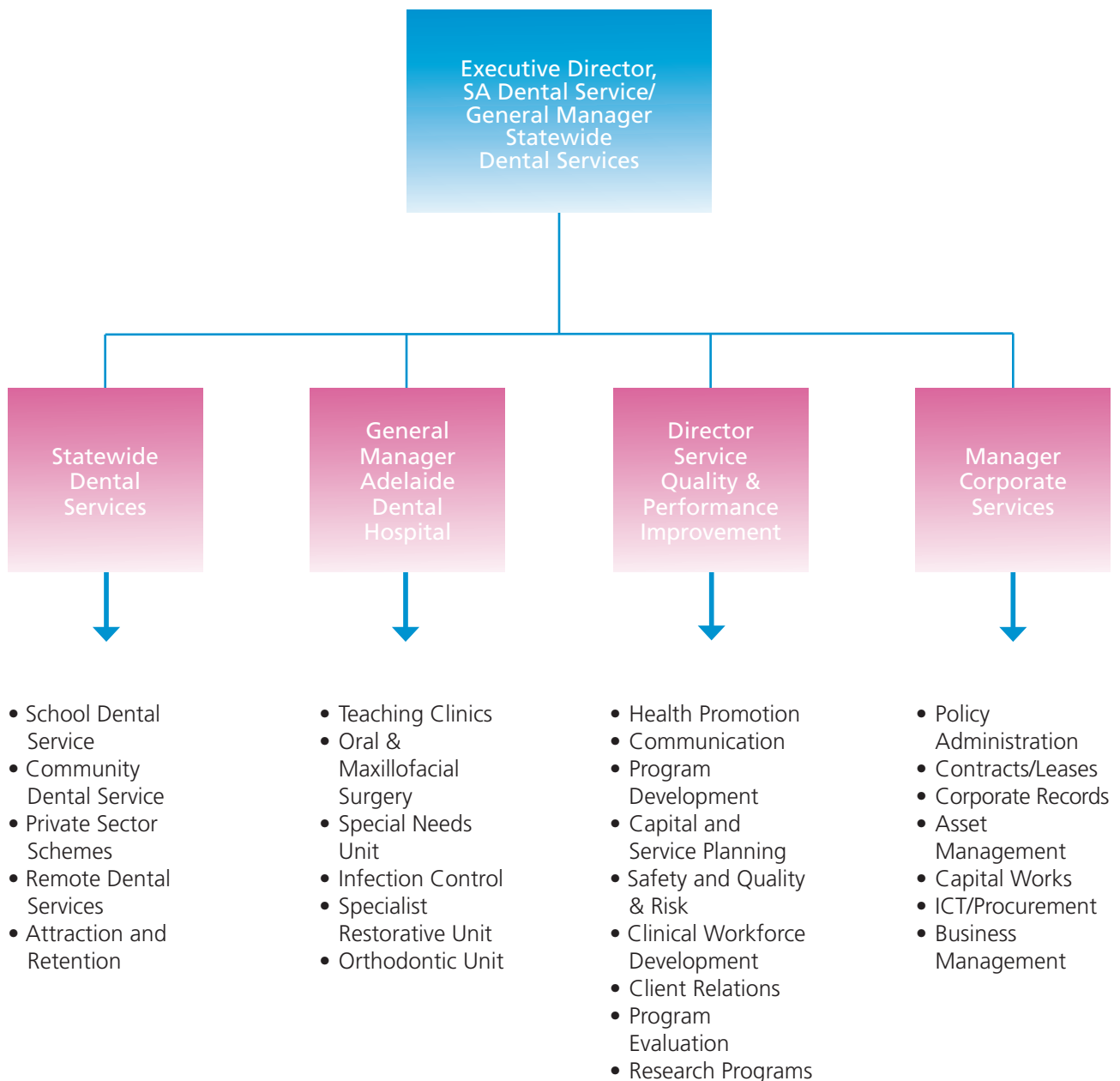
Government  
of South Australia



South Australian  
Dental Service

# SA Dental Service Organisational Chart 2019-20

## SA Dental Service



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## Statewide Dental Services Division

Statewide Dental Services (SWDS) 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, dental services in School and Community Dental Services are also provided by undergraduate dental students.

### School Dental Service

The School Dental Service offers a comprehensive dental care program to all children until their 18th birthday. Children are examined on a regular basis according to their individual needs and receive a full range of preventive and treatment-based services.

Care is provided by teams of dentists, dental therapists and dental assistants who work from a network of nearly 40 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 and Nepabunna.

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 bulk billed 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.

Private dentists provide school dental services, under fee-for-service agreements, 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.

### 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 2019-20 average restorative waiting periods rose to 13.7 months, up from 10.6 months at the end of 2018-19.

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 nearly 30 clinics located throughout the state. This care is supplemented by private dentists through a range of fee-for-service schemes. 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 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 fee-for-service invoices.
- > 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.

Outside of the specialist units, general and emergency dental care is largely provided by undergraduate dental students under the supervision of SA Dental Service staff and University supervisors.

Specialist services in the ADH are provided by a combination of staff and visiting specialists,

academic staff of the University of Adelaide 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*

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## Corporate Services Division

The Corporate Services Division provides non-clinical support services to SA Dental Service for the management of clinical equipment (Biomedical Engineering), contract development, procurement, corporate records, policy and procedure administration, 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, 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 2020

## COVID-19

SA Health released a Public Health alert on 10 January 2020 regarding the existence of a novel coronavirus (2019-nCoV) linked to travel from the Wuhan province in China. On 22 March 2020, a major emergency was declared in South Australia.

SA Dental Service introduced an initial management strategy on 28 January 2020, screening clients to identify those who had travelled from affected areas. Dental treatment for these clients was delayed until they were asymptomatic and outside the 14-day incubation period. In cases where dental treatment could not be delayed, treatment was provided by the Oral Maxillo-facial Surgery or Special Needs units under transmission-based infection control measures.

In response to increasing levels of COVID-19 in Australia, SA Dental Service convened a COVID-19 Management Group on 16 March 2020, with the following organisational representatives:

- > Dr Heidi Munchenberg, Director Clinical Business, Adelaide Dental Hospital and COVID-19 lead for SA Dental Service
- > Mark Chilvers, Executive Director, SA Dental Service
- > Anne Pak-Poy, General Manager, Adelaide Dental Hospital
- > Sharyn Collette, Director Clinic Operations, Statewide Dental Service
- > Dr Bijun Cai, Director General Practice Unit, Adelaide Dental Hospital
- > Dr Stuart Marshall, Chief Dental Officer, Statewide Dental Service
- > Craig Anderson, Infection Control Professional
- > Rachael Thomas, Senior Project Officer, Health Promotion and Communication

The COVID-19 Management Group developed a response guide, resources and communications for staff and clients, which were updated according to State and Federal directives and Federal Australian Dental Association advice and guidelines. The Management Group members also worked closely with the Adelaide Dental School and Australian Dental Association (SA Branch) management to provide a uniform approach for the provision of dental services across the state.

Risk reduction strategies were implemented in March 2020, including restrictions on aerosol generating procedures, increased environmental cleaning in non-clinical areas and appointment scheduling to accommodate physical distancing requirements.

Undergraduate and postgraduate clinical placements were temporarily ceased from 20 March and recommenced at reduced levels in June and July 2020. Additional service restrictions, including clinic closures, were implemented from April to early May 2020 and again in November 2020 as local case numbers increased.

As reflected in the strategic outcomes for 2019/20, COVID-19 related service restrictions and reduced student clinical placements during 2020 resulted in reduced service activity levels across SA Dental Service

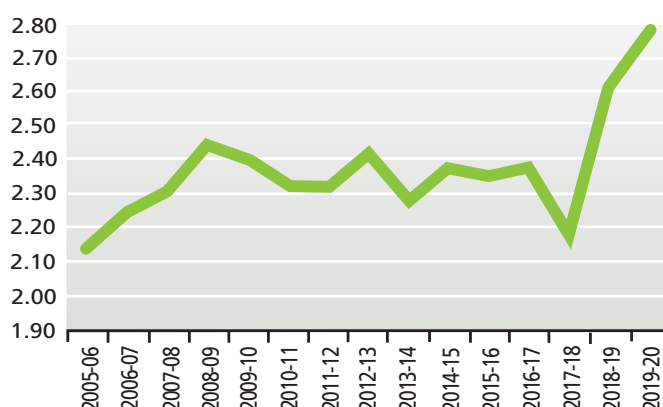
## Strategic Outcome 1

### 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 Decayed Missing Filled Teeth (DMFT) is now 0.73, compared with 1.05 in 2008. The average 6 year old had a 14% increase compared with last year in deciduous decay experience.

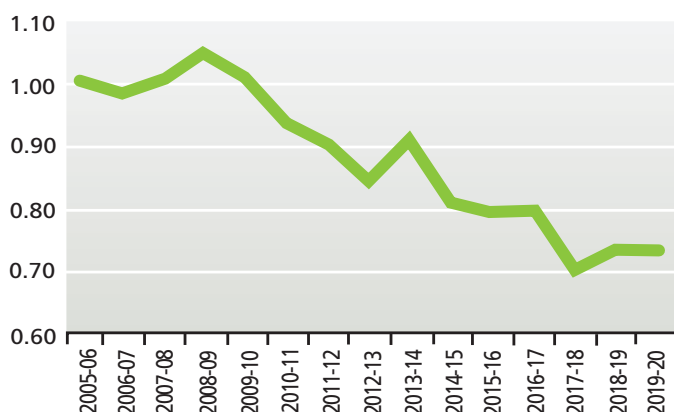
The 6 year old mean dmft is now 2.77 compared with 2.37 in 2016. As this relates to a snapshot in time it is not possible to determine if this due to an actual increase in disease or a reflection of the focus within the SDS on earlier detection of dental caries associated with a focus on radiographic 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

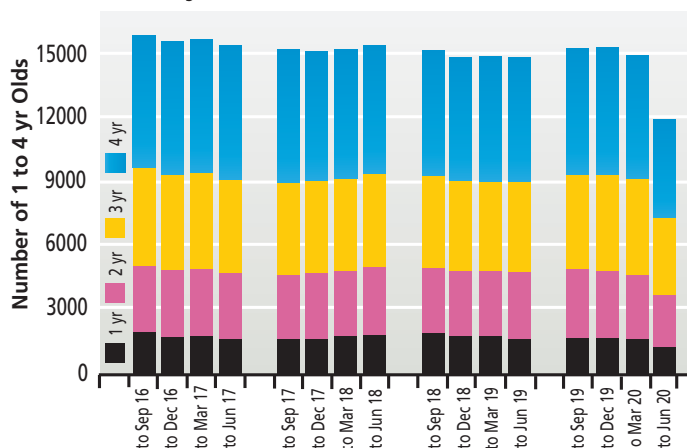


### Population Oral Health Program

The Population Oral Health Program 'Lift the Lip', aims to increase the number of preschool children attending dental services. A total of 20,006 pre-school children had been referred to the program by 30 June 2020. 15% of referred children identified as being of Aboriginal and/or Torres Strait Islander descent.

Child and Family Health Service (CaFHS) nurses referred 84% of external Lift the Lip referrals in 2019-20 compared to 77% the previous year. Training was conducted for CaFHS inductees. Of the total referrals received in 2019-20, 37% of children were aged under 1 year at the time of referral, up from 32% the previous year.

### SDS\_ALL Children aged 1 to 4 yrs old seen by SDS in 12 months

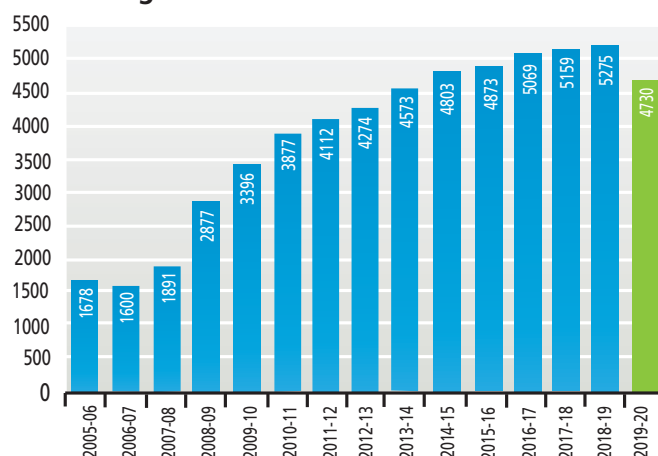


### Aboriginal Oral Health

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 work with

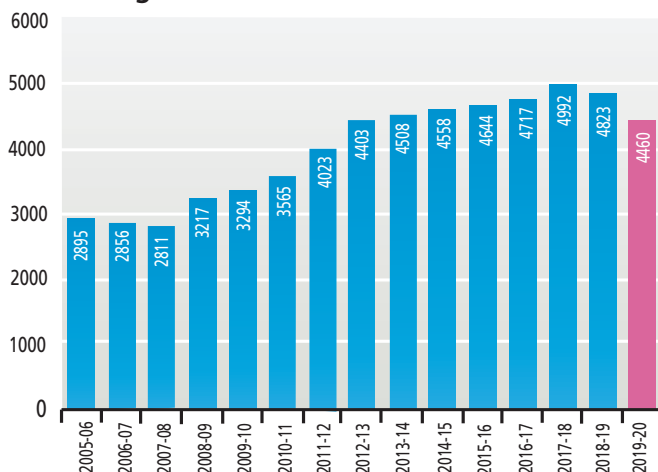
the Aboriginal and Torres Strait Islander community. At the end of June 2020, the CTG funding ended and SA Dental Service acknowledged the importance of continuing the program with Aboriginal staff, therefore two permanent positions were allocated to the program. The Project officers work at grassroots level with community people promoting the importance of oral health and providing information about access to timely dental treatment and services.

### Aboriginal ADULT PATIENTS



In 2019-20, 4730 Aboriginal adults were treated through the Aboriginal Oral Health Program. A decrease of 2% compared to last year and 36% increase since the 2010-11 baseline.

### Aboriginal CHILD PATIENTS



In 2019-20, 4460 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

To support the SA Health Aboriginal Workforce Framework 2017-2021, SA Dental Service allocated two DA Traineeships specifically for Aboriginal applicants.

In the 2019 calendar year, AOHP assistant project officer and health promotion team members developed specific targeted campaigns for Aboriginal and Torres Strait Islander applicants. There were 6 Aboriginal applicants, which has been the lowest number of applicants since the campaigns began. One applicant was successful and was assigned to the Adelaide Dental Hospital General Practice Unit.

### Cultural Awareness Training

The Learning Central online system, 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.

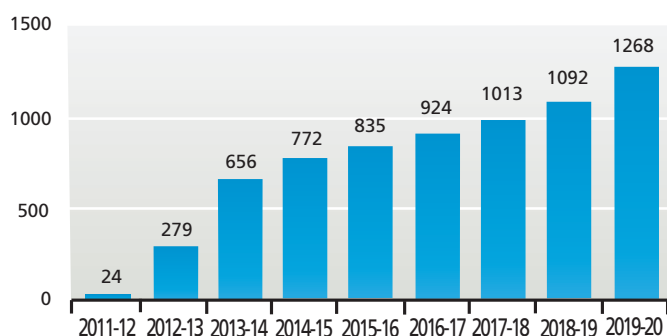
As of 30 June, the Learning Central online system had registered 688 SA Dental Service staff who had completed the online Aboriginal Cultural Awareness training, this number has almost doubled from the previous year.

### 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 2019-20, 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. SA Dental Service also supported clients who were provided temporary hotel accommodation during the COVID-19 lock-down periods, to access dental services.

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

## Strategic Outcome 2

Oral health is sustainably integrated into the wider health system

### Residential Aged Care Emergency (RACE) Dental Service

Following a comprehensive review of public dental services for older people living in residential care, SA Dental Service introduced a new model of service delivery called Residential Aged Care Emergency (RACE). This service provides emergency and/or urgent dental care for all non-ambulant residents of residential aged care facilities (RACFs) who are eligible for public dental care.

The implementation of RACE marks the cessation of the Residential Aged Care Dental Scheme. This scheme began as a demonstration project in the early 2000s but had not been expanded due to financial constraints. Under this scheme a small number of private dentists provided emergency and general (non-urgent) dental services to about 9% of South Australian RACFs, with all of these located in the Adelaide metropolitan area. While this in-reach model successfully demonstrated a best practice service delivery approach for residents of RACFs participating in the scheme, substantial inequity existed with the remaining 91% of RACFs having very limited and/or no access to on-site public dental care. Given SA Dental Service has been unable to address this inequity by expanding the scheme, the introduction of RACE provides equitable access to emergency dental care for all eligible residents of RACFs who are unable to

access a Community Dental Clinic because they are non-ambulatory, functionally dependent and/or have cognitive impairment.

RACE consists of two dental referral pathways. The RACE 1 pathway addresses orally derived medical emergencies such as facial swelling arising from dental infection, uncontrollable bleeding or significant trauma to face, teeth or jaw. These cases require immediate access to public hospital emergency care. The RACE 2 pathway addresses other urgent symptoms such as intra-oral swelling, dental pain affecting ability to eat or sleep, damaged teeth or dentures and oral pathology which need to be attended to promptly. This second referral pathway provides access to onsite public dental care provided by SA Dental Service staff. Residents eligible for public dental care who do not meet the RACE 1 or 2 emergency care criteria are able to access SA Dental Service via the general waiting list at the nearest clinic. It is anticipated that if future government funding is made available specifically for the provision of on-site public dental care for residents, the RACE eligibility criteria could be expanded to include ambulant residents with services scaled up to include both emergency and general dental care.

## 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 development of the next SAOHP commenced in 2018, with extensive stakeholder consultation. The final SAOHP was approved by the Minister for Health in September 2019 and officially launched by the minister on 9 October 2019.

A number of key stakeholders attended the launch and provided their statements of support for the SAOHP. Following the official launch, a stakeholder workshop was held in November to inform the establishment of the SAOHP Monitoring Group and set the focus areas for implementation.

### 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 2019-20 CAP was actively involved in

- > redevelopment of several pages of the SA Dental Service Website
- > contributing to the development of new SA Dental Service resources
- > continuing to advocate 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 (MCE) Survey

#### October 2019 Survey

The target group for the October 2019 survey was a random sample of 800 clients aged over 18 years who had completed an emergency or general course of dental care at a Community Dental Service (CDS) clinic or the Adelaide Dental Hospital (ADH) in the last two weeks of August 2019. 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 30% (242 respondents).

Some of the key findings included:

- > 230 (96%) respondents rated their experience of the dental clinic as 'very good' (78%) or 'good' (18%).
- > 226 (94%) respondents considered staff to be consistently welcoming and helpful.
- > 221 (91%) respondents felt that they were treated with dignity and respect.
- > 218 (90%) respondents felt that staff 'always' explained things in a way in which they could understand.
- > 232 (96%) respondents felt they were 'definitely' or 'to some extent' involved as much as they wanted to be, in decisions about their dental care.
- > 228 (94%) respondents thought that staff 'definitely' or 'to some extent' worked well together to plan and coordinate their dental care.

## March 2020 Survey

The target group for the March 2020 MCE Child Survey were the 1,433 parents/guardians of 2,499 SDS Clients seen in SWDS clinics during the week 16 March 2020 – 20 March 2020. 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. An electronic SMS text with survey link was sent on 26 March 2020 to the parent/guardian of all 1,433 clients. A follow up SMS text with survey link was sent to all clients on 17 April 2020.

The return rate was 11.65% (167 respondents). Some of the key findings included:

- > 160 (96%) respondents rated their experience of the dental clinic as 'very good' (83%) or 'good' (13%).
- > 157 (94%) respondents considered staff to be consistently welcoming and helpful.
- > 158 (94%) respondents felt that they were treated with dignity and respect.
- > 163 (98%) respondents felt that staff 'always' explained things in a way in which they could understand.
- > 176 (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.
- > 161 (96%) respondents thought that 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

Senior staff continued to meet monthly across the 2019-20 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.

This has been another significant team achievement with contributions from right across the Organisation.

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.

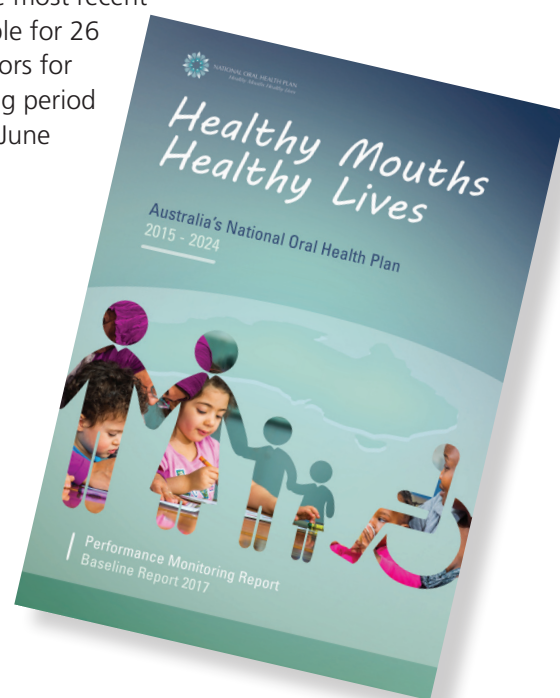
The NPA was to expire on 30 June 2020. An extension offer was received in June 2020. South Australia needed to seek some variation to the revised offer and commenced negotiating with the Commonwealth Government shortly thereafter.

### 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. The Baseline Report will be supplemented by national biennial performance monitoring reports across the life of the NOHP, compiled by the Australian Institute of Health and Welfare (AIHW).

The performance monitoring report 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.

SA Dental Service submitted data for the first of these reports in April 2019. The report on Australia's National Oral Health Plan 2015–2024 (NOHP) Key Performance Indicator (KPIs) published in June 2020, presents the most recent data available for 26 core indicators for the reporting period July 2016 - June 2018.





## Strategic Outcome 5

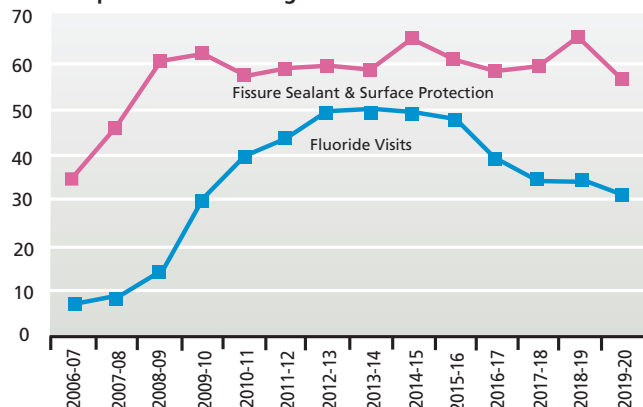
Population based health promotion underpins all of SA Dental Service Programs and clinical programs have an increased focus on prevention and early intervention

### 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.

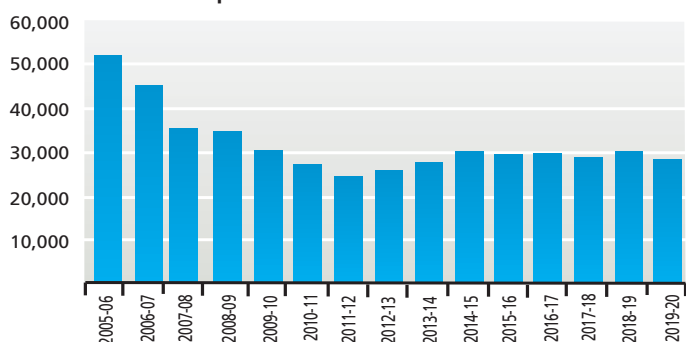
### Clinical Prevention Services Rate per 100 Consenting Patients



### Adult dental emergencies

Dental emergencies treated in 2019-20 were 28,688 similar to the two previous years.

### Dental Emergency Courses of Care commenced per annum



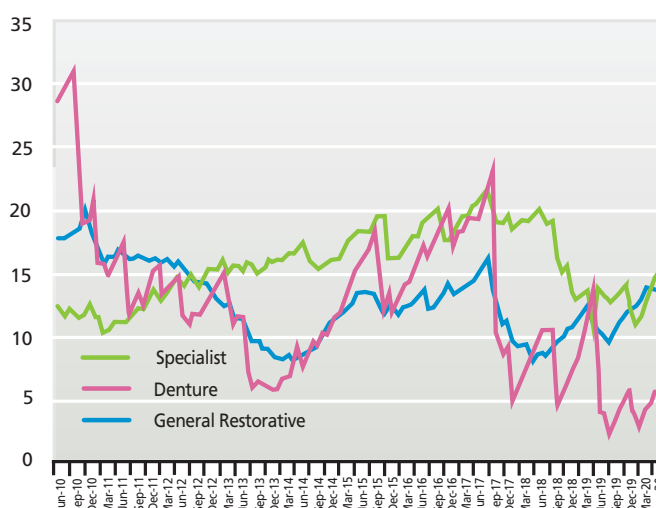
## Waiting Lists

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 13.7 months at June 2020 compared with 10.6 months at June 2019. The weighted mean waiting time for patients being removed from denture waiting lists has decreased to 5.4 months at June 2020 compared to 7.5 months at June 2019.

The combined average waiting time for Specialist Services at the Adelaide Dental Hospital increased to 14.8 months at June 2020 compared with 14 months in June 2019.

### Dental Wait Times (Months)



## Strategic Outcome 6

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

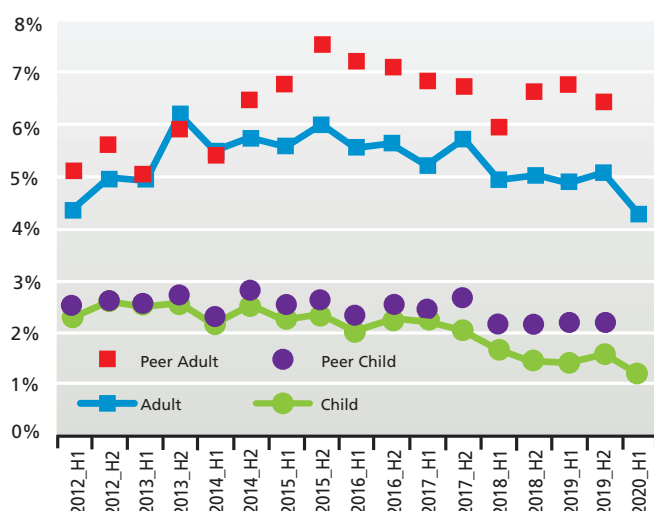
### Quality of Care & Clinical Indicators

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 undertook assessment against the revised National Safety Quality and Health Service Standards 2nd Edition in August 2019 and was successfully accredited with the Australian Council on Health Care Standards (ACHS) until 10 March 2023.

The organisation wide assessment was undertaken over a week with five assessors visiting and meeting with staff from the Corporate Office, 20 SWDS locations and spent significant time in the Adelaide Dental Hospital clinics. In addition, the assessment team met with representatives of the SA Dental Consumer Advisory Panel and the University of Adelaide, regarding the Dental Partnership Agreement.

SA Dental Service was assessed against 7 National Standards, 148 actions and met all of these.

The actions related to:

- > Clinical Governance
- > Partnering with Consumers
- > Preventing and Controlling Healthcare-Associated Infection
- > Medication Safety
- > Comprehensive Care
- > Communicating for Safety
- > Recognising and Responding to Acute Deterioration.

The assessors were impressed overall with the organisation's facilities, staff knowledge and engagement in the accreditation process. They commended SA Dental Service on:

- > the commitment of staff across all levels of the organisation to quality, safety and consumers
- > staff willingness to share their knowledge and showcase the organisation
- > initiatives to identify and meet the needs of vulnerable populations.

The assessors' recommendation to the ACHS Board and the Australian Commission on Safety and Quality in Healthcare was: 'Action Met' for all actions assessed and successful closing of all recommendations from the 2016 survey

### Safety and Quality

SA Dental Service Safety and Quality Unit continued to refine reporting parameters for the Safety Learning System and developed a comprehensive suite of reports. These reports were developed in consultation with managers from SWDS and ADH to ensure the information and format is relevant and relatable. The Safety and Quality Unit also prepared a number of infographics and safety and quality bulletins which highlighted specific data, achievements or contained a de-identified patient story.

The use of de-identified patient stories offers a 'powerful' message and provides an opportunity to share experiences across the whole workforce with a view to improving timely communication regarding patient incidents and 'closing the loop' to prevent future reoccurrence of similar events.

The Safety and Quality Unit in consultation with Health Promotion staff and managers, developed and promoted a mechanism for the identification of issues and risks which may not have been readily communicated from staff through to managers. The 'Help Us Be Better' or HUBB strategy has identified a number of issues and suggestions for

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organisation wide improvements and this continues to be promoted to ensure that all staff have a 'voice' to raise issues and concerns which may in fact be unidentified organisational risks.

### **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 2019-20. In 2019-20, 57 country patients on the Adelaide Dental Hospital crown and bridge waiting list had been offered treatment under the scheme. The uptake rate was 72%. 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 2019-20 year was 351, 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 this treatment. In 2019-20, 73 patients on the endodontic waiting list had been offered treatment under the scheme. The uptake rate was 63%. 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 2019-20 year was 552, with the maximum waiting time at 18 months.

### **Specialist Dental Scheme (Oral Surgery)**

The Specialist Dental Scheme (Oral Surgery) is a scheme initially piloted in 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 2019-20, with 76 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 2019-20 year was 76 with the maximum waiting time at 9 months.

### **Titanium Upgrade in SWDS Clinics**

Titanium is the client administration and clinical information system used to record client information, appointment information, all examination and treatment information, waiting list and recall management and any billing components of the treatment. It also generates reports for data and statistics in relation to client care.

The Adelaide Dental Hospital (ADH) was upgraded to a later version of Titanium (T12) in 2018 while Statewide clinics remained on T5 and were managed as separate databases across 50+ sites. As T5 was no longer going to be supported by the software provider, and to deliver the long held objective of a single client data base, all Statewide clinics and the ADH needed to be upgraded to a later, enterprise-wide version of T12.

Approval was received from SA Health in October 2019 to upgrade all Statewide clinics to T12 and include that data in a single data base, followed by the inclusion of the ADH. A project team was established and work commenced on testing the software and writing of updated work practices. There were initial delays to implementation, some of which were associated with COVID-19, as the Digital Health SA (DHSA) support was reallocated to deal with the ICT requirements across SA Health during this time. The required infrastructure was completed by early May 2020

The migration of Statewide clinics was staged in 6 separate clusters allowing time between each cluster to assess performance, identify and address defects and train the next group of staff. After the second cluster the rollout was halted due to performance issues which occurred as more clinics were added to the central database. Migration of all Statewide clinics was anticipated to occur by 31 August 2020, followed by the ADH.

Throughout the project, the project team adapted quickly to the changing environment, finding new ways to deliver training during COVID-19, meeting all targets within their control and taking on responsibility for tasks with a focus on the required outcomes. A good relationship was developed between the SA Dental Project Team, DHSA, Titanium Solutions and Siemens, which was important when needing to address issues quickly. Regular meetings were held using MS Teams,

enabling people from all states and NZ to meet and discuss the progress and any concerns.

The clinical staff across SA Dental Service adapted quickly to the changes that occurred at a rapid rate. Where there were challenges, staff reported the issues and worked around the difficulties without complaint. The eventual single data base also provides the opportunity to streamline work practices across the whole organisation and centralise a number of administrative tasks, allowing clinicians to focus on core business.

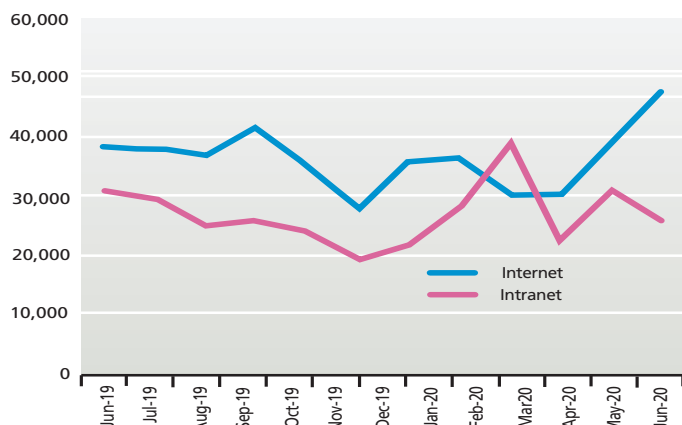
### SA Dental Service Online Content

The SA Dental Service website remained an important source of information for clients and community members with a significant increase of traffic to the site during 2019-20. Over the past 12 months clients and the community have consistently sought information about the Adelaide Dental Hospital, services for adults and children, and locating a local dental clinic.

SA Health upgraded their website in April 2020, which included the SA Dental website. The SA Dental Service intranet for staff remains an important communication platform for the organisation, allowing staff to access relevant up to date information to inform daily clinical work.

Programs, events and organisation updates were promoted on the SA Dental Service website throughout 2019 -20 including Dental Health Week and World No Tobacco Day. Open Your World Website, launched by Wellbeing SA, was used to highlight the importance of staying on top of oral health and how children and their families could protect their teeth, especially at home during the COVID-19 Pandemic. The 'Our Teeth' children's book was developed for parents and teachers to help children learn about oral hygiene.

### Internet and Intranet hits per month 2018-19



### SA Dental Service Social Media campaigns

SA Dental Service ran a social media campaign to increase children's attendance at school dental clinics. The social media campaign directed people to the request an appointment application on the SA Dental Service website. This campaign saw 20.7% of people who visited page, request an appointment.

2019-20 staff recruitment campaigns for Dental Assistant Traineeships, Dental Therapists and Dentists were successfully promoted through paid advertising posts using the SA Health Facebook page, linking to internet content on the SA Dental Service website. The Traineeship social media campaign resulted in 1,102 hits to the website.

## 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 2019-20 year, 23 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).

SA Dental Service representatives have continued in their membership of peak SA Health Credentialing Steering Committees, with the aim of streamlining process requirements for all health practitioners who work within SA Health facilities. This has also required SA Dental Service to review its existing work practices for the monitoring of 'Working with Children Clearances' for non-SA Dental employees.



SA Dental Service credentialing team continues to work in collaboration with other Local Health Networks (LHNs), such as Women and Children's Health Network, Southern Adelaide Local Health Network and the various Country LHNs to streamline credentialing processes for dental practitioners who work across multiple LHNs.

## 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 (UG) students rotate through clinical placements between the ADH and some SWDS 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.

Postgraduate (PG) students training to become dental specialists do all their clinical training in the ADH. There are 5 different postgraduate specialties housed in the ADH as well as the training program for medical registrars to specialise in Oral & Maxillofacial Surgery. The Dental Education Partnership Agreement supports the collaborative approach in the training of postgraduate students in the same manner as undergraduate students.

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.

In March 2020, clinical placements for PG and UG students were suspended by the Adelaide Dental School due to the COVID 19 Pandemic. This impacted significantly on the level of services provided to SA Dental Service clients and the learning needs of the students. In the subsequent months, the two organisations worked together for the safe and speedy return of clinical placements. In early June 2020 PG clinics resumed in a staggered approach and UG clinical placements resumed in July with some reduction in chair usage in order to meet physical distancing requirements.

As a result of the partial suspension for clinical placement in 2020, the activity targets (item) for 2020 was adjusted accordingly – to 93,000 items instead of 155,000. The adjusted target was met and exceeded by 5%.

## 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

With no new capital projects underway, the focus for 2019-20 was sustainment of our existing assets. The replacement of the floor at the Mt Barker SDS clinic was a large undertaking which took several weeks. Other projects included replacement of vinyl flooring at Victor Harbor clinic, replacement of storm water sumps at Murray Bridge and the installation of security glass at Noarlunga's reception. There have also been significant upgrades to network connectivity in preparation for the new version of Titanium, as well as electrical upgrades to body protection at several sites.

A program for the replacement of older benchtop sterilisers in SWDS also progressed with the purchase of 8 new devices, however the intended replacement of the two large sterilisers at Elizabeth GP Plus was delayed due to supply issues as a result of COVID-19.

### 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.

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## Freedom of Information 2019-20

### 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 impacts on the public

The work of SA Dental Service directly impacts the public as a result of providing public dental services to children under 18 years of age, eligible South Australian adults who hold a current Pensioner Concession or Health Care Card and their adult dependents (under 19 years) whose names are on the card.

### 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 (2019-20)

Details of Applications	Personal	Non Personal	Total
New applications for the year	79	0	79
Applications brought forward from previous year	6	0	6
<b>Total to be processed</b>	<b>85</b>	<b>0</b>	<b>85</b>
Determined	80	0	80
Transferred in full	0	0	0
Withdrawn	0	0	0
<b>Totally actually processed</b>	<b>80</b>	<b>0</b>	<b>80</b>
Unfinished	5	0	5

### Outcomes of Access Applications (2019-20)

Outcome description	Personal	Non Personal	Total
Full Release	77	0	77
Partial Release	3	0	3
Refused access (no record)	0	0	0
<b>Total</b>	<b>80</b>	<b>0</b>	<b>80</b>

### Applications for Amendment (2019-20)

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

### Applications for Internal Reviews (2019-2020)

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

# Adelaide Dental Hospital Statistics

## ADH Treatment Statistics

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Patients	23,239	23,689	23,463	21,566	20,218	19,855	17,683
Attendances	80,425	79,685	77,240	70,724	62,465	67,039	56,686

### Diagnostic / Preventive

Examinations	13,983	14,790	14,700	13,552	12,546	12,247	9,478
Consultations	12,683	13,315	12,849	11,027	10,058	10,715	8,969
Radiographs	30,296	28,413	28,050	24,364	22,580	25,051	19,192
Periodontal treatment dental health education	17,317	17,085	16,460	13,083	10,725	11,874	10,205

### Conservative Dentistry

Temporary restorations	1,784	1,693	1,786	1,603	1,348	1,394	1,168
Plastic restorations (amalgam, GIC & resin)	14,405	14,292	13,756	12,660	10,354	11,578	9,568
Complex restorations	1,312	1,218	1,117	1,141	838	1,190	1,036
Root canal treatment	1,175	923	992	897	817	954	867

### Prosthetic Dentistry

Full dentures	593	608	546	460	370	474	304
Part dentures	880	929	880	844	701	863	791
Denture relines / re-bases	202	191	217	175	139	158	161
Denture repairs	216	256	252	194	157	236	218
Denture adjustments	1,166	1,341	1,291	1,217	950	1,243	1,038

### Oral Surgery

Simple extractions	4,163	14,184	13,528	13,403	11,630	11,697	9,622
Surgical extractions	2,730	2,777	3,373	1,995	1,993	2,064	1,226

### Orthodontics

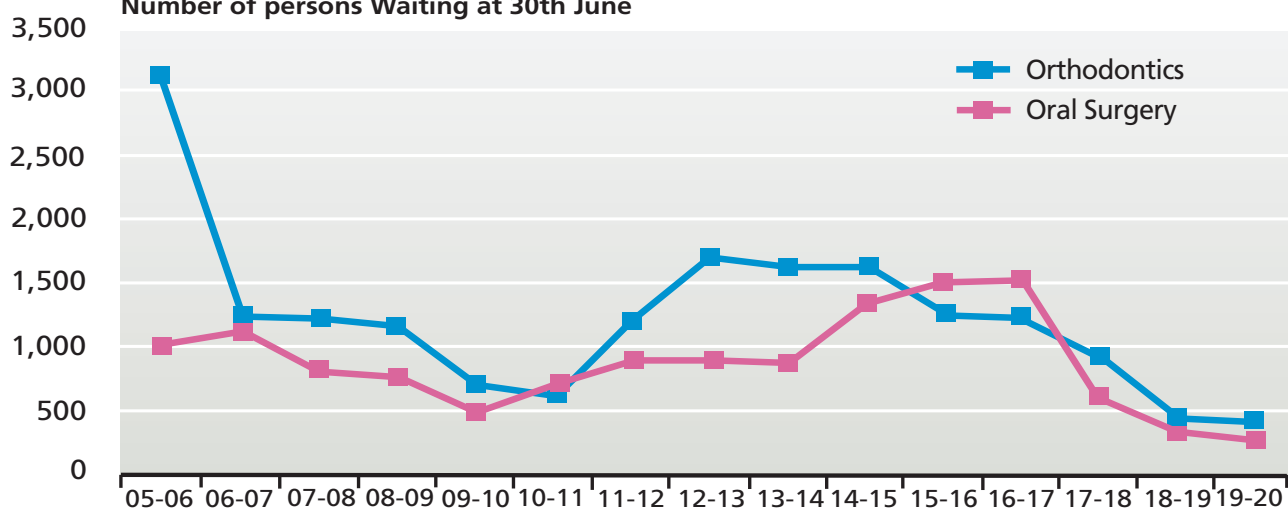
Removable appliances	1,148	1,068	1,009	1,009	961	1,044	781
Fixed appliance (Arches)	1,026	1,250	1,186	1,057	982	1,072	1,555



## 1. ADH 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	18-19	19-20
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	410
Oral Surgery	1,008	1,125	819	765	494	721	895	898	877	1,343	1,509	1,542	618	338	273

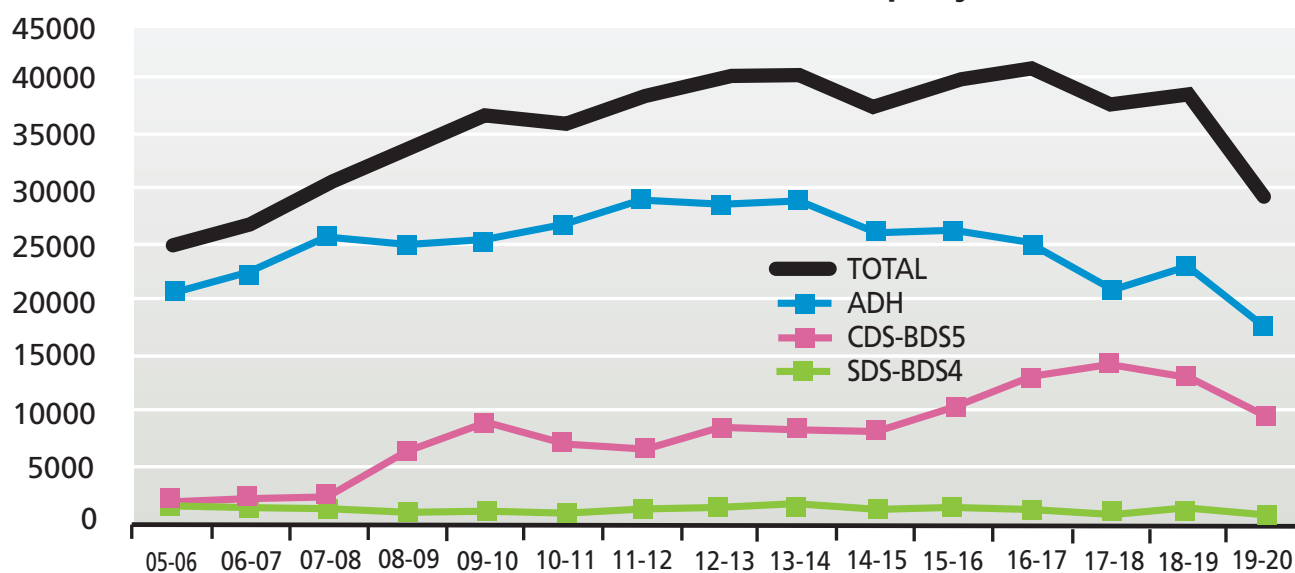
**Adelaide Dental Hospital Specialist Waiting Lists**  
Number of persons Waiting at 30th June



## 2. ADH 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	18-19	19-20
ADH	26,426	25,816	26,003	27,272	29,707	29,193	29,713	27,065	26,835	25,814	21,548	23,834	18,137
CDS – BDSS	2,934	6,978	9,716	7,990	7,386	9,272	9,134	9,031	11,310	13,868	15,190	13,909	10,429
SDS – 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	1,199
TOTAL	31,167	34,036	37,258	36,558	39,076	40,628	40,946	38,045	40,260	41,640	38,345	39,435	29,765

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



# School Dental Service Statistics

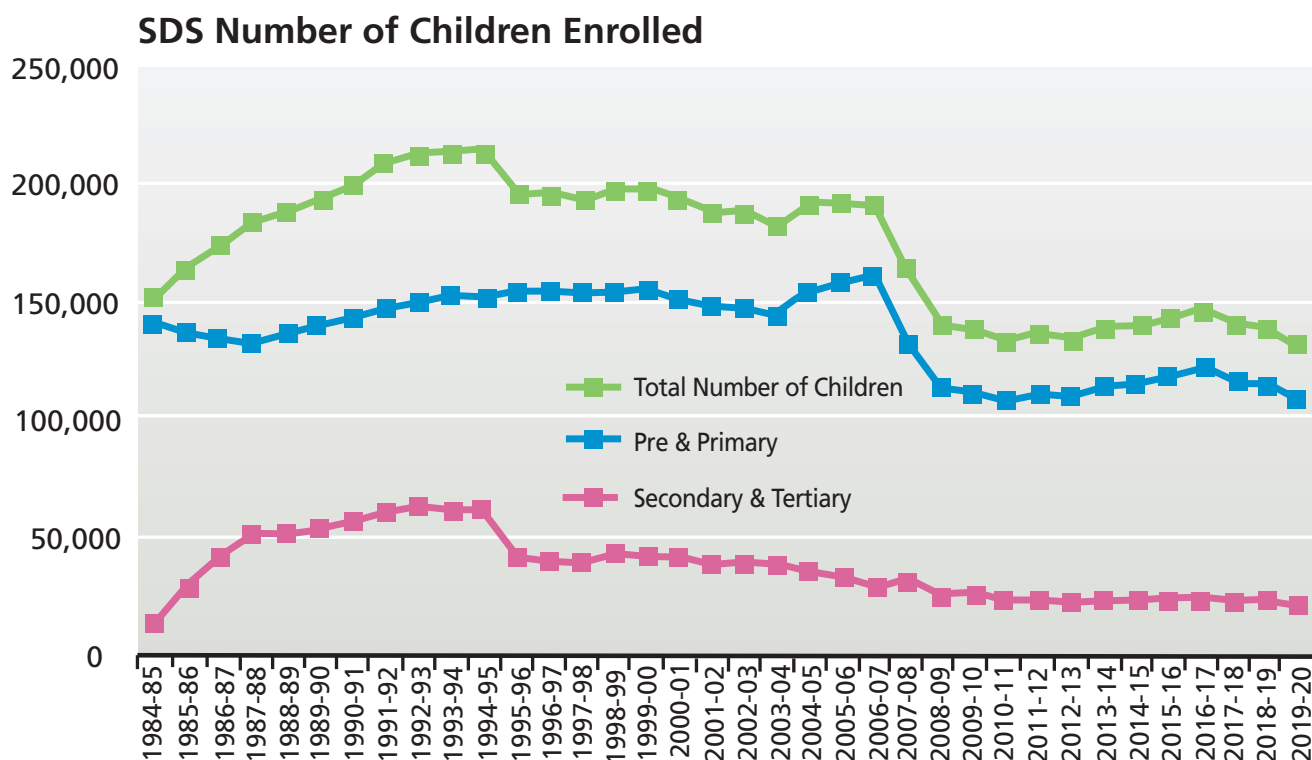
## Children under care (consents)

In 2019-20, the School Dental Service cared for 132,818 registered children;

> 109,641 pre-school and primary school children

> 23,167 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).

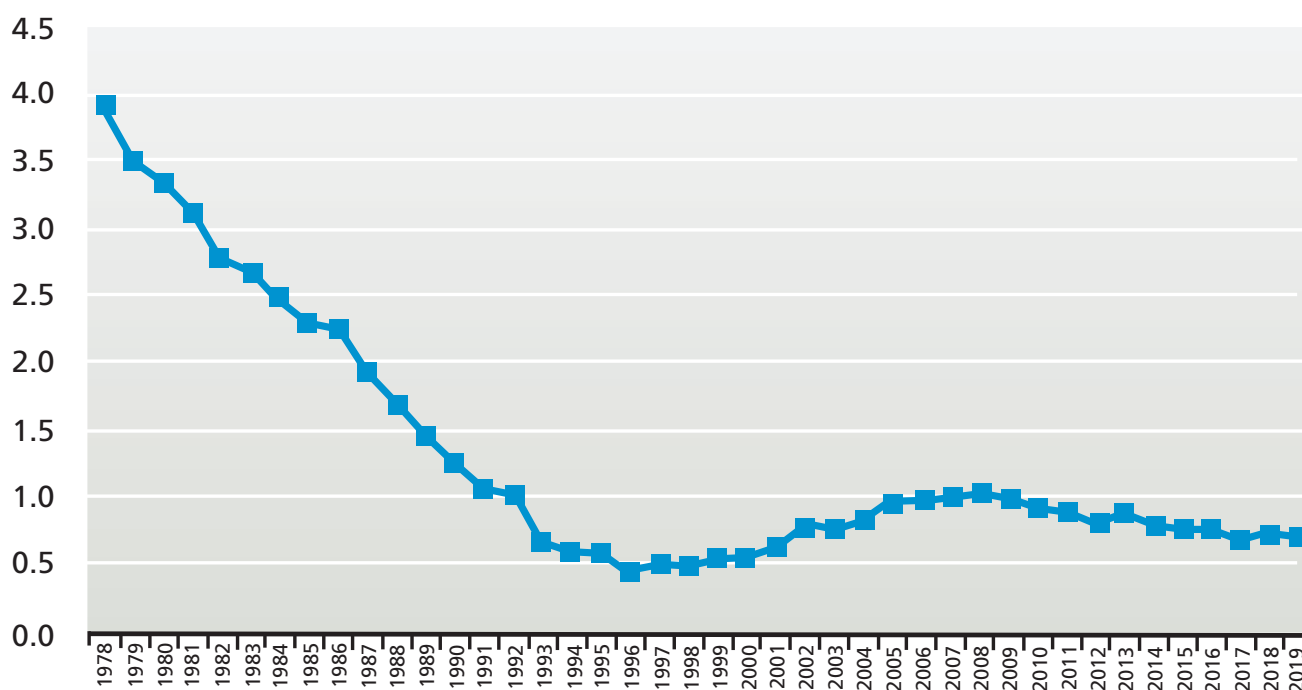
### Dental caries experience

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 2020 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		2019-20	
	Freq	Per 100 Consents	Freq	Per 100 Consents	Freq	Per 100 Consents	Freq	Per 100 Consents	Freq	Per 100 Consents	Freq	Per 100 Consents
Patients	85,709		84,604		84,333		82,218		79,894		69,227	
Attendances	180,402		176,388		168,465		168,182		159,461		133,411	
Examinations	112,261	79.5	120,535	83.4	120,965	82.0	112,245	79.34	113,238	81.05	92,354	69.54
Radiographs	103,114	73.0	102,160	71.0	106,899	72.2	115,853	81.89	114,341	81.84	95,078	71.59
Prophylaxis	22,833	16.2	22,975	16.0	23,606	16.0	23,841	16.85	26,116	18.69	22,120	16.66
#Topical Fluoride (visits)	#69,316	49.1	69,401	48.0	57,759	39.0	48,117	34.01	47,833	34.24	41,550	31.29
#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	18,197	13.70
Pulpotomy (Primary)	1,815	1.3	1,672	1.2	1,692	1.1	1,260	0.89	942	0.67	647	0.49
Root Canal Treatment	211	0.1	219	0.1	207	0.1	218	0.15	179	0.13	158	0.12

### Extractions

Simple (primary+perm)	15,808	11.2	14,585	10.1	13,651	9.2	13,913	9.83	13,271	9.50	11,820	8.90
Temporary dressing	2,237	1.6	2,100	1.5	2,151	1.5	2,061	1.46	1,832	1.31	1,490	1.12

### Orthodontics

Active appliance	272	0.2	249	0.2	197	0.1	156	0.11	89	0.06	68	0.05
Referral	4,334	3.1	4,675	3.2	4,352	3.0	4,199	2.97	4,531	3.24	4,169	3.14
Mouthguard	480	0.3	497	0.3	545	0.4	565	0.40	564	0.40	332	0.25
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	76,500	57.60

### 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	109,089	82.14
small group*	1,211	0.9	383	0.3	349	0.2	977	0.69	1,446	1.03	1,532	
Parent-individual	85,562	61.0	91,553	63.3	92,367	62.4	83,132	58.76	***4,661	3.34	4,251	3.20
-group**	67	0.0	112	0.1	112	0.0	111.0	0.08	129.0	0.09	43.0	0.03

\* 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 – service mix profile

(Community Dental Clinics and Private Sector Schemes combined)

	2014-15		2015-16		2016-17		2017-18		2018-19		2019-20	
	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	Freq	Rate Per 100 Patients
Number of patients	57,114		64,303		59,541		67,738		59,382		56,661	
Patient attendances	131,798		156,229		141,676		172,552		128,591		118,090	
Examinations	52,543	92	60,183	93.6	54,370	91.3	63,763	94.1	52,491	88.4	52,705	93.0
Radiographs	53,503	93.7	70,141	109.1	64,547	108.4	87,576	129.3	66,702	112.3	67,036	118.3
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	71,044	125.4
Temporary restorations	3,416	6.0	3,558	5.5	3,802	6.4	4,199	6.2	3,625	6.1	3,337	5.9
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	58,866	103.9
Complex restorations	38	0.1	108	0.2	122	0.2	175	0.3	133	0.2	109	0.2
Root canal treatments	979	1.7	1,101	1.7	1,032	1.7	1,223	1.8	807	1.4	706	1.2
Denture units	6,040	10.6	7,497	11.7	5,875	9.9	8,034	11.9	7,345	12.4	4,791	8.5
Denture relines /rebases	608	1.1	631	1.0	646	1.1	631	0.9	679	1.1	551	1.0
Denture repairs	7,104	12.4	7,131	11.1	6,942	11.7	6,921	10.2	6,609	11.1	5,663	10.0
Denture adjustments	1,988	3.5	2,044	3.2	2,020	3.4	1,621	2.4	1,707	2.9	1,253	2.2
Simple extractions	26,345	47.9	30,208	47.0	28,858	45.5	31,921	47.1	29,261	49.3	28,998	51.2
Surgical extractions	891	1.6	1,265	2.0	1,194	2.0	1,718	2.5	1,740	2.9	1,437	2.5



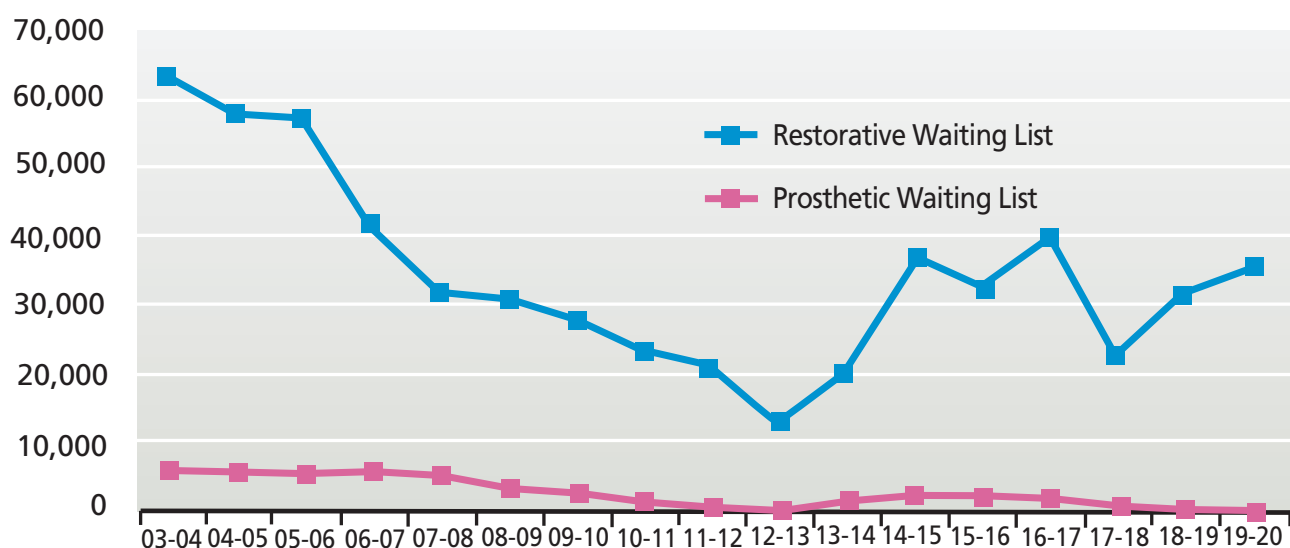
## Community Dental Service Statistics (cont.)

### 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	18-19	19-20
Prosthetic Waiting Lists	6,075	3,776	3,043	1,615	927	429	1,861	2,823	2,501	2,366	1,193	608	363
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	36,209

### 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	19-20
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	5.4
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	13.7

# Aboriginal Dental Scheme Statistics

## Treatment Provided

	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Practices participating	56	32	18	25	21	21	19	21	21
Claims submitted	611	566	356	292	240	248	197	263	
Examinations	503	519	318	234	202	214	163	232	131
Dental prevention	57	54	163	127	107	93	73	107	77
Restorations	222	185	412	299	221	253	181	209	153
Endodontics	1	2	4	3	0	0	0	2	2
Radiographs	235	379	573	396	294	295	224	334	159
Extractions	275	244	274	198	127	166	97	232	124
Surgical extractions / oral surgery	82	85	79	25	15	13	13	15	30
Relief of pain / Temporary filling	9	11	4	2	5	4	4	1	2
Dentures units	29	5	17	34	31	25	26	29	22
Repairs / maintenance to Dentures	16	11	5	1	0	3	4	0	3
Adjustments or relines	5	2	0	0	1	0	0	0	3

## Aboriginal Adult Oral Health Program

	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Number of patients	1,840	2,216	2,500	2,934	3,377	3,919	4,177	3,686	3,641	3,974
Patient attendances	4,625	5,557	6,322	6,743	7,850	8,226	8,311	8,569	8,524	8,823
Courses of care	1,951	2,352	2,690	3,150	3,688	4,682	4,700	3,977	3,945	4,474
Examinations	2,108	2,442	2,767	3,188	3,964	4,531	5,266	4,069	4,157	4,587
Dental prevention / periodontal treatment	1,189	2,197	2,898	3,866	5,465	6,045	6,743	6,254	7,196	6,423
Restorations	2,147	2,616	3,289	3,172	3,678	3,381	3,604	3,797	4,315	3,695
Endodontics	25	28	48	52	44	38	55	43	36	57
Radiographs	2,151	2,756	3,307	3,686	4,543	4,086	4,758	5,542	5,670	5,795
Extractions	1,812	2,338	2,518	2,339	2,847	2,695	3,206	2,907	3,196	3,645
Surgical extractions / oral surgery	10	5	12	8	28	33	6	29	32	41
Relief of pain / temporary filling	149	129	213	271	219	190	239	321	329	250
Dentures units	100	139	86	130	140	169	139	142	121	110
Repairs / maintenance to dentures	8	12	11	10	20	26	28	1	6	10
Adjustments or relines	52	75	71	66	119	122	109	93	91	119

## Human Resources Statistics

Agency 2019-20	
Persons	960
FTEs	667

Gender	Count	% Persons	FTE	%FTE
Male	148	15.4%	99.08	14.9%
Female	812	84.6%	568.06	85.1%

Number of Persons Separated from the agency during the last 12 months	93
Number of Persons Recruited to the agency during the 2019-20 financial year	66
Number of Persons Recruited to the agency during the 2019-20 financial year AND who were active/paid at 30 June 2020	66
Number of Persons on Leave without Pay at 30 June 2020	52

### Number of Employees by Salary Bracket

Salary Bracket	Male	Female	Total
0 - \$57,599	57	656	713
\$57,600 to \$73,299	16	41	57
\$73,300 to \$93,799	31	54	85
\$93,800 to \$118,399	10	17	27
\$118,400 Plus	34	74	78
<b>Total</b>	<b>148</b>	<b>812</b>	<b>960</b>

### Status of Employees in Current Position

Persons Gender	Ongoing	Short-term Contract	Long-term Contract	Casual	Total
Male	91	25	3	29	148
Female	565	143	13	91	812
<b>Total</b>	<b>656</b>	<b>168</b>	<b>16</b>	<b>120</b>	<b>960</b>

FTEs	Gender	Ongoing	Short-term Contract	Long-term Contract	Casual	Total
	Male	76.72	15.5	3	3.86	99.08
	Female	444.61	10.8	111.7	0.95	568.06
	<b>Total</b>	<b>521.33</b>	<b>26.3</b>	<b>114.7</b>	<b>4.81</b>	<b>667.14</b>

### Number of Executives by Status in Current Position, Gender and Classification

Classification	Term Untenured		Total		
	Male	Female	Male % of total Execs	Female % of total Execs	Total
EXECHOA	1	1	50%	50%	2
<b>Total</b>	<b>1</b>	<b>1</b>	<b>50%</b>	<b>50%</b>	<b>2</b>

## Human Resources Statistics (cont.)

### Leave Taken

Leave Type	Hours
1) Sick Leave Taken	62,032
2) Family Carer's Leave Taken	8,430
3) Miscellaneous Special Leave	13,057

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

Salary Bracket	Aboriginal Employees	Total Employees	% Aboriginal Employees
0 - \$57,599	12	713	1.7%
\$57,600 to \$73,299	1	57	1.8%
\$73,300 to \$93,799	3	85	3.5%
\$93,800 to \$118,399	0	27	0.0%
\$118,400 Plus	0	78	0.0%
<b>Total</b>	<b>16</b>	<b>960</b>	<b>1.7%</b>

### Number of Employees by Age Bracket by Gender

Age Bracket	Male	Female	Total	% of Total
15 - 19	0	19	19	2.0%
20 - 24	7	64	71	7.4%
25 - 29	17	100	117	12.2%
30 - 34	25	109	134	14.0%
35 - 39	16	73	89	9.3%
40 - 44	26	69	95	9.9%
45 - 49	12	64	76	7.9%
50 - 54	12	81	93	9.7%
55 - 59	5	91	96	10.0%
60 - 64	15	115	130	13.5%
65+	13	27	40	4.2%
<b>Total</b>	<b>148</b>	<b>812</b>	<b>960</b>	<b>100%</b>

### Cultural and Linguistic Diversity

Name	Male	Female	Total	% of Agency
Number of Employees born overseas	121	307	428	44.6%
Number of Employees who speak language(s) other than English at home	50	133	183	19.1%

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

Male	Female	Total	% of Agency
2	6	8	0.83%

## Human Resources Statistics (cont.)

### Types of Disability (where specified)

Disability	Male	Female	Total	% of Agency
Disability Requiring Workplace Adaptation	0	2	2	0.21%
Physical	1	1	2	0.21%
Intellectual	1	0	1	0.10%
Sensory	0	3	3	0.31%
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	13	17	30
Compressed Weeks	6	32	38
Part-time	53	426	479
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	549	57.19%
% review older than 12 months	358	37.29%
% Not reviewed	53	5.52%



# Financial Report

SA Dental Service Financial Report as at 30 June 2020

GFS Revenue	YTD Actuals \$'000	YTD Budget \$'000	YTD Variance \$'000
Other Grants & Subsidies	(196)	(194)	2
Patient/Client Fees	(15,297)	(18,678)	(3,381)
Other User Fees & Charges	(558)	(725)	(167)
Other Revenue	(424)	(460)	(36)
Inter SA Health Sales Recharges - Other G&S	(175)	(171)	4
Inter SA Health Sales Recharges - Employee Related	(3)	0	3
<b>GFS Revenue Total</b>	<b>(16,653)</b>	<b>(20,228)</b>	<b>(3,575)</b>

GFS Expense			
Salaries and Wages - Nursing	421	434	13
Salaries and Wages - Medical Officers	1,372	1,289	(83)
Salaries and Wages - Weekly Paid	351	544	193
Salaries and Wages - Clinical Academics	66	0	(66)
Salaries and Wages - Salaried Employees	52,308	56,108	3,799
Other Employee Related Expenses	5,155	5,601	446
<b>Employee Related Expenses Total</b>	<b>59,674</b>	<b>63,975</b>	<b>4,301</b>

Recurrent Grants	418	420	1
<b>Grants and Subsidies Provided Total</b>	<b>418</b>	<b>420</b>	<b>1</b>

Workers Compensation Expense	409	181	(228)
Bad Debts Expense	32	0	(32)
Other Expenses	19	5	(15)
<b>Other Expenses Total</b>	<b>461</b>	<b>186</b>	<b>(275)</b>

Agency Staffing	154	368	213
Staff Training and Development	128	181	52
Drug supplies	1	8	7
Medical, Para Med & Laboratory Supplies	1,399	1,111	(288)
Fee for Service	14,319	12,595	(1,724)
Repairs & Maintenance	549	602	54
Patient Transport	8	28	20
Other Supplies & Services Used	3,901	6,450	2,549
Other SA Govt Supplies & Services	1,648	188	(1,459)
Inter SA Health Payments - Recharges - Employee Related	27	0	(27)
Inter SA Health Payments - Recharges - ICT	159	9	(149)
Inter SA Health Payments - Recharges - Insurance	202	181	(21)
Inter SA Health Payments - Recharges - Other Supplies & Services	4,523	5,082	559
<b>Supplies and Services Used Total</b>	<b>27,018</b>	<b>26,804</b>	<b>(214)</b>

Depreciation and Amortisation Expense	2,139	2,658	519
<b>Depreciation and Amortisation Expense Total</b>	<b>2,139</b>	<b>2,658</b>	<b>519</b>
<b>GFS Expenses Total</b>	<b>89,711</b>	<b>94,043</b>	<b>4,332</b>
<b>Net (Surplus) Deficit - GFS Adjusted Total</b>	<b>73,058</b>	<b>73,815</b>	<b>757</b>

<b>Non GFS Revenue Total</b>			
Cost or Valuation of Assets Disposed	132	0	(132)
Accum Depreciation of Assets Disposed	(128)	0	128
<b>Net Gain from Disposal of Assets Total</b>	<b>4</b>	<b>0</b>	<b>(4)</b>
<b>Non GFS Revenue Total</b>	<b>4</b>	<b>0</b>	<b>(4)</b>
<b>Non GFS Expenses Total</b>			
Doubtful Debts Expense	0	0	0
<b>Other Expenses Total</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Non GFS Expenses Total</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net (Surplus)/Deficit - Non GFS Total</b>	<b>4</b>	<b>0</b>	<b>(4)</b>
<b>Net (Surplus)/Deficit - Total</b>	<b>73,063</b>	<b>73,815</b>	<b>753</b>
<b>Grand Total</b>	<b>73,063</b>	<b>73,815</b>	<b>753</b>



## For more information

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**Government  
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SA Health