Dental Health Services Victoria

2005 Quality of Care Report

Dental Health Services Victoria is the State's leading public dental agency, promoting oral health, purchasing services and providing care to Victorians

dental health
services victoria

About Dental Health Services Victoria

Established in 1996 and with a budget of more than $100 million in 2004-05, Dental Health Services Victoria (DHSV) is the leading public dental agency in Victoria. With the commitment and dedication of more than 840 staff we provide dental care to the eligible Victorian community through the Royal Dental Hospital of Melbourne, the School Dental Service, and the Ballarat, Hamilton, Wangaratta and Ozanam (North Melbourne) Adult Dental Clinics.

In addition to the services we provide we also purchase public dental services from 60 public dental clinics and numerous private dental providers across Victoria.

Our vision is “Oral health for better health” – to achieve this vision our strategies focus on improving systems and processes which underpin quality care.

We improve the oral health of Victorians by working with key organisations and groups. They include the Department of Human Services, DHSV Community Advisory Committee and consumer peak bodies such as the Health Issues Centre, leading tertiary education institutions such as RMIT and The University of Melbourne, Australian Dental Association, and many private companies who have generously sponsored some of our activities.

Welcome

About this report – the cornerstones of quality

Dental Health Services Victoria has a statewide responsibility for the promotion of oral health to all Victorians. We provide direct clinical care to approximately 165,000 patients every year and purchase services for a further 133,000 patients from public and private service providers across Victoria.

As a provider of general and specialist public dental services, through the School Dental Service, The Royal Dental Hospital of Melbourne and four adult dental clinics across the State, we recognise our obligation to ensure the care we provide is safe and of a high standard.

This report is written to inform our consumers about some of the programs, systems and processes we have used during the last twelve months which demonstrate our commitment to improving the services we offer.

Robyn Batten
DHSV Chief Executive

Dr Lloyd O'Brien
Chair,
Board Quality Committee

Four cornerstones of quality

This report has four themes which highlight some of the activities we believe demonstrate our progress towards continually improving the quality of our services.

Innovation: we are always looking for new ways to improve the quality of care we deliver.

Responsiveness: responding to the needs of our patients and the community enables us to ensure the care we provide meets or exceeds their expectations.

Sustainability: achieving quality improvements is just part of the battle – procedures must also be in place to ensure that high levels of care are sustainable.

Accountability: quality is everyone's responsibility.

Acknowledgements

Many people contributed to this report including the DHSV Community Advisory Committee and patients who took the time to complete an evaluation form in the 2004 Quality of Care Report.

In this Report

As DHSV is a specialised dental service, the quality of care issues discussed in this report differ significantly from those discussed in other health service reports, especially in the areas of medication errors, falls monitoring and prevention, and pressure wound monitoring and prevention.

Medication administered by DHSV is relatively simple and medication errors are negligible.

Accidental falls are reported, but do not occur from bed/trolleys, as the majority of our patients are treated in dental chairs and can move unassisted. The number of reported falls is low.

All in-patient stays are short, i.e. no longer than one day therefore pressure wound prevention is not an issue for DHSV.

Good, better, best…

We know that the quest for quality is ongoing. We work in an environment where constant change and innovation influence the needs of our patients and the tools we have at our disposal to respond to those needs. So, even when the quality of our care may be high, there will always be room to improve; and even while there are things we do well, there will always be things we can do better.

Indeed, in some areas we have been leaders, while in others improvement is needed. For example, at present we have limited data about our clinical achievements, however, through a focus on this over the next twelve months we hope to have more meaningful evaluation data in our next report.

Distributing this report

As a statewide organisation with an extensive consumer base we need to distribute the report widely. To make the report readily available to consumers of public dentistry it is available in every DHSV facility, distributed to all community dental agencies, all primary and secondary schools, other Metropolitan Health Services, a number of allied health and community groups, Centrelink, RMIT and The University of Melbourne's School of Dental Science. The report is also available on the DHSV website – www.dhsv.org.au. To obtain additional copies of this report please contact the DHSV Corporate Office on (03) 9341 1200.

Innovation

Improvements in quality of care rarely happen overnight and are rarely the end of the story. More often than not, achieving quality improvement relies on innovation – a constant quest to find better ways to do what we do, and to devise new tools and programs to tackle new challenges in an ever changing environment.

Adventure Playground – a website for children

With a significant number of children requiring dental treatment in Victoria every year, we needed a cost-effective and audience-friendly vehicle to relay oral health messages to the children themselves. So we went straight to the source, surveying children to find out what sort of activities interested them the most. The most common response? The internet and websites with games. The result? The *Defenders of the Tooth Adventure Playground* was born.

Launched in September 2005, the *Adventure Playground* is an interactive website for primary school children, their parents, teachers, carers and health professionals. It aims to engage young children in good oral health behaviours and delivers important messages regarding prevention of disease. This project has seen other DHSV Health Promotion initiatives, such as the popular *Defenders of the Tooth* cartoon trio, brought to life on-line in support of good oral health.

Site development and design included focus group sessions with children aged three to 14. The Health Promotion Division worked in close collaboration with internal stakeholders such as DHSV's Information Technology and Corporate Communication departments. Children were also invited to test the site's interactive games.

To join *BrushBoy, MunchGirl and WaterBoy* in their adventures, visit www. dhsv.org.au/**defenders**

While it is good fun from a child's perspective, the purpose of the site has a more serious side. The *Adventure Playground* informs children, their families and carers about good preventive practice. The site aims to assist in achieving better health outcomes for Victorian children, as well as reducing pressure on treatment services over the long term. Each area of the site reinforces key oral health messages and aids in educating children about the importance of oral health. The site hosts a number of tools and resources that reinforce targeted preventive oral health information and help to demystify and humanise dentistry.

Development of the site has been scheduled to occur in three stages. DHSV will be seeking sponsorship opportunities in order to guarantee the long-term viability of the site. Usage rates and patterns will be monitored in order to shape future development. The site development team will continue to consult with children and adults as part of the development program.

Smiles4Miles – referral pathways for children

Data gathered by DHSV's School Dental Service (SDS) indicates that over 40 per cent of Victorian children entering Grade Prep already have some experience of dental disease (of which more than 70 per cent is untreated).

This figure highlights the need to focus on prevention, and also to target services to those in greatest need. In early 2004, with Victorian Government funding of $1.2 million over four years, DHSV set out to develop and refine a model of identification, access and referral, targeting preschool aged children at risk of dental decay.

The result was *Smiles4Miles*, a pilot oral health promotion program, rolled out to three high-needs areas across Victoria in 2004.

Smiles4Miles aims to address oral disease through a collaborative and integrated approach: promoting oral health as part of a child's general health; placing responsibility for oral health with the whole community; and providing consistent holistic health information to health care professionals and early childhood educators. The pilots are investigating the effectiveness of various program strategies in different settings. The findings of these pilots inform the development of the statewide Early Childhood Oral Health Program (ECOHP). ECOHP is a newly implemented program, offering access to prioritised public dental care for preschool aged children – built on a health promotion framework, rather than a traditional treatment-based model.

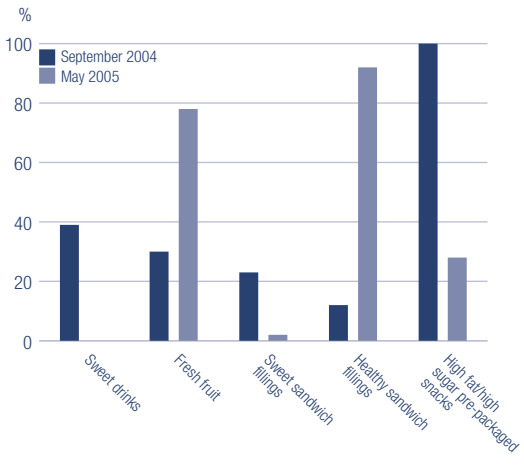
Since the initial roll out, *Smiles4Miles* has been delivered to three additional sites, taking it to a total of six sites, with another six to be targeted in 2005-06. The success of *Smiles4Miles* is dependent upon effective collaboration with local stakeholders, including parents and carers, allied health and welfare professionals and dental practitioners. To date, this collaboration has been a key strength. Local working parties operate in every site, involving community dental and SDS, allied health, local government, Primary Care Partnership (PCP) and community health representatives.

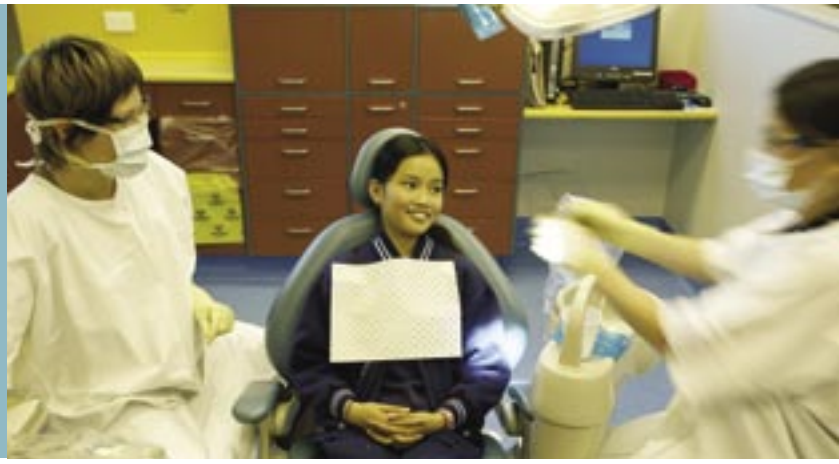
The program is evaluated in terms of participation rates, general anaesthetic referral rates and treatment needs. Specific interventions, such as Oral Health Promotion inservice programs, as well as water and fruit-and-vegetable policies are also evaluated.

To date, 356 of approximately 800 Maternal and Child Health Nurses have participated in the Oral Health Promotion inservice program, with the aim of completing coverage by the end of 2005. In addition, 80 children's services staff have participated in a newly commenced element of the program aimed at developing health promoting preschools. Health promoting preschools utilise healthy policy, curriculum and parent involvement to ensure key messages such as *Eat Well* and *Drink Well* are incorporated into the setting. This program will continue into 2005-06 in an effort to reach more of the estimated 2500 children's services statewide.

Looking ahead, further work will be undertaken to ensure the sustainability of locally targeted and locally developed interventions. The ability to replicate *Smiles4Miles* across the State and ensure its long-term success will require much of the program to be self-sustaining.

Improvement in food and drink patterns in three preschools





Web-based emergency triage tool – increasing certainty for patients

In recent years, more than half the patients treated by the Community Dental Program (CDP) have presented as an 'emergency' – this has led to an imbalance and inconsistencies in the public dental system, resulting in increased waiting times for patients on general and preventive care waiting lists. Now, an innovative web-based emergency triage tool is making a difference, increasing certainty for patients as to when treatment will be provided.

Introduced at The Royal Dental Hospital of Melbourne (RDHM) and in the CDP in May 2005 as part of the Emergency Demand Management Strategy, the new triage system ensures patients are prioritised according to the urgency of their condition and therefore receive care in the most appropriate time frame. Patients who attend or telephone a CDP clinic or RDHM with an emergency are assessed through a series of four or five questions, which determine the priority category of their needs. The questions are based on clinical indicators using a system developed by dentists.

Depending on the agency's location, some patients may be referred to RDHM for their treatment or provided with a voucher for treatment by a private dentist. This will result in public dental providers having more capacity to treat patients on general care waiting lists.

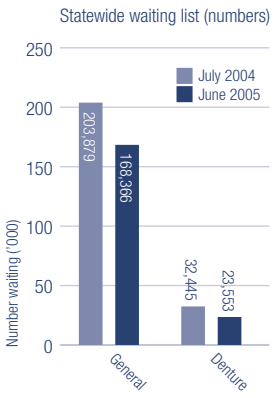
These changes will help ease waiting list times and create a fairer system, improving access to public dental care for all patients. Ultimately, this will help improve the long-term dental health of the community and reduce the need for emergency dental care in future.

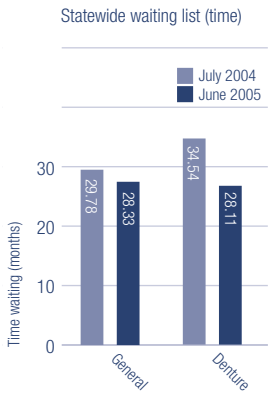
While the additional referrals are resulting in some increased workload at RDHM, a major strength of this initiative is the introduction of consistent criteria for managing emergency patients across the State and therefore the promotion of a fairer system.

Regular informal evaluation has been ongoing since the introduction of the tool, with patient and staff feedback driving enhancements and a log of issues being maintained by RDHM staff. The first preliminary evaluation of the tool will take place in August/September 2005, with a full evaluation to occur in November/December 2005, including an overall review of the Emergency Demand Management Strategy. This evaluation will take into consideration all the issues logged by RDHM staff and patient satisfaction surveys. In addition, data collected by the tool itself will be used to drive improvements in planning service levels at DHSV to ensure it meets demand.

The Emergency Demand Management Strategy is just one of the strategies helping to reduce dental waiting lists. During 2005 there were 44,405 fewer people (19 per cent) on waiting lists in June 2005 compared with July 2004. This was made possible due to an additional $10 million of Victorian Government funding.

Since July 2004 the statewide *general treatment* waiting list has reduced by 35,513 individuals while the statewide *denture* waiting list has reduced by 8,892 individuals (total 44,405).





Responsiveness

In 2004-05, more than 280,000 patients received public dental care in Victoria – patients of different ages, different cultural backgrounds and from rural, regional and metropolitan areas. Providing a high quality of care to these patients depends on our ability to listen and be attentive to their different needs – that requires communication, consultation and participation.

Culturally and linguistically diverse communities – addressing their needs

Research has shown that cultural background and beliefs significantly influence a patient's acceptance of oral health treatment options. A recent project was dedicated to finding better ways for DHSV to meet the needs of patients from culturally and linguistically diverse (CALD) communities and Aboriginal and Torres Strait Islander (ASTI) backgrounds.

Backed by a firm commitment from the DHSV Board of Directors and Executive Committee, the aim of the project was to better equip DHSV with the knowledge and resources to provide appropriate and effective treatment options for CALD patients.

The project team worked with a wide range of internal and external stakeholders, including State Government, other hospitals, allied health professionals, community groups, and DHSV divisions and staff, in order to develop the project scope, undertake research, develop a Transcultural Action Plan, as well as policies and procedures to address the issue.

In addition to outcomes achieved to date, key recommendations from the project to be planned and implemented over the coming months include:

- DHSV will increase written information in the top six patient languages and the information will be easily accessible and available to all patients;
- DHSV will analyse existing and future demands for services by patients from CALD and ATSI backgrounds;
- DHSV will provide training for staff who work with CALD and ATSI patients; and
- DHSV will increase and improve the use of interpreters.

These initiatives will involve DHSV staff at all levels to ensure that they are successfully implemented over the coming months.

Giving Victorians a reason to smile

منح أهالي فيكتوريا سبباً لإضفاء البسمة على وجوههم.

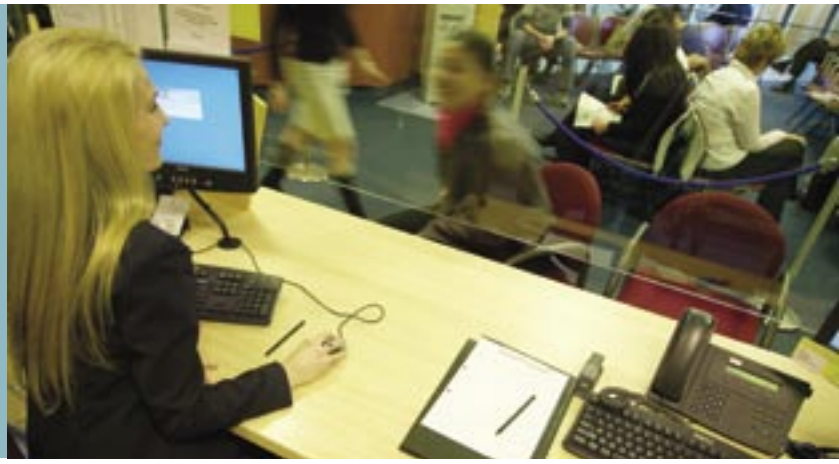
讓維多利亞州人有一個歡笑的理由

Δίνουμε στους κατοίκους της Βικτώριας λόγους για να χαμογελούν

Dando ai cittadini del Victoria una ragione per sorridere

Nagħtu lill-Poplu f'Victoria raġuni biex jitbissem

Làm cho dân chúng tiểu bang Victoria có lý do để mỉm cười



Patient Communication Strategy – establishing an open line

Research indicates that if patients are involved in their care and are effectively informed through a range of communications, clinical outcomes and patient satisfaction can be improved. Although clear communication with consumers is vital for the achievement of high quality care DHSV patient feedback indicates they would like us to improve the way we communicate with them.

In direct response to this feedback and under the guidance of a project team set up through the Leadership and Management Development Program in 2005, a Patient Communication Strategy has been developed to improve the standard of patient communication throughout DHSV.

With the support of Chief Executive, Robyn Batten, as their sponsor, the project team worked to develop and implement strategies to improve communication between DHSV and the patients accessing services.

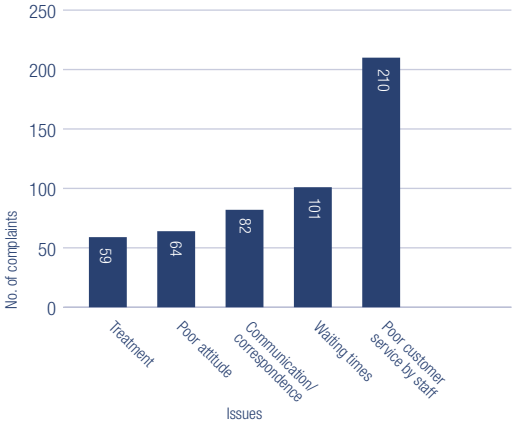
Patients with particular communication requirements include those with special needs, those with low literacy levels and those from CALD and ATSI backgrounds. The project team examined how DHSV can more appropriately target communication to these patients and ensure continuity of care.

The team has consulted a range of stakeholders, including patients, DHSV's Community Advisory Committee and internal divisions and departments. DHSV staff were asked to contact the project team with examples of best practice in communication as well as examples of communication breakdowns. Interviews were then held with a number of staff. The team has also undertaken an observational tour of RDHM, effectively taking the patient journey, observing and consulting staff and putting themselves in the patient's shoes. An audit of the written materials provided to patients has also been conducted.

Direct patient feedback has been an invaluable source of information and inspiration for the team. While research is continuing, an action plan has been developed for DHSV to assess its performance when it comes to communicating with patients. An evaluation and review process, involving patients, to assess the outcomes of the strategy is also in development. A RDHM patient expectation survey is planned to commence in November 2005.

If you would like to be involved, or if you feel you could provide the team with feedback, please contact the DHSV Corporate Office on (03) 9341 1200 or email quality@dhsv.org.au

Number of complaints (total DHSV) received during July 2004 – June 2005 (five main issues)



Community Participation Plan – working together for better health outcomes

DHSV strongly believes that better health outcomes and quality of care can be achieved by directly involving patients in their care. Consumer and community participation is about ensuring health services include individuals and groups of people, together with health professionals, in making decisions that will produce better health outcomes for individual patients and the community. The Community Participation Plan 2005-06 aims to involve consumers and the wider community in the planning and delivery of public oral health services to underpin all that DHSV does.

The Community Participation Plan 2005-06 is DHSV's second annual Community Participation Plan. The plan works towards ensuring that a consumer focus, rather than a provider bias, influences quality improvement within DHSV. It includes providing opportunities for consumer involvement in service planning and strategy development, training staff in effective consumer engagement and improving safety and quality of services for consumers through greater participation. During the development of the plan more than 400 stakeholders were consulted, including DHSV's Community Advisory Committee, staff, management, and community agencies such as the Brotherhood of St Laurence, Community Health Centres, Physical Disability Council of Victoria, ParaQuad and the Migrant Resource Centre.

The plan is also closely tied to DHSV's business plan to ensure community participation forms an integral part of everything we do. Responsibilities for each aspect of the plan are clearly assigned and the CEO and divisional General Managers are accountable for the completion of all activities, reporting annually to the Community Advisory Committee on progress.

A number of activities have been undertaken to increase the level of consumer and community participation at DHSV. Community participation has been included as a Key Result Area in position descriptions throughout the organisation. The Community Participation Portal has been launched on the DHSV intranet, providing staff with examples of best practice, case studies, references and strategy ideas. The first year of this initiative has seen a significant increase in community participation activity across DHSV.

Looking ahead, we are keen to engage the community and the staff at a more fundamental level in the development of a long-term strategic approach to community participation. By working with the community and consumers directly in the identification of needs and opportunities for participation, it is hoped the principles of community participation will become embedded within all that DHSV does, rather than being seen as an add-on or 'optional extra' to practice. This will also include further exploring the link between increased consumer and community participation and better health outcomes.

Sustainability

Every year DHSV provides services such as emergency dental care, general and specialist dental services, education and health promotion to adults and children across the State. Ensuring the sustainability of these services and programs is essential to their long-term success and DHSV's ability to provide continuity of care to all eligible Victorians.

Dental Record Audit – maintaining standards

DHSV takes the maintenance of good dental records very seriously. Why? Because a record of each visit is an essential part of dental practice and maintaining dental records to the desired standard works in the best interest of our patients ensuring safety and continuity of care. Accurate dental records help to facilitate high-quality, comprehensive care by making detailed and relevant patient information (both current and historical) readily available to dental professionals providing treatment. They provide a means of reviewing the care a patient receives, as well as the competency of staff providing care.

Dental records also act as a communication tool between health professionals within DHSV and those outside DHSV, providing a repository of valuable information for teaching, education and research. They form the basis for retrieval of treatment details in the case of third party interest, such as a dispute or the requirement to provide evidence. They can also play an important role in the identification of deceased persons.

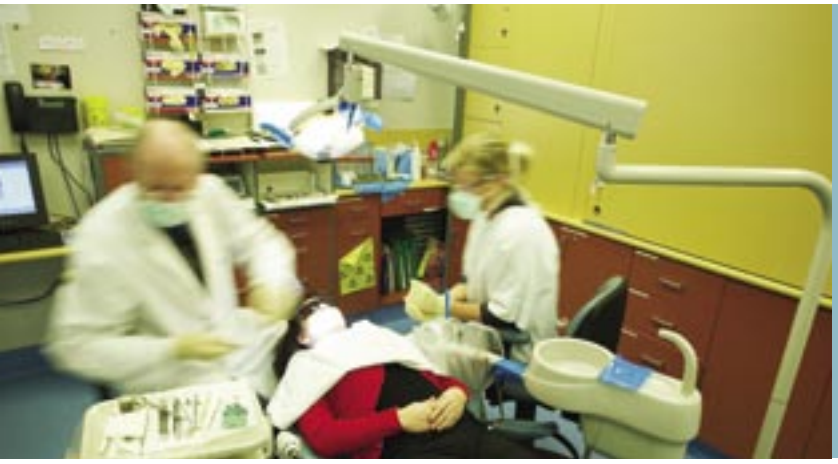
In April 2005, DHSV conducted a Dental Record Audit of more than 1600 records, involving 235 clinicians to ensure the Dental Practice Board of Victoria's standards were being met. In conducting the audit, DHSV drew on the lessons learned from the last audit held in 2003.

Consistency and objectivity in the 2005 audit was achieved by engaging one dentist to do the entire statewide audit, rather than several managers with various skill levels and backgrounds undertaking the audit for their staff. Not only was this a more efficient way of conducting the audit, it also helped to remove bias from the process.

On the whole, the audit found a high standard of dental record keeping, especially in the SDS.

The audit indicated potential for improvement in all clinical departments. Progress in these areas will be measured in the next audit, which is scheduled to be completed in December 2005.

SDS improves standard of dental record keeping by 14 per cent from 2003 to 2005



Direct Patient Recall in the School Dental Service – facilitating continuity of care

In January 2005, Direct Patient Recall commenced – a new model of service delivery through which children are recalled individually according to their identified dental decay risk status and when they were last treated. The model facilitates new levels of continuity of care between different oral health programs, making the patient journey between different child dental services as smooth as possible.

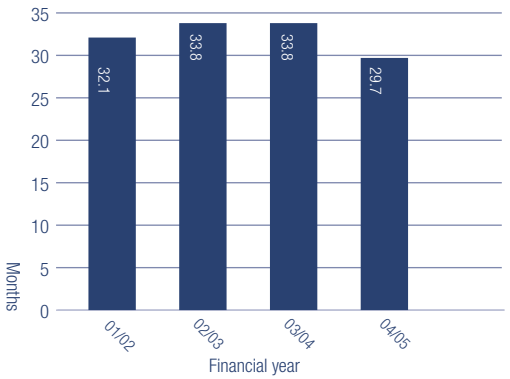
Historically, SDS operated under a school-based offer of care and recall program. Each school offered care would be serviced with the aim of returning to the school after 24 months. However, due to increased demand SDS could not return to some schools for 34 months and in some isolated areas up to 40 months.

Under the new Direct Patient Recall model, letters of offer are now sent directly to parents or carers, giving them greater involvement in their child's dental care. Targeted promotions to schools encourage parents to enrol their children in SDS. Once children are enrolled, they are offered care individually according to their identified dental need. High risk patients are offered care once every 12 months and low risk patients are offered care every 24 months.

The new model brings SDS into line with the service delivery models of ECOHP and the Youth Dental Program (two other public dental programs). This facilitates continuity of care between these different programs, ensuring co-ordinated recall intervals from preschool to 18 years of age can be achieved.

The Direct Patient Recall model is a result of extensive staff and community consultation, as well as a review of similar models based in South Australia, Tasmania and Western Australia. Enrolment procedures to facilitate treatment at any time have been implemented; school based promotion of the new model to ensure continuing participation has been undertaken; and improved referral pathways have been established to ensure children in need gain access to the treatment they require.

SDS recall period for patients



Accountability

There are more than 840 staff and a network of 60 external agencies responsible for the delivery of public dental programs across the State. Accountability is about having the checks and balances in place to ensure that people, programs and systems are working, and just as importantly, to provide mechanisms to identify and address problems.

Adverse events – improved reporting for improved outcomes

DHSV is committed at all levels to the reporting and management of adverse clinical events. The reporting of these events focuses on how the event occurred and the conditions under which it occurred. The ensuing investigation provides a valuable opportunity to improve service delivery and ensure patient care is provided in a safe environment.

As part of the Clinical Risk Framework, DHSV developed its Adverse Clinical Events Policy with a view to providing quality dental care in a safe and supportive environment. DHSV promotes the reporting of adverse clinical incidents as an integral part of DHSV's culture, philosophy and business planning through the Clinical Governance Framework.

While DHSV has been collecting clinical incident data since 2002, a recent review of the process indicated greater ownership at the clinical level needed to occur to ensure more effective reporting of events. Room for improvement in the reporting process was also identified. DHSV relies on a paper-based system for clinicians to report clinical incidents at the coal face; it was evident incidents were occurring but not being reported into the database in a timely manner.

A number of measures were taken to address these issues. The database was enhanced to facilitate prompt reporting of events, with training provided to 32 staff and their managers. Staff were consulted during the database enhancements to obtain their input and to promote a sense of commitment to, and ownership of, the process.

This has raised the profile of adverse clinical incident reporting and improved staff understanding of how this process can improve patient safety and clinical outcomes.

Importantly, the process was promoted free of 'naming, blaming and shaming' to ensure the emphasis was on establishing the root cause of the problem and devising appropriate and timely solutions. The complaints process is being used to supplement the adverse clinical event data where relevant. This is because a patient may complain about their perception of the level of safety and quality provided during their treatment, which may highlight an adverse outcome without the clinician actually being aware.

The value of the reporting process was recently demonstrated when a recurring adverse event was identified. Over a period of 12 months four incidents were reported involving patients swallowing dental burs (small drill piece that fits into the dental handpiece). As a result of the reporting it was determined that clinicians needed to be better informed on how burs can be dislodged from dental handpieces and cause potential harm to the patient. An extensive education program was implemented, involving all SDS staff, giving rise to a regular education program for dental students in the teaching clinics at RDHM. Results will continue to be monitored.

Clinical Governance Framework – underpinning better clinical outcomes

Research has revealed that when clinical governance becomes part of core business, the result is better clinical outcomes. While the DHSV Board has always recognised and actively embraced its responsibility for clinical governance, until recently no formal clinical governance framework or clear statement about the role of the Board in clinical governance existed.

In April 2005, the Board approved DHSV's first Clinical Governance Framework, which ensures the safety and quality of DHSV services. The framework recognises the need to assure consumers about the safety and quality of their care, as well as the need for health care professionals to do more than just talk about safety and quality.

The framework is the result of extensive consultation with the DHSV Board Quality Committee, executive members and senior staff. It is modelled on the Victorian Quality Council's (VQC) document – *The Healthcare Board's role in clinical governance,* November 2004. The VQC document identifies the key elements of good clinical governance with a view to improving safety and quality across the health care industry.

Still in its early days, the DHSV framework is an evolving document which will be improved and adjusted as time goes on. Importantly, it includes a performance self-evaluation tool which will assist the Board to determine how well it is meeting its responsibilities in clinical safety and quality.

The principles of good clinical governance are outlined below, along with the initiatives designed by DHSV to address each of the principles.

1. Build a culture of trust and honesty, where errors and adverse events are discussed openly and responded to appropriately. This principle has been achieved by:
   - » establishing a Clinical Leadership Council;
   - » aligning the Quality Committee structure with the new organisational structure;
   - » incorporating measurable performance goals and improvement targets in the DHSV Oral Health Strategic Plan.
2. Foster commitment for continuous review and improvement at all levels of the organisation, through:
   - » acceptance of responsibility for patient safety and quality by the Board Quality Committee;
   - » inclusion of quality improvement initiatives in the DHSV Oral Health Strategic Plan;
   - » regular monitoring and reporting on Quality Plan targets;
   - » accountability for the progress of the DHSV Quality Plan by Executive.
3. Establish rigorous systems to identify, monitor and respond to incidents and adverse events, and to ensure care is safe, timely and appropriate. This is achieved by:
   - » ensuring that DHSV is accredited by the Australian Council on Healthcare Standards;
   - » a risk management framework which is reviewed and audited annually by KPMG;
   - » a more relevant adverse event reporting and investigating process;
   - » regular reporting of clinical incident data to the Board Quality Committee;
   - » all levels across DHSV having a responsibility to include community participation into their business plans.
4. Evaluate and respond to key aspects of organisational performance (ensure the right things are done, in the right way, at the right time, for the right person) through:
   - » monthly, quarterly and annual reporting of agreed key areas of responsibility;
   - » regular review of policies, procedures, clinical guidelines;
   - » analysis of adverse events and implementation of recommendations for improvement.

Public Dental Services in Victoria

Giving Victorians a reason to smile

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Nagħtu lill-Poplu f'Victoria raġuni biex jitbissem

Làm cho dân chúng tiểu bang Victoria có lý do để mỉm cười

Dental Health Services Victoria

We're interested in your feedback. We would like to know what you think of this report and how it could be improved. Please contact us via the details below.

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