

# 2007 DHSV Quality of Care Report

## Reasons to smile

As the State's leading public dental agency, Dental Health Services Victoria (DHSV) is responsible for promoting oral health and providing public dental services to those Victorians most in need. Each year we care for thousands of people from all corners of the State.

This Quality of Care report has been written for our community to demonstrate our commitment to improving our services to meet the needs of our patients and their families.



dental health  
services victoria

# A measure of consumer satisfaction

## **An extensive consumer survey conducted in 2006 measured the satisfaction levels of 3,000 parents and guardians of children treated by DHSV's School Dental Service (SDS).**

The survey found a high level of overall satisfaction with the SDS, with 70 per cent of parents and guardians reporting that they looked forward to SDS visits, while children reported feeling relaxed and well cared for during their visits.

Respondents believed staff of the SDS were experts in providing treatment to children and helping to reduce any anxieties parents and guardians might have about taking children to the dentist.

The survey's findings show that the SDS had achieved significant improvements across its scope of service delivery since the last survey was conducted in 2002.

Key improvements included:

- an increase in the number of respondents who felt that staff understood and respected their individual needs
- an increase in the number of respondents who felt that equipment and facilities were modern and clean
- an increased level of confidence in staff, and
- an increased number of respondents who rated staff as consistently polite.

The higher satisfaction levels can be attributed to a number of service improvements implemented since the 2002 survey, including:

- the opening of eleven new facilities to replace old clinics and vans
- the establishment of a direct patient recall system to ensure that families receive personalised reminders when appointments are due, and
- an increase in staffing ratios to one dental assistant for every dental therapist, ensuring more attentive patient care.

DHSV is grateful to the parents and guardians who participated in the satisfaction survey for their contribution to continually improving care for our young patients.



# Better chair-side communication

**Throughout 2006 and 2007, DHSV’s dentists and dental assistants completed intensive training sessions to improve their communication skills at the chair-side.**

These Chair-side Communication training courses were introduced in response to the findings of the Royal Dental Hospital of Melbourne’s (RDHM) 2005 Patient Satisfaction Survey, which found that the ability to positively engage with patients and communicate clearly about treatment, were priority areas for improvement.

Since then, a total of 369 clinical staff from both the Dental Hospital and DHSV’s community clinics have completed the training.

The course provides participants with skills development in areas such as greeting patients, building rapport, gaining patients’ confidence, assisting patients to understand treatment options and obtaining informed consent. The course also looks at how clinical staff can improve their communication with each other as a team.

To ensure the effectiveness of the training, DHSV invited patients who had made complaints about the communication of staff at the RDHM to attend a forum to discuss ways in which their experiences could have been improved.

As a result of the forum, the Chair-side Communication training course was updated to include patients’ real-life stories of poor communication, along with practical advice for staff on how to avoid these situations in the future.

## Confidence in communication

Senior Clinical Dental Assistant Maria Broumos says that although she already knew how important communication was, DHSV’s Chair-side Communication training course gave her practical advice on how to be a better communicator.

“I take more care now to remember that every patient is much more than just a mouth,” Maria says.

“I make more of an effort to engage patients in conversation, and I never make assumptions about what a patient does or doesn’t need to know about their treatment.”



# Mapping the path to better care for people with disabilities

**An innovative community participation project carried out by staff, patients and carers at the Royal Dental Hospital of Melbourne has identified priority areas for improving care to patients with disabilities.**

The Patient Mapping Project involved 12 staff from various hospital departments who observed the appointments of 13 patients with varying levels of ability and special needs. Patients and carers were later interviewed for further feedback on their hospital experiences.

Staff observers documented the difficulties that their patients encountered, from finding disabled car parking spaces, to navigating their way around the hospital. Staff also identified that it is often a major organisational and logistical exercise for people with disabilities to get to hospital appointments on time, and factors such as carers, caseworkers, medication and specialised transport requirements often have to be coordinated. One staff observer commented, "I was unaware of just how much was involved in getting to an appointment."

The project resulted in a compilation of patient stories and a series of recommended improvements which are now being addressed by hospital management. As well as structural improvements to items such as seating and signage, the project led to an increased understanding among hospital staff of patients' needs and experiences.

One staff observer noted, "following patients through the system allowed me to see our service through the patient's eyes – something I had thought I was already able to do!"

Without exception, patients and carers participating in the project expressed gratitude for the services provided to them by the staff at RDHM, and were pleased to be sharing their experiences in order to help improve services for others.



# Integrated care for patients with special needs

**DHSV's new Integrated Special Needs Unit was established in 2007 to bring together the staff and resources of eight different services caring for patients with special needs.**



Drawing on the expertise of 30 staff with experience in the field of special needs dentistry, the new unit is now providing more flexible service delivery to patients through the following locations:

- Royal Dental Hospital of Melbourne's Special Needs Unit for patients with physical and intellectual disabilities
- Domiciliary Service which provides on-site care for patients who are housebound
- On-site care to students of special schools
- Ozanam Community Centre for homeless and marginalised people
- Melbourne Juvenile Justice Centre
- Victorian Institute of Forensic Mental Health
- Plenty Valley Residential Services, and
- Austin Hospital for medically compromised patients.

Business Manager of the new unit, Mr Paul Vodden, says that by integrating the special needs services, staff are now able to respond more quickly to patients with the most appropriate mode of care.

"Through a series of questions, our staff can ascertain whether it's best for a person to come into the Dental Hospital or be visited by our domiciliary team," explains Paul. "Because we're coordinating our appointment schedules we can quickly plug gaps when there are cancellations, and we can make sure patients are directed to the right place right from the start."

Integration is also resulting in greater efficiency says Paul. "If, for instance, the Special Needs Unit at the Dental Hospital received appointment requests from an aged care facility, rather than carrying out individual appointments, we can now send a team out to the facility to provide screening examinations of up to 35 residents at once."

The Integrated Special Needs Unit is expected to see patients from increasingly diverse special needs backgrounds over the next 12 months. Many of these patients have physical conditions and life circumstances that make it almost impossible for them to receive dental care elsewhere. For the staff of the Integrated Special Needs Unit, assisting these patients in need is what makes their work so gratifying.

# Reaching out to Koori kids

**A program aimed at improving access to the School Dental Service (SDS) for young members of the Koori community has achieved positive results in the Gippsland region. Developed by staff at DHSV's Warragul Dental Clinic, the initiative has led to a 100 per cent participation rate among Koori students at Drouin Primary School.**



Warragul Dental Therapist Paula Geerling said the success of the program was due to the ongoing efforts of local Aboriginal Community Liaison Officer, Terry Marks, who provided an invaluable link between the dental clinic and the Koori community.

“Terry devoted an incredible amount of time and effort to make this program such a success,” Paula said.

“She worked closely with families to identify eligible Koori children at Drouin Primary School, issued consent forms and assisted with their completion,

arranged for children to be brought in for dental appointments – and in many cases accompanied them herself – and communicated back to parents the child’s treatment requirements and future appointments.”

Paula said that staff had worked with Terry in the past and knew her involvement would be critical to the success of the new program.

The program formed part of a quality initiative which sought to break down the barriers surrounding dental care for young members of the local Koori community. These barriers included a lack of knowledge about available services, transportation issues, cost factors, and a lack of awareness about oral health and its importance.

“By establishing a close link to the local community, we were able to break down these barriers and achieve some terrific results,” Paula said.

“This included 100 per cent Koori participation at Drouin Primary School, as well as the completion of previously incomplete courses of care. The program also raised the profile of SDS and this positive word of mouth is now spreading throughout the broader Koori community.”

Paula said the initiative was a team effort, with all staff involved in making it a success. The program is now expanding to Warragul Primary School and to secondary students, with the long-term aim of maintaining the profile and relationships built between the clinic and the local Koori community, to encourage continued oral health care.

# Improving cultural awareness

**DHSV's Cultural Awareness Training Program is helping to provide staff with the knowledge and skills necessary to better communicate with the diverse range of patients who receive care each day.**

The program has already seen 114 staff (33 per cent) from RDHM complete the training session, with the aim of training 90 per cent by August 2008. In addition to cultural awareness training, Community Care staff have attended sessions to develop their knowledge of local Sudanese and Aboriginal communities.

The ultimate goal of these sessions is to develop a high degree of 'cultural competency' amongst staff, to ensure they have the ability to effectively communicate with and care for our multicultural community.



# An innovative solution to workforce shortages

**A new Bachelor of Oral Health Science degree and integrated clinical education centre based in Bendigo is providing exciting opportunities for local students, while working to tackle the issue of dental workforce shortages in regional Victoria.**



The degree – a joint initiative of La Trobe University, Bendigo Health Care Group, the Department of Human Services and Dental Health Services Victoria - was established in January 2006 at La Trobe University's Bendigo campus. The program is part of a long-term approach to addressing the oral health needs of rural and regional Victorians.

Graduates of the course will be skilled in both dental therapy and dental hygiene, and will gain knowledge of the principles of public health and an appreciation for the unique aspects of working in rural and regional areas. The teaching facilities in Bendigo include a state-of-the-art simulation laboratory and an integrated service-education clinical facility.

The development is part of a \$2.5 million project to construct a new dental clinical training facility at the Ann Caudle Centre in Bendigo. Stage one – a brand new 10-chair teaching clinic – commenced operation in late June, with work proceeding on the further expansion of training facilities to bring the total clinical chairs to 19.

Professor Marc Tennant, Head of Oral Health at La Trobe University in Bendigo, said the course and new facility would contribute to improved dental education in Australia and was a key development in addressing the growing workforce shortages in rural and remote areas.

"It's extremely pleasing to see what has been achieved through the collaboration of La Trobe University, Dental Health Services Victoria, Bendigo Health and the State Government," Professor Tennant said.

"We have already seen the completion of a world-class simulation laboratory last year and now stage one of a world-class clinical facility. It's a significant national achievement."

Gavin Butler, DHSV Program Manager, said the new facilities and program represented a commitment to training in rural areas, to help serve Victorian communities of the future.

"If you train people in rural areas they are much more likely to continue to work there," Gavin said.

"The intake of students will grow over the years and this will have a long-term positive impact on the current workforce shortages." he said.

# A one stop shop for the entire family's dental care.

**DHSV has been working closely with community representatives to ensure that the integration of the School Dental Service (SDS) and Community Dental Program (CDP) achieves its goal of providing more accessible services to the public.**

Combining these two programs will give patients easier access to a range of health services at the one location. Over the past twelve months, three demonstration sites have been operating under the integration model; Knox, Barwon Health and Western Region Health Centre. Each location presents a different operating model, allowing DHSV to assess how integration would function under various conditions.

DHSV Integration Project Manager Robina Bradley said it was important to ensure that feedback from staff, patients and community representatives was part of the planning process.

"A steering committee was established to work through the planning and design of the integration project, seeking expressions of interest from agencies to be involved," Robina said.

"We also had consumer representatives selected through DHSV's Community Advisory Committee and sought input from the Health Issues Centre – a consumer advocacy and resource group which supports consumers' involvement in health care planning and understanding of current issues in health."

Robina said the consumer representatives were essentially concerned with ensuring that integration was planned from a patient/ family perspective.

From a staff perspective, regional forums were conducted with all SDS staff across the state to keep them informed and to answer their queries directly. Their feedback formed the basis of ongoing communication with staff regarding integration.

Robina said integrated services should provide benefits for all involved – especially families.

"The key benefit of integration for Victorian families is the ability to work with one service provider", she said, "This will allow for more convenient appointment scheduling for the whole family and greater access to dentists for school age children."

"From a staff perspective it's really about being part of a multi-disciplinary team – the ability to work in a comprehensive health service, not a stand alone dental unit," Robina said.

"From the SDS point of view, dental therapists are working with a broader client group, expanding their scope of practice. This provides immediate benefits of increased flexibility in the workforce."



# A community-wide approach to oral health promotion

**Over the past 12 months, DHSV's Health Promotion unit has implemented a range of important initiatives to educate the Victorian community about the importance of maintaining health and wellbeing, and in particular oral health. These initiatives are part of a comprehensive health promotion strategy, with a particular emphasis on children.**



Health Promotion's activities included the Smiling Schools project, which involved the administration of an Oral Health Literacy Survey to Victorian primary school children and their parents. Eleven schools across the State were involved in the survey, with responses received from 500 children and 800 parents.

Fiona Preston, General Manager of Health Promotion, said that

community understanding of oral health was affected by a broad range of factors, such as societal and cultural norms, and was closely linked to people 'taking control' of their health needs.

"Enhancing the oral health knowledge of the community will increase individuals' ability to access information, recognise cues to action, access care and support, navigate the oral health service system, communicate effectively with health professionals, and manage treatment and self-care," Fiona said.

"Basically, higher levels of oral health literacy impact positively on an individual's overall health and wellbeing," she said.

An initial breakdown of the data revealed some interesting facts. Where it was previously assumed that individuals who did not maintain good oral health practice didn't have the knowledge to apply, the survey revealed that most people – including children – do in fact have a good understanding of the causes of oral disease.

"They also appear to have a good knowledge of oral health practices," said Fiona.

"The piece that is missing for parents is the practical advice about how to instil these behaviours in their children. What snacks for children are actually healthy? What can parents provide in lunch boxes and between meals that will not only satisfy hunger, but will appeal to children without damaging oral health?"

A key tool in addressing this knowledge gap is DHSV's range of Tooth Tips fact sheets – available in a number of different languages – to assist parents in caring for their children's oral health during the early years of development. The fact sheets include information on tooth-friendly foods, beverages and the importance of regular tooth brushing. DHSV has also introduced a range of Youth Oral Health fact sheets (for teenagers) which discuss the effects of drugs, alcohol, tobacco and piercings on oral health. These fact sheets are available from the DHSV website.

# About DHSV

## Oral Health for Better Health

Established in 1996, DHSV is the leading public dental agency in Victoria. In 2006-07, with a budget of \$121 million, we provided clinical services to 125,781 patients directly, and purchased services from public and private providers across the State for an additional 178,784 patients.

## Committed to quality

DHSV's 820 staff share a commitment to ensuring the care we provide our patients is safe and of a high standard. Our patients receive that care through the Royal Dental Hospital of Melbourne, the School Dental Service, our Adult Dental Clinics and numerous community dental clinics across the State.

## Consultation and collaboration

Our vision is "Oral Health for Better Health". By working in partnership with the community, we continually strive to improve the oral health, and subsequently the wellbeing, of our patients. Our work is complemented by the close relationships we have with the Department of Human Services; our Community Advisory Committee; consumer bodies; leading tertiary institutions such as the University of Melbourne, La Trobe University and RMIT; the Australian Dental Association; community health services; and many private and philanthropic organisations who generously support our work.

## Your feedback

Feedback from the community has told us that the annual Quality of Care Report is considered to be an important way of making sure we communicate with you about our performance and what we are doing to ensure continuous improvement of our services.

In this feedback, our readers requested that we report information in a relevant and engaging way by using real-life examples and people's stories, and providing important statistical information in a way that is meaningful and useful.

In this year's Quality of Care report we worked to respond to all our readers' requests by:

- representing key statistics in graphs with clear explanations
- drawing on real life stories to demonstrate achievements
- keeping the Services Directory on the back page
- producing the report in an easy-to-take-home size.

This report is distributed widely throughout Victoria. It is also available upon request by calling DHSV on (03) 9341 1200, and via our website at [www.dhsv.org.au](http://www.dhsv.org.au)



Adj. Prof. Hanny Calache  
Clinical Director



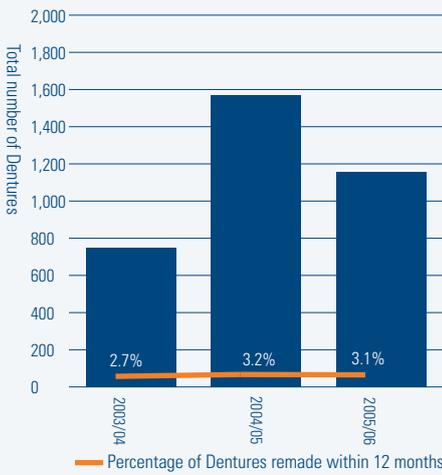
Dr. Brian Stagoll  
Chair, Board Quality Committee

# Measuring our performance

The following charts illustrate the progress we have made during 2006-07 in improving the quality, accessibility and efficiency of our services.

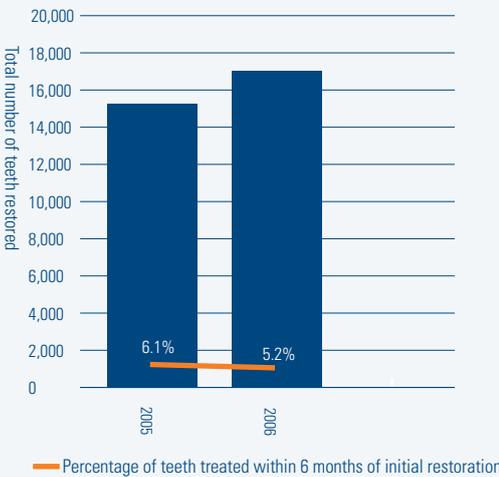
## Clinical Indicators

Clinical indicators are measures of the treatment services provided to patients at DHSV clinics. Reporting on these indicators allows for any variances to be identified, investigated and acted upon, so improvements can be made.



### Percentage of Dentures (false teeth) remade within twelve months

1,157 dentures were provided for DHSV clinic patients during 2005-06. Of these, only 3.1% needed to be remade during 2006-07, demonstrating the high level of skill that DHSV clinical staff have in providing quality care to their patients.



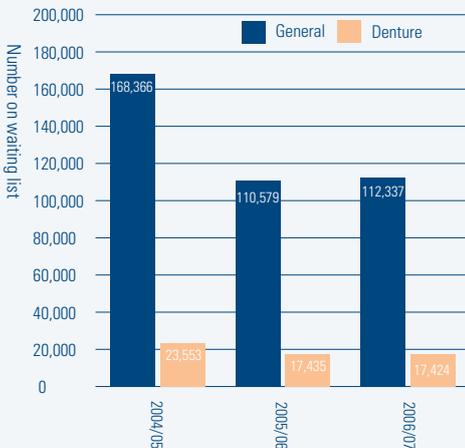
### Teeth retreated within 6 months of initial restoration

DHSV provided restoration (fillings) to 17,000 teeth throughout 2006. The effectiveness of dental care provided to our patients is reflected in the minimal number of re-treatments required.



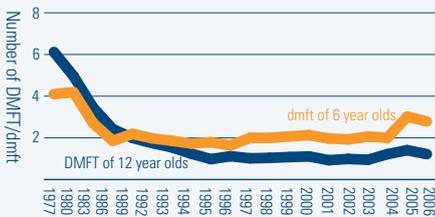
### State-wide waiting list – time to treat (months)

Throughout 2006-07 the average waiting time for general dental care (non-emergency treatment, including fillings and extractions) decreased by 1.2 months from the previous year. The average waiting time for denture care has also reduced by a further 1.1 months.



### State-wide waiting list – number of people waiting 2006-07

The number of people waiting for general dental care decreased by 14 per cent in 2005-06 from the previous year, with a marginal increase noted in 2006-07. However, there was a marginal decrease noted in the number of patients waiting for dentures in 2006-07.

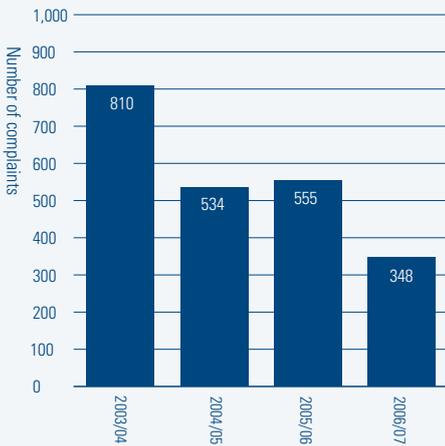


### Children’s Oral Health

#### Decayed Missing and Filled Teeth (DMFT) of 6 and 12 year old patients

This graph illustrates the average number of teeth affected by decay for SDS patients aged six and twelve-years-old. The slight downward trend since 2005-06 supports the current SDS strategy to prioritise care and target Victorian children with highest needs.

# Measuring our performance



## Number of patient complaints

DHSV actively encourages feedback from our patients, to assist in identifying any issues and guide our work to continually improve patient services.

Since 2003-04, there has been a substantial decrease in the number of complaints, including:

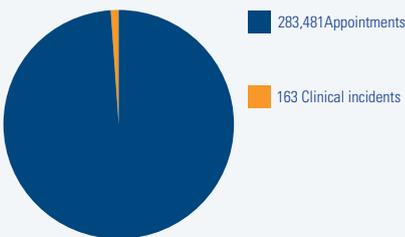
- 50 per cent reduction in complaints related to communication,
- 69 per cent reduction in complaints related to service access, and
- 71 per cent reduction in complaints related to treatment.

## Infection Control

In 2006-07, a number of initiatives contributed to a significant improvement in infection control standards. Some important improvements included:

- a 5 per cent improvement in audit compliance in re-processing, disinfection and sterilising, reflecting an increased awareness of infection control standards; and
- implementation of a staff education program that resulted in 12 dental assistants gaining further competency in the latest infection control standards. These staff will provide clinical leadership in infection control to their peers.

## Number of reported adverse events 2006-07 (Clinical Incidents)



An adverse event is an incident resulting in an undesirable patient outcome. The number of adverse events experienced at DHSV reduced by 18 per cent in 2006-07. This illustrates our clinicians' appreciation and understanding of safety and safe practice.

# Service Directory – Public Dental Services in Victoria

Type of service	Who is eligible?	Where is it available?	How much do I pay? *
Early Childhood Oral Health Program	All preschool aged children.	Community dental clinics across Victoria.	Free to dependants of health care card holders. \$27.50 per child, per course of care. Capped at \$111 per family, per year.
School Dental Service	All primary school children. Dependants of health care card holders in years 7 and 8.	Mobile dental vans and fixed clinics across Victoria	Free for dependants of health care card holders. \$27.50 per child, per course of care. Capped at \$111 per family, per year.
Youth Dental Program	Dependants or holders of a health care card aged under 18 or in school years 9 – 12.	Community dental clinics across Victoria.	Free to health care card holders, their dependants, dependants of education maintenance allowance recipients.
General dental care (Non emergency – such as fillings, etc)	Victorian health care card holders and their dependants.	General dental care is available at community dental clinics across Victoria.	\$22.50 per visit capped at \$90 for a course of care for health care card holders.
Emergency dental care	All Victorians are eligible to access emergency care at the Royal Dental Hospital of Melbourne.	The Royal Dental Hospital of Melbourne.	\$22.50 for health care card holders. \$100 pre payment for non-health care card holders, with total cost based on treatment need.
Denture care	Victorian health care card holders and their dependants.	The Royal Dental Hospital of Melbourne; Community dental clinics across Victoria.	Up to \$108 for a full (top and bottom) acrylic denture and approximately \$51 for partial dentures.
Specialist care (by referral only)	Victorian health care card holders and their dependants	The Royal Dental Hospital of Melbourne.	Dependent on treatment needs. This will be discussed at your appointment.

For more information please visit [www.dhsv.org.au](http://www.dhsv.org.au) or call the Community Dental Information Line on **1300 360 054**.

\* Fees are subject to annual review and may change. Some exemptions may apply; speak to your local service for details.



We value your feedback.

Please contact us to tell us what you think of this report and how it could be improved.

If you would like this Quality of Care Report in another language, please contact our Corporate Communication Unit on 03 9341 1200.

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