



Dental Health Services Victoria

Annual Report

2015–2016

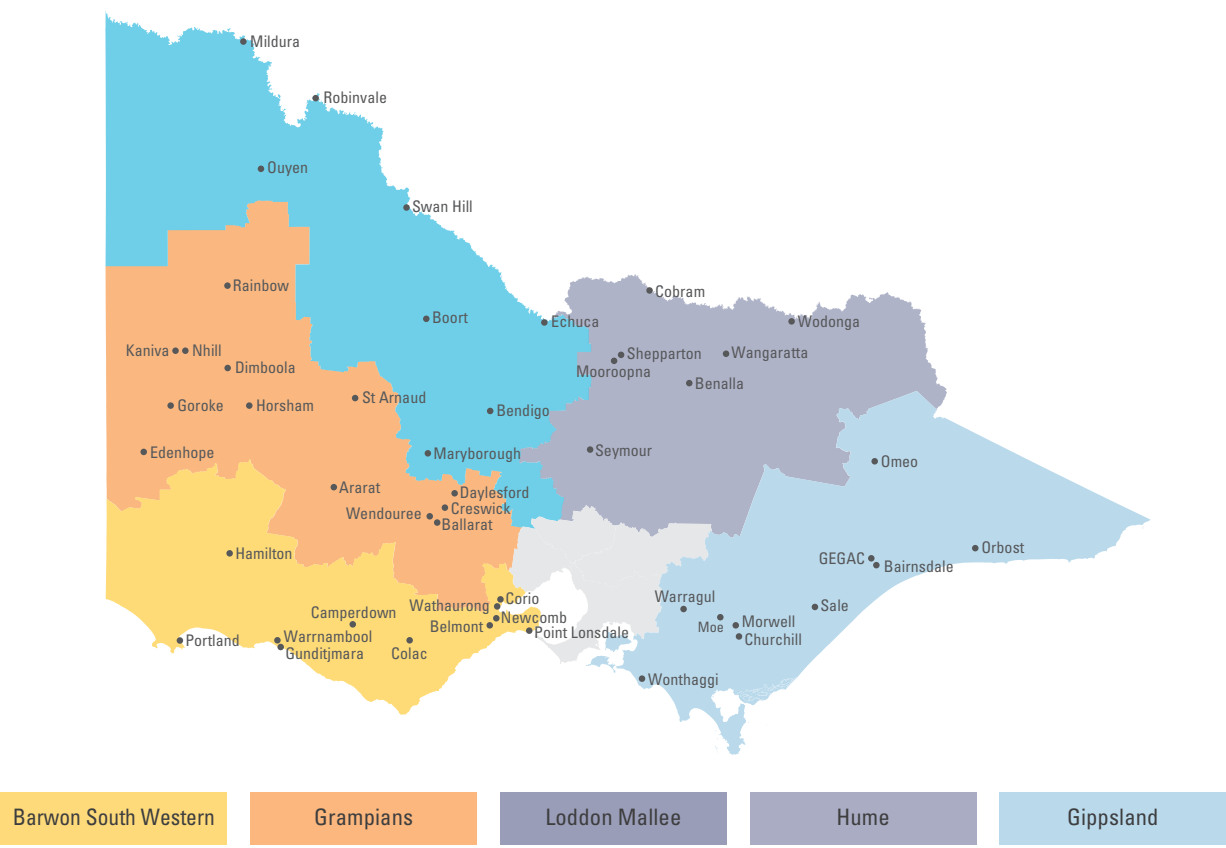


dental health
services victoria
oral health for better health

Community dental clinics – metropolitan Victoria



Community dental clinics – rural Victoria



Dental Health Services Victoria

Dental Health Services Victoria (DHSV) is the leading public oral health agency in Victoria. We aim to improve the oral health status of all Victorians, particularly vulnerable groups and those most in need.

DHSV was established in 1996 and is funded by the State Government to provide or purchase clinical dental services for eligible Victorians and improve the planning, integration, coordination and management of Victoria's public dental services.

We provide Victorians with quality oral health care through The Royal Dental Hospital of Melbourne (RDHM) and by purchasing dental services for public patients from 53 community agencies throughout Victoria.

Our aim is to add value to the relationships we have with all 53 agencies to provide support in the provision of oral health services to as many eligible people as possible.

Responsible to the Victorian Minister for Health and Human Services, DHSV is a public health service which employs 685 staff who work to an agreed Statement of Priorities. As trusted advisors in public oral health policy, program and guideline development, we continue to contribute to improving oral health in our communities.

DHSV was established under the *Health Services Act 1988*. The responsible Minister for Health and Human Services during the reporting period was The Hon. Jill Hennessy MP, Minister for Health.

DHSV acknowledges the ongoing support of the Victorian Government.

Our vision

Oral health for better health

Our mission

To lead improvement in oral health for all Victorians, particularly vulnerable groups and those most in need

Our values

Respect

We treat everyone in an open and courteous manner

Integrity

We behave fairly and honestly and are accountable for our actions

Teamwork

We work as a team and in partnership with our patients, our partners and the community

Excellence

We set best practice standards and are innovative in all that we do

Highlights



Patient experience trackers continue to provide valuable feedback in relation to the delivery of clinical care. Patient satisfaction of a record-high hit **95%** at RDHM in February.



All public oral health agencies in Victoria are now accredited.



267 patients have been assessed under a new outreach service linked to the Gathering Place (a provider of services and programs to the Aboriginal and Torres Strait Islander communities).



410 early childhood educators participated in oral health training during the 2015–16 financial year.

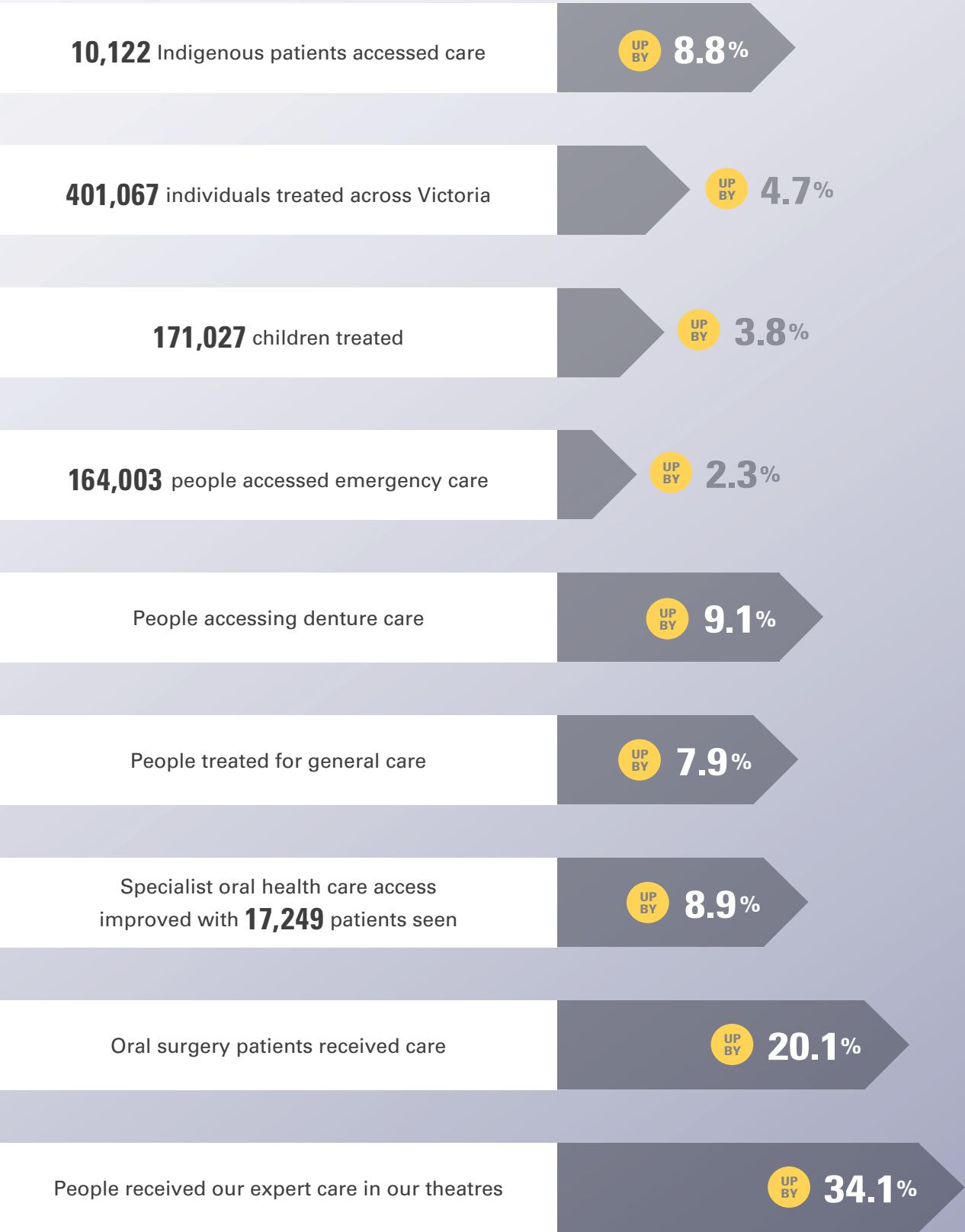


The Travis-funded activity target of treating an additional **736** theatre patients was fully delivered in mid-May and ahead of schedule.



RDHM became the first public hospital in Australia to have a fully accredited Changing Places bathroom facility for people with a disability.

By the numbers



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In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for Dental Health Services Victoria for the year ending 30 June 2016.



Dr Zoe Wainer

Chair, Board of Directors
Dental Health Services Victoria
Carlton VIC

28 July 2016

Consistent with the DataVic Access Policy issued by the Victorian Government in 2012, the information included in this Annual Report will be available at www.data.vic.gov.au in machine readable format.

From the CEO and Board Chair

We are proud to present the Dental Health Services Victoria (DHSV) Annual Report for 2015–16. It has been a busy year for DHSV as we focused on reaching more of the eligible population and introducing new models of care with a strong preventive focus. Over the last year, we have reflected on the lessons of the past and planned for a more innovative and successful future as we developed our new five-year Strategic Plan.

Our commitment to treating more eligible Victorians saw over 400,000 individuals receive oral health care across the state, with over 170,000 of those being children. We are passionate about setting children up for a lifetime of healthy habits and this commitment extended beyond treatment to a continued focus on oral health promotion. Our Smiles 4 Miles coordinators continued to work with educators and carers to improve the eating, drinking and brushing habits of young children and our Healthy Families, Healthy Smiles Program focused on creating an army of oral health champions in the community.

Over the last year, we also continued to maintain our reputation for sound financial management and demonstrated our commitment to oral health research and the development of robust data to inform our decision-making processes.

Along with the rest of the health sector we are faced with the ongoing challenge of finding new ways to deal with external pressures which includes an ageing population, more expensive technology, growing rates of chronic disease and increasing consumer expectations. In 2015–16 we continued to focus on developing more efficient and cost-effective models of care for public dentistry. A new teaching model was piloted in Ballarat, a new surgical model was introduced at Western Health and a new outreach model was linked to the Gathering Place to encourage Aboriginal and Torres Strait Islander peoples to access care. At RDHM we progressed towards introducing a fully electronic patient management system and teledentistry was piloted in our Specialist Department to increase the communities' access to specialist treatment.

As we embark on achieving the goals set out in our Strategic Plan 2016–2021 we will continue to focus on developing models of care that will improve health outcomes. It is essential that we stop performing low-value services and ensure that all members of the dental team are working to their full scope of practice while continuing to highlight the importance of oral health as a vital component for general health and wellbeing.



This is an exciting time for public dentistry as we work with government on future health policies and advocate to secure more sustainable Commonwealth funding that will help us implement long-term plans to improve oral health.

Over the next five years we will focus on four strategic themes: improving health outcomes, improving the experience, being global leaders with our local partners, and establishing DHSV as a great place to work and a great organisation to work with. We will adopt a population and targeted life course approach that integrates a strong preventive focus so that in 2021 we can look back and know that we have made a real difference.

We are lucky to work with over 50 community dental agencies and a range of partners in health, education and community services that have helped us provide quality services to the community, supported the next generation of oral health professionals and become allies in tackling the prevalence of oral disease in the community. Thank you for your ongoing dedication, advice and support.

Thank you to the Department of Health and Human Services (DHHS) for your ongoing support and to the DHSV Board of Directors for your continued vision and guidance. Thank you to the Executive Team for keeping the organisation on track as we strive to achieve our strategic goals. None of our achievements would be possible without the hard work, dedication and skill of our employees who demonstrate a genuine passion for improving the health of the community – thank you.

We look forward to working with you all to transform oral health care in Victoria.

Dr Deborah Cole
Chief Executive Officer

Dr Zoe Wainer
Board Chair



DHSV is the leading public oral health agency in Victoria with a national voice, an established and proud record in promoting oral health and a range of strong and diverse partnerships.

Year in review: Report of Operations

Experience matters

Extending the reach across remote and regional centres through innovation and a focus on providing the best care possible for Victorians set the scene for new improved models of care, improved patient experience and greater staff satisfaction.

DHSV also continued to be leaders in the promotion of preventive health care, clinical leadership and education and training.

Community partnerships continued to flourish with new pilot programs designed to capture the needs of special needs patients and outreach services.



With 401,067 patients treated, Victorian patients continued to receive the best oral health care possible.

Service improvements

RDHM models of care were progressively refined to drive improved health outcomes.

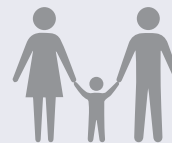
The following changes focusing on patient-centred care have been implemented:

Emergency model of care

A new triage tool is to be implemented to more accurately identify patients’ oral health care needs, and to prioritise and schedule care.

Utilising a Relative Needs Index a new model of care is set for implementation following an upgrade to patient management later in 2016. This new model of care will be more effective in prioritising urgent care and appropriately scheduling care for all patients based on their oral health care needs.

The Emergency Department’s pilot project on reducing avoidable dental admissions has achieved its aim to divert patients presenting with dental problems from accident and emergency departments at the Royal Melbourne Hospital and St Vincent’s Hospital Melbourne to RDHM. A total of 81 patients received care in the six-month pilot period and included 50 patients from the two pilot hospitals and 31 patients from hospitals outside of the pilot program. An evaluation is underway and a report will be prepared for DHHS, including recommendations on embedding a successful sector-wide appropriate diversion program.



Our commitment to families across Victoria grew with 171,027 children receiving our care, up by 3.8%.



More than 164,000 accessed emergency care.

Teaching model of care

In 2015–16, DHSV aimed to provide excellent learning environments and experience for our future oral health professionals while at the same time providing high-quality care to our patients.

In Ballarat, the Model of Teaching pilot progressed with the Dental Weighted Activity Units (DWAU) clinical output higher than anticipated. DHSV has partnered with Ballarat Health Services (BHS) and La Trobe University to introduce a 12-month pilot teaching model of care for dental students, which is different to that occurring in other agencies. Variances include: differences in student-to-dental assistant and student-to-clinical teacher ratios, activities for students to undertake when confronted with downtime, student involvement in projects across BHS, and increased patient engagement through a Patient Participation Agreement. The pilot commenced in June 2015 and finished in May 2016; formal evaluation is due for completion by August 2016 and will provide an opportunity to deliver a contemporary evidence-based best practice teaching model that could be replicated across the state.

Surgical model of care

With the establishment of a service level agreement with Western Health, 16 special needs patients have received inpatient care at Williamstown Hospital. These special needs patients would not have been able to receive this level of care in RDHM's Day Surgery Unit due to their complex medical conditions.

Outreach model of care

Two hundred and sixty-seven patients were assessed under a new outreach service linked to the Gathering Place (a provider of services and programs to the Aboriginal and Torres Strait Islander communities). This includes an interdisciplinary model of care and utilises clinicians to their full scope of practice to provide treatment as well as oral health education and dietary advice.



DHSV is proud to partner with the Royal Flying Doctor Service to extend the reach to new areas where geographical access is a barrier.

Patient experience

Patient satisfaction results achieved a record high of 95 per cent in February 2016. For the seven-month period from October to April, the overall patient satisfaction was 94 per cent in response to the clinical care received.

The latest results from the *Victorian Healthcare Experience Survey* (VHES) show that 96 per cent of patients who received care from the Day Surgery Unit between January to March 2016, rated their overall hospital experience as either 'very good' or 'good' (95.7 per cent for the same period last year with the state average being 89.3 per cent). One hundred and twenty-six patients participated in this survey.

RDHM became the first public hospital in Australia to launch its brand-new fully accredited Changing Places bathroom for people with a disability. It was also the first time such a facility in a hospital was open to the public. This means that not only do disabled patients and their carers receive exceptional facilities but so too does the general public in Melbourne that live, work, or visit the spaces surrounding RDHM. The initiative resulted from listening and consulting with patients, carers and the community.

Progress towards an electronic record system

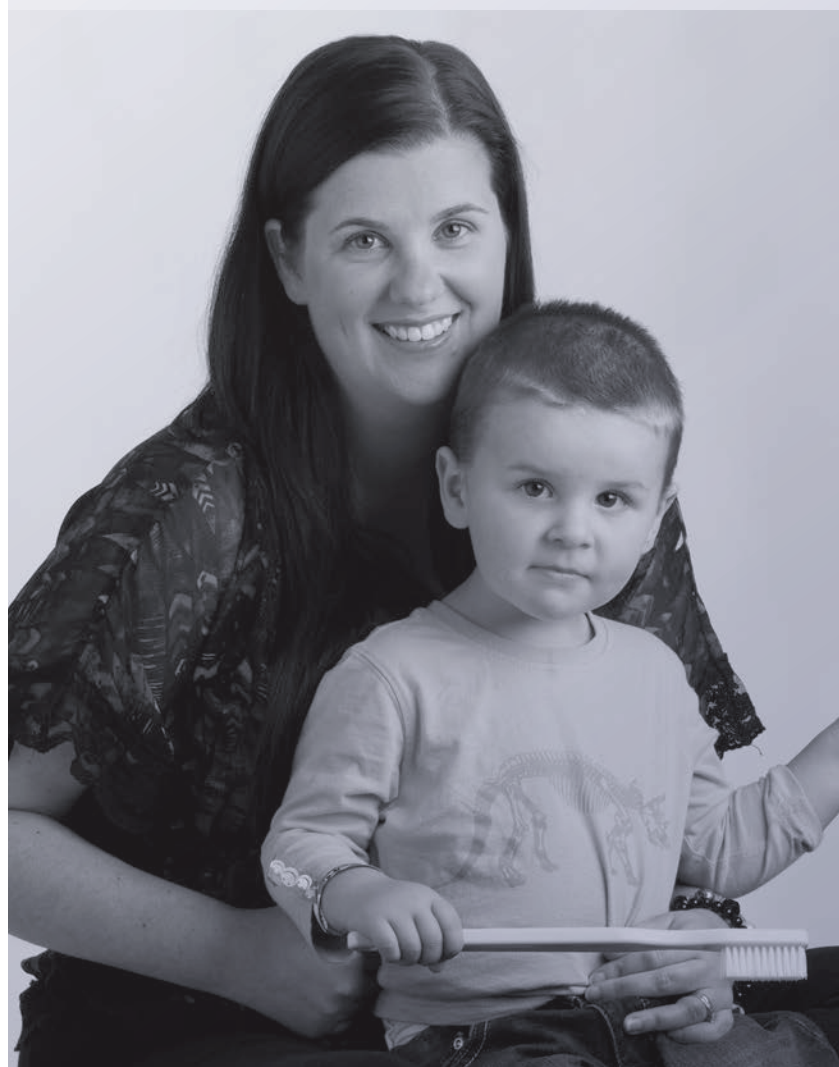
DHSV progressed its work on a fully electronic patient management and record system. This system will support both e-referral and teledentistry. The demonstrator module in Titanium has been implemented to enable clinical supervisors to provide an electronic sign-off for student-based patient care in the teaching clinic.

A Picture Archiving Communication System (PACS – image storage) and Radiology Information System is in development to support the implementation of digital radiography across RDHM. In preparation for the implementation of new intra-oral and extra-oral Digital Radiology systems, the Dentomaxillofacial Radiologist provided education sessions on cone beam studies and interpretation with clinical and radiology staff. Workflows for the Radiology Department have been redesigned and are ready for the implementation of the new equipment.

A new electronic instrument tracking system was implemented initially in the Central Sterilising Service Department (CSSD). The system, including barcode scanners, will be subsequently implemented across the hospital. Touch screen computers, including some fully washable ones, and Wi-Fi were installed. The new system will improve inventory management in relation to instrument usage and replacement requirements. The new tracking system supports strong infection control practice and when providing quality care for our patients.

A pilot using teledentistry-based appointments has been implemented to improve access to specialist services at RDHM. It aims to provide innovative, specialist advice and advanced dental care to patients in rural and remote regions of Victoria.

Teledentistry provides a platform from which integrated dental care can be provided to patients whose dental health is at risk because they are currently unable to, or find it difficult to, access care. DHHS provided a grant to DHSV for the provision of equipment necessary to enable RDHM's and DHSV's rural and remote community clinics to participate in the teledentistry project. The teledentistry project has been successfully launched at the first two pilot sites, Goulburn Valley Health and Latrobe Community Health Service. The teledentistry consultations have focused on oral surgery, oral medicine and orthodontic cases. The fourth speciality to be piloted will be endodontics.



Patient satisfaction results achieved a record high of 95 per cent in February 2016. For the seven-month period from October to April, the overall patient satisfaction was 94 per cent in response to the clinical care received.

Partnering with the community

With funding from the Victorian Government, DHSV works with a range of health and other professional groups to increase their capacity to promote oral health within their own environments. These partnerships help create a team of community oral health champions across a wide range of disciplines.

Smiles 4 Miles

Smiles 4 Miles is an initiative of DHSV, which works in partnership with local organisations to improve the oral health behaviours of pre-school children, their families and early childhood staff. The program is based on the World Health Organization's Health Promoting Schools Framework and is delivered predominantly in early childhood settings.

In 2016, Smiles 4 Miles worked in partnership with a variety of stakeholders to implement the program in targeted areas across Victoria including:

- 25 local community organisations (predominantly community health centres)
- 31 Smiles 4 Miles coordinators
- 505 early childhood services
- 29,582 children and their families.

The 25 community organisations worked closely with their local dental teams to ensure that young children are accessing dental services.

In the past financial year, oral health training has been provided to 556 professionals including:

- 65 Smiles 4 Miles stakeholders who participated in oral health professional development opportunities through the Smiles 4 Miles induction day, individual site visits and the annual forum
- 81 students studying Certificate III in Early Childhood Education and Care received oral health training through our partnership with Holmesglen Institute
- 410 early childhood educators participated in oral health training during the 2015–16 financial year.

DHSV also has a strong partnership with the Achievement program, a statewide health promotion initiative. The partnership has provided early childhood services, which have achieved the Smiles 4 Miles award, the opportunity to apply for advanced standing with the Achievement program's healthy eating and oral health benchmark.

Healthy Families, Healthy Smiles

The Healthy Families, Healthy Smiles (HFHS) program aims to improve the oral health of Victorian children aged 0 to 3 years and pregnant women by building the capacity of health and early childhood professionals to promote oral health. This initiative is funded by the Victorian Government.

During 2015–16, more than 500 professionals from a range of disciplines participated in professional development activities including:

- Of the 119 midwives who participated in training, 39 completed the Midwifery Initiated Oral Health Education Program, bringing the total to 152 midwives trained to deliver oral health advice, assessment and referral. A further 80 midwives participated in other professional development forums offered through the program.
- There were 69 maternal and child health (MCH) nurses participating in training including 38 MCH students at La Trobe University.
- There were 205 early childhood professionals, including 153 early childhood educators, who participated in the Healthy Little Smiles education program, and 24 supported-playgroup facilitators trained to deliver oral health education using a pictorial flipchart.
- There were 46 staff from aboriginal health services participating in the Bigger Better Smiles education program in central and East Gippsland (Ramahyuck District Aboriginal Corporation and Gippsland and East Gippsland Aboriginal Co-Operative) and Peninsula Health.

Policy initiatives also support the integration of oral health in health and early childhood professional practice. In 2015–16:

- The Dietitians Association of Australia and DHSV developed and launched a joint position statement on oral health and nutrition. The statement is a national level policy document which will support collaboration between dietitians and dental professionals.
- Oral health was included in the Pregnancy Care Handbook – A Guide for Maternity Care Clinicians published by The Royal Women's Hospital.

New resources were also developed to support professionals to address oral health, including:

- Oral Health during Pregnancy fact sheet for Aboriginal women, in partnership with VACCHO Koori Maternity Service team
- a fact sheet for use in the MCH services about early identification of tooth decay (lift the lip)
- a new parent engagement resource is under development to support MCH nurses in their oral health promotion role.

Community

Through Colgate's Mrs Marsh initiative, DHSV distributed a total of 12,600 tooth packs to families at risk of poor oral health. Families received packs consisting of age-appropriate toothbrushes and pastes through six Victorian maternal and child health sites.

Schools

The Toothbrushing in Primary School Breakfast Clubs Pilot study was delivered by DHSV in partnership with the Australian Red Cross, with funding provided by the Alliance for a Cavity-Free Future community grants supported by Colgate. DHSV tested two toothbrushing programs in two rural and one metropolitan Victorian primary schools in disadvantaged areas. It was found that the integration of a supervised toothbrushing program into Victorian primary school breakfast clubs would be feasible if the program was adequately staffed. The 'dry' program was found to be the preferred approach as children participated more often and brushed for longer periods in this program. Two toothbrushing toolkits for school breakfast clubs have been developed from the study with the view to making them available more widely. The final report was submitted to Colgate in late April 2016 and the results from the pilot were presented at the Public Oral Health Innovations Conference on 6 May with promising responses from both Colgate representatives and the Red Cross.

People with a disability

DHSV continues to partner with disability services to improve their knowledge and skills in oral health. DHSV convened a forum with disability service providers to explore gaps and opportunities for promoting oral health in disability settings.

A key outcome was consensus for DHSV to consolidate resources to support community-based disability services to implement oral health promoting policies and practices.



RDHM became the first public hospital in Australia to have full Changing Places accreditation with its new state-of-the-art bathroom facility for people with a disability.

Victorian Pre-schoolers Oral Health Survey

The *Victorian Pre-schoolers Oral Health Survey* (VPOHS) was undertaken in 2014–2015 with 61 rural and metropolitan Smiles 4 Miles preschool and child care centres participating. Analysis has been completed for 1,845 children aged 3 to 5 years and the results were presented to DHHS and DHSV staff in early July 2016. VPOHS will provide much needed contemporary evidence about the oral health of Victorian preschool children and the prevalence of associated risk factors. VPOHS won the Oral Health Project of the Year in the 2015 Public Oral Health Awards.

The Healthy Families, Healthy Smiles initiative has increased the capacity to promote oral health across the pregnancy and early childhood sectors as a key early intervention strategy.

Evaluation of Healthy Families, Healthy Smiles (Phase 1)

The evaluation report for the first four years of the Healthy Families, Healthy Smiles initiative (Phase 1, 2012–2015) was finalised and key findings were presented to the reference group at their final meeting for 2015. The capacity to promote oral health increased across the pregnancy and early childhood sectors.

The key findings were that:

- training programs increased oral health-related awareness, knowledge and confidence
- integration across the pregnancy and early childhood sector, as well as other sectors, was a strength of the program
- the partnership approach and networks that consequently developed were highly valued
- the capacity to promote oral health increased across many domains of capacity building.

The Phase 2 Evaluation of Healthy Families, Healthy Smiles (2015–2019) has commenced.

Centre for Applied Oral Health Research

CAOHR was involved in the following activities:

- development of Primary Health Network oral health profiles
- development of key performance indicators for the National Oral Health Plan 2015–2024
- a new automated clinician scorecard for individual clinicians to monitor activity and performance
- a United Kingdom visit to attend the International Consortium for Health Outcomes Measurement (ICHOM) conference and Scotland visit to view their child oral health programs.

International knowledge and discovery

In May 2016, DHSV Board and staff members attended the London conference for the ICHOM. ICHOM is a non-profit organisation with the purpose of transforming health care systems worldwide by measuring and reporting patient outcomes in a standardised way. They have developed standard sets of outcome measures for a number of medical conditions with the aim of covering more than 50 percent of the global disease burden by 2017. A standard set of outcome measures for oral health care is planned with DHSV as an active partner. The development of oral health outcome measures is a key part of the new DHSV strategic plan.

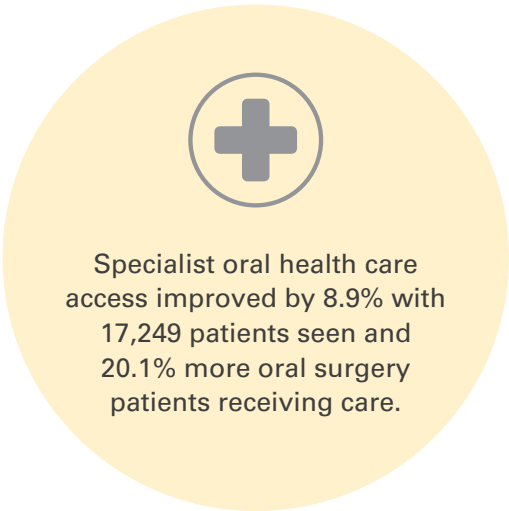
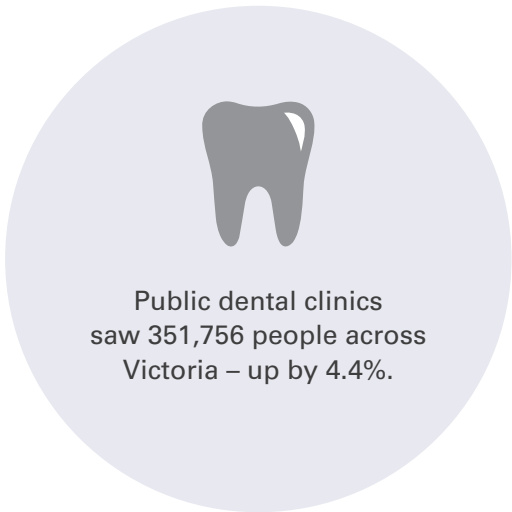
While in the United Kingdom, DHSV representatives visited Glasgow in Scotland to learn about the National Health Service's Childsmile Program. Childsmile is a highly preventive-focused oral health service for young children, which has had considerable successes in reducing decay rates across Scotland.

Increasing access to care

DHSV data showed that the number of people accessing care from communities with high dental needs (for example, Aboriginal and Torres Strait Islander peoples, refugees and asylum seekers, older people, and children in out-of-home care) continues to significantly increase over time.

DHSV has implemented a number of strategies to increase access for communities with high dental needs, and continues to monitor the increase in patients. The strategies are as follows:

- Healthy Families, Healthy Smiles: a program that builds the oral health promotion capacity of health and education professionals working with families with children aged 0 to 3.
- Smiles 4 Miles: a settings-based oral health promotion program primarily for kindergartens, which is focusing on increasing children’s access to dental services by enhancing partnerships with public dental agencies in high-risk areas.
- Mapping data to determine Aboriginal and Torres Strait Islander peoples’ oral health needs in order to develop performance indicators and outcome measures.
- The provision of three vans to support dental treatment for remote regional Victorian Aboriginal communities in Barwon South West, Gippsland and Hume.
- A six-month pilot with three agencies to provide oral health education, assessments and treatment to eligible residents of residential aged care facilities.
- Continue to partner with the Royal Flying Doctor Service (RFDS) to extend the reach to more remote areas where geographical access is the barrier.
- Partnering with Medicare Local, North and West Metropolitan Region of DHHS (NWMR DHHS) and eight agencies in the north-west to facilitate access for homeless people to oral health care.



Travis Review

In December 2014 the Victorian Government appointed independent expert Dr Doug Travis, surgeon and former president of the Australian Medical Association Victoria, to conduct a statewide census of bed and theatre capacity, and to provide recommendations about how to increase the capacity of Victorian public hospitals. As a result, 736 additional patients received care in DHSV operating theatres under the Travis Review funding.

Delivering Commonwealth-funded programs

DHSV developed a comprehensive range of tools that promote and guide agencies about the use of the Child Dental Benefits Schedule (CDBS). DHSV continues to monitor usage and encourages agencies to maximise their opportunity to utilise CDBS.

DHSV and its community agencies achieved the full-year target of phase 2 of the National Partnership Agreement for adult public dental services (NPA2) of 45,041 DWAUs by March 2016.



34.1% more people accessed care in our theatres and 7.9% more people accessed general care.



9.1% more people received denture care across Victoria.



Our commitment to Aboriginal communities was unwavering with 10,122 Indigenous patients accessing care across community dental clinics and RDHM. Up by 8.8%.

Lean improvement projects

Process improvement activities based on Lean principles have been implemented across RDHM.

Projects include:

- a reduction in the patient record retrieval and delivery times for booked appointments
- a new process for disinfecting chair water lines
- reducing hospital-initiated postponements.

People living in remote areas

RFDS Victoria, DHSV and the Australian Dental Association Victorian Branch (ADAVB) launched the Flying Doctor Dental Clinic in January 2016.

The mobile dental clinic builds on previous work by the partnership and pilots a program that offers screening, oral health education and treatment for eligible community members. It operates in rural areas identified by DHSV and local agencies. The program is funded by DHSV and RFDS Victoria with ADAVB assisting in the provision of dentists. The program has provided dental services to more than 1,000 Victorians living in rural communities who may otherwise have gone without access.

Aged care

In 2015, DHHS funded DHSV (in partnership with ADAVB) to run a six-month pilot project delivering an oral health program to aged care facilities. The pilot was delivered in conjunction with three community dental agencies: Ballarat Health Service, Goulburn Valley Health and North Richmond Community Health.

The pilot was delivered to three residential aged care facilities with a total of 150 residents participating. It included delivery of oral health education to aged care staff, development of oral health assessments, oral health plans, establishment of referral pathways and was evaluated by the Centre for Applied Oral Health Research. The final report made some key recommendations covering four main themes. These were:

- delivery of regular oral health education and training for aged care staff
- development of consistent policies to assess and address oral health needs
- formalisation of partnership and linkages between the aged care and community dental sectors
- integration of oral health promotion activities and centralisation of a portal of resources.

The Department also provided funds to DHSV to deliver the aged care pilot oral health promotion project that centred on testing a customised face-to-face oral health training package (toolkit), developed by DHSV, to train staff from residential aged care facilities (RACF). The training of the care workers at the pilot RACFs aimed to improve the oral health literacy of the residential aged care staff in order to confidently address oral health issues with residents and their families. Over 50 residential aged care staff across three aged care facilities participated in the training.

The project was delivered in conjunction with two community dental agencies: EACH Knox and Goulburn Valley Health.

DHSV is working towards implementation of these recommendations into a two-staged process which will include a capacity-building engagement program between the oral health and residential aged care sectors and a review of the priority access classification to include residents of aged care facilities.

Victorian Oral Health Promotion Advisory Group

DHSV continues to lead, facilitate and support the Victorian Oral Health Promotion Advisory Group to monitor the delivery of Victoria's Action Plan for Oral Health Promotion 2013–17.

The Healthy Families, Healthy Smiles 2015–16 Action Plan is currently being delivered and focuses on building the capacity of professionals working with families with children aged 0 to 3 to promote oral health.

The Smiles 4 Miles 2015–16 Action Plan is currently being delivered and focuses on extending the reach to Smiles 4 Miles children and families in high-risk areas.

Smiles 4 Miles has focus-tested strategies to enable monitoring of children attending public clinics.

Referral targets have been built into dental agency purchasing agreements and Smiles 4 Miles plans.



DHSV has completed a successful six-month pilot project between RDHM, the Royal Melbourne Hospital and St Vincent's Hospital Melbourne to divert patients with dental emergencies from acute hospital emergency departments to RDHM.

System upgrades

An analysis of issues and enhancements for Titanium, our patient management system, has been finalised with the next upgrade due later in September 2016. Planning for the transition to the new Titanium Web version is continuing.

Building a stronger health workforce

Special skills program

The Prosthodontics Department completed a second Dentists with Special Skills training program to upskill general dentists working in the public oral health sector, enabling more patients with complex dental needs to be treated at their local community practice. To date, 16 dentists have completed this training. Oral and maxillofacial surgery in conjunction with University of Melbourne have delivered dento-alveolar courses aimed at extending the scope of dentists in oral surgery.

Innovation through technology

DHSV has capital investment programs in place to enhance clinical technology at an agency level, this in turn supports e-referral and teledentistry.

At a clinical level DHSV is developing training programs to enable general dentists to increase their skill level and scope of practice (in particular, oral surgery and prosthodontics) to reduce demand for specialist services at RDHM, and to ensure patients can access treatments close to where they live when it is safe and effective to do so.

Indigenous employment and education programs

In November 2015, DHSV received the Australian Human Resources Institute (AHRI) Indigenous Employment Award. This Award recognised the organisation's Indigenous Employment Program as a vehicle for creating an emerging talent pipeline in clinical and non-clinical roles for our Indigenous workforce.

As part of the DHSV Indigenous Employment Program, we expanded our Indigenous traineeship opportunities to include a patient liaison traineeship program. This program complemented the continuation of the Indigenous dental assistant program.

Building a respectful workplace

DHSV has developed a Respectful Workforce Framework that is founded on the principles of equity, diversity, inclusion, flexibility, wellbeing and safety. The framework is being delivered through a three-year action plan to drive transformation across our workplace culture and behaviours and deliver aligned change to our business systems and processes. Staff engagement with the framework will be facilitated through structured leadership and employee learning and development activities.



Three mobile vans supported dental treatment for remote regional Victorian Aboriginal communities in the Barwon, Gippsland and Hume regions of the state.

Over the next five years we will focus on four strategic themes: improving health outcomes, improving the experience, being global leaders with our local partners, and establishing DHSV as a great place to work and a great organisation to work with.

A safer workplace

More than 140 staff at RDHM participated in a 90-minute Staff Safety and Code Grey Policy workshop designed to:

- empower staff to explain to consumers what is unacceptable behaviour
- provide aggression management strategies
- inform of changes to the Code Grey Policy and ensure a thorough understanding of the process.

A three-hour workshop has been developed and delivered to staff of RDHM and community dental agencies which focuses on understanding why some patients exhibit difficult behaviour and develops strategies to assist in managing this behaviour.

DHSV continued the rollout of training programs to assist our clinical workforce to prevent muscular skeletal disorders.

Infection control audits are also conducted at regular intervals across RDHM. RDHM is compliant with Standard 3 of the National Safety and Quality Standards (including cleaning of chairs between patients, hand hygiene and antimicrobial stewardship) and Hospital Circular 02/15.

Antimicrobial stewardship practices are implemented in all agencies, education sessions are complete, and agencies continue to monitor their practices and audit their antibiotic use.

An annual testing program for DHSV's Emergency Response Management plans is in place and is being adhered to.

Sharing ideas and concepts across the state

More than 400 staff from across the state attended the 2016 Public Oral Health Innovation Conference. The conference, which had the theme of 'Experience Matters', gave particular focus to the importance of the patient and staff experience when improving oral health outcomes.

The conference also included a Marketplace of Innovations that showcased a range of innovative projects that are extending the reach of services and clinical programs to implement new models of care.

Strengthening our dental assistant structure

In November 2015, DHSV received the AHRI Wayne Cascio Award for Organisational Change and Development. This award recognised our initiative to develop a new classification structure that improved remuneration for our dental assistants and created new career pathways aligned to our focus on developing new models of care.

As part of the capability building program to support the implementation of the new career pathways for dental assistants, DHSV partnered with RMIT University to develop and deliver 12-month accredited training in Leadership and Mentoring. Twenty-four dental assistants from DHSV and community dental agencies are undertaking the 12-month program.

Engaged clinician workforce

The development and implementation of patient-centred, population-based, preventive and clinical models of care requires an engaged clinician workforce. In order to develop, drive and maintain significant changes in the way care is delivered, DHSV recently implemented a structure that includes five oral health and clinical advisers, all of whom are registered dental practitioners. These roles have a shared vision that recognises the importance of clinician-led leadership in driving real change. They collaborate as a professional network to drive the organisation's Clinical Leadership Framework both at RDHM and within the public dental agencies across the state.

The governance structure that supports oral health leadership includes:

- The Public Oral Health Leadership Council (POHLC), which was established in November 2014 to lead change in state oral health services and provide guidance to DHSV on the development of new models of care. A key activity of 2015–16 was mapping the current model of child dental care in order to identify opportunities for change that will lead to a real improvement to child oral health. The group has representatives from all clinician types who make up the dental team, from both the RDHM and public dental agencies. The group reports to the Executive through its Chief Oral Health Adviser.
- The Clinical Leadership in Practice group (CLP) reports to the POHLC and has clinicians as members from both the RDHM as well as public dental agencies and a consumer representative. This year the group has continued to update its evidence-based clinical guidelines, as well as focused on developing a number of clinical audits, allowing clinicians to systematically review care that has been provided, and develop clinical pathways that match the existing suite of clinical guidelines.
- The RDHM Clinical Leadership Group (CLG) is the principal group providing overall clinical leadership and advice within the RDHM. It oversees, facilitates and coordinates the review of current clinical practice including peer review across all disciplines.

Grand rounds

As part of the governance that supports clinical leadership, grand rounds are held five times per year for all RDHM clinicians, and have been scheduled with a multidisciplinary clinician working group that informs the content for each session. Specific topics of the grand rounds may be identified from feedback obtained during peer review at RDHM.

Family violence response

To increase the awareness of family violence, DHSV featured presentations on family violence and its implications for public dental patients at its four regional forums for public dental staff across Victoria.

DHSV is undertaking a parcel of work to develop an overarching strategy and an oral health sector response to address family violence and occupational violence issues in line with tools released through DHHS. Initiatives and programs around awareness raising, training and referral pathways will subsequently be deployed.

Education and training

DHSV has developed and published a Continuing Professional Development Program (CPDP) calendar which is available to the sector and is currently developing a clinicians' oral health leadership program. The DHSV CPDP allows clinicians to access information about face-to-face, online and self-directed CPD activities and training courses. It has a full DHSV learning centre and online resources for the current and future oral health workforce.

Mental health and wellbeing

DHSV’s Occupational Health and Safety (OHS) Committee was renamed: The Workplace Health Safety and Wellbeing (WHSW) Committee to reflect new Terms of Reference that introduced a wellbeing focus including both psychological and social wellbeing.

The DHSV Respectful Workplace Framework and high-level action plan that includes new strategies to improve mental health and wellbeing in the workplace and was presented to the March meeting of the Board of Directors.


DHSV also continued to work towards creating a healthy workplace by meeting the benchmarks in the health priority areas of smoking and physical activity.



More than 400 people from across the country attended the 2016 Public Oral Health Innovation Conference hosted by DHSV.



To increase the awareness of family violence, DHSV featured presentations on family violence and its implications for public dental patients at its four regional forums for public dental staff across Victoria.

A black and white photograph of a woman in a dental laboratory. She is wearing safety glasses and a lab coat over a striped shirt. A lanyard with a badge that says "Oral Health for Bath" is around her neck. She is smiling and looking towards the camera while working on a dental model. The background is a wall covered with many small, pinned notes or cards.

As trusted advisors in public oral health policy and program and guideline development, we continue to contribute to improving oral health in our communities.

Purpose, functions, powers and duties

DHSV is the leading public oral health agency in Victoria. The organisation coordinates statewide oral health promotion programs and leads research to reduce the prevalence of oral disease and inform best practice.

We are committed to ensuring that public dental services are sustainable, cost-effective and of a high quality while continuing to improve the oral health status of all Victorians, particularly those most in need.

We work to educate the community and broader health sector about the links between oral health and general health.

We use our position as leaders in oral health and our partnerships with other health organisations and providers to promote the message that good oral health is essential for overall health and wellbeing in an attempt to better oral health outcomes for all Victorians.

DHSV is responsible for:

- providing dental services through RDHM
- purchasing dental services from 53 community dental agencies across Victoria
- developing the current workforce and supporting the education and training of future oral health professionals
- fostering, supporting and participating in oral health research
- advising the government on policy, funding and service development
- delivering oral health promotion programs across Victoria
- providing clinical leadership to the public oral health sector.

The following groups are eligible for public dental services:

- all children aged 0 to 12 years
- young people aged 13 to 17 years who are health care or pensioner concession cardholders or dependents of concession card holders
- two to 17 year olds eligible for dental care under CDBS
- children and young people up to 18 years of age in out-of-home care provided by DHHS
- youth justice clients in custodial care, up to 18 years of age
- adults, 18 years and over, who are health care or pensioner concession cardholders or dependents of concession cardholders
- refugees and asylum seekers
- Aboriginal and Torres Strait Islander peoples who are treated at RDHM.

People who are eligible for public dental services may also have priority access to general dental care. People who have priority access are not required to go on a waiting list. They are offered the next available appointment for general care.

The following groups have priority access:

- Aboriginal and Torres Strait Islander peoples
- children and young people (0 to 17 years)
- homeless people and people at risk of homelessness
- pregnant women
- refugees and asylum seekers
- registered clients of mental health and disability services, supported by a letter of recommendation from their case manager or staff of special developmental schools.

Summary of services

RDHM

RDHM provides emergency, general and specialist dental care to eligible Victorians. RDHM is a world-class specialist teaching facility. It works closely with partners at the University of Melbourne and RMIT University to educate and train future dental professionals.

Agencies

There are 53 community dental agencies located throughout metropolitan Melbourne and regional Victoria. Community dental agencies can be independent entities or can sit within larger health services, community health services and hospitals. DHSV purchases services from these agencies to ensure eligible Victorians have access to public dental services.

Services

Emergency care

Emergency dental care is available to eligible Victorians at RDHM and community dental clinics. Emergency care is also available to the general public at RDHM on a fee-for-service basis..

General care

General dental care including fillings, dentures and preventive care, is available to current health care and pensioner concession cardholders as well as children and young people who are eligible for care under CDBS at RDHM and community dental clinics across Victoria.

Specialist care

Patients may be referred to RDHM for specialist dental care including orthodontics, specialist needs, oral and maxillofacial surgery, endodontics, periodontics, prosthodontics, paediatric dentistry and oral medicine.

Oral health promotion

Integrated health promotion programs deliver benefits for the community by promoting wellbeing, strengthening community capacity and minimising the burden of disease. Our statewide health promotion program supports key policy objectives, including prevention of oral disease, delivery of services to those in highest need and building capacity to improve oral health outcomes.

Education

RDHM's specialist and teaching clinics support The University of Melbourne's education programs for dentists, specialists and oral health therapists. The teaching clinics also support RMIT University's education programs for dental assistants, technicians, prosthetists and hygienists.

In addition, RDHM provides training for overseas-trained clinicians seeking to sit for the Australian Dental Council exams to gain professional registration.

DHSV works closely with La Trobe University for dentists and oral health therapists to support its rural oral health teaching program in a number of community dental agencies.

Purchased services

DHSV purchases oral health services from 53 community dental agencies. Through a population health approach, DHSV ensures there is a fair and equitable distribution of public money used in the most effective and efficient way to improve public oral health. DHSV has developed policies and procedures to ensure that defined levels of agency support are provided.

Safety and quality/redesign business improvement

DHSV monitors compliance with National Safety and Quality Healthcare Standards, including quality indicators, and works in partnership with consumers receiving patient feedback to inform and coordinate business process redesign that supports delivery of safe, quality services to our patients.

Community liaison

DHSV involves consumers in all aspects of its business, particularly around improving the patient journey through our services. Consumers sit on Board sub-committees and are consulted wherever possible in service and program developments.

Information technology

DHSV develops and maintains patient management system solutions and infrastructure to support the activities at dental clinics across Victoria.

Management reporting and analysis

DHSV provides management reporting and analysis services to dental clinics across Victoria.

Agency Relationships Team (ART)


DHSV works closely with public community dental agencies across the state to ensure services provided are as efficient and effective as possible with the resources allocated. ART provides resources, leadership, support and advice and is the link between agencies, DHSV and RDHM.

Clinical leadership

The Public Oral Health Leadership Council provides advice and guidance to DHSV on the development and implementation of new models of care.



Our vision is oral health for better health with an unwavering commitment to lead improvement in oral health for all Victorians, particularly vulnerable groups and those most in need.



DHSV operates in a diverse environment and is proud of its staff and patient diversity. Our patients and staff are representative of the Victorian community with a mix of abilities, cultures, ages, gender, religions, ethnicities, sexual orientations, physical attributes and levels of education.

Board and Executive

The functions of the Board of a public health service are set by the *Health Services (Governance and Accountability) Act 2004*. On the Minister for Health's recommendation, the Governor in Council appoints the DHSV Board of Directors. Members have a mix of qualifications, skills and experience, particularly in the areas of oral health, community welfare, finance and business.



Dr Zoe Wainer (Chair)
BMBS, GAICD

Appointed to the Board in July 2015

Zoe is the National Clinical Operations Lead for Bupa Medical Visa Services and is an Honorary Clinical Research Fellow at the Peter MacCallum Cancer Centre as a result of her prior role as Deputy Director of Medical Services. Her interest in public health has resulted in a key collaboration with the Cancer Council of Victoria and the Victorian Aboriginal Community Controlled Health Organisation to develop a statewide strategy for Aboriginal and Torres Strait Islander health as well as collaborations with the International Consortium for Health Outcome Measurement in both cancer and oral health.

Zoe holds a BMBS from Flinders University, is a graduate of the Australian Institute of Company Directors, and is a candidate for fellowship of the Royal Australasian College of Medical Administrators and The Australasian Faculty of Public Health Medicine.



Ms Kathy Bell
BA (Hons), GradCertHealthEcons, MPH, GAICD

Appointed to the Board in July 2009

Kathy has extensive experience in public health policy and management, with a focus on primary health care, workforce issues, Aboriginal health and remote health. She has held CEO roles in a number of organisations, and is currently undertaking consulting work.



Ms Barbara Hingston
BA, BSW, GAICD

Appointed to the Board in August 2013

Barbara brings a wealth of knowledge from the health and community services sector. She has experience in acute health, mental health and other community services. Barbara also has extensive experience in clinical governance, stakeholder engagement, social policy, strategic organisational and service evaluation, planning and review. As a recent former member of Eastern Melbourne Medicare Local Board, Victoria she contributed to that organisation successfully partnering for transition to a new Eastern Melbourne Primary Health Network. Barbara holds positions on National Boards – Headspace: the National Youth Mental Health Foundation, and Catholic Social Services Australia. Her current non-executive directorships include statewide roles on Tasmanian Health Service Governing Council, General Practice Training Tasmania and Lady Gowrie Tasmania – child care and early childhood education services.



Mr Cameron Clark
MACS, GAICD

Appointed to the Board in July 2011

Cameron runs his own information technology company and has particular interests in IT, business and management. He has been involved in health initiatives relating to the personal control of e-health records and the 'Health in the Home' concept. He is currently involved in the family violence arena providing supportive software solutions for case workers. Another key interest is designing solutions to give a holistic view of a client's issues combining both health and welfare to promote wellbeing and ultimately reduce the current high cost of health.



Dr Pamela Dalglish
BDS, Cert Dental Therapy
 Appointed to the Board in
 July 2011

Pamela has 20 years' experience in corporate governance and an impressive oral health background. She has held leadership roles with the Health Issues Centre, Victorian Women's Dentists Association, the Australian Dental Association (Victoria), Dental Practice Board of Victoria and the Registration and Notification Committee of Dental Board of Australia. Pamela has also been appointed as a Fellow of the Academy of Dentistry International and International College of Dentistry.



Mr John Nguyen
FCA, MBA, BCom, PGradDipFin
 Appointed to the Board in
 December 2013

John is a Chartered Accountant and a partner at a global professional services firm. John has a proven record advising large multinational financial services and government clients in the areas of financial and risk management, governance and assurance. John is a leader who understands the importance of building a business based on people and culture. John has worked in a number of locations including New York, London, Singapore, Melbourne and Canberra.

*Term concluded on 30 June, 2016



Mrs Helene Bender OAM
BCom, Dip Travel and Tourism
 Appointed to the Board in
 July 2011

Helene is Deputy Chancellor of Deakin University, member of Chancellor's Advisory Committee, Remuneration Committee, Honorary Degrees Committee and Chair Legislation Committee. Helene is a Director of Geelong Cemeteries Trust and a member of the Finance Committee, and Chair Audit and Risk Committee. Helene is also a volunteer at St John of God Geelong Hospital and Secretary of the Order of Australia Association Barwon Regional Group.



Mr Ian Pollerd
*BEd(BS), GDipEd(EdAdmin),
 BEd(BA), DipCrim, MAICD*
 Appointed to the Board in
 September 2015

Ian is a Director of Eureka Solutions, a consultancy specialising in policy formulation and review, governance and event management. With over 20 years' working in government, Ian is well acquainted with the workings of bureaucracy. He has held senior public sector health and community services program management positions at both the operational and policy levels. Ian is a Member of the Australian Institute of Company Directors, has completed the company directors' course and has extensive experience as a Director on a number of government and non-government boards. An experienced community engagement facilitator in both metropolitan and rural settings, Ian has assisted Indigenous groups to develop good corporate governance policies.



Ms Dianne Rule
BA, BEd
 Appointed to the Board
 in 2013

After teaching in both government and private schools, she established a niche publishing company with her husband in 1987. Dianne has previously worked as a Senior Adviser and Chief of Staff to both state and federal politicians – giving her a great understanding of government and the legislative process. Dianne is a Director of PTO Ombudsman Pty Ltd; Cancer Australia Advisory Council and a trustee of The Greater Metropolitan Cemeteries Trust. Dianne also chairs The JMB Foundation.

*Term concluded on 30 June, 2016

Board meetings

The Board requires all members to devote sufficient time to the work of the Board and to endeavour to attend meetings.

In addition to the Annual General Meeting, the Board met 11 times during 2015–16 plus a strategic planning session in April. Attendance at Board meetings was as follows:

| Member | Number of meetings eligible for | Number of meetings attended |
|------------------|---------------------------------|-----------------------------|
| Zoe Wainer | 11 | 10 |
| Kathy Bell | 11 | 9 |
| Helene Bender | 11 | 9 |
| Cameron Clarke | 11 | 11 |
| Pamela Dalglish | 11 | 10 |
| Barbara Hingston | 11 | 10 |
| John Nguyen | 11 | 9 |
| Dianne Rule | 11 | 9 |
| Ian Pollerd | 9 | 9 |

In July we farewelled two of our esteemed Board members – John Nguyen and Dianne Rule. They will be remembered for their dedication and contribution to the Board and committees on which they served.



DHSV is committed to participating in oral health research to improve the health of all Victorians by establishing major research and development programs.

Board committees

The following committees provided advice to the DHSV Board of Directors during the 2015–16 financial year:

Audit and Risk Committee

The role of the Audit and Risk Committee is to ensure that DHSV produces accurate, timely and relevant reports on the financial operations of the organisation. The committee also ensures that sufficient resources are allocated to identifying and managing organisational risk.

Chair: Mr Cameron Clark

Members: Dr Pamela Dalglish, Ms Dianne Rule, Mr Kevin Quigley (independent).

Community Advisory Committee

The Community Advisory Committee provides advice and leadership on strategies for effective community participation and ensures that consumers and community views are reflected in service delivery, planning and policy development.

Chair: Ms Barbara Hingston (from August 2015)

Members: Mr John Nguyen (until July 2015), Mr Cameron Clark (from August 2015), Ms Sandra Anderson, Mr Sam Caldera, Mr Geoffrey Dye, Ms Sharon King Harris, Ms Christine Ingram, Ms Roxanne Maule, Ms Jacqueline Gibson, Ms Maria Sheridan

Executive Performance and Remuneration Committee

The Executive Performance and Remuneration Committee monitors Executive and senior staff recruitment, remuneration and performance.

Chair: Dr Zoe Wainer (from July 2015)

Members: Mrs Helene Bender, Ms Kathy Bell (from July 2015)

Finance Committee

The Finance Committee advises the Board on matters relating to financial strategies and performance as well as capital management.

Chair: Mr John Nguyen

Members: Ms Helene Bender, Dr Zoe Wainer (from July 2015), Mr Ian Pollerd (from February 2016), Dr Deborah Cole

Population Health Committee

The role of the Population Health Committee is to provide advice and recommendations to the Board on health issues affecting the population served by DHSV.

Chair: Ms Kathy Bell

Members: Ms Dianne Rule, Ms Barbara Hingston, Dr John Rogers, Dr Gregory Morris, Mr Garry Pearson, Ms Roisin McGrath, Dr Felicia Valianatos, Dr Sajeev Koshy, Mr Chris Templin, Prof Mike Morgon, Dr Lisa Gibbs, Dr Julie Satur, Dr Mark Gussy, Ms Jan Black, Ms Rebekah Kaberry, Mr Simon Flagg (from October 2015)

Safety and Quality Committee

The Safety and Quality Committee ensures that quality monitoring activities are systematically performed at RDHM and that quality standards are maintained.

Chair: Dr Pamela Dalglish

Members: Ms Barbara Hingston (until July 2015), Mr John Nguyen (from July 2015), Mr Ian Pollerd (from December 2015), Ms Rebekah Kaberry, Ms Sandra Anderson (from February 2016), Ms Denise Harisiou, Dr Melinda Tam

Compensation arrangements

The Board reviews the compensation arrangements of the Chief Executive Officer and other senior Executives via its Executive Performance and Remuneration Committee.

DHSV complies with the Government Sector Executive Remuneration Panel policies. The remuneration of the Board of Directors is determined in accordance with government policy.

Managing risk

The Board retained the services of Protiviti Independent Risk Consulting in 2015–16 as internal auditors and risk consultants as part of our ongoing commitment to risk management.

Executive

The DHSV Executive oversees all activity and ensures services provided are as efficient and effective as possible with the resources allocated to the service.



Dr Deborah Cole
Chief Executive Officer
BDS, GDHA, MBA, GradCertLead and CathCulture, FAICD, FAIM, GAIST

Appointed in February 2011, Deborah has substantial experience in managing major public healthcare organisations. She has held CEO positions at Calvary Health Care and Yarra City Council as well as senior executive positions at Mercy Health and St Vincent’s Health. Deborah was Director of RDHM from 1995 to 1999 and has also held senior positions at the South Australian Dental Service.



Mr Tim Hogan
Chief Financial Officer
BBus, FCPA, FGIA, GAICD

Tim oversees all of DHSV’s financial activities. He has significant financial and operational expertise in the public health sector. Prior to joining DHSV, Tim was Director of Finance at Mercy Health and has also held senior management positions at Western Health and Southern Health. Tim is responsible for developing clear strategies and accountabilities across the portfolios of finance, data and compliance, and information communication technology (ICT).



Mr Mark Sullivan
Chief Operating Officer
GDHA, Cert Purchasing/Planning, AFACHSE

Mark is responsible for purchasing services and administering funding for statewide public oral health services and health promotion. He has particular expertise in project management, continuous improvement and customer service and has held senior executive positions in regional and specialist hospitals.



Ms Leanne Turner
Executive Director, RDHM
RN, BHSc-Nsg, Postgrad Health Admin, MBA, GAICD

Leanne is responsible for RDHM. She is a recognised leader with management and board experience across a number of health services including Austin Health, Nillumbik Community Health Service, and Manningham Community Health Service. She holds qualifications in nursing, and is recognised for her skills in clinical governance, risk management, and implementing new models of care.



Ms Louise Palmer
Executive Director, People and Organisation Capability
CertDenThrpy, AssDipArts, DipT, GCertAppSci, MEd, CertIVTAA, CertGovPrac

Louise has significant senior and executive management experience, most recently in the tertiary education sector. She has particular expertise in the areas of leadership and management, strategy and culture, workforce learning and development, organisational design and innovation, and Lean people systems and processes.

Oral health leadership and adviser team



Dr Paula Bacchia
Executive Director Oral Health Leadership (until Dec 2015)
Chief Oral Health Adviser (from Dec 2015)
*BDS*Sc*, GradDipHealthServMan, GradCertPubHlth, FICD*

As Chief Oral Health Adviser, Paula provides high-level strategic clinical advice to DHSV Executive and plays a key role in the implementation of DHSV’s clinical leadership framework. She has extensive experience as a Senior Clinician and Manager of large dental clinics, and a strong background in public dental health. Paula also works as a Professional Officer with AHPRA, is an examiner with the Australian Dental Council and at La Trobe University.



Associate Professor Werner Bischof
Clinical Advisor – Specialist Care
*BDS*Sc* MDS*Sc* FRACDS*

Werner has held the position of Clinical Advisor – Specialist Care, DHSV since 2014. He provides clinical leadership across all specialist units in the areas of models of care, peer review, clinical governance and patient experience. He is a periodontist with extensive experience in clinical practice, education and regulation. He is also a Consultant Periodontist Dental Unit Royal Children’s Hospital, Academic Lead in Periodontology/ Periodontics Department of Dentistry and Oral Health, La Trobe University, Chair of the Victorian Registration and Notification committee of the Dental Board of Australia and a Member of the Accreditation Committee of the Australian Dental Council.



Dr. David Butler
Principal Oral Health Adviser
*BDS*Sc*, Grad. Dip Clin.Dent.,FICD*

David provides high-level, strategic clinical advice and policy clinical impact statements, to the Executive Director – RDHM, Manager Operations – RDHM,

Manager – Governance Audit Risk and Compliance and the Quality and Safety Team at RDHM. He works closely with his counterparts in the RDHM Primary and Specialist Care Units. Currently, David chairs the RDHM Infection Control, Anti-microbial Stewardship, Product Evaluation and Technology Advancement Committees and the Clinical Leadership Group.



Dr Rana Yawary
Principal Oral Health Advisor Statewide
*BDS*Sc*, DClinDent(Paediatric Dentistry), MRACDS*

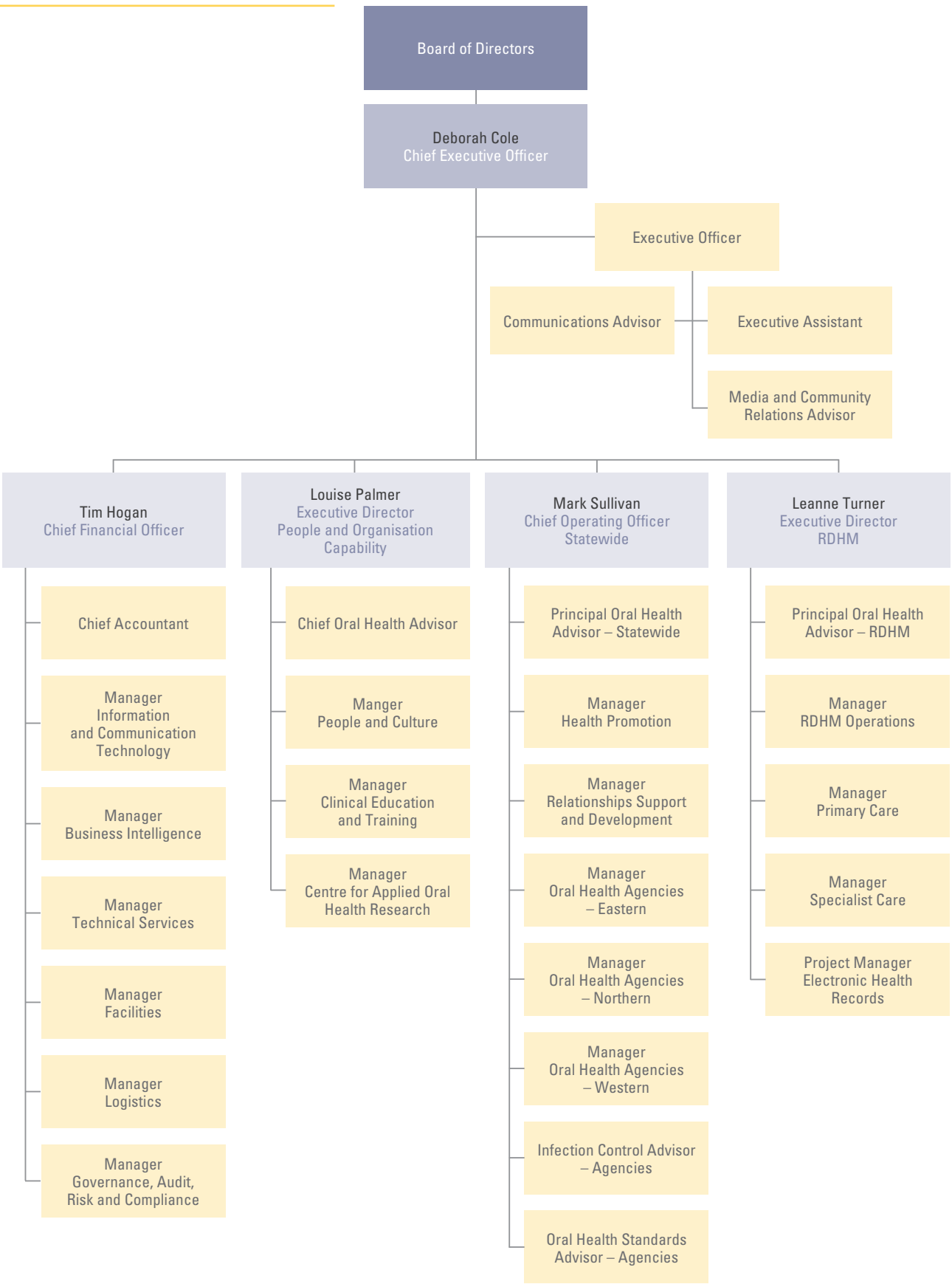
Rana works in collaboration with the Statewide Team to embed the clinical leadership framework across public oral health, implement new models of care and drive initiatives relating to oral disease prevention and improved health outcomes. She is a paediatric dentist with significant experience in public oral health. Prior to joining DHSV, Rana held senior positions at the Western Australian School Dental Service and at the Royal Children’s Hospital of Melbourne.



Associate Professor Matthew Hopcraft
Clinical Advisor – Primary Care
*BDS*Sc* MDS*Sc* BA PhD*

Matthew has held the position of Clinical Advisor – Primary Care (RDHM) since February 2016. He provides clinical leadership across the Primary Care Department including the development of new models of care and clinical governance. Matthew is a dentist with extensive experience in clinical practice, education and research. He previously held positions as the Director of Clinical Education at Melbourne Dental School and the Director of Assessments and Examinations at the Australian Dental Council, and is a Past President of the Australian Dental Association (Victorian Branch).

Organisational chart



Workforce information

DHSV applies the classification guidelines as set down by the Victorian Public Sector Commission for all workforce data collection purposes.

Employment principles

DHSV is committed to equal opportunity (including equal employment opportunity) and inclusive, fair and reasonable processes in all human resource management procedures. DHSV applies a framework that incorporates the employment principles outlined in the Public Administration Act.

Our recruitment and selection processes apply the principles of merit and equity, relevant award and statutory requirements and best practice public sector approaches.

The principles of natural justice and procedural fairness underpin our procedures for handling staff complaints and grievances, which seek to achieve an effective resolution of issues that contribute to positive workplace relationships.

We have in place policies and procedures addressing legislative requirements in the areas of harassment and discrimination, occupational health and safety and other areas of government policy governing employment terms and conditions.

All policies and procedures and associated documentation are readily accessible for staff via the staff portal.

Organisational values and staff code of conduct

The DHSV core values – respect, integrity, teamwork and excellence – provide both a guide for employee behaviour and a framework for fostering a workplace culture that promotes employee engagement and performance. Information on the values (and associated behaviours) is readily available on the staff portal, and via posters located throughout the organisation.

The organisation’s staff code of conduct, based on the DHSV core values and behaviours, and the *Code of Conduct for Victorian Public Sector Employees*, provides guidance to all staff members on standards of expected behaviour and professional conduct. Orientation to the code of conduct forms part of the new employee onboarding process. The code is readily accessible to all staff through the staff portal.



Workforce breakdown

| Labour category | June Current Month FTE* | | June YTD FTE* | |
|------------------------------------------------------------------------------|-------------------------|--------|---------------|--------|
| | 2015 | 2016 | 2015 | 2016 |
| Nursing – <i>Registered nurses</i> | 17.52 | 17.96 | 19.16 | 18.34 |
| Administration and clerical – <i>Admin, clerical, management</i> | 170.79 | 167.76 | 179.19 | 168.14 |
| Medical support – <i>CSSD techs/radiologists</i> | 21.14 | 23.92 | 20.07 | 23.36 |
| Hotel and allied services – <i>Other (e.g. storemen, drivers, orderlies)</i> | 11.18 | 9.02 | 10.57 | 10.04 |
| Medical officers – <i>Anaesthetists</i> | 5.17 | 4.78 | 4.69 | 4.94 |
| Ancillary staff (allied health) – <i>Speech therapists</i> | 0.33 | 0.29 | 0.33 | 0.30 |
| Specialist dentists | 17.38 | 18.67 | 17.90 | 18.25 |
| Dentists | 31.87 | 38.01 | 33.01 | 34.69 |
| Dental therapists | 6.95 | 5.99 | 6.45 | 5.96 |
| Dental hygienists | 0.18 | 0.18 | 0.23 | 0.18 |
| Dental assistants | 101.89 | 105.09 | 106.26 | 100.97 |
| Dental technicians | 22.93 | 18.41 | 22.34 | 20.90 |
| Total | 407.33 | 410.08 | 420.20 | 406.07 |

| Occupational violence statistics | 2015–16 |
|-----------------------------------------------------------------------------------------------------------------------------|---------|
| 1. WorkCover accepted claims with an occupational violence cause per 100 FTE* | 0 |
| 2. Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked | 0 |
| 3. Number of occupational violence incidents reported | 57 |
| 4. Number of occupational violence incidents reported per 100 FTE* | 14 |
| 5. Percentage of occupational violence incidents resulting in a staff injury, illness or condition | 0 |

*FTE – Full time equivalent

Fees and charges

Eligible adults:

- a fee of \$27 per visit to a maximum of \$108 for a general course of care, which includes an examination and all general dental treatment.
- a flat fee of \$27 for an emergency course of care, which includes assessment and treatment of the tooth/gums/false teeth that is causing pain.
- fees for dentures are dependent on the type of dentures required – \$65.50 per denture capped at \$131 for a full upper and lower denture.

Children aged 0 to 12 years who are not health care or pensioner concession card holders or not dependants of concession card holders:

- free of charge for an emergency course of care
- a flat fee of \$32 per child for a general course of care, which includes an examination and all general dental treatment. Fees per family will not exceed \$128.

Fees for specialist services (RDHM only):

- dependent on the treatment provided, up to a maximum of \$326 for a course of care.

Fee exemptions

Exemption from fees for public dental services apply to:

- Aboriginal and Torres Strait Islander peoples*
- children and young people aged 0 to 17 years who are health care or pensioner concession card holders or dependants of concession card holders*
- homeless people and people at risk of homelessness
- refugees and asylum seekers
- all children and young people up to 18 years of age, who are in out-of-home care provided by DHHS
- all youth justice clients up to 18 years of age in custodial care
- registered clients of mental health and disability services, supported by a letter of recommendation from their case manager or staff of special development schools
- those receiving care from undergraduate students
- those experiencing financial hardship (as assessed by a qualified staff member).

* Fees do apply for public specialist dental services.

Meeting accreditation

DHSV is leading the way in the new national safety and quality accreditation standards. Since the standards were introduced, we have provided resources, advice and ongoing support for the 53 public community dental agencies who have all achieved accreditation for their dental clinics.

DHSV played a major role as a member of the National Safety and Quality Health Service Standards Dental Forum, and provided significant advice in relation to the revision of the National Standards Guide for Dental Practices and the reclassification of some of the actions within the standards. All suggestions were included in the recently published Standards guide. RDHM and DHSV conducted a self-assessment as part of the National Trial for the draft revised standards and contributed valuable feedback to the Australian Commission for Safety and Quality in Health Care along with many other organisations around Australia.

RDHM was measured against three out of 10 of the National Safety and Quality Health Service Standards as part of the three-year accreditation cycle in December 2015. This was a successful review with the surveyors praising RDHM for a number of improvements such as: clinicians scorecard, consumer 'tick of approval' and antimicrobial stewardship.

All public oral health agencies in Victoria are now accredited.

Quality resources

DHSV develops a range of educational and informative written materials and resources for public dental patients, other health professionals and members of the public. These resources include a public Quality of Care Report and a suite of brochures, pamphlets and flyers. All written materials can be obtained via the DHSV website or by contacting DHSV Corporate Services on (03) 9341 1000.

Compliant with the requirements of the Standing Directions of the Minister for Finance, details in respect of the items listed below have been retained by DHSV and are available to the relevant ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

- a) A statement of pecuniary interest has been completed.
- b) Details of shares held by senior officers as nominee or held beneficially.
- c) Details of publications produced by the Department about the activities of DHSV and where they can be obtained.
- d) Details of changes in prices, fees, charges, rates and levies charged by DHSV.
- e) Details of any major external reviews carried out on DHSV.
- f) Details of major research and development activities undertaken by DHSV that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations.
- g) Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit.
- h) Details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of DHSV and its services.
- i) Details of assessments and measures undertaken to improve the occupational health and safety of employees.
- j) General statement on industrial relations within DHSV and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations.
- k) A list of major committees sponsored by DHSV, the purposes of each committee and the extent to which the purposes have been achieved.
- l) Details of all consultancies and contractors including consultants/contractors engaged, services provided and expenditure committed for each engagement.


I, Dr Deborah Cole certify that Dental Health Services Victoria has complied with Ministerial Direction 4.5.5 – Risk Management Framework and Processes. Dental Health Services Victoria Audit Committee has verified this.



Dr Deborah Cole
Chief Executive Officer
Dental Health Services Victoria
Carlton VIC

28 July 2016

I, Dr Deborah Cole certify that Dental Health Services Victoria has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. Dental Health Services Victoria has critically reviewed these controls and processes during the year.



Dr Deborah Cole
Chief Executive Officer
Dental Health Services Victoria
Carlton VIC

28 July 2016



Paralympic gold medallist Carol Cooke AM was named DHSV Smile Ambassador as part of the 2015 Public Oral Health Awards.



Australia's leading body for nutrition experts, The Dietitians Association of Australia partnered with DHSV to release a joint position statement on oral health and nutrition.

Buildings management

DHSV buildings are maintained in accordance with the Building Act 1993, the Building Code of Australia and DHHS guidelines: Fire Safety Compliance Series 7.

Purchasing and tendering

DHSV procurement policies follow the procurement policies of the Victorian Government Purchasing Board. DHSV complies with the Principle Purchasing Policy of Health Purchasing Victoria.

Competitive neutrality

DHSV applies competitive neutral pricing principles to all of its identified business units in accordance with the requirements of the government policy statement, Competitive Neutrality Policy Victoria and subsequent reforms.

Probity

DHSV has undertaken public tenders for contracts in accordance with Victorian Government Purchasing Board policies and has a rigorous supplier evaluation and relationship management process in place. When necessary DHSV utilises the services of an independent probity advisor.

Freedom of information

The Victorian Freedom of Information (FOI) Act 1982 provides members of the public the right to apply for access to information held by DHSV. The majority of applications under Freedom of Information are requests by patients for access to their own personal dental records.

DHSV received 93 requests during the year and all requests were granted in full.

Occupational health and safety

The occupational health and safety strategic direction places a focus on leadership and employee engagement in occupational health and safety, which is achieved with support and guidance from the Occupational Health and Safety Coordinator.

The SmileSAFE OHS management system provides a framework for risk management that not only ensures compliance with relevant legislation but seeks continuous improvement.

Employee engagement and consultation is achieved through the establishment of designated work groups (DWGs) throughout the organisation. Each DWG has a designated OHS representative who is provided with detailed training in OHS legislation, hazard identification and consultation methods. These elected representatives, along with management representatives, form the OHS Committee who are responsible for setting the direction of OHS and monitoring risk management programs such as workplace inspections, musculoskeletal disorder risk reduction and chemical risk management.



DHSV has developed a Respectful Workforce Framework that is founded on the principles of equity, diversity, inclusion, flexibility, wellbeing and safety.

Environment Performance Report

DHSV is committed to continuous improvement in the area of sound environmental practices. We are committed to protecting and enhancing the environment for future generations.

We will consider, and implement where appropriate, sustainable environmental practices in activities that we undertake.

DHSV has developed a Sustainability and Environmental Management Plan, to support delivery of the organisations stated environmental objectives.

DHSV also continues to work with the Department of Health and Sustainability Victoria to report our energy and water usage on a monthly basis.

The data presented in this report has been collated over three years from 2013–2015 inclusive, as at 30 June 2015.

Energy consumption

| Total energy consumption by energy type (GJ) | 2013 | 2014 | 2015 |
|----------------------------------------------------------|--------|--------|--------|
| Electricity | 11,060 | 11,421 | 10,392 |
| Natural gas | 9,837 | 11,374 | 11,691 |
| Produced and used steam | 226 | 237 | 213 |
| Total | 21,123 | 22,032 | 22,296 |
| Normalised energy consumption | 2013 | 2014 | 2015 |
| Energy per unit of floor space RDHM (GJ/m ²) | 1 | 1 | 1 |

Greenhouse gas emissions

| Total greenhouse gas emissions (tonnes CO ₂ e) | 2013 | 2014 | 2015 |
|------------------------------------------------------------------------------|------|------|------|
| Scope 1 – calculated consumed nitrous oxide | 82 | 61 | 41 |
| Scope 2 – calculated consumption gas and electricity | 347 | 436 | 337 |
| Total | 429 | 497 | 378 |
| Normalised greenhouse gas emissions | | | |
| Emissions per unit of floor space RDHM (kgCO ₂ e/m ²) | 50 | 56 | 48 |

Water consumption

| Total water consumption by type (kL) | 2013 | 2014 | 2015 |
|--------------------------------------------|--------|--------|--------|
| Potable water | 14,455 | 15,740 | 15,087 |
| Total | 14,455 | 15,740 | 15,087 |
| Normalised water consumption | | | |
| Waste per unit of floor space RDHM (kL/m²) | 1 | 1 | 1 |

Waste generation

| Total waste generation by type (tonnes) | 2013 | 2014 | 2015 |
|-----------------------------------------|------|------|------|
| Clinical waste | 23 | 24 | 22 |
| General waste | 210 | 217 | 139 |
| Recycled waste | 41 | 41 | 25 |
| Total | 274 | 282 | 186 |
| Normalised waste generation | | | |
| Waste per activity (kg/activity) | 2 | 2 | 2 |
| Waste recycling | | | |
| Waste recycling rate (percentage) | 15 | 15 | 13 |

Statement of Priorities

Part A: Strategic priorities for 2015–16

In 2015–16 DHSV will contribute to the achievement of the government’s commitments by

| Priority | Action | Deliverables | Outcomes |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patient experience and outcomes | <ul style="list-style-type: none"> Drive improved health outcomes through a strong focus on patient-centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first. | <ul style="list-style-type: none"> Develop and implement new models of care in teaching, surgery and emergency settings. New models of care will be developed by March 2016 and implemented by June 2016. | <p>Overview</p> <p>To improve patient experience and health outcomes DHSV has implemented components of new models of care in four areas:</p> <ul style="list-style-type: none"> Emergency Service Clinical Experience (oral health professionals in training) Surgical Care Specialist Care. <p>Emergency service model of care</p> <p>Utilising a Relative Needs Index this new model of care is set for implementation following an upgrade to the patient management system in September 2016. This new model of care will be more effective at prioritising urgent care and scheduling care appropriately for all patients based on their oral health care needs. This adds to the pilot program that has been developed to transfer dental emergencies from acute emergency departments to assist in reducing the acute demand.</p> <p>Clinical experience model of care</p> <p>Working with our university partners at RDHM (RMIT and The University of Melbourne) DHSV has implemented a model of care which utilises one electronic record for patient administration, clinical records and student assessment. This system is used by DHSV staff, university students and university clinical demonstrators to support care delivery. This will improve patient experience and outcomes through effective coordination of patient care and communication with patients, students and demonstrators.</p> <p>Working with La Trobe University and Ballarat Health Service, DHSV completed a one-year project trialling a Clinical Experience Model of Care for rural students, which has received very positive feedback from partners, students and patients.</p> <p>Surgical model of care</p> <p>DHSV has partnered with Western Health and successfully implemented a new model of care for patients with complex health and oral health needs utilising theatre and ICU facilities operated by Western Health, with end-to-end care planning and coordination conducted by DHSV. This now means that Victorians requiring dental care and also requiring intensive care support can access services.</p> <p>Specialist model of care</p> <p>DHSV has continued to develop general dental practice by providing training to upskill general dentists, working in the public oral health sector, with enhanced prosthodontics and oral surgery skills enabling more patients with complex dental needs to be treated at their local community practice.</p> <p>Another component of the model implemented is the use of teledentistry. Specialist consultations are now provided to patients in some regional areas rather than expecting them to travel to Melbourne.</p> |

| Priority | Action | Deliverables | Outcomes |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patient experience and outcomes (continued) | <ul style="list-style-type: none"> Identify service users who are marginalised or vulnerable to poor health, and develop interventions that improve their outcomes relative to other groups, for example, women, Aboriginal and Torres Strait Islander peoples, people affected by mental illness, people at risk of elder abuse, people with disability, homeless people, refugees and asylum seekers, people whose alcohol and other drug use is damaging their health or impacting on their recovery. | <ul style="list-style-type: none"> Increase the number of people accessing care from communities with high dental needs (for example, Aboriginal and Torres Strait Islander peoples, refugees and asylum seekers, older people, and children in out of home care). | <p>Increasing access (high needs)</p> <p>DHSV has implemented and continued a range of programs to increase access by service users who are marginalised or vulnerable including:</p> <ul style="list-style-type: none"> Healthy Families, Healthy Smiles, a program that builds the oral health promotion capacity of health and education professionals working with families with children aged 0 to 3. Smiles 4 Miles, a settings-based oral health promotion program primarily for kindergartens, which is focusing on increasing children's access to dental services by building and enhancing partnerships with public dental agencies in high-risk areas. three mobile vans to support dental treatment for remote regional Victorian Aboriginal communities in the Barwon, Gippsland and Hume regions of the state. a pilot service to provide oral health education, assessments and treatment to eligible residents of residential aged care facilities. continuing to partner with RFDS to extend the reach to new areas where geographical access is a barrier. partnering with RDNS, Northern Melbourne Medicare Local, NWMR DHHS and eight agencies in the north-west to facilitate access for homeless people to oral health care. DHSV has implemented a new outreach service linked to the Gathering Place (a provider of services and programs to the Aboriginal and Torres Strait Islander communities). This includes an interdisciplinary model of care and utilises clinicians to their full scope of practice to provide treatment as well as oral health education and dietary advice. <p>DHSV data is evidencing increasing levels of access.</p> |
| | <ul style="list-style-type: none"> Use consumer feedback to improve person and family-centred care, health service practice and patient experience. | <ul style="list-style-type: none"> Improve patient satisfaction at RDHM to 85% or more as measured by the Patient Experience Trackers. | <p>Patient satisfaction</p> <p>Patient experience scores at RDHM have consistently exceeded the 85% target throughout the year.</p> |
| | <ul style="list-style-type: none"> Strengthen the response of health services to family violence. This includes implementing interventions, processes and systems to prevent; identify and respond appropriately to family violence at an individual and community level. | <ul style="list-style-type: none"> In partnership with Plenty Valley Community Health and the Northern Primary Care Partnership, develop a training module for oral health staff to identify and respond to family violence. | <p>Training – family violence</p> <p>To increase the awareness of family violence, DHSV featured presentations on family violence and its implications for public dental patients at its four regional forums for public dental staff across Victoria.</p> <p>DHSV is developing an overarching strategy and an oral health sector response to address family violence and occupational violence issues in line with tools released by DHHS. Initiatives and programs around awareness raising, training and referral pathways will subsequently be deployed.</p> |

| Priority | Action | Deliverables | Outcomes |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Governance, leadership and culture | <ul style="list-style-type: none"> Demonstrate an organisational commitment to Occupational Health and Safety, including mental health and wellbeing in the workplace. Ensure accessible and affordable support services are available for employees experiencing mental ill health. Work collaboratively with DHHS and professional bodies to identify and address systemic issues of mental ill health amongst the medical professions. | <ul style="list-style-type: none"> Develop and implement additional strategies to improve mental health and wellbeing in the workplace in consultation with DHSVs Occupational Health and Safety Committee. | <p>Strategies to improve mental health and wellbeing</p> <p>DHSV has mapped its current strategies to improve mental health and wellbeing.</p> <p>Oversight of further strategy development will be provided by the Workplace Health Safety & Wellbeing (previously called the Occupational Health and Safety Committee) which has revised terms of reference to include psychosocial wellbeing.</p> <p>DHSV has established a Respectful Workplace Framework and high level 3 year action plan that includes new strategies to improve mental health and wellbeing in the workplace.</p> |
| | <ul style="list-style-type: none"> Monitor and publically report incidents of occupational violence. Work collaboratively with DHHS to develop systems to prevent the occurrence of occupational violence. | <ul style="list-style-type: none"> Work with DHHS to ensure reporting and preventive strategies are in place. | <p>Preventing occupational violence</p> <p>DHSV is developing an overarching strategy and an oral health sector response to address family violence and occupational violence issues. Initiatives and programs around awareness raising, training and referral pathways will subsequently be deployed.</p> <p>DHSV will be working with DHHS and other stakeholders to develop preventative strategies and ensure reporting is in place.</p> <p>DHSV has participated in the 2016 People Matter Survey which will assist in identification of sector benchmarks and inform subsequent reporting.</p> <p>The high-level action plan accompanying the new DHSV Respectful Workplace Framework has been mapped to the health agency recommendations of the VAGO report on bullying and harassment in the health sector.</p> <p>A series of staff workshops have been conducted for:</p> <ul style="list-style-type: none"> Code Grey and Staff Safety Patients exhibiting aggressive behaviours |
| | <ul style="list-style-type: none"> Promote a positive workplace culture and implement strategies to prevent bullying and harassment in the workplace. Monitor trends of complaints of bullying and harassment and identify and address organisational units exhibiting poor workplace culture and morale. | <ul style="list-style-type: none"> Ensure all departments within DHSV have 'above and below the line' conversations at least twice per year. | <p>Respectful workplace</p> <p>New core values have been consulted with staff and approved for incorporation in the new strategic plan.</p> <p>Conversations about 'above and below the line behaviour' are well established, however, DHSV has begun a process of cultural disruption to update conversations with the new values.</p> |

| Priority | Action | Deliverables | Outcomes |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Governance, leadership and culture (continued) | <ul style="list-style-type: none"> Build workforce capability and sustainability by supporting formal and informal clinical education and training for staff and health students, in particular inter-professional learning. | <ul style="list-style-type: none"> Improve workforce capacity and capability to support new models of care through a Training and Continuing Professional Development Program. | <p>Workforce capacity building</p> <p>Workforce capacity building initiatives to support new models of care have been commissioned at a departmental level.</p> <p>In addition DHSV has developed and published a CPD calendar that is available to the sector and is preparing for implementation of a clinicians' oral health leadership program.</p> <p>The Public Oral Health Innovations Conference (POHIC) was held in May 2016 with a theme of 'Experience Matters'. It included a Marketplace of Innovations that showcased innovative practice in 'extending the reach' and 'clinical models of care'.</p> |
| | <ul style="list-style-type: none"> Improve data reporting systems to increase accountability and transparency, consistent with the Transparency in Government Bill. | <ul style="list-style-type: none"> Continue planning for transition to the new statewide Titanium Web version of the DHSV patient management system. | <p>Titanium Web</p> <p>An analysis of issues and enhancements for Titanium upgrade has been finalised with the next upgrade due in first quarter 2016–17 financial year.</p> <p>Planning for transition to the new Titanium Web version of the DHSV patient management system is continuing.</p> |
| Safety and quality | <ul style="list-style-type: none"> Ensure management plans are in place to prevent, detect and contain Carbapenem resistant Enterobacteriaceae as outlined in Hospital Circular 02/15 (issued 16 June 2015). | <ul style="list-style-type: none"> Maintain current infection control practices in line with Standard 3 of the National Safety and Quality Standards including cleaning of chairs between patients, hand hygiene and antimicrobial stewardship. | <p>Infection control</p> <p>RDHM is fully compliant with Standard 3 of the National Safety and Quality Standards (including cleaning of chairs between patients, hand hygiene and antimicrobial stewardship) and Hospital Circular 02/15.</p> |
| | <ul style="list-style-type: none"> Implement effective antimicrobial stewardship practices and increase awareness of antimicrobial resistance, its implications and actions to combat it, through effective communication, education, and training. | <ul style="list-style-type: none"> Continue to implement antimicrobial stewardship practices, roll out online education for clinicians and audit antibiotic use. | <p>Antimicrobial stewardship</p> <p>Antimicrobial stewardship practices are implemented in all agencies, education sessions are complete, and agencies continue to monitor their practices and audit their antibiotic use.</p> |
| | <ul style="list-style-type: none"> Ensure that emergency response management plans are in place, regularly exercised and updated, including trigger activation and communication arrangements. | <ul style="list-style-type: none"> Continue to test the DHSV emergency response management plans in line with the annual program. | <p>Emergency response management</p> <p>An annual testing program for DHSV's Emergency Response Management Plans is in place and is being followed.</p> |
| | <ul style="list-style-type: none"> Provide leadership for the implementation of the Australian National Quality and Safety in Health Service Standards in the public dental sector. | <ul style="list-style-type: none"> Assist all public dental agencies to ensure their dental clinics achieve accreditation under the new National Quality and Safety Health Service Standards. | <p>Accreditation</p> <p>All public dental agencies in Victoria are accredited. Support to agencies was provided throughout the year.</p> |

| Priority | Action | Deliverables | Outcomes |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Financial sustainability | <ul style="list-style-type: none"> Improve cash management processes to ensure that financial obligations are met as they are due. | <ul style="list-style-type: none"> Maintain current focus on working capital management ensuring that DHSV continues to meet its financial obligations. | <p>Working capital</p> <p>Monitoring of working capital management is undertaken monthly and key data is provided to the Finance Committee.</p> <p>Our working capital rates remain within DHHS parameters.</p> |
| | <ul style="list-style-type: none"> Identify opportunities for efficiency and better value service delivery. | <ul style="list-style-type: none"> Reduce the average cost per DWAU at RDHM. Work with DHHS to develop a consistent agency funding rate per DWAU (state rate) and commence implementation. | <p>Reducing costs</p> <p>RDHM has reduced the average cost per DWAU (from \$536 in 2014–15 to \$527 in 2015–16).</p> <p>DHSV is working with DHHS to develop a consistent agency funding rate per DWAU (state rate) for progressive implementation.</p> |
| Access | <ul style="list-style-type: none"> Implement integrated care approaches across health and community support services to improve access and responses for disadvantaged Victorians. | <ul style="list-style-type: none"> Develop and implement strategies that focus on prevention and early intervention across the life course, as per Victoria's Action Plan for Oral Health Promotion 2013–17, and have referral pathways for communities with high dental needs (for example Aboriginal and Torres Strait Islander peoples, refugees and asylum seekers, homeless people and people at risk of homelessness, and older people). | <p>Prevention and early intervention</p> <p>DHSV's new strategic plan 2016–21 is founded on intervention across the life course and all DHSV's programs will be orientated in line with the goals of the strategic plan.</p> <p>DHSV continues to lead, facilitate and support the Victorian Oral Health Promotion Advisory Group to monitor the delivery of Victoria's Action Plan for Oral Health Promotion 2013–17.</p> |
| | <ul style="list-style-type: none"> Progress partnerships with other health services to ensure patients can access treatments close to where they live when it is safe and effective to do so, making the most efficient use of available resources across the system. | <ul style="list-style-type: none"> Develop an efficient and effective statewide referral system to improve the access to specialist services. | <p>Efficient statewide referral</p> <p>DHSV is further developing a fully electronic patient management system and patient record. This system will support both e-referral and tel-dentistry (teledentistry has the potential to significantly impact on specialist service demand).</p> <p>In addition DHSV has a capital investment program in place to enhance clinical technology at an agency level, which in turn will support e-referral and teledentistry.</p> |
| | <ul style="list-style-type: none"> Optimise system capacity by ensuring that allocated points of care are implemented as per the Travis Review recommendations. | <ul style="list-style-type: none"> Increase the number of patients that receive care in the DHSV operating theatres, as funded by the Travis Review. | <p>Increased theatre utilisation</p> <p>The number of patients that received care in DHSV operating theatres was increased beyond targets funded by the Travis Review. The theatres saw an additional 102 patients over last year in addition to the 736 patients funded following the Travis Review.</p> |

| Priority | Action | Deliverables | Outcomes |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Access (continued) | <ul style="list-style-type: none"> Work with DHHS and public dental agencies to deliver funded Commonwealth programs. | <ul style="list-style-type: none"> Promote use of the CDBS for children and young people in priority populations. If signed by Victoria, implement the National Partnership Agreement on Adult Public Dental Services in partnership with public dental agencies and deliver agreed government targets. | <p>CDBS</p> <p>DHSV developed a comprehensive range of tools that promote and guide agencies on the use of CDBS.</p> <p>DHSV continues to monitor usage and encourage agencies to maximise their opportunity to utilise CDBS.</p> <p>The National Partnership Agreement on Adult Public Dental Services was signed for 2015–16. DHSV and Agencies exceeded the full-year target by 19,103 DWAUs.</p> |
| | <ul style="list-style-type: none"> Optimise alternatives to hospital admission. | <ul style="list-style-type: none"> Develop and implement strategies to reduce the rates of preventable hospital admissions due to dental conditions. | <p>Reducing rates of preventable hospital admissions</p> <p>DHSV has completed a successful six month pilot project between RDHM, the Royal Melbourne Hospital and St Vincent’s Hospital Melbourne to divert patients with dental emergencies from acute hospital emergency departments to RDHM.</p> <p>The pilot was positively received by clinical staff at both acute hospitals. An evaluation is in progress which will inform future service delivery.</p> |

Part B: Performance priorities

Safety and quality

| Key performance indicator | 2015–16 agencies target | YTD Q4 actual | 2015–16 RDHM target | YTD Q4 Actual | 2015–16 Statewide target |
|---------------------------------------------------------------------------|-------------------------|---------------|---------------------|---------------|--------------------------|
| Number of hospital initiated postponements per 100 scheduled appointments | – | – | 3.0 | 2.9 | – |
| Health service accreditation | Fully accredited | – | Fully accredited | – | – |
| Ratio of emergency to general courses of dental care | 40:60 | 40:60 | – | – | – |

Financial sustainability

| Key performance indicator | Target | YTD Q4 target | YTD Q4 actual | YTD Q4 variance |
|-------------------------------|-----------------|---------------|---------------|-----------------|
| Annual operating result (\$m) | \$0m | \$0m | \$1.63m | \$1.63m |
| Creditors | < 60 days | 60 | 55 | – |
| Debtors | < 60 days | 60 | 18 | – |
| Basic asset management plan | Full compliance | – | – | – |

Access

| Key performance indicator | | | | | | |
|----------------------------------------------------------------------------------|-------------------------|------------------------|---------------------|--------------------|--------------------------|-------------------------|
| Emergency care | 2015–16 agencies target | YTD Q4 agencies actual | 2015–16 RDHM target | YTD Q4 RDHM actual | 2015–16 statewide target | YTD Q4 statewide actual |
| Percentage of dental emergency triage Category 1 clients treated within 24 hours | 85.0% | 91.0% | 85.0% | 92.5% | 85.0% | 91.5% |
| Percentage of dental emergency triage Category 2 clients treated within 7 days | 80.0% | 89.7% | 80.0% | 90.1% | 80.0% | 89.7% |
| Percentage of dental emergency triage Category 3 treated within 14 days | 75.0% | 91.8% | 75.0% | 87.2% | 75.0% | 91.6% |

| General and denture care | 2015–16 agencies target | 2015–16 RDHM target | YTD Q4 RDHM actual | 2015–16 statewide target | YTD Q4 statewide actual |
|------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------|--------------------------|--------------------------------|-------------------------------|
| Average recall interval for high caries risk eligible clients aged 0 to 17 years (months) | – | – | – | 12.0 | 9.4 |
| Average recall interval for high caries risk eligible clients aged 0 to 17 years (months) | – | – | – | 24.0 | 12.6 |
| Waiting time for prosthodontics, endodontics, and orthodontics specialist services patients (months) | – | 15.0 | 12.7 | – | – |
| Waiting time for other dental specialist services patients (months) | – | 9.0 | 8.9 | – | – |
| Waiting time for general care (months) | – | – | – | 14.0 | 14.6 |
| Waiting time for denture care (months) | – | – | – | 16.0 | 14.0 |
| Waiting time for priority denture care (months) | – | – | – | 3.0 | 2.2 |

Service performance

| Key performance indicator | | | | | | |
|-------------------------------------|----------------------------|---------------|------------------------|---------------|-------------------------------------------|---------------|
| Activity | 2015–16 agencies target | | 2015–16 RDHM target | | 2015–16 statewide target (incl NPA) | |
| | | | | | 363,412 | |
| Total number of individuals treated | YTD Q4 target | YTD Q4 actual | YTD Q4 target | YTD Q4 actual | YTD Q4 target | YTD Q4 actual |
| | | | | | 363,412 | 387,730 |
| | | | | | 350,047 | |
| DWAUs | YTD Q3 target | YTD Q3 actual | YTD Q4 target | YTD Q4 actual | YTD Q4 target | YTD Q4 actual |
| | | | | | 350,047 | 369,150 |

Patient experience and outcomes

| Key performance indicator | Target | YTD Q4 target | YTD Q4 actual |
|---------------------------|--------|---------------|---------------|
| RDHM patient satisfaction | 85% | 85% | 90.5% |

Financial overview

The DHSV operating result for the financial year was a surplus of \$1.64 million. The net entity result was a surplus of \$2.93 million. The surplus was contributed to by output exceeding expectations, targeted cost containment measures, higher interest earnings than expected and delays in finalisation of anticipated EBA wage increases.

Total revenue increased by \$22.8 million – a 13.2 percent increase on the previous year. Total expenditure increased by \$18.8 million – a 10.8 percent increase on the previous year. Total equity increased by \$4.40 million which was a result of the net entity surplus of \$2.93 million, revaluation of land of \$3.37 million and return of capital of \$1.90 million.

In 2015–2016, additional grants from the NPA between DHHS and the Commonwealth significantly increased DHSVs total revenue and expenditure.

The key operational and financial objectives at DHSV are documented in the Statement of Priorities 2015–16.

Detailed financial statements are available in the back cover of this report.

| Summary of financial results | | | | | |
|-----------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|
| | 2016 \$'000 | 2015 \$'000 | 2014 \$'000 | 2013 \$'000 | 2012 \$'000 |
| Total Revenue | 195,851 | 173,057 | 218,187 | 155,369 | 148,771 |
| Total Expenses | 192,921 | 174,161 | 224,433 | 162,188 | 154,642 |
| Net Result for the Year (inc. Capital and Specific Items) | 2,930 | (1,104) | (6,246) | (6,819) | (5,871) |
| Accumulated Deficits | (26,716) | (29,646) | (28,542) | (22,296) | (15,477) |
| Total Assets | 132,883 | 140,386 | 139,153 | 102,532 | 104,413 |
| Total Liabilities | 21,443 | 33,342 | 31,005 | 26,263 | 21,344 |
| Net Assets | 111,440 | 107,044 | 108,148 | 76,269 | 83,069 |
| Total Equity | 111,440 | 107,044 | 108,148 | 76,269 | 83,069 |

Details of Information and Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2015–16 is \$4,107k (excluding GST) with the details shown below. (\$'000)

| Business As Usual (BAU) ICT expenditure | Non-Business As Usual (non-BAU) ICT expenditure | Operational expenditure (excluding GST) | Capital expenditure (excluding GST) |
|-----------------------------------------|---------------------------------------------------------------------------|-----------------------------------------|-------------------------------------|
| (Total) (excluding GST) | (Total = Operational expenditure and Capital Expenditure) (excluding GST) | | |
| \$ 3,353 | \$754 | \$3,424 | \$683 |

Consultancies

Details of consultancies (under \$10,000)

In 2015–16, there were seven consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2015–16 in relation to these consultancies is \$21,925.00 (exc GST).

Details of consultancies (valued at \$10,000 or greater)

In 2015–16, there were five consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2015–16 in relation to these consultancies is \$153,438.56 (exc GST). Details of individual consultancies can be viewed at www.dhsv.org.au/consultancies

Disclosure index

The Annual Report of DHSV is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

| Section | Legislation | Requirement | Page reference |
|---------------------------------|-------------|--------------------------------------------------------------------------|----------------|
| Ministerial Directions | | | |
| Report of Operations | | | |
| Charter and purpose | FRD 22F | Manner of establishment and the relevant Ministers | pg 3 |
| | FRD 22F | Purpose, functions, powers and duties | pg 23 |
| | FRD 22F | Initiatives and key achievements | pg 4 |
| | FRD 22F | Nature and range of services | pg 24 |
| Management and structure | FRD 22F | Organisational structure | pg 33 |
| Financial and other information | FRD 10 | Disclosure Index | pg 52 |
| | FRD 11A | Disclosure of ex-gratia expenses | pg 123 |
| | FRD 12A | Disclosure of major contracts | NA |
| | FRD 21B | Responsible person and executive officer disclosures | pg 122 |
| | FRD 22F | Application and operation of Protected Disclosure 2012 | – |
| | FRD 22F | Application and operation of Freedom of Information Act 1982 | pg 38 |
| | FRD 22F | Application and operation of Carers Recognition Act 2012 | – |
| | FRD 22F | Compliance with building and maintenance provisions of Building Act 1993 | pg 38 |
| | FRD 22F | Details of consultancies over \$10,000 | pg 51 |
| | FRD 22F | Details of consultancies under \$10,000 | pg 51 |
| | FRD 22F | Employment and conduct principles | pg 34 |
| | FRD 22F | Major changes or factors affecting performance | pg 50 |
| | FRD 22F | Occupational Health and Safety | pg 39 |
| | FRD 22F | Operational and budgetary objectives and performance against objectives | pg 48 |
| | FRD 24C | Reporting of office-based environmental impacts | pg 40 |
| | FRD 22F | Significant changes in financial position during the year | pg 50 |

| Section | Legislation | Requirement | Page reference |
|----------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------|----------------|
| Financial and other information (continued) | FRD 22F | Statement on National Competition Policy | pg 38 |
| | FRD 22F | Subsequent events | pg 123 |
| | FRD 22F | Summary of the financial results for the year | pg 50 |
| | FRD 22F | Workforce Data Disclosures including a statement on the application of employment and conduct principles | pg 34 |
| | FRD 25B | Victorian Industry Participation Policy Disclosures | NA |
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Glossary

| | |
|---------------|----------------------------------------------------------------------|
| ADAVB | Australian Dental Association Victorian Branch |
| ADA | Australian Dental Association |
| AHHA | Australian Healthcare and Hospitals Association |
| AHRI | Australian Human Resources Institute |
| BHS | Ballarat Health Service |
| CAOHR | Centre for Applied Oral Health Research |
| CDBS | Child Dental Benefits Schedule |
| CLP | Clinical Leadership in Practice group |
| CLG | Clinical Leadership Group |
| CSSD | Central Sterilising Service Department |
| DHHS | Department of Health and Human Services |
| DHSV | Dental Health Services Victoria |
| DWAU | Dental Weighted Activity Unit |
| GEGAC | Gippsland and East Gippsland Aboriginal Cooperative |
| HFHS | Healthy Families, Healthy Smiles |
| ICHOM | International Consortium for Health Outcomes Measurement |
| MCH | Maternal child health |
| MCHN | Maternal Child Health Nurse |
| NPA | National Partnership Agreement |
| NWMR | North and West Metropolitan Region (of DHHS) |
| PACS | Picture Archiving Communication System |
| PLO | Patient Liaison Officer |
| POHLC | Public Oral Health Leadership Council |
| RACF | Residential aged care facilities |
| RDHM | The Royal Dental Hospital of Melbourne |
| RFDS | Royal Flying Doctor Service |
| VACCHO | Victorian Aboriginal Community Controlled Health Organisation Inc |
| VHES | Victorian Healthcare Experience Survey |
| VPOHS | Victorian Pre-schoolers Oral Health Survey |







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