Oral Health Referral Form for Medical Emergency Departments

**Summary**
To establish a clear, patient focused, referral pathway that ensures a care management focus between public emergency departments and oral health services.

**Document type** Guideline

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**Author branch** Centre for Oral Health Strategy

**Branch contact** 8821 4311

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**Applies to** Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Affiliated Health Organisations - Declared, Public Health System Support Division, Dental Schools and Clinics, Public Health Units, Public Hospitals

**Distributed to** Public Health System, NSW Ambulance Service, Ministry of Health

**Audience** Emergency Depts and Oral Health Services Clinicians & their administrators;including call centre

*Secretary, NSW Health*

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.
GUIDELINE SUMMARY

ORAL HEALTH REFERRAL FORM FOR MEDICAL EMERGENCY DEPARTMENTS

PURPOSE
This guideline establishes a clear, patient focused, referral pathway that ensures a care management focus between public emergency departments and oral health services.

KEY PRINCIPLES
The guideline introduces the Oral Health Referral Form for Medical Emergency Departments and aims to improve continuum of care for emergency treatment between NSW Health emergency departments (ED) and public oral health services (OHS). The guideline describes the procedures for implementing this referral process.

By aligning procedures between the two health programs NSW Health hopes to:

- ensure continuity of patient flow
- provide timely episodic care for eligible persons

USE OF THE GUIDELINE

Chief Executives
Assign responsibility and personnel to implement the guideline.

Oral Health Clinical Directors and Oral Health Managers
Ensure timely and open communication with emergency departments to establish an episodic continuum of care approach.

All Area Health Service Oral Health and Emergency Department Staff
Comply with the guideline and actively participate in establishing efficient patient referral processes and effective dental care

REVISION HISTORY

<table>
<thead>
<tr>
<th>Version</th>
<th>Approved by</th>
<th>Amendment notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 2009</td>
<td>Chief Health Officer</td>
<td>New guideline introducing the Emergency Department Dental Chart and Referral Form</td>
</tr>
<tr>
<td>(GL2009_003)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>June 2010</td>
<td>Chief Health Officer</td>
<td>Rescinds GL2009_003 and updates the Referral Form</td>
</tr>
<tr>
<td>(GL2010_008)</td>
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ATTACHMENTS

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1 Background

1.1 About this document

The NSW Oral Health Strategic Directions 2005-2010 sets the platform for oral health action in NSW into the next decade. The Oral Health Referral Form for Medical Emergency Department (Referral Form) reflects the operating principles:

- create better experiences for people using health services
- make smart choices about the costs and benefits of health services

1.2 Key definitions

Throughout this document the term Area Oral Health Services (AOHS) is used to describe the team of administrative and clinical staff that provide public oral health services to eligible NSW residents.

1.3 Relevant documentation

This guideline should be read in conjunction with the following Department of Health policy directives, guidelines and information bulletins:

- Correct patient, correct procedure and correct site\(^1\)
- Eligibility of Persons for Public Oral Health Care in NSW\(^2\)
- Priority Oral Health Program and List Management\(^3\)
- Oral Health Specialist Referral\(^4\)
- NSW Health Better Practice Guidelines for Frontline Complaints Handling\(^5\)

2 Application

2.1 Communication Framework

An effective communication strategy is required to establish a clear, patient care management focused, emergency referral pathway between OHS and ED units. The Oral Health Referral Form for Medical Emergency Departments (Attached) has been developed and received endorsement from the SFMC for use by ED units. Further to this, a NSW Health Public Dental Service – ‘What you need to know’ brochure is also available for downloading at the COHS website (www.health.nsw.gov.au/cohs/resources.asp) and can be ordered (free of charge) from Better Health Centre – Publications Warehouse on 02 9887 5450.

2.2 Administration Processes

Effective management of Oral Health Referral Form for Medical Emergency Departments (Referral Form) requires clear identification of the roles and responsibilities of all stakeholders. Each one of these processes is reliant on a key person/s to be responsible to ensure that they are acted upon (refer to Table A).

2.2.1 ensure that the patient’s condition is stabilised
2.2.2 ensure that Referral Form is completed
2.2.3 attach a copy of the Referral Form to the patient’s medical record
2.2.4 provide the patient/parent/guardian/carer with the Referral Form and discuss with them the appropriate AOHS Call Centre number to ring (refer to Appendix A)
2.2.5 provide a referral process that is sensitive to the needs of Aboriginal people, and people from culturally and linguistically diverse backgrounds by accessing interpreter services and/or Aboriginal Hospital Liaison/Health Workers, as required
2.2.6 appoint the referred emergency patient, who has a Referral Form, under the Priority Oral Health Program (POHP) Code 2 (refer to POHP and List Management Protocols Policy Directive Table 4)
2.2.7 inform the patient to bring the Referral Form to their appointment
2.2.8 attach Referral Form to the patient’s oral health record and, where possible, scan into Information System for Oral Health (ISOH) patient record using document management
### Table A

<table>
<thead>
<tr>
<th>Issue</th>
<th>Process</th>
<th>Who</th>
<th>Where</th>
<th>When</th>
<th>How</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2.1</td>
<td>Stabilise patient's condition</td>
<td>ED staff</td>
<td>ED</td>
<td>At time of presentation</td>
<td>Providing appropriate treatment</td>
</tr>
<tr>
<td>2.2.2</td>
<td>Complete the Referral Form</td>
<td>ED staff</td>
<td>ED</td>
<td>At time of presentation</td>
<td>As per AHS protocols</td>
</tr>
<tr>
<td>2.2.3</td>
<td>Provide patient with the Referral Form</td>
<td>ED staff</td>
<td>ED</td>
<td>At time of presentation</td>
<td>Written <em>(if in envelope please leave unsealed so patient has access to OHS call centre numbers)</em></td>
</tr>
<tr>
<td>2.2.4</td>
<td>Ensure that a copy of the Referral Form is attached to the patient’s medical record</td>
<td>ED staff</td>
<td>ED</td>
<td>At time of presentation</td>
<td>Attach to patient medical record as per AHS protocols</td>
</tr>
<tr>
<td>2.2.5</td>
<td>Ensure the patient understands the referral process so they can ring the relevant AOHS call centre</td>
<td>ED staff</td>
<td>ED</td>
<td>At time of presentation</td>
<td>Verbal and/or written</td>
</tr>
<tr>
<td>2.2.6</td>
<td>Appoint a Referral Form referred patient</td>
<td>AOHS staff</td>
<td>AOHS call centre</td>
<td>At time of call</td>
<td>Book appointment in ISOH</td>
</tr>
<tr>
<td>2.2.7</td>
<td>Inform the patient to bring the Referral Form to their appointment</td>
<td>AOHS staff</td>
<td>AOHS call centre</td>
<td>At time of call</td>
<td>Verbal</td>
</tr>
<tr>
<td>2.2.8</td>
<td>Attach Referral Form to patient oral health record</td>
<td>AOHS staff</td>
<td>AOHS dental clinic</td>
<td>At time of dental appointment</td>
<td>Attach to patient oral health record and/or scan into ISOH</td>
</tr>
</tbody>
</table>
2.3 Eligibility

The following persons may be eligible to receive dental care by AOHS:

2.3.1. adult persons in receipt of a current and valid concession card, as per the eligibility for public oral health care policy directive\(^6\).

2.3.2. all persons who are less than 18 years of age are eligible for free public oral health care.

2.3.3. persons with ‘Areas of Need’ (AON) entitlements (refer to Priority Oral Health Program (POHP) and List Management Policy Directive)\(^7\).

2.3.4. eligibility is further defined in Section 3 Point 3.2 of the POHP and List Management Policy Directive

Medicare number: ____________________________

Centrelink Concession Card (please ✓)

☐ Health Care Card
☐ Pension Card
☐ Seniors Card

**Treatment Summary**

The above person was provided treatment for:

☐ pain of dental origin
☐ swelling / infection of dental origin
☐ oral / dental trauma
☐ haemorrhage
☐ other

The presenting condition site was *(please specify)*:

________________________________________________________________________

The patient’s dental care at the emergency department included:

- X-rays: ☐ OPG
☐ CT
☐ dental film
or other ____________________________

- Test: ☐ blood
☐ biochemistry
☐ microbiology
☐ biopsy
or other ____________________________

- Medication: ☐ pain relief
☐ antibiotic
or other ____________________________

Please indicate if:

- the patient has a very serious medical condition, which may be impacted upon by their dental condition
  ☐ YES
  ☐ NO

Other relevant medical information *(please specify)*:

________________________________________________________________________

*After filling in the form please give it to the patient and inform them that they need to ring the relevant call centre for an assessment *(details below)*

<table>
<thead>
<tr>
<th>Area Oral Health Service</th>
<th>Phone Number</th>
<th>Area Oral Health Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Eastern Sydney Illawarra</td>
<td>1300 134 226 (South East Sydney) 1300 369 651 (Illawarra)</td>
<td>Greater Western</td>
<td>1300 552 626 (Far West &amp; Macquarie) 1300 552 208 (Illawarra)</td>
</tr>
<tr>
<td>Northern Sydney / Central Coast</td>
<td>1300 789 404</td>
<td>Hunter / New England</td>
<td>1300 651 625</td>
</tr>
<tr>
<td>Sydney South West</td>
<td>02 929 333 33</td>
<td>North Coast</td>
<td>1300 651 625</td>
</tr>
<tr>
<td>Sydney West</td>
<td>02 984 567 66</td>
<td>Justice Health</td>
<td>02 458 227 53</td>
</tr>
<tr>
<td>Greater Southern</td>
<td>1800 450 046</td>
<td></td>
<td></td>
</tr>
</tbody>
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