

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

Document number GL2010_008

Publication date 29 June 2010

Author branch Centre for Oral Health Strategy

Branch contact 8821 4311

Review date 30 September 2017

Policy manual Patient Matters

File number

Previous reference N/A

Status Review

Functional group Clinical/Patient Services - Dental/Oral, Medical Treatment

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

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

Version	Approved by	Amendment notes
February 2009 (GL2009_003)	Chief Health Officer	New guideline introducing the Emergency Department Dental Chart and Referral Form
June 2010 (GL2010_008)	Chief Health Officer	Rescinds GL2009_003 and updates the Referral Form

ATTACHMENTS

1. Procedures
2. Oral Health Referral Form For Medical Emergency Departments

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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 site¹
- Eligibility of Persons for Public Oral Health Care in NSW²
- Priority Oral Health Program and List Management³
- Oral Health Specialist Referral⁴
- NSW Health Better Practice Guidelines for Frontline Complaints Handling⁵

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.

1 http://www.health.nsw.gov.au/policies/pd/2007/PD2007_079.html

2 http://www.health.nsw.gov.au/policies/pd/2009/PD2009_074.html

3 http://www.health.nsw.gov.au/policies/pd/2008/PD2008_056.html

4 http://www.health.nsw.gov.au/policies/pd/2010/PD2010_027.html

5 http://www.health.nsw.gov.au/policies/gl/2006/GL2006_023.html

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

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

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 directive⁶.
- 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

⁶ http://www.health.nsw.gov.au/policies/pd/2009/PD2009_074.html

⁷ http://www.health.nsw.gov.au/policies/pd/2008/PD2008_056.html

Site:

D.O.B. ____ / ____ / ____

M.O.

ADDRESS

ORAL HEALTH REFERRAL FORM FOR MEDICAL EMERGENCY DEPARTMENTS

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

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)

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



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