

Oral Health Specialist Referral Protocols

Summary The Oral Health Specialist Referral Protocols PD is to establish clear and consistent patient flow pathways for eligible NSW residents who require specialist oral health services. The policy also contains a referral form that supports continuum of care practices between general and specialist services.

Document type Policy Directive

Document number PD2011_071

Publication date 17 November 2011

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Review date 30 November 2017

Policy manual Patient Matters

File number

Previous reference N/A

Status Review

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

Applies to Local Health Districts, Specialty Network Governed Statutory Health Corporations, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, Public Hospitals

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

Audience Clinical staff of oral health and medical services

ORAL HEALTH SPECIALIST REFERRAL PROTOCOLS

PURPOSE

This policy statement and attached protocol aim to improve referral pathways from public and private medical and dental practitioners to public specialist oral health services by establishing clear and consistent patient flow pathways for eligible NSW residents who require specialist oral health services.

MANDATORY REQUIREMENTS

Referral centres and referring practitioners are to ensure compliance with specific oral health speciality referral criteria, as approved by Public Dental Services and the processes as detailed in the Oral Health Specialist Referral Protocol.

The oral health specialist referral form is to be completed by a referring practitioner when referring a patient to a specialist service.

IMPLEMENTATION

Chief Executives must:

- assign responsibility and personnel to implement the guidelines.
- approve specific public dental services specialist referral criteria.

Medical and Dental Practitioners, Oral Health Clinical Directors and Oral Health Managers must:

- promote efficient patient flow pathways
- monitor the implementation of the policy and specific public dental services criteria

Referral Centres must:

- Comply with the responsibilities detailed at section 3.3

Local Oral Health Staff must:

- comply with public dental services approved specialist referral processes and specific public dental services criteria

REVISION HISTORY

| Version | Approved by | Amendment notes |
|--------------------------------|--|--|
| November 2011 (PD2011_071) | Deputy Director-General Population Health | <ul style="list-style-type: none"> ▫ Rescinds PD2010_027 ▫ Reissue updated to include general anaesthesia services ▫ Reissue specialist referral form to include a date field |
| May 2010 (PD2010_027) | Deputy Director-General Population Health | <ul style="list-style-type: none"> ▫ Rescinds PD2005_101. ▫ Reissues updated specialist services referral clinical guidelines previously issued under IB2003_015 ▫ Updates the specialist oral health referral form |
| September 1996 (PD2005_101) | Director-General | Policy detailing the provision of orthodontic care for dependent children of Health Card holders |

ASSOCIATED DOCUMENTS

1. Oral Health Specialist Referral Protocols (attached)
2. Oral Health Specialist Referral Form¹

¹ Salmat order number is NH606518 or alternative the form is located at Ministry of Health Website

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Issue date: November 2011

PD2011_071

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1 BACKGROUND

1.1 About this document

This policy directive is aligned to the NSW Oral Health Strategic Directions 2005- 2010, which sets the platform for oral health action in NSW into the next decade. The Oral Health Specialist Referral Protocols reflects the operating principles:

- Create better experiences for people using health services
- Make smart choices about the costs and benefits of health services.

The Oral Health Specialist Referral Protocols aims to improve referral pathways from public and private medical and dental practitioners to public specialist oral health services. By standardising procedures and protocols between referring practitioners and specialist oral health services the policy will:

- Increase the efficiency of specialist oral health services
- Improve the continuum of patient care
- Improve the level of feedback to referring practitioners

The Oral Health Specialist Referral Policy and Protocols have been prepared by the Centre for Oral Health Strategy NSW and the State Oral Health Executive through a specialist referral review working group.

1.2 Key definition

In this document the term:

- **Must** – indicates a mandatory action required that must be complied with.
- **Should** – indicates a recommended action that should be followed unless there are sound reasons for taking a different course of action.

NSW Public Dental Service

Throughout this document the term public dental service is used to describe the team of administration and clinical staff who provide public oral health services to eligible NSW residents.

1.3 Patient Management

As stated in NSW Health Policy Directive PD2008_056 'Priority Oral Health Program and List Management Protocols', dental treatment provided during a general course of care will depend on the patient's oral health needs, as determined by the treating clinician and as per public dental service's policies. In a general course of care the treatment that is provided should result in the patient being dentally fit.

Treatment flows depend on the severity and urgency of the condition; patients may be offered an appointment or placed on a list. List options are: assessment, treatment, referral and managed care. Should a patient require a specialist service following an assessment appointment, and they meet the clinical criteria for that service, a referral to a specialist Dental Officer can be made.

It is important that each dental patient referred for specialist consideration has a general dental clinician to act as his/her case manager. This clinician acts as the patient's advocate, first point of contact for specialist advice and follow-up and co-ordinator for referrals to other dental or medical specialists. Without a general dental practitioner as case manager, patients have the potential to undergo multiple cycles of specialist assessment and treatment, preventing other patients from accessing specialist assessments and treatments.

A guiding principle of the referral process, in both medical and dental practice, is that the patient remains under the clinical case management of the referring general practitioner. As such, the patient is to be managed at the referring oral health clinic for all emergency dental procedures, and for all presentations which are not covered by the referral and for ongoing management and follow-ups after the specialist course of care is completed.

1.4 Eligibility for Public Oral Health Services

The NSW Health 'Eligibility of Persons for Public Dental Care' policy directive defines eligibility for public dental care for NSW residents. Adult patients will require a valid health care card or pension card to qualify for specialist oral health care.

Only adults (18yrs and over) who are self holders of valid Centrelink concession card are eligible for in-patient specialist dental services including orthodontic surgery and for non-admitted procedural dental specialist services such as endodontics, orthodontics, oral surgery, prosthodontics and periodontics.

All children and young persons (0-<18yrs) are eligible:

- to be referred for consultation
- for the provision of non-admitted treatment in all specialties, except orthodontics
- for admitted paediatric dental specialty services for conditions outlined in 11.2.1 – 11.2.4

However, only children and young persons (0-<18yrs) who are self holders or whose parents/guardians are holders of a valid Centrelink concession card, are eligible for admitted paediatric dental specialty services for conditions outlined in 11.2.5 and 11.2.6 and for any orthodontic specialty service.

Exemption to these eligibility criteria can only be made for patients for teaching purposes and those patients with special clinical needs as authorised by Clinical Directors of Local Health District Oral Health Services or their formally authorised delegate/s. For these cases a service charge may be applicable.

1.5 Related Policy Directives and Guidelines

This Policy Directive should be read in conjunction with:

- Prevention of Osteonecrosis of the Jaw (ONJ) in Patients on Bisphosphonate Therapies²
- Consent to Medical Treatment – Patient information³

² http://www.health.nsw.gov.au/policies/gl/2010/GL2010_010.html

³ http://www.health.nsw.gov.au/policies/PD/2005/PD2005_406.html

- Correct Patient, Correct Procedure and Correct Site⁴
- Data collections – Disclosure of unit record data held for research or management of health services⁵
- Eligibility of Persons for Public Dental Care⁶
- Medical Records in Hospitals and Community Care Centres⁷
- Oral Health Record Protocols⁸
- Priority Oral Health Program and Wait List Management⁹
- Records – Principles for Creation, Management, Storage and Disposal of Health Care Records¹⁰
- Student Training and Rights of Patients¹¹
- Waiting Times and Elective Patient Management Policy¹²

2 ORAL HEALTH SPECIALIST SERVICES

2.1 Referral Centres

Public oral health services in NSW provide specialist dental care at the three major oral health teaching facilities (Referral Centres) which are mainly associated with the University of Sydney, Faculty of Dentistry.

These Referral Centres are:

- Sydney Dental Hospital (SDH), 2 Chalmers Street, Surry Hills 2010, telephone: 02 9293 3200.
- Westmead Centre for Oral Health (WCOH), Darcy Road, Westmead 2145 or PO BOX 533, Wentworthville 2145, telephone: 02 9845 7178.
- The Children's Hospital Westmead, Dental Department, Westmead, corner of Hawkesbury Road and Hainsworth Street, NSW 2145, 02 98452582.

Other NSW Local Health District Oral Health Services may also provide a limited range of specialist services. For further information contact the local Oral Health Service Call Centre (refer to <http://www.health.nsw.gov.au/cohs/contacts.asp>) closest to the patient's place of residence.

2.2 Specialist Service Type

The following specialist services are offered:

- General Anaesthesia

⁴ http://www.health.nsw.gov.au/policies/pd/2007/PD2007_079.html

⁵ http://www.health.nsw.gov.au/policies/pd/2006/PD2006_077.html

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

⁷ http://www.health.nsw.gov.au/policies/PD/2005/PD2005_004.html

⁸ http://www.health.nsw.gov.au/policies/pd/2008/PD2008_024.html

⁹ http://www.health.nsw.gov.au/policies/pd/2008/PD2008_056.html

¹⁰ http://www.health.nsw.gov.au/policies/PD/2005/PD2005_127.html

¹¹ http://www.health.nsw.gov.au/policies/pd/2005/PD2005_548.html

¹² http://www.health.nsw.gov.au/policies/pd/2009/PD2009_018.html

- Conscious sedation for dental procedures
- Endodontics
- Oral and maxillofacial surgery
- Oral radiology
- Oral medicine, oral pathology
- Orthodontics
- Paediatric Dentistry
- Periodontics
- Prosthodontics
- Special Care Dentistry

2.3 List Management

Referral Centres who place referred patients on a wait list for either assessment or treatment are required to inform both the patient and the referring practitioner. NSW Health has developed a policy directive for Waiting Times and Elective Patient Management, which identifies benchmark waiting times.

Note: that specialist waiting lists are not to be included in LHD general wait lists (refer to POHP and List Management Protocol Policy Directive).

3 Referral processes

3.1 Reason for Referral

Referrals may be made for the following reasons:

- An opinion only, regarding a specific condition or a particular aspect of the patient's care;
- Management of a specific complaint or condition, subject to acceptance of the referral; or
- Ongoing management of a patient whose oral health condition/overall medical status dictates that his/her oral health treatment needs to be undertaken by a specialist clinician/institution, subject to acceptance of the referral.

3.2 Referring Practitioner Responsibilities

- Complete the oral health specialist referral form and write the date of the referral on the form.
- Ensure that all fields are completed for every patient. This includes:
 - Patient's full name, address details and phone number,
 - Medicare card number, including the eleventh digit and expiry date;
 - Any entitlement card numbers, stipulating type and expiry dates;
 - Copies of relevant radiographs including OPGs (to avoid unnecessary repeat radiation exposure);

- Access issues and special requirements where relevant; and
- Any medical test results.
- A brief medical history and indication of disability.
- Ensure that the contact details of the referring practitioner are clearly recorded on the form.
- Ensure that the contact details (including telephone numbers) of the patient's general and specialist medical practitioner/s are clearly recorded on the form.
- When complete, post or transmit the referral form to the appropriate specialist service/referral centre.
- Send only one referral per clinical issue. That is, do not send a referral to multiple referral centres to increase the probability of an early outcome. Similarly, do not refer for multiple clinical issues on the same referral form, e.g TMJ, exodontia and endodontics, as this risks the referral being held up in one specialist department, while the second or third issue do not get prioritised.
- Inform the patient that waiting times for assessment and treatment usually apply, and that, until a specialist course of care commences, all dental treatment is to be managed at the local general dental practice level.

3.3 Referral Centre Responsibilities

- Acknowledge receipt of the referral in a timely manner.
 - Log patient details into the NSW Health Information System for Oral Health (ISOH), attach the referral form to the patient's paper record and place a scanned copy into the patient's electronic record in ISOH.
 - Review the referral (to a Specialist or Department Head) in accordance with the Specialist Referral Policy and Protocols and specific LHD referral criteria.
 - Prioritise the patient according to identified need.
 - Contact the patient to offer a consultation appointment. Inform the patient and the referring practitioner if wait lists are applicable for either consultation or treatment appointments.
 - When an offer of assessment has been returned unacknowledged, the Referral Centre is to discontinue the referral and return the referral to the referring clinician for local management.
 - Advise the referring practitioner of the outcome of the consultation/s and the proposed course of care, or the reasons for not proceeding with specialist service.
 - Advise the referring practitioner on how to best manage the patient whilst waiting for a general anaesthesia if deemed required.
 - Consult with the referring practitioner when proposed specialist care will impact on ongoing general oral health care and when necessary return the patient for general treatment to be completed before specialist services can commence
- Maintain patient records by

- retaining a copy of the Specialist Referral Form and the original or duplicated radiographs as appropriate; and
- attaching relevant documentation on the feedback process.
- Comply with NSW Health Consent to Medical Treatment – Patient Information policy directive by informing the patient and/or carer/guardian about the risks and benefits of procedures such as intravenous sedation or general anaesthesia.

3.4 Referral Centre Caveats

- All referrals will be logged for consultation if they meet Specialist Referral criteria.
- Depending on the outcome of the specialist consultation, including further tests or analyses, a referral may not necessarily lead to treatment.
- Patients who do not meet the criteria for specialist referral will not automatically qualify for general treatment at the Referral Centre and will be returned to the referring clinic.
- Post-graduate trainees, students, registrars, or general dentists/therapists/hygienists may provide some or all of the treatment as appropriate under supervision of a specialist.

3.5 General Advice for Referred Patients

The Referral Centre should advise the referred patient and/or their carer/guardian that:

- They need to bring their valid Medicare card as well as any other entitlement cards (e.g. health care card or pension card) to their consultation appointment and their first treatment appointment.
- Should a patient's eligibility status change during the course of treatment, they may be required to meet the costs of completing the treatment.
- If they are unable to consent to treatment a legal guardian must accompany them to the assessment appointment.
- Treatment will continue only if patients actively maintain good oral health status, including compliance with recommended changes of behaviour (e.g. effective oral hygiene, cessation of nail-biting, wearing of functional appliances) and attendance for diagnostic tests.
- Patients have a right to an interpreter or Aboriginal Liaison officer/health worker if they require assistance (Consent to Medical Treatment – Patient information PD). The interpreter or Aboriginal Liaison officer/health worker may attend the patient's appointments and the Referral Centre can organise this. (*Note: that this information is to be logged into ISOH.*)
- The initial specialist appointment is a consultation only to assess dental needs.
- If accepted for a specialist course of care, patients will invariably be placed on a treatment wait list, in accordance with the urgency of their assessed dental needs.

- Treatment under oral sedation, intravenous sedation or general anaesthesia will be determined by the appropriate specialist service and not by the referring clinician.

4 General Anaesthesia for Dental Procedures

The need for general anaesthesia (GA) represents the clinician's ultimate solution to treating a patient's dental problem. The decision to recommend general anaesthesia is not to be taken lightly as a risk of serious complications always exists. When deciding to place a patient under general anaesthesia, the treating dental clinician must consider the whole care of the patient.

To be exempt from a service charge, referred patients must hold a valid Centrelink entitlement card (e.g. valid health care card or pension card) (Point 1.4).

4.1 Key Referral Information

Prior to GA assessment appointments must be made to ensure a suitable treatment plan has been proposed and consented to, the patient's behaviour is such that a satisfactory outcome can be achieved and a home-care program is established which includes such aspects as tooth brushing instruction, referral to a dietician, instruction on the use of home fluorides and follow-up visits, as appropriate.

4.2 Index of Treatment Needs

Certain clinical situations strongly indicate the need for general anaesthesia, these are:

- Severe odontogenic cellulitis or abscess/s
- Facial trauma
- Surgical management of pathology
- Multiple carious teeth requiring extraction and/or restoration

Patients indicated for GA are to be assessed in accordance with the American Society of Anaesthesiologists (ASA 2008) categories of anaesthetic risk. These are:

- ASA Class 1 Health patient
- ASA Class 2 Mild to moderate systemic disease without significant limitations
- ASA Class 3 Severe systemic disturbance without limitations
- ASA Class 4 Life-threatening systemic disorder
- ASA Class 5 Moribund patient not expected to survive >24hrs
- ASA Class E Emergency patient

Most patients who are ASA 1 or 2 will be suitable for day-stay anaesthesia.

However, patients with more severe systemic disease (ASA 3 or 4) may need overnight hospital care to ensure that they are maintaining their airway, tolerating oral food and fluids, that any pain is satisfactorily managed and that there is no ongoing bleeding. This overnight hospitalisation would be in an acute or general hospital.

4.3 General Anaesthetic Services

General anaesthetic services for dental procedures are provided by a multidisciplinary anaesthetic and anaesthetic assistant workforce with specialist dental expertise in the management of the patient's presenting oral health condition (QG 2009).

Dental treatment made available under GA can be provided by a dental specialist, a general dentist who has been appropriately credentialed by local public dental services and/or a post-graduate specialist registrar under appropriate supervision.

The patient will have a pre-anaesthetic assessment with an anaesthetist prior to the GA to ensure that the patient is in an optimal state of health for the planned procedure (QG 2009).

The GA may be postponed if the anaesthetist determines risk factors such as:

- Medications have not been attested by the patient, such as warfarin and/or bisphosphonate;
- Respiratory tract infection; or
- Patient has not fasted according to hospital instructions.

5 Conscious Sedation for Dental Procedures

Sedation for dental procedures (with or without local anaesthesia) includes the administration by any route or technique, of all drugs that result in depression of the central nervous system. Conscious sedation offers an efficient and effective way of providing the patient with profound anxiety relief and pain management during dental procedures.

For further information, refer to the Australian & New Zealand College of Anaesthetists, Faculty of Pain Medicine Australian and New Zealand College Of Anaesthetists, Gastroenterological Society of Australia, Royal Australasian College of Surgeons, Australasian College for Emergency Medicine, College of Intensive Care Medicine of Australia and New Zealand, Royal Australasian College of Dental Surgeons, Royal Australian and New Zealand College of Radiologists Professional Document PS9 (2010): "*Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures*".

To be exempt from a service charge, referred patients must hold a valid Centrelink entitlement card (e.g. valid health care card or pension card) (Point 1.4).

5.1 Key information

The choice of general anaesthesia or conscious sedation will be decided at the specialist assessment/consultation using specific criteria based on health assessment, treatment complexity, behavioural problems and an anxiety assessment.

Detailed instructions will be given to the patient before any appointment for sedation or general anaesthesia. The patient must have a responsible adult to drive them home after the procedure.

5.2 Index of Treatment Needs

Referral for Conscious Sedation procedures includes patients in the following categories:

- Paediatric
- Dento-alveolar surgery
- Special Care Dentistry
- Dental and/or needle phobias

Patients who are unsuitable for Conscious Sedation include:

- IV drug users
- Methadone patients
- Patients with psychiatric disorders
- Patients with significant health problems, e.g. ASA III or higher

6 Endodontics

All referred patients must hold a valid Centrelink entitlement card (e.g. valid health care card or pension card) (Point 1.4).

Prior to referral for endodontics it is essential that:

- The tooth is functional, free of active dental caries and well temporised by the referring practitioner. This may require placement of an orthodontic band.
- The referring clinician understands and accepts responsibility for all emergency and other dental care of the patient whilst waiting for specialist treatment.
- All other restorative treatment is completed prior to referral.

Where the patient is advised that a tooth is assessed as endodontically untreatable, they will be returned to the referring clinician for management.

6.1 Key referral information

Teeth that can be added to an existing functional partial denture without detriment to a patient's oral condition will not be considered for endodontic treatment.

Additional factors that must be considered are the:

- Status of the root canal *per se* and the reason for treatment (calcified, blocked, perforated, incompletely filled);
- Condition of apical third of the root canal (i.e. open, closed, resorbed or eroded);
- Strategic value of the tooth to the patient's future restorative needs, for example, as an abutment tooth for a denture.
- Patient's medical and psychological conditions, age or infirmity which may impact on treatment provision or outcome;
- Number of teeth already lost in the arch and presence of a partial denture

- Overall extent of treatment required in the mouth

6.2 Index of Treatment Needs

Patients will be placed on waiting list for definitive endodontic treatment according to the following Priority Codes:

6.2.1. Priority 1 (High Priority)

- Traumatized and avulsed teeth. These include luxated, avulsed and fractured teeth.
- Teeth with resorptive lesions or abnormalities. These include dens invaginatus & dens evaginatus, external or internal root resorption.

6.2.2. Priority 2 (Medium Priority)

- Multi-rooted, restorable teeth important for function with difficult access to pulp chamber, or complications following attempted endodontic treatment, in a well maintained mouth.
- Re-treatment cases, with history of pain, involving removal of root filling materials, procedural errors and cases involving surgery.

6.2.3. Priority 3 (Low Priority-Unlikely to be offered specialist care)

- Single rooted teeth in a well maintained mouth that require straightforward endodontic treatment not necessarily requiring specialist attention.
- Unopposed multi-rooted restorable functional teeth:
 - ~ in a poorly maintained mouth with no prospects of sustainable improvement in periodontal condition, or
 - ~ in a heavily restored mouth requiring multiple endodontic therapies.

7 Oral and Maxillofacial Surgery

Oral and maxillofacial surgery offers treatment to patients requiring surgical management of trauma, developmental disorders or diseases involving the dento-facial, dento-alveolar or dento-maxillary complexes and associated structures.

To be exempt from a service charge, including anaesthetic, theatre and ancillary fees, referred patients must hold a valid Centrelink entitlement card (e.g. valid health care card or pension card) (Point 1.4).

7.1 Index of Treatment Needs

The scope of Oral and Maxillofacial Surgery Services is broad and includes:

7.1.1. Emergency treatment

- Trauma - management of fractures of the facial skeleton including the primary and secondary management of hard and soft tissues and other injuries involving the mouth, jaws and associated structures.
- Other - management of acute infections of the jaws and associated areas including complications following dental treatment eg bleeding, infection.

7.1.2. Dento-alveolar surgery

- Management of complex oral surgical procedures such as, endodontic surgery, removal of impacted teeth, management of benign tumours and cysts of the oral cavity, and oral surgical management of patients with significant medical problems.

7.1.3. Orthodontic / Orthognathic Surgery

- The investigation, diagnosis and surgical correction of deformities of the face, jaws and related structures, including cleft lip and palate, utilising the principles of, and in association with, orthodontic management.

7.1.4. Prosthetic and pre-prosthetic surgery

- Surgical preparation of hard and soft tissues for prosthodontic treatments.
- The placement of implants into the jaws to provide retention for prostheses to replace missing teeth and/or missing tissues.
- The placement of extra-oral implants can provide retention for a range of prostheses, such as maxillo-facial prostheses. These procedures are usually managed in conjunction with a maxillo-facial prosthodontist.

8 Oral Radiology

This service provides intra-oral imaging for specific diagnostic needs, extra-oral planar and panoramic imaging, including cone beam volumetric imaging for:

- Pathology screening and case work-up;
- Oral surgery case work-up;
- Prosthodontic case work-up including implant case work-up;
- Orthodontic/Orthognathic case work-up;
- Endodontic screening;
- Paediatric dental screening; and
- Periodontal screening.

With the advent of digital radiography, it is possible to take radiographs at referral centres or remotely, e.g. at acute care hospitals or private radiology practices, and have an oral radiologist or other dental specialist interpret the images. This electronic transmission or teleradiography may assist in rapid diagnosis, or even avoid patient travel.

9 Oral Medicine/Oral Pathology

Oral Medicine/Oral Pathology provide tertiary diagnostic and clinical services to the state of NSW by referral only. Services include:

- Oral medicine/oral pathology
- Management of the severely medically-compromised patient requiring oral/dental care and treatment.
- Management of conditions including the diagnosis of malignancy and treatment in conjunction with the Head and Neck clinical team.
- The investigation and management of diseases of the salivary glands.
- The diagnosis and management of patients with oral manifestations of auto-immune diseases.
- Facial pain

9.1 Key referral information:

To be exempt from a service charge, referred patients must hold a valid Centrelink entitlement card (e.g. valid health care card or pension card) (Point 1.4).

9.2 Index of Treatment Needs:

Indications for referral are patients with:

- Any form of suspicious oral lesion or disease;
- Suspected cases of mouth/oral cancer and pre-cancerous conditions;
- Complex oro-facial pain whose cause has defied explanation and treatment; and
- Extensive or complex medical conditions that are best treated in a hospital environment, for example:
 - haemophiliacs,
 - post organ- and bone marrow-transplant recipients; and
 - patients who have had radiotherapy treatment to the head and neck region.

There are 3 priority categories as identified below:

9.2.1. Priority 1 (to be seen within two (2) working days/48 hours)

- Suspected oral malignancy
- Severe, incapacitating (unable to eat or drink) oro-pharyngeal ulceration
- Severe, intractable, incapacitating oro-dental pain unrelieved by narcotic opiate agents
- Active dental/periodontal infection in a seriously immuno-compromised patient (chemotherapy or head and neck radiotherapy recipient, patients on significant immuno-suppressant therapy, especially anti-T-cell agents or cytotoxic drugs)

9.2.2. Priority 2 (to be seen at the next available appointment, or within four (4) weeks)

- Significant intractable oro-pharyngeal ulceration or oro-dental pain unrelieved by narcotic analgesics
- Patients with suspected oral malignancy awaiting definitive radical surgery, radiotherapy or chemotherapy
- Prior to head and neck radiotherapy treatment
- Pre-transplant (organ or haemopoietic stem cell) or pre-heart valve replacement dental assessment.

9.2.3. Priority 3

- All other cases.

10 Orthodontics

The criteria for referral of patients for public orthodontic services are as follows:

- Orthodontic treatment will not be offered to patients who are not dentally fit, that is, who have active caries, chronic marginal gingivitis or whose oral hygiene is not sound.
- Referrals must include details of the malocclusion, as listed in the table of treatment need (Table A), and a recent panoramic radiograph (OPG);
- If the patient is assessed as eligible for, and in need of, public orthodontic care the supervising Dental Officer should refer the patient to a designated Dental Officer for prioritisation of care. Note: A designated Dental Officer is a public dental officer who has sufficient orthodontic knowledge and expertise which includes:
 - the ability to recognise the need for interceptive care;
 - the ability to undertake minor orthodontics; and,
 - the ability to prioritise severe cases for referral to specialists.

10.1 Key referral information:

To be exempt from a service charge, referred patients must hold a valid Centrelink entitlement card (e.g. valid health care card or pension card) (Point 1.4).

- Orthodontic treatment will only be offered to those patients who are dentally fit and who maintain an excellent standard of oral hygiene.
- If a patient does not maintain excellent oral hygiene during treatment and does not respond to an improvement program, orthodontic treatment may be discontinued.
- Patients must bring a valid health care card or pension card to every visit.
- Any patient with a severe classification is likely to be accepted for treatment.
- Any patient with a moderate classification should be referred and assessed for suitability.
- Any patient with a mild classification will not be accepted for treatment.

- Any patient falling into the ‘Other’ category may be referred for assessment.
- All patients accepted for orthodontic treatment who are assessed as requiring a combined orthodontic/surgical (orthognathic) treatment must be a self holder or whose parents/guardians are holders of valid Centrelink concession card at the time of Request For Admission for surgery. If the patient under orthognathic treatment is no longer the holder or dependant of a Health Card Holder, then the patient’s orthognathic surgery may be treated as private or compensable and the patient or parents/legal guardian will be responsible for payment of all fees raised by the hospital and providers. Such fees may include medication, bed costs, special nursing, surgical plates and screws, anaesthesia fees etc.
- The referring clinician should be able to recognise the need for early interceptive treatments and facilitate these treatments which may prevent more serious orthodontic problems in the future.
- The patient should be at an appropriate stage of development for the proposed orthodontic care.

10.2 Index of Treatment Needs

An internationally recognised system of classifying need, the Index of Orthodontic Treatment Need (IOTN) has been adapted. It is presented below in table format for ease of use and understanding by referring clinicians (Table A).

Seven occlusal traits are listed:

- overjet
- overbite
- crowding
- crossbite
- reverse overjet
- hypodontia
- open bite

For each trait, there is a description of severe, moderate and mild. This will determine whether the patient is accepted for treatment.

Table A: Orthodontic Treatment Needs

| MALOCCLUSION | SEVERE (eligible) | MODERATE (Refer for opinion) | MILD (Not eligible) |
|---------------------|--|---|-------------------------------------|
| Overjet | > 7 mm | 5 – 7 mm | < 5 mm |
| Overbite | 100% coverage of lower incisor or complete to palate | more than 70% coverage of lower incisor | up to 50% coverage of lower incisor |
| Crowding | > 9 mm per arch | 5 – 9 mm per arch | < 5 mm per arch |
| Crossbite | anterior/posterior | anterior/posterior | anterior/posterior |

| MALOCCLUSION | SEVERE (eligible) | MODERATE (Refer for opinion) | MILD (Not eligible) |
|---|--|--|---|
| | crossbite with: <ul style="list-style-type: none"> ▪ enamel loss ▪ gingival trauma and/or anterior/posterior crossbite with functional shift | crossbite of more than 2 teeth and/or unilateral posterior crossbite | crossbite of 1-2 teeth with no functional shift |
| Reverse overjet | Presence of reverse overjet | edge-to-edge | |
| Hypodontia | multiple missing teeth with major orthodontic implications | one tooth missing with moderate orthodontic implications | Hypodontia with no need for orthodontic treatment |
| Open bite Anterior or Posterior | >4 mm | 2 – 4 mm | < 2 mm |
| Other | Impacted/ectopic teeth other than third molars severe skeletal malocclusions/ orthognathic cases facial deformities/ congenital abnormalities/cleft lip and palate (CLD) | | |

11 Paediatric Dentistry

All children and young persons (0-<18yrs) are eligible to be referred for paediatric specialist consultation, for the provision of non-admitted treatment and for admitted services for conditions outlined in 11.2.1 – 11.2.4.

However, only children and young persons who are self holders or whose parents/guardians are holders of a valid Centrelink concession card, are eligible for admitted paediatric dental specialty services for conditions outlined in 11.2.5 and 11.2.6.

Exemption to these eligibility criteria can only be made for patients for teaching purposes and those patients with special clinical needs as authorised by Clinical Directors of Local Health District Oral Health Services or their formally authorised delegate/s. For these cases a service charge may be applicable.

11.1 Key referral information

For children in Group 6 (Point 11.2.6 below), attempts should be made to treat them using behaviour management techniques prior to referral. Referrals in this category should document these attempts to demonstrate which techniques have been successful and which have not worked.

11.2 Index of Treatment Needs:

The sub-sections below list conditions for which specialist paediatric dental services are provided at Sydney Children's Hospitals Specialty Network (Randwick and Westmead), Sydney Dental Hospital and Westmead Centre for Oral Health.

11.2.1. *Group 1: Emergency Care*

phone the department directly if necessary for all children and young persons aged 0 – 17 years, including:

- Facial swelling or acute oro-facial infection
- Uncontrolled dento-alveolar haemorrhage
- Dento-alveolar trauma

11.2.2. *Group 2: Children/Young persons*

whose medical condition or general health is threatened if dental care is not provided, such as but not limited to:

- Congenital/acquired cardiac condition;
- Oncology; and/or
- Haematological diseases

11.2.3. *Group 3: Children/Young persons*

with severe/chronic disease and /or functional disability, or with special health needs, such as:

- Intellectually or physically disabled

- Requiring frequent medications
- 11.2.4. *Group 4: Children/Young persons* with congenital or acquired malformations of the jaws, face or teeth, orofacial pathology, such as:
 - Craniofacial malformations e.g. clefts of lip and/or palate
 - Dental anomalies, such as amelogenesis imperfecta, multiple supernumerary teeth
 - Dento-alveolar pathology such as cysts, ulcers
- 11.2.5. *Group 5: Children 0 – 5 years* at high caries risk, such as:
 - Early childhood caries (either white spot demineralisation or cavitated lesions)
 - Requiring management under general anaesthesia or sedation
- 11.2.6. *Group 6: Children/Young persons* with behaviour management difficulties, such as:
 - Children over 6 years of age with extreme dental anxiety requiring management under general anaesthesia or sedation

12 Periodontics

The criteria for referral of patients for periodontic services are:

- Assessment and management of periodontitis.
 - Patients must demonstrate a commitment to good oral hygiene, smoking cessation and attendance at appointments.
- Specialist consultation for reasons other than periodontitis as follows:
 - pre-surgical consultations,
 - management of soft tissue lesions,
 - assessment for crown-lengthening,
 - management of oral manifestations of systemic disease,
 - assistance with treatment planning etc.

12.1 Key Referral information

- Patients with gingivitis only are generally not accepted for treatment in the specialist department.

13 Prosthodontics

Referring practitioners are advised, when practical, to discuss the referral with a specialist before referring their patient. It is essential that the patient has received a

course of comprehensive care to ensure no pathology remains and the only remaining treatment need is that for specialist consideration.

If there is found to be outstanding treatment needs other than those specifically addressed in the referral, these will be directed back to the referring clinic, resulting in delayed specialist treatment.

13.1 Key referral information

- Patients who have lost their dentures, who are dissatisfied with a recently fabricated denture or who have only one or two teeth missing do not need a specialist prosthodontic referral. These are general denture services which are within the capability and responsibility of local health districts.
- The referring practitioner remains responsible for the oral health and well being of the patient, including pain relief during the waiting period. Provision of temporary restorations is essential to ensure the stability of the remaining dentition while awaiting a specialist appointment.
- Any additional laboratory costs arising from specialist treatment are to be borne by the patient. The patient must be made aware of this prior to the referral.
- Ocular prostheses (prosthetic eyes) are provided by ocular prosthetists and not by maxillofacial prosthodontic specialists.

13.2 Index of Treatment Needs:

Patients will be considered for:

13.2.1. *Fixed dental prosthodontics*
crown and bridge work for dentate and partially dentate patients, for example:

- excessive incisal/occlusal wear;
- coronal restoration of endodontically treated teeth;
- over-closed vertical dimension; and
- cases requiring cast-metal based dentures which are not responsive to local efforts.

13.2.2. *Removable prosthodontics*
in cases identified below:

- A history of serious problems, chronic clinical complaints or dissatisfaction where all generalist efforts have been exhausted, for example:
 - ~ chronic non-retention;
 - ~ chronic denture soreness; and
 - ~ inability to wear an otherwise satisfactory prosthesis
- A medical condition such as
 - ~ undergoing head and neck radiotherapy,
 - ~ salivary hypofunction/xerostomia,

- ~ severely atrophic maxillary or mandibular ridges,
- ~ flabby ridges,
- ~ severe gag reflex, and
- ~ significant anatomical defects such as mandibular or maxillary tori or cleft palate.

13.2.3. *Fixed and/or removable prosthodontics*
for complex cases involving

- Precision attachments;
- Osseo-integrated implants; and
- Hybrid therapies

13.2.4. *Complex cases may include:*

- gross occlusal wear not consistent with the patient's age;
- advanced tooth wear resulting from uncontrolled erosion, attrition, abrasion,
- occlusal collapse, or
- where restorative treatment will require multi-disciplinary management.

13.2.5. *Jaw function and oro-facial pain*
where there is no untreated pathology

13.2.6. *Chronic TMJ dysfunction*

it is essential that the referring practitioner has commenced occlusal splint therapy and advised the patient on other pain relieving actions e.g moist heat packs when the case is acute

13.2.7. *Specialist dental prosthetic treatment*

is provided to patients with oro-facial deformities, such as:

- Intraoral - Dentures, speech appliances or other appliances for alveolar resections, hard or soft palate fenestrations, cleft palate, mandibular resection and deviation, velo-pharyngeal incompetence, glossectomy or deformities resulting from surgical resection, reconstruction and or radiotherapy.
- Maxillo-facial - These mostly involve developmental or acquired facial disfigurement in which plastic surgery is contraindicated and a cosmetic prosthesis is required. Typically these cases involve an auricular, nasal or orbital prosthesis.

14 Special Care Dentistry

The Referral Centres offer specialist services to a diverse client group with a range of disabilities and complex additional needs. This includes individuals and groups who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of a number of these factors.

14.1 Key referral information

- If the patient is unable to consent for his/her own dental treatment, the treatment plan will need to be discussed and consent for treatment signed by the legal guardian prior to commencement of care. Ability to consent must be noted in the referral and, if the patient does not self-consent, the name and address and contact details of the legal guardian must also be included
- A parent/carer/guardian is required to be present at all appointments for those patients who are unable to consent, or who have significant physical or communicative disability.

14.2 Index of Treatment Needs:

To achieve positive outcomes for the referred patient, the Referral Centres offer special services to address specific medical and/or social needs. These Referral Centres need the commitment of the patient/carer/parent/guardian to aspire to good oral hygiene¹³ and attendance of appointments.

14.3 Special Care Dentistry Services

Specialist services are as follows:

- Persons with mental illness/disorder/condition or disability (behavioural, and/or intellectual) who are not suitable for routine dental care or are living in
 - Aged residential care (retirement villages) or nursing homes
 - hostels, group homes or boarding houses
 - the community with their families or with help from professional carer
- Persons who are homeless
- Persons with serious medical conditions
- Persons with physical disabilities (unable to walk unattended by carers, or using wheelchairs, walking frames, callipers, scooter or other mobility aid)
- Persons with sensory disabilities of a severity which preclude routine attendance at Public Oral Health Clinics

¹³ Good oral hygiene is achieved by the effective removal of dental plaque through twice daily tooth brushing including interdental areas and using fluoride toothpaste and augmented with antimicrobial agents (eg. mouthwashes). Individuals must be instructed in the most appropriate technique of oral health care that includes professional feedback and reinforcement to prevent relapse and disease progression (Løe, 2000)

15 Shortened Terms

| | |
|----------|---|
| ASA | American Society of Anaesthetists |
| CJD | Creutzfeldt-Jakob Disease |
| CLD | Cleft lip and palate |
| GA | General Anaesthesia |
| HIV | Human Immunodeficiency Virus |
| HIV/AIDS | HIV/Acquired Immune Deficiency Syndrome |
| IOTN | Index of Orthodontic Treatment Needs |
| OPG | Panoramic Radiograph |
| POHP | Priority Oral Health Program |
| SDH | Sydney Dental Hospital |
| TMJ | Temporomandibular Joint |
| WCOH | Westmead Centre for Oral Health |

16 Definition of Terms

| Term | Definition |
|---------------|--|
| In-patient | Someone who stays overnight or for some time in a hospital for treatment or observation (Collins 2004 pg 198) |
| Non-admitted | The type of clinical service provided to a non-admitted patient in a non-admitted patient service event, such clinical services that are included are; allied health and/or clinical nurse specialist; dental; imaging; medical; obstetrics and gynaecology; paediatrics; pathology; pharmacy; psychiatric; surgical and emergency department (Australian Institute of Health and Welfare 2005). |
| Dental Caries | A chronic multifactorial life style based oral disease of microbial origin affecting the hard tissues of the tooth, commonly known as dental decay or cavities. Dissolution of the calcification tissues of the tooth by acid produced from ingested refined carbohydrates and micro-organisms in dental plaque. The process by which cavities are formed in teeth by gradual destruction of enamel and dentine. (Barnett, L.V 2000) |

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Appendix A Paediatric Patient - Referral Flowchart (Sample)

