

Priority Oral Health Program (POHP) and Waiting List Management

Summary The Priority Oral Health Program and Waiting List Management Policy Directive has been developed to promote clinically appropriate, consistent and equitable management of patient access and waiting lists in NSW public oral health services.

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Author branch Centre for Oral Health Strategy

Branch contact (02) 8821 4319

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PRIORITY ORAL HEALTH PROGRAM (POHP) AND WAITING LIST MANAGEMENT

PURPOSE

This policy directive outlines the processes of dental triage, clinical assessment, and waiting list management for NSW residents who access public oral health services.

MANDATORY REQUIREMENTS

Public oral health services managed by NSW Local Health Districts (LHD) and Specialty Networks (SN) must prioritise and manage patient flows according to the processes set out in this Policy Directive.

IMPLEMENTATION

Chief Executives are responsible for:

- Ensuring that this Policy Directive is implemented throughout the Local Health District/Specialty Health Network.
- Supporting the efficient and equitable delivery of oral health services including proactive management of demand.
- Regularly evaluating oral health service performance and ensuring that relevant reporting requirements are met.
- Ensuring that oral health services communicate effectively with patients and carers and treat all clients with respect and dignity.

Oral Health Service Clinical Directors and Service Managers are responsible for:

- Ensuring that clear administrative and clinical procedures are in place to facilitate the implementation of the Policy Directive.
- Conducting quality assurance activities to ensure that the triage, clinical assessment and waiting list management procedures and timeframes outlined in this Policy Directive are adhered to.
- Ensuring that excellent customer service practices are in place to facilitate effective and timely communication with patients. All patients and carers must be treated with respect and dignity.

Oral Health Contact Centre Staff are responsible for:

- Ensuring that excellent customer service practices are in place to facilitate effective and timely communication with patients. All patients and carers must be treated with respect and dignity.
- Ensuring that all patients are triaged in accordance with this Policy Directive.
- Ensuring that patient encounters are documented accurately and appropriately.

Dental Practitioners are responsible for:

- Complying with the procedures and clinical criteria set out in this Policy Directive.
- Prompt and appropriate communication with referring Medical Practitioners regarding the management of a referred patient.

- Contributing to the performance of the oral health service by providing services to patients in an efficient, conscientious manner.
- Providing excellent customer service to patients and carers.
- All patients and carers must be treated with respect and dignity.

Referring Health Practitioners are responsible for:

- Ensuring that adequate demographic and clinical details are provided when referring patients to oral health services.
- Initiating prompt and appropriate communication with oral health services should there be a change in indications for treatment or change in a patient's health with implications for treatment.

Patients and carers should:

- Seek public dental care by telephoning an oral health contact centre for triage.
- Inform the oral health contact centre of any change in patients' oral health complaint.
- Attend pre-treatment appointments as required by the oral health service (such as a clinical assessment appointment) and attend all appointments for treatment.
- Clearly communicate with oral health service staff:
 - Any change of address or other contact details
 - Inability to attend an appointment
 - Any change in decision to undergo a procedure

RELATED NSW MINISTRY OF HEALTH POLICIES

This Policy Directive should be read in conjunction with, but not restricted to:

- Early Childhood Oral Health (ECOH) Program: The Role of Public Oral Health Services ([PD2013_037](#))
- Health Assessment of Children and Young People in Out-of-Home-Care (Clinical Practice Guidelines) ([GL2013_010](#))
- NSW Patient Safety and Clinical Quality Program ([PD2005_608](#))
- Oral Health - Eligibility of Persons for Public Oral Health Care in NSW ([PD2016_050](#))
- Oral Health Fee for Service Scheme (OHFFSS) NSW ([PD2016_018](#))
- Waiting Time and Elective Patient Management Policy ([PD2012_011](#))
- Oral Health Specialist Referral Protocols ([PD2011_071](#))
- Oral Health Referral Form for Medical Emergency Departments (Guidelines) ([GL2010_008](#))
- Oral Health Patient Record Protocol ([GL2015_017](#))

Ministry of Health policies, guidelines and information bulletins are public documents and can be sourced from NSW Health's website: www.health.nsw.gov.au.

REVISION HISTORY

Version	Approved by	Amendment notes
PD2017_023	Chief Health Officer and Deputy Secretary	Policy revised with a focus on contemporary best business practices and updated clinical terminology. Replaces PD2008_056.
PD2008_056	Deputy Director-General, Population Health	Priority Codes C and D were modified to align to 2008 Commonwealth Dental Health Program strategy. Replaces PD2008_047.
PD2008_047	Deputy Director-General, Population Health	

ATTACHMENTS

1. Priority Oral Health Program (POHP) and Waiting List Management: Procedures: Procedures

Priority Oral Health Program (POHP) and Waiting List Management



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1 BACKGROUND

1.1 About This Document

The Priority Oral Health Program and Waiting List Management Policy Directive has been developed to promote clinically appropriate, consistent and equitable management of patient access and waiting lists in NSW public oral health services.

1.2 Introduction

There is no Commonwealth scheme similar to Medicare that provides universal access to dental services. NSW Health provides a public dental system offering a range of services to children as well as adults who meet the eligibility criteria outlined below.

All children under 18 years of age in NSW are eligible for general dental services. To be eligible, adults must hold or be listed as a dependent on one of the following valid Australian Government concession cards:

- Health Care Card,
- Commonwealth Seniors Health Care Card or
- Pensioner Concession Card (includes Centrelink and Department of Veteran Affairs).

These criteria are outlined in more detail in the NSW Health *Eligibility of Persons for Public Oral Health Care in NSW* policy directive ([PD2016_050](#)).

Providing oral health care to eligible patients and the effective management of waiting lists is a priority for the Government and NSW Health. Public dental services are provided according to criteria that prioritise emergency situations, as well as patient groups in most need and at highest risk of disease.

Access to public dental services is mostly via an oral health contact centre, through which eligible patients are triaged and given a clinical priority depending on the seriousness of their condition. There is high demand for public dental services and therefore priority is given to the treatment of patients with urgent conditions within clinically appropriate timeframes. Patients with non-urgent conditions may be required to wait on a waiting list for care.

It is recognised that a patient may need to be re-triaged if their condition changes or deteriorates while on a waiting list. At the time of triage, patients and/or carers should be informed of what to do if their condition changes or they become concerned while waiting for care.

Patients and/or carers who are concerned about urgent medical conditions at point of contact should be encouraged to seek appropriate care through a General Practitioner, Aboriginal Medical Service or Hospital Emergency Department.

NSW Health services must actively manage access to oral health services in compliance with the contents of this document.

1.3 Key Definitions

Term	Definition
“must”	Indicates a mandatory action requiring compliance by staff at public health facilities, in accordance with a legislative requirement and/or policy directive.
“should”	Indicates a recommended action that should be followed unless there is a sound reason for taking a different course of action.
Adult	A person 18 years of age or over.
Assessment appointment	An appointment where the treating practitioner diagnoses the patient’s clinical condition and may provide treatment to stabilise the condition. The patient may then be assigned to an appropriate waiting list.
Assessment waiting list	A waiting list that patients are placed on after triage until an assessment appointment is made.
Assessment waiting time	Waiting time between the date the patient is placed on the assessment waiting list and the date an offer of care is made and/or the date they attend an assessment appointment.
Child	A person less than 18 years of age.
Comprehensive course of care	An appointment or series of appointments following a comprehensive examination (usually item number 011 or 012) that addresses all of the patient’s oral health needs.
Episodic course of care	A limited course of care provided with the intent of only addressing a specific, clinically urgent patient presentation (usually following a limited examination, item number 013).
Failure to Attend (FTA)	A patient has failed to attend a scheduled appointment when they: <ul style="list-style-type: none"> a) Do not arrive prior to the appointment time; or b) Do not ring to cancel the appointment

Term	Definition
Oral health emergency	An oral health emergency is defined as dental trauma or injury; significant bleeding in the mouth; swelling of the face; swelling in the neck or mouth; or acute difficulty opening jaw and/or mouth. Dental pain by itself is not considered an oral health emergency.
Practitioner	Dental Hygienist, Dental Officer, Dental Therapist, Oral Health Therapist, Dental Prosthetist or Specialist Dentist working in public oral health services.
Recall waiting list	The recall waiting list is only for patients waiting for treatment review of a specific clinical need within a defined timeframe where follow up dental care is required.
Recommended Maximum Waiting Time (RMWT)	A waiting period that oral health services must attempt not to exceed prior to an offer of care or an appointment being made. A RMWT is specified for all assessment and treatment waiting lists.
Specialist services	Services provided by a dental practitioner who is registered with the Dental Board of Australia as a specialist in a recognised oral health speciality.
Specialised services	Services provided by an oral health practitioner who has had specialised training or experience.
Treatment waiting list	A list that patients are placed on to wait for an appointment for a comprehensive course of care.
Treatment waiting time	Waiting time between the date the patient is placed on the treatment waiting list and the date a treatment appointment is made.
Triage	A phone or face-to-face interview using standard questions designed to determine a patient's oral health needs.

2 GENERAL DENTAL AND ORAL HEALTH SERVICES

2.1 Contact and Triage

Triage is the systematic prioritisation of patients according to the urgency of their need for care and is used to allocate oral health assessment and treatment priorities. Triage is an integral feature of the NSW Health system and allows limited resources to be allocated on the basis of clinical need and socioeconomic risk-factors. More information regarding triage can be found in the *Triage of Patients in NSW Emergency Departments* policy directive ([PD2013_047](#)).

All patients seeking access to public oral health services must be triaged by telephone, in person or by correspondence via a Local Health District or Specialty Health Network oral health contact centre. The patient is triaged and assigned an assessment priority code and then either wait listed or given an appointment, depending on the priority assigned and service capacity. A patient's triage priority is determined by a number of criteria including clinical condition, acuteness of any symptoms, and socioeconomic factors. The triage process utilises a standardised questionnaire, resulting in a triage code. The triage code will be assigned according to the patient's highest priority condition.

In addition to the telephone triage, patient referrals can be received from medical and allied health practitioners and through Local Health District/Specialty Health Network-specific strategies for priority populations (e.g. Early Childhood Oral Health, Out of Home Care).

2.1.1 Re-Triage Of Patients with Deteriorating Conditions

It is recognised that a patient may need to be re-triaged if their condition changes, deteriorates or additional relevant information is received. The purpose of re-triage is to acknowledge any change in clinical condition of the patient and reassign a new triage category if appropriate. Patients and/or carers should be informed at the time of triage what to do if their condition changes or they become concerned while waiting for care.

2.1.2 Telephone Advice

Oral health contact centre staff cannot provide clinical advice to the public. If the caller is requesting oral health clinical information, a senior dental practitioner may be asked to speak with the caller if available.

If the Triage Officer identifies that a caller requires general medical advice they should direct the caller to phone their General Practitioner or call the National Triage Telephone Advice Line (*Healthdirect Australia*) on 1800 022 222.

If the Triage Officer identifies that the call may be a medical emergency, they should direct the caller to hang up and phone 000 for assistance.

If the Triage Officer identifies that a caller is ringing about a mental health problem, they should direct the caller to phone the NSW Mental Health Line on 1800 011 511.

2.1.3 Rationale For Recommended Maximum Waiting Times

The *Priority Oral Health Program and Waiting List Management* policy directive has been developed to promote clinically appropriate, consistent and equitable management of oral

health patients and waiting lists in NSW public oral health services and has been approved by the State Oral Health Executive Committee (SOHE).

Categorisation of both children and adult oral health patients by clinical priority is required to ensure they receive care in a timely and clinically appropriate manner. The priority codes and associated criteria are detailed in sections 2.1.4 Adult Triage Codes and 2.1.5 Child Triage Codes of this document.

The recommended maximum wait times used throughout this document are considered clinically appropriate in consideration of the likelihood of the patient’s condition to:

- Deteriorate quickly to the point that it may become an emergency, or
- Impact on other medical conditions, or
- Impact the patient’s general health and well-being

If a patient has a condition that has the potential to deteriorate quickly or become an emergency, they will be prioritised for care over a patient whose condition has less potential to become an emergency.

2.1.4 Adult Triage Codes

Priority	Adult Triage Criteria	Recommended Maximum Waiting Time
1*	<ul style="list-style-type: none"> • Patients with dental trauma or injury • Patients with symptoms of suspected dental origin that may include: <ul style="list-style-type: none"> ○ Swelling of the face or neck ○ Swelling in the mouth ○ Significant bleeding from the mouth ○ Difficulty opening jaw and/or swallowing <p><i>* Priority 1 patients should be given the earliest possible appointment and concurrently advised to attend an emergency department if they experience an acute deterioration prior to their appointment, or to seek medical attention if otherwise concerned.</i></p>	24 hours
2	Patients referred from a specialist medical practitioner requiring specific life-saving medical care (e.g. radiotherapy, chemotherapy, organ transplant, heart surgery or urgent assessment for specialist service)	3 days

Priority	Adult Triage Criteria	Recommended Maximum Waiting Time
3a**	<ul style="list-style-type: none"> • Patients with pain of suspected dental origin causing disturbed sleep • Patients who have had an ulcer for 3 weeks or more <p><i>**Priority 3a patients should be given an appointment, and concurrently advised to consider seeking medical attention from a general practitioner if their condition deteriorates, or to re-contact the contact centre to be re-triaged.</i></p>	1 week
3b^	<ul style="list-style-type: none"> • Patients with pain of suspected dental origin during waking hours <p><i>^Priority 3b patients should be given an appointment or waitlisted, and concurrently advised to consider seeking medical attention from a general practitioner if their condition deteriorates, or to re-contact the contact centre to be re-triaged.</i></p>	1 month
3c	<ul style="list-style-type: none"> • Patients who have a denture request involving missing upper front teeth that is required because: <ul style="list-style-type: none"> ○ There is no existing denture, OR ○ The existing denture causes pain, OR ○ The existing denture falls out while talking • Patients who are pregnant 	3 months

Priority	Adult Triage Criteria	Recommended Maximum Waiting Time
4	<p>For adult patients who meet one or more of the criteria below:</p> <ul style="list-style-type: none"> • Has a serious medical condition AND: <ul style="list-style-type: none"> ○ Takes medication regularly for this medical condition, OR ○ Sees a doctor regularly for this medical condition, OR ○ Has been hospitalised in the last 12 months for this medical condition • Has a physical or intellectual disability • Uses a wheelchair or is unable to leave home • Patient has the following living conditions: <ul style="list-style-type: none"> ○ Homeless ○ Boarding house/refuge/rehabilitation facility ○ Institution/group home ○ Care facility (hospice/aged care facility) • Arrived as a refugee within the last 12 months • Identifies as an Aboriginal and/or Torres Strait Islander • Referred from a medical practitioner • Referred from an Aged Care Assessment Team (ACAT) • Meets the criteria for a LHD-specific referral pathway 	6 months
5	<p>For adult patients requesting a check-up with one of the following concerns:</p> <ul style="list-style-type: none"> • Extractions • Needs fillings or complains of a broken filling • Broken or chipped tooth • Bleeding or sore gums • Loose teeth • Other denture requests including broken plate or clasp • Ulcers for less than three weeks[^] • Crown and bridge • Scale and clean • Clicking/grating in jaw joint • Halitosis (bad breath) <p><i>[^]these patients will be given an appointment or placed on a waitlist and at the same time advised to see their medical practitioner for symptomatic management and to assess for medical causes of mouth ulceration.</i></p>	12 months
6	<p>For patients who request a check-up without any of the above concerns.</p>	24 months

2.1.5 Child Triage Codes

Priority	Child Triage Criteria	Recommended Maximum Waiting Time
1*	<ul style="list-style-type: none"> • Dental trauma or injury • Symptoms of suspected dental origin that may include: <ul style="list-style-type: none"> ○ Swelling of the face or neck ○ Swelling in the mouth ○ Difficulty opening jaw and/or swallowing ○ Significant bleeding from the mouth ○ Fever and/or refusing food and fluids <p><i>* Priority 1 patients should be given the earliest possible appointment and concurrently advised to attend an emergency department if they experience an acute deterioration prior to their appointment, or to seek medical attention if otherwise concerned.</i></p>	24 hours
2	Referral from a specialist medical practitioner for patients who require specific life-saving medical care (e.g. radiotherapy, chemotherapy, organ transplant, heart surgery or urgent assessment for specialist service)	3 days
3a**	<ul style="list-style-type: none"> • Symptoms of suspected dental origin that may include: <ul style="list-style-type: none"> ○ Swelling in the mouth ○ Pain in the mouth causing disturbed sleep ○ Ulcers in the mouth <p><i>**Priority 3a patients should be given an appointment, and concurrently advised to consider seeking medical attention from a general practitioner if their condition deteriorates, or to re-contact the contact centre to be re-triaged.</i></p>	1 week
3b^	<ul style="list-style-type: none"> • Pain in the mouth during waking hours <p><i>^Priority 3b patients should be given an appointment or waitlisted, and concurrently advised to consider seeking medical attention from a general practitioner if their condition deteriorates, or to re-contact the contact centre to be re-triaged.</i></p>	1 month

Priority	Child Triage Criteria	Recommended Maximum Waiting Time
3c	<ul style="list-style-type: none"> • Children 0-5 years of age • Referral from the Department of Family and Community Services (FACS) or Agency providing services to children under temporary care (includes Out Of Home Care). • Symptoms of suspected dental origin that may include: <ul style="list-style-type: none"> ○ Decayed tooth (may need filling or extraction) ○ Minor bleeding or sore gums ○ Over-retained primary tooth ○ Severe crowding affecting speech/eating ○ Broken or chipped tooth ○ Broken or chipped filling 	3 months
4	<p>For child patients who meet one or more of the criteria below:</p> <ul style="list-style-type: none"> • Has a serious medical condition AND: <ul style="list-style-type: none"> ○ Takes medication regularly for this medical condition, OR ○ Sees a doctor regularly for this medical condition, OR ○ Has been hospitalised in the last 12 months for this medical condition. • Has a physical or intellectual disability. • Uses a wheelchair or is unable to leave home. • Patient reports one of the following living conditions: <ul style="list-style-type: none"> ○ Homeless or Out of Home Care ○ Refuge/rehabilitation facility ○ Institution/group home • Arrived as a refugee within the last 12 months. • Identifies as an Aboriginal and/or Torres Strait Islander. • Meets the criteria for a LHD-specific referral pathway. 	6 months

Priority	Child Triage Criteria	Recommended Maximum Waiting Time
5	<ul style="list-style-type: none"> • For patients requesting a check-up with one of the following concerns: <ul style="list-style-type: none"> ○ Loose teeth ○ Crowded teeth ○ Halitosis (bad breath) ○ Scale and clean • Child has a referral letter from: <ul style="list-style-type: none"> ○ Aboriginal Health Services (e.g. LHD AHW) ○ Aboriginal Community Controlled Health Services ○ Child and Family Health Nurse ○ Medical Practitioner ○ Practice Nurse ○ Private Dentist ○ Public Health Service (e.g. Allied Health, Maternity, Public Hospital) 	12 months
6	For patients who request a check-up without any of the above concerns.	24 months

2.2 Clinical Assessment

A clinical assessment is performed by a dental practitioner to confirm the clinical care priority of the patient. When the clinical care requirements of the patient are confirmed by the practitioner, one of the following courses of actions can occur:

- a) An episodic course of care is provided, then the course of care is closed.
- b) An episodic course of care is provided, then the course of care is closed and the patient is placed on a waiting list for other treatment needs.
- c) The patient is placed on a treatment waiting list for their treatment needs.
- d) No treatment is required.

2.3 Treatment Pathways

2.3.1 Episodic Care

The scope of episodic care is to provide relief of pain, treatment of infection, or to address dental trauma only.

Episodic care is provided after clinical need has been confirmed at the clinical assessment appointment, either at a public dental clinic or through the Oral Health Fee for Service Scheme (OHFFSS). In some limited circumstances, such as when a dental practitioner is not available to provide a clinical assessment, an OHFFSS voucher may be issued. More information about the OHFFSS can be found in NSW Health Policy Directive [PD2016_018](#).

2.3.2 Comprehensive Care

The scope of comprehensive care is to address all treatment needs of the patient, as appropriate.

All adults should be offered a course of comprehensive care after coming off a treatment waiting list. Where possible, children should receive a full comprehensive course of care after being appointed from triage. LHD/SN's must use the definitions of the codes and clinical criteria outlined in the tables below.

2.3.3 Adult General Dental Treatment Waiting List Codes

Priority Code	Clinical Categorisation	Criteria	Recommended Maximum Waiting Time
A	Confirmed Medical Priority	<p>The patient has been referred from a medical practitioner who has requested a dental examination preceding treatment for a medical condition. The condition should be of equal significance to:</p> <ul style="list-style-type: none"> • Head and neck cancer • Other cancers that require radiotherapy, chemotherapy or significant immunosuppression • Transplant surgery • Cardiac surgery • Intravenous antiresorptive therapy 	2 weeks
B	Pregnancy	The patient presents with poor oral health during pregnancy.	3 months
C	Chronic Disease/ Medically Compromised*	<ul style="list-style-type: none"> • At risk of developing endocarditis • At risk of developing medication-related osteonecrosis of the jaw • Has a significant psychiatric illness (e.g. requiring recent hospitalisation) • Dementia • Degenerative diseases • Has coagulopathy • Is living with HIV • Patient has poorly controlled diabetes • Patient has Special Needs • Significant Salivary hypofunction • Organ transplants / immunosuppressed <p><i>*Other conditions of equal clinical significance may be considered in consultation with a Clinical Director.</i></p>	6 months

Priority Code	Clinical Categorisation	Criteria	Recommended Maximum Waiting Time
D	Urgent Denture Needs	<p>The patient is confirmed to have urgent denture needs due to:</p> <ul style="list-style-type: none"> No existing denture and missing maxillary anterior teeth Existing maxillary denture that is displaced whilst speaking No existing maxillary denture with social impairment, or where lack of denture will result in damage to supporting structures 	9 months
E	High Treatment Needs	<ul style="list-style-type: none"> Three or more teeth present with carious lesions Periodontal Screening & Recording Code 3 or greater All other denture needs not included in Code D 	12 months
F	Low Treatment Needs	<ul style="list-style-type: none"> All other assessed treatment needs 	24 months

2.3.4 Child General Dental Treatment Waiting List Codes

Priority Code	Clinical Categorisation	Criteria	Recommended Maximum Waiting Time
A	Confirmed Medical Priority	Situations where failure to provide dental treatment would delay the commencement or progress of urgent medical treatment.	2 weeks
B	Urgent Treatment Needs	<ul style="list-style-type: none"> Special need patients who have extensive treatment needs Dental anomalies are present that require management Dental anomalies are present in the permanent dentition 	3 months
C	High Treatment Needs	<ul style="list-style-type: none"> Carious lesions and/or periodontal disease are present 	6 months
D	Low Treatment Needs	<ul style="list-style-type: none"> All other assessed treatment needs 	12 months

3 SPECIALIST / SPECIALISED ORAL HEALTH SERVICES

LHD/SN's may operate specialist and/or specialised child and adult services that are prioritised according to the tables below. Specialist and specialised services are those identified in the *Oral Health Specialist Referral Protocols Policy Directive* ([PD2011_071](#)). The clinical priority categories in the tables below align with the [Australian National definitions for elective surgery urgency categories](#).

It is recognised that there may be slight variation in the waiting times for different specialties based on clinical staging.

3.1 Specialist/Specialised Dental Referral Waiting List Codes

Priority	Definition	Recommended Maximum Waiting Time
1	Assessment clinically indicated within 7 days	7 days
2	Assessment clinically indicated within 30 days	30 days
3	Assessment clinically indicated within 90 days	90 days
4	Assessment clinically indicated within 365 days	365 days

3.2 Specialist/Specialised Dental Treatment Waiting List Codes

Priority	Definition	Recommended Maximum Waiting Time
X	Procedures clinically indicated within 30 days	30 days
Y	Procedures clinically indicated within 90 days	90 days
Z	Procedures clinically indicated within 365 days	365 days

4 MANAGED CARE PROGRAMS

Managed care programs seek to improve health outcomes for particular patient groups. Adults and children who receive care under managed care programs may be placed on a recall list. Recall lists are only for patients that need review of a specific clinical need within a defined timeframe.

It is recommended that patients who require recall are allocated only by dental practitioners following a course of care, consultation or referral/review.

Local guidelines should be established to ensure a structured approach to managed care.

5 ADMINISTRATIVE PROCESSES

5.1 Movement of Patients between Local Health Districts

When a patient moves to a locality serviced by another LHD/SN:

- The previous LHD/SN oral health service must advise the receiving service of the patient's current waiting list status, if requested; and
- The transferred waiting list status must include the original listing date to avoid disadvantaging the patient.

Due to funding and reporting arrangements, oral health care will normally be provided by the LHD/SN in which a patient lives. However, LHD/SN's may have inter-district arrangements that allow for patients to receive care in a bordering district to facilitate accessibility to an appropriate service.

5.2 Management and Auditing Of Waiting Lists

Managing waiting lists is a key priority for the Government and NSW Health. LHD/SN's should have appropriate staff training programs, protocols and processes in place to ensure a high standard of data quality is maintained within oral health information systems.

Waiting list monitoring should be undertaken on a regular basis (at least monthly).

Measures should be put in place to ensure that documentation provides a clear audit trail that can identify:

- Any changes made to a patient's wait list status and type
- Patients who have completed their treatment and should be removed from the waiting list
- Duplicate list entries
- Whether waiting times are within timeframe

Any one patient should only be waiting on one type of treatment waiting list (the highest priority that they meet the clinical criteria for) at any point in time.

5.3 Missed or Cancelled Appointments.

Type of Non-Attendance	Definition
Failure to Attend (FTA)	A patient has failed to attend a scheduled appointment when they: <ul style="list-style-type: none"> a) do not arrive prior to the appointment time; or b) do not ring to cancel the appointment (Refer to UTA)
Unable to Attend (UTA)	A patient or carer has notified the service prior to the appointment time that the patient will not be able to attend for the appointment. The patient’s reason for nonattendance should be documented.
Dental Organisation Cancelled Appointment (DOC)	The oral health service cancels or reschedules an appointment. An apology and explanation should be given to the patient in these circumstances.

- Local processes should be implemented to minimise/manage non-attendance.
- Patients must be fully informed that a requirement for ongoing care is to inform the oral health service if they are unable to attend their scheduled appointment.
- A patient who has two (2) FTA appointments during a course of care may have their course of care discontinued. The LHD/SN should exercise discretion on a case by case basis to avoid disadvantaging patients in cases of a genuine hardship, misunderstanding and other unavoidable circumstances.
- LHD/SN’s should have an active strategy to identify and assist vulnerable persons who regularly fail to attend (FTA) appointments without adequate prior notification, for example people with a mental illness, the frail and aged, and people experiencing homelessness.
- When the patient contacts the oral health contact centre after an FTA they may be required to re-register their oral health needs via a POHP triage. Local LHD/SN policies regarding patients who FTA their appointments should be complied with.