

Oral Health Services Plan

2019–2023



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Table of contents

How does the Plan fit?	4
How to read the Plan	5
Part A: Context	6
Introduction.....	6
Key facts: Metro North Hospital and Health Service population	6
What oral health services do we offer?.....	7
Children’s Oral Health Service - Child Specialist Services (COHS-CSS)	7
Child and Adolescent Oral Health Services (CAOHS).....	7
General Practice Oral Health Services (GPOHS)	7
Oral Health Center (OHC) and Specialist Services	7
Who provides these services and where?	8
Who is eligible for oral health services?	9
Key facts: our eligible population	9
Metro North HHS oral health service activity: key facts	10
Why do we need a Plan?	11
What has informed the Plan?.....	12
What matters?	13
Part B: The next five years.....	14
Service directions.....	16
Service direction 1	17
Service direction 2	18
Service direction 3	19
Service direction 4	21
Service direction 5	22
Service direction 6	24
Part C: Implementation, monitoring and review.....	25
Appendix A. Issues and Challenges	26

How does the Plan fit?

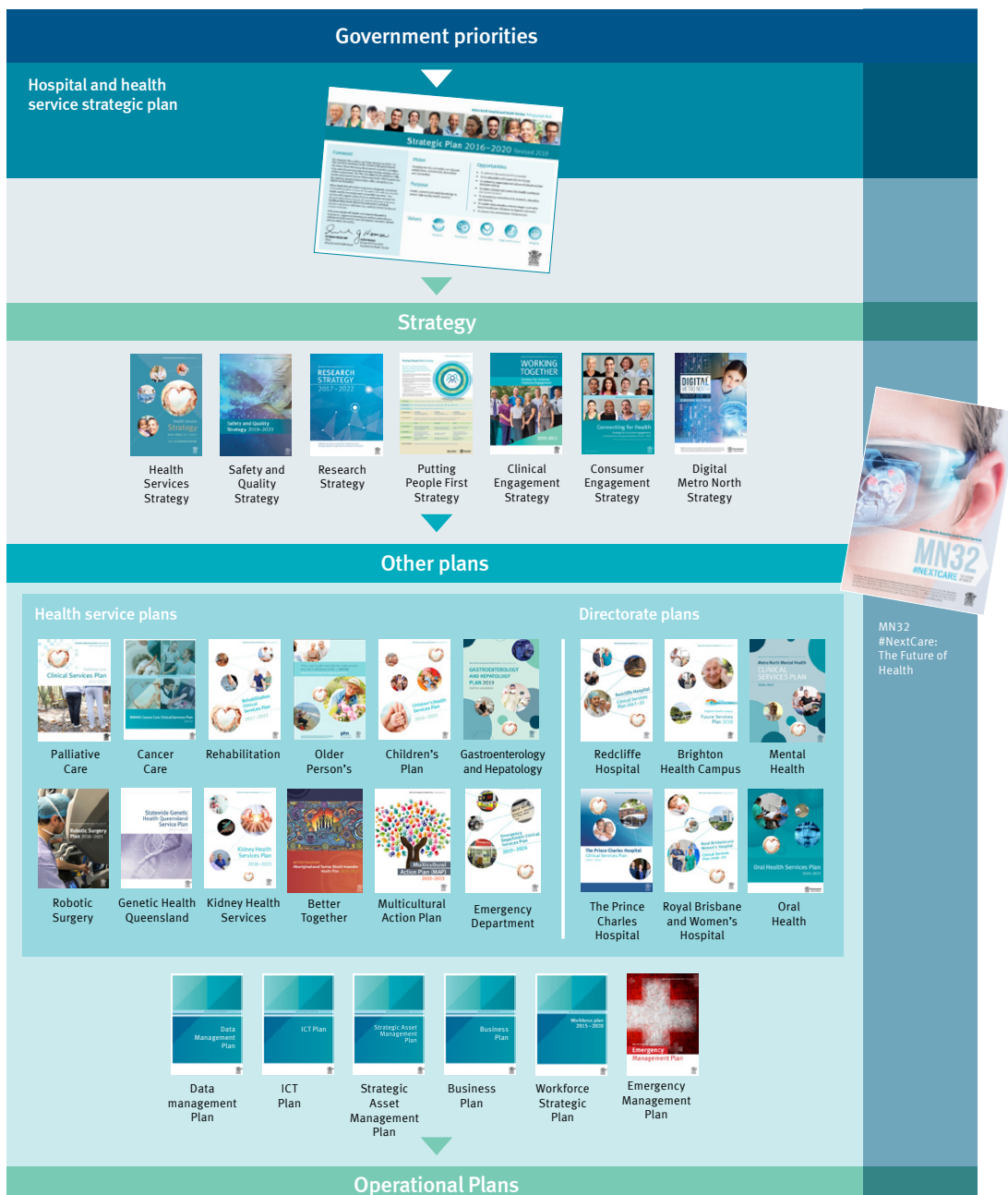
The Metro North Oral Health Services Plan 2019-2023 will contribute to the delivery of the Metro North Hospital and Health Service Strategic Plan 2016-2020 (revised 2018) which has a vision of changing the face of health care through compassion, commitment, innovation and connection.



The Plan is informed by the guiding principles and the strategic directions of Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2015-2024 and the Metro North Health Service Strategy 2015-2020. The goal of Australia's National Oral Health Plan is to improve oral health status by reducing the incidence, prevalence and effects of oral disease and reduce inequalities in oral health status across the Australian population. The Metro North Health Services Strategy supports our population to remain healthy and well in their local communities whilst enabling them to connect with efficient, effective, equitable, sustainable high quality health care centred around individual needs and preference.

A detailed implementation plan will be prepared in response to the Plan and will outline the actions Metro North Oral Health Service (MNOHS) will take to deliver our key service directions.

The Plan sits alongside other Metro North Hospital and Health Service (Metro North) health service plans at the level of plans as shown in the diagram below.



Effective: October 2019 / Review: October 2020

How to read the Plan

MNOHS has developed the Plan to provide direction and guidance on oral health services provided by Metro North for the next five years. While many actions in the Plan will be delivered by doing things differently within existing resources, there will be a need for additional resources to progress and successfully deliver a number of the actions set out in the Plan.

It is important to recognise oral health services operate within a health service system with competing needs and finite resources, and the allocation of new resources required to progress the actions will be subject to normal budgetary processes.

The Plan has been prepared in three parts:

Part A: Context – provides background information that has informed the development of the future directions and the outcomes expected from implementation of the Plan. Background information provides context about oral health services, who provides these services, where these services are located and who is eligible for oral health services provided by MNOHS.

Part B: The next five years – presents the future service state, directions, success measures and supporting actions to guide service delivery.

Part C: Implementation, monitoring, reporting and review – details the implementation, monitoring, reporting and review processes to be implemented on approval of the Plan.



Part A: Context

Introduction


Oral health is important to the general overall health and wellbeing of a person. Poor oral hygiene and oral disease have negative consequences for the whole body and can lead to pain, discomfort, speech challenges and poor nutrition and may cause lack of social confidence.

Poor oral health can be associated with major chronic diseases such as cardiovascular disease, diabetes and dementia. Poor oral health can also contribute to adverse pregnancy outcomes. It is also known general health problems can cause or worsen oral health conditions. The risk factors for oral disease (such as high sugar diets, poor hygiene, smoking and excessive alcohol intake) are also risk factors for obesity, diabetes, cancers, heart disease and respiratory diseases.


The main oral diseases/conditions are tooth decay, gum diseases, oral cancer and oral trauma. Conditions such as dental decay, gum disease and some oral cancers are preventable. Greater levels of oral disease are experienced by identified priority populations which include early childhood, children and adults with special needs, Aboriginal and Torres Strait Islander people, refugees and persons seeking asylum, persons from culturally and linguistically diverse backgrounds, older people, rural and remote communities, people living with mental illness who experience mental illness, people with substance misuse issues, problematic alcohol and other substance use, people with cancer related illness and low-income populations.

Key facts: Metro North population

16.7%
OF ADULTS ARE
SMOKERS



5% OF ADULTS CONSUME
ALCOHOL
AT LEVELS OF
HIGH RISK
WITHIN METRO NORTH



1.9%
USE
ILLICIT DRUGS



ONE IN 4
ADULTS ARE
CLASSIFIED AS
OBESSE



34 PER
10,000 PEOPLE
ARE EXPERIENCING
HOMELESSNESS
(APPROXIMATELY 3400 PERSONS)



30.6%
ARE FROM
CULTURALLY AND
LINGUISTICALLY
DIVERSE
BACKGROUNDS
(CALD)

What oral health services do we offer?

MNOHS has a long history of delivering public oral health services to eligible adults and children who live in the Metro North catchment. In addition, MNOHS provides care to people from neighbouring HHSs and is a statewide catchment for a number of specialist tertiary oral health services. Oral health care is provided by the following services:

Children's Oral Health Service – Child Specialist Services (COHS-CSS)

COHS-CSS participates in multidisciplinary clinics at the Oral Health Centre and at the Queensland Children's Hospital (QCH). The staff at COHS-CSS also provide information and advice to specialist and non-specialised oral health and medical clinicians, both in the private and public systems, throughout Queensland and Northern New South Wales. The services provided by COHS-CSS include a cleft lip and palate clinic, orthodontic services, oral health services to QCH departments including cardiac, neurology, burns, genetics, paediatric, haematology, oncology, transplant and emergency treatment for patients in the emergency department.

Child and Adolescent Oral Health Services (CAOHS)

CAOHS provides oral health services to our eligible children and adolescents onsite at schools through permanent buildings or mobile dental clinics. These services include oral health examinations, x-rays, preventive and restorative treatments, screening and fluoride varnish programs and oral health education and promotion to patients, carers and families.

Children requiring specialist care are referred to COHS-CSS, or privately.

General Practice Oral Health Services (GPOHS)

GPOHS provides oral health care to eligible adults at hospital and community based oral health clinics and at the Woodford Correctional Centre.

Clinical services are provided by a multidisciplinary dental team comprised of dental specialists, dentists, dental prosthetists, oral health therapists, with support from dental technicians, dental assistants, nurses, administrative and ancillary staff.

The range of treatments available to eligible patients include, restorative, preventive, emergency, minor oral surgery, endodontics, periodontics and prosthodontics.

Oral Health Centre (OHC) and Adult Specialist Services

Oral health services at the OHC are delivered in partnership with the University of Queensland as part of the Oral Health Alliance (OHA). Services offered at the OHC by both staff and students to our eligible population include general dentistry, endodontics, periodontics, oral and maxillofacial surgery, prosthodontics, special needs dentistry, oral medicine, maxillofacial radiology, paediatric dentistry and orthodontics.



Who provides these services and where?

The skills and training of the staff that deliver oral health services in MNOHS are wide and varied:

- **Dentist** – provides a full range of general dental services and may be employed in clinical team leader roles
- **Dental Specialist** – graduate Dentists who have completed further studies to specialise in an area of dentistry
- **Dental Students** – University of Queensland dental students provide services under the supervision of highly skilled oral health professionals
- **Oral Health Therapist** – a dual qualified Dental Therapist and Dental Hygienist providing dental therapy and oral hygiene services to patients
- **Dental Therapist** – provides dental therapy services to children
- **Dental Technician** – performs technical laboratory tasks involved in the fabrication of prosthetic and orthodontic appliances) including crowns, bridges, dentures and mouthguards
- **Dental Prosthetist** – qualified Dental Technicians who have completed further dental studies to enable them to work directly with patients for the construction and maintenance of removal prosthetic appliances
- **Nurses** – Registered Nurses, Clinical Nurses and Assistants in Nursing provide nursing support for patients undergoing general anaesthesia, intravenous sedation, relative analgesia and oral surgery and additionally oversee infection control, sterilisation and quality and safety
- **Dental Assistant** – aid in providing care to patients. Dental Assistants may have additional qualifications, skills and experience to enable them to take dental x-rays, provide health promotion and preventive advice to patients and undertake sterilisation activities.

These teams are supported by call centre staff, administration staff and ancillary services staff. Some oral health services are outsourced to private dental practitioners via a dental voucher system.

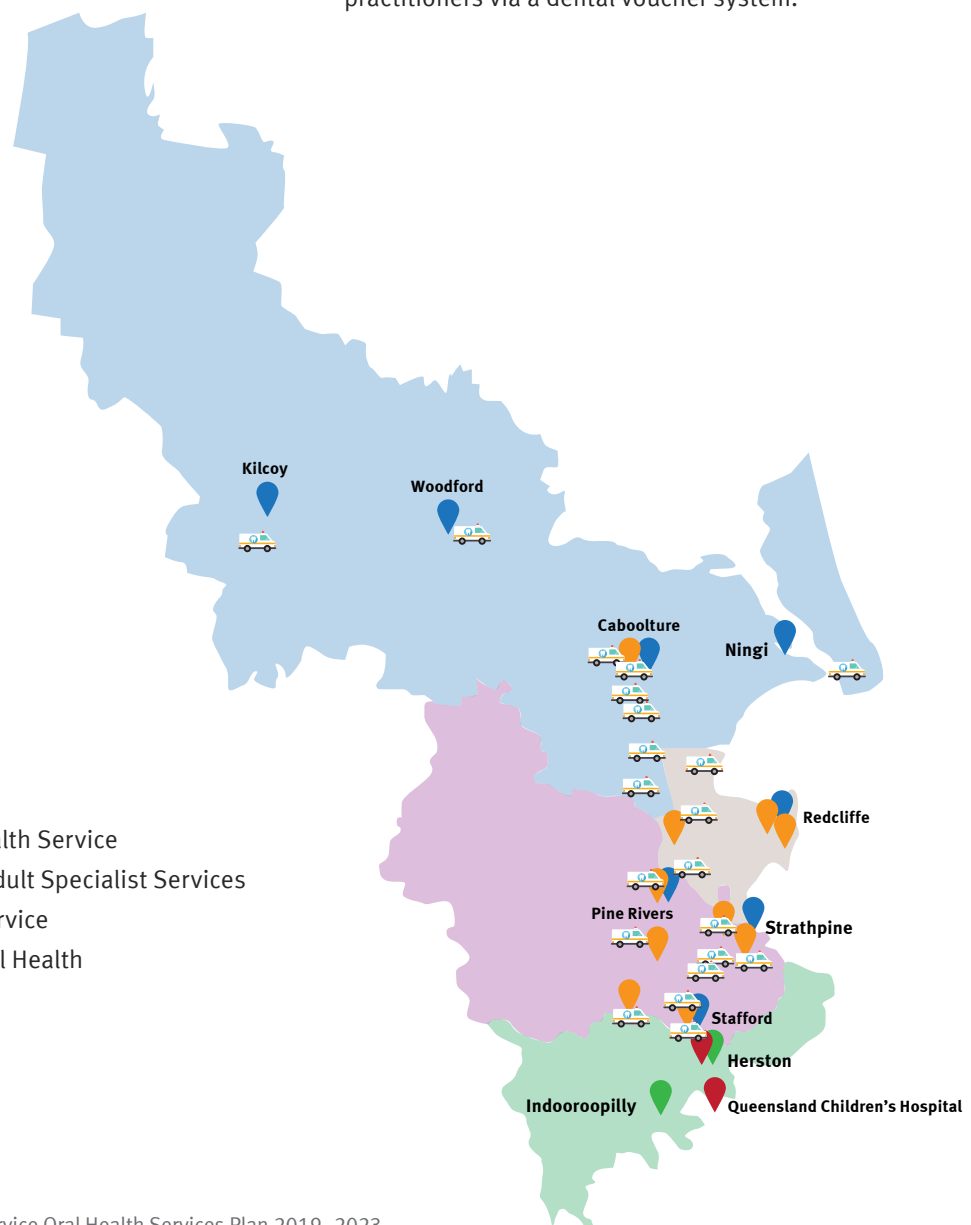
Legend

Region

- Herston
- Redcliffe/Sandgate
- Caboolture/Kilcoy
- Stafford/Pine Rivers

Clinics

- General Practice Oral Health Service
- Oral Health Centre and Adult Specialist Services
- Children's Oral Health Service
- Child and Adolescent Oral Health
- Dental Vans



Who is eligible for oral health services?

Metro North oral health services are unlike the broader suite of community and acute hospital services provided across Metro North in that oral health services are targeted to an eligible population, rather than providing universal access. Eligibility criteria for those seeking oral health services provided by Metro North are listed below.

Oral health statewide eligibility criteria

Adult eligibility

- Queensland residents who are eligible for Medicare
- Receiving benefits from one of the following concession cards
 - Pensioner Concession Card issued by Centrelink or Department of Veterans' Affairs
 - Health Care Card
 - Commonwealth or Queensland Seniors Card
- Inpatients of public hospitals if the care is considered essential to the recovery and rehabilitation of the patient or the treatment of dental emergencies
- Eligible adults who reside in another state or territory and require emergency dental care or their closest public oral health facility is in Queensland
- Eligible patients under the Commonwealth cleft lip and cleft palate scheme
- Offenders in Queensland Correctional Services.
- Eligible adults under the Forde Foundation oral health agreement
- Refugee and Asylum Seekers in accordance with the Queensland Health Guideline – Oral Health Services Eligibility (Document Number: QH-GDL-444:2017).

Children and young people eligibility

- Queensland residents or attends a Queensland school who are eligible for a Medicare card
- Meet at least one of the following
 - be aged four years or older and have not completed Year 10
 - be eligible for the Medicare Child Dental Benefits Schedule
- Hold, or be listed as a dependant on, a valid Centrelink concession card.

Source: Office of the Chief Dental Officer.

Key facts: our eligible population

ALMOST 1 IN 2

(43% OR
429,212 PERSONS)

are eligible

for public oral health care



ALMOST 2 IN 5

(33% OR
258,045 PERSONS)

Resident adults are eligible

for public oral health care



ALMOST 4 IN 5

(81% OR
171,076 PERSONS)

Resident children are eligible

for public oral health care



**PROJECTION OF
ELIGIBLE
POPULATION**

from **429,121** (in 2017)
to **517,105** (in 2031)

***“We currently provide care
to approximately 20% of our
eligible population”***

Metro North oral health service activity: key facts

Between 2015-16 and 2017-18:

- oral health occasions of service (OOS)¹ increased by 53,985 OOS from 165,642 OOS to 219,627 OOS (15.1 per cent per annum growth)
- oral health weighted occasions of service (WOOS)² increased by 79,431 WOOS from 755,170 WOOS to 834,601 WOOS (5.1 per cent per annum growth)
- the average WOOS per OOS decreased from 4.56 to 3.80 (8.7 per cent per annum)
- the highest volume growth for persons accessing oral health services were for those persons aged 65 years and older (or 18,967 persons) which increased from 45,690 persons to 64,657 persons (19.0 per cent per annum growth)
- persons accessing oral health services identifying as being Aboriginal and/or Torres Strait Islander increased by 9.0 per cent per annum (from 5,822 persons to 6,914 persons). The highest volume of Aboriginal and/or Torres Strait Islander patients access services provided by CAOHS
- an additional 154 dental chairs were opened (from 108 chairs to 262 chairs)
- chair utilisation³ decreased from 72.0 per cent to 64.0 per cent
- the waitlist for category 6 patients (general practice) decreased by 760 patients or 4.4 per cent (Note this is for the period 2016-17 and 2017-18)

In 2017-18:

- 219,627 OOS were provided to residents of Metro North and visitors to the region which equated to 834,601 WOOS, broken down as follows:
 - OHC – 87,973 OOS (40.1 per cent of total OOS)
 - GPOHS – 75,069 OOS (34.2 per cent of total OOS)
 - CAOHS – 42,678 OOS (19.4 per cent of total OOS)
 - COHS-CSS – 13,907 OOS (6.3 per cent of total OOS)
- 160,215 OOS were provided to Metro North residents within the Metro North catchments, broken down as follows:
 - Herston catchment residents - 95.0 per cent of OOS (33,723) occurred in the Herston catchment, followed by 4.7 per cent (1,667 OOS) in the Stafford/Pine Rivers catchment

- Stafford/Pine Rivers catchment residents - 43.1 per cent of OOS (23,884) occurred in the Stafford/Pine Rivers catchment, followed by 53.8 per cent (29,834 OOS) in the Herston catchment
- Redcliffe/Sandgate catchment residents – 54.0 per cent of OOS (13,349) occurred in the Redcliffe/Sandgate catchment, followed by 26.5 per cent (6,553 OOS) in the Herston catchment
- Caboolture/Kilcoy catchment residents – 71.6 per cent of OOS (31,875) occurred in the Caboolture/Kilcoy catchment, followed by 21.0 per cent (9,336 OOS) in the Herston catchment.
- the top three oral health treatments provided by item code were:
 - intraoral periapical or bitewing radiograph
 - oral examination – limited
 - oral hygiene instruction
- 30.8 per cent of OOS were provided to persons aged 0-16 years, 39.8 per cent to persons aged 17-64 years and 29.4 per cent to persons aged 65 and older
- 57.7 per cent of Aboriginal and/or Torres Strait Islander persons completed their course of care
- 486 refugees were offered dental appointments
- 1.6 per cent of persons accessing the oral health service used or had an interpreter booked for their appointment, with the main language identified as being Arabic (56.6 per cent)
- approximately 28.5 per cent of initial appointment bookings are changed, with the largest proportion occurring in GPOHS
- almost 18,000 dental vouchers were issued for patients to access private providers for treatment which equates to approximately 8.0 per cent of the total MNOHS OOS.

1 Occasions of Service (OOS) - is a service provided to a non-admitted patient attending a designated dental unit/clinic for treatment.

2 Weighted Occasions of Service (WOOS) - a unit of measure of oral health services activity based on the oral health care delivered to a patient as indicated by treatment items.

3 Chair utilisation is calculated on the assumption a chair is available for 380 minutes per day where there is at least one appointment with treatment for that day.

4 Excludes OOS for Metro North residents provided by private providers (outsourcing), Queensland Children's Hospital and the Fluoride Varnish Van.

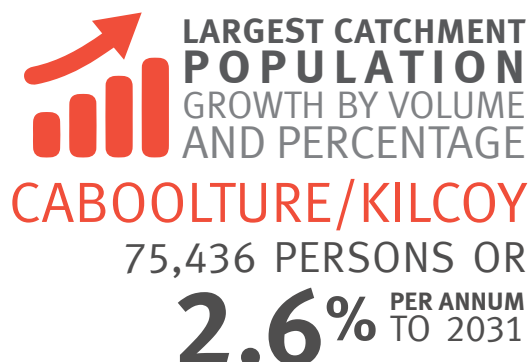
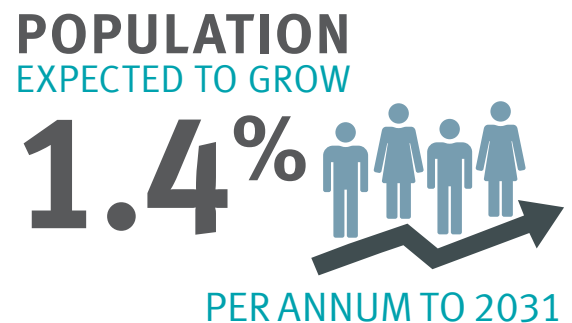
Why do we need a Plan?

The oral health service in Metro North has experienced significant change in recent years and the service continuously strives to deliver excellent care. There are a range of challenges facing the service as well as exciting opportunities for the future in where, how and what kind of services we provide to our eligible population.

Oral health services are impacted by:

- population growth and demographic profile driving increased demand
- models of care aligning with the changing needs of the population
- age and distribution of infrastructure affecting access
- recruitment and retention of workforce especially specialised services
- changes in technology.

See appendix A for a summary of issues and challenges that have been identified through a review of literature, data analysis and stakeholder consultation.





What has informed the Plan?

The Plan has been informed by a range of national, state and local directions and frameworks for oral health care and by Metro North Hospital and Health Service Strategic Plan 2016-2020 (revised 2018), Metro North Hospital and Health Service - Health Service Plan 2015-2020 and the National Oral Health Plan 2015-2024. The input from these frameworks has been supported by stakeholder engagement with consumers, community groups, oral health staff and the greater health community.

A review of the state, national, and international policies and guidelines regarding oral health services across Australia, the United Kingdom, New Zealand and Canada identify the following common focus areas:

- oral health prevention, promotion and early intervention
- building partnerships and environments that support good oral health
- priority populations
- access to and waiting times for oral health services
- integrating oral health into general health across the system.

Various data sources have been used to provide context and analysis throughout the Plan.

In addition to the above, consideration of Metro North's population growth, ageing population and increased incidence of disease has informed the development of the Plan.

What matters?

“Over 300 patients, families and carers, our community partners, oral health staff and other health professionals were consulted in the development of the Plan”

“I want to go to the dentist closer to home”

“I think there should be some dental education and prevention programs in schools”



Patients, families and carers

“I would like to know how to access a dental appointment for my elderly mother”



our community partners

“We need oral health services outreach to the frail and elderly”

“I want a streamlined pathway for mental health staff to be able to make appointments for our clients”

“We want our homeless to be able to access a dentist”

“We should offer oral health services in residential care facilities”

“I want the opportunity to contribute to research”



oral health staff

“We need to have more oral health services in areas of high need”

Part B: The next five years

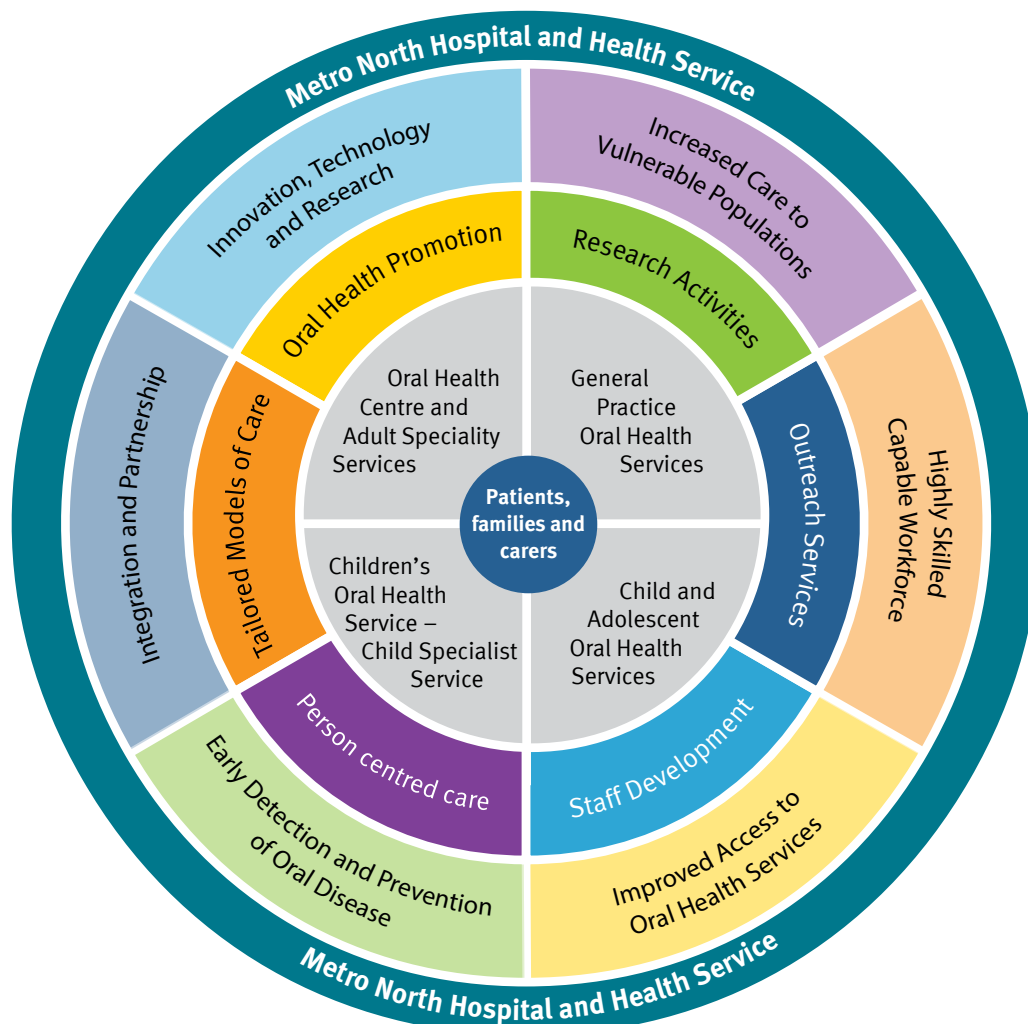
The future of oral health services provided by Metro North over the next five years

What do we want to achieve?

The Plan will guide the MNOHS over the next five years with the implementation of identified service directions and associated actions to drive continuous improvement and innovation. The following outcomes are anticipated through implementation of the Plan:

- **person-centred care** – better engagement and partnering with patients, families and carers to support informed decision making in managing their oral conditions and understanding treatment options and procedures
- **access** – increased and equitable access to a highly skilled workforce that provide evidence-based oral health services in an appropriate timeframe and location
- **effective care** – evidence-based oral health models of care with an increased focus on prevention and early detection of oral disease and oral health promotion
- **safe care** – sustainable, quality, evidence-based care that results in reduced care complications that are monitored and reported via established and transparent processes
- **efficient care** – a culture of monitoring and analysis of performance and reporting for the purposes of implementing sustainable changes in driving continuous quality improvement
- **integrated care** – integrated and multidisciplinary oral health disease management that takes a population perspective.

MNOHS aspires to a future where no-one has to wait to receive the oral care they need.



Our commitment over the next five years is to:

- drive the national and state-wide oral health agenda locally
- focus on the holistic health needs of the individual recognising good oral health is fundamental to overall health, wellbeing and quality of life and partner with patients, families and carers in decisions and conversations about their health needs and treatment
- advocate and promote oral health promotion, oral disease prevention and early detection of oral disease across the age continuum
- align service provision with the health needs of our eligible population to deliver evidence-informed, person-centred oral health care services as close to home as possible where clinically appropriate
- develop innovative contemporary models of care inclusive of outreach services and oral health screening to better manage demand
- align oral health services and messages to support our frail and elderly to “age in place”
- have sustainable partnerships with other health and community services to provide timely and tailored comprehensive care to our vulnerable populations
- pursue innovative partnership models with schools and community groups to deliver excellent care for children and young people and explore a broader suite of children’s services across the continuum
- integrate oral health within the mainstream health care continuum for children and adults, aligning with evidence-informed care that will enable people cared for by Metro North to have their oral health needs considered alongside other chronic and complex diseases
- reduce waiting times with an aspiration that no-one has to wait to receive oral care
- deliver state-wide specialist services for children which is best practice, efficient, effective and connected between Queensland Children’s Hospital and Metro North
- deliver comprehensive oral health specialist services to our eligible population (both HHS and state-wide) through the Oral Health Alliance
- maximise partnership opportunities through the Oral Health Alliance to drive service evaluation and improvement through research, innovation and training
- build capacity and capability of our workforce by prioritising training, education and research opportunities
- inform capital investments.

Service directions

The Plan is structured around six service directions, each with their own associated objectives and actions to help guide service development of oral health services provided by Metro North over the next five years. These service directions focus on improving: access; service delivery; staff capacity and capability and sustainable partnerships to provide best practice person-centered oral health services to our eligible population.

Service direction

1

Improve access for our eligible population to oral health services provided by MNOHS as close to home as clinically appropriate

Service direction

2

Deliver evidence-informed, person-centred care with an increasing focus on oral health promotion, early detection and prevention of oral diseases

Service direction

3

Targeted strategies to deliver oral health services to our vulnerable populations

Service direction

4

Develop sustainable partnerships to deliver improved oral health outcomes via health, educational and community systems alignment and integration

Service direction

5

Increase the capacity and capability of our workforce, focusing on health care improvements and prioritising training and education

Service direction

6

Pursue innovative solutions and take advantage of advances in technology and research to improve patient oral health outcomes

Improve access for our eligible population to oral health services provided by MNOHS as close to home as clinically appropriate

Oral health services in Metro North will offer eligible patients access to contemporary models of care that reflect the complex oral health needs and demands of our growing population. Oral health services will be available closer to home and delivered in a timely manner by ensuring the catchments that have greater proportions of our eligible patients experiencing higher levels of social and economic disadvantage have access to local services.

Oral health services will be delivered in a range of settings, including school, hospital and community based care. There will be a focus on family based care and ensuring our eligible population is well informed of the type and location of the services we offer and how to access those services.

Objectives

- Ensure information outlining access to Metro North oral health services, patient eligibility and service locations is readily available to the public
- Increase provision of oral health services in high demand areas of the Metro North catchment particularly Caboolture catchment
- Increase appointment availability across all services
- Continuous reduction in waiting times
- Increase access to oral health services requiring a general anaesthetic (GA)
- Provide timely access to orthodontic services.

Signs of success

- Increased number of OOS accessed within the high demand areas of Redcliffe/Sandgate and Caboolture/Kilcoy
- Increased utilisation of dental chairs in CAOHS clinics that have re-allocated non-clinical tasks
- Reduction in the time patients wait on the oral health GA waitlist
- Increased number of orthodontic appointments available and patients treated within clinically recommended timeframes.

Service actions

Item No	Actions	Responsibility
1.1	Optimise utilisation of current oral health infrastructure.	ED – MNOHS All Directors – MNOHS
1.2	Advocate for additional infrastructure in the Caboolture catchment.	ED – MNOHS Director – GPOHS Director – CAOHS Assets and Infrastructure
1.3	Develop and implement consumer informed awareness campaigns via social media, community, education and health networks.	Senior Project Officer – MNOHS
1.4	Migrate appointment bookings (initial and recall) for dental examinations for child and adolescent patients from CAOHS clinical staff to the Consumer Liaison Advisory Service (CLAS).	ED – MNOHS Director – COHS-CSS and CAOHS CLAS – MNOHS
1.5	Investigate the most appropriate hospitals to access additional GA sessions and advocate for an increase in sessions.	ED – MNOHS
1.6	Develop streamlined business processes to assist in increasing dental chair utilisation (i.e. appointment templates, booking processes, cancellations).	ED – MNOHS CLAS – MNOHS
1.7	Investigate options for additional dental chairs in the northern corridor to allow patients access to oral health services closer to home.	ED – MNOHS Assets and Infrastructure
1.8	Increase appointment availability to orthodontic specialist services through the recruitment of an additional 1FTE orthodontic specialist.	ED – MNOHS Director – COHS-CSS and CAOHS

Deliver evidence-informed person-centred care with an increasing focus on oral health promotion, early detection and prevention of oral diseases

Patients accessing MNOHS will receive tailored, evidence informed, person-centred care that is responsive to their risk status, preferences, needs and values. Patients, families and carers will be recognised as our partners and will be increasingly involved in treatment planning and decision making for their oral health.

We will increase our focus on early detection and prevention of oral disease with an increased emphasis on preventive based interventions and treatments, oral health screening and tailored oral health promotion initiatives to our community.

Objectives

- Ensure oral health resources, staff addressing prevention and early detection of oral diseases and treatment options are available to patients, families, carers and other health services
- Ensure eligible patients receive oral care that focuses on prevention and early detection of oral disease as well as treating oral disease
- Provide oral health promotion programs in social and economic disadvantaged communities
- Ensure schools in high social and economic disadvantaged areas are participating in fluoride varnish programs.

Signs of success

- Increased preventive codes recorded by clinical teams achieving a benchmark of above 17 per cent of WOOS linked to preventive codes
- A suite of evidence informed, oral health resources about oral disease prevention and early detection of oral disease are available and utilised
- Increased number of students from high social and economic disadvantaged areas participating in school based fluoride varnish programs.

Service actions

Item No	Actions	Responsibility
2.1	Develop a suite of oral health messages to inform and educate patients and their families and carers that can be delivered in various modes and tailored to different environments of care (e.g. internet, face to face) in partnership with internal and external stakeholders.	Consultant Oral Health Therapist – MNOHS
2.2	Increase the percentage of preventive item codes recorded by Metro North oral health clinicians through: <ul style="list-style-type: none"> • providing preventive oral care informed by best practice, preventive focused treatment planning in addition to treating disease • accurate recording of preventive item codes for oral health care delivered. 	All Directors – MNOHS
2.3	Expand on the existing fluoride varnish program in schools in the Redcliffe/Sandgate and Caboolture/Kilcoy catchments.	Director – COHS-CSS and CAOHS
2.4	Develop and implement oral health promotion initiatives/activities (health expo's, community groups, media campaigns) within communities in Metro North with social and economic disadvantaged catchments that focus on: <ul style="list-style-type: none"> • prevention of oral disease • early detection of oral disease • oral health education • broader health messages that are common to general health and oral health. 	Consultant Oral Health Therapist – MNOHS All Directors – MNOHS

Deliver oral health services via models of care tailored to our vulnerable populations inclusive of the frail and elderly, Aboriginal and Torres Strait Islander people, refugees, persons seeking asylum and people from cultural and linguistically diverse communities, people living with mental illness, people with substance misuse disorders, people experiencing disadvantage and/or homelessness and people with special health needs and disabilities.

Objectives

- Ensure MNOHS services offer culturally safe environments for patients identifying as Aboriginal and Torres Strait Islanders, culturally and linguistically diverse, refugee and people seeking asylum
- Service directions taken by MNOHS align with Closing the Gap priorities and oral health is included in relevant strategies and plans endorsed for the Aboriginal and Torres Strait Islander Health Unit
- Service directions taken by MNOHS align with the Oral Health Services Eligibility Guideline QH-GDL-444:2017 section 3.3.7 Refugees who meet the eligibility criteria (see Sections 3.1 and 3.2) are entitled to a priority general course of care (i.e. no waiting period) within the first 12 months of arrival in Queensland and 3.3.8 Asylum seekers are entitled to a priority general course of care (i.e. no waiting period) within the first 12 months of arrival in Australia
- Provide person centred, culturally appropriate, trauma informed care to our CALD communities, refugees and people seeking asylum
- Ensure referral pathways and tailored models of care are available for health services providers and their eligible clients/consumers experiencing disadvantage and homelessness and people living with mental health and substance misuse issues
- Patients in Metro North managed residential care facilities receive high quality oral health care
- Ensure referral pathways are available for the frail and elderly who need to access oral health care
- Provide consistent referral pathways for patients undergoing treatment for major health conditions and those living with disabilities who require oral health services.

Signs of success

- Increased percentage of completed courses of care of refugees and people seeking asylum
- A one per cent per annum increase in completed courses of care for Aboriginal and Torres Strait Islander patients
- Increased eligible patients in Metro North managed residential care facilities accessing oral health services both in MNOHS facilities and on-site
- Increased percentage of completed courses of oral care for patients in Metro North managed residential care facilities
- Increased number of referrals from healthcare workers of eligible clients/consumers living with mental illness and/or substance misuse issues and people experiencing homelessness.

Service actions

Item No	Actions	Responsibility
3.1	Investigate and mitigate roadblocks that prevent Aboriginal and Torres Strait Islander patients from completing their courses of oral care in partnership with Aboriginal and Torres Community Controlled Health organisations and other key stakeholders.	ED – MNOHS Director – A&TSIHU
3.2	Implement the Metro North Safety and Quality Cultural Audit 2018 service wide by the end of 2019.	Safety and Quality Officer – MNOHS
3.3	Evaluate the current oral health referral pathways and implement quality improvement strategies for CALD communities, refugees and people seeking asylum.	Director – GPOHS CLAS – MNOHS
3.4	All oral health staff complete cultural diversity training.	Senior Project Officer MNOHS Cultural Diversity Co-ordinator – MNHHS
3.5	Implement oral health services on campus at TPCP responsive to local service demand.	ED – MNOHS ED – TPCP
3.6	Investigate and implement tailored models of care, inclusive of priority referral pathways, for delivering oral health services to people experiencing homelessness, people living with mental illness and/or people with substance misuse issues.	ED – MNOHS Operation Directors – Metro North Mental Health
3.7	Commence an outreach service for vulnerable populations through the Scarborough Dental Clinic.	Director – GPOHS
3.8	Provide oral health services to residents in Metro North managed residential care facilities.	Director – OHA Director – GPOHS Consultant Oral Health Therapist – MNOHS Clinical Management Team – Specialist Residential Care – Community and Oral Health
3.9	Review and update oral health policy, procedures and education programs to meet the Charter of Care recipients rights and responsibilities for those in Metro North managed residential care facilities.	Director – OHA Director – GPOHS Clinical Management Team – Specialist Residential Care – Community and Oral Health
3.10	Develop and implement appropriate referral pathways for eligible patients that have been assessed by the ACAT team and identified as requiring access to oral health services.	Director – OHA Director – GPOHS Nurse Unit Manager – Aged Care Assessment Team – MNHHS
3.11	Identify appropriate oral health training to assist staff conducting ACAT assessments in early detection and prevention of oral disease.	Director – OHA Director – GPOHS Nurse Unit Manager – Aged Care Assessment Team – MNHHS
3.12	Evaluate the current oral health referral pathways and implement quality improvement strategies for people undergoing treatment for major health conditions and those living with disabilities.	Director – OHA Director – GPOHS

Develop sustainable partnerships to deliver improved oral health outcomes via health, educational and community systems alignment and integration

Partner with appropriate stakeholders to develop sustainable oral health processes and pathways to improve the oral health of our eligible population. We will facilitate early detection of oral disease and increased preventive interventions for patients cared for by Metro North via the integration of oral health with general health programs across sectors and jurisdictions in numerous delivery settings.

MNOHS will integrate with education and community systems to increase opportunities to improve the oral health of our eligible population.

Objectives

- Ensure oral health is integrated into the mainstream health care continuum for children and adults, aligning with evidence-based practice that will enable people cared for by Metro North to have their oral health needs considered alongside other chronic and complex healthcare needs
- Deliver on the objectives of the Oral Health Alliance in a sustainable fashion
- Deliver specialist oral health services in the northern corridor of Metro North by DCLinDent students¹
- Ensure rural and remote patients leaving the care of COHS-CSS have a defined pathway for ongoing specialist oral health treatment
- Deliver a sustainable model of care for oral health services for youth in high schools with higher rates of social and economic disadvantage
- Consumers partner with MNOHS to inform the implementation of the Metro North Oral Health Services Plan 2019-2023.

Signs of success

- The Oral Health Centre is a preferred place of work, training and research for the current and emerging dental workforce
- Remote and rural patients receive appropriate follow-up care after completing oral care with COHS-CSS
- Oral health services are delivered to youth in high schools with higher rates of social and economic disadvantage.

Service actions

Item No	Actions	Responsibility
4.1	Embed strong governance and leadership principles at the Oral Health Centre in accordance with the principles of the Oral Health Alliance and the requirements of UQ and MNOHS.	ED – MNOHS Director – OHA
4.2	Integrate supervised clinical sessions of the expanded UQ – School of Dentistry DCLinDent student cohort into Metro North oral health services in the northern corridor.	Director – OHA Director – GPOHS
4.3	Develop and/or review existing referral pathways for eligible patients requiring access to MNOHS that are awaiting heart or lung transplants or cardiac surgery.	Director – GPOHS CLAS – MNOHS
4.4	Co-design a guideline of continuum of care for specialist services for rural and remote patients exiting COHS-CSS services.	Director – COHS-CSS and CAOHS
4.5	Partner with the Dakabin State High School to pilot a model of care for oral health services delivered on-site to youth.	Consultant Oral Health Therapist – MNOHS
4.6	Monitor and evaluate consumer representation and input for the co-design of future oral health services to improve patient experience.	Senior Project Officer

¹ Doctor of Clinical Dentistry-a post graduate program for general dentists to gain a registrable specialist qualification.

Increase the capacity and capability of our workforce, focusing on health care improvements and prioritising training and education

Develop a sustainable, skilled workforce providing person-centred, evidence-informed oral health care to our eligible population through education and training opportunities. As our service moves toward a greater focus on disease prevention and early detection in a growing and ageing population with numerous vulnerable populations our team will deliver oral health services efficiently and effectively with strong skills in tailoring care to the unique and changing needs of our patients.

Objectives

- Ensure MNOHS has a workforce that delivers increased oral hygiene instruction and oral health promotion initiatives
- Ensure Metro North oral health staff have skills and strategies to communicate and offer oral care effectively and appropriately to patients requiring complex procedures and to vulnerable populations
- Support Metro North oral health staff to gain skills and expertise in emerging techniques and procedures
- Support staff to have excellence in knowledge, skills and leadership qualities to ensure we have the talent that supports continuity of service delivery and adaptability to change

Signs of success

- Increased oral health education activities recorded on the Information System for Oral Health (ISOH)
- MNOHS have ongoing training initiatives to build skills and knowledge in appropriate care for vulnerable populations
- Increase staff participation in leadership development by at least 10 per cent each year

Service actions

Item No	Actions	Responsibility
5.1	Develop and implement peer support and mentoring opportunities for MNOHS staff.	All Directors – MNOHS
5.2	Identify appropriate training and education opportunities to upskill Dentists (e.g. Membership of the Royal Australasian College of Dental Surgeons, Graduate Diploma programs).	All Directors – MNOHS
5.3	Identify appropriate training and education opportunities to upskill Dental Therapists and Oral Health Therapists.	All Directors – MNOHS Consultant Oral Health Therapist – MNOHS
5.4	Increase the number of Dental Assistants with a Certificate IV in Dental Assisting – Oral Health Promotion.	ED – MNOHS Principal Dental Assistant – MNOHS
5.5	Provide training opportunities for staff who identify as future managers and leaders to build skills used to manage teams.	All Directors – MNOHS
5.6	Develop and implement an ongoing training and support program to increase the capacity and competency of MNOHS staff treating people who are experiencing mental illness, people with substance misuse issues, problematic alcohol and other substance use and people experiencing homelessness.	Senior Project Officer – MNOHS Operation Directors – Metro North Mental Health

Item No	Actions	Responsibility
5.7	Engage DClinDent students and supervisors to provide targeted training to Metro North dentists including referral models and current clinical practice.	Director – OHA Director – GPOHS
5.8	Facilitate MNOHS staff to participate in ongoing training in new techniques and education opportunities as innovative and new technologies become realised in MNOHS.	All Directors – MNOHS
5.9	Facilitate oral health administration staff participation in training/workshops. (e.g. Recognising the Role of Administration Officers: A roadmap for 2019) .	ED – MNOHS
5.10	Facilitate MNOHS nurses providing clinical patient care by completing the Metro North Perioperative Introductory Program.	Nurse Manger – MNOHS
5.11	Identify and train appropriate staff in data analytics and reporting.	ED – MNOHS



Pursue innovative solutions and take advantage of advances in technology and research to improve patient oral health outcomes

Embrace new technologies and innovations to support continuous, quality, high value improvements contributing to better outcomes for our patients. In collaboration with the University of Queensland – School of Dentistry, through the Oral Health Alliance, MNOHS staff will develop skills and participate in areas of research including research proposals, grant applications, clinical research, data analysis, and research papers leading to better health outcomes for our population.

Objectives

- Reduce turnaround time in dental laboratory services by using new technologies and processes
- Improve MNOHS staff's research knowledge and skills in writing and implementing research proposals, writing grant applications and conducting clinical research
- Improved oral health outcomes for vulnerable populations through to innovative, tailored and sustainable models of care.

Signs of success

- Increased OOS for vulnerable populations
- An endorsed MNOHS Research Plan to guide oral health research initiatives across the HHS
- Laboratory turnaround times are reduced by using digital technologies
- Increased MNOHS staff pursuing research higher education.

Service actions

Item No	Actions	Responsibility
6.1	Through research and innovation investigate and develop sustainable contemporary models of oral care in partnership with consumers, University of Queensland, other health services and MNOHS staff.	All Directors – MNOHS Director – OHA Consultant Oral Health Therapist – MNOHS Senior Project Officer – MNOHS
6.2	Investigate and implement current and developing technologies that permit a digital workflow e.g. chairside and laboratory scanners, digital planning and design software, CAM milling and 3D printing.	ED – MNOHS All Directors – MNOHS
6.3	Investigate innovative technologies and processes to streamline laboratory services.	All Directors – MNOHS
6.4	Establish the Oral Health Alliance Research Committee inclusive of membership from University of Queensland – School of Dentistry, MNOHS Director of Research and Advocacy, and other identified stakeholders.	Director of Research and Advocacy – MNOHS Director – OHA
6.5	Initiate and develop a MNOHS Research Plan.	Director of Research and Advocacy – MNOHS Director – OHA
6.6	Collaborate with researchers and tertiary institutions to develop the knowledge and skills of oral health clinical staff to support and conduct clinical trials and research.	Director – OHA

Part C: Implementation, monitoring reporting and review

Metro North is committed to implementing the Metro North Oral Health Services Plan 2019-2023 over the next five years and will actively work in partnership with private, community and non-government providers to progress the service directions.

A project implementation plan will be developed to progress actions over time with some actions requiring resourcing which will be subject to normal budgetary processes.

The Plan will be monitored monthly by the MNOHS Executive Management Team and will be reported on an annual basis to the Operational Leadership Team. Regular monitoring and reporting against the Plan will allow for changes during implementation of the Plan which will be reviewed and updated if required.



Appendix A: Issues and Challenges

The snap-shot of issues and challenges outlined below has been extracted from the Metro North Oral Health Services Plan 2019-2023 – Issues and Challenges paper. The paper was informed by consultation with consumers, community groups, Metro North oral health staff, Metro North staff from a broad cohort of identified health services and non-government organisations. Inclusion and consideration of any current needs and issues that were identified in the Carammar Consulting report and Ian Meyers’ review previously undertaken.

Population growth and service demand

MNOHS has both current and future service demand challenges in the northern catchments. The Caboolture/Kilcoy catchment is predicting the largest growth by percentage and volume by 2031, followed by the Redcliffe/Sandgate catchment. Some MNOHS dental clinics are not aligned geographically to our current areas of demand and future demand.

Ageing eligible population

Metro North currently has a total resident population of over 1,000,000 persons. By 2031 the Metro North resident population is expected to increase by 1.4 per cent per annum. The age group 65 years and above is expected to increase at the fastest rate. The majority of this population will be eligible to access oral health services provided by Metro North.

Access to clinically appropriate oral health services

Local access to MNOHS clinics for general oral health services for children and adults is challenged by limited clinic availability where demand for public oral health services is high. Hours of operation are a challenge for working eligible patients and the working parents of our eligible children and adolescents. Some of our population are unaware of the eligibility criteria for public oral health services or how to access those services.

Access to MNOHS services for our vulnerable populations is challenged by limited access to oral health services delivered under sedation and long general anaesthetic waiting lists. Some clinics have limited access for patients in wheelchairs and there is very limited access to bariatric oral health clinics. Limited oral health services have been delivered onsite at Metro North managed residential care facilities. Currently there is no access to oral health services on campus at TPCH for cardiac patients and patients from the mental health and aged care wards. Health professionals working with some of our vulnerable groups find the referral pathway for their patients challenging and/or undefined.

Ageing infrastructure

Many of the fixed dental clinics, mobile dental clinics and laboratory spaces are ageing and require some major repairs and ongoing maintenance. Even with major capital investment in these facilities there are questions around them being fit for purpose, their ability to meet current standards and the geographical location of these facilities.

Workforce

The MNOHS workforce, like many other health services, has an ageing workforce. To date, limited activity has been undertaken to ensure appropriate succession management planning has been put in place particularly for roles that require highly specialised clinicians with advanced skills and knowledge.

At present there is limited capacity to backfill clinicians that are away on planned or unplanned leave resulting in reduced services and in some circumstances cancellation of services.

Some of the clinical roles in MNOHS do not utilise the full scope of the dental practitioner, in that role, with the possible outcome of de-skilling the employee if they are in that role for an extended period.

There have been identified gaps in the skill sets of some dental assistants who work in very specific roles which makes it difficult for that dental assistant to be utilised for backfilling in other areas.

Technology

Digital x-ray units are to be installed throughout MNOHS oral health clinics. Installation has been delayed due to numerous connectivity and information technology challenges.

The continuing use of paper records in CAOHS hampers easy access to up-to-date patient records presenting a challenge for clinicians who need prompt access when seeing emergency patients and often results in multiple records for one patient. The ongoing roll out of routers into CAOHS clinics will assist to facilitate the introduction of electronic records into these clinics.

There are innovative technologies available for dental laboratories that would streamline processes and improve accuracy and decrease turn-around time of some prosthetic appliances which are not available in MNOHS dental laboratories.



