

Oral Health Specialist Referral

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Summary This policy aims 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.

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Author Branch Centre for Oral Health Strategy

Branch contact Strategic Development Planner 8821 4311

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Director-General

This Policy Directive may be varied, withdrawn or replaced at any time.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

ORAL HEALTH SPECIALIST REFERRAL

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 Area Health 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 Area Health Service 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 Area Health Service criteria

Referral Centres must:

- Comply with the responsibilities detailed at section 3.3

Area Oral Health Staff must:

- comply with Area Health Service approved specialist referral processes and specific Area Health Service criteria

REVISION HISTORY

Version	Approved by	Amendment notes
September 1996 (PD2005_101)	Director-General	Policy detailing the provision of orthodontic care for dependent children of Health Card holders
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

ASSOCIATED DOCUMENTS

1. Oral Health Specialist Referral Protocols (*attached*)
2. Oral Health Specialist Referral Form (*Salamat order number is NH606518 or alternatively the form is located at Department of Health Website¹*)

RESCINDED

¹ <http://www.health.nsw.gov.au/resources/a-z/o.asp>

Oral Health Specialist Referral

NSW HEALTH
PROTOCOL

Issue date: May 2010

PD2010_027

RESCINDED

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RESIGNED

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 recommendation action that should be followed unless there are sound reasons for taking a different course of action.

NSW Area Oral Health Service

Throughout this document the term Area Oral Health Services (AOHS) 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_047 '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 AOHS 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.

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, 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.

Whilst all children and young persons (0-17yrs) are eligible for non-admitted oral health care services, only children and young persons who are self holders or whose parents/guardians are holders of valid Centrelink concession cards are eligible for inpatient specialist dental services including paediatric dentistry and orthodontic surgery and for outpatient procedural dental specialities such as endodontics, orthodontics, oral surgery, prosthodontics and periodontics.

Exemption to these eligibility criteria can only be made in cases of teaching patients and those with special clinical needs as authorised by the Director of Special Dental Services or their equivalent.

1.5 Related Policy Directives and Guidelines

This Policy Directive should be read in conjunction with:

- Waiting Times and Elective Patient Management Policy²
- Correct Patient, Correct Procedure and Correct Site³
- Eligibility of Persons for Public Dental Care⁴
- Priority Oral Health Program and Wait List Management⁵
- Bisphosphonate Related Osteonecrosis of the Jaws - Prevention⁶
- Consent to Medical Treatment – Patient information⁷
- Medical Records in Hospitals and Community Care Centres⁸
- Oral Health Record Protocols⁹
- Records – Principles for Creation, Management, Storage and Disposal of Health Care Records¹⁰
- Records_ Disposal Authority (DA 25) (Use of functional)by NSW Department of Health¹¹
- Record Management – Department of Health¹²
- Data collections – Disclosure of unit record data held for research or management of health services¹³

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

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

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

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

6 http://www.health.nsw.gov.au/policies/gl/2008/GL2008_010.html

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

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

9 http://www.health.nsw.gov.au/policies/pd/2008/PD2008_024.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_289.html

12 http://www.health.nsw.gov.au/policies/pd/2009/PD2009_057.html

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

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), 2 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 Area Health Service 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/cons/contacts.asp>) closest to the patient's place of residence.

2.2 Specialist Service Type

The following specialist services are offered:

- Conscious sedation for dental procedures
- Endodontic
- 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 AHS 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 particular aspect of the patient's care;
- Management of a specific complaint or condition; or
- Ongoing management of a patient whose oral health condition/overall medical status dictates that his/her oral health treatment needs 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
 - 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
 - access issues and special requirements where relevant
 - 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.

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 AHS referral criteria.
- Prioritise the patient according to identified need.
- Contact the patient to offer a consultation appointment or and inform him/her and the referring practitioner if wait lists apply 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 course of care to be undertaken, 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 and 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. 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.
- Depending on the urgency of their assessed dental needs, patients may be placed on a treatment wait list.
- Treatment under oral sedation, intravenous sedation or general anaesthesia will be determined by the appropriate specialist service and not by the referring clinician.

4 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, Royal College of Dental Surgeons (ANZCA RACDS) Professional Document PS21 (2003): Guidelines on conscious sedation for dental procedures.

4.1 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.

4.2 Index of Treatment Needs

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

- Paediatric (over 8 years old)
- 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

5 ENDODONTICS

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.
- The patient is advised that where a tooth is assessed as endodontically untreatable, further treatment will be returned for management by the referring clinician.

5.1 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:

- 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.
- Status of the root canal and the reason for treatment (calcified, blocked, 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, such as, as an abutment tooth for a denture.

5.2 Index of Treatment Needs

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

5.2.1. 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

5.2.2. 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

5.2.3. 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

6 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.

6.1 Index of Treatment Needs

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

6.1.1. *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

6.1.2. *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

6.1.3. *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

6.1.4. *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 which replace missing teeth and/or missing tissues

The placement of extra-oral implants to provide retention for a range of prostheses, such as maxillo-facial prostheses. These procedures are usually managed in conjunction with a maxillo-facial prosthodontist.

7 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
- Orthodontic/Orthognathic case work-up
- Endodontics
- Paedodontics

8 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.

8.1 KEY REFERRAL INFORMATION:

To be exempt from a service charge, referred patients must hold a valid Centrelink entitlement card, for example valid health care card or pension card (refer to point 1.4).

8.2 INDEX OF TREATMENT NEEDS:

Referral indications 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.
- Extensive or complex medical conditions that are best treated in a hospital environment (for example haemophiliacs, post organ-transplant 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:

8.2.1 *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 of significant immuno-suppressant therapy, especially anti-T-cell agents or cytotoxics)
- 8.2.2. *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 haematopoietic stem cell) or pre-heart valve replacement dental assessment
- 8.2.3. *Priority 3*
- all other cases

9 ORTHODONTICS

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

- Referrals must include details of the malocclusion, as listed in the table of treatment need (Table C), and a recent panoramic radiograph (OPG); and
- Orthodontic treatment will only be offered to patients who are dentally fit.
- 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
 - the ability to prioritise severe cases for referral to specialists

9.1 Key referral information:

- Please note that adults are not eligible for orthodontic service (refer to 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, 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 have, either themselves or their parent/legal guardian, a valid Health Care 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.

9.2 Index of Treatment Needs

An internationally recognised system of classifying need, the Index of Orthodontic Treatment Need (IOTN) has been adapted in table format for ease of use and understanding by referring clinicians (refer to Table A). Seven occlusal traits have been 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

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 crossbite with: <ul style="list-style-type: none"> ▪ enamel loss ▪ gingival trauma and/or anterior/posterior crossbite with functional shift	anterior/posterior crossbite of more than 2 teeth and/or unilateral posterior crossbite	anterior/posterior 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)		

10 PAEDIATRIC DENTISTRY

Children and young persons aged 0 to 17 years are eligible for treatment. However, young persons between 16 – 17 years may receive their treatment either through a specialist or paediatric specialised dental department (refer to **Appendix A**) depending on Area Health Service protocols. The following 'groups' list conditions for which specialist paediatric dental services are provided at Westmead Children's Hospital, Sydney Dental Hospital and Westmead Centre for Oral Health.

10.1 Key referral information

Attempts in the first instance should be made to treat Group 6 children using behaviour management techniques prior to referral.

10.2 Index of Treatment Needs:

- 10.2.1. *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
 - haemorrhage
 - dento-alveolar trauma
- 10.2.2. *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
- 10.2.3. *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
- 10.2.4. *Group 4: Children/Young persons*
with congenital or acquired malformations of the jaws, face or teeth, orofacial pathology, such as:
- craniofacial malformations such as clefts of lip and palate
 - dental anomalies, such as cleidocranial dysplasia, amelogenesis imperfecta, supernumerary teeth
 - pathology such as cysts, ulcers

10.2.5. *Group 5: Preschool children*
at high caries risk, such as:

- early childhood caries (either white spot demineralisation or cavitated lesions)
- requiring management under general anaesthesia

10.2.6. *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

11 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

11.1 Key Referral information

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

12 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.

12.1 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 Area Health Services.
- 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.

12.2 Index of Treatment Needs:

Patients will be considered for:

12.2.1. *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
- cases requiring cast-metal based dentures which are not responsive to local efforts

12.2.2. *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
 - ~ 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
 - ~ significant anatomical defects such as mandibular or maxillary tori or cleft palate

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

- Precision attachments
- Osseo-integrated implants
- Hybrid therapies

12.2.4. *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
- 12.2.5. *Jaw function and oro-facial pain*
where there is no untreated pathology
- 12.2.6. *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
- 12.2.7. *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

13 SPECIAL CARE DENTISTRY

The Referral Centres offer special 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.

13.1 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. This must be noted in the referral and must include the name and address and contact details of the legal guardian.
- A parent/carer/guardian is required to be present at all appointments for those patients who are unable to consent, or have significant physical or communicative disability.

13.2 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 hygiene¹⁴ and attendance of appointments.

¹⁴ 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

13.3 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

RESERVED

14 SHORTENED TERMS

AOHS	Area Oral Health Services
ASA	American Society of Anaesthetists
CLD	Cleft lip and palate
CJD	Creutzfeldt-Jakob Disease
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

15 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)

16 REFERENCES

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APPENDIX A PAEDIATRIC PATIENT - REFERRAL FLOWCHART (SAMPLE)

