

Oral Health Chart & Referral Form for Medical Emergency Departments

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Summary To establish a clear, patient focused referral pathway that ensures a care management focus between public emergency departments and oral health services.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Public Health System Support Division, Dental Schools and Clinics, NSW Dept of Health, Public Health Units, Public Hospitals

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ORAL HEALTH CHART AND REFERRAL FORM FOR MEDICAL EMERGENCY DEPARTMENTS

Purpose

To establish a clear, patient focused, referral pathway that ensures a care management focus between public emergency departments and oral health services.

Our Commitment

NSW Department of Health is committed to providing eligible NSW residents with access to collaborative, timely, effective, and culturally responsive oral health services for continuation of episodic dental care.

Roles and Responsibilities

NSW Department of Health

Ensure the requirements and standards of this guideline are monitored and acted on accordingly.

Chief Executives

Assign responsibility and personnel to implement the guideline.

Oral Health Clinical Directors and Oral Health Managers

Ensure timely and open communication with emergency departments to establish a episodic continuum of care approach.

All Area Health Service Oral Health and Emergency Department Staff

Comply with the guideline and actively participate in establishing efficient patient referral processes and effective dental care.

Professor Debora Picone AM
Director-General

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Title: Oral Health Chart and Referral Form for Medical Emergency Departments

1. Introduction

The NSW Oral Health Strategic Directions 2005-2010 sets the platform for oral health action in NSW into the next decade. The Oral Health Chart and Referral Form for Medical Emergency Departments (OHCRFMED) reflect the operating principles:

- create better experiences for people using health services
- make smart choices about the costs and benefits of health services

This OHCRFMED guideline aims to improve continuum of care for emergency treatment between NSW Health emergency departments (ED) and public oral health services (OHS). The Guideline describes the procedures for implementing this referral process.

By aligning procedures between the two health programs NSW Health hopes to:

- ensure continuity of patient flow
- provide timely episodic care for eligible persons

The OHCRFMED guideline has been prepared by the Centre for Oral Health Strategy NSW (COHS) and the State Oral Health Executive. Special thanks go to Area Health Service representatives for their input (refer to **Point 3**).

1.1 Application

This Guideline should be read in conjunction with the following Department of Health policy directives, guidelines and information bulletins:

- Correct patient, correct procedure and correct site¹
- Eligibility for Oral Health²
- Priority Oral Health Program and Wait List Management³
- Public Oral Health State-wide Specialist Referral Clinical Guidelines⁴
- Complaints Management Guideline⁵

1.2 Communication Framework

An effective communication strategy is required to establish a clear, patient care management focused, emergency referral pathway between OHS and ED units. The guideline offers a sample referral form (refer to **Appendix A**) that can be adapted as per AHSs protocols. Note that AHS' are not restricted to using Appendix A but can develop their own form as per AHS protocols. Further to this, a NSW Health Public Dental Service – 'What you need to know' brochure is also available for downloading at the COHS website (<http://www.health.nsw.gov.au/cohs/resources.asp>) and can be ordered (free of charge) from Better Health Centre – Publications Warehouse on 02 9887 5450.

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

² http://www.health.nsw.gov.au/policies/PD/2005/PD2008_066.html

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

⁴ <http://www.health.nsw.gov.au/archive/cib/information-bulletins/2003/ib2003-15.pdf>

⁵ http://www.health.nsw.gov.au/policies/gl/2006/GI.2006_023.html

2. Management

2.1 Administration Processes

Effective management of OHCRFMED requires clear identification of the roles and responsibilities of all stakeholders. Each one of these processes is reliant on a key person/s to be responsible to ensure that they are acted upon (refer to **Table A**)

- 2.1.1 ensure that OHCRFMED is completed
- 2.1.2 attach a copy of the OHCRFMED to the patient's medical record
- 2.1.3 provide the patient/parent/guardian/carer with the OHCRFMED and discuss with them the appropriate OHS Call Centre number to ring (refer to **Appendix A**)
- 2.1.4 provide a referral process that is sensitive to the needs of Aboriginal people, and people from culturally and linguistically diverse backgrounds by accessing interpreter services and/or Aboriginal Hospital Liaison/Health Workers, as required
- 2.1.5 appoint the referred emergency patient, who has a OHCRFMED, under the Priority Oral Health Program (POHP) Code 2 (refer to POHP and List Management Protocols PD 2008_056)
- 2.1.6 inform the patient to bring the OHCRFMED to their appointment
- 2.1.7 attach OHCRFMED to the patient's oral health record and, where possible, scan into Information System for Oral Health (ISOH) patient record using document management

Table A

Issue	Process	Who	Where	When	How
2.1.1	Complete the OHCRFMED	ED staff	ED	At time of presentation	As per AHS protocols
2.1.2	Ensure that a copy of the OHCRFMED is attached to the patient's medical record	ED staff	ED	At time of presentation	Attach to patient medical record as per AHS protocols
2.1.3	Provide patient with the OHCRFMED	ED staff	ED	At time of presentation	Written
2.1.4	Ensure the patient understands the referral process	ED staff	ED	At time of presentation	Verbal and/or written
2.1.5	Appoint a OHCRFMED referred patient	OHS staff	OHS call centre	At time of call	Book appointment in ISOH
2.1.6	Inform the patient to bring the OHCRFMED to their appointment	OHS staff	OHS call centre	At time of call	Verbal
2.1.7	Attach OHCRFMED to patient oral health record	OHS staff	OHS dental clinic	At time of dental appointment	Attach to patient oral health record and/or scan into ISOH

Title: Oral Health Chart and Referral Form for Medical Emergency Departments

2.2 Eligibility

The following persons may be eligible to receive dental care by OHS:

- 2.2.1 adult persons in receipt of a current and valid concession card, as per the eligibility for public oral health care policy directive⁶.
- 2.2.2 all persons who are less than 18 years of age are eligible for free public oral health care.
- 2.2.3 persons with 'Areas of Need' (AON) entitlements (refer to Priority Oral Health Program (POHP) and List Management Policy Directive)⁷
- 2.2.4 eligibility is further defined in Section 3 Point 3.2 of the POHP and List Management Policy Directive

3. Acknowledgement

Dr Peter Foltyn (St Vincent Hospital), Dr Kirk Meredith (South Eastern Sydney and Illawarra Area Health Service) and Dr Sameer Bhole (Sydney South West Area Health service) for the development of the referral form (Appendix A).

⁶ http://www.health.nsw.gov.au/policies/PD/2005/PD2005_171.html

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

Appendix A Oral Health Chart and Referral Form for Medical Emergency Departments (sample)

Oral Health Chart

and Referral

Form for Medical

Emergency Departments

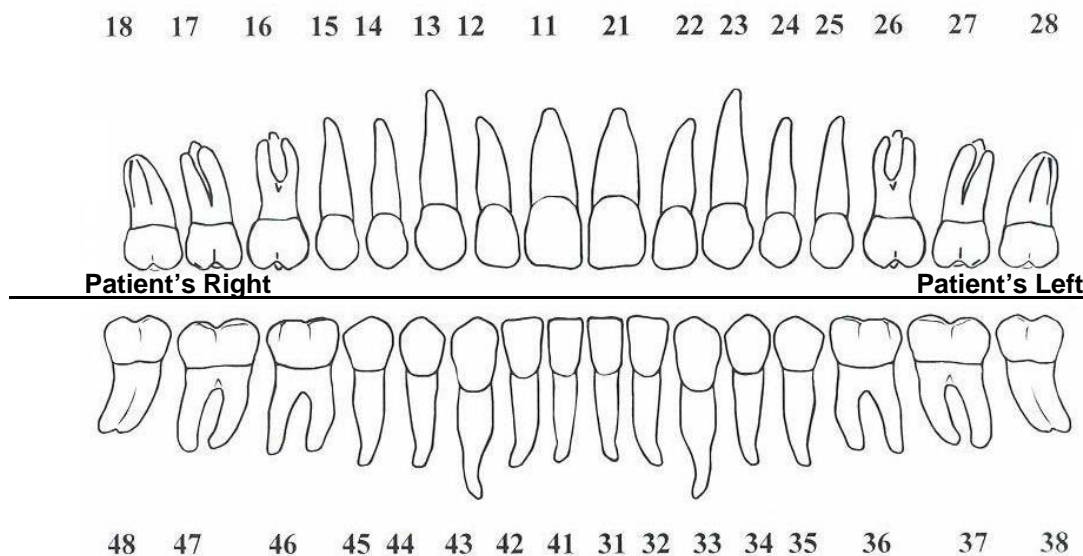
MRN		SURNAME	
OTHER NAMES			
DOB	SEX	AMO	WARD/CLINIC

(Please enter information of affix Patient Information Label)

Summary/Referral

The above person was triaged / admitted at Hospital due to pain/swelling/trauma of a dental origin.

Date/Time of initial presentation:		X-Rays:	<input type="checkbox"/> OPG/ <input type="checkbox"/> CT/ <input type="checkbox"/> Dental film / <input type="checkbox"/> Other
Seen by:		Test:	<input type="checkbox"/> Blood/ <input type="checkbox"/> Biochemistry/ <input type="checkbox"/> Microbiology/ <input type="checkbox"/> Biopsy



Legend:	
X	on tooth to indicate missing
Blank Circle	if a tooth is avulsed or damaged
RR	on tooth to indicate root remnant present (may need to be confirmed by imaging).
Shaded Circle	To indicate location of dental abscess (may need to be confirmed by imaging)

Treatment provided:

Comments:

Note: if referring to a public dental facility or private dental practice is required please complete the appropriate referral on the back of this form and give this referral to the patient. A copy should be kept for the medical records file.

Referral for Dental Care

Special notes: If a person who presents at the Emergency Department has sustained a trauma or has presented with a swelling in the face/neck as a result of a dental infection, the patient is categorised as an Oral Health (ISOH) Priority **Code 1** (emergency) and will be seen on the next working day at any NSW Public Oral Health facility. A medically compromised patient whose dental condition is likely to impact on their serious medical condition and is a concession card holder or dependant, is categorised as an Oral Health (ISOH) Priority **Code 2** patient (treatment within 3 days).

Patients are asked to contact their relevant Oral Health Service Call-Centre and inform them that they have a referral form from their local hospital, Accident and Emergency Department.

Pensioner Concession Card is **NOT** Required

Code 1. **Referral from:** _____ Date: _____

insert name of Local Hospital A & E Dept

This patient requires a dental assessment for swelling which is still present or traumatic injury and haemorrhage, which requires further management:

Name:		Date of Birth	
Who has presented with swelling/trauma and is eligible to receive an assessment/treatment as an Oral Health, ISOH priority Code 1 (emergency treatment within 24 hours) patient.			
Name of Practitioner:		Position:	

Pensioner Concession Card **IS** Required

Code 2. **Referral from:** _____ Date: _____

insert name of Local Hospital A & E Dept

This patient has presented with swelling/trauma and has received initial treatment reducing the acute nature of the problem. However this patient's dental requirements need further management, as their dental condition may have a detrimental impact on their serious medical condition.

Name:		Date of Birth	
Who has presented at the A & E Department with swelling/trauma and has received initial treatment reducing the acute nature of the problem. This patient is eligible to receive further assessment/treatment as an Oral Health, ISOH priority Code 2. (Dental treatment required due to serious medical condition – treatment within 3 days)			
Name of Practitioner:		Position:	

OHS Call Centre Numbers

Area Health Service	Phone Number	Area Health Service	Phone Number
South Eastern Sydney/Illawarra	1300 134 226	Greater Western	1300 55 26 26
Northern Sydney/ Central Coast	1300 78 94 04	Hunter/New England	1300 72 00 23
Sydney South West	1300 55 93 93	North Coast	1300 65 16 25
Sydney West	02 9845 6766	Justice Health	02 4733 5378
Greater Southern	1800 45 00 46		

