Oral Health Services Waiting Lists

1. Purpose

This guideline provides recommendations to support management of dental waiting lists for Queensland Health oral health services. The purpose of the document is to provide Hospital and Health Services (HHS) with a standardised framework to promote consistent and equitable access to non-emergency public dental care for eligible adults throughout Queensland.

2. Scope

This Guideline provides information for all Queensland public health system employees (permanent, temporary and casual) and all organisations and individuals acting as its agents (including partners, contractors, consultants and volunteers), with particular relevance to those individuals involved in the delivery of public oral health services to eligible adult patients.

3. Related documents

Standards, procedures, guidelines
- Standard Range of Oral Health Services Guideline
- Oral Health Services Eligibility Guideline

Work Instructions
- Assigning clients to the Assessment wait list
- Assigning clients to the Priority wait list
- Assigning clients to the Recall wait list
- Assigning clients to the Referral wait list
- Assigning clients to the General Anaesthetic wait list

4. Guideline for Oral Health Services Waiting Lists

4.1. Context

4.1.1. Improving access to publicly-funded dental care for eligible Queenslanders is a strategic priority for Queensland Health.

4.1.2. In My health, Queensland’s future: Advancing health 2026, a measure of success for Direction 2: Delivering healthcare is to “ensure Queenslanders receive clinical care within an appropriate time regardless of location”.

4.1.3. In addition, Foundation Area 2 of Australia’s National Oral Health Plan 2015-2024 is Accessible oral health services, stating that “access is central to the performance of the oral health system as it
enables people to obtain health care when they perceive a health need”. The Plan establishes a goal that “all Australians have access to appropriate oral health care in a clinically appropriate timeframe”.

4.1.4. Waiting lists are an important way in which Queensland Health oral health services, delivered by Hospital and Health Services (HHS), manage access to free public dental care for eligible Queenslanders. By placing people who require non-emergency treatment on waiting lists for care, HHS oral health services can then contact patients when capacity becomes available at their local public dental clinic.

4.2. Principles for managing dental waiting lists

4.2.1. This guideline sets out a framework to promote consistent and equitable access to public oral health services for eligible people throughout Queensland by establishing recommendations regarding waiting list processes, allocation criteria and waiting times.

4.2.2. HHS oral health services are accountable for ensuring that the recommendations are met across all waiting list types and urgency categories. In recognition of the variation in service capacity and demand for services between and within HHSs, some oral health services may be able to deliver above and beyond the minimum recommendations. However, over-performance in one service area should not compromise access to other service areas within each HHS. For example, offering more frequent dental check-ups should not impact on providing priority care within clinically recommended waiting times.

4.2.3. Similarly, oral health service resources within a HHS should be distributed across the geographic areas and facilities of that HHS is such a way that, to the extent that is practically achievable, there is equitable access to comparable services for all eligible patients. That is, dental waiting lists should be managed such that waiting times are similar across a HHS.

4.2.4. It is recommended that:

a) All oral health facilities use ISOH for managing dental waiting lists and scheduling appointments.

b) Patients are allocated to a waiting list at a facility according to their preference regardless of their place of residence.

c) Patients are not allocated the same type of waiting list at multiple facilities.

d) Patients are only allocated to a waiting list at a facility with the capability and credentialed staff to provide the dental care required.

e) Waiting lists are not maintained for services that are not provided at a given facility. Alternative arrangements should be made for any listed patients, including:

   • Referring a patient to another facility that offers the required dental care and transferring the waiting list entry; or,
   
   • Referring a patient to a private practitioner at the patient’s own expense if the HHS is unable to provide the dental care required.

f) Patients are offered care in the order in which they are placed on the waiting list (treated in turn) taking into consideration comparable clinical need and urgency category.

g) Patients who are transferred from a waiting list at one facility to another facility should maintain their original Date Placed On. It may be appropriate to immediately book an appointment for a patient if their waiting time is outside the desirable timeframe.

h) Any additional guidelines created to support the management of oral health services are consistent with this Guideline.
4.3. Governance

4.3.1. It is recommended that key points of accountability are established within each HHS to provide:

a) Administrative oversight of the use of ISOH to manage dental waiting lists, including (but not limited to): completion of all ISOH fields; maintaining up-to-date patient details; identifying and correcting errors and outliers; initiating regular audits to check patients still require care; and, proactively managing patients who are approaching or exceeding their maximum recommended waiting time.

b) Clinical oversight of dental waiting lists, including (but not limited to): consistent application of waiting list allocation criteria; clinical assessment of patients; and, review of referrals.

4.4. Communication with patients

4.4.1. It is recommended that patients on dental waiting lists are provided, at a minimum, with the following information:

a) Confirmation of the dental clinic, waiting list type, Date Placed On and maximum recommended waiting time;

b) A brief description of the type of dental care for which a patient is waiting;

c) A brief explanation of the relevant allocation criteria and prioritisation process;

d) How a patient can access emergency dental care; and,

e) A patient's responsibilities while accessing the oral health service, including attendance at scheduled appointments and advising if their contact details or eligibility changes.

4.5. Administrative assessment

4.5.1. It is recommended that patients contacting a HHS oral health service without a referral should initially undergo an administrative assessment (see Attachment 1). This may occur in person at a public dental clinic or over the phone, including via a call centre.

4.5.2. The administrative assessment should use a standardised triage questionnaire to consistently and objectively determine patients’ clinical urgency.

4.5.3. Officers undertaking an administrative assessment should ensure patients are either:

a) Given access to emergency dental care, according to local HHS procedures;

b) Allocated for a clinical assessment (refer to 4.6) by a dental practitioner; or,

c) Allocated to the general waiting list (refer to 4.8) for non-urgent dental care.

4.6. Clinical assessment

4.6.1. A clinical assessment is a brief examination by a dental practitioner for the purpose of prioritising patients’ dental care according to their clinical needs.

4.6.2. In ISOH, patients should be allocated to the Assessment 4ab waiting list according to the relevant administrative or clinical criteria (Attachment 2).

4.6.3. Dental practitioners undertaking a clinical assessment should ensure patients are either:

a) Given access to emergency dental care, according to local HHS procedures;

b) Provided with urgent general care;

c) Allocated to a waiting list in ISOH, according to their treatment requirements;
d) Advised they cannot be offered care at that facility and, if appropriate, referred to another facility or to a private practitioner at the patient’s own expense; or,
e) Advised they do not require dental care.

4.6.4. A clinical assessment may be performed to review a patient’s waiting list allocation and/or urgency category:

a) If a patient is reclassified to a lower priority, the patient’s original Date Placed On should be maintained.
b) If a patient is reclassified to a higher priority, the patient’s Date Placed On should be changed to the date when they were reclassified.

4.7. Referrals

4.7.1. The referral waiting list is to record all referrals received by a facility prior to review by a dental practitioner.

4.7.2. In ISOH, patients should be logged on the referral waiting list by the facility accepting the referral (for referrals between HHS facilities, the referring facility need not make a list entry).

4.7.3. The referral should be reviewed by a dental practitioner as soon as possible and patients should be either:

a) Given access to emergency dental care, according to local HHS procedures;
b) Provided with urgent general care;
c) Appointed for a clinical assessment by a dental practitioner;
d) Allocated to a waiting list in ISOH, according to their treatment requirements;
e) Advised they cannot be offered care at that facility and, if appropriate, referred to another facility or to a private practitioner at the patient’s own expense; or,
f) Advised they do not require dental care.

4.8. Waiting lists

General waiting list

4.8.1. The general waiting list is for patients who require an initial or periodic, non-urgent general dental examination and treatment.

4.8.2. Patients may be allocated to the general waiting list from an administrative assessment, or following clinical assessment, dental care, or referral review.

4.8.3. In ISOH, patients should be:

a) Allocated to the Assessment 6 waiting list;
b) Identified as “New” or “Returning” in the “Contributing Factor” field:
   • New patients have had no previous general care at a HHS oral health service or their last general care was completed more than 12 months previously.
   • Returning patients completed their last general care at a HHS oral health service less than 12 months previously.

4.8.4. The following considerations should apply when managing new and returning patients:

a) New patients are considered ready for care from their Date Placed On, so should be offered care when possible but at least within the desirable timeframe of 2 years.
b) Returning patients are typically not ready for care until 12 months following their Date Placed On, so may not require an offer of care within this period but should be offered care within the desirable timeframe of 2 years. Patients with specific clinical needs can be reviewed sooner via the recall waiting list (refer to 4.8.8 Recall waiting list).

c) New patients may be prioritised ahead of returning patients who are not ready for care and, therefore, may have shorter waiting times than returning patients.

d) Patients should be informed about the benefits of periodic examinations and preventive care, and be advised how they can return to the general waiting list for a future check-up. Procedures that automatically return patients to the waiting list should be avoided as this may result in patients who do not desire to be or know they are on the waiting list.

Priority waiting list

4.8.5. The priority waiting list is for priority, specialised or specialist dental care, as well as full dentures (refer to Section 4.9 Dentures).

4.8.6. Patients should only be allocated to the priority waiting list by a dental practitioner following clinical assessment, dental care, or referral review, not directly from an administrative assessment.

4.8.7. In ISOH, patients should be allocated to the Priority waiting lists according to their urgency (categories 1, 2 or 3) with treatment requirements recorded (Attachment 2).

Recall waiting list

4.8.8. The recall waiting list is only for patients waiting for review of a specific clinical need within a defined timeframe with follow up dental care as required.

4.8.9. Patients should only be allocated to the recall waiting list by a dental practitioner following clinical assessment, dental care, or referral review, not directly from an administrative assessment.

4.8.10. In ISOH, patients should be allocated to the Recall 1 waiting list with an appropriate timeframe (in months) and treatment requirements recorded.

General anaesthetic waiting list

4.8.11. The general anaesthetic (GA) waiting list is for patients who require general or specialist dental care under general anaesthetic, usually within a hospital operating theatre.

4.8.12. Patients should only be allocated to the GA waiting list by a dental practitioner following dental care, clinical assessment or referral review, not directly from an administrative assessment.

4.8.13. In ISOH, patients should be allocated to the GA waiting lists according to their urgency (categories 1, 2 or 3) with treatment requirements recorded (Attachment 2).

4.9. Dentures

4.9.1. Patients who require denture repairs and/or adjustments should access emergency dental care, according to local HHS procedures.

4.9.2. Patients who require new, replacement or relined dentures should have a clinical assessment prior to being allocated to a waiting list.

4.9.3. Patients should only be allocated to a waiting list for dentures by a dental practitioner following dental care, clinical assessment or referral review, not directly from an administrative assessment.

4.9.4. In ISOH, patients should be allocated to:

a) The general waiting list if a patient has any natural teeth and may require non-urgent denture care as part of their general dental care; e.g. routine partial dentures.

Effective From: 1 April 2018
b) The priority waiting list if a patient requires:

- Full upper and lower dentures i.e. a patient has no natural teeth. Patients with a small number of natural teeth, e.g. lower front teeth only, may also be allocated; or
- Priority dentures as part of an urgent course of care, regardless of whether or not the patient has any natural teeth e.g. urgent partial or immediate dentures; or
- Denture reline/s.

4.9.5. It is recommended that:

a) Where possible, patients should have their denture(s) completed as part of the same course of care as their general dental care; or,

b) If this is not possible, ensure patients are assigned to the priority waiting list for completion of their denture(s) as soon as possible following their general dental care.

4.10. Offering patients care from waiting lists

Offer of care and initial appointment

4.10.1. When a patient is offered care from a waiting list, a change in list status should be recorded against a patient’s relevant ISOH waiting list entry:

a) When a patient is offered care in writing (using an ISOH contact letter) their ISOH list status will automatically update from ‘waiting’ to ‘contacted’.

b) When a patient is offered care in person or by phone, their ISOH list status should be manually updated from ‘waiting’ to ‘contacted’.

4.10.2. When a patient’s initial appointment booking is linked to an ISOH waiting list entry, their ISOH list status will automatically update to ‘appointment made’.

Deferring an offer of care

4.10.3. When an initial appointment is cancelled, either by a patient or by the facility:

a) The appointment should be re-scheduled; or,

b) If there are no suitable appointment times, a patient’s list status should be manually returned to ‘waiting’.

4.10.4. When a patient chooses to defer an offer of care for personal or medical reasons:

a) A note should be entered against the patient’s ISOH waiting list entry to record the reason for deferring and the period of deferment; and,

b) The patient’s list status should be manually changed to ‘on hold’.

4.10.5. Patients with a list status of ‘on hold’ should be:

a) Reviewed regularly and contacted when the period for deferment has elapsed to determine whether or not they are ready for care.

b) Manually have their ISOH list status returned to ‘waiting’ when they are ready for care.

4.11. Removing patients from waiting lists

4.11.1. Patients should be removed from a waiting list when:

a) Treatment has been completed: The course of care should be separated as ‘complete’, then the list status will automatically update to ‘completed’.

b) A patient fails to respond to an offer of care or audit letter: The list status should be manually changed to ‘discontinued’ in line with local HHS duty of care procedures.
c) A patient no longer requires the care they were waiting for:
   - When a course of care has not commenced, the list status should be manually changed to ‘discontinued’.
   - When a course of care has commenced, it should be separated as ‘discontinued’ and the list status will automatically update to ‘discontinued’.

d) A patient declines an offer of care or requests to be removed from the waiting list: The list status should be manually changed to ‘discontinued’.

e) A patient fails to attend (FTA) an appointment(s) and the decision by a dental practitioner has been made to cease treating the patient in line with local HHS duty of care procedures: The course of care should be separated as ‘discontinued’ and the list status will automatically update to ‘discontinued’.

f) A patient defers two offers of care without a valid reason: On the second occasion the list status should be manually changed to ‘discontinued’.

g) A patient is deceased:
   - When a course of care has not commenced the list status should be manually changed to ‘discontinued’.
   - When a course of care has commenced, it should be separated as ‘discontinued’ and the list status will automatically update to ‘discontinued’.

4.11.2. When a patient is re-instated on a waiting list, the original Date Placed On should be maintained if the patient contacts the service within three months of being removed from the waiting list. Exceptions may be considered in line with local HHS procedures. Once re-instated, it may be appropriate to immediately book an appointment for a patient if their waiting time is outside the desirable timeframe.

4.12. Calculating waiting times

4.12.1. ISOH waiting list information should be accurate and up-to-date to facilitate:
   a) Local management of dental waiting lists by HHS oral health services; and,
   b) Statewide reporting of dental waiting list indicators.

4.12.2. For the purpose of calculating waiting times, patients are considered to be waiting:
   a) From their Date Placed On;
   b) While their ISOH list status is “waiting” or “contacted” or “inquiry”; and
   c) Until they have either:
      - Deferred an offer of care (i.e. ISOH list status is “on hold”); or,
      - Made an appointment to commence treatment at a public dental clinic; or,
      - Received a voucher to commence treatment at a private dental provider.

4.13. Monitoring waiting lists

Administrative monitoring

4.13.1. Regular administrative audits should be conducted to:
   a) Identify patients who are waiting longer than, or approaching, the desirable timeframe;
   b) Identify incorrect waiting list records;
   c) Confirm patient details;
d) Identify patients who no longer require to be on a waiting list;
e) Identify patients on multiple waiting lists for the same dental care; and
f) Identify duplicate list entries

4.13.2. It is recommended that administrative audits of waiting lists are conducted, at a minimum, for the following intervals:
   a) Weekly: Referral, Priority category 1, GA category 1
   b) Monthly: General, Clinical Assessment, Recall, Priority category 2, GA category 2
   c) Every 3 months: Priority category 3, GA category 3

4.13.3. When a patient is sent an audit letter from ISOH, their list status will automatically update to ‘inquiry’ against the relevant ISOH waiting list entry:
   a) If a patient confirms they wish to remain on the waiting list: The list status should be manually changed back to ‘waiting’.
   b) If a patient fails to respond or requests to be removed from the waiting list: The list status should be manually changed to ‘discontinued’ in line with local HHS duty of care procedures.

4.13.4. Reports are available in the Queensland Health Enterprise Reporting Service (QHERS) to assist with administrative audits.

Clinical monitoring
4.13.5. Regular clinical reviews of waiting list patients should be conducted to confirm whether:
   a) Care is still required; and
   b) Urgency categories remain appropriate

4.13.6. A clinical review may include any of the following:
   a) Reviewing a patient’s ISOH record;
   b) Reviewing a patient’s dental record, including medical history;
   c) Contacting a patient by phone or letter; or
   d) Arranging a clinical assessment.

4.13.7. It is recommended that clinical reviews are conducted, as a minimum, for the following patients:
   a) Referrals that have not been reviewed more than one week after being logged;
   b) Priority category 1 patients waiting more than one month;
   c) Recall patients waiting more than one month longer than their recall period; and
   d) GA category 1 patients waiting more than one month

4.13.8. Additional clinical reviews may be required according to local HHS procedures.

5. Review
This Guideline is due for review on: 1 January 2020

Date of Last Review: January 2018

6. Business Area Contact
Office of the Chief Dental Officer, Clinical Excellence Division
7. Definitions of terms used in the guideline

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>The term ‘patient’ refers to a patient or other person who is legally able to make a decision on behalf of the patient.</td>
</tr>
<tr>
<td>Dental practitioners</td>
<td>Dental practitioners include dentists, dental specialists, dental prosthodontists, oral health therapists, dental therapists and dental hygienists.</td>
</tr>
<tr>
<td>Facility</td>
<td>May be a fixed or mobile dental clinic based in a community or hospital setting.</td>
</tr>
<tr>
<td>Information System for Oral Health (ISOH)</td>
<td>The statewide information system that is used to support oral health service delivery.</td>
</tr>
</tbody>
</table>

8. Document approval details

Document custodian
Chief Dental Officer, Clinical Excellence Division

Approval officer
Deputy Director-General, Clinical Excellence Division

Approval date: 23 March 2018

9. Version control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Prepared by</th>
<th>Comments / reason for update</th>
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<tr>
<td>1.0</td>
<td>1 Jan 2015</td>
<td>Ben Stute</td>
<td>Final</td>
</tr>
<tr>
<td>2.0</td>
<td>1 April 2018</td>
<td>Ben Stute</td>
<td>The guideline has been reviewed to clarify principles behind the guidelines, to recommend key points for administrative and clinical oversight and to clarify processes regarding patients seeking future care following completion of a course of care.</td>
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### Attachment 1 – Administrative assessment

<table>
<thead>
<tr>
<th>Outcome / waiting list</th>
<th>ISOH list type</th>
<th>Urgency category</th>
<th>Waiting list allocation criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency dental care</td>
<td>Varies</td>
<td>Varies</td>
<td>• According to local HHS procedures</td>
</tr>
<tr>
<td>Clinical Assessment</td>
<td>Assessment</td>
<td>4ab</td>
<td>Administrative criteria:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Patients who identify as Aboriginal and Torres Strait Islander</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Denture related concerns:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>o request for new / replacement denture(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>o missing upper front teeth</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>o missing all upper and/or lower teeth and no denture(s)</td>
</tr>
<tr>
<td>General</td>
<td>Assessment</td>
<td>6</td>
<td>Patients request non-urgent dental care, e.g. check-up</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-urgent dental care desirable within 2 years</td>
</tr>
<tr>
<td>New</td>
<td></td>
<td></td>
<td>• No previous general care at a HHS oral health service</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Previous general care at a HHS oral health service more than 12 months prior to patients’ request for care</td>
</tr>
<tr>
<td>Returning</td>
<td></td>
<td></td>
<td>• Previous general care at a HHS oral health service less than 12 months prior to patients’ request for care</td>
</tr>
</tbody>
</table>
## Attachment 2 – Waiting list criteria

<table>
<thead>
<tr>
<th>Waiting list</th>
<th>ISOH list type</th>
<th>Urgency category</th>
<th>Waiting list allocation criteria</th>
<th>Maximum wait time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral</td>
<td>Referral</td>
<td>1</td>
<td>Referrals from medical GPs or specialists, dental practitioners or allied health professionals</td>
<td>1 week</td>
</tr>
</tbody>
</table>
| **Clinical Assessment** | Assessment | 4ab              | Administrative criteria:  
  - See Attachment 1  
Clinical criteria:  
  - Medical conditions significantly affected by a patient’s oral health status  
  - Medical conditions significantly impacting on a patient’s oral health status | 1 month            |
| General      | Assessment     | 6                | Patients request non-urgent dental care, e.g. check up | 2 years            |

**New**  
- No previous general care at a HHS oral health service  
- Previous general care at a HHS oral health service more than 12 months prior to patients’ request for care

**Returning**  
- Previous general care at a HHS oral health service less than 12 months prior to patients’ request for care

**Recall**  
- Patients with a specific clinical need are reviewed within a defined timeframe.

**Priority**  
- A condition that has the potential to deteriorate quickly to the point that it may become a medical emergency.  
- Failure to provide dental care would delay the commencement or progress of urgent medical treatment. | 1 month            |

2  
- A condition causing some pain, physical or social dysfunction, or disability but which is not likely to deteriorate quickly or become a medical emergency. | 3 months            |

3  
- A condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become a medical emergency. | 12 months            |
<table>
<thead>
<tr>
<th>Waiting list</th>
<th>ISOH list type</th>
<th>Urgency category</th>
<th>Waiting list allocation criteria</th>
<th>Maximum wait time</th>
</tr>
</thead>
</table>
| General Anaesthetic  | GA             | 1                | • A condition that has the potential to deteriorate quickly to the point that it may become a medical emergency.  
 • Failure to provide dental care would delay the commencement or progress of urgent medical treatment. | 1 month           |
|                      |                | 2                | • A condition causing some pain, physical or social dysfunction, or disability but which is not likely to deteriorate quickly or become a medical emergency. | 3 months          |
|                      |                | 3                | • A condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become a medical emergency. | 12 months         |

Effective From: 1 April 2018
Attachment 3 – Overview of dental waiting list patient flow

**Client access to oral health services**

- Client contact & administrative assessment
- Referral received

**Clinical assessment & review**

- Clinical assessment: ISOH Assessment list 4ab
- Referral reviewed*: ISOH Referral list 1

**Waiting for dental care**

- **DIRECT APPOINTMENT**
  - Emergency care
  - Local HHS procedures

- **GENERAL WAIT LIST**
  - New / Returning (2 years)

- **PRIORITY WAIT LISTS**
  - Priority 1 (1 month)
  - Priority 2 (3 months)
  - Priority 3 (12 months)

* Where required a clinical assessment may be performed