Oral Health Services Waiting Lists

1. Purpose
This Guideline provides recommendations regarding best practice for the management of dental waiting lists for Queensland public oral health services. The purpose of the document is to provide Hospital and Health Services (HHS) with a standardised framework for using the Information System for Oral Health (ISOH) to manage access to non-emergency public dental care for eligible adult patients.

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 Visiting Dental Officers and contractors), with particular relevance to those individuals involved in the delivery of public oral health services to eligible adult patients.

3. Related documents
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 General requirements for dental waiting lists
4.1.1 It is recommended that:
   a) All oral health facilities use ISOH for the management of dental waiting lists and scheduling of 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 to a waiting list for the same dental care 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, 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.

4.2 Communication with patients

4.2.1 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 and Date Placed On;

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

c) A brief explanation of the 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.

4.3 Administrative assessment

4.3.1 It is recommended that patients contacting a HHS oral health service without a referral should initially undergo an administrative assessment (see Attachment 1).

4.3.2 Officers undertaking an administrative assessment should ensure patients, as required, are:

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

b) Allocated for a clinical assessment, if the patient meets the relevant criteria (refer to 4.4 Clinical assessment); or,

c) Allocated for non-urgent dental care as a new or returning patient (refer to 4.6 General waiting list).

4.4 Clinical assessment

4.4.1 A clinical assessment is a brief examination for the purpose of prioritising patients’ dental care according to their clinical needs and, if required, allocating patients to a waiting list.

4.4.2 It is recommended that patients who require a clinical assessment are:

a) Allocated to the ISOH Assessment 4ab waiting list according to the relevant administrative or clinical criteria (Attachment 2);

b) Appointed within a clinically appropriate timeframe after a patient contacts the oral health service.
4.4.3 Dental practitioners undertaking a clinical assessment should ensure patients, as required, are:
   a) Given access to emergency dental care, according to local HHS procedures;
   b) Allocated to a waiting list in ISOH, according to their treatment requirements;
   c) Advised they cannot be offered care at that facility. If appropriate, alternative arrangements may be made, such as referring the patient to another facility or to a private practitioner at the patient’s own expense; or,
   d) Advised they do not require dental care.

4.4.4 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 updated to the date when they were reclassified.

4.5 Referrals

4.5.1 The referral waiting list is to record all referrals received by a facility prior to review by a dentist or dental specialist.

4.5.2 It is recommended that all referrals are:
   a) Logged on the referral waiting list in ISOH by the facility accepting the referral (for referrals between HHS facilities, the referring facility need not make a list entry).
   b) Reviewed by a dentist or dental specialist as soon as possible following receipt of the referral.

4.5.3 Dental practitioners undertaking review of a referral should ensure patients, as required, are:
   a) Given access to emergency dental care, according to local HHS procedures;
   b) Appointed for a clinical assessment to further assess their treatment requirements;
   c) Allocated to a waiting list in ISOH, according to their treatment requirements; or,
   d) Advised they cannot be offered care at that facility. If appropriate, alternative arrangements may be made, such as referring the patient to another facility or to a private practitioner at the patient’s own expense.

4.6 Waiting lists

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

4.6.2 It is recommended that patients who require non-urgent general dental care are allocated:
   a) From an administrative assessment, or following dental care, clinical assessment or referral review.
   b) To the ISOH Assessment 6 waiting list with “New” or “Returning” selected 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.

4.6.3 It is recommended that the following considerations 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 4.6 Recall waiting list).
   c) New patients may be prioritised ahead of returning patients who are not ready for care and, therefore, will generally have shorter waiting times than returning patients.
   d) Local HHS procedures may be established to encourage patients to access periodic examinations and preventive care.

Priority waiting list

4.6.4 The priority waiting list is for priority, specialised or specialist dental care, as well as full dentures (refer to Section 4.7 Dentures).

4.6.5 It is recommended that patients who require priority dental care are allocated:

   a) Only by dental practitioners following dental care, clinical assessment or referral review, not directly from an administrative assessment.
   b) To the ISOH Priority waiting lists according to their urgency (categories 1, 2 or 3) and with treatment requirements recorded in ISOH (Attachment 2);

Recall waiting list

4.6.6 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.

4.6.7 It is recommended that patients who require recall are allocated:

   a) Only by dental practitioners following dental care, clinical assessment or referral review, not directly from an administrative assessment.
   b) To the ISOH Recall 1 waiting list with an appropriate timeframe (in months) and treatment requirements recorded in ISOH;

General anaesthetic waiting list

4.6.8 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.

4.6.9 It is recommended that patients who require dental care under general anaesthetic are allocated:

   a) Only by a dentist or dental specialist following dental care, clinical assessment or referral review, not directly from an administrative assessment.
   b) To the ISOH GA waiting lists according to their urgency (categories 1, 2 or 3) and with treatment requirements recorded in ISOH (Attachment 2).
4.7 Dentures

4.7.1 It is recommended that:
   a) Patients who require Denture repairs and/or adjustments are advised to access emergency dental care, according to local HHS procedures.
   b) Patients who require new, replacement or relined dentures have a clinical assessment prior to being allocated to a waiting list.

4.7.2 It is recommended that patients who require dentures are allocated:
   a) Only by dental practitioners following dental care, clinical assessment or referral review, not directly from an administrative assessment.
   b) To 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.
   c) To a priority waiting list if a patient requires:
      • Full upper and lower dentures i.e. a patient has no natural teeth. Patients with a few natural teeth, e.g. lower front teeth only, may be allocated in the same manner, according to local HHS procedures; 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.

4.7.3 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.

4.8 Offering patients care from waiting lists

Offer of care and initial appointment

4.8.1 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’.

4.8.2 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

4.8.3 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’.

4.8.4 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’.

4.8.5 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.

4.9 Removing patients from waiting lists

4.9.1 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:
   o When a course of care has not commenced the list status should be manually changed to ‘discontinued’.
   o When a course of care has commenced, it should be separated as ‘discontinued’ and the list status will automatically update to ‘discontinued’.

4.9.2 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.

4.10 Calculating waiting times

4.10.1 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.
4.10.2 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”; 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.

4.11 Monitoring waiting lists

Administrative monitoring

4.11.1 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

4.11.2 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

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

Clinical monitoring

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

4.11.5 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.

4.11.6 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

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

5. Review

This Guideline is due for review on: 1 January 2017

Date of Last Review: 31 December 2014

6. Business Area Contact

Office of the Chief Dental Officer, Health Service and Clinical Innovation Division

7. Definitions of terms used in the policy and supporting documents

<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. Approval and Implementation

Policy Custodian:
Director Oral Health Outcomes
Office of the Chief Dental Officer, Health Service and Clinical Innovation Division

Responsible Departmental Management Team Member:
Deputy Director-General, Health Service and Clinical Innovation Division

Approving Officer:
Chief Dental Officer
Office of the Chief Dental Officer, Health Service and Clinical Innovation Division

Approval date:

Effective from:

Version Control

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<th>Date</th>
<th>Prepared by</th>
<th>Comments</th>
</tr>
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<td>1.0</td>
<td>1 Jan 2015</td>
<td>Ben Stute</td>
<td>Final</td>
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## 9. Attachments

### 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>
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<td></td>
<td></td>
<td></td>
<td>• Denture related concerns:</td>
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<td></td>
<td></td>
<td></td>
<td>o request for new / replacement denture(s)</td>
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<td></td>
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<td>o missing upper front teeth</td>
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<td></td>
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<td>o missing all upper and/or lower teeth and no denture(s)</td>
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<td></td>
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<td>• Disabilities: may include (but not limited to):</td>
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<td>o intellectually disabled</td>
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<td>o physically disabled</td>
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<td>o confined to wheelchair</td>
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<td>o confined to home</td>
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<td></td>
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<td></td>
<td>• Eligible patients aged 0 to 3 years</td>
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<td></td>
<td></td>
<td></td>
<td>• Refugees and Asylum Seekers</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>
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<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>
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</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>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referral</strong></td>
<td>Referral</td>
<td>1</td>
<td>Referrals from medical GPs or specialists, dental practitioners or allied health professionals</td>
</tr>
<tr>
<td><strong>Clinical Assessment</strong></td>
<td>Assessment</td>
<td>4ab</td>
<td>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</td>
</tr>
<tr>
<td><strong>General</strong></td>
<td>Assessment</td>
<td>6</td>
<td>Patients request non-urgent dental care, e.g. check up Non-urgent dental care desirable within 2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>New</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Returning</td>
<td>• Previous general care at a HHS oral health service less than 12 months prior to patients’ request for care</td>
</tr>
<tr>
<td><strong>Recall</strong></td>
<td>Recall</td>
<td>1</td>
<td>Patients with a specific clinical need are reviewed within a defined timeframe.</td>
</tr>
<tr>
<td><strong>Priority</strong></td>
<td>Priority</td>
<td>1</td>
<td>Treatment within 1 month desirable where: • 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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Treatment within 3 months desirable for a condition causing some pain, physical or social dysfunction, or disability but which is not likely to deteriorate quickly or become a medical emergency.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>Treatment within 12 months desirable for 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.</td>
</tr>
<tr>
<td>Waiting list</td>
<td>ISOH list type</td>
<td>Urgency category</td>
<td>Waiting list allocation criteria</td>
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<tr>
<td>General Anaesthetic</td>
<td>GA</td>
<td>1</td>
<td>Treatment within 1 month desirable where:</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• A condition that has the potential to deteriorate quickly to the point that it may become a medical emergency.</td>
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<td></td>
<td>• Failure to provide dental care would delay the commencement or progress of urgent medical treatment.</td>
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<tr>
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<td>2</td>
<td>Treatment within 3 months desirable for a condition causing some pain, physical or social dysfunction, or disability but which is not likely to deteriorate quickly or become a medical emergency.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>Treatment within 12 months desirable for 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.</td>
</tr>
</tbody>
</table>
Attachment 3 – Overview of dental waiting list patient flow

Client access to oral health services → Clinical assessment & review → 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*