

Comments on the Oral Health Draft Propositions –Aged Care Quality and Safety

Proposition D1- outreach dental care for community living older people

A National Partnership Agreement with the States to provide outreach dental care for people in their place of residence is supported. Under this model, the States would be responsible for these services but they may choose to contract some of these services to private dental practices. While this option is mentioned in paragraph 37, it is suggested that this could be specified in the Proposition itself.

The requirement for the States to provide 50% of this funding (para 34) is a potential barrier to such a program.

The use of DWAU's in this funding model is also supported.

Proposition D2-training for personal care workers.

The proposal that personal care workers be trained to recognise the symptoms of oral disease and refer the older person to a dental professional needs clarification.

SA Dental Evaluation showed that Registered Nurses and Medical Practitioners could be trained to use a question based Oral Health Assessment Tool that successfully identified those who needed referral to a dental professional. The use of personal care workers for this role has not been tested.

Personal care workers could be trained to recognise significant deterioration in oral health.

The wording has personal care workers trained “on providing routine oral health care”. This could be misinterpreted as meaning clinical dental treatment. I suggest the wording be changed to “training on providing routine daily oral health care.”

All other propositions in this section are supported.

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Proposition D3-clarity in the responsibilities of the aged care providers in oral health

All the propositions in this section are supported as central to the sustainability of oral health programs in the aged care sector. In particular, paragraph 48 states that this proposition is directed at ensuring that residential aged care providers are held responsible for the oral health of their residents.

Proposition D4-separate funding of services by oral hygienists and dental and oral health therapists to carry out oral health assessments and personal care worker education.

The use of the question based Oral Health Assessment Tool (OHAT) by Registered Nurses has been shown to be accurately predictive of what a dental professional would find. Hence, there doesn't seem to be a need to establish a separately funded assessment by a dental professional. It would also be much more expensive.

When the Registered Nurse identifies the need for referral using the OHAT, it is suggested that the referral to a dental professional for treatment planning and treatment is the more affordable approach.

The separate funding described in D4 (and hence the exclusion of dentists from the service) does not allow for the fact that the medical and dental needs of older people entering the aged care sector can be complex. It is suggested that the initial dental treatment planning for such people may be better undertaken by a dentist. This does not rule out much of the basic dental care for older people being undertaken by other dental professionals.

In paragraph 53, 'extractions' are included in the treatment provided by hygienists and dental and oral health therapists. I suggest that extractions be limited to dentists. Complications can arise during dental extraction that a dentist is able to manage.

All other propositions in D4 are supported.

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