**Aim Statement**

In 12 months implement a dental emergency triaging process across all NSLHD Oral Health clinics to ensure 100% of emergency patients have been correctly triaged.

**Why is this a problem?**

- Ongoing reports from different clinicians that 3A and 3B patients they see are not genuine emergency appointment.
- Patients with genuine emergency treatment needs are waiting longer than necessary due to lack of appointments.
- Patient complaints about lengthy wait for appointment times.
- Reports from Patient Flow Coordinator that we are out of benchmark for 3A and 3B patients.

**Driver Diagram**

In 12 months implement a dental emergency triaging process across all NSLHD Oral Health clinics that will ensure 100% of emergency patients have been correctly triaged.

**Outcome Measure:**

- Genuine emergency triaged patients are being correctly booked.
- By when: 12 months

**Team members**

- Sponsor
  - Oral Health Director – Dr. Hera Dimitriadis
- Guidance Team members:
  - Senior Dental Therapist – Kyle Cheng
  - Acting Principle Dental Officer – Dr. Shazia Huq
  - Senior Dental Officer (Ryde) – Dr. Cheng-Yee Rossitter
  - Acting Clinical Director – Dr. Cam Tran
  - Patient Flow Co-ordinator – Melinda Rogers
  - Principle Dental Assistant – Amra Papovic
- Quality Control Advisor – Michelle Bradley

**Results**

Using the above data collection flow chart, emergency triaged patients were pooled into 1 of 5 categories as seen above. The tally for this data was used to develop the Pareto chart which highlighted the key areas needing intervention.

**Discussion**

The introduction of face-face assessments largely resolved many of the issues with the current triaging processes in NSLHD oral health. However it did bring up the need to standardise the assessment process, to eliminate clinician bias when triaging. This means ensuring there are critical steps in assessment which must be followed to ensure these assessments are fair and standardised across all clinics and for all patients. The development of this process will involve more clinics and clinicians and is additional to the scope of this project.

There was concern about an increase in patient complaints as a result of the proposed model of triaging in this project, but fortunately we have averted this by ensuring better communication and delivery of information: The project has picked up momentum and has already demonstrated its efficiency in managing larger than usual 3A and 3B emergency presentations.

**Overall Outcome**

Whilst this project has highlighted the vital contributing factors to the inefficiencies of the current triaging process, the proposed solutions will require further development, refinement and application across more clinics.

There will also need for a cultural change amongst patients and their expectations. This was addressed by ensuring a specific dialogue was developed when appointing patients for their 10 minute assessment appointment. This dialogue ensured patients expectations are predefined prior to the appointment, minimising complaints from patients. Influencing change in this manner has worked well in the project.

In the short-term the current proposed triaging of patients will seem to additional work for staff, however as we continue to streamline and simplify the process it should integrate with our current work processes. Long-term, there will be less emergency patients to manage in the clinic which in turn will give opportunity for clinicians to practice general dentistry within their scope of practice.

With the intended implementation of the new triaging process, there will be significant improvement across NSLHD Oral Health clinics. The project has been welcomed and accepted by both patients and staff as a way towards positive change in oral health.

**Plans to sustain change**

To ensure continued improvement and change there will be a need for:

- Feedback from participating clinics and clinicians
- Regular meetings with team
- Growth and development of the team
- Consumer involvement and feedback
- Continue developing the proposed triaging process change
- Incorporate or develop a working process into emergency patient assessment so that it may be implemented and be in line with Policy Directive (Priority Oral Health Program (POHP) and Waiting List Management Policy-PD2017_023 ).