

Office of the Health Ombudsman

Performance report May 2017



Office of the
**HEALTH
OMBUDSMAN**

Listen. Respond. Resolve.

Office of the Health Ombudsman—Performance report May 2017

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Introduction

This document reports on our performance during May 2017.

As Queensland's health service complaints agency, the Office of the Health Ombudsman (OHO) exists to protect the health and safety of the public by assessing, investigating and resolving complaints made about health services provided in Queensland.

Our vision is to be the cornerstone of a transparent, accountable and fair system for effectively and quickly dealing with complaints and other healthcare matters in Queensland. Our performance reports—which we update and publish monthly, quarterly and yearly—are a testament to this.

We are committed to ensuring that all decisions are well-informed, fair, impartial and timely.

Data in this report are correct as at 5 June 2017, but are subject to change.

Intake of complaints

Type of contacts

| Type of contact | Number | Percentage |
|----------------------|------------|---------------|
| Complaint | 555 | 62.01 |
| Enquiry | 337 | 37.65 |
| Yet to be classified | 3 | 0.34 |
| Total | 895 | 100.00 |

'Yet to be classified' includes contacts in which not enough information was provided for a determination to be reached—but further information is being sought, or matters that were not able to be finalised prior to the end of the reporting period. Contacts deemed 'yet to be classified' will be allocated as complaints or enquiries once additional information is received and registered as such in the next reporting period.

The number of complaint contacts will not equal the number of decisions made in the table below.

Type of complaints

| Type of complaints | Number | Percentage |
|------------------------------|------------|---------------|
| Health consumer complaint | 477 | 85.95 |
| Mandatory notification* | 15 | 2.70 |
| Voluntary notification* | 47 | 8.47 |
| Self-notification* | 4 | 0.72 |
| Referral from another agency | 12 | 2.16 |
| Total | 555 | 100.00 |

*Notifications are made by health service providers, as required under the Health Practitioner Regulation National Law (Queensland).

Complaint decisions

Decision timeframes—within seven days

May data shows continued improvement in the proportion of decisions made within seven days—up to 90.85 per cent compared with 88.70 per cent in April.

For complaints about registered health practitioners, we depend on timely data from external agencies, including the Australian Health Practitioner Regulation Agency (AHPRA), so that decisions can be made within seven days.

| Decision made within seven days of receiving a complaint | Number | Percentage |
|--|------------|---------------|
| Yes | 437 | 90.85 |
| No | 44 | 9.15 |
| Total | 481 | 100.00 |

Accepted vs. not accepted

| Number of decisions made | Number | Percentage |
|--------------------------|------------|---------------|
| Accepted | 337 | 61.16 |
| Not accepted | 145 | 26.32 |
| Decision pending | 69 | 12.52 |
| Total | 551 | 100.00 |

'Decision pending' relates to matters where more information is required before a decision on whether to accept or not accept can be made, or because the matter came in just before the end of the reporting period and is still being processed.

Accepted decision outcomes

| Type of relevant action | Number | Percentage |
|---|------------|---------------|
| Assessment | 105 | 30.88 |
| Local resolution | 101 | 29.71 |
| Conciliation | 0 | 0.00 |
| Investigation | 8 | 2.35 |
| Referred to AHPRA and the national boards | 125 | 36.76 |
| Referral to another entity | 1 | 0.29 |
| Immediate registration action | 0 | 0.00 |
| Interim prohibition order | 0 | 0.00 |
| Total | 340 | 100.00 |

Accepted decisions may result in multiple issues and/or practitioners being identified, each requiring its own action. The data in the above *Accepted decision outcomes* table includes all identified issues/practitioners requiring action that were identified in the accepted complaints (noted in the previous *Accepted vs. not accepted* table).

Health service complaints profile

Main issues raised in complaints

| Issue | Number | Percentage |
|--|------------|---------------|
| Access | 42 | 4.57 |
| Code of conduct for healthcare workers | 8 | 0.87 |
| Communication/information | 98 | 10.66 |
| Consent | 13 | 1.41 |
| Discharge/transfer arrangements | 21 | 2.29 |
| Environment/management of facilities | 16 | 1.74 |
| Enquiry service | 0 | 0.00 |
| Fees/cost | 30 | 3.26 |
| Grievance processes | 21 | 2.29 |
| Medical records | 34 | 3.70 |
| Medication | 104 | 11.32 |
| Professional conduct | 103 | 11.21 |
| Professional health | 24 | 2.61 |
| Professional performance | 393 | 42.76 |
| Reports/certificates | 12 | 1.31 |
| Treatment | 0 | 0.00 |
| Research/Teaching/Assessment | 0 | 0.00 |
| Total | 919 | 100.00 |

These figures are based on issues recorded during the reporting period. A single complaint can contain multiple issues. Reporting on all issues identified in complaints allows comprehensive monitoring of trends, which can in turn inform a range of health complaint management system functions, such as education and information provision.

Number and type of complaints by health practitioner

| Practitioner type | Access | Code of conduct for healthcare workers | Communication and information | Consent | Discharge / transfer arrangements | Environment/ management of facility | Fees and costs | Grievance process | Medical records | Medication | Professional conduct | Professional health | Professional performance | Reports/ certificates | Research/ Teaching/ Assessment | Total |
|----------------------|----------|--|-------------------------------|----------|-----------------------------------|-------------------------------------|----------------|-------------------|-----------------|------------|----------------------|---------------------|--------------------------|-----------------------|--------------------------------|------------|
| Alternative care | - | 4 | - | - | - | - | - | - | - | - | 1 | - | - | - | - | 5 |
| Chinese medicine | - | - | - | 1 | - | - | - | - | - | - | 1 | - | 6 | - | - | 8 |
| Chiropractor | - | - | - | - | - | - | - | - | - | - | 4 | - | 1 | - | - | 5 |
| Dentistry | - | - | 1 | 1 | - | - | 5 | - | 3 | - | 1 | - | 25 | - | - | 36 |
| Emergency care | - | 2 | 2 | - | - | - | - | - | 1 | - | - | 1 | 4 | - | - | 10 |
| General medical | 4 | - | 26 | 1 | 3 | - | 1 | 2 | 13 | 30 | 25 | 4 | 105 | 5 | - | 219 |
| Medical radiation | - | - | - | - | - | - | - | - | - | - | - | - | 3 | - | - | 3 |
| Medical specialty | - | - | 5 | 2 | - | - | 2 | 1 | - | 3 | 7 | - | 12 | 3 | - | 35 |
| Nursing | - | - | 4 | - | - | - | - | - | 2 | 1 | 32 | 14 | 7 | - | - | 60 |
| Occupational therapy | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| Optometry | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| Osteopathy | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| Other | - | 2 | 1 | - | - | - | - | - | - | - | 13 | 3 | 1 | - | - | 20 |
| Pathology service | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| Pharmacy | - | - | 2 | - | - | - | - | - | - | 11 | 5 | 1 | 1 | - | - | 20 |
| Physiotherapy | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| Podiatry | - | - | - | - | - | - | 1 | - | - | - | - | - | 1 | - | - | 2 |
| Psychology | 1 | - | 1 | - | - | - | - | - | 1 | - | 4 | 1 | 3 | 3 | - | 14 |
| Speech pathology | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| Surgical | 1 | - | 4 | 1 | 3 | - | 1 | - | 1 | - | 1 | - | 29 | - | - | 41 |
| Total | 6 | 8 | 47 | 6 | 6 | 0 | 10 | 3 | 21 | 45 | 94 | 24 | 198 | 11 | 0 | 479 |

These figures are based on issues recorded during the reporting period. A single complaint can contain multiple issues. Reporting on all issues identified in complaints allows comprehensive monitoring of trends, which can in turn inform a range of health complaint management system functions, such as education and information provision.

Number and type of complaints by health service organisation

| Organisation type | Access | Code of conduct for healthcare workers | Communication and information | Consent | Discharge/transfer arrangements | Environment/management of facility | Fees and costs | Grievance processes | Medical records | Medication | Professional conduct | Professional health | Professional performance | Reports/certificates | Research/Teaching/Assessment | Total |
|-----------------------------|-----------|--|-------------------------------|----------|---------------------------------|------------------------------------|----------------|---------------------|-----------------|------------|----------------------|---------------------|--------------------------|----------------------|------------------------------|------------|
| Aged care facility | - | - | - | - | - | 2 | - | 1 | 1 | 1 | 1 | - | 14 | - | - | 20 |
| Allied health service | - | - | - | - | - | - | 1 | - | - | - | - | - | 1 | - | - | 2 |
| Ambulance service | - | - | - | - | 1 | - | - | - | - | - | - | - | - | - | - | 1 |
| Community health service | 2 | - | 2 | - | - | 2 | - | 1 | - | - | 1 | - | 2 | - | - | 10 |
| Correctional facility | 13 | - | 3 | 1 | 1 | - | - | 1 | - | 39 | 1 | - | 46 | - | - | 105 |
| Dental service | 2 | - | - | - | - | - | - | 1 | 3 | - | - | - | 4 | - | - | 10 |
| Hospital and Health Service | 1 | - | - | - | 1 | 1 | - | 1 | - | - | - | - | 5 | - | - | 9 |
| Laboratory service | - | - | - | 1 | - | 2 | 6 | 2 | - | - | - | - | 2 | - | - | 13 |
| Licensed private hospital | 1 | - | 2 | - | 1 | 1 | 2 | - | - | - | - | - | 7 | - | - | 14 |
| Medical centre | 8 | - | 5 | - | - | 1 | 3 | 2 | 4 | 2 | - | - | 1 | - | - | 26 |
| Mental health service | - | - | 4 | - | 1 | 1 | - | 2 | - | 3 | - | - | 6 | - | - | 17 |
| Nursing service | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| Other support service | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| Pharmaceutical service | - | - | - | - | - | - | 2 | 3 | - | 3 | - | - | - | - | - | 8 |
| Public health service | - | - | 1 | - | - | 1 | - | - | - | - | 1 | - | 4 | - | - | 7 |
| Public hospital | 9 | - | 33 | 5 | 10 | 5 | 1 | 3 | 4 | 9 | 4 | - | 100 | - | - | 183 |
| Specialised health service | - | - | 1 | - | - | - | 5 | 1 | 1 | 1 | - | - | 2 | 1 | - | 12 |
| Health service district | - | - | - | - | - | - | - | - | - | 1 | - | - | 1 | - | - | 2 |
| Private Organisation | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | 1 |
| Total | 36 | 0 | 51 | 7 | 15 | 16 | 20 | 18 | 13 | 59 | 9 | 0 | 195 | 1 | 0 | 440 |

These figures are based on issues recorded during the reporting period. A single complaint can contain multiple issues. Reporting on all issues identified in complaints allows comprehensive monitoring of trends, which can in turn inform a range of health complaint management system functions, such as education and information provision.

Assessment

Assessments started and completed

| Assessments this month | Number |
|------------------------|--------|
| Assessments started | 150 |
| Assessments completed | 146 |

Completed assessment timeframes

Of the 146 assessments finalised in April, 71.92 per cent (105 matters) were completed within statutory timeframes (30 days or 60 days with an approved extension).

Of the 41 assessments completed within 60 days, 38 matters were approved for extension.

The completion of 38 matters outside of 60 days was due to the complexity of many matters in assessment and delays in receiving information from parties or in obtaining the necessary independent clinical advice required to appropriately assess the matters.

| Assessment timeframes | Number | Percentage |
|--------------------------------|------------|---------------|
| Completed within 30 days | 67 | 45.89 |
| Completed within 60 days* | 41 | 28.08 |
| Completed in more than 60 days | 38 | 26.03 |
| Total | 146 | 100.00 |

*Assessments are able to be completed within 60 days when granted an extension of 30 days as a result of legislated requirements being met.

Assessment decisions

| Type of relevant action | Number | Percentage |
|---|------------|---------------|
| Local resolution | 6 | 3.95 |
| Conciliation | 16 | 10.53 |
| Investigation | 9 | 5.92 |
| Referred to AHPRA and the national boards | 25 | 16.45 |
| Referral to another entity | 23 | 15.13 |
| Immediate registration action* | 0 | 0.00 |
| Interim prohibition order* | 0 | 0.00 |
| No further action | 73 | 48.03 |
| Total | 152 | 100.00 |

Total assessment decisions will not equal the total number of assessments (in previous tables) as a single assessment can result in multiple relevant actions.

The figures for the type of relevant action decided in the assessment stage may not correspond with totals for respective relevant actions (e.g. local resolution, conciliation, investigation etc.) due to the time between a decision being made and an action being taken crossing over different reporting periods.

*Immediate action assessment decision figures may not align with the immediate action figures later in the report due to immediate action decisions being made outside of the assessment process.

Local resolution

Local resolutions started and completed

| Local resolutions this month | Number |
|------------------------------|--------|
| Local resolutions started | 108 |
| Local resolutions completed | 111 |

The number of local resolutions started in the month may not directly match the number of assessment decisions to undertake local resolution due to the time between a decision being made and an action taken crossing over different reporting periods.

Completed local resolutions

Timeframes

Of the 111 local resolutions completed this month, 94.59 per cent (105 matters) were completed within statutory timeframes (within 30 days or 60 days with an approved extension). This represents a finalisation rate within statutory timeframes of 94.59 per cent. While this result is a slight decrease from 97.10 per cent in January, it was achieved in the context of an additional 43 local resolutions being completed within the month.

Of the 15 local resolution matters completed within 60 days, 10 were approved for extension.

While we strive to finalise all matters within legislated timeframes, some can take longer than others due to factors outside of our control, such as delays in receiving information and responses from individual parties.

| Local resolution timeframes | Number | Percentage |
|--------------------------------|------------|---------------|
| Completed within 30 days | 95 | 85.59 |
| Completed within 60 days* | 15 | 13.51 |
| Completed in more than 60 days | 1 | 0.90 |
| Total | 111 | 100.00 |

*Local resolutions are able to be completed within 60 days when granted an extension of 30 days as a result of legislated requirements being met.

Outcomes

| Local resolution outcomes | Number | Percentage |
|---------------------------|------------|---------------|
| Resolved | 91 | 81.98 |
| Not resolved | 14 | 12.61 |
| Complaint withdrawn* | 6 | 5.41 |
| Total | 111 | 100.00 |

*Complainants can choose to withdraw their complaint at any stage during local resolution.

Decisions for matters that were not resolved

| Type of relevant action | Number | Percentage |
|---|-----------|---------------|
| Assessment | 1 | 7.14 |
| Conciliation | 0 | 0.00 |
| Investigation | 0 | 0.00 |
| Referred to AHPRA and the national boards | 1 | 7.14 |
| Referral to another entity | 0 | 0.00 |
| Immediate action | 0 | 0.00 |
| No further action | 12 | 85.71 |
| Total | 14 | 100.00 |

Conciliation

Conciliations started and closed

| Conciliations this month | Number |
|--|--------|
| Conciliations open at the start of the month | 47 |
| Conciliations started | 16 |
| Conciliations closed | 10 |

The number of conciliations started in the reporting period may not match the number of decisions to refer for conciliation noted in other areas of the report due to the time between a decision being made and an action taken crossing over different reporting periods.

'Conciliations started' includes all matters—including matters where agreement to participate has or has not been reached or the decision is pending—that entered the conciliation workflow during the reporting period following the OHO assessing them as being suitable for conciliation. Similarly, 'conciliations closed' are all matters that were closed during the reporting period, whether due to parties not agreeing to participate or the matter being closed after completing the conciliation process. Closed conciliations differ from completed conciliations below, as completed conciliations only include matters where both parties agreed to participate and the conciliation process was completed.

Agreement to participate in conciliation

| Agreement to participate in conciliation | Number |
|--|--------|
| Party/ies agreed to conciliation | 5 |
| Party/ies did not agree to conciliation | 6 |
| Decision pending at end of month | 20 |

Once the decision is made to attempt conciliation, both parties must agree to participate in the process. If either one, or both, of the parties do not agree, the conciliation process does not commence and the matter is closed.

Decisions pending includes matters where parties are still deciding whether to participate in conciliation at the end of the reporting period. It also includes matters that have been referred to another relevant action, where conciliation may not commence until this relevant action has been finalised.

Completed conciliations

Timeframes

| Completed conciliation timeframes | Number | Percentage |
|-----------------------------------|----------|---------------|
| Less than 3 months | 1 | 25.00 |
| 3–6 months | 0 | 0.00 |
| 6–9 months | 3 | 75.00 |
| 9–12 months | 0 | 0.00 |
| More than 12 months | 0 | 0.00 |
| Total | 4 | 100.00 |

The data above relates to matters where parties agreed to participate in conciliation and the conciliation process was completed within the specified timeframes. Completed conciliations differ from closed conciliations (in the table above) as they only relate to matters where parties agreed to participate and the conciliation process was completed.

Outcomes

| Conciliation outcomes | Number | Percentage |
|---------------------------|----------|---------------|
| Successful | 4 | 100.00 |
| Not successful | 0 | 0.00 |
| Ended by Health Ombudsman | 0 | 0.00 |
| Total | 4 | 100.00 |

The data above relates to matters where parties agreed to participate in conciliation. After agreeing, the conciliation process was completed with the matter either being successful or not successful—or in rare instances, the Health Ombudsman ending it. Completed conciliations differ from closed conciliations—in the first conciliation data table above—as completed conciliations only relate to matters where parties agreed to participate and the conciliation process was completed.

Decisions for conciliations that were not successful

| Type of relevant action | Number | Percentage |
|---|----------|---------------|
| Local resolution | 0 | 0.00 |
| Investigation | 0 | 0.00 |
| Referred to AHPRA and the national boards | 0 | 0.00 |
| Referral to another entity | 0 | 0.00 |
| Immediate action | 0 | 0.00 |
| No further action | 4 | 100.00 |
| Total | 4 | 100.00 |

Open conciliation timeframes

| Open conciliation timeframes | Number | Percentage |
|------------------------------|-----------|---------------|
| Less than 3 months | 25 | 47.17 |
| 3–6 months | 11 | 20.75 |
| 6–9 months | 10 | 18.87 |
| 9–12 months | 3 | 5.66 |
| More than 12 months | 4 | 7.55 |
| Total | 53 | 100.00 |

Matters can be referred simultaneously to conciliation and another relevant action. Conciliation may not commence until after the other relevant action has been finalised.

There are 11 matters on hold until the outcome of another process is finalised (e.g. the process of another agency such as AHPRA). This includes three matters that have been open for less than 3 months, one that has been open for 3–6 months, one that has been open for 6-9 months and four that have been open for more than 12 months.

Investigation

Investigations started and closed

| Investigations this month | Number |
|---|--------|
| Investigations open at the beginning of the month | 396 |
| Investigations started | 20 |
| Investigations closed | 20 |

The number of investigations started in the reporting period may not match the number of assessment decisions to undertake investigation due to the time between a decision being made and an action taken crossing over different reporting periods, or due to investigations being started via other processes (e.g. own-motion investigation).

Closed investigations

Timeframes

| Closed investigation timeframes | Number | Percentage |
|---------------------------------|-----------|---------------|
| Less than 3 months | 2 | 10.00 |
| 3–6 months | 6 | 30.00 |
| 6–9 months | 0 | 0.00 |
| 9–12 months | 2 | 10.00 |
| More than 12 months | 10 | 50.00 |
| Total | 20 | 100.00 |

Outcomes

| Closed investigation outcomes | Number | Percentage |
|--|-----------|---------------|
| Recommended for referral to Director of Proceedings* | 10 | 50.00 |
| Referred to AHPRA | 3 | 15.00 |
| Referred to another agency | 0 | 0.00 |
| Referred to legal services** | 2 | 10.00 |
| No further action | 5 | 25.00 |
| Total | 20 | 100.00 |

*Matters determined suitable for referral to the Director of Proceedings at the conclusion of an investigation are sent to the Health Ombudsman for consideration and determination on whether referral to the Director of Proceedings is appropriate.

**These matters are referred to the Executive Director, Legal Services Division within the office for consideration as to whether there is evidence of a breach of the Act that constitutes an offence that should be prosecuted in the courts. These matters differ to those referred to the Director of Proceedings, which require an independent determination of whether the matter should be put before QCAT.

Open investigations

Open investigations consist of two categories—active investigations and paused investigations.

Active investigations are being currently investigated, while paused investigations are not able to be investigated until such time as another agency—such as the Queensland Police Service or the Office of the State Coroner—concludes their own processes. Despite being unable to progress paused investigations, they are still considered to be open investigations.

Where a matter is referred under section 193A(4) of the Health Practitioner Regulation National Law (Queensland), we calculate timeframes inclusive of any period in which the investigation was open with AHPRA, to provide transparency of the complete length of an investigation.

Active investigation timeframes

| Active investigation timeframes | Number | Percentage |
|---------------------------------|------------|---------------|
| Less than 3 months | 41 | 11.85 |
| 3–6 months | 54 | 15.61 |
| 6–9 months | 45 | 13.00 |
| 9–12 months | 44 | 12.72 |
| More than 12 months* | 162 | 46.82 |
| Total | 346 | 100.00 |

* All investigations that have been open for more than 12 months are published on the investigations register on the OHO website (www.oho.qld.gov.au).

Paused investigation timeframes

| Paused investigation timeframes | Number | Percentage |
|---------------------------------|-----------|---------------|
| Less than 3 months | 4 | 8.00 |
| 3–6 months | 10 | 20.00 |
| 6–9 months | 7 | 14.00 |
| 9–12 months | 4 | 8.00 |
| More than 12 months | 25 | 50.00 |
| Total | 50 | 100.00 |

Certain matters may be referred to an external agency, such as the Queensland Police Service while criminal proceedings take place, or to the coroner if it relates to reportable deaths (under s92 of the *Health Ombudsman Act 2013*). In these circumstances it is not appropriate for the OHO to conduct any investigations that may impede on an external agency's processes. As a result, investigation of these matters will be put on hold until the external agency finalises its processes.

Total open investigation timeframes

| Total open investigation timeframes | Number | Percentage |
|-------------------------------------|------------|---------------|
| Less than 3 months | 45 | 11.36 |
| 3–6 months | 64 | 16.16 |
| 6–9 months | 52 | 13.13 |
| 9–12 months | 48 | 12.12 |
| More than 12 months | 187 | 47.22 |
| Total | 396 | 100.00 |

Total open investigation categories

| Type of investigation | Number |
|--------------------------|------------|
| Health service complaint | 292 |
| Systemic issue | 34 |
| Another matter* | 70 |
| Total | 396 |

*Matters that are brought to the Health Ombudsman's attention by means other than through a health service complaint or notification.

Monitoring investigation recommendations

We monitor the implementation of recommendations made as an outcome of two types of investigation process—recommendations made as a result of an investigation completed by our office and recommendations made as a result of an investigation completed by a health service provider.

OHO recommendations monitoring

At the completion of certain investigations, the Health Ombudsman makes recommendations to health services for how they can improve service delivery and/or prevent the issues identified in the investigation from happening again. In these instances, we put in place a recommendations monitoring program to track the implementation of the recommendations.

Monitoring cases started and closed

| OHO monitoring cases | Number |
|--|--------|
| Cases open at the beginning of the month | 4 |
| Recommendations monitoring cases started | 0 |
| Recommendations monitoring cases closed | 0 |

Health service provider recommendations monitoring

A health service provider may also conduct its own investigation, or engage another entity to conduct an independent investigation, resulting in recommendations for improvement. The Health Ombudsman may decide to monitor the implementation of these recommendations.

Monitoring cases started and closed

| Health service provider monitoring cases | Number |
|--|--------|
| Cases open at the beginning of the month | 6 |
| Recommendations monitoring cases started | 0 |
| Recommendations monitoring cases closed | 1 |

Open recommendations monitoring case timeframes

| Monitoring case timeframes* | Number | Percentage |
|-----------------------------|----------|---------------|
| Less than 6 months | 3 | 33.33 |
| 6–12 months | 0 | 00.00 |
| More than 12 months | 6 | 66.67 |
| Total | 9 | 100.00 |

*Open recommendations monitoring cases include those resulting from recommendations by the Health Ombudsman, and those resulting from an investigation conducted by a health service provider.

Director of Proceedings

Matters referred to the Director of Proceedings by practitioner type

| Practitioner type | Number |
|-------------------|----------|
| Registered nurse | 3 |
| Psychiatrist | 1 |
| Massage therapist | 1 |
| Total | 5 |

Matters determined suitable for referral to the Director of Proceedings at the conclusion of an investigation are sent to the Health Ombudsman for consideration and determination on whether referral to the Director of Proceedings is appropriate. As a result, these figures will differ from *closed investigation outcomes* figures.

Matters currently with the Director of Proceedings by practitioner type

| Practitioner type | Number | Percentage |
|---------------------------|-----------|---------------|
| Medical practitioner | 19 | 43.18 |
| Registered nurse | 14 | 31.82 |
| Psychologist | 4 | 9.09 |
| Psychiatrist | 1 | 2.27 |
| Pharmacist | 1 | 2.27 |
| Student nurse | 1 | 2.27 |
| Unregistered chiropractor | 1 | 2.27 |
| Massage therapist | 1 | 2.27 |
| Chiropractor | 1 | 2.27 |
| Dentist | 1 | 2.27 |
| Total | 44 | 100.00 |

Matters referred to the Queensland Civil and Administrative Tribunal

No matters were referred to Queensland Civil and Administrative Tribunal in May.

The Director of Proceedings considers all relevant aspects of each matter to determine whether to refer the matter to the Queensland Civil and Administrative Tribunal.

Immediate action

The *Health Ombudsman Act 2013* allows for the Health Ombudsman to take immediate action against registered and unregistered health practitioners in instances where the Health Ombudsman reasonably believes the practitioner's health, conduct or performance poses a serious risk to the health and safety of the public.

Show cause notices

In May, five individual show cause notices were issued to:

- one pharmacist for reasons relating to conduct and performance
- one psychologist for reasons relating to conduct
- one medical practitioner for reasons relating to conduct and performance
- one registered nurse for reasons relating to conduct
- one personal carer for reasons relating to conduct.

As outlined in the *Health Ombudsman Act 2013*, upon receipt of a show cause notice, a health service provider is invited to make a submission within a stated period of time. The Health Ombudsman will then consider the submission before deciding whether to take immediate action against the provider.

Immediate registration actions

| Practitioner type | Number | Action taken | Reasons/s for taking action | | |
|----------------------|--------|--------------|-----------------------------|---------|-------------|
| | | | Health | Conduct | Performance |
| Registered nurse | 1 | Conditions | | ✓ | |
| Psychologist | 1 | Conditions | | ✓ | |
| Medical practitioner | 2 | Conditions | | ✓ | ✓ |

Immediate registration actions apply only to registered practitioners and may result in the Health Ombudsman issuing a suspension—or imposing conditions upon—a registered practitioner's registration.

Interim prohibition orders

No interim prohibition orders were issued in May.

The Health Ombudsman has powers to issue interim prohibitions orders to unregistered practitioners and registered practitioners practicing outside their field of registration. An interim prohibition order can prohibit or restrict the practitioner from providing any health service, or a specific health service. The Health Ombudsman can also enforce a prohibition order or an interim prohibition order issued in another state or territory where that interstate prohibition order corresponds—or substantially corresponds—to the type of prohibition order that can be made in Queensland.

The details for current prohibition orders can be found on our website (www.oho.qld.gov.au) on the prohibition order register.

Monitoring practitioner compliance

When the Health Ombudsman takes immediate action against a health practitioner, we monitor the practitioner's compliance with the conditions of the order.

For interim prohibition orders, this means monitoring compliance with the restriction(s) on or prohibition of service. For immediate registration actions, this means monitoring compliance with condition(s) on or suspension of a practitioner's registration.

The Health Ombudsman may take immediate action against a single practitioner with both immediate registration action and an interim prohibition order. This can occur, for example, in instances where there is a risk that a registered practitioner may also practice in an unregistered capacity.

Practitioner monitoring cases

| Cases this month | Number |
|--|--------|
| Cases open at the beginning of the month | 95 |
| Practitioner monitoring cases started | 3 |
| Practitioner monitoring cases closed | 1 |

Open monitoring cases

Timeframes

| Open case timeframes | Number | Percentage |
|----------------------|-----------|---------------|
| Less than 6 months | 33 | 34.02 |
| 6–12 months | 29 | 29.90 |
| More than 12 months | 35 | 36.08 |
| Total | 97 | 100.00 |

Immediate action types

| Open cases by immediate action type | Number | Percentage |
|--|-----------|---------------|
| Interim prohibition order—restrictions | 23 | 23.71 |
| Interim prohibition order—prohibited | 26 | 26.80 |
| Immediate registration action—conditions | 28 | 28.87 |
| Immediate registration action—suspension | 20 | 20.62 |
| Total | 97 | 100.00 |

Registered practitioners under monitoring by practitioner type

| Practitioner type | Number | Percentage |
|---|-----------|---------------|
| Aboriginal and Torres Strait Islander health worker | 1 | 1.64 |
| Chinese medicine | 3 | 4.92 |
| Chiropractic | 2 | 3.28 |
| Dental | 3 | 4.92 |
| Medical | 13 | 21.31 |
| Medical radiation | 0 | 0.00 |
| Nursing and midwifery | 31 | 50.82 |
| Nursing student | 3 | 4.92 |
| Occupational therapy | 0 | 0.00 |
| Optometry | 0 | 0.00 |
| Osteopathy | 0 | 0.00 |
| Pharmacy | 0 | 0.00 |
| Physiotherapy | 2 | 3.28 |
| Podiatry | 0 | 0.00 |
| Psychology | 3 | 4.92 |
| Total | 61 | 100.00 |

These figures are based on the number of individual registered practitioners being monitored by the OHO during the reporting period. As a single practitioner may be monitored in relation to more than one immediate action, these figures may not match the total number of open monitoring cases.

Unregistered practitioners under monitoring by type

| Practitioner type | Number | Percentage |
|----------------------|-----------|---------------|
| Assistant in nursing | 3 | 10.71 |
| Audiologist | 2 | 7.14 |
| Counsellor | 3 | 10.71 |
| Holding out* | 2 | 7.14 |
| Massage therapist | 10 | 35.71 |
| Natural therapist | 2 | 7.14 |
| Paramedic | 4 | 14.29 |
| Social worker | 1 | 3.57 |
| Support worker | 1 | 3.57 |
| Total | 28 | 100.00 |

*Certain titles of registered health professions are protected under the National Law. Anyone who uses a protected title (e.g. medical practitioner), without being registered for that profession, are classified as 'holding out' as a practitioner of that profession.

These figures are based on the number of individual unregistered practitioners being monitored by the OHO during the reporting period. As a single practitioner may be monitored in relation to more than one immediate action, these figures may not match the total number of open monitoring cases.

Australian Health Practitioner Regulation Agency

Notifications from AHPRA

No new notifications under section 193 of the National Law relating to a possible serious matter were received in May. No matters were requested for referral back to the OHO.

Number of practitioners referred to AHPRA by practitioner type

| Practitioner type | Number | Percentage |
|--|------------|---------------|
| Aboriginal and Torres Strait Islander health | 0 | 0.00 |
| Chinese medicine | 0 | 0.00 |
| Chiropractic | 1 | 0.57 |
| Dental | 21 | 12.00 |
| Medical | 100 | 57.14 |
| Medical radiation | 0 | 0.00 |
| Nursing and midwifery | 38 | 21.71 |
| Occupational therapy | 0 | 0.00 |
| Optometry | 0 | 0.00 |
| Osteopathy | 0 | 0.00 |
| Pharmacy | 10 | 5.71 |
| Physiotherapy | 1 | 0.57 |
| Podiatry | 1 | 0.57 |
| Psychology | 3 | 1.71 |
| Unregistered practitioner | 0 | 0.00 |
| Total | 175 | 100.00 |

Number of issues referred to AHPRA by practitioner type

| Registered practitioner type | Access | Communication and information | Consent | Discharge/transfer arrangements | Environment/management of facility | Fees and costs | Grievance processes | Medical records | Medication | Professional conduct | Professional health | Professional performance | Reports/certificates | Total |
|--|----------|-------------------------------|----------|---------------------------------|------------------------------------|----------------|---------------------|-----------------|------------|----------------------|---------------------|--------------------------|----------------------|------------|
| Aboriginal and Torres Strait Islander health | - | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| Chinese medicine | - | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| Chiropractic | - | - | - | - | - | - | - | - | - | 1 | - | - | - | 1 |
| Dentist | - | 1 | 1 | - | - | 2 | - | 2 | - | - | - | 27 | - | 33 |
| Medical | 2 | 18 | 2 | 7 | - | 1 | 1 | 10 | 14 | 10 | 3 | 99 | 6 | 173 |
| Medical radiation | - | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| Nursing and midwifery | - | - | 2 | - | - | - | - | 2 | 4 | 20 | 15 | 6 | - | 49 |
| Occupational therapy | - | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| Optometry | - | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| Osteopathy | - | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| Pharmacy | - | 1 | - | - | - | - | - | - | 8 | 1 | 1 | 1 | - | 12 |
| Physiotherapy | - | - | - | - | - | - | - | 1 | - | - | - | - | - | 1 |
| Podiatry | - | - | - | - | - | - | - | - | - | - | - | 1 | - | 1 |
| Psychology | - | - | - | - | - | - | - | - | - | 2 | 1 | - | - | 3 |
| Speech Pathologist | - | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| Exempt | - | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| Unregistered practitioner | - | - | - | - | - | - | - | - | - | - | - | - | - | 0 |
| Total | 2 | 20 | 5 | 7 | 0 | 3 | 1 | 15 | 26 | 34 | 20 | 134 | 6 | 273 |

The figures above represent the number of issues referred to AHPRA, not the number of practitioners. The referral of a single practitioner may include multiple issues relating to that practitioner, with each issue requiring its own action.

Demographics

The following demographic data is based on matters that have completed the assessment process. Basing figures on completed assessments produces accurate reporting as all relevant details of a matter have been identified.

Unless otherwise specified, data is based on healthcare consumers, not the complainant, as the complainant in a matter may not be the consumer of the health service. Matters where the healthcare consumer is an organisation are not included in these figures.

Gender

| Gender | Number | Percentage |
|--------------|------------|---------------|
| Female | 86 | 60.56 |
| Male | 52 | 36.62 |
| Unknown | 4 | 2.82 |
| Total | 142 | 100.00 |

Age

| Age | Number | Percentage |
|--------------------|--------|------------|
| Less than 18 | 10 | 7.04 |
| 18–24 years | 11 | 7.75 |
| 25–34 years | 18 | 12.68 |
| 35–44 years | 26 | 18.31 |
| 45–54 years | 18 | 12.68 |
| 55–64 years | 20 | 14.08 |
| 65–74 years | 20 | 14.08 |
| More than 75 years | 14 | 9.86 |
| Unknown* | 5 | 3.52 |

*Not recorded or not provided for a particular matter.

Location of healthcare consumers

| Location of healthcare consumers | Number | Percentage |
|----------------------------------|--------|------------|
| Brisbane | 64 | 45.07 |
| Central West | 1 | 0.70 |
| Darling Downs | 10 | 7.04 |
| Far North | 9 | 6.34 |
| Fitzroy | 3 | 2.11 |
| Gold Coast | 17 | 11.97 |
| Mackay | 1 | 0.70 |
| North West | 0 | 0.00 |
| Northern | 7 | 4.93 |
| South West | 1 | 0.70 |
| Sunshine Coast | 5 | 3.52 |
| West Moreton | 2 | 1.41 |
| Wide Bay–Burnett | 12 | 8.45 |
| Outside Queensland | 3 | 2.11 |
| Unknown | 7 | 4.93 |

The above data is based on health consumer location.

Location of health service providers

| Location of health service providers | Number | Percentage |
|--------------------------------------|--------|------------|
| Brisbane | 73 | 48.34 |
| Central West | 1 | 0.66 |
| Darling Downs | 14 | 9.27 |
| Far North | 10 | 6.62 |
| Fitzroy | 2 | 1.32 |
| Gold Coast | 11 | 7.28 |
| Mackay | 2 | 1.32 |
| North West | 1 | 0.66 |
| Northern | 5 | 3.31 |
| South West | 1 | 0.66 |
| Sunshine Coast | 7 | 4.64 |
| West Moreton | 1 | 0.66 |
| Wide Bay-Burnett | 11 | 7.28 |
| Outside Queensland* | 5 | 3.31 |
| Unknown | 7 | 4.64 |

The above data is based on health service provider location.

*Health service provider location is taken from the primary address of the provider recorded in the OHO complaints management system. Complaints can be made about health service providers from other states who have provided health services in Queensland. This could include locums travelling to Queensland from interstate or providers who previously lived in Queensland providing services but have since moved interstate—as the OHO can deal with complaints up to two years old.



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