# Office of the Health Ombudsman

Performance report October 2016



#### Office of the Health Ombudsman—Performance report October 2016

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#### For more information contact:

Office of the Health Ombudsman, PO Box 13281 George Street, Brisbane Qld 4003, email <u>communications@oho.qld.gov.au</u>, phone 133 OHO (133 646).

An electronic version of this document is available at www.oho.qld.gov.au.

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### Introduction

This document reports on our performance during October 2016.

As Queensland's health service complaints agency, the Office of the Health Ombudsman (OHO) aims 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.

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

Data in this report are correct as at 10 November 2016, but are subject to change.

### Number of contacts

Type of contact	Number	Percentage
Complaint	456	55.47
Enquiry	308	37.47
Yet to be classified	58	7.06
Total	822	100.00

This data is based on contacts with the OHO during the month. Matters that are 'yet to be classified' are contacts in which not enough information was provided initially to allow for a determination and additional information is being sought, or are matters that came in just before the end of the reporting period and were still being processed.

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

Contacts 'yet to be classified' at the time of running this report will continue to be allocated as complaints (and enquiries) as additional information is received. However, decisions on these complaints will be registered in the next reporting period.

### **Type of complaints**

Type of complaints	Number	Percentage
Health consumer complaint	369	80.92
Mandatory notification*	42	9.21
Voluntary notification*	35	7.68
Self-notification*	4	0.88
Referral**	6	1.32
Total	456	100.00

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

\*\*Referrals are matters referred by government and non-government agencies to the OHO.



## Decisions

#### Number of decisions made

Number of decisions made	Number	Percentage
Accepted	274	51.21
Not accepted	108	20.19
Decision pending	153	28.60
Total	535	100.00

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

#### Decisions made within seven days

Decision made within seven days of receiving a complaint	Number	Percentage
Yes	190	49.74
No	192	50.26
Total	382	100.00

### Health service complaints profile

Reporting parameters for the identification of issues in complaints have been updated as of October 2016. Previously, issues contained within the office's reporting related to complaints that completed the office's assessment process during the reporting period.

Refinements to systems and processes now allow for the reporting of all issues identified in complaints during the reporting period. This change will result in higher numbers of issues appearing in the following three tables from October 2016.

This update is an example of the office's commitment to continual improvement as it matures as an agency and the importance it places on transparent, robust data.

### Main issues raised in complaints

Issue	Number	Percentage		
Access	25	3.71		
Code of conduct for healthcare workers	1	0.15		
Communication/information	95	14.09		
Consent	7	1.04		
Discharge/transfer arrangements	13	1.93		
Environment/management of facilities	13	1.93		
Enquiry service	0	0.00		
Fees/cost	30	4.45		
Grievance processes	19	2.82		
Medical records	17	2.52		
Medication	54	8.01		
Professional conduct	75	11.13		
Professional health	26	3.86		
Professional performance	287	42.58		
Reports/certificates	11	1.63		
Research/teaching/assessment	1	0.15		
Treatment	0	0.00		
Total	674	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	Enquiry service	Fees and costs	Grievance process	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/ certificates	Treatment	Total
Alternative care	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Chinese medicine	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chiropractor	-	-	1	-	-	-	-	-	-	-	-	3	-	2	-	-	6
Dentistry	-	-	3	-	-	-	-	1	1	1	-	-	-	16	-	-	22
Emergency care	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	2
General medical	4	-	33	2	2	-	-	4	3	7	9	22	7	61	5	1	160
Medical radiation	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Medical specialty	2	-	7	2	-	-	-	1	-	-	2	6	-	21	1	-	42
Nursing	-	-	-	-	-	-	-	-	-	3	3	15	16	7	-	-	44
Occupational therapy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Optometry	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	2
Osteopathy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	1	1	3	-	-	-	-	2	-	1	1	11	1	1	-	-	22
Pathology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-	-	-	2	2	-	-	-	-	4
Physiotherapy	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	-	4
Podiatry	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	3
Psychology	-	-	1	-	-	-	-	2	-	-	-	5	-	9	2	-	19
Speech pathology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Surgical	-	-	4	-	1	-	-	1	2	-	-	-	1	30	-	-	39
Not yet known	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	2
Total	7	1	53	4	3	-	-	11	6	12	18	67	26	156	8	1	373

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	Communicat ion and information	Consent	Discharge/ transfer arrangeme nts	Environment/ management of facility	Enquiry service	Fees and costs	Grievance process	Medical records	Medication	Profession al conduct	Profession al health	Profession al performanc e	Reports/ certificates	Treatment	Total
Aged care facility	-	-	1	-	-	1	-	1	-	-	-	-	-	9	-	-	12
Allied health service	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	2
Ambulance service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Community health service	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	2
Correctional facility	7	-	4	-	-	1	-	-	1	-	29	-	-	36	-	-	78
Dental service	2	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	4
Hospital and Health Service	-	-	-	-	-	1	-	2	-	-	-	-	-	2	-	-	5
Laboratory service	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1
Licensed private hospital	-	-	3	-	1	3	-	5	3	-	-	1	-	3	-	-	19
Medical centre	3	-	8	-	-	4	-	3	2	-	1	2	-	5	1	-	29
Mental health service	1	-	3	2	-	-	-	-	-	-	1	1	-	4	2	-	14
Nursing service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other support service	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	-	4
Pharmaceutical service	-	-	2	-	-	-	-	-	-	-	3	-	-	-	-	-	5
Public health service	-	-	3	-	-	2	-	1	1	-	-	-	-	5	-	-	12
Public hospital	5	-	13	1	9	1	-	2	5	5	1	2	-	55	-	-	99
Residential care service	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Specialised health service	-	-	1	-	-	-	-	1	1	-	1	-	-	2	-	-	6
Not yet known	-	-	2	-	-	-	-	2	-	-	-	-	-	4	-	-	8
Total	18	-	42	3	10	13	-	19	13	5	36	8	-	131	3	-	301

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	124
Assessments completed	153

#### **Completed assessment timeframes**

Of the 31 assessments completed within 60 days, 16 matters were eligible for and received an approved extension. Meanwhile, 60 matters were completed outside of 60 days due to high levels of assessment matters, the complexity of certain matters, and delays in receiving information from parties or in sourcing the necessary independent clinical advice required to appropriately assess the matters.

Assessment timeframes	Number	Percentage
Completed within 30 days	62	40.52
Completed within 60 days*	31	20.26
Completed in more than 60 days	60	39.22
Total	153	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	4	2.58
Conciliation	18	11.61
Investigation	7	4.52
Referred to AHPRA and the national boards	30	19.35
Referral to another entity	31	20.00
Immediate registration action*	0	0.00
Interim prohibition order*	0	0.00
No further action	65	41.94
Total	155	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	62
Local resolutions completed	89

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 resolution timeframes**

Although 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. Of the 9 local resolution matters completed within 60 days, 6 were approved for extension.

Local resolution timeframes	Number	Percentage
Completed within 30 days	80	89.89
Completed within 60 days*	9	10.11
Completed in more than 60 days	0	0.00
Total	89	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.

#### Local resolution outcomes

Local resolution outcomes	Number	Percentage
Resolved	70	78.65
Not resolved	14	15.73
Complaint withdrawn*	5	5.62
Total	89	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	0	0.00
Conciliation	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	16	100.00
Total	16	100.00

## Conciliation

#### **Conciliations started and closed**

Conciliations this month	Number
Conciliations open at the start of the month	61
Conciliations started	20
Conciliations closed	12

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	13
Party/ies did not agree to conciliation	6
Decision pending at end of month	16

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 conciliation timeframes**

Conciliations completed	Number	Percentage
Less than 3 months	2	33.33
3–6 months	3	0.50
6–9 months	0	0.00
9–12 months	1	16.67
More than 12 months	0	0.00
Total	6	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.

#### **Completed conciliation outcomes**

Conciliation outcomes	Number	Percentage
Successful	4	66.67
Not successful	2	33.33
Ended by Health Ombudsman	0	0.00
Total	6	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	2	100.00
Total	2	100.00

#### **Open conciliation timeframes**

Conciliations open	Number	Percentage
Less than 3 months	49	71.01
3–6 months	9	13.04
6–9 months	4	5.80
9–12 months	2	2.90
More than 12 months	5	7.25
Total	69	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 currently 12 matters in the table above on hold until the outcome of another process is finalised (e.g. the process of another agency such as AHPRA). This includes 1 matter that has been open for less than 3 months, 1 that has been open for 3–6 months, 3 that have been open for 6–9 months, 2 that have been open for 9–12 months, and 5 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	352
Investigations started	19
Investigations re-commenced**	2
Investigations paused*	1
Investigations closed	21

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). A reconciliation of investigations data this month has resulted in a minor discrepancy between the number of open investigations at the start of this reporting period and the number open at the end of the previous reporting period.

\*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*). From an OHO perspective, these matters are not closed but effectively paused within the OHO's complaints management system as 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.

\*\*These are matters that have been re-commenced by the OHO following an external agency completing their processes.

#### **Closed investigation timeframes**

Investigations closed	Number	Percentage
Less than 3 months	2	9.52
3–6 months	1	4.76
6–9 months	1	4.76
9–12 months	1	4.76
More than 12 months	16	76.20
Total	21	100.00



#### **Closed investigation outcomes**

Closed investigation outcome	Number	
Recommended for referral to Director of Proceedings*	10	47.62
Referred to AHPRA	2	9.52
Referred to another agency	2	9.52
No further action	7	33.33
Total	21	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.

#### **Open investigation timeframes**

Investigations open	Number	Percentage	
Less than 3 months	45	16.19	
3–6 months	42	15.11	
6–9 months	39	14.03	
9–12 months	20	7.19	
More than 12 months*	132	47.48	
Total	278	100.00	

This does not include the 73 paused matters currently with an external agency.

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

### **Open investigation categories**

Type of investigation	Number
Health service complaint	217
Systemic issue	34
Another matter*	27
Total	278

This does not include the 73 paused matters currently with an external agency.

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

### **Immediate action**

The Health Ombudsman can take immediate action against both registered and unregistered health practitioners if the Health Ombudsman reasonably believes the practitioner poses a serious risk to the health and safety of the public.

#### Show cause notices

In October, two registered nurses each received a show cause notice 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 action

In October, the Health Ombudsman took immediate registration action against five registered health practitioners, including:

- one physiotherapist, who had conditions imposed for reasons relating to conduct
- one registered nurse, who was suspended for reasons relating to conduct
- one registered nurse, who had conditions imposed for reasons relating to conduct
- two registered nurses, who were suspended for reasons relating to performance.

The Health Ombudsman can take immediate registration action if a registered health practitioner's health, conduct or performance means they pose a serious risk to people and immediate action is necessary to protect public health and safety.

The Health Ombudsman can temporarily suspend or impose conditions on the registration of registered health practitioners.

#### **Prohibition orders**

In October, the Health Ombudsman issued six prohibition notices, including:

- one student nurse, who had restrictions imposed for reasons relating to conduct
- one physiotherapist, who had restrictions imposed for reasons relating to conduct
- one massage therapist, who had restrictions imposed for reasons relating to conduct
- one support worker, who was prohibited from practicing for reasons relating for conduct
- one unregistered person holding out as a psychologist, who was prohibited for reasons relating to conduct
- one suspended registered nurse, who had restrictions imposed for reasons relating to conduct

The details for current prohibition orders can be found on the OHO website (<u>www.oho.qld.gov.au</u>) on the prohibition order register.

The Health Ombudsman can issue an interim prohibition order if an unregistered health practitioner's health, conduct or performance means they pose a serious risk to people and immediate action is necessary to protect public health and safety.

An interim prohibition order can *prohibit* or *restrict* a health 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.

## **Australian Health Practitioner Regulation Agency**

#### **Notifications from AHPRA**

Zero matters (s193 of the Act) about possible serious matters were received this month.

### Number of practitioners referred to AHPRA by practitioner type

Practitioner type	Number
Aboriginal and Torres Strait Islander health	0
Chinese medicine	0
Chiropractic	3
Dental	7
Medical	74
Medical student	0
Medical radiation	1
Nursing and midwifery	37
Nursing student	0
Occupational therapy	0
Optometry	1
Osteopathy	0
Pharmacy	2
Physiotherapy	2
Podiatry	1
Psychology	3
Unregistered practitioner	0
Total	131

### Number of issues referred to AHPRA by practitioner type

Registered practitioner type	Access	Code of conduct for healthcare workers	Communication and information	Consent	Discharge/ transfer arrangements	Environment/ management of facility	Enquiry service	Fees and costs	Grievance process	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/ certificates	Treatment	Total
Aboriginal and Torres Strait Islander health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese medicine	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chiropractic	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	3
Dental	-	-	2	-	-	-	-	-	-	-	-	-	-	8	-	-	10
Medical	1	-	34	2	-	-	-	-	1	2	9	13	9	70	3	-	144
Medical student	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical radiation	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Nursing and midwifery	-	-	2	-	-	-	-	-	-	2	5	21	18	11	-	-	59
Nursing student	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Occupational therapy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Optometry	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Osteopathy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	2
Physiotherapy	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	3
Podiatry	-	-	-	-	-	-	-	-	-	-	-	-		3	-	-	3
Psychology	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	3
Unregistered practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	1	-	38	2	-	-	-	-	1	4	16	39	27	98	3	-	226

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	80	55.17
Male	63	43.45
Unknown	2	1.38
Total	145	100.00

#### Age

Age	Number	Percentage
Less than 18	6	4.14
18–24 years	11	7.59
25–34 years	24	16.55
35–44 years	36	24.83
45–54 years	20	13.79
55–64 years	12	8.28
65–74 years	13	8.97
More than 75 years	16	11.03
Unknown*	7	4.83

\*Not recorded or not provided for a particular matter.

#### Location of healthcare consumers

Location of healthcare consumers	Number	Percentage
Brisbane	57	39.31
Central West	0	0.00
Darling Downs	4	2.76
Far North	7	4.83
Fitzroy	7	4.83
Gold Coast	21	14.48
Mackay	1	0.69
North West	1	0.69
Northern	17	11.72
South West	0	0.00
Sunshine Coast	10	6.90
West Moreton	1	0.69
Wide Bay-Burnett	4	2.76
Outside Queensland	5	3.45
Unknown	10	6.90

The above data is based on health consumer location.

#### Location of health service providers

Location of health service providers	Number	Percentage
Brisbane	70	40.70
Central West	0	0.00
Darling Downs	2	1.16
Far North	14	8.14
Fitzroy	6	3.49
Gold Coast	29	16.86
Mackay	1	0.58
North West	0	0.00
Northern	16	9.30
South West	1	0.58
Sunshine Coast	12	6.98
West Moreton	1	0.58
Wide Bay-Burnett	7	4.07
Outside Queensland*	2	1.16
Unknown	11	6.40

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.



Listen. Respond. Resolve.

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