# Office of the Health Ombudsman

Performance report September 2017



#### Office of the Health Ombudsman—Performance report September 2017

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## Introduction

This document reports on our performance during September 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 6 October 2017, but are subject to change.

# **Intake of complaints**

## **Type of contacts**

Type of contact	Number	Percentage
Complaint	512	59.19
Enquiry	342	39.54
Yet to be classified*	11	1.27
Total	865	100.00

<sup>\*</sup>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	432	84.38		
Mandatory notification*	16	3.13		
Voluntary notification*	59	11.52		
Self-notification*	2	0.39		
Referral from another agency	3	0.59		
Total	512	100.00		

<sup>\*</sup>Notifications are matters raised by health service providers which do not otherwise meet the definition of a health consumer complaint as required under the *Health Practitioner Regulation National Law (Queensland)*.

## **Complaint decisions**

#### Decision timeframes—within seven days

Decision made within seven days of receiving a complaint	Number	Percentage
Yes	430	84.15
No	81	15.85
Total	511	100.00

#### Accepted vs not accepted

Number of decisions made	Number	Percentage
Accepted	385	65.81
Not accepted*	126	21.54
Decision pending**	74	12.65
Total	585	100.00

<sup>\*&#</sup>x27;Not accepted' decisions relate to complaints in which the Health Ombudsman has decided to take no further action under section 44 of the *Health Ombudsman Act 2013*.

An additional 23 matters were determined by the office to fall outside the jurisdiction of the Act, and therefore have been excluded from the 'Decision timeframes—within seven days' and 'Accepted vs not accepted' tables.

<sup>\*\*&#</sup>x27;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	136	33.66		
Local resolution	101	25.00		
Conciliation	0	0.00		
Investigation	9	2.23		
Referred to AHPRA and the national boards	158	39.11		
Referral to another entity*	0	0.00		
Immediate registration action	0	0.00		
Interim prohibition order	0	0.00		
Total	404	100.00		

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

<sup>\*</sup>All matters referred to other state or federal government entities undergo an assessment and consultation process prior to the referral being made. As such, these matters will appear in the 'Assessment decisions' table on page 12.

# Health service complaints profile

# Main issues raised in complaints

Issue	Number	Percentage		
Access	44	5.31		
Code of conduct for healthcare workers	5	0.60		
Communication/information	97	11.70		
Consent	11	1.33		
Discharge/transfer arrangements	15	1.81		
Environment/management of facilities	18	2.17		
Enquiry service	0	0.00		
Fees/cost	12	1.45		
Grievance processes	11	1.33		
Health Ombudsman Act 2013 offence	2	0.24		
Medical records	23	2.77		
Medication	84	10.13		
Professional conduct	123	14.84		
Professional health	28	3.38		
Professional performance	341	41.13		
Reports/certificates	15	1.81		
Research/teaching/assessment	0	0.00		
Total	829	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 issues identified in 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	Health Ombudsman Act 2013 offence	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/ certificates	Research/ teaching/ assessment	Total
Alternative care	-	3	-	-	-	-	-	-	-	-	-	3	-	-	-	-	6
Chinese medicine	-	-	-	-	-	-	1	-	-	1	-	1	-	1	-	-	4
Chiropractor	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	4
Dentistry	1	-	3	2	-	-	-	-	-	2	-	8	-	25	-	-	41
Emergency care	-	-	-	-	-	-	-	-	-	-	-	-	-	6	-	-	6
General medical	6	-	26	-	2	-	-	-	1	7	28	33	8	75	8	-	194
Medical radiation	-	-	-	-	-	-	-	-	-	-	-	1	-	4	-	-	5
Medical specialty	-	-	3	-	-	-	1	-	-	1	1	3	-	16	1	-	26
Nursing	-	-	1	-	-	-	-	-	1	2	3	23	8	8	-	-	46
Occupational therapy	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Optometry	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Osteopathy	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Other	-	2	3	-	-	-	-	-	-	-	1	30	12	2	1	-	51
Pathology service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Pharmacy	-	-	2	-	-	-	-	-	-	-	1	2	-	-	-	-	5
Physiotherapy	-	-	-	-	-	-	-	-	-	1	-	-	-	2	-	-	3
Podiatry	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Psychology	-	-	1	1	-	-	-	1	-	-	1	2	-	4	3	-	13
Speech pathology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Surgical	-	-	2	1	-	-	-	1	-	-	2	2	-	22	-	-	30
Total	7	5	42	4	2	0	3	2	2	14	37	112	28	166	13	0	437

These figures are based on issues recorded during the reporting period. A single complaint can contain multiple issues.

# Number and type of issues identified in 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	Health Ombudsman Act 2013 offence	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/ certificates	Research/ teaching/ assessment	Total
Administrative service	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Aged care facility	-	-	-	-	-	1	-	-	-	-	2	-	-	5	-		8
Allied health service	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	3
Ambulance service	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Correctional facility	18	-	7	1	-	1	-	-	-	-	31	-	-	28	-	-	86
Dental service	2	-	3	-	-	1	-	-	-	-	-	-	-	3	-	-	9
Health service district	1	-	-	-	-	-	-	-	-	-	2	1	-	1	-	-	5
Hospital and health service	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Laboratory service	-	-	-	-	-	-	2	1	-	-	-	1	-	2	-	-	6
Licensed private hospital	3	-	2	1	3	2	2	1	-	-	2	-	-	11	-	-	27
Medical centre	2	-	5	-	-	1	1	-	-	3	2	1	-	5	-	-	20
Mental health service	1	-	5	-	1	-	-	1	-	-	1	1	-	6	-	-	16
Optical store	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Other support service	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	-	3
Pharmaceutical service	-	-	-	-	-	-	1	-	-	-	2	1	-	-	-	-	4
Private organisation	-	-	-	-	-	-	2	-	-	-	-	-	-	2	-	-	4
Public health service	-	-	6	2	-	1	-	-	-	1	1	1	-	7	-	-	19
Public hospital	9	-	24	3	9	10	-	6	-	5	4	4	-	97	1	-	172
Residential care service	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Specialised health service	1	-	-	-	-	1	1	-	-	-	-	-	-	2	-		5
Total	37	0	55	7	13	18	9	9	0	9	47	11	0	175	2	0	392

These figures are based on issues recorded during the reporting period. A single complaint can contain multiple issues.

### **Assessment**

### **Assessments started and completed**

Assessments this month	Number
Assessments started	158
Assessments completed	182

The number of assessments started in the month may not directly match the number of decisions to undertake assessment in the 'Accepted decision outcomes' table on page 7 due to the time between a decision being made and an action taken crossing over different reporting periods.

## **Completed assessment timeframes**

Of the 182 assessments finalised in September, 126 were completed within 30 days or 60 days with an approved extension, representing a finalisation rate within statutory timeframes of 69.23 per cent.

Of the 50 assessments completed within 60 days, 35 matters were approved for extension.

The 41 matters completed outside of 60 days were due to the continuing high volume of matters that require additional assessment, the complexity of many of the 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	91	50.00
Completed within 60 days*	50	27.47
Completed in more than 60 days	41	22.53
Total	182	100.00

<sup>\*</sup>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	1	0.52
Conciliation	11	5.73
Investigation	9	4.69
Referred to AHPRA and the national boards	41	21.35
Referred to another entity	40	20.83
Immediate registration action*	0	0.00
Interim prohibition order*	0	0.00
No further action	90	46.88
Total	192	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	103
Local resolutions completed	100

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**

All of the 100 local resolutions finalised in September were completed within statutory timeframes.

Local resolution timeframes	Number	Percentage
Completed within 30 days	93	93.00
Completed within 60 days*	7	7.00
Completed in more than 60 days	0	0.00
Total	100	100.00

<sup>\*</sup>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	70	70.00
Not resolved	19	19.00
Complaint withdrawn*	11	11.00
Total	100	100.00

<sup>\*</sup>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
Conciliation	0	0
Investigation	0	0
Referred to AHPRA and the national boards	0	0
Referred to another entity	0	0
Immediate action	0	0
No further action	19	100.00
Total	19	100.00

### Conciliation

#### Conciliations started and closed

Conciliations this month	Number
Conciliations open at the start of the month	59
Conciliations started	12
Conciliations closed	6

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	7
Party/ies did not agree to conciliation	4
Decision pending at end of month	26

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	0	0.00
3–6 months	2	100.00
6–9 months	0	0.00
9–12 months	0	0.00
More than 12 months	0	0.00
Total	2	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 on page 15—in that they only relate to matters where parties agreed to participate and the conciliation process was completed.

#### **Outcomes**

Conciliation outcomes	Number	Percentage
Successful	1	50.00
Not successful	1	50.00
Ended by Health Ombudsman	0	0.00
Total	2	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 table on page 15—in that they 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
Referred to another entity	0	0.00
Immediate action	0	0.00
No further action	1	100.00
Total	1	100.00

## **Open conciliation timeframes**

Open conciliation timeframes	Number	Percentage
Less than 3 months	25	38.46
3–6 months	21	32.31
6–9 months	7	10.77
9–12 months	6	9.23
More than 12 months	6	9.23
Total	65	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 12 matters on hold until the outcome of another process is finalised (e.g. the process of another agency such as AHPRA). This includes 4 matters that have been open for less than 3 months, 3 that have been open for 3–6 months, 1 that has been open for 6–9 months and 4 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	377
Investigations started	22
Investigations closed	42

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	3	7.14
3–6 months	5	11.91
6–9 months	4	9.52
9–12 months	8	19.05
12–24 months	18	42.86
More than 2 years	4	9.52
Total	42	100

#### **Outcomes**

Closed investigation outcomes	Number	Percentage
Recommended for referral to Director of Proceedings*	16	38.10
Referred to AHPRA	13	30.95
Referred to another agency	1	2.38
Referred to legal services**	0	0.00
No further action	12	28.57
Total	42	100.00

<sup>\*</sup>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.

<sup>\*\*</sup>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 the Queensland Civil and Administrative Tribunal.

### **Open investigations**

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

Active investigations are currently being investigated, while paused investigations are not able to be investigated until such time as another agency—such as the Queensland Police Service or the Coroner's Court of Queensland—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), the OHO calculates timeframes inclusive of any period in which the investigation was open with the Australian Health Practitioner Regulation Agency (AHPRA), to provide transparency of the complete length of an investigation.

#### **Active investigation timeframes**

Active investigation timeframes	Number	Percentage	
Less than 3 months	47	15.06	
3–6 months	34	10.90	
6–9 months	35	11.22	
9–12 months	41	13.14	
12–24 months*	107	34.29	
More than 2 years*	48	15.38	
Total	312	100.00	

<sup>\*</sup> All investigations that have been open for more than 12 months are published in the investigations register on the OHO website.

### **Paused investigation timeframes**

Paused investigation timeframes	Number	Percentage	
Less than 3 months	2	4.44	
3–6 months	8	17.78	
6–9 months	2	4.44	
9–12 months	11	24.44	
12-24 months*	21	46.67	
More than 2 years*	1	2.22	
Total	45	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 section 92 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	49	13.73	
3–6 months	42	11.76	
6–9 months	37	10.36	
9–12 months	52	14.57	
12-24 months*	128	35.85	
More than 2 years*	49	13.73	
Total	357	100.00	

## **Total open investigation categories**

Type of investigation	Number
Health service complaint	243
Systemic issue	37
Another matter*	77
Total	357

<sup>\*</sup>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 processes—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	2
Recommendations monitoring cases started	0
Recommendations monitoring cases closed	0

## Open recommendations monitoring case timeframes

Monitoring case timeframes*	Number	Percentage	
Less than 6 months	0	0.00	
6–12 months	2	33.33	
More than 12 months	4	66.67	
Total	6	100.00	

<sup>\*</sup>Open recommendations monitoring cases include both 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	Percentage	
Ambulance officer	1	11.11	
Medical practitioner	3	33.33	
Pharmacist	1	11.11	
Psychologist	2	22.22	
Registered nurse	1	11.11	
Unregistered chiropractor	1	11.11	
Total	9	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. 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	26	36.62
Registered nurse	22*	30.99
Massage therapist	4	5.63
Dental practitioner	4	5.63
Psychologist	4	5.63
Pharmacist	3	4.22
Unregistered chiropractor	2	2.82
Student nurse	1	1.41
Podiatrist	1	1.41
Chiropractor	1	1.41
Physiotherapist	1	1.41
Unregistered ambulance officer	1	1.41
Holding out as registered nurse	1	1.41
Total	71	100.00

<sup>\*</sup>Includes 1 practitioner holding dual registration as a midwife.

#### Matters referred to the Queensland Civil and Administrative Tribunal

No matters were referred to the Queensland Civil and Administrative Tribunal (QCAT) in September.

# Offences against the Health Ombudsman Act 2013

The *Health Ombudsman Act 2013* specifies a number of breaches of the Act which constitute either a summary or indictable offence.

Where there is evidence of such a breach, a matter may be referred to the Executive Director, Legal Services to commence prosecution within the courts.

No matters were referred for summary prosecution in September.

### 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 September 2017, no show cause notices were issued.

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
Dental practitioner	1	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

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 the OHO website on the prohibition order register.

Practitioner type	Number	Action taken	Reasons/s for taking action				
			Health	Conduct	Performance	Interstate	
Audiologist	1	Restrictions			✓		
Dental assistant	1	Prohibition		✓			
Massage therapist	1	Restrictions		✓			

# 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	101
Practitioner monitoring cases started	2
Practitioner monitoring cases closed	4

## **Open monitoring cases**

#### **Timeframes**

Open case timeframes	Number	Percentage
Less than 6 months	20	20.20
6–12 months	33	33.33
More than 12 months	46	46.46
Total	99	100.00

#### **Immediate action types**

Open cases by immediate action type	Number	Percentage
Interim prohibition order—restrictions	24	24.24
Interim prohibition order—prohibited	27	27.27
Immediate registration action—conditions	28	28.28
Immediate registration action—suspension	20	20.20
Total	99	100.00

<sup>\*</sup>As of 30 September 2017 nine practitioners were under monitoring in relation to more than one immediate action type.

## Registered practitioners under monitoring by practitioner type

Practitioner type	Number	Percentage
Aboriginal and Torres Strait Islander health practitioner	0	0.00
Chinese medicine practitioner	2	3.51
Chiropractor	1	1.75
Dental practitioner	3	5.26
Medical practitioner	10	17.54
Medical radiation practitioner	0	0.00
Nursing and midwifery practitioner	33	57.89
Occupational therapist	0	0.00
Optometrist	0	0.00
Osteopath	0	0.00
Pharmacist	3	5.26
Physiotherapist	2	3.51
Podiatrist	0	0.00
Psychologist	3	5.26
Total	57	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
Aboriginal and Torres Strait Islander health care worker	1	3.03
Assistant in nursing	4	12.12
Audiologist	2	6.06
Counsellor	1	3.03
Dental assistant	1	3.03
Dental nurse	1	3.03
Holding out*	4	12.12
Massage therapist	10	30.30
Naturopath	1	3.03
Natural therapist	2	6.06
Paramedic	4	12.12
Social worker	1	3.03
Personal carer	1	3.03
Total	33	100.00

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.

<sup>\*</sup>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.

# **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 September. No matters were requested for referral back to the OHO.

#### **Consultation on matters**

The office consults with AHPRA on matters that are considered to be appropriate for AHPRA to manage. For matters that we are considering referring to AHPRA under section 91 of the *Health Ombudsman Act 2013*, we provide AHPRA with all necessary information in order for AHPRA to form a view as to whether they need to discuss or accept and progress the referral.

For complex cases or where a pattern of conduct may be present we may hold case conferences with AHPRA, either in person or electronically, which can sometimes delay the consultation process. By encouraging robust conversations during this process productive and consistent decisions between the co-regulatory agencies is achieved.

Consultation matters	Number
Matters consulted on*	222
Matters referred	212
Matters retained by the office**	4
Decision pending	20

<sup>\*</sup>The number of matters consulted on may not equal the total number of matters referred, withdrawn and pending as a matter may have commenced consultation prior to the start of the reporting period.

<sup>\*\*</sup>Under certain circumstances additional information may be received in the course of consultation resulting in the office retaining carriage of the matter and/or taking other relevant action.

#### Relevant action proposing referral

Relevant action	Number	Percentage
Intake and triage	166	74.82
Assessment	40	17.94
Conciliation	0	0.00
Local resolution	1	0.45
Investigations	15	6.79
Total	222	100.00

### Age of matters on commencement of consultation

In order to prevent duplication of work, we aim to ensure that matters are referred to AHPRA as early as possible in the complaint management process.

Due to the type of matters in which investigation or conciliation is deemed appropriate, and the more time intensive nature of these processes, these matters are usually older when consultation commences.

Relevant action	0–7 days	8–14 days	15–30 days	30–60 days	More than 60 days
Intake	161	3	2	0	0
Assessment	2	3	9	6	20
Local resolution	0	0	1	0	0
Conciliation	0	0	0	0	0
Investigation	0	0	0	0	15
Total	163	6	12	6	35

<sup>&#</sup>x27;Age of matters' is calculated from the date on which a matter was accepted by the office.

## **Consultation duration**

Consultation duration	Number	Percentage
0–3 days	213	95.95
4–7 days	8	3.60
8–11 days	1	0.45
More than 12 days	0	0.00
Total	222	100.00

# Number of practitioners referred to AHPRA by practitioner type

Practitioner type	Number	Percentage
Aboriginal and Torres Strait Islander health practitioner	0	0.00
Chinese medicine practitioner	1	0.47
Chiropractor	5	2.36
Dental practitioner	26	12.26
Medical practitioner	106	50.00
Medical radiation practitioner	2	0.94
Nursing and midwifery practitioner	52	24.53
Occupational therapist	1	0.47
Optometrist	0	0.00
Osteopath	0	0.00
Pharmacist	7	3.30
Physiotherapist	4	1.89
Podiatrist	0	0.00
Psychologist	8	3.77
Student practitioner	0	0.00
Total	212	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 process	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/ certificates	Total
Aboriginal and Torres Strait Islander health practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Chinese medicine practitioner	-	-	-	-	-	1	-	1	-	2	-	1	-	5
Chiropractor	-	-	1	-	-	-	-	-	-	6	-	-	-	7
Dental practitioner	-	2	1	-	-	-	-	2	-	6	1	30	-	42
Medical practitioner	4	17	-	-	-	-	1	7	27	15	8	79	5	163
Medical radiation practitioner	-	-	-	-	-	-	-	-	-	-	-	2	-	2
Nursing and midwifery practitioner	-	-	-	-	-	-	-	2	5	26	17	15	-	65
Occupational therapist	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Optometrist	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Osteopath	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Pharmacist	-	2	-	-	-	-	-	-	3	-	1	2	-	8
Physiotherapist	-	-	-	-	-	-	-	-	-	2	1	1	-	4
Podiatrist	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Psychologist	-	1	-	-	-	-	-	-	-	4	3	3	-	11
Student practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Total	4	22	2	0	0	1	1	12	35	62	31	133	5	308

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**

Reporting parameters for demographics data were updated as of June 2017. Previously, demographics contained within the office's reporting related to complaints that had completed the assessment process during the reporting period.

Refinements to systems and processes now allow for reporting on the demographics of complainants, consumers and practitioners who have made, or were identified in, a complaint during the reporting period. This change will result in higher numbers in the following four tables from June 2017.

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.

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	165	45.96
Male	177	49.30
Unknown	17	4.74
Total	359	100.00

## Age

Age	Number	Percentage
Less than 18 years	14	3.90
18–24 years	20	5.57
25–34 years	79	22.01
35–44 years	55	15.32
45–54 years	63	17.55
55–64 years	49	13.65
65–74 years	25	6.96
More than 75 years	19	5.29
Unknown*	35	9.75
Total	359	100.00

<sup>\*</sup>Not recorded or not provided for a particular matter.

## **Location of healthcare consumers**

Location of healthcare consumers	Number	Percentage
Brisbane	150	41.78
Central West	0	0.00
Darling Downs	7	1.95
Far North	19	5.29
Fitzroy	18	5.01
Gold Coast	31	8.64
Mackay	9	2.51
North West	1	0.28
Northern	17	4.74
South West	1	0.28
Sunshine Coast	17	4.74
West Moreton	4	1.11
Wide Bay-Burnett	34	9.47
Outside Queensland	12	3.34
Unknown	39	10.86
Total	359	100.00

## **Location of health service providers**

Location of health service providers	Number	Percentage
Brisbane	150	41.78
Central West	0	0.00
Darling Downs	7	1.95
Far North	19	5.29
Fitzroy	18	5.01
Gold Coast	31	8.64
Mackay	9	2.51
North West	1	0.28
Northern	17	4.74
South West	1	0.28
Sunshine Coast	17	4.74
West Moreton	4	1.11
Wide Bay-Burnett	34	9.47
Outside Queensland*	12	3.34
Unknown	39	10.86
Total	359	100.00

<sup>\*</sup>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.

