# Office of the Health Ombudsman

Performance report September 2020



#### Office of the Health Ombudsman—Performance report September 2020

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# **Table of contents**

Introduction	4
Intake of complaints	Ę
Type of contacts	Ę
Type of complaints	5
Complaint decisions	6
Health service complaints profile	8
Main issues raised in complaints	8
Subcategories of professional performance issues raised in complaints	Ç
Profile of complaints about health practitioners	10
Profile of complaints about health service organisations	11
Assessment	13
Assessments started and completed	13
Completed assessment timeframes	13
Assessment decisions	13
Local resolution	14
Local resolutions started and completed	14
Completed local resolutions	14
Decisions for matters that were not resolved	15
Conciliation	16
Conciliations started and closed	16
Agreement to participate in conciliation	16
Completed conciliations	17
Decisions for conciliations that were not successful	18
Open conciliation timeframes	18
Investigation	19
Investigations started and closed	19
Closed investigations	19
Investigation outcomes	20
Open investigations	2′
Monitoring investigation recommendations	23
OHO recommendations monitoring	23
Open recommendations monitoring timeframes	23
Director of Proceedings	24
Matters referred to the Director of Proceedings by practitioner type	24
Matters currently with the Director of Proceedings by practitioner type	24
Outcomes of matters reviewed by Director of Proceedings	24

Immediate action	26
Show cause notices	26
Immediate registration actions	26
Interim prohibition orders	26
Monitoring practitioner compliance	28
Practitioner monitoring cases	28
Open monitoring cases	28
Australian Health Practitioner Regulation Agency	31
Consultation on matters	31
Number of practitioners referred to Ahpra by practitioner type	33
Number of issues referred to Ahpra by practitioner type	34
Demographics of healthcare consumers	35
Gender of healthcare consumers	35
Age of healthcare consumers	35
Location of healthcare consumers	36
Location of health service providers	37

## Introduction

This document reports on our performance during September 2020.

The OHO is Queensland's health service complaints management agency. We are an independent statutory body and the one place all Queenslanders should go if they have a complaint about a health service provided to them or someone in their care, a health service provider or any aspect of a health service provided in Queensland.

The OHO's vision is 'safe, competent and ethical health services that are responsive to consumer complaints' The OHO is committed to ensuring that all decisions are well-informed, fair, impartial and timely. For transparency the OHO publishes monthly, quarterly and yearly reports about its performance.

Data in this report is correct as at 7 October 2020, but is subject to change.

# Intake of complaints

## Type of contacts

Type of contact	Number	Percentage
Complaint	819	71.34
Enquiry	275	23.95
Information	45	3.92
Yet to be classified	9	0.78
Total	1148	100.00

<sup>&#</sup>x27;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.

## Type of complaints

Type of complaints	Number	Percentage
Health consumer complaint	737	89.99
Mandatory notification*	29	3.54
Voluntary notification*	43	5.25
Self-notification*	8	0.98
Referral from another agency	2	0.24
Total	819	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**

On 1 March 2020, amendments were made to the *Health Ombudsman Act 2013* (the Act) enabling the office to 'Not accept' a complaint in situations where the Health Ombudsman is satisfied:

- the complaint would be more appropriately dealt with by a different person or organisation; or
- the complainant has not yet sought a resolution with the relevant health service provider and it is reasonable in the circumstances for the complainant to first do so.

As a result of these changes, the table "Accepted vs Not Accepted" has been replaced with the table "Decisions made" included below.

Cases previously categorised as "Not Accepted" are now reported under the category of "Accepted and no further action taken" and relate to the number of decisions to take no further action under s 44 of the Act. This change is to definition only, and no alterations have been made to how these cases are managed by the office.

#### Decision timeframes—within seven days

Decision made within seven days of receiving a complaint	Number	Percentage
Yes	748	96.02
No	31	3.98
Total	779	100.00

#### **Decisions made**

Number of decisions made	Number	Percentage
Accepted and further relevant action taken	474	60.85
Accepted and no further action taken*	179	22.98
Not accepted under s35A**	126	16.17
Total	779	100.00

<sup>\*</sup>These decisions relate to matters in which the Health Ombudsman has decided to take no further action under section 44 of the Act. Prior to 1 March 2020, this category was reported as "Not Accepted".

An additional 30 matters were determined to fall outside the jurisdiction of the Act, and one matter was determined to not yet be a complaint under s34(5) of the Act.

<sup>\*\*</sup>Matters may not be accepted under s35A of the Act where the matter would be more appropriately dealt with by an entity other than the health ombudsman or where the complainant has not yet sought a resolution with the health service provider.

#### **Accepted decision outcomes**

Type of relevant action taken	Number	Percentage
Assessment	127	26.19
Local resolution	98	20.21
Conciliation	0	0.00
Investigation	5	1.03
Referral to Ahpra and the national boards	170	35.05
Referral to another entity	85	17.53
Referral to legal services	0	0.00
Total	485	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 identified issues/practitioners requiring action that were identified in the accepted complaints where further relevant action was taken (noted in category 'Accepted and further relevant action taken' included the previous 'Decisions made' table).

# Health service complaints profile

# Main issues raised in complaints

Issue	Number	Percentage				
Access	141	10.46				
Code of conduct for healthcare workers	23	1.71				
Communication/information	153	11.35				
Consent	35	2.60				
Discharge/transfer arrangements	30	2.23				
Environment/management of facilities	100	7.42				
Fees/cost	44	3.26				
Grievance processes	38	2.82				
Health Ombudsman Act 2013 offence	1	0.07				
Medical records	53	3.93				
Medication	119	8.83				
Professional conduct	135	10.01				
Professional health	25	1.85				
Professional performance	424	31.45				
Reports/certificates	27	2.00				
Research/teaching/assessment	0	0.00				
Total	1348	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.

## Subcategories of professional performance issues raised in complaints

Issue	Number	Percentage				
Competence	8	1.89				
Coordination of treatment	27	6.37				
Delay in treatment	19	4.48				
Diagnosis	27	6.37				
Inadequate care	43	10.14				
Inadequate consultation	21	4.95				
Inadequate prosthetic equipment	3	0.71				
Inadequate treatment	125	29.48				
Infection control	16	3.77				
No or inappropriate referral	17	4.01				
Public or private election	0	0.00				
Rough and painful treatment	12	2.83				
Teamwork and supervision	4	0.94				
Unexpected treatment outcome or complications	90	21.23				
Withdrawal of treatment	2	0.47				
Wrong or inappropriate treatment	10	2.36				
Total	424	100.00				

Professional performance represents the largest proportion of complaint issues. Additional information on this category of issue provides greater transparency around the issues being managed by OHO. 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.

## **Profile of complaints about health practitioners**

	Number of						Nu	umber and typ	e of issues** i	dentified in con	nplaints about	health practiti	oners					
Practitioner type	practitioners identified in complaints*	Access	Code of conduct for healthcare workers	Communication and information		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 issues identified
Aboriginal and Torres Strait Islander health practitioner	0	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Chinese medicine practitioner	2	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Chiropractor	5	-	-	-	-	-	1	-	-	-	-	-	2	2	2	-	-	7
Dental practitioner	42	-	-	2	5	-	-	2	3	-	-	2	4	-	45	-	-	63
Medical practitioner	218	11	-	41	8	4	4	8	-	-	12	37	35	7	118	16	-	301
Medical radiation practitioner	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Midwife	5	-	-	-	-	-	-	-	-	-	-	-	3	3	2	-	-	8
Nurse	52	-	-	-	-	-	3	-	-	-	-	-	47	9	3	-	-	62
Occupational therapist	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Optometrist	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	2
Osteopath	1	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	2
Paramedic	3	-	-	1	-	-	-	-	-	-	-	-	1	-	1	-	-	3
Pharmacist	5	-	-	1	-	-	-	-	-	-	-	2	2	-	-	-	-	5
Physiotherapist	6	1	1	1	-	-	-	1	-	-	1	-	2	-	4	-	-	11
Podiatrist	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Psychologist	24	3	-	2	-	-	2	3	-	1	1	-	4	4	7	3	-	30
Student practitioner	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Unregistered practitioner	17	1	15	-	-	-	-	-	-	-	1	-	5	-	-	-	-	22
Unknown practitioner	23	1	2	5	-	-	-	1	-	-	-	4	3	-	9	1	-	26
Total	408	17	19	56	14	4	10	15	4	1	15	45	110	25	193	20	0	548

<sup>\*</sup> The figures reported in this column are a count of the number of health practitioners identified in complaints during the reporting period. A single complaint may identify more than one health practitioner and/or health service organisation. In circumstances where a health practitioner is identified in relation to multiple complaints, the health practitioner would be counted per complaint. For example, a health practitioner identified in three complaints would be counted three times in this column.

<sup>\*\*</sup> This data is a count of the number of issues identified within the reporting period. A complaint may also identify more than one issue per health practitioner.

# Profile of complaints about health service organisations

	Number of						Number a	and type of iss	sues** identifie	ed in complaint	s about healt	h service orga	nisations					
Organisation type	facilities identified in complaints*	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 issues identified
Administrative service	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Aged care facility	16	-	-	2	-	-	4	2	2	-	2	3	1	-	11	-	-	27
Allied health service	8	-	-	1	-	-	2	2	1	-	-	2	1	-	2	1	-	13
Ambulance service	4	1	-	-	-	1	-	-	-	-	-	-	1	-	2	-	-	5
Community health service	5	2	-	-	-	-	1	-	-	-	2	-	1	-	1	-	-	7
Correctional facility	116	56	-	3	-	-	9	-	-	-	-	40	-	-	12	1	-	121
Dental service	21	5	-	-	-	-	3	2	2	-	3	-	-	-	10	-	-	25
Health information service	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Health promotion service	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Hospital and Health Service	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Laboratory service	7	2	-	-	-	-	3	2	1	-	-	-	-	-	3	-	-	11
Licensed private hospital	35	3	-	8	1	2	6	3	4	-	4	3	1	-	17	-	-	52
Medical centre	60	12	1	14	2	-	11	6	2	-	12	-	2	-	8	-	-	70
Mental health service	37	1	-	12	7	1	4	-	2	-	4	5	11	-	15	1	-	63
Nursing service	1	-	-	1	-	-	1	-	-	-	-	-	-	-	1	-	-	3
Optical Store	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Other government department	15	2	-	1	-	-	12	-	-	-	-	-	-	-	-	-	-	15
Other support service	11	1	-	-	1	1	4	1	1	-	-	1	-	-	2	-	-	12
Paramedical service	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Pharmaceutical service	14	-	-	3	-	-	3	4	2	-	-	3	1	-	-	-	-	16
Private organisation	5	-	3	2	-	-	-	-	1	-	-	1	-	-	2	-	-	9
Public health service	14	2	-	2	-	4	4	-	1	-	3	1	-	-	5	-	-	22

Public hospital	194	36	-	40	10	17	21	1	14	-	7	15	5	-	132	4	-	302
Residential care service	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Specialised health service	13	1	-	7	-	-	-	5	-	-	-	-	-	-	7	-	-	20
Licensed day hospital	1	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	3
Welfare service	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Unknown organisation	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Total	581	124	4	97	21	26	90	29	34	0	38	74	25	0	231	7	0	800

<sup>\*</sup> The figures reported in this column are a count of the number of health service organisations identified in complaints during the reporting period. A single complaint may identify more than one health practitioner and/or health service organisation. In circumstances where a health service organisation is identified in relation to multiple complaints, the health service organisation would be counted per complaint. For example, a health service organisation identified in three complaints would be counted three times in this column.

<sup>\*\*</sup> This data is a count of the number of issues identified within the reporting period. A complaint may also identify more than one issue per health service organisation.

## **Assessment**

## **Assessments started and completed**

Assessments this month	Number
Assessments started	145
Assessments completed	138

### **Completed assessment timeframes**

Of the 138 assessments finalised in September, 130 were completed within 30 days or 60 days with an approved extension, representing a finalisation rate within statutory timeframes of 94.20 per cent.

Of the 43 assessments completed within 60 days, all were approved for extension.

Assessment timeframes	Number	Percentage
Completed within 30 days	74	53.62
Completed within 60 days*	56	40.58
Completed in more than 60 days	8	5.80
Total	138	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	0	0.00
Conciliation	8	5.56
Investigation	9	6.25
Referred to Ahpra and the national boards	16	11.11
Referral to another entity	13	9.03
No further action	98	68.06
Total	144	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.

## **Local resolution**

#### Local resolutions started and completed

Local resolutions this month	Number
Local resolutions started	103
Local resolutions completed	136

### **Completed local resolutions**

#### **Timeframes**

Of the 136 local resolutions finalised in September, 132 were completed within 30 days or 60 days with an approved extension, representing a finalisation rate within statutory timeframes of 97.06 per cent.

Local resolution timeframes	Number	Percentage
Completed within 30 days	112	82.35
Completed within 60 days*	22	16.18
Completed in more than 60 days	2	1.47
Total	136	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. An extension may be granted in cases where either; an outcome could not be reached due to the time taken to obtain information under notice, or where resolution was not achieved in 30 days and there is a reasonable belief resolution may be achieved with an extension of time. In considering a request for extension, consideration must also be given to the actual management of the case; for example, in cases where the management of the case was delayed due to factors such as the Christmas closure period, an extension may not be approved.

#### **Outcomes**

Local resolution outcomes	Number	Percentage
Resolved	116	85.29
Not resolved	6	4.41
Complaint withdrawn*	9	6.62
Local resolution did not commence**	5	3.68
Total	136	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	0.00
Conciliation	0	0.00
Investigation	0	0.00
Referral to Ahpra and the national boards	1	16.67
Referral to another entity	0	0.00
No further action	5	83.33
Total	6	100.00

<sup>\*\*</sup>A local resolution may not commence where the complaint is resolved directly with the health care provider prior to the commencement of the process.

## Conciliation

#### Conciliations started and closed

Conciliations this month	Number
Conciliations open at the start of the month	44
Conciliations started	7
Conciliations closed	7

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
Parties agreed to conciliation	4
Party/ies did not agree to conciliation	1
Decision pending at end of month	12

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	0	0.00
6–9 months	2	33.33
9–12 months	2	33.33
More than 12 months	2	33.33
Total	6	100.00

The data above relates to matters where parties initially 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 16—as they only relate to matters where parties initially agreed to participate.

#### **Outcomes**

Conciliation outcomes	Number	Percentage
Successful	0	0.00
Not successful	0	0.00
Ended by Health Ombudsman	1	16.67
Parties withdrew prior to conciliation conference*	5	83.33
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 some instances, the Health Ombudsman may end a conciliation or parties involved may withdraw from the process prior to conciliation occurring. 'Completed conciliations'—in the table on page 16—in that they only relate to matters where parties agreed to participate in conciliation.

\*Improvements to the office's systems and processes have enabled the inclusion of this outcome in September 2020.

Previously matters where parties initially agreed to participate in conciliation, and subsequently withdrew from the process were reported as Not successful.

#### Decisions for conciliations that were not successful

Type of relevant action	Number	Percentage
Local resolution	0	0.00
Investigation	0	0.00
Referral to Ahpra and the national boards	0	0.00
Referral to another entity	0	0.00
No further action	0	0.00
Total	0	0.00

#### **Open conciliation timeframes**

Open conciliation timeframes	Number	Percentage
Less than 3 months	22	50.00
3–6 months	10	22.73
6–9 months	3	6.82
9–12 months	4	9.09
More than 12 months	5	11.36
Total	44	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. To allow for continued transparency in the timeliness of conciliation processes, open conciliation timeframes include the time in which a matter was on hold whilst another process was finalised.

There are 10 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, 1 that has been open for 3–6 months, 1 that have been open for 9–12 months, and 3 that have been open for more than 12 months.

To allow for continued transparency in the timeliness of conciliation processes, open conciliation timeframes include the time in which a matter was on hold whilst another process was finalised.

# Investigation

## Investigations started and closed

Investigations this month	Number
Investigations open at the beginning of the month	143
Investigations started	13
Investigations closed	15
Investigations amalgamated under s40(2)*	0
Investigations separated under s40(2)**	0

<sup>\*</sup> Matters that involve similar allegations against a health service provider may be combined and dealt with together under section 40(2) of the Act.

## **Closed investigations**

#### **Timeframes**

Of the 15 investigations, 73.33 per cent were closed within twelve months of commencement.

Closed investigation timeframes	Number	Percentage
Less than 3 months	2	13.33
3–6 months	2	13.33
6–9 months	3	20.00
9–12 months	4	26.67
12–24 months	3	20.00
More than 2 years	1	6.67
Total	15	100.00

<sup>\*\*</sup>The office may decide to separate an investigation in cases where, as the investigation progresses, it becomes apparent that the matter is not suitable to be dealt with together under s40(2) of the Act.

## **Investigation outcomes**

Outcome	Number	Percentage
Recommended for referral to Director of Proceedings*	8	29.63
Recommended that the Health Ombudsman issue a Permanent Prohibition Order	5	18.52
Referred to Ahpra	7	25.93
Referred to another agency	4	14.81
No further action	3	11.11
Conciliation	0	0.00
Total	27	100.00

Total investigation outcomes may not equal the total number of investigations completed (in previous tables) as a single investigation may result in multiple outcomes. In certain circumstances it may also be appropriate for the office to take action prior to the investigation being completed. For example, a matter of criminal conduct identified in the course of an investigation being referred to the Queensland Police Service.

\*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 investigations**

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

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

#### **Active investigation timeframes**

Active investigation timeframes	Number	Percentage
Less than 3 months	30	29.13
3–6 months	17	16.50
6–9 months	11	10.68
9–12 months	11	10.68
12-24 months*	29	28.16
More than 2 years*	5	4.85
Total	103	100.00

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

### Paused investigation timeframes

Paused investigation timeframes	Number	Percentage
Less than 3 months	4	10.53
3–6 months	4	10.53
6–9 months	10	26.32
9–12 months	1	2.63
12–24 months	13	34.21
More than 2 years	6	15.79
Total	38	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*). As a result, investigation of these matters will be put on pause until the external agency finalises its processes.

# **Total open investigation timeframes**

Total open investigation timeframes	Number	Percentage
Less than 3 months	34	24.11
3–6 months	21	14.89
6–9 months	21	14.89
9–12 months	12	8.51
12–24 months	42	29.79
More than 2 years	11	7.80
Total	141	100.00

# **Total open investigation categories**

Type of investigation	Number
Health service complaint	90
Systemic issue	1
Ministerial directed investigation	0
Another matter	47
s105 matters	3
Total	141

# **Monitoring investigation recommendations**

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, the OHO puts in place a recommendation monitoring program to track the implementation of the recommendations.

## **OHO recommendations monitoring**

Cases this month	Number
Cases open at the beginning of the month	3
Recommendations monitoring cases started	0
Recommendations monitoring cases closed	1

## **Open recommendations monitoring timeframes**

Open case timeframes	Number	Percentage
Less than 6 months	2	100.00
6–12 months	0	0.00
More than 12 months	0	0.00
Total	2	100.00

# **Director of Proceedings**

## Matters referred to the Director of Proceedings by practitioner type

Practitioner type	Number	Percentage
Dental practitioner	2	25.00
Medical practitioner	1	12.50
Paramedic	1	12.50
Psychologist	1	12.50
Registered nurse	3	37.50
Total	8	100.00

# Matters currently with the Director of Proceedings by practitioner type

Practitioner type	Number	Percentage
Chinese medicine practitioner	1	2.56
Dental practitioner	1	2.56
Medical practitioner	27	69.23
Paramedic	1	2.56
Pharmacist	1	2.56
Psychologist	2	5.13
Registered nurse	6	15.38
Total	39	100.00

## **Outcomes of matters reviewed by Director of Proceedings**

#### **Matters filed in in the Queensland Civil and Administrative Tribunal**

Practitioner type	Number	Percentage
Medical practitioner	2	33.33
Pharmacist	1	16.67
Registered nurse	3	50.00

tal	6	100.00
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### **Matters to be referred back to the Health Ombudsman**

Total	2	100.00
Medical practitioner	2	100.00
Practitioner type	Number	Percentage

## **Immediate action**

The *Health Ombudsman Act 2013* allows for immediate action to be taken against a registered or unregistered health practitioner if the Health Ombudsman reasonably believes the practitioner poses a serious risk to the health and safety of the public, or it is otherwise in the public interest.

#### **Show cause notices**

In September 2020, ten show cause notices were issued to:

- four registered nurses
- one medical practitioner
- one physiotherapist
- one enrolled nurse
- one counsellor
- two massage therapists

As outlined in the Act, 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*	
			Public Interest	Serious Risk
Registered nurse	2	Conditions		✓
Enrolled nurse	1	Conditions		✓
Medical practitioner	1	Conditions		✓
Medical practitioner	1	Suspension	✓	✓
Registered nurse	1	Suspension		✓

## Interim prohibition orders

Practitioner type	Number	Action taken	Reasons/s for taking action	
			Public Interest	Serious Risk
Registered nurse	1	Restrictions		✓
Massage therapist	1	Prohibition		✓
Massage therapist	1	Prohibition	✓	✓

<sup>\*</sup>From July 2019 the reason/s for taking action included in this table have been updated to more accurately reflect the immediate action process. 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 details for current prohibition orders can be found on the OHO website (www.oho.qld.gov.au) on the prohibition order register.		
Office of the Health Orghudemen		

# Monitoring practitioner compliance

When the Health Ombudsman takes immediate action against a health practitioner, the office monitors 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	144
Practitioner monitoring cases started	10
Practitioner monitoring cases closed	1

### **Open monitoring cases**

#### **Timeframes**

Open case timeframes	Number	Percentage
Less than 6 months	45	29.41
6–12 months	28	18.30
More than 12 months	80	52.29
Total	153	100.00

#### **Immediate action types**

Open cases by immediate action type	Number	Percentage
Interim prohibition order – restrictions	20	13.07
Interim prohibition order – prohibited	37	24.18
Immediate registration action - conditions	49	32.03
Immediate registration action - suspension	25	16.34
QCAT disciplinary decision	18	11.76

Open cases by immediate action type	Number	Percentage
QCAT interim decision	1	0.65
Permanent prohibition order	3	1.96
Total	153	100.00

## Registered practitioners being monitored by practitioner type

Open cases by practitioner type	Number	Percentage
Aboriginal and Torres Strait Islander health worker	0	00.00
Chinese medicine practitioner	3	3.85
Chiropractor	0	0.00
Dental practitioner	3	3.85
Medical practitioner	36	46.15
Medical radiation practitioner	0	0.00
Nursing and midwifery practitioner	27	34.62
Occupational therapist	0	0.00
Optometrist	0	0.00
Osteopath	1	1.28
Paramedic	2	2.56
Pharmacist	0	0.00
Physiotherapist	4	5.13
Podiatrist	0	0.00
Psychologist	2	2.56
Total	78	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 being monitored by type

Open cases by practitioner type	Number	Percentage
Aboriginal and Torres strait islander health worker	1	1.47
Aged care health worker	6	8.82
Assistant in nursing	7	10.29
Cosmetic therapist	1	1.47
Counsellor	2	2.94
Disability support worker	2	2.94
Former registered health practitioner	12	17.65
Health educator	1	1.47
Health support worker	1	1.47
Holding out*	4	5.88
Kinesiologist	2	2.94
Massage therapist	18	26.47
Medical assistant	2	2.94
Natural therapist	1	1.47
Naturopath	1	1.47
Personal carer	1	1.47
Social worker	1	1.47
Student practitioner	1	1.47
Unregistered paramedic**	4	5.88
Total	68	100.00

<sup>\*</sup>The titles of certain registered health professions are protected under the National Law. Anyone who uses a protected title (e.g. doctor), without being registered for that profession, are classified as 'holding out'.

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>In November 2018 paramedicine became a regulated profession under the National Registration and Accreditation Scheme. The practitioners listed in this table were working as paramedics prior to the regulation of the profession and are therefore listed as unregistered.

# **Australian Health Practitioner Regulation Agency**

#### **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 Act, 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.

Consultation matters	Number
Matters consulted on*	250
Matters referred	240
Matters retained by the office**	5
Decision pending	24

<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.

#### Relevant action proposing referral

Relevant action	Number	Percentage
Intake and triage	195	78.00
Assessment	38	15.20
Conciliation	0	0.00
Local resolution	2	0.80
Internal review	0	0.00
Investigations	12	4.80
Director of Proceedings	3	1.20
Total	250	100.00

<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.

#### 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 for 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	31–60 days	More than 60 days
Intake and triage	188	2	4	0	1
Assessment	1	1	13	16	7
Local resolution	0	0	1	1	0
Conciliation	0	0	0	0	0
Internal review	0	0	0	0	0
Investigation	0	0	0	0	12
Director of Proceedings	0	0	0	0	3
Total	189	3	18	17	23

<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	212	84.80
4–7 days	36	14.40
8–11 days	1	0.40
More than 12 days	1	0.40
Total	250	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	0.42
Chiropractor	4	1.67
Dental practitioner	29	12.08
Medical practitioner	130	54.17
Medical radiation practitioner	1	0.42
Nursing and midwifery practitioner	48	20.00
Occupational therapist	2	0.83
Optometrist	1	0.42
Osteopath	1	0.42
Paramedic	2	0.83
Pharmacist	1	0.42
Physiotherapist	4	1.67
Podiatrist	0	0.00
Psychologist	14	5.83
Student practitioner	2	0.83
Total	240	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
Chiropractor	-	-	-	-	1	-	-	-	-	2	2	1	-	6
Dental practitioner	-	1	3	-	-	1	-	-	2	3	-	33	-	43
Medical practitioner	2	16	5	2	1	4	-	3	24	20	7	97	8	189
Medical radiation practitioner	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Nursing and midwifery practitioner	-	2	-	-	3	-	-	-	2	33	12	9	-	61
Occupational therapist	-	-	-	-	-	-	-	-	-	1	-	1	-	2
Optometrist	-	1	-	-	-	-	-	-	-	-	-	2	-	3
Osteopath	-	-	1	-	-	-	1	-	-	-	-	-	-	2
Paramedic	-	1	-	-	-	-	-	-	-	1	-	-	-	2
Pharmacist	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Physiotherapist	-	-	-	-	-	1	-	-	-	3	-	2	-	7
Podiatrist	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Psychologist	1	2	-	-	1	-	-	1	-	3	4	7	2	21
Student practitioner	-	-	-	-	-	-	-	-	-	2	-	-	-	2
Total	3	23	9	2	6	6	1	4	29	70	25	152	10	341

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 of healthcare consumers**

## **Gender of healthcare consumers**

Gender	Number	Percentage
Female	382	50.20
Male	339	44.55
Prefer not to specify	23	3.02
Unknown*	17	2.23
Total	761	100.00

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

## Age of healthcare consumers

Age	Number	Percentage
Less than 18 years	51	6.70
18–24 years	39	5.12
25–34 years	124	16.29
35–44 years	151	19.84
45–54 years	116	15.24
55–64 years	86	11.30
65–74 years	63	8.28
More than 75 years	52	6.83
Unknown*	79	10.38
Total	761	100.00

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

## **Location of healthcare consumers**

Location of healthcare consumers	Number	Percentage
Brisbane	302	39.68
Central West	0	0.00
Darling Downs	37	4.86
Far North	29	3.81
Fitzroy	35	4.60
Gold Coast	78	10.25
Mackay	18	2.37
North West	4	0.53
Northern	32	4.20
South West	3	0.39
Sunshine Coast	43	5.65
West Moreton	20	2.63
Wide Bay-Burnett	45	5.91
Outside Queensland	21	2.76
Unknown*	94	12.35
Total	761	100.00

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

# **Location of health service providers**

Location of health service providers	Number	Percentage
Brisbane	438	48.40
Central West	0	0.00
Darling Downs	37	4.09
Far North	43	4.75
Fitzroy	43	4.75
Gold Coast	89	9.83
Mackay	17	1.88
North West	5	0.55
Northern	39	4.31
South West	2	0.22
Sunshine Coast	41	4.53
West Moreton	19	2.10
Wide Bay-Burnett	57	6.30
Outside Queensland*	5	0.55
Unknown**	70	7.73
Total	905	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.

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

