# Quarterly performance report

Quarter two 2015-16



#### Quarterly performance report—Quarter two 2015–16

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### Introduction

This document contains our performance data for the second quarter of the 2015–16 financial year (Q2).

Over time, our quarterly data (along with our monthly performance reports) will identify trends which will inform our work in promoting improved health service delivery by health service providers and identifying systemic issues.

The Office of the Health Ombudsman (OHO) is committed to meeting timeframes, delivering high quality services and, as we continue to monitor our performance data, looking for areas of improvement, innovation and greater efficiency. In the period under review, increasing improvements in decision making timeframes and completed assessment timeframes can be attributed to new processes and procedures that were introduced in the previous quarter.

It is also important to note that our quarterly performance reporting highlights our commitment to transparency and accountability, and our desire to ensure Queenslanders have confidence in the management of health service complaints.

The OHO commenced operation on 1 July 2014 as Queensland's health service complaints management agency. On commencement, the OHO not only started receiving enquiries and health service complaints, but assumed responsibility for 289 matters previously managed by the Health Quality and Complaints Commission (HQCC). All matters transitioned from the HQCC were entered in the OHO's health service complaints management system and are integrated within this data.

In addition, during August 2014, the OHO began reviewing current Australian Health Practitioner Agency (AHPRA) matters to determine those that are most appropriately dealt with by the OHO, and those that will continue to be dealt with by AHPRA. This is in conjunction with the notification of new serious matters by AHPRA to the OHO for determination and action, as appropriate.

Data in this report is correct as at 2 February 2016. Figures within this report may differ from respective aggregate monthly totals published in previous reports due to necessary adjustments and alterations being made to historical data following the publication of previous reports.

### Office contacts

#### **Number of contacts**

Type of contact	Oct	ober	Nove	mber	Decei	mber	Q2 total		
	Number	%	Number	%	Number	%	Number	%	
Complaint	305	41.05	377	47.90	358	62.59	1192	55.62	
Enquiry	411	55.32	321	40.79	199	34.79	942	43.96	
Yet to be classified	27	3.63	89	11.31	15	2.62	9	0.42	
Total	743	100.00	787	100.00	572	100.00	2143	100.00	

The total for the quarter differs from the total monthly figures due to matters 'yet to be classified' being classified as either a complaint or enquiry during the reporting period. Similarly, contacts that are 'yet to be classified' at the time of running this report will be counted as complaints or enquiries in future reporting.

Matters that are 'yet to be classified' are contacts in which not enough information was provided in the first instance to allow for a determination, and additional information is being sought. They can also be 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.

#### **Type of complaints**

Type of complaints	Octo	ober	Nove	mber	Decer	mber	Q2 total		
	Number	%	Number	%	Number	%	Number	%	
Health consumer	225	73.77	275	72.94	269	75.14	896	75.17	
Mandatory notification	46	15.08	64	16.99	61	17.04	186	15.60	
Voluntary notification	16	5.25	10	2.65	14	3.91	47	3.94	
Self-notification	6	2.07	10	2.65	4	1.12	21	1.76	
Referral	12	3.93	18	4.77	10	2.79	42	3.52	
Total	305	100.00	377	100.00	358	100.00	1192	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.

The total for the quarter differs from the total monthly figures due to matters 'yet to be classified' being classified as either a complaint or enquiry during the reporting period. Similarly, contacts that are 'yet to be classified' at the time of running this report will be counted as complaints or enquiries in future reporting.

#### **Decisions**

#### Number of decisions made

Number of decisions made	October		Nover	mber	Decer	mber	Q2 total		
	Number	%	Number	%	Number	%	Number	%	
Accepted	255	65.90	231	65.07	346	71.93	832	76.05	
Not accepted	66	17.05	46	12.96	45	9.36	157	18.28	
Decision pending	66	17.05	78	21.97	90	18.71	90	5.67	
Total	387 100.00		355	100.00	481	100.00	1094	100.00	

The total for the quarter differs from the total monthly figures due to 'decision pending' matters being either accepted, not accepted or 'closed—no further action' during the reporting period. Similarly, matters that are 'decision pending' at the time of running this report will be counted as accepted or not accepted in future reporting.

'Closed—no further action' relates to matters deemed to be out of jurisdiction for the OHO and are not included in our reporting data. '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**

As noted in the Q1 performance report, the high volume of contacts impacted on the office's ability to process matters within the seven calendar day timeframe. Steps were taken towards the end of 2014–15 to recruit additional staff, in conjunction with the continued review and improvement of business systems and processes. The effect of these additional resources was felt towards the end of Q1 and into Q2, with improved timeliness in decision-making.

November and December saw high levels of complaint contacts, with November being the highest ever received by the OHO. This, coupled with staff movement and the office closing from 25 December until 4 January, impacted on timeframes. It is anticipated that the flow-on effects will also be seen in January's figures. As new staff receive training and increase their capability and the impact of the holiday closure moves through the system, it is expected that levels will again improve.

Decision made	October		Nover	mber	Decer	mber	Q2 total		
	Number	%	Number	%	Number	%	Number	%	
Yes	207	64.49	124	44.77	187	47.82	518	52.38	
No	114	35.51	153	55.23	204	52.17	471	47.62	
Total	321	100.00	277	100.00	391	100.00	989	100.00	

## Health service complaints profile

## Main issues raised in complaints

Issue	Octo	ober	Nove	mber	Dece	mber	Q2 t	total
	Number	%	Number	%	Number	%	Number	%
Access	3	0.82	4	0.81	2	0.70	9	0.78
Code of conduct for healthcare workers	0	0.00	1	0.20	0	0.00	1	0.09
Communication/information	39	10.63	62	12.53	36	12.68	138	12.01
Consent	18	4.9	14	2.83	4	1.41	36	3.13
Discharge/transfer arrangements	10	2.72	10	2.02	5	1.76	25	2.18
Environment/management of facilities	9	2.45	11	2.22	7	2.46	28	2.44
Fees/cost	7	1.91	4	0.81	3	1.06	14	1.22
Grievance processes	6	1.63	10	2.02	4	1.41	20	1.74
Medical records	10	2.72	15	3.03	8	2.82	33	2.87
Medication	15	4.09	35	7.07	18	6.34	68	5.92
Professional conduct	32	8.72	61	12.32	33	11.62	126	10.97
Professional health	3	0.82	25	5.05	7	2.46	35	3.05
Professional performance	213	58.04	241	48.69	155	54.58	610	53.09
Reports/certificates	2	0.54	2	0.40	2	0.70	6	0.52
Treatment	0	0.00	0	0.00	0	0.00	0	0.00
Total	367	100.00	495	100.00	284	100.00	1149	100.00

These figures are based on complaints that completed the assessment process during the quarter. Basing figures on completed assessments produces accurate reporting of the type(s) of issues identified, as all relevant details of a matter have been identified at the time an assessment is completed. Please note, there can be multiple issues identified within a single complaint.

## 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	-	-	-	-	-	-	-	-	2	-	-	-	-	3
Chinese medicine	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	2
Chiropractor	-	-	1	1	-	-	-	-	1	1	-	1	-	1	-	-	6
Dentistry	1	-	3	3	-	4	-	3	2	4	-	4	-	38	-	-	62
Emergency care	-	-	5	1	1	-	-	-	-	1	2	2	-	13	-	-	25
General medical	2	-	27	7	1	2	-	1	-	8	28	27	7	142	3	-	255
Medical radiation	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	2
Medical specialty	-	1	11	5	1	-	-	1	1	3	6	12	1	64	-	-	106
Nursing	1	-	3	3	-	1	-	-	-	2	2	21	16	9	-	-	58
Occupational therapy	-	-	-	-	-	-	-	=	-	-	-	-	-	2	1	-	3
Optometry	-	-	-	-	-	-	-	-	-	-	-	2	-	3	-	-	5
Osteopathy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	6	1	-	-	-	-	-	1	1	16	8	15	-	-	48
Pathology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pharmacy	-	-	2	-	-	-	-	-	-	1	10	8	2	-	-	-	23
Physiotherapy	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	3
Podiatry	-	-	-	-	-	-	-	1	1	-	-	2	-	1	-	-	5
Psychology	-	-	2	1	-	-	-	1	1	2	-	11	1	5	-	-	24
Speech pathology	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	2
Surgical	-	-	16	5	3	-	-	3	-	3	2	4	-	97	-	-	133
Not yet known	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	2
Total	4	1	78	28	6	7	-	10	6	27	51	116	35	394	4	-	767

These figures are based on complaints that completed the assessment process during the quarter. Basing figures on completed assessments produces accurate reporting of the type(s) of issues identified, as all relevant details of a matter have been identified at the time an assessment is completed. Please note, there can be multiple issues identified within a single complaint.

### Number and type of complaints by health service organisation

Organisation type	Access	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
Aged care facility	-	4	1	-	1	-	-	-	-	2	-	-	6	1	-	15
Allied health service	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Ambulance service	-	1	-	-	-	-	-	1	-	-	-	-	1	-	-	3
Community health service	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Correctional facility	-	1	-	-	-	-	-	-	-	2	-	-	2	-	-	5
Dental service	-	-	-	-	1	-	-	1	-	1	-	-	1	-	-	4
Health service district	1	-	-	2	-	-	-	1	-	-	-	-	3	-	-	7
Laboratory service	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	2
Licensed day hospital	-	1	-	-	-	-	1	-	-	-	-	-	1	-	-	3
Licensed private hospital	-	6	-	1	9	-	1	2	-	2	-	-	34	-	-	55
Medical centre	1	2	-	-	2	-	-	2	1	-	1	-	1	1	-	11
Mental health service	-	5	1	-	2	-	-	1	1	2	2	-	10	-	-	24
Nursing service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other government department	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other support service	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Pharmaceutical service	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Public health service	-	-	1	-	-	-	-	-	-	-	-	-	5	-	-	6
Public hospital	3	33	5	16	6	-	-	5	3	8	6	-	146	-	-	231
Residential care service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Specialised health service	-	3	-	-	-	-	2	-	-	-	-	-	5	-	-	10
Total	5	60	8	19	21	-	4	14	6	17	10	-	216	2	-	382

These figures are based on complaints that completed the assessment process during the quarter. Basing figures on completed assessments produces accurate reporting of the type(s) of issues identified, as all relevant details of a matter have been identified at the time an assessment is completed. Please note, there can be multiple issues identified within a single complaint.

#### **Assessment**

#### **Assessments started and completed**

Assessments this quarter	October	November	December	Q2 total
Assessments started	143	152	178	473
Assessments completed	169	262	148	579

#### **Completed assessment timeframes**

Q2 saw a strong increase in the number of assessments started and completed compared with the previous quarter's results. This includes:

- 473 assessments started in Q2—up by 413 compared with Q1
- 579 assessments completed in Q2—up by 400 compared with Q1.

Strong results have also been seen in timeframes with the percentage of assessments completed within 30 days more than doubling the Q1 result.

These improvements have been the result of the appointment of new staff and the implementation of system and process improvements. This is despite the average number of assessments started remaining consistently high, including December seeing the highest number of assessments started in 12 months.

Assessment timeframe	October		Nover	mber	Decer	mber	Q2 total		
	Number	%	Number	%	Number	%	Number	%	
Within 30 days	36	21.30	114	43.51	57	38.51	207	35.75	
Within 60 days	30	17.75	37	14.12	19	12.84	86**	14.85	
Greater than 60 days	103	60.95	111	42.37	72	48.65	286	49.40	
Total	169	100.00	262	100.00	148	100.00	579	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.

<sup>\*\*25</sup> of these were matters that were approved for extension.

<sup>\*\*286</sup> matters were completed in more than 60 days due to high levels of assessment matters, the complexity of certain matters, and delays in receiving information from parties and in sourcing the necessary independent clinical advice required to appropriately assess the matters.

#### **Assessment decisions**

Type of relevant action	October		Nover	nber	Decer	mber	Q2 total	
	Number	%	Number	%	Number	%	Number	%
Local resolution	13	7.47	10	3.69	5	3.31	28	4.70
Conciliation	11	6.32	4	1.48	9	5.96	24	4.03
Investigation	7	4.02	10	3.69	11	7.28	28	4.70
Referred to AHPRA and the national boards	91	52.30	170	62.73	78	51.66	339	56.88
Referral to another entity	13	7.47	5	1.85	5	3.31	23	3.86
Immediate registration action*	0	0.00	0	0.00	0	0.00	0	0.00
Interim prohibition order*	0	0.00	0	0.00	0	0.00	0	0.00
No further action	39	22.41	72	26.57	43	28.48	154	25.84
Total	174	100.00	271	100.00	151	100.00	596	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 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 actions decisions being made outside of the assessment process.

## **Local resolution**

#### Local resolutions started and completed

Local resolutions this quarter	October	November	December	Q2 total
Local resolutions started	91	92	100	283
Local resolutions completed	124	81	110	315

The number of local resolutions started in the quarter 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**

A high percentage of local resolutions were completed within 30 days during the September to December 2015 reporting period following the streamlining of referral processes to local resolution early in 2015.

Of the 32 local resolution matters completed within 60 days, 24 were eligible for and received an approved extension. The remaining matters completed within 60 days were finalised without an extension due to the volume of complaints moving into local resolution during a period of reduced resource availability and the availability of parties to negotiate resolution.

Five matters were completed in more than 60 days due to delays in sourcing and obtaining independent clinical advice.

Local resolution timeframes	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Within 30 days	112	90.33	68	82.93	98	89.09	278	88.25
Within 60 days*	10	8.06	13	17.07	9	8.18	32	10.16
Greater than 60 days**	2	1.61	0	0.00	3	2.73	5	1.59
Total	124	100.00	81	100.00	110	100.00	315	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.

#### **Local resolution outcomes**

Local resolution outcomes	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Resolution reached	117	94.35	76	93.83	88	80.00	281	89.20
No resolution reached	6	4.84	4	4.94	15	13.64	25	7.94
Complaint withdrawn*	1	0.81	1	1.23	7	6.36	9	2.86
Total	124	100.00	81	100.00	110	100.00	315	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	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Conciliation	0	0.00	0	0.00	2	13.33	2	8.00
Investigation	0	0.00	0	0.00	0	0.00	0	0.00
Referred to AHPRA and the national boards	1	16.67	1	25.00	2	13.33	4	16.00
Referral to another entity	0	0.00	0	0.00	0	0.00	0	0.00
Immediate action	0	0.00	0	0.00	0	0.00	0	0.00
No further action	5	83.33	3	75.00	11	73.34	19	76.00
Total	6	100.00	4	100.00	15	100.00	25	100.00

#### Conciliation

#### Conciliations started and closed

Conciliations this quarter	October	November	December	Q2 total
Conciliations started	13	6	9	28
Conciliations closed	4	17	10	31

The number of conciliations started in the reporting period may not directly match the number of assessment decisions to undertake conciliation 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	October	November	December	Q2 total
Party/ies agreed to participate	3	2	5	10
Party/ies did not agree to participate	1	4	4	9
Decisions pending at close of quarter	8	12	14	14

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	October		Nove	November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%	
0–3 months	2	66.67	3	23.08	2	33.33	7	31.82	
3–6 months	1	33.33	7	53.84	4	66.67	12	54.55	
6–9 months	0	0.00	3	23.08	0	0.00	3	13.63	
9–12 months	0	0.00	0	0.00	0	0.00	0	0.00	
12+ months	0	0.00	0	0.00	0	0.00	0	0.00	
Total	3	100.00	13	100.00	6	100.00	22	100.00	

#### **Completed conciliation outcomes**

Conciliation outcomes	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Successful	3	100.00	9	69.23	5	83.33	17	77.27
Not successful	0	0.00	4	30.77	1	16.67	5	22.73
Ended early	0	0.00	0	0.00	0	0.00	0	0.00
Total	3	100.00	13	100.00	6	100.00	22	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	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Local resolution	0	0.00	0	0.00	0	0.00	0	0.00
Investigation	0	0.00	0	0.00	0	0.00	0	0.00
Referred to AHPRA and the national boards	0	0.00	0	0.00	0	0.00	0	0.00
Referral to another entity	0	0.00	0	0.00	0	0.00	0	0.00
Immediate action	0	0.00	0	0.00	0	0.00	0	0.00
No further action	1	100.00	4	100.00	1	100.00	6	100.00
Total	1	100.00	4	100.00	1	100.00	6	100.00

## **Open conciliation timeframes**

Conciliations open	October		Nover	mber	December		
	Number	%	Number	%	Number	%	
0–3 months	31	70.45	25	75.76	23	71.88	
3–6 months	9	20.45	6	18.18	6	18.75	
6–9 months	3	6.82	1	3.03	1	3.13	
9–12 months	0	0.00	0	0.00	1	3.13	
12+ months	1	2.28	1	3.03	1	3.13	
Total	44	100.00	33	100.00	32	100.00	

## Investigation

## Investigations started and closed

Investigations this quarter	October	November	December	Q2 total
Investigations started	13	14	30	57
Investigations closed	4	27	4	35

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 as a result of investigations being started via other processes (e.g. own-motion investigation).

#### **Closed investigation timeframes**

Investigations closed	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
0–3 months	0	0.00	3	11.11	2	50.00	5	14.29
3–6 months	1	25.00	7	25.93	0	0.00	8	22.86
6–9 months	1	25.00	5	19.22	1	25.00	7	20.00
9–12 months	1	25.00	5	18.52	0	0.00	6	17.14
12+ months	1	25.00	7	26.93	1	25.00	9	25.71
Total	4	100.00	27	100.00	4	100.00	35	100.00

### **Closed investigation outcome**

Closed investigation outcome	October	November	December	Q2 total
Referred to Director of Proceedings	0	2	1	3
Report	0	2	0	2
Referred to AHPRA	2	16	1	19
Referred to another agency	0	1	0	1
No further action	2	6	2	10

## **Open investigation categories**

Investigation category	October	November	December
Health service complaint	229	214	237
Systemic issue	0	0	8
Another matter*	30	28	38

<sup>\*</sup>Matters brought to the Health Ombudsman's attention by means other than through a health service complaint or notification.

### **Open investigation timeframes**

Investigations open	Octo	ober	Nover	mber	December		
	Number	%	Number	%	Number	%	
0–3 months	32	12.36	29	11.98	49	17.31	
3–6 months	57	22.01	50	20.66	32	11.30	
6–9 months	38	14.67	34	14.05	50	17.67	
9–12 months	40	15.44	34	14.05	36	12.72	
12+ months*	92	35.52	95	39.26	116	41.00	
Total	259	100.00	242	100.00	283	100.00	

<sup>\*</sup>All investigations that have been open for more than 12 months are published on our investigations register, available on our website

#### Immediate action

#### Show cause notices

There were five show cause notices issued during the quarter.

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**

There were three immediate registration actions taken during the quarter:

- A Chinese medicine practitioner was suspended for issues relating to conduct (October).
- The same Chinese medicine practitioner had the suspension lifted and conditions imposed for issues relating to conduct (December).
- A registered nurse had conditions imposed for issues relating to conduct (December).

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

For registered health practitioners, the Health Ombudsman can temporarily suspend or impose conditions on registration, and for unregistered practitioners, temporarily restrict or prohibit a practitioner from providing a particular health service.

#### **Prohibition orders**

The Health Ombudsman issued eight prohibition orders during the quarter. The details can be found on the prohibition order register on the OHO website <a href="www.oho.qld.gov.au">www.oho.qld.gov.au</a>.

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

In addition to the transitional matters above, AHPRA notified the Health Ombudsman of seven serious matters—as prescribed under s193 of the National Law—during the quarter.

Of these matters, the Health Ombudsman:

- requested four be referred to the OHO—s193(2)(a) National Law
- asked the National Board to continue to deal with three matters—s193(2)(b) National Law.

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

Practitioner type	Number
Aboriginal and Torres Strait Islander health	0
Chinese medicine	1
Chiropractic	3
Dental	43
Medical	272
Medical radiation	3
Nursing and midwifery	89
Occupational therapy	2
Optometry	3
Osteopathy	0
Pharmacy	14
Physiotherapy	5
Podiatry	2
Psychology	16
Unregistered practitioner	8
Total	461

## Number of issues referred to AHPRA by practitioner type

Registered practitioner type	Access	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	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Chiropractic	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	3
Dental	-	6	-	-	2	-	4	2	2	-	6	4	53	-	-	79
Medical	1	49	15	9	3	-	1	2	20	37	40	22	292	4	-	495
Medical student	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical radiation	-	-	-	-	-	-	-	-	-	-	1	2	-	-	-	3
Nursing and midwifery	-	2	1	-	-	-	-	-	3	2	38	50	15	1	-	112
Nursing student	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Occupational therapy	-	-	-	-	-	-	-	-	-	-	1	-	2	1	-	4
Optometry	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	3
Osteopathy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pathology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pharmacy	-	1	-	-	-	-	-	-	-	10	3	2	-	-	-	16
Physiotherapy	-	-	-	-	-	-	-	-	1	-	1	1	2	-	-	5
Podiatry	-	-	-	-	-	-	1	1	-	-	3	-	1	-	-	6
Psychology	-	-	-	-	-	-	-	-	-	-	9	1	6	2	-	18
Unregistered practitioner	-	1	-	-	-	-	-	-	-	-	2	4	2	-	-	9
Total	1	59	16	9	5	-	6	5	27	49	107	86	376	8	-	754

## **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	308	59.23
Male	209	40.19
Unknown	3	0.58
Total	520	100.00

#### Age

Age	Number	Percentage
Less than 18	41	7.88
18–24 years	24	4.62
25–34 years	64	12.31
35–44 years	84	16.15
45–54 years	92	17.69
55–64 years	71	13.65
65–74 years	60	11.54
More than 75 years	66	12.69
Unknown*	18	3.46

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

### **Location of healthcare consumers**

Location of healthcare consumers	Number	Percentage
Brisbane	215	41.35
Central West	0	0.00
Darling Downs	19	3.65
Far North	19	3.65
Fitzroy	21	4.04
Gold Coast	72	13.85
Mackay	13	2.50
North West	1	0.19
Northern	28	5.38
South West	2	0.38
Sunshine Coast	54	10.38
West Moreton	14	2.69
Wide Bay–Burnett	26	5.00
Outside Queensland	29	5.58
Unknown	7	1.35

The above data is based on health consumer location.

### Location of health service providers

Location of health service providers	Number	Percentage
Brisbane	283	45.28
Central West	0	0.00
Darling Downs	25	4.00
Far North	38	6.08
Fitzroy	21	3.36
Gold Coast	84	13.44
Mackay	17	2.72
North West	3	0.48
Northern	38	6.08
South West	3	0.48
Sunshine Coast	47	7.52
West Moreton	10	1.60
Wide Bay-Burnett	28	4.48
Outside Queensland*	25	4.00
Unknown	3	0.48

The above data is based on health service provider location.

<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.

