

Quarterly performance report

Quarter two 2017–18



Office of the
**HEALTH
OMBUDSMAN**

Listen. Respond. Resolve.

Quarterly performance report—Quarter two 2017–18

Published by the Office of the Health Ombudsman, March 2018



This document is licensed under a Creative Commons Attribution 3.0 Australia licence. You are free to copy, communicate and adapt the work, as long as you attribute the Office of the Health Ombudsman. To view a copy of this licence, visit creativecommons.org/licenses/by/3.0/au.

© Office of the Health Ombudsman 2017

For more information contact:

Office of the Health Ombudsman, PO Box 13281 George Street, Brisbane Qld 4003, email communications@oho.qld.gov.au.

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

Disclaimer:

The content presented in this publication is distributed by the Office of the Health Ombudsman as an information source only. The Office of the Health Ombudsman makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The Office of the Health Ombudsman disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

Table of contents

Introduction	4
Intake of complaints	5
Type of contacts	5
Type of complaints	5
Complaint decisions	6
Health service complaints profile	8
Main issues raised in complaints	8
Number and type of issues by health practitioner	9
Number and type of issues by health service organisation	10
Assessment	11
Assessments started and completed	11
Completed assessment timeframes	11
Assessment decisions	12
Local resolution	13
Local resolutions started and completed	13
Completed local resolution	13
Decisions for matters that were not resolved	14
Conciliation	15
Conciliations started and closed	15
Agreement to participate in conciliation	15
Completed conciliations	16
Decisions for conciliations that were not successful	17
Open conciliation timeframes	17
Investigation	18
Investigations started and closed	18
Closed investigations	19
Open investigations	21
Monitoring investigation recommendations	24
OHO recommendations monitoring	24
Health service provider recommendations monitoring	24
Open recommendations monitoring case timeframes	24
Director of Proceedings	25
Matters referred to the Director of Proceedings by practitioner type	25
Matters currently with the Director of Proceedings by practitioner type	26
Matters referred to the Queensland Civil and Administrative Tribunal	27
Decisions on matters referred to the Queensland Civil and Administrative Tribunal	28
Decisions on immediate action reviews	28

Offences against the <i>Health Ombudsman Act 2013</i>	28
Immediate action	29
Show cause notices	29
Immediate registration actions	29
Interim prohibition orders	30
Monitoring practitioner compliance	31
Practitioner monitoring cases	31
Open monitoring cases	31
Australian Health Practitioner Regulation Agency	35
Notifications from AHPRA	35
Consultation on matters	35
Number of practitioners referred to AHPRA by practitioner type	38
Number of issues referred to AHPRA by practitioner type	39
Demographics	40
Gender	40
Age	41
Location of healthcare consumers	42
Location of health service providers	43

Introduction

This document reports on the quarter two (Q2) performance of the Office of the Health Ombudsman (OHO) for the 2017–18 financial year.

The OHO is the agency responsible for health service complaints management in Queensland. We are committed to protecting the health and safety of the public by assessing, investigating and resolving complaints made about health services provided in Queensland.

We are impartial and independent, and our vision is to be the cornerstone of a transparent, accountable and fair health complaints management system. As testament to this, our performance reports—which are published monthly, quarterly and yearly—are available to the public on our website www.oho.qld.gov.au.

Data in this report is correct as at 11 January 2018, though figures may differ from those published in previous reports due to subsequent adjustments which occurred after the publication of those reports.

Intake of complaints

Type of contacts

Type of contact	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Complaint	565	60.43	548	57.08	420	64.22	1534	60.11
Enquiry	367	39.25	410	42.71	234	35.78	1018	39.89
Yet to be classified	3	0.32	2	0.21	0	0.00	0	0.00
Total	935	100.00	960	100.00	654	100.00	2552	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.

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 may 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	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Health consumer complaint	470	83.19	464	84.67	353	84.05	1283	83.64
Mandatory notification*	23	4.07	20	3.65	17	4.05	63	4.11
Voluntary notification*	65	11.50	55	10.04	35	8.33	155	10.10
Self-notification*	4	0.71	7	1.28	9	2.14	20	1.30
Referral from another agency	3	0.53	2	0.36	6	1.43	13	0.85
Total	565	100.00	548	100.00	420	100.00	1534	100.00

*Notifications are made by health service providers which do not otherwise meet the definition of a health consumer complaint, as required in the *Health Practitioner Regulation National Law (Queensland)*.

Complaint decisions

Decisions timeframes—within seven days

Decision made	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Yes	387	78.82	448	81.16	482	89.42	1314	82.95
No	104	21.18	104	18.84	57	10.58	270	17.05
Total	491	100.00	552	100.00	539	100.00	1584	100.00

Accepted vs not accepted

Number of decisions made	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Accepted	350	61.08	379	63.17	355	63.06	1084	68.43
Not accepted	141	24.61	173	28.83	184	32.68	500	31.57
Decision pending	82	14.32	48	8.00	24	4.29	0	0.00
Total	573	100.00	600	100.00	563	100.00	1584	100.00

'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* (the Act).

'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.

An additional 87 matters were determined by the office to fall outside the jurisdiction of the Act, and therefore have been excluded from the tables above.

Accepted decision outcomes

Type of relevant action	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Assessment	139	38.29	139	35.64	146	40.00	458	38.88
Local resolution	84	23.14	113	28.97	87	23.84	301	25.55
Conciliation	0	0.00	0	0.00	0	0.00	0	0.00
Investigation	4	1.10	9	2.31	10	2.74	24	2.04
Referred to AHPRA and the national boards	136	37.47	128	32.82	122	33.42	395	33.53
Referred to another entity	0	0.00	1	0.26	0	0.00	0	0.00
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
Total	363	100.00	390	100.00	365	100.00	1178	100.00

Accepted decisions may result in multiple issues and/or practitioners being identified, each requiring its own action. The data in the above 'Accepted decision outcomes' table includes all identified issues/practitioners requiring action that were identified in the accepted complaints (noted in the 'Accepted vs not accepted' table on page 6).

Health service complaints profile

Main issues raised in complaints

Issue	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Access	38	5.22	47	6.18	30	4.42	117	5.15
Code of conduct for healthcare workers	7	0.96	3	0.39	13	1.92	24	1.06
Communication/information	98	13.46	86	11.30	89	13.13	290	12.76
Consent	7	0.96	12	1.58	16	2.36	37	1.63
Discharge/transfer arrangements	13	1.79	26	3.42	5	0.74	48	2.11
Environment/management of facilities	16	2.20	10	1.31	14	2.06	43	1.89
Fees/cost	15	2.06	17	2.23	15	2.21	51	2.24
Grievance processes	14	1.92	19	2.50	11	1.62	43	1.89
<i>Health Ombudsman Act 2013 offence</i>	0	0.00	1	0.13	0	0.00	1	0.04
Medical records	18	2.47	25	3.29	22	3.24	70	3.08
Medication	89	12.23	83	10.91	88	12.98	277	12.19
Professional conduct	85	11.68	104	13.67	76	11.21	273	12.02
Professional health	24	3.30	14	3.15	17	2.51	68	2.99
Professional performance	302	41.48	289	37.98	268	39.53	892	39.26
Reports/certificates	1	0.27	15	1.97	12	1.77	37	1.63
Research/teaching/assessment	0	0.00	0	0.00	1	0.15	1	0.04
Total	728	100.00	761	100.00	678	100.00	2272	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 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	1	4	-	-	-	-	-	-	-	-	1	-	-	-	-	-	6
Chinese medicine	-	-	1	-	-	-	-	-	-	-	-	2	-	4	-	-	7
Chiropractor	-	-	-	-	-	-	-	-	-	-	-	3	1	4	-	-	8
Dentistry	2	-	10	5	-	-	4	1	-	4	1	9	1	79	-	-	116
Emergency care	-	2	2	2	-	-	-	-	-	1	-	4	1	9	-	-	21
General medical	15	2	58	6	4	-	9	1	-	17	67	67	16	169	13	-	444
Medical radiation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Medical specialty	1	-	9	4	-	-	1	-	-	3	4	13	2	45	9	-	91
Nursing	-	-	11	-	1	-	-	1	-	5	15	42	11	31	-	-	117
Occupational therapy	-	-	-	-	-	-	-	-	-	-	-	4	-	4	2	-	10
Optometry	-	-	1	-	-	-	-	-	-	-	-	4	-	1	-	-	6
Osteopathy	1	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	3
Other	-	11	4	1	-	2	-	-	-	2	3	56	27	21	1	-	128
Pathology service	-	-	-	-	-	-	-	-	-	-	-	-	-	5	-	-	5
Pharmacy	1	-	2	-	-	-	-	-	-	1	25	16	4	1	-	-	50
Physiotherapy	-	1	-	-	-	-	-	-	1	1	-	7	1	-	-	-	11
Podiatry	-	-	-	-	-	-	1	-	-	-	-	-	-	2	-	-	3
Psychology	-	-	6	1	-	-	-	-	-	3	2	14	2	9	3	1	41
Speech pathology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Surgical	2	-	5	4	-	-	3	-	-	2	1	4	1	53	-	-	75
Total	23	20	109	23	5	2	18	3	1	39	119	246	67	438	29	1	1143

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

Number and type of issues 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
Aged care facility	-	-	5	-	-	3	-	2	-	1	2	1	-	8	-	-	22
Allied health service	-	-	1	-	-	-	3	-	-	-	-	-	-	4	-	-	8
Ambulance service	-	2	2	1	-	-	1	1	-	-	-	-	-	2	-	-	9
Community health service	4	-	3	-	-	-	-	-	-	2	3	1	-	3	-	-	16
Correctional facility	41	-	11	2	-	2	-	-	-	-	105	-	-	89	1	-	251
Dental service	6	-	7	1	-	1	3	2	-	5	-	2	-	16	-	-	43
Hospital and Health Service	-	-	4	-	1	-	1	-	-	1	-	-	-	8	-	-	15
Laboratory service	-	-	1	-	-	2	2	-	-	-	-	-	-	-	-	-	5
Licensed private hospital	5	-	6	-	4	3	5	4	-	-	3	-	-	22	2	-	54
Medical centre	13	-	27	1	-	5	7	1	-	13	3	3	-	23	3	-	99
Mental health service	4	-	15	2	3	3	-	2	-	2	14	3	-	28	-	-	76
Nursing service	-	-	1	-	-	-	-	-	-	1	-	3	-	-	-	-	5
Other government department	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Other support service	-	-	5	-	-	1	1	-	-	-	2	-	-	7	-	-	16
Pharmaceutical service	-	-	6	-	-	1	5	2	-	-	10	-	-	1	-	-	25
Private organisation	-	1	-	-	-	1	1	-	-	-	-	-	-	2	-	-	5
Public health service	2	-	5	-	2	-	1	1	-	-	-	-	-	7	-	-	18
Public hospital	17	1	79	7	33	18	2	21	-	5	14	11	1	222	1	-	432
Residential care service	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Specialised health service	1	-	2	-	-	1	1	3	-	1	2	3	-	8	1	-	22
Health promotion service	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Licensed day hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Optical store	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	2
Welfare service	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1
Total	94	4	181	14	43	41	33	40	0	31	158	27	1	454	8	0	1129

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 quarter	October	November	December	Q2 total
Assessments started*	162	158	162	482
Assessments completed	153	152	173	484

* In December 2018 improvements were made to the office's case management system to more accurately capture the commencement date of Assessment cases. As such the number of Assessments started in each month, as listed above, may not match previous performance reports.

Completed assessment timeframes

Assessment timeframes	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Within legislative timeframes*	96	62.75	117	76.97	137	79.19	353	72.93
Outside legislative timeframes	57	37.25	35	23.03	36	20.81	131	27.07
Total	153	100.00	152	100.00	173	100.00	484	100.00

*Includes matters completed within 30 days or 60 days with an approved extension.

Assessment decisions

Type of relevant action	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Local resolution	2	1.23	0	0.00	0	0.54	3	0.57
Conciliation	5	3.09	10	5.95	5	2.69	19	3.62
Investigation	6	3.70	6	3.57	13	6.99	25	4.76
Referred to AHPRA and the national boards	24	14.81	27	16.07	17	9.14	67	12.76
Referred to another entity	35	21.60	44	26.19	65	34.95	150	28.57
Immediate registration action*	0	0.00	1	0.60	0	0.00	1	0.19
Interim prohibition order*	0	0.00	0	0.00	0	0.00	0	0.00
No further action	90	55.56	80	47.62	85	45.70	260	49.52
Total	162	100.00	168	100.00	186	100.00	525	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) 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*	90	125	94	309
Local resolutions completed	96	103	117	316

* In December 2018 improvements were made to the office's case management system to more accurately capture the commencement date of Local Resolution cases. As such the number of Local Resolutions started in each month, as listed above, may not match previous performance reports.

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

Local resolution timeframe	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Within legislative timeframes*	93	96.88	100	97.08	111	94.87	304	96.20
Outside legislative timeframes	3	3.13	3	2.91	6	5.13	12	3.80
Total	96	100.00	103	100.00	117	100.00	316	100.00

*Includes matters completed within 30 days or 60 days with an approved extension

Outcomes

Local resolution outcomes	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Resolution reached	80	83.33	76	73.79	93	79.49	249	79.80
No resolution reached	9	9.38	19	18.45	16	13.68	44	13.92
Complaint withdrawn*	5	5.21	4	3.88	8	6.84	17	5.38
Local resolution did not commence**	2	2.08	4	3.88	0	0.00	6	1.90
Total	96	100.00	103	100.00	117	100.00	316	100.00

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

**A local resolution may not commence where the complaint is resolved directly with the health care provider prior to the commencement of the process. Prior to October 2017, these matters were classified as 'Complaint withdrawn'.

Decisions for matters that were not resolved

Type of relevant action	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Assessment	0	0.00	1	5.26	1	6.25	2	4.55
Conciliation	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	1	6.25	1	2.27
Referred 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	9	100.00	18	94.74	14	87.50	41	93.18
Total	9	100.00	19	100.00	16	100.00	44	100.00

Conciliation

Conciliations started and closed

Conciliations this quarter	October	November	December	Q2 total
Conciliations started	4	10	6	20
Conciliations closed	16	16	6	38

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
Parties agreed to participate	9	5	0	14
Party/ies did not agree to participate	9	5	6	20
Decisions pending at close of the period	16	15	18	18

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

Conciliations completed	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Less than 3 months	0	0.00	1	9.09	0	0.00	1	5.56
3–6 months	6	85.71	5	45.45	0	0.00	11	61.11
6–9 months	1	14.29	2	18.18	0	0.00	3	16.67
9–12 months	0	0.00	1	9.09	0	0.00	1	5.56
More than 12 months	0	0.00	2	18.18	0	0.00	2	11.11
Total	7	100.00	11	100.00	0	100.00	18	100.00

Outcomes

Conciliation outcomes	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Successful	6	85.71	10	90.91	0	0.00	16	88.89
Not successful	1	14.29	1	9.09	0	0.00	2	11.11
Ended by the Health Ombudsman	0	0.00	0	0.00	0	0.00	0	00.00
Total	7	100.00	11	100.00	0	0.00	18	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
Referred 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	1	100.00	0	0.00	2	100.00
Total	1	100.00	1	100.00	0	0.00	2	100.00

Open conciliation timeframes

Conciliations open	October		November		December	
	Number	%	Number	%	Number	%
Less than 3 months	20	37.74	23	48.94	15	31.91
3–6 months	14	26.42	9	19.15	12	25.53
6–9 months	8	15.09	7	14.89	9	19.15
9–12 months	4	7.55	3	6.38	5	10.64
More than 12 months	7	13.21	5	10.64	6	12.77
Total	53	100.00	47	100.00	47	100.00

As at 31 December 2017 there were 11 matters on hold until the outcome of another process is finalised (e.g. the process of another agency such as AHPRA). This includes 3 matters that have been open for less than 3 months, 1 that has been open for 3–6 months, 2 that have been open for 6 – 9 months, 1 that has been open for 9–12 months, and 4 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

The Investigations division has recorded significant improvement to performance across the quarter, with the number of finalised investigations increasing by 32 per cent and 118 per cent when compared to Q1 2017–18 and Q4 2016–17 respectively. This is due to a range of process improvements made to key functions including:

- the introduction of a risk assessment and case review framework which has allowed more effective prioritisation of open investigations
- the amalgamation of duplicate investigations (further detailed below)
- matters being amalgamated under a common systemic investigation
- the introduction of temporary support roles, including administrative support and dedicated report writers. The introduction of these roles has streamlined the investigations process, enabling investigators to focus on gathering evidence and other critical duties.

At the start of the quarter, system and process improvements were made allowing multiple investigations into health service providers facing the same allegations that have been reported by multiple sources to be combined and dealt with together under section 40(2) of the *Health Ombudsman Act 2013*. This approach has ensured greater efficiency, transparency and accountability in dealing with health service complaints. Consequently, the number of open investigations reported below has decreased significantly when compared to performance data published prior to October 2017.

To allow for continued transparency in the timeliness of investigation processes, where an investigation involves more than one complaint or matter, timeframes are calculated from the oldest decision to investigate date.

This update is an example of our commitment to continual improvement as we mature as an agency and the importance we place on transparent, robust data.

Investigations started and closed

Investigations this quarter	October	November	December	Q2 total
Investigations started	13	17	31	61
Investigations closed	44	34**	42	120
Investigations amalgamated under section 40(2)	73*	0	0	73

*An additional three investigations were amalgamated under section 40(2) and were subsequently closed, and therefore are not included in the amalgamations listed in the table above.

**One additional investigation was commenced in November as a result of additional issues being identified in the course of another investigation. In order to provide transparency in the timeliness of investigations, this investigation will be counted as opened in the same month as when the original investigation commenced.

Closed investigations

Timeframes

Closed investigation timeframes	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Less than 3 months	2	4.55	4	11.76	15	35.71	21	17.50
3–6 months	2	4.55	7	20.59	0	0.00	9	7.50
6–9 months	3	6.82	3	8.82	3	7.14	9	7.50
9–12 months	7	15.91	6	17.65	3	7.14	16	13.33
12–24 months	19	43.18	3	8.82	7	16.67	29	24.17
More than 24 months	11	25.00	11	32.35	14	33.33	36	30.00
Total	44	100.00	34	100.00	42	100.00	120	100.00

Outcomes

Closed investigation outcomes	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Recommended for referral to Director of Proceedings*	26	56.52	18	51.43	25	58.14	69	55.65
Referred to Executive Director, Legal Services**	0	0.00	0	0.00	0	0.00	0	0.00
Referred to AHPRA	11	23.91	2	5.71	12	27.91	25	20.16
Referred to another agency	2	4.35	0	0.00	1	2.33	3	2.42
No further action	7	15.22	15	42.86	5	11.63	27	21.77
Total	46	100.00	35	100.00	43	100.00	124	100.00

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

**These matters are referred to the Executive Director, Legal Services, 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 being currently investigated, while paused investigations are not able to be investigated until such time as another agency—such as the Queensland Police Service or the 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)*, we calculate timeframes inclusive of any period in which the investigation was open with AHPRA, to provide transparency of the complete length of an investigation.

Active investigation timeframes

Active investigation timeframes	October		November		December	
	Number	%	Number	%	Number	%
Less than 3 months	40	18.43	38	18.45	43	21.83
3–6 months	28	12.90	20	9.71	23	11.68
6–9 months	20	9.22	23	11.17	22	11.17
9–12 months	30	13.82	23	11.17	18	9.14
12–24 months*	63	29.03	37	17.96	62	31.47
More than 24 months*	36	16.59	65	31.55	29	14.72
Total	217	100.00	206	100.00	197	100.00

*All investigations that have been open for more than 12 months are published on our investigations register, available on our website.

Paused investigation timeframes

Paused investigation timeframes	October		November		December	
	Number	%	Number	%	Number	%
Less than 3 months	4	10.81	6	18.75	3	10.00
3–6 months	5	13.51	6	18.75	7	23.33
6–9 months	3	8.11	2	6.25	5	16.67
9–12 months	5	13.51	5	15.63	1	3.33
12–24 months	18	48.65	3	9.38	9	30.00
More than 24 months	2	5.41	10	31.25	5	16.67
Total	37	100.00	32	100.00	30	100.00

Open investigation timeframes

Open investigation timeframes	October		November		December	
	Number	%	Number	%	Number	%
Less than 3 months	44	17.32	44	18.49	46	20.26
3–6 months	33	12.99	26	10.92	30	13.22
6–9 months	23	9.06	25	10.50	27	11.89
9–12 months	35	13.78	28	11.76	19	8.37
12–24 months	81	31.89	40	16.81	71	31.28
More than 24 months	38	14.96	75	31.51	34	14.98
Total	254	100.00	238	100.00	227	100.00

Open investigation categories

Type of investigation	October	November	December
Health service complaint	160	157	151
Systemic issue	26	27	26
Another matter*	66	52	48
Matters identified for further investigation**	2	2	2
Total	254	238	227

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

**Matters referred for further investigation by the Health Ombudsman under section 105 of the Act following referral to Director of Proceedings

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 recurrence of the issues identified in the investigation. 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	October	November	December
Cases open at the beginning of the month	4	4	4
Recommendations monitoring cases started	0	0	0
Recommendations monitoring cases closed	0	0	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	October	November	December
Cases open at the beginning of the month	2	2	2
Recommendations monitoring cases started	0	0	0
Recommendations monitoring cases closed	0	0	0

Open recommendations monitoring case timeframes

Monitoring case timeframes*	October		November		December	
	Number	%	Number	%	Number	%
Less than 6 months	2	33.33	0	0.00	0	0.00
6–12 months	2	33.33	3	50.00	2	33.33
More than 12 months	2	3.33	3	50.00	4	66.67
Total	6	6	6	100.00	6	100.00

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

Director of Proceedings

The role of the Director of Proceedings is to independently assess the merits of an investigation and determine whether the matter is suitable to be run to Queensland Civil and Administrative Tribunal (QCAT) for a determination.

In relation to investigation and prosecution, the Health Ombudsman has established a different approach to that undertaken by AHPRA and the national boards. Where the Director of Proceedings determines that an investigation has produced evidence of issues relating to health, conduct and/or performance that require intervention by QCAT, a comprehensive brief of evidence is prepared and in-house or external lawyers are briefed to represent the Health Ombudsman before QCAT. This model represents the *model-litigant* approach to presenting matters before QCAT that have the potential to have a significant and long-term impact on the livelihoods of practitioners. This is a more efficient and cost-effective approach than what has been used in the Queensland health regulatory system previously.

Matters referred to the Director of Proceedings by practitioner type

Practitioner type	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Medical practitioner	10	41.67	2	11.11	3	18.75	15	25.86
Psychologist	3	12.50	0	0.00	0	0.00	3	5.17
Registered nurse	3	12.50	12	66.67	8*	50.00	23	39.66
Medical radiation practitioner	0	0.00	0	0.00	1	6.25	1	1.72
Pharmacist	3	12.50	2	11.11	2	12.50	7	12.07
Psychologist	0	0.00	0	0.00	1	6.25	1	1.72
Dentist	1	4.17	1	5.56	0	0.00	2	3.45
Chinese medicine practitioner	1	4.17	0	0.00	0	0.00	1	1.72
Advance care paramedic	1	4.17	0	0.00	0	0.00	1	1.72
Massage therapist	1	4.17	1	5.56	0	0.00	2	3.45
Holding out as registered nurse	1	4.17	0	0.00	0	0.00	1	1.72
Assistant in nursing	0	0.00	0	0.00	1	6.25	1	1.72
Total	24	100.00	18	100.00	16	100.00	58	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 the 'Closed investigation outcomes' figures on page 20.

*One registered nurse held dual registration as a midwife.

Matters currently with the Director of Proceedings by practitioner type

Practitioner type	Number	Percentage
Registered nurse	40*	34.19
Medical practitioner	37	31.62
Pharmacist	10	8.55
Psychologist	8	6.84
Massage therapist	6	5.13
Dentist	5	4.27
Advanced care paramedic	2	1.71
Unregistered former chiropractor	1	0.85
Holding out as registered nurse	1	0.85
Student nurse	1	0.85
Podiatrist	1	0.85
Chiropractor	1	0.85
Physiotherapist	1	0.85
Chinese medical practitioner	1	0.85
Assistant in nursing	1	0.85
Medical radiation practitioner	1	0.85
Total	117	100.00

*Two practitioners hold dual registration as a nurse and a midwife.

Matters referred to the Queensland Civil and Administrative Tribunal

Practitioner type	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Dentist	0	0.00	0	0.00	1	16.67	1	12.50
Medical practitioner	0	0.00	1	50.00	1	16.67	2	25.00
Nurse	0	0.00	1	50.00	3	50.00	4	50.00
Psychologist	0	0.00	0	0.00	0	0.00	0	0.00
Unregistered former chiropractor	0	0.00	0	0.00	1	16.67	1	12.50
Total	0	0.00	2	100.00	6	100.00	8	100.00

The Director of Proceedings considers all relevant aspects of each matter to determine whether to refer the matter to QCAT.

Decisions on matters referred to the Queensland Civil and Administrative Tribunal

There have been three decisions made on matters referred to QCAT during the quarter.

On 23 October 2017, a decision was handed down in *Health Ombudsman v Chambers*. This matter involved a registered nurse, and the Tribunal found that the practitioner behaved in a way that constitutes professional misconduct. The practitioner was reprimanded and ordered to pay a fine of \$2000.

On 13 December 2017, a decision was handed down in *Health Ombudsman v Barber*. This matter involved a registered nurse. The Tribunal found that the practitioner behaved in a way that constitutes professional misconduct, and reprimanded the practitioner.

On 20 December 2017, a decision was handed down in *Health Ombudsman v Dalziel*. This matter involved a pharmacist. The Tribunal found that the practitioner behaved in a way that constitutes professional misconduct, and the practitioner's registration was suspended for one month.

Decisions on immediate action reviews

There has been one decision made on an immediate action review in QCAT during the quarter.

On 13 October 2017, a decision was handed down in *Laphorn v Office of the Health Ombudsman (No 2)*. This matter involved an unregistered advanced care paramedic. The Tribunal set aside the Health Ombudsman's decision to issue an interim prohibition order.

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 this quarter.

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

There were thirteen show cause notices issued during the quarter.

- one paramedic for reasons relating to conduct
- one paramedic for reasons relating to conduct and performance
- two medical practitioners for reasons relating to performance
- two medical practitioner for reasons relating to conduct
- four nurses for reasons relating to conduct
- one assistant in nursing for reasons relating to conduct
- one Chinese medicine practitioner for reasons related to performance
- one unregistered nurse for reasons relating to conduct
- one enrolled nurse for reasons related to conduct (relating to both an immediate registration action and an interim prohibition order)

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	Reason/s for taking action		
			Health	Conduct	Performance
Dental practitioner	1	Conditions		✓	
Chinese medical practitioner	1	Conditions			✓
Registered nurse	1	Conditions		✓	
Enrolled nurse	1	Suspension		✓	

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

Interim prohibition orders

Practitioner type	Number	Action taken	Reason/s for taking action			
			Health	Conduct	Performance	Interstate
Massage therapist	1	Restrictions			✓	
Massage therapist	2	Prohibition		✓		
Anaesthetic technician	1	Prohibition		✓		
Unregistered enrolled nurse	1	Prohibition		✓		
Assistant in nursing	1	Restrictions		✓		
Enrolled nurse	1	Prohibition		✓		

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 prohibition order register on the OHO website.

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	October	November	December
Cases open at the beginning of the month	99	99	100
Practitioner monitoring cases started	4	3	4
Practitioner monitoring cases closed	4	2	3

Open monitoring cases

Timeframes

Open case timeframes	October		November		December	
	Number	%	Number	%	Number	%
Less than 6 months	16	16.16	16	16.00	16	16.00
6–12 months	29	29.29	26	26.00	24	24.00
More than 12 months	54	54.55	58	58.00	60	60.00
Total	99	100.00	100	100.00	100	100.00

Immediate action types

Open cases by immediate action type	October		November		December	
	Number	%	Number	%	Number	%
Interim prohibition order—restrictions	24	24.24	24	24.00	22	21.78
Interim prohibition order—prohibited	29	29.29	31	31.00	33	32.67
Immediate registration action—conditions	27	27.27	27	27.00	27	26.73
Immediate registration action—suspension	19	19.19	18	18.00	19	18.81
Total	99	100.00	100	100.00	101	100.00

* As at 31 December 2017 ten practitioners were under monitoring in relation to both an immediate registration action and an interim prohibition order.

Registered practitioners under monitoring by practitioner type

Open cases by practitioner type	Number	Percentage
Aboriginal and Torres Strait Islander health worker	0	0.00
Chinese medicine practitioner	3	5.36
Chiropractor	1	1.79
Dental practitioner	3	5.36
Medical practitioner	9	16.07
Medical radiation practitioner	0	0.00
Nursing and midwifery	33	58.93
Occupational therapy	0	0.00
Optometry	0	0.00
Osteopathy	0	0.00
Pharmacy	2	3.57
Physiotherapy	2	3.57
Podiatry	0	0.00
Psychology	3	5.36
Total	56	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

Open cases by practitioner type	Number	Percentage
Aboriginal and Torres strait islander health worker	1	2.86
Assistant in nursing	3	8.57
Audiologist	2	5.71
Counsellor	2	5.71
Dental assistant	1	2.86
Dental nurse	1	2.86
Former nurse	1	2.86
Holding out*	4	11.43
Massage therapist	11	31.43
Naturopath	1	2.86
Natural therapist	2	5.71
Other health provider	1	2.86
Paramedic	3	8.57
Personal carer	1	2.86
Social worker	1	2.86
Total	35	100.00

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

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

Australian Health Practitioner Regulation Agency

Notifications from AHPRA

The Australian Health Practitioner Regulation Agency (AHPRA) notified the Health Ombudsman of two serious matters during the quarter, as prescribed under section 193 of the National Law.

Consultation on matters

The office consults with AHPRA on whether matters being considered for referral are appropriate for AHPRA to manage. For matters we are considering referring to AHPRA under section 91 of the *Health Ombudsman Act 2013*, we provide all necessary information in order for AHPRA to form a view as to whether referral is or is not appropriate.

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	October	November	December	Q2 total
Matters consulted on*	198	175	183	556
Matters referred	191	169	164	524
Matters retained by the office**	8	2	9	19
Decisions pending	12	23	33	33

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

**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	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Intake and triage	136	68.69	128	73.28	137	74.86	401	72.12
Assessment	45	22.73	39	22.14	31	16.94	115	20.68
Conciliation	0	0.00	0	0.00	0	0.00	0	0.00
Local resolution	2	1.01	5	2.85	2	1.09	9	1.62
Internal review	4	2.02	0	0.00	1	0.55	5	0.90
Investigation	11	5.56	3	1.72	12	6.56	26	4.68
Total	198	100.00	175	100.00	183	100.00	556	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	396	3	1	1	0
Assessment	3	5	28	51	28
Local resolution	0	0	2	6	1
Conciliation	0	0	0	0	0
Internal review	1	0	0	0	4
Investigation	0	6	0	0	20
Total	400	14	31	58	53

'Age of matters' is calculated from the date on which a matter was accepted by the office.

Consultation duration

Consultation duration	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
0–3 days	168	84.85	137	78.29	155	84.70	460	82.73
4–7 days	29	14.65	33	18.86	27	14.75	89	16.01
8–11 days	1	0.51	5	2.86	0	0.00	6	1.08
More than 12 days	0	0.00	0	0.00	1	0.55	1	0.18
Total	198	100.00	175	100.00	183	100.00	556	100.00

Number of practitioners referred to AHPRA by practitioner type

Practitioner type	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Aboriginal and Torres Strait Islander health practitioner	0	0.00	0	0.00	0	0.00	0	0.00
Chinese medicine practitioner	0	0.00	2	1.17	1	0.58	3	0.56
Chiropractor	3	1.57	1	0.58	1	0.58	5	0.93
Dental practitioner	15	7.85	25	14.62	21	12.14	61	11.40
Medical practitioner	94	49.21	82	47.95	88	50.87	264	49.35
Medical radiation practitioner	0	0.00	0	0.00	0	0.00	0	0.00
Nursing and midwifery practitioner	51	26.70	34	19.88	42	24.28	127	23.74
Occupational therapist	0	0.00	1	0.58	0	0.00	1	0.19
Optometrist	1	0.52	2	1.17	0	0.00	3	0.56
Osteopath	0	0.00	0	0.00	0	0.00	0	0.00
Pharmacist	20	10.47	16	9.36	10	5.78	46	8.60
Physiotherapist	2	1.05	0	0.00	1	0.58	3	0.56
Podiatrist	0	0.00	1	0.58	1	0.58	2	0.37
Psychology	2	1.05	7	4.09	7	4.05	16	2.99
Student practitioner*	3	1.05	0	0.00	1	0.58	4	0.75
Total	191	100.00	171	100.00	173	100.00	535	100.00

*Three medical students and one student nurse were referred to AHPRA during the quarter.

Number of issues referred to AHPRA by practitioner type

Registered practitioner type	Access	Communication and information	Consent	Discharge/ transfer arrangements	Environment/ management of facility	Fees and costs	Grievance processes	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/ certificates	Research / teaching / assessment	Total
Aboriginal and Torres Strait Islander health worker	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Chinese medicine practitioner	-	1	-	-	-	-	-	-	-	-	-	3	-	-	4
Chiropractor	-	-	-	-	-	-	-	-	-	2	2	3	-	-	7
Dental practitioner	-	7	7	-	-	1	-	4	1	6	1	62	-	-	89
Medical practitioner	3	25	8	2	-	1	-	11	37	27	15	204	5	-	338
Medical radiation practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Nursing and midwifery practitioner	-	5	-	1	-	-	-	8	13	41	36	42	-	-	146
Occupational therapy	-	-	-	-	-	-	-	-	-	1	-	-	2	-	3
Optometrist	-	-	-	-	-	-	-	-	-	3	-	-	-	-	3
Osteopath	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Pharmacist	-	3	-	-	-	-	-	2	22	13	5	1	-	-	46
Physiotherapist	-	-	-	1	-	-	-	-	-	-	2	-	-	-	3
Podiatrist	-	-	-	-	-	-	-	-	-	-	-	2	-	-	2
Psychologist	-	1	-	-	-	-	-	1	-	7	3	3	1	1	17
Student practitioner	-	-	-	-	-	-	-	-	-	1	4	-	-	-	5
Total	3	42	15	4	0	2	0	26	73	101	68	320	8	1	663

Demographics

The following demographic data is based on matters accepted as within the jurisdiction of the office during the reporting period

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	643	48.06
Male	640	47.83
Prefer not to specify	2	0.15
Unknown	53	3.96
Total	1338	100.00

Age

Age	Number	Percentage
Less than 18 years	55	4.11
18–24 years	79	5.90
25–34 years	214	15.99
35–44 years	297	22.20
45–54 years	249	18.61
55–64 years	150	11.21
65–74 years	97	7.25
More than 75 years	86	6.43
Unknown*	111	8.30
Total	1338	100.00

*Age not recorded or not provided for a particular matter.

Location of healthcare consumers

Location of healthcare consumers	Number	Percentage
Brisbane	548	40.96
Central West	1	0.07
Darling Downs	38	2.84
Far North	80	5.98
Fitzroy	30	2.24
Gold Coast	163	12.18
Mackay	26	1.94
North West	2	0.15
Northern	67	5.01
South West	6	0.45
Sunshine Coast	75	5.61
West Moreton	20	1.49
Wide Bay-Burnett	114	8.52
Outside Queensland	55	4.11
Unknown	113	8.45
Total	1338	100.00

Location of health service providers

Location of health service providers	Number	Percentage
Brisbane	706	43.13
Central West	3	0.18
Darling Downs	46	2.81
Far North	87	5.31
Fitzroy	33	2.02
Gold Coast	197	12.03
Mackay	38	2.32
North West	5	0.31
Northern	80	4.89
South West	8	0.49
Sunshine Coast	113	6.90
West Moreton	17	1.04
Wide Bay-Burnett	119	7.27
Outside Queensland*	9	0.55
Unknown	176	10.75
Total	1637	100.00

*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.



Office of the
**HEALTH
OMBUDSMAN**

Listen. Respond. Resolve.

133 OHO (133 646)
www.oho.qld.gov.au