# Quarterly performance report

Quarter two 2018-19



#### Quarterly performance report—Quarter two 2018–19

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### Introduction

This document reports on the quarter two (Q2) performance of the Office of the Health Ombudsman (OHO) for the 2018–19 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 <a href="https://www.oho.qld.gov.au">www.oho.qld.gov.au</a>.

Data in this report is correct as at 23 January 2019, 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	Octo	ber	Nove	mber	Dece	mber	Q2 total		
	Number	%	Number	%	Number	%	Number	%	
Complaint	731	63.13	692	61.29	423	59.24	1846	61.51	
Enquiry	427	38.87	436	38.62	291	40.76	1154	38.45	
Yet to be classified	0	0.00	1	0.09	0	0.00	1	0.03	
Total	1158	100.00	1129	100.00	714	100.00	3001	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	Octo	ober	Nove	mber	Dece	mber	Q2 total		
	Number	%	Number	%	Number	%	Number	%	
Health consumer complaint	634	86.73	604	87.28	357	84.40	1595	86.40	
Mandatory notification*	23	3.15	16	2.31	12	2.84	51	2.76	
Voluntary notification*	62	8.48	52	7.51	42	9.93	156	8.45	
Self-notification*	6	0.82	5	0.72	2	0.47	13	0.70	
Referral from another agency	6 0.82		15	2.17	10	2.36	31	1.68	
Total	731	100.00	692	100.00	423	100.00	1846	100.00	

<sup>\*</sup>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		Nover	mber	Decer	mber	Q2 total		
	Number	%	Number	%	Number	%	Number	%	
Yes	689	90.66	587	93.47	510	96.41	1786	93.17	
No	71	9.34	41	6.53	19	3.59	131	6.83	
Total	760	100.00	628	100.00	529	100.00	1917	100.00	

#### Accepted vs not accepted

Number of decisions made	October		Nove	mber	Dece	mber	Q2 total		
	Number	%	Number	nber % Number %		Number	%		
Accepted	512	67.37	387	61.62	335	63.33	1234	64.37	
Not accepted	248	32.63	241	38.38	194	36.67	683	35.63	
Total	760	100.00	628	100.00	529	100.00	1917	100.00	

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

An additional 60 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	Octo	ber	Nove	mber	Decei	mber	Q2 t	otal
	Number	%	Number	%	Number	%	Number	%
Assessment	211	36.89	154	36.84	139	38.50	504	37.31
Local resolution	141	24.65	94	22.49	51	14.13	286	21.17
Conciliation	2	0.35	0	0.00	1	0.28	3	0.22
Investigation	14	2.45	13	3.11	12	3.32	39	2.89
Referred to AHPRA and the national boards	204	35.66	157	37.56	158	43.77	519	38.42
Referred to another entity	0	0.00	0	0.00	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	572	100.00	418	100.00	361	100.00	1351	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	Oct	ober	Nove	November December Q2 to		otal		
	Number	%	Number	%	Number	%	Number	%
Access	59	5.37	61	6.51	29	4.34	149	5.51
Code of conduct for healthcare workers	8	0.73	9	0.96	9	1.35	26	0.96
Communication/ information	168	15.29	124	13.23	59	8.83	351	12.98
Consent	15	1.36	22	2.35	14	2.10	51	1.89
Discharge/transfer arrangements	13	1.18	16	1.71	15	2.25	44	1.63
Environment/ management of facilities	25	2.27	16	1.71	8	1.20	49	1.81
Fees/cost	31	2.82	32	3.42	27	4.04	90	3.33
Grievance processes	17	1.55	18	1.92	19	2.84	54	2.00
Medical records	29	2.64	21	2.24	26	3.89	76	2.81
Medication	151	13.74	92	9.82	73	10.93	316	11.69
Professional conduct	117	10.65	94	10.03	80	11.98	291	10.76
Professional health	26	2.37	17	1.81	26	3.89	69	2.55
Professional performance	407	37.03	383	40.88	267	39.97	1057	39.09
Reports/certificates	33	3.00	32	3.42	16	2.40	81	3.00
Research/teaching/ assessment	0	0.00	0	0.00	0	0.00	0	0.00
Total	1099	100.00	937	100.00	668	100.00	2704	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	-	5	2	-	-	-	-	-	-	-	-	3	-	1	1	-	12
Chinese medicine	-	-	-	1	-	-	-	-	-	-	-	9	-	1	-	-	11
Chiropractor	-	-	-	2	-	-	-	-	-	1	-	3	-	1	-	-	7
Dentistry	1	-	3	1	-	-	5	-	-	3	3	18	2	62	2	-	100
Emergency care	1	1	2	-	-	-	-	-	-	-	-	4	2	6	-	-	16
General medical	12	-	106	7	2	2	10	4	-	20	88	75	15	209	37	-	587
Medical radiation	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	-	3
Medical specialty	2	-	14	3	2	1	3	3	-	7	21	9	1	47	8	-	121
Nursing	1	1	10	1	-	-	-	1	-	6	18	53	31	37	-	-	159
Occupational therapy	-	-	1	-	-	-	-	-	-	-	-	-	-	4	1	-	6
Optometry	-	-	-	-	-	-	1	-	-	-	-	-	-	9	-	-	10
Osteopathy	-	-	-	-	-	-	-	-	-	1	-	1	-	2	-	-	4
Other	1	9	3	-	-	1	2	-	-	1	2	27	10	5	2	-	63
Pathology service	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1	-	3
Pharmacy	-	-	4	-	-	-	-	2	-	-	13	10	5	1	-	-	35
Physiotherapy	-	-	-	-	-	-	-	-	-	-	-	5	-	7	-	-	12
Podiatry	-	-	-	-	-	-	1	-	-	-	-	-	-	2	-	-	3
Psychology	1	1	13	2	-	-	3	-	-	4	-	23	2	12	9	-	70
Speech pathology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Surgical	1	1	7	4	-	2	5	-	-	2	1	4	-	56	1	-	84
Total	20	19	166	21	4	6	30	10	0	45	146	244	68	464	64	0	1307

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	Communicatio n and information	Consent	Discharge/ transfer arrangements	Environment/ management of facility	Fees and costs	Grievance processes	Health Ombudsman Act Offence	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/ certificates	Research/Tea ching/Assess ment	Total
Aged care facility	-	1	2	-	-	2	-	1	-	1	8	-	-	17	-	-	32
Allied health service	-	-	1	-	-	-	2	1	-	-	-	-	-	2	-	-	6
Ambulance service	1	-	1	1	-	-	1	-	-	-	-	-	-	4	-	-	8
Community health service	4	-	5	1	-	1	-	-	-	-	2	2	-	4	-	-	19
Correctional facility	39	-	7	1	1	1	-	1	-	-	103	-	1	132	1	-	287
Dental service	9	-	4	1	-	3	4	3	-	4	-	3	-	26	-	-	57
Hospital and Health Service	2	-	3	1	1	-	-	-	-	1	2	-	-	2	-	-	12
Laboratory service	-	-	1	-	-	-	6	-	-	1	-	-	-	1	-	-	9
Licensed private hospital	5	-	17	-	7	6	6	4	-	1	7	1	-	24	-	-	78
Medical centre	20	-	27	2	-	9	16	5	-	5	7	11	-	24	7	-	133
Mental health service	8	-	24	9	7	2	2	4	-	6	9	7	-	49	3	-	130
Nursing service	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	2
Other government department	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	2
Other support service	-	-	-	-	-	-	3	1	-	-	2	5	-	6	-	-	17
Pharmaceutical service	-	-	2	-	-	1	-	1	-	-	10	-	-	-	-	-	14
Private organisation	1	4	2	-	-	-	1	1	-	1	-	2	-	4	-	-	16
Public health service	3	-	-	-	-	-	-	1	-	1	-	-	-	12	-	-	17
Public hospital	35	-	83	12	24	16	3	19	-	10	18	15	-	276	5	-	516
Residential care service	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	2
Specialised health service	2	2	6	1	-	1	13	2	-	-	1	-	-	6	-	-	34
Administrative service	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1	-	3
Health promotion service	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Optical store	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	2
Total	129	7	185	30	40	43	60	44	0	31	170	47	1	593	17	0	1397

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	224	161	141	526
Assessments completed	213	180	171	564

# **Completed assessment timeframes**

Assessment timeframes	October		Nove	mber	Dece	mber	Q2 total		
	Number	%	Number	%	Number	%	Number	%	
Within legislative timeframes*	212	99.53	180	100.00	169	98.83	561	99.47	
Outside legislative timeframes	1	0.47	0	0.00	2	1.17	3	0.53	
Total	213 100.00		180	100.00 171		100.00	564	100.00	

<sup>\*</sup>Includes matters completed within 30 days or 60 days with an approved extension.

#### **Assessment decisions**

Type of relevant action	Octo	ober	Nove	mber	December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Local resolution	0	0.00	0	0.00	0	0.00	0	0.00
Conciliation	10	4.59	4	2.17	8	4.57	22	3.81
Investigation	7	3.21	4	2.17	5	2.86	16	2.77
Referred to AHPRA and the national boards	23	10.55	15	8.15	20	11.43	58	10.05
Referred to another entity	100	45.87	80	43.48	95	54.29	275	47.66
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	78	35.78	81	44.02	47	26.86	206	35.70
Total	218	100.00	184	100.00	175	100.00	577	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	146	93	50	289
Local resolutions completed	106	137	100	343

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	Octo	ober	Nove	November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%	
Within legislative timeframes*	104	98.11	136	99.27	100	100.00	340	99.13	
Outside legislative timeframes	2	1.89	1	0.73	0	0.00	3	0.87	
Total	106	100.00	137	100.00	100	100.00	343	100.00	

<sup>\*</sup>Includes matters completed within 30 days or 60 days with an approved extension

#### **Outcomes**

Local resolution outcomes	Octo	October November		December		Q2 total		
	Number	%	Number	%	Number	%	Number	%
Resolution reached	83	78.30	114	83.21	89	89.00	286	83.38
No resolution reached	9	8.49	10	7.30	8	8.00	27	7.87
Complaint withdrawn*	9	8.49	11	8.03	2	2.00	22	6.41
Local resolution did not commence**	5	4.72	2	1.46	1	1.00	8	2.33
Total	106	100.00	137	100.00	100	100.00	343	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	Octo	ober	November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Assessment	1	11.11	0	0.00	1	12.50	2	7.41
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	1	10.00	0	0.00	1	1.59
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	8	88.89	9	90.00	7	87.50	24	88.89
Total	9	100.00	10	100.00	8	100.00	27	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 quarter	October	November	December	Q2 total
Conciliations started	7	6	10	23
Conciliations closed	9	7	5	21

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	6	3	1	10
Party/ies did not agree to participate	5	3	2	10

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	Octo	ober November		mber	December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Less than 3 months	0	0.00	1	25.00	1	50.00	2	20.00
3–6 months	2	50.00	3	75.00	1	50.00	6	60.00
6–9 months	2	50.00	0	0.00	0	0.00	2	20.00
9–12 months	0	0.00	0	0.00	0	0.00	0	0.00
More than 12 months	0	0.00	0	0.00	0	0.00	0	0.00
Total	4	100.00	4	100.00	2	100.00	10	100.00

#### **Outcomes**

Conciliation outcomes	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Successful	3	75.00	4	100.00	2	100.00	9	90.00
Not successful	1	25.00	0	0.00	0	0.00	1	10.00
Ended by the Health Ombudsman	0	0.00	0	0.00	0	0.00	0	0.00
Total	4	100.00	4	100.00	2	100.00	10	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	Octo	ober	Nove	November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%	
Local resolution	0	0.00	0	N/A	0	N/A	0	0.00	
Investigation	0	0.00	0	N/A	0	N/A	0	0.00	
Referred to AHPRA and the national boards	0	0.00	0	N/A	0	N/A	0	0.00	
Referred to another entity	0	0.00	0	N/A	0	N/A	0	0.00	
Immediate action	0	0.00	0	N/A	0	N/A	0	0.00	
No further action	1	100.00	0	N/A	0	N/A	1	100.00	
Total	1	100.00	0	N/A	0	N/A	1	100.00	

# **Open conciliation timeframes**

Conciliations open	Octo	ober	November		November Decer		mber
	Number	%	Number	%	Number	%	
Less than 3 months	18	50.00	16	45.71	18	45.00	
3–6 months	14	38.89	13	37.14	13	32.50	
6–9 months	1	2.78	2	5.71	5	12.50	
9–12 months	1	2.78	1	2.86	1	2.50	
More than 12 months	2	5.56	3	8.57	3	7.50	
Total	36	100.00	35	100.00	40	100.00	

# Investigation

# Investigations started and closed

Investigations this quarter	October	November	December	Q2 total
Investigations open at the beginning of the month	146	156	150	N/A
Investigations started	25	15	23	63
Investigations closed	13	17	11	41
Investigations amalgamated under section 40(2)*	2	4	4	10

<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**

Closed investigation timeframes	Octo	ber	er November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Less than 3 months	3	23.08	3	17.65	1	9.09	7	17.07
3–6 months	3	23.08	4	23.53	1	9.09	8	19.51
6–9 months	1	7.69	2	11.76	2	18.18	5	12.20
9–12 months	2	15.38	5	29.41	1	9.09	8	19.51
12-24 months	3	23.08	2	11.76	6	54.55	11	26.83
More than 24 months	1	7.69	1	5.88	0	0.00	2	4.88
Total	13	100.00	17	100.00	11	100	41	100.00

#### **Outcomes**

Investigation outcomes	Octo	ber	per Nover		mber Decen		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%		
Recommended for referral to Director of Proceedings*	7	46.67	4	18.18	2	16.67	13	26.53		
Referred to AHPRA	4	26.67	8	36.36	2	16.67	14	28.57		
Referred to another agency	0	0.00	2	9.09	2	16.67	4	8.16		
No further action	4	26.67	8	36.36	6	50.00	18	36.73		
Referral to conciliation	0	0.00	0	0.00	0	0.00	0	0.00		
Total	15	100.00	22	100.00	12	100.00	49	100.00		

A single investigation may result in multiple outcomes, and as such the total number of outcomes in this table may not match the number of closed investigations detailed in the table above.

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

### **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.

#### **Active investigation timeframes**

Active investigation timeframes	October		Nove	mber	December		
	Number	%	Number	%	Number	%	
Less than 3 months	42	36.52	36	32.43	45	37.50	
3–6 months	25	21.74	32	28.83	26	21.67	
6–9 months	13	11.30	12	10.81	19	15.83	
9–12 months	13	11.30	9	8.11	7	5.83	
12-24 months*	13	11.30	14	12.61	15	12.50	
More than 24 months*	9	7.83	8 7.21		8	6.67	
Total	115	100.00	111 100.00		120	100	

<sup>\*</sup>All investigations that have been open for more than 12 months are published on our investigations register, available on our website (<a href="https://www.oho.qld.gov.au">www.oho.qld.gov.au</a>).

# Paused investigation timeframes

Paused investigation timeframes	October		Nove	mber	December		
	Number	%	Number	%	Number	%	
Less than 3 months	2	4.88	2	5.13	5	13.16	
3–6 months	8	19.51	8	20.51	3	7.89	
6–9 months	8	19.51	4	10.26	3	7.89	
9–12 months	6	14.63	8	20.51	10	26.32	
12-24 months	13	31.71	13	33.33	11	28.95	
More than 24 months	4	9.76	4	10.26	6	15.79	
Total	41	100.00	39 100.00		38	100.00	

# **Open investigation timeframes**

Total open investigation timeframes	October		Nove	mber	December		
	Number	%	Number %		Number	%	
Less than 3 months	44	28.21	38	25.33	50	31.65	
3–6 months	33	21.15	40	26.67	29	18.35	
6–9 months	21	13.46	16	10.67	22	13.92	
9–12 months	19	12.18	17	11.33	17	10.76	
12–24 months	26	16.67	27	18.00	26	16.46	
More than 24 months	13	8.33	12 8.00		14	8.86	
Total	156	100.00	150 100.00		158	100.00	

# Open investigation categories

Type of investigation	October	November	December
Health service complaint	92	84	88
Systemic issue	12	11	11
Another matter*	52	55	59
Matters identified for further investigation**	0	0	0
Total	156	150	158

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

<sup>\*\*</sup>Matters referred for further investigation by the Health Ombudsman under s105 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	5	5	5
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	0	0	0
Recommendations monitoring cases started	0	0	0
Recommendations monitoring cases closed	0	0	0

### Open recommendations monitoring case timeframes

Monitoring case timeframes*	October		Nove	mber	December		
	Number	%	Number %		Number	%	
Less than 6 months	2	40.00	0	0.00	0	0.00	
6–12 months	1	20.00	3	60.00	3	60.00	
More than 12 months	2	40.00	2	40.00	2	40.00	
Total	5	100.00	5	5 100.00		100.00	

<sup>\*</sup>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	Octo	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%	
Aged care worker	1	14.29	0	0.00	0	0.00	1	7.69	
Assistant in nursing	2	28.57	0	0.00	0	0.00	2	15.38	
Dentist	1	14.29	0	0.00	0	0.00	1	7.69	
Medical practitioner	0	0.00	2	50.00	1	50.00	3	23.08	
Osteopath	0	0.00	1	25.00	0	0.00	1	7.69	
Podiatrist	1	14.29	0	0.00	0	0.00	1	7.69	
Registered nurse	2	28.57	1	25.00	1	50.00	4	30.77	
Total	7	100.00	4	100.00	2	100.00	13	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.

# **Matters currently with the Director of Proceedings by practitioner type**

Practitioner type	Number	Percentage
Chinese medicine practitioner	3	1.83
Dentist	5	3.05
Medical practitioner*	56	34.15
Medical radiation practitioner	1	0.61
Osteopath	1	0.61
Pharmacist	11	6.71
Physiotherapist	1	0.61
Podiatrist	2	1.22
Psychologist	8	4.88
Registered nurse	56	34.15
Paramedic	2	1.22
Aged care health worker	1	0.61
Assistant in nursing	5	3.05
Audiologist	2	1.22
Dental assistant	1	0.61
Holding out as a psychologist	1	0.61
Holding out as a registered nurse	2	1.22
Massage therapist	2	1.22
Natural therapist	1	0.61
Social worker	1	0.61
Student nurse	1	0.61
Unregistered chiropractor	1	0.61
Total	164	100.00

# **Outcome of matters reviewed by the Director of Proceedings**

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

Practitioner type	Octo	ober	Nove	mber	Dece	mber	Q2 :	total
	Number	%	Number	%	Number	%	Number	%
Dentist	0	0.00	0	0.00	1	14.29	1	5.88
Medical practitioner	2	28.57	0	0.00	1	14.29	3	17.65
Medical radiation practitioner	0	0.00	0	0.00	1	14.29	1	5.88
Psychologist	1	14.28	0	0.00	0	0.00	1	5.88
Registered Nurse	4	57.14	3	100.00	4	57.14	11	64.71
Total	7	100.00	3	100.00	7	100.00	17	100.00

The table above reflects the number of matters which the Director of Proceedings decided that a referral to QCAT would be appropriate. The filing of a matter with QCAT may occur at a later date and these figures are reflected in the table below.

#### Matters to be referred back to Health Ombudsman

Practitioner type	Octo	ober	November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Medical Practitioner	1	33.33	2	33.33	0	0.00	3	33.33
Pharmacist	1	33.33	0	0.00	0	0.00	1	11.11
Podiatrist	1	33.33	0	0.00	0	0.00	1	11.11
Registered nurse	0	0.00	4	66.77	0	0.00	4	44.44
Total	3	100.00	6	100.00	0	0.00	9	100.00

<sup>\*</sup>One provider held dual registration as a midwife.

# 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 immediate action to be taken against a registered or unregistered health practitioner if the Health Ombudsman reasonably believes:

 that a practitioner's health, conduct or performance poses a serious risk to the health and safety of the public

or

that action is in the public interest.

#### Show cause notices

There were eighteen show cause notices issued during the quarter relating to:

- thirteen medical practitioners
- two registered nurses
- two health support workers
- one assistant in nursing

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	
Dentist	1	Conditions		<b>√</b>		
Medical practitioner	4	Conditions		<b>√</b>		
Medical practitioner	3	Conditions		<b>√</b>	<b>√</b>	

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	
Assistant in nursing	1	Prohibition		✓			
Unregistered practitioner performing acupuncture	1	Restrictions		✓			
Holding out as a medical practitioner	1	Prohibition		✓	✓		
Kinesiologist	1	Restrictions		✓			
Health support worker	1	Restrictions		✓			
Massage therapist	1	Restrictions		✓			
Assistant in nursing	1	Prohibited	✓	<b>√</b>			

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 prohibitions placed 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	93	97	101
Practitioner monitoring cases started	6	5	4
Practitioner monitoring cases closed	2	1	3

### **Open monitoring cases**

#### **Timeframes**

Open case timeframes	October		Nove	mber	December	
	Number	%	Number	%	Number	%
Less than 6 months	21	21.65	24	23.76	24	23.53
6–12 months	18	18.56	20	19.80	22	21.57
More than 12 months	58	59.79	57	56.44	56	54.90
Total	99	100.00	101	100.00	102	100.00

# **Immediate action types**

Open cases by immediate action type	October		November		Dece	mber
	Number	%	Number	%	Number	%
Interim prohibition order—restrictions	18	18.56	19	18.81	20	19.61
Interim prohibition order—prohibited	41	42.27	42	41.58	42	41.18
Immediate registration action—conditions	19	19.59	21	20.79	22	21.57
Immediate registration action—suspension	18	18.56	18	17.82	17	16.67
QCAT issued prohibition/restrictions	1	1.03	1	0.99	1	0.98
Total	97	100.00	101	100.00	102	100.00

### 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	1	1.89	
Chiropractor	1	1.89	
Dental practitioner	3	5.66	
Medical practitioner	14	26.42	
Medical radiation practitioner	0	0.00	
Nursing and midwifery practitioner	30	56.60	
Occupational therapy	0	0.00	
Optometrist	0	0.00	
Osteopath	0	0.00	
Pharmacist	0	0.00	
Physiotherapist	2	3.77	
Podiatrist	0	0.00	
Psychologist	2	3.77	
Total	53	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	2.17
Aged care worker	1	2.17
Assistant in nursing	9	19.57
Audiologist	2	4.35
Counsellor	1	2.17
Dental assistant	0	0.00
Dental nurse	1	2.17
Former nurse	1	2.17
Health support worker	1	2.17
Holding out*	4	8.70
Kinesiologist	2	4.35
Massage therapist	14	30.43
Medical assistant	1	2.17
Naturopath	1	2.17
Natural therapist	1	2.17
Paramedic	4	8.70
Personal carer	1	2.17
Social worker	1	2.17
Total	46	100.00

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

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. Three matters were requested for referral back to the office.

#### **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*	230	196	200	626
Matters referred	227	189	193	609
Matters retained by the office**	6	7	4	17

<sup>\*</sup>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.

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

### Relevant action proposing referral

Relevant action	Octo	ober	Nove	mber	December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Intake and triage	193	83.91	155	79.08	163	81.50	511	81.63
Assessment	31	13.48	25	12.76	31	15.50	87	13.90
Conciliation	0	0.00	0	0.00	0	0.00	0	0.00
Local resolution	1	0.43	4	2.04	1	0.50	6	0.96
Investigation	4	1.74	12	6.12	5	2.50	21	3.35
Internal review	1	0.43	0	0.00	0	0.00	1	0.16
Total	230	100.00	196	100.00	200	100.00	626	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	508	1	1	1	0
Assessment	9	6	30	39	3
Local resolution	0	0	1	4	1
Conciliation	0	0	0	0	0
Investigation	2	0	2	2	15
Internal review	0	0	0	0	1
Total	519	7	34	46	20

<sup>&#</sup>x27;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	219	95.22	178	90.82	177	88.50	574	91.69
4–7 days	10	4.35	18	9.18	22	11.00	50	7.99
8–11 days	1	0.43	0	0.00	0	0.00	1	0.16
More than 12 days	0	0.00	0	0.00	1	0.50	1	0.16
Total	230	100.00	196	100.00	200	100.00	626	100.00

# Number of practitioners referred to AHPRA by practitioner type

Practitioner type	Octo	ober	November		Dece	mber	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	0	0.00	7	3.63	7	1.15	
Chiropractor	1	0.44	0	0.00	2	1.04	3	0.49	
Dental practitioner	28	12.33	15	7.94	13	6.74	56	9.20	
Medical practitioner	138	60.79	107	56.61	109	56.48	354	58.13	
Medical radiation practitioner	0	0.00	0	0.00	1	0.52	1	0.16	
Nursing and midwifery practitioner	39	17.18	48	25.40	42	21.76	129	21.18	
Occupational therapist	1	0.44	0	0.00	1	0.52	2	0.33	
Optometrist	2	0.88	0	0.00	0	0.00	2	0.33	
Osteopath	1	0.44	0	0.00	0	0.00	1	0.16	
Paramedic	0	0.00	0	0.00	1	0.52	1	0.16	
Pharmacist	3	1.32	9	4.76	7	3.63	19	3.12	
Physiotherapist	3	1.32	2	1.06	2	1.04	7	1.15	
Podiatrist	1	0.44	1	0.53	2	1.04	4	0.66	
Psychology	8	3.52	7	3.70	6	3.11	21	3.45	
Student practitioner*	2	0.88	0	0.00	0	0.00	0	0.00	
Total	227	100.00	189	100.00	193	100.00	609	100.00	

<sup>\*</sup>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	-	-	-	-	-	-	7	-	1	-	-	9
Chiropractor	-	-	1	-	-	-	-	-	-	2	-	1	-	-	4
Dental practitioner	-	-	1	-	-	1	-	2	2	15	1	51	1	-	74
Medical practitioner	4	57	14	4	-	2	1	13	66	40	11	242	22	1	477
Medical radiation practitioner	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Nursing and midwifery practitioner	-	10	1	-	1	-	1	6	16	48	35	41	-	-	159
Occupational therapy	-	1	-	-	-	-	-	-	-	-	-	2	-	-	3
Optometrist	-	-	-	-	-	-	-	-	-	-	-	4	-	-	4
Osteopath	-	-	-	-	-	-	-	-	-	-	-	2	-	-	2
Paramedic	-	-	-	-	-	-	-	-	-	1	1	-	-	-	2
Pharmacist	-	1	-	-	-	-	1	-	12	3	5	1	-	-	23
Physiotherapist	-	-	-	-	-	-	-	-	-	2	-	5	-	-	7
Podiatrist	-	-	-	-	-	1	-	-	-	1	-	2	-	-	4
Psychologist	-	5	1	-	-	1	-	1	-	11	2	9	1	-	31
Student practitioner	-	-	-	-	-	-	-	-	-	1	-	-	-	-	2
Total	4	74	19	4	1	5	3	22	96	131	56	362	24	1	802

# **Demographics**

The following demographic data is based on matters accepted 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	826	50.06
Male	781	47.33
Prefer not to specify	4	0.24
Unknown	39	2.36
Total	1650	100.00

# Age

Age	Number	Percentage
Less than 18 years	92	5.58
18–24 years	84	5.09
25–34 years	334	20.24
35–44 years	320	19.39
45–54 years	243	14.73
55–64 years	234	14.18
65–74 years	138	8.36
More than 75 years	106	6.42
Unknown*	99	6.00
Total	1650	100.00

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

# **Location of healthcare consumers**

Location of healthcare consumers	Number	Percentage
Brisbane	701	42.48
Central West	4	0.24
Darling Downs	59	3.58
Far North	77	4.67
Fitzroy	69	4.18
Gold Coast	192	11.64
Mackay	33	2.00
North West	4	0.24
Northern	83	5.03
South West	2	0.12
Sunshine Coast	103	6.24
West Moreton	36	2.18
Wide Bay-Burnett	126	7.64
Outside Queensland	54	3.27
Unknown	107	6.48
Total	1650	100.00

# **Location of health service providers**

Location of health service providers	Number	Percentage
Brisbane	1046	48.40
Central West	3	0.14
Darling Downs	67	3.10
Far North	100	4.63
Fitzroy	60	2.78
Gold Coast	251	11.61
Mackay	39	1.80
North West	7	0.32
Northern	101	4.67
South West	8	0.37
Sunshine Coast	114	5.28
West Moreton	20	0.93
Wide Bay-Burnett	141	6.52
Outside Queensland*	24	1.11
Unknown	180	8.33
Total	2161	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.

