# Quarterly performance report

Quarter three 2016–17



### Quarterly performance report—Quarter three 2016–17

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## **Table of contents**

Introduction	4
Intake of complaints Type of contacts Type of complaints Complaint decisions	<b>5</b> 5
Health service complaints profile  Main issues raised in complaints  Number and type of complaints by health practitioner  Number and type of complaints by health service organisation	<b>8</b> 9 10
Assessment Assessments started and completed Completed assessment timeframes Assessment decisions	11 11 11 12
Local resolution  Local resolutions started and completed  Completed local resolution timeframes  Decisions for matters that were not resolved	13 13 13 14
Conciliation  Conciliations started and closed  Agreement to participate in conciliation  Completed conciliations  Decisions for conciliations that were not successful  Open conciliation timeframes	15 15 15 16 17
Investigation Investigations started and closed Closed investigations Open investigations	18 18 18 19
Director of Proceedings  Matters referred to the Director of Proceedings by practitioner type  Matters currently with the Director of Proceedings by practitioner type  Matters referred to the Queensland Civil and Administrative Tribunal	22 22 23
Immediate action Show cause notices Immediate registration actions Interim prohibition orders	24 24 24 25
Australian Health Practitioner Regulation Agency	26

Notifications from AHPRA	26
Number of practitioners referred to AHPRA by practitioner type	26
Number of issues referred to AHPRA by practitioner type	27
Demographics	28
Gender	28
Age	28
Location of healthcare consumers	29
Location of health service providers	30

## Introduction

This document reports on the quarter three (Q3) performance of the Office of the Health Ombudsman (OHO) for 2016–17.

The OHO is the agency responsible for health service complaints management in Queensland. We're 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.gld.gov.au">www.oho.gld.gov.au</a>.

Data in this report are correct as at 11 April 2017, 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	Janu	ıary	Febr	uary	Маі	ch	Q3 total		
	Number	%	Number	%	Number	%	Number	%	
Complaint	507	56.77	469	53.23	596	59.78	1575	56.90	
Enquiry	378	42.33	409	46.42	397	39.82	1191	43.03	
Yet to be classified	8	0.90	3	0.34	4	0.40	2	0.07	
Total	893	100.00	881	100.00	997	100.00	2768	100.00	

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

Matters that are 'yet to be classified' are contacts in which not enough information was provided in the first instance to allow for a determination, and additional information is being sought. They can also be matters that came in just before the end of the reporting period and were still being processed.

The number of complaint contacts will not equal the number of decisions made in the table below.

### Type of complaints

Type of complaints	Janu	ıary	Febr	uary	Mar	ch	Q3 t	otal
	Number	%	Number	%	Number	%	Number	%
Health consumer complaint	336	66.27	320	68.23	471	79.03	1207	76.63
Mandatory notification*	20	3.94	18	3.84	11	1.85	48	3.05
Voluntary notification*	128	25.25	122	26.01	96	16.11	275	17.46
Self-notification*	14	2.76	3	0.64	7	1.17	22	1.40
Referral **	9	1.78	6	1.28	11	1.85	23	1.46
Total	507	100.00	469	100.00	596	100.00	1575	100.00

<sup>\*</sup>Notifications are made by health service providers, as required in the Health Practitioner Regulation National Law (Queensland).

<sup>\*\*</sup>Referrals are matters formally referred by government agencies to the OHO.

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

### **Complaint decisions**

### Decisions timeframes—within seven days

Quarter three has seen a significant improvement in the proportion of decisions made within seven days, increasing by 33.64 and 23.75 percentile points when compared to Q1 and Q2 respectively. This result was achieved following the implementation of process improvements to deal with the significant increases in complaints made to the OHO in 2015–16 and in the first six months of 2016–17.

Decision made	January		Febru	uary	Mar	ch	Q3 total		
	Number %		Number	%	Number	%	Number	%	
Yes	390	91.98	369	88.49	435	92.16	1202	90.65	
No	34 8.02		48 11.51		37	7.84	124	9.35	
Total	424 100.00		417	100.00	472	100.00	1326	100.00	

#### Accepted versus not accepted

Number of decisions made	January		Febr	uary	Ma	rch	Q3 total		
	Number	%	Number	%	Number	%	Number	%	
Accepted	291	62.31	295	65.70	313	57.54	908	66.86	
Not accepted	133	28.48	122	27.17	160	29.41	418	30.78	
Decision pending	43	9.21	32	7.13	71	13.05	32	2.36	
Total	467	100.00	449	100.00	544	100.00	1358	100.00	

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

'Closed—no further action' relates to matters deemed to be out of jurisdiction for the OHO and are not included in our reporting data. 'Decision pending' relates to matters where more information is required before deciding whether to accept or not accept a complaint, or because a matter came in just before the end of the reporting period and is still to be processed.

### **Accepted decision outcomes**

Type of relevant action	Jan	uary	Febr	uary	Ма	rch	Q3 t	total
	Number	%	Number	%	Number	%	Number	%
Assessment	170	31.60	141	33.33	150	29.41	461	31.34
Local resolution	67	12.45	69	16.31	70	13.73	206	14.00
Conciliation	0	0.00	0	0.00	0	0.00	0	0.00
Investigation	10	1.86	7	1.65	9	1.76	26	1.77
Referred to AHPRA and the national boards	137	25.46	90	21.28	107	20.98	334	22.71
Referral to another entity	7	1.30	2	0.47	1	0.20	10	0.68
Immediate registration action	0	0	0	0.00	0	0.00	0	0.00
Interim prohibition order	0	0	0	0.00	0	0.00	0	0.00
No further action	147	27.32	114	26.95	173	33.92	434	29.50
Total	538	100.00	423	100.00	510	100.00	1471	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 previous *Accepted versus. not accepted* table).

## Health service complaints profile

Reporting parameters for the identification of issues in complaints were updated as of October 2016. Previously, issues contained our reporting related to complaints that completed our assessment process during the reporting period.

Refinements to systems and processes now allow for the reporting of all issues identified in complaints during the reporting period. This change will result in higher numbers of issues appearing in the following three tables from October 2016.

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.

### Main issues raised in complaints

Issue	Jan	uary	Febr	uary	Ма	rch	Q3 t	otal
	Number	%	Number	%	Number	%	Number	%
Access	46	6.78	20	3.52	21	3.31	88	4.72
Code of conduct for healthcare workers	5	0.74	0	0.00	1	0.16	8	0.43
Communication/information	84	12.39	75	13.20	80	12.62	234	12.55
Consent	18	2.65	11	1.94	9	1.42	38	2.04
Discharge/transfer arrangements	9	1.33	14	2.46	14	2.21	38	2.04
Environment/ management of facilities	10	1.47	3	0.53	22	3.47	35	1.88
Fees/cost	14	2.06	18	3.17	18	2.84	51	2.73
Grievance processes	22	3.24	16	2.82	16	2.52	53	2.84
Medical records	13	1.92	12	2.11	13	2.05	38	2.04
Medication	98	14.45	56	9.86	82	12.93	238	12.76
Professional conduct	58	8.55	60	10.56	54	8.52	171	9.17
Professional health	28	4.13	18	3.17	14	2.21	59	3.16
Professional performance	263	38.79	255	44.89	282	44.48	787	42.20
Reports/certificates	10	1.47	10	1.76	8	1.26	27	1.45
Total	678	100.00	568	100.00	634	100.00	1865	100.00

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

## Number and type of complaints by health practitioner

Practitioner type	Access	Code of conduct for healthcare workers	Communication and information	Consent	Discharge/ transfer arrangements	Environment/ management of facility	Fees and costs	Grievance process	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/ certificates	Total
Alternative care	-	4	-	-	-	-	-	-	-	-	1	-	1	-	6
Chinese medicine	-	-	-	-	-	1	-	-	1	-	1	1	-	-	4
Chiropractor	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Dentistry	-	-	6	1	-	-	6	4	1	1	6	2	66	-	93
Emergency care	-	-	1	-	-	-	-	-	-	2	2	-	6	-	11
General medical	5	1	66	10	2	2	11	6	11	61	43	16	178	7	419
Medical radiation	-	1	1	-	-	-	-	-	-	-	-	-	4	-	6
Medical specialty	-	-	10	2	1	1	3	-	-	8	3	3	33	6	70
Nursing	-	-	6	2	-	-	-	1	4	13	41	28	40	-	135
Occupational therapy	-	-	-	-	-	-	-	-	1	-	1	-	1	-	3
Optometry	-	-	1	-	-	-	-	-	-	1	1	-	2	-	5
Osteopathy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Other	-	2	3	5	-	-	-	1	-	1	19	4	7	1	43
Pathology service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Pharmacy	-	-	3	-	-	2	-	-	1	14	7	1	2	-	30
Physiotherapy	1	-	-	-	-	-	-	-	-	-	1	-	4	-	6
Podiatry	-	-	1	-	-	-	-	-	-	-	-	1	1	-	3
Psychology	-	-	6	1	-	1	-	-	1	-	13	2	6	2	32
Speech pathology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Surgical	-	-	5	4	2	1	3	1	2	4	12	1	44	4	83
Total	6	8	109	25	5	8	23	13	22	105	151	59	396	20	950

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

## Number and type of complaints by health service organisation

Organisation type	Access	Code of conduct for healthcare workers	Communication and information	Consent	Discharge/ transfer arrangements	Environment/ management of facility	Fees and costs	Grievance processes	Medical records	Medication	Professional conduct	Professional performance	Reports/ certificates	Total
Aged care facility	-	-	4	-	-	1	-	1	-	5	-	12	-	23
Allied health service	-	-	-	-	-	-	1	-	-	-	-	2	-	3
Ambulance service	-	-	1	-	2	-	-	-	-	-	1	5	-	9
Community health service	2	-	3	-	-	1	-	1	-	1	-	2	-	10
Correctional facility	59	-	9	-	-	2	-	-	3	78	2	67	-	220
Dental service	2	-	2	-	-	-	2	3	1	-	1	9	-	20
Hospital and Health Service	-	-	2	-	-	1	1	1	-	-	-	7	-	12
Laboratory service	-	-	1	-	-	-	4	1	-	-	-	2	1	9
Licensed private hospital	1	-	11	1	5	3	7	6	2	5	1	30	-	72
Medical centre	7	-	15	1	-	3	5	6	1	5	-	8	1	52
Mental health service	3	-	9	2	2	2	-	1	1	11	1	18	-	50
Other government	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Other support service	-	-	-	-	-	1	-	-	-	1	-	2	-	4
Pharmaceutical service	-	-	2	-	-	-	1	1	-	7	-	-	-	11
Private Organisation	-	-	2	-	-	-	1	1	-	1	-	-	-	5
Public health service	-	-	4	-	-	-	-	-	-	-	1	12	-	17
Public hospital	7	-	57	7	24	10	3	17	8	18	11	203	4	369
Residential care service	-	-	-	-	-	1	-	-	-	-	-	1	-	2
Specialised health service	1	-	3	2	-	-	2	1	-	-	1	8	1	19
Area health services	-	-	-	-	-	-	-	-	-	-	1	1	-	2
Health service district	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Licensed day hospital	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Optical store	-	-	-	-	-	1	-	-	-	-	-	1	-	2
Parent organisation	-	-	-	-	-	-	1	-	-	-	-	-	-	1
Total	82	0	125	13	33	27	28	40	16	133	20	391	7	915

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

## **Assessment**

### **Assessments started and completed**

Assessments this quarter	January	February	March	Q3 total
Assessments started	170	163	160	493
Assessments completed	202	218	189	609

### **Completed assessment timeframes**

Overall, there continues to be a significant improvement in the proportion of assessments completed within legislated timeframes, which increased to 67.98 per cent in Q3. This is an improvement of 21.50 and 12.66 percentage points when compared to Q1 and Q2 respectively. This improvement reflects the focus on targeted strategies to progress and finalise matters.

Of the 108 assessments completed within 60 days, 69 matters were approved for extension.

The 156 matters completed outside of the legislated timeframe were due to the continuing high volume of matters that require additional assessment, the complexity of many of the matters in assessment, and delays in receiving information from parties or in obtaining the necessary independent clinical advice required to appropriately assess the matters.

Assessment timeframe	January		Febr	uary	Ма	rch	Q3 total		
	Number	%	Number	%	Number	%	Number	%	
Within 30 days	102 50.50		126	57.80	117	61.91	345	56.65	
Within 60 days*	40	19.80	39	17.89	29	15.34	108	17.73	
Greater than 60 days	60 29.70		53	24.31	43	22.75	156	25.62	
Total	202	100.00	218	100.00	189	100.00	609	100.00	

<sup>\*</sup>Assessments are able to be completed within 60 days when granted an extension of 30 days as a result of legislated requirements being met.

#### **Assessment decisions**

Type of relevant action	Jan	uary	February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Local resolution	7	3.41	4	1.83	2	1.06	13	2.12
Conciliation	8	3.90	5	2.28	8	4.26	21	3.43
Investigation	10	4.88	4	1.83	2	1.06	16	2.61
Referred to AHPRA and the national boards	25	12.20	40	18.26	24	12.77	89	14.54
Referral to another entity	90	43.90	86	39.27	80	42.55	256	41.83
Immediate registration action*	1	0.49	1	0.46	0	0.00	2	0.33
Interim prohibition order*	0	0.00	0	0.00	0	0.00	0	0.00
No further action	64	31.22	79	36.07	72	38.30	215	35.13
Total	205	100.00	219	100.00	188	100.00	612	100.00

Total assessment decisions will not equal the total number of assessments (in previous tables), as a single assessment can result in multiple relevant actions.

The figures for the type of relevant action decided in the assessment stage may not correspond with totals for respective relevant actions (e.g. local resolution, conciliation, investigation etc.) due to the time between a decision being made and an action taken crossing over different reporting periods.

\*Immediate action assessment decision figures may not align with the immediate action figures later in the report due to immediate actions decisions being made outside of the assessment process.

## **Local resolution**

## Local resolutions started and completed

Local resolutions this quarter	January	February	March	Q3 total
Local resolutions started	85	75	75	235
Local resolutions completed	77	69	83	229

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**

#### **Timeframes**

In Q3, 93.01 per cent of local resolutions were completed within legislated timeframes.

Of the 44 local resolutions completed within 60 days, 29 were eligible for and received an approved extension.

Local resolution timeframe	Jan	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%	
Within 30 days	55	71.43	55	79.71	74	89.16	184	80.35	
Within 60 days	22	28.57	13	18.87	9	10.84	44	19.21	
Greater than 60 days	0	0.00	1	1.45	0	0.00	1	0.44	
Total	77	100.00	69	100.00	83	100.00	229	100.00	

<sup>\*</sup>Local resolutions are able to be completed within 60 days when granted an extension of 30 days as a result of legislated requirements being met.

#### **Outcomes**

Local resolution outcomes	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Resolution reached	64	81.01	57	82.61	71	85.54	192	83.11
No resolution reached	13	16.46	12	17.39	8	9.64	33	14.29
Complaint withdrawn*	2	2.53	0	0.00	4	4.82	6	2.60
Total	79	100.00	69	100.00	83	100.00	231	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	Jan	uary	February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Assessment	0	0.00	0	0	0	0	0	0
Conciliation	0	0.00	0	0	0	0	0	0
Investigation	0	0.00	0	0	0	0	0	0
Referred to AHPRA and the national boards	0	0.00	1	8.33	0	0	1	4.55
Referral to another entity	0	0.00	0	0	0	0	0	0
Immediate action	0	0.00	0	0	0	0	0	0
No further action	13	100.00	11	91.67	8	100.00	32	96.97
Total	13	100.00	12	100.00	8	100.00	33	100.00

### Conciliation

#### Conciliations started and closed

Conciliations this quarter	January	February	March	Q3 total
Conciliations open at the start of the period	64	59	54	64
Conciliations started	7	7	8	22
Conciliations closed	12	12	5	29

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	January	February	March	Q3 total
Party/ies agreed to participate	3	5	6	14
Party/ies did not agree to participate	7	5	1	13
Decisions pending at close of the period	17	15	16	16

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	Janı	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%	
0–3 months	0	0.00	2	28.57	0	0.00	2	12.50	
3–6 months	4	80.00	2	28.57	2	50.00	8	50.00	
6–9 months	1	20.00	3	42.86	1	25.00	5	31.25	
9–12 months	0	0.00	0	0.00	0	0.00	0	0.00	
12+ months	0	0.00	0	0.00	1	25.00	1	6.25	
Total	5	100.00	7	100.00	4	100.00	16	100.00	

#### **Outcomes**

Conciliation outcomes	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Successful	4	80.00	5	71.43	2	50.00	11	68.75
Not successful	1	20.00	2	28.57	2	50.00	5	31.25
Ended early	0	0.00	0	0.00	0	0	0	0
Total	5	100.00	7	100.00	4	100.00	16	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	Jan	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%	
Local resolution	0	0.00	0	0.00	0	0.00	0	0.00	
Investigation	0	0.00	0	0.00	0	0.00	0	0.00	
Referred to AHPRA and the national boards	0	0.00	0	0.00	0	0.00	0	0.00	
Referral to another entity	0	0.00	0	0.00	0	0.00	0	0.00	
Immediate action	0	0.00	0	0.00	0	0.00	0	0.00	
No further action	1	100.00	2	100.00	2	100.00	5	100.00	
Total	1	100.00	2	100.00	2	100.00	5	100.00	

## **Open conciliation timeframes**

Conciliations open	January I		Febr	uary	March	
	Number	%	Number	%	Number	%
Less than 3 months	29	49.15	22	40.74	20	34.48
3–6 months	20	33.90	21	38.89	21	36.21
6–9 months	3	5.08	4	7.41	10	17.24
9–12 months	2	3.39	0	0.00	1	1.72
12+ months	5	8.47	7	12.96	6	10.34
Total	59	100.00	54	58	58	100.00

## Investigation

Due to an ongoing reconciliation process, the data reported may not match data included in previous performance reports. This is due to the reclassification of a number of open investigations during the quarter, as well as decisions to investigate, pause or close a matter having been recorded in a subsequent month to the month in which a decision was made.

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	January	February	March	Q3 total
Investigations started	30	19	11	60
Investigations closed	12	16	15	43

The number of investigations started in the reporting period may not match the number of assessment decisions to undertake investigation due to the time between a decision being made and an action taken crossing over different reporting periods, or as a result of investigations being started via other processes (e.g. own-motion investigation).

### **Closed investigations**

#### **Timeframes**

Closed investigation timeframes	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Less than 3 months	3	25.00	0	0.00	3	20.00	6	13.95
3–6 months	1	8.33	0	0.00	1	6.67	2	4.65
6–9 months	2	16.67	1	6.25	0	0.00	3	6.98
9–12 months	0	0.00	3	18.75	0	0.00	3	6.98
12+ months	6	50.00	12	75.00	11	73.33	29	67.44
Total	12	100.00	16	100.00	15	100.00	43	100.00

#### **Outcomes**

Closed investigation outcomes	January	February	March	Q3 total
Recommended for referral to Director of Proceedings	4	15	8	27
Referred to AHPRA	7	0	2	9
Referred to another agency	0	0	0	0
No further action	1	1	5	7

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

### **Active investigation timeframes**

Active investigation timeframes	January		February		March	
	Number	%	Number	%	Number	%
Less than 3 months	69	21.43	73	22.67	54	17.09
3–6 months	52	16.15	49	15.22	58	18.35
6–9 months	44	13.66	45	13.98	44	13.92
9–12 months	30	9.32	35	10.87	47	14.87
12+ months*	127	39.44	120	37.27	113	35.76
Total	322	100.00	322	100.00	316	100.00

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

### **Paused investigation timeframes**

Paused investigation timeframes	January		February		March	
	Number	%	Number	%	Number	%
Less than 3 months	4	5.56	3	4.00	0	0.00
3–6 months	2	2.78	5	6.67	7	9.72
6–9 months	10	13.89	5	6.67	4	5.56
9–12 months	15	20.83	20	26.67	16	22.22
12+ months	41	56.94	42	56.00	45	62.50
Total	72	100.00	75	100.00	72	100.00

Certain matters may be referred to an external agency, such as the Queensland Police Service while criminal proceedings take place, or to the coroner if it relates to reportable deaths (under s92 of the *Health Ombudsman Act 2013*). From an OHO perspective, these matters are not closed but effectively paused within the OHO's complaints management system as in these circumstances it is not appropriate for the OHO to conduct any investigations that may impede on an external agency's processes. As a result, investigation of these matters will be put on hold until the external agency finalises its processes.

### **Open investigation timeframes**

Total open investigation timeframes	January		February		March	
	Number	%	Number	%	Number	%
Less than 3 months	73	18.53	76	19.14	54	13.92
3–6 months	54	13.71	54	13.60	65	16.75
6–9 months	54	13.71	50	12.59	48	12.37
9–12 months	45	11.42	55	13.85	63	16.24
12+ months*	168	42.64	162	40.81	158	40.72
Total	394	100.00	397	100.00	388	100.00

## **Open investigation categories**

Type of investigation	January	February	March
Health service complaint	283	287	274
Systemic issue	35	34	33
Another matter*	76	76	79

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

## **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.

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

Practitioner type	January	February	March	Q3 total
Medical practitioner	3	5	2	10
Psychologist	1	0	1	2
Registered nurse	0	1	2	3
Chiropractor	0	1	0	1
Total	4	7	5	16

Matters determined suitable for referral to the Director of Proceedings at the conclusion of an investigation are sent to the Health Ombudsman for consideration and determination on whether referral to the Director of Proceedings is appropriate. As a result, these figures will differ from *closed investigation outcomes* figures.

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

Practitioner type	Number
Chiropractor	1
Medical practitioner	18
Pharmacist	1
Psychologist	4
Registered nurse	10
Student nurse	1
Unregistered practitioner	1
Total	36

## Matters referred to the Queensland Civil and Administrative Tribunal

Practitioner type	January	February	March	Total
Medical practitioner	0	0	1	1
Pharmacist	0	1	0	1
Registered nurse	1	0	1	2
Total	1	1	2	4

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

## **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 six show cause notices issued during the quarter.

As outlined in the *Health Ombudsman Act 2013*, upon receipt of a show cause notice, a health service provider is invited to make a submission within a stated period of time. The Health Ombudsman will then consider the submission before deciding whether to take immediate action against the provider.

### Immediate registration actions

Practitioner type	Number	Action taken	Reasons/s for t	aking action	
			Health	Conduct	Performance
Registered nurse <sup>1</sup>	3	Conditions		✓	✓
Registered nurse	1	Suspension		✓	
Student nurse	1	Suspension		✓	
Medical practitioner	1	Suspension		✓	
Medical practitioner <sup>2</sup>	1	Conditions		✓	
Chinese medicine practitioner	1	Conditions		✓	✓
Dental practitioner <sup>3</sup>	2	Suspension		✓	✓
Dental practitioner <sup>4</sup>	1	Conditions		✓	✓
Total	11				

<sup>&</sup>lt;sup>1</sup> One registered nurse's suspension was revoked and conditions imposed.

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.

<sup>&</sup>lt;sup>2</sup> One medical practitioner's suspension was revoked and conditions imposed.

<sup>&</sup>lt;sup>3</sup> One dental practitioner's conditions were removed and their registration suspended.

<sup>&</sup>lt;sup>4</sup> One dental practitioner's suspension was revoked and conditions imposed.

### Interim prohibition orders

Practitioner type	Number	Action taken	Reasons/s for taking action			
			Health	Conduct	Performance	Interstate
Assistant in nursing	2	Prohibition		✓		
Student nurse	1	Prohibition		✓		
Total	3					

The Health Ombudsman has powers to issue interim prohibitions orders to unregistered practitioners and registered practitioners practicing outside their field of registration. An interim prohibition order can prohibit or restrict the practitioner from providing any health service, or a specific health service.

The Health Ombudsman can also enforce a prohibition order or an interim prohibition order issued in another state or territory where that interstate prohibition order corresponds—or substantially corresponds—to the type of prohibition order that can be made in Queensland.

The details for current prohibition orders can be found on the OHO website (www.oho.qld.gov.au) on the prohibition order register.

## **Australian Health Practitioner Regulation Agency**

### **Notifications from AHPRA**

AHPRA notified the Health Ombudsman of two serious matters—as prescribed under s193 of the National Law—during the quarter.

Of these matters, the Health Ombudsman asked the national board to continue to deal with one matter under s193(2)(b) National Law.

One further matter has been requested from AHPRA and has been referred by agreement under s193A(4) of the National Law.

## Number of practitioners referred to AHPRA by practitioner type

Practitioner type	Number
Aboriginal and Torres Strait Islander health	0
Chinese medicine	3
Chiropractic	1
Dental	49
Medical	258
Medical radiation	1
Nursing and midwifery	105
Occupational therapy	2
Optometry	1
Osteopathy	0
Pharmacy	12
Physiotherapy	6
Podiatry	2
Psychology	16
Unregistered practitioner	0
Total	456

## 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	Total
Aboriginal and Torres Strait Islander health	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Chinese medicine	-	-	-	-	1	-	-	1	-	2	1	-	-	5
Chiropractic	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Dentist	-	3	1	-	-	3	2	2	1	9	2	57	-	80
Medical	3	53	13	9	4	3	3	9	62	26	20	217	14	436
Medical radiation	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Nursing and midwifery	-	5	2	-	-	-	-	5	16	42	37	49	-	156
Occupational therapy	-	-	-	-	-	-	-	1	-	1	2	1	-	5
Optometry	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Osteopathy	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Pharmacy	-	-	-	-	-	-	-	1	9	5	1	-	-	16
Physiotherapy	-	-	-	-	-	-	-	-	-	1	-	6	-	7
Podiatry	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Psychology	-	4	-	-	2	-	-	-	-	8	3	6	2	25
Speech Pathologist	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Exempt	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Unregistered practitioner														0
Total	3	65	16	9	7	6	5	19	88	95	66	337	16	732

## **Demographics**

The following demographic data is based on matters that have completed the assessment process. Basing figures on completed assessments produces accurate reporting, as all relevant details of a matter have been identified.

Unless otherwise specified, data is based on healthcare consumers, not the complainant, as the complainant in a matter may not be the consumer of the health service. Matters where the healthcare consumer is an organisation are not included in these figures.

#### Gender

Gender	Number	Percentage
Female	266	46.10
Male	301	52.17
Unknown	10	1.73
Total	577	100.00

### Age

Age	Number	Percentage
Less than 18	36	6.24
18–24 years	33	5.72
25–34 years	133	23.05
35–44 years	112	19.41
45–54 years	76	13.17
55–64 years	72	12.48
65–74 years	52	9.01
More than 75 years	39	6.76
Unknown*	24	4.16

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

## **Location of healthcare consumers**

Location of healthcare consumers	Number	Percentage
Brisbane	274	47.49
Central West	1	0.17
Darling Downs	26	4.51
Far North	21	3.64
Fitzroy	17	2.95
Gold Coast	45	7.80
Mackay	10	1.73
North West	4	0.69
Northern	40	6.93
South West	4	0.69
Sunshine Coast	29	5.03
West Moreton	13	2.25
Wide Bay-Burnett	39	6.76
Outside Queensland	34	5.89
Unknown	20	3.47

The above data is based on health consumer location.

## Location of health service providers

Location of health service providers	Number	Percentage
Brisbane	347	53.30
Central West	1	0.15
Darling Downs	19	2.92
Far North	30	4.61
Fitzroy	15	2.30
Gold Coast	63	9.68
Mackay	18	2.76
North West	3	0.46
Northern	39	5.99
South West	3	0.46
Sunshine Coast	32	4.92
West Moreton	8	1.23
Wide Bay-Burnett	45	6.91
Outside Queensland*	5	0.77
Unknown	23	3.53

The above data is based on health service provider location.

<sup>\*</sup>Health service provider location is taken from the primary address of the provider recorded in the OHO complaints management system. Complaints can be made about health service providers from other states who have provided health services in Queensland. This could include locums travelling to Queensland from interstate or providers who previously lived in Queensland providing services but have since moved interstate—as the OHO can deal with complaints up to two years old.

