# Quarterly performance report

Quarter four 2017–18



#### Quarterly performance report—Quarter four 2017–18

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# Introduction

This document reports on the quarter four (Q4) 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 <a href="https://www.oho.qld.gov.au">www.oho.qld.gov.au</a>.

Data in this report is correct as at 27 July 2018, though figures may differ from those published in previous reports due to subsequent adjustments which occurred after the publication of those reports.



# **Performance overview**

The office continues to see rising numbers of contacts with 3129 received during the quarter—that is 29.30 per cent more than Q4 2016-17 and 22.95 per cent more than Q4 2015–16. Of these contacts 1848 were classified as complaints which is 23.78 per cent more than Q4 2016-17 and 16.01 per cent more than in Q4 2015-16.

Notwithstanding this increase in workload, a number of indicators demonstrate improved performance by the OHO during the fourth quarter including:

- 90.29 per cent of the 1751 intake decisions made were completed within seven days, representing the highest rate of achievement since the office's inception. This is compared to 90.07 per cent achieved in Q4 2016-17 (1400 decisions) and 41.66 per cent in Q4 2015-16 (1505 decisions).
- 71.54 percent of the 513 assessments decisions made in Q4 were completed within legislative timeframes, compared to 75.44 percent (399 assessments) and 31.70 per cent (530 assessments) within the same periods in 2016-17 and 2015-16 respectively.
- 100 per cent of the 259 local resolutions finalised in Q4 were completed within legislative timeframes, compared to 97.17 per cent (283 local resolutions) and 83.93 per cent (305 local resolutions) within the same periods in 2016-17 and 2015-16 respectively.
- 92 investigations were closed in Q4, compared to 55 and 54 within the same periods in 2016-17 and 2015-16 respectively.
- As at the close of Q4 there were 241 fewer open investigations compared to the same time last year (153 compared to 394 at the close of Q4 2016-17)—due to improved business processes and amalgamations under s40(2) of the Act.
- As at the close of Q4 there were 148 fewer investigations aged over one year compared to the same time last year (48 compared to 196).
- 29 matters were filed in QCAT in Q4—more than twice the 12 matters filed in the entire 2016-17 performance year.



# Intake of complaints

## Type of contacts

Type of contact	Ар	ril	Ma	ay	Ju	ne	Q4 total		
	Number	%	Number	%	Number	%	Number	%	
Complaint	578	58.15	600	55.20	670	63.93	1848	59.06	
Enquiry	416	41.85	487	44.80	376	35.88	1279	40.88	
Yet to be classified	0	0.00	0	0.00	2	0.19	2	0.06	
Total	994	100.00	1087	100.00	1048	100.00	3129	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	April		M	ay	Ju	ne	Q4 total		
	Number	%	Number	%	Number	%	Number	%	
Health consumer complaint	522	90.31	533	88.83	585	87.31	1640	88.74	
Mandatory notification*	14	2.42	20	3.33	23	3.43	57	3.08	
Voluntary notification*	36	6.23	33	5.50	41	6.12	110	5.95	
Self-notification*	1	0.17	5	0.83	9	1.34	15	0.81	
Referral from another agency	5	0.87	9	1.50	12	1.79	26	1.41	
Total	578	100.00	600	100.00	670	100.00	1848	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	April		Ma	ay	Jur	ne	Q4 total		
	Number	%	Number	%	Number	%	Number	%	
Yes	453	87.12	516	88.66	612	94.30	1581	90.29	
No	67	12.88	66	11.34	37	5.70	170	9.71	
Total	520	100.00	582	100.00	649	100.00	1751	100.00	

#### Accepted vs not accepted

Number of decisions made	Ap	oril	M	ay	Ju	ne	Q4 total		
	Number	%	Number	%	Number	%	Number	%	
Accepted	311	59.81	324	55.67	409	57.44	1044	57.55	
Not accepted	209	40.19	258	44.33	240	33.71	707	38.97	
Decision pending	0	0.00	0	0.00	63	8.85	63	3.47	
Total	520	100.00	582	100.00	712	100.00	1814	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 59 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	April		Ma	ау	Ju	ne	Q4 total		
	Number	%	Number	%	Number	%	Number	%	
Assessment	114	33.63	102	28.98	147	33.11	363	31.98	
Local resolution	94	27.73	84	23.86	122	27.48	300	26.43	
Conciliation	0	0.00	2	0.57	0	0.00	2	0.18	
Investigation	4	1.18	5	1.42	7	1.58	16	1.41	
Referred to AHPRA and the national boards	127	37.46	159	45.17	168	37.84	454	40.00	
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	339	100.00	352	100.00	444	100.00	1135	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	Ap	oril	M	ау	Ju	ne	Q4 1	otal
	Number	%	Number	%	Number	%	Number	%
Access	52	5.81	47	4.92	77	7.91	176	6.23
Code of conduct for healthcare workers	13	1.45	6	0.63	16	1.64	35	1.24
Communication/ information	91	10.17	140	14.66	118	12.11	349	12.36
Consent	15	1.68	18	1.88	18	1.85	51	1.81
Discharge/transfer arrangements	14	1.56	15	1.57	13	1.33	42	1.49
Environment/ management of facilities	20	2.23	15	1.57	26	2.67	61	2.16
Fees/cost	32	3.58	25	2.62	32	3.29	89	3.15
Grievance processes	24	2.68	22	2.30	12	1.23	58	2.05
Health Ombudsman Act 2013 offence	2	0.22	0	0.00	0	0.00	2	0.07
Medical records	37	4.13	23	2.41	36	3.70	96	3.40
Medication	114	12.74	127	13.30	121	12.42	362	12.82
Professional conduct	92	10.28	91	9.53	102	10.47	285	10.09
Professional health	9	1.01	26	2.72	27	2.77	62	2.20
Professional performance	353	39.44	377	3.49	354	36.34	1084	38.39
Reports/certificates	27	3.02	23	2.41	21	2.16	71	2.51
Research/teaching/ assessment	0	0.00	0	0.00	1	0.10	0	0.04
Total	895	100.00	955	100.00	974	100.00	2824	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	-	7	-	-	-	-	-	-	-	-	-	2	-	3	-	-	12
Chinese medicine	-	-	2	-	-	-	1	-	-	-	1	4	-	3	-	-	11
Chiropractor	-	-	-	-	-	-	-	-	-	-	-	3	-	6	-	-	9
Dentistry	1	-	5	4	-	2	10	2	-	6	1	11	1	54	-	1	98
Emergency care	-	3	-	-	2	-	-	-	-	1	-	2	-	11	-	-	19
General medical	12	1	98	9	4	1	8	3	-	16	105	76	10	217	29	-	589
Medical radiation	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	-	4
Medical specialty	2	4	16	2	-	-	2	1	-	1	5	20	4	40	4	-	101
Nursing	1	2	5	1	-	-	-	-	-	4	13	42	27	20	-	-	115
Occupational therapy	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	2
Optometry	-	-	2	-	-	-	1	-	-	-	-	-	-	4	1	-	8
Osteopathy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Other	-	15	4	2	-	-	1	-	2	-	3	41	9	22	-	-	99
Pathology service	-	-	1	-	-	-	-	-	-	-	-	-	-	3	-	-	4
Pharmacy	-	-	1	-	-	-	-	-	-	1	29	6	1	1	-	-	39
Physiotherapy	-	-	2	-	-	-	-	-	-	-	-	8	-	2	1	-	13
Podiatry	-	-	-	-	-	-	2	-	-	-	-	2	1	3	-	-	8
Psychology	2	1	12	1	-	-	4	1	-	5	6	14	7	16	16	-	85
Speech pathology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Surgical	-	-	5	5	1	-	3	-	-	1	-	7	1	49	5	-	77
Total	18	33	153	24	7	3	32	7	2	35	163	239	61	458	57	1	1293

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	1	1	3	1	1	1	-	-	-	2	6	1	-	20	-	-	37
Allied health service	1	-	2	-	-	-	-	-	-	2	1	1	-	7	-	-	14
Ambulance service	-	-	6	-	-	-	-	-	-	-	1	-	-	6	-	-	13
Community health service	5	-	3	-	-	3	-	1	-	-	2	1	-	7	2	-	24
Correctional facility	75	-	9	2	-	8	-	2	-	3	116	2	-	96	-	-	313
Dental service	5	-	4	-	-	1	15	-	-	2	-	4	-	22	-	-	53
Hospital and Health Service	2	-	2	1	1	1	1	1	-	1	1	3	-	8	-	-	22
Laboratory service	2	-	4	-	-	3	6	-	-	2	-	1	-	3	1	-	22
Licensed private hospital	3	-	17	1	5	1	7	5	-	4	4	2	-	34	-	-	83
Medical centre	17	-	25	1	-	12	11	6	-	19	10	3	-	27	3	-	134
Mental health service	2	-	18	8	2	5	-	4	-	4	8	7	-	31	4	-	93
Nursing service	-	-	-	-	-	1	-	-	-	-	1	-	-	1	-	-	3
Other government department	1	-	2	-	-	-	-	1	-	-	-	-	-	-	-	-	4
Other support service	2	-	-	-	-	3	2	-	-	-	-	2	-	-	-	-	9
Pharmaceutical service	1	-	1	1	-	-	-	-	-	1	15	3	-	1	-	-	23
Private organisation	-	-	3	-	-	-	4	-	-	-	-	-	-	4	-	-	11
Public health service	1	-	4	-	-	1	-	1	-	-	-	-	-	12	-	-	19
Public hospital	35	-	82	11	26	13	4	27	-	19	28	10	-	320	4	1	580
Residential care service	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Specialised health service	3	-	4	1	-	2	6	3	-	2	-	1	-	10	-	-	32
Licensed day hospital	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Optical store	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	2
Paramedical service	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Welfare service	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Total	157	1	191	27	35	57	57	51	0	61	193	41	0	610	14	1	1496

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	April	Мау	June	Q4 total
Assessments started	121	111	156	388
Assessments completed	187	177	149	513

# **Completed assessment timeframes**

Assessment timeframes	April		Ma	ay	Ju	ne	Q4 total		
	Number	%	Number	%	Number %		Number	%	
Within legislative timeframes*	124	66.31	126	71.19	117	78.52	367	71.54	
Outside legislative timeframes	63	33.69	51	28.81	32	21.48	146	28.46	
Total	187	100.00	177	100.00	149	100.00	513	100.00	

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

### Assessment decisions

Type of relevant action	Ar	oril	Мау		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Local resolution	0	0.00	2	1.09	1	0.65	3	0.57
Conciliation	11	5.82	8	4.35	16	10.32	35	6.63
Investigation	9	4.76	11	5.98	10	6.45	30	5.68
Referred to AHPRA and the national boards	14	7.41	16	8.70	8	5.16	38	7.20
Referred to another entity	59	31.22	60	32.61	51	32.90	170	32.20
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	96	50.79	87	47.28	69	44.52	252	47.73
Total	189	100.00	184	100.00	155	100.00	528	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	April	May	June	Q4 total
Local resolutions started	91	88	130	309
Local resolutions completed	80	88	91	259

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	Aŗ	oril	Мау		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Within legislative timeframes*	80	100.00	88	100.00	91	100.00	259	100.00
Outside legislative timeframes	0	0.00	0	0.00	0	0.00	0	0.00
Total	80	100.00	88	100.00	91	100.00	259	100.00

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

#### **Outcomes**

Local resolution outcomes	Ap	oril	Мау		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Resolution reached	60	75.00	70	79.55	78	85.71	208	80.31
No resolution reached	12	15.00	12	13.64	9	9.89	33	12.74
Complaint withdrawn*	8	10.00	3	3.41	3	3.30	14	5.41
Local resolution did not commence**	0	0.00	3	3.41	1	1.10	4	1.54
Total	80	100.00	88	100.00	91	100.00	259	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	Aŗ	oril	Мау		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Assessment	0	0.00	0	0.00	0	0.00	0	0.00
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	1	8.33	1	8.33	0	0.00	2	6.06
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	11	91.67	11	91.67	9	100.00	31	93.94
Total	12	100.00	12	100.00	9	100.00	33	100.00

# Conciliation

# **Conciliations started and closed**

Conciliations this quarter	April	May	June	Q4 total
Conciliations started	13	9	12	34
Conciliations closed	14	14	18	46

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	April	Мау	June	Q4 total
Parties agreed to participate	6	6	8	20
Party/ies did not agree to participate	7	6	7	20

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	Ap	oril May		June		Q4 total		
	Number	%	Number	%	Number	%	Number	%
Less than 3 months	0	0.00	0	0.00	4	36.36	4	15.38
3–6 months	1	14.29	3	37.50	5	45.45	9	34.62
6–9 months	2	28.57	3	37.50	1	9.09	6	23.08
9–12 months	2	28.57	2	25.00	0	0.00	4	15.38
More than 12 months	2	28.57	0	0.00	1	9.09	3	11.54
Total	7	100.00	8	100.00	11	100.00	26	100.00

#### **Outcomes**

Conciliation outcomes	Ap	oril May		June		Q4 total		
	Number	%	Number	%	Number	%	Number	%
Successful	4	57.14	6	75.00	6	54.55	16	61.54
Not successful	3	42.86	2	25.00	5	45.45	10	38.46
Ended by the Health Ombudsman	0	0.00	0	0.00	0	0.00	0	0.00
Total	7	100.00	8	100.00	11	100.00	26	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	Ap	oril N		May J		ne	Q4 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	3	100.00	2	100.00	5	100.00	10	100.00
Total	3	100.00	2	100.00	5	100.00	10	100.00

### **Open conciliation timeframes**

Conciliations open	April		M	ау	June	
	Number	%	Number	%	Number	%
Less than 3 months	20	41.67	22	52.38	26	72.22
3–6 months	8	16.67	10	23.81	6	16.67
6–9 months	8	16.67	4	9.52	1	2.78
9–12 months	6	12.50	1	2.38	1	2.78
More than 12 months	6	12.50	5	11.90	2	5.56
Total	48	100.00	42	100.00	36	100.00

As at 30 June 2018 there were 10 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, 4 that have been open for 3-6 months, 1 that has been open for 6-9 months, 0 that has been open for 9-12 months, and 2 that has 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

During 2017-18, as a part of the office's commitment to continual improvement in transparency of data, changes were made to reporting methodology within the Investigations division. This may mean there are minor variances to the figures in previous monthly reports.

Other causes of variance are:

- a new investigation being commenced as a result of an existing investigation identifying a new health service provider. In these situations timeframes and commencement date will be recorded as the commencement date of the original investigations
- an investigation decision being rescinded
- matters amalgamated under s40(2) of the Act being separated into individual investigations.

#### Investigations started and closed

Investigations this quarter	April	Мау	June	Q4 total
Investigations started	15	11	23	49
Investigations closed	38	31	23	92
Investigations amalgamated under s40(2)	0	0	0	0

# **Closed investigations**

#### **Timeframes**

Closed investigation timeframes	Ар	ril	May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Less than 3 months	5	13.89	6	18.75	8	34.78	19	20.88
3–6 months	5	13.89	3	9.38	3	13.04	11	12.09
6–9 months	3	8.33	4	12.50	3	13.04	10	10.99
9–12 months	3	8.33	4	12.50	0	0.00	7	7.69
12-24 months	12	33.33	10	31.25	5	21.74	27	29.67
More than 24 months	8	22.22	5	15.63	4	17.39	17	18.68
Total	36	100.00	32	100.00	23	100.00	91	100.00

#### **Outcomes**

Closed investigation outcomes	Ар	ril	Мау		y June		Q4	
	Number	%	Number	%	Number	%	Number	%
Recommended for referral to Director of Proceedings*	19	48.72	12	35.29	9	36.00	40	40.82
Referred to AHPRA	3	7.69	4	11.76	4	16.00	11	11.22
Referred to another agency	6	15.38	5	14.71	1	4.00	12	12.24
No further action	10	25.64	12	35.29	11	44.00	33	33.67
Referred to Executive Director, Legal Services**	0	0.00	0	0.00	0	0.00	0	0.00
Referred for conciliation	1	2.56	1	2.94	0	0.00	2	2.04
Total	39	100.00	34	100.00	25	100.00	98	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.

\*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 QCAT.

## **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	Aŗ	April May		June		
	Number	%	Number	Number %		%
Less than 3 months	32	23.53	29	25.22	36	31.03
3–6 months	30	22.06	24	20.87	17	14.66
6–9 months	14	10.29	18	15.65	21	18.10
9–12 months	12	8.82	7	6.09	8	6.90
12-24 months*	35	25.74	25	21.74	25	21.55
More than 24 months*	13	9.56	12 10.43		9	7.76
Total	136	100.00	115 100.00		116	100.00

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

# Paused investigation timeframes

Paused investigation timeframes	April		M	ау	June		
	Number	%	Number %		Number	%	
Less than 3 months	6	16.67	4	10.81	2	5.41	
3–6 months	5	13.89	8	21.62	10	27.03	
6–9 months	6	16.67	7	18.92	4	10.81	
9–12 months	5	13.89	5	13.51	7	18.92	
12–24 months	9	25.00	8	21.62	9	24.32	
More than 24 months	5	13.89	5 13.51		5	13.51	
Total	36	100.00	37 100.00		37	100.00	

# Open investigation timeframes

Total open investigation timeframes	April		Ma	ау	June		
	Number	%	Number %		Number	%	
Less than 3 months	38	22.09	33	21.71	38	24.84	
3–6 months	35	20.35	32	21.05	27	17.65	
6–9 months	20	11.63	25	16.45	25	16.34	
9–12 months	17	9.88	12	7.89	15	9.80	
12–24 months	44	25.58	33	21.71	34	22.22	
More than 24 months	18	10.47	17 11.18		14	9.15	
Total	172	100.00	152 100.00		153	100.00	

### **Open investigation categories**

Type of investigation	April	Мау	June
Health service complaint	105	94	96
Systemic issue	20	14	12
Another matter*	46	43	43
Matters identified for further investigation**	1	1	2
Total	172	152	153

\*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 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	April	Мау	June
Cases open at the beginning of the month	5	6	6
Recommendations monitoring cases started	1	0	0
Recommendations monitoring cases closed	0	0	1

#### 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	April	Мау	June
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*	April		M	ay	June		
	Number	%	Number	lumber %		%	
Less than 6 months	3	50.00	3	50.00	3	60.00	
6–12 months	0	0.00	0	0.00	0	0.00	
More than 12 months	3	50.00	3 50.00		2	40.00	
Total	6	100.00	6 100.00		5	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.

Practitioner type	Aŗ	oril	Мау		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Assistant in nursing	0	0.00	1	8.33	0	0.00	1	2.63
Chinese medicine practitioner	0	0.00	1	8.33	0	0.00	1	2.63
Dentist	1	5.88	0	0.00	0	0.00	1	2.63
Dental assistant	0	0.00	1	8.33	0	0.00	1	2.63
Massage therapist	0	0.00	1	8.33	1	11.11	2	5.26
Medical practitioner*	3	17.65	1	8.33	6	66.66	10	26.32
Pharmacist	2	11.76	0	0.00	0	0.00	2	5.26
Registered nurse	11	64.71	7	58.33	2	22.22	20	52.63
Total	17	100.00	12	100.00	9	100.00	38	100.00

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

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 practitioner held dual registration as a dentist and a medical practitioner.



# Matters currently with the Director of Proceedings by practitioner type

Practitioner type	Q4	total
	Number	%
Chinese medicine practitioner	2	1.28
Chiropractor	1	0.64
Dentist	7	4.49
Medical practitioner	49	31.41
Medical practitioner and dentist	1	0.64
Medical radiation practitioner	2	1.28
Pharmacist	7	4.49
Physiotherapist	1	0.64
Podiatrist	2	1.28
Psychologist	7	4.49
Registered nurse	60	38.46
Advanced care paramedic	2	1.28
Assistant in nursing	3	1.92
Audiologist	2	1.28
Dental assistant	1	0.64
Holding out as psychologist	1	0.64
Holding out as registered nurse	1	0.64
Massage therapist	3	1.92
Natural therapist	1	0.64
Social worker	1	0.64
Student nurse	1	0.64
Unregistered chiropractor	1	0.64
Total	156	100.00



## **Decisions made by the Director of Proceedings**

Practitioner type	Ap	oril	M	ау	Ju	ne	Q4 1	total
	Number	%	Number	%	Number	%	Number	%
Advance care paramedic	0	0.00	1	12.50	0	0.00	1	3.57
Massage therapist	3	42.86	1	12.50	3	23.08	7	25.00
Medical practitioner	2	28.57	1	12.50	0	0.00	3	10.71
Optometrist	1	14.29	0	0.00	0	0.00	1	3.57
Pharmacist	1	14.29	2	25.00	1	7.69	4	14.29
Physiotherapist	0	0.00	0	0.00	1	7.69	1	3.57
Psychologist	0	0.00	0	0.00	1	7.69	1	3.57
Registered nurse	0	0.00	3	37.50	7	53.85	10	35.71
Total	7	100.00	8	100.00	13	100.00	28	100.00

#### Matters to be referred to the Queensland Civil and Administrative Tribunal

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.

\*One provider held dual registration as a midwife.

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

Practitioner type	Ap	April		Мау		June		otal
	Number	%	Number	%	Number	%	Number	%
Chinese medical practitioner	0	0.00	0	0.00	1	16.67	1	12.50
Massage therapist	0	0.00	0	0.00	1	16.67	1	12.50
Medical Practitioner	1	50.00	0	0.00	0	0.00	1	12.50
Pharmacist	0	0.00	0	0.00	2	33.33	2	25.00
Psychologist	1	50.00	0	0.00	0	0.00	1	12.50
Registered nurse	0	0.00	0	0.00	2	33.33	2	25.00
Total	2	100.00	0	0.00	6	100.00	8	100.00

# **Disciplinary Matters filed in QCAT**

Practitioner type	April		M	ау	Ju	ne	Q4 <sup>-</sup>	total
	Number	%	Number	%	Number	%	Number	%
Advanced care paramedic	0	0.00	1	12.50	0	0.00	1	3.45
Massage therapist	3	37.50	1	12.50	3	23.08	7	24.14
Medical practitioner	2	25.00	1	12.50	0	0.00	3	10.34
Optometrist	1	12.50	0	0.00	0	0.00	1	3.45
Pharmacist	2	25.00	2	25.00	1	7.69	5	17.24
Physiotherapist	0	0.00	0	0.00	1	7.69	1	3.45
Psychologist	0	0.00	0	0.00	1	7.69	1	3.45
Registered nurse	0	0.00	3	37.50	7	53.85	10	34.48
Total	8	100.00	8	100.00	13	100.00	29	100.00

# Decisions on matters referred to the Queensland Civil and Administrative Tribunal

There has been one decision made on matters referred to QCAT during the quarter.

On 22 June 2018, a decision in the matter of *Health Ombudsman v NLM*. The Tribunal found the practitioner's behaviour amounted to professional misconduct, reprimanded the practitioner, and imposed a fine of \$5000.

#### **Decisions on immediate action reviews**

QCAT made no new decisions regarding immediate action reviews during the quarter.

# 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 ten 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	Reason/s for taking action		
			Health	Conduct	Performance
Enrolled nurse	1	Suspension		$\checkmark$	
Registered nurse	1	Suspension		$\checkmark$	
Registered nurse	2	Suspension		$\checkmark$	
Registered nurse	1	Conditions		$\checkmark$	
Medical practitioner	1	Suspension		$\checkmark$	

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	Prohibition		$\checkmark$		
Massage therapist	1	Prohibition		$\checkmark$		
Assistant in nursing	2	Prohibition		$\checkmark$		
Body modification practitioner	1	Corresponding interstate prohibition order		$\checkmark$	$\checkmark$	

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	April	Мау	June
Cases open at the beginning of the month	99	95	93
Practitioner monitoring cases started	2	4	3
Practitioner monitoring cases closed	6	6	4

### **Open monitoring cases**

#### **Timeframes**

Open case timeframes	April		Мау		June	
	Number	%	Number	%	Number	%
Less than 6 months	22	23.16	22	23.66	24	26.09
6–12 months	12	12.63	11	11.83	11	11.96
More than 12 months	61	64.21	60	64.52	57	61.96
Total	95	100.00	93	100.00	92	100.00

### Immediate action types

Open cases by immediate action type	April		Мау		June	
	Number	%	Number	%	Number	%
Interim prohibition order—restrictions	18	18.95	17	18.28	16	17.39
Interim prohibition order—prohibited	37	38.95	38	40.86	37	40.22
Immediate registration action—conditions	24	25.26	22	23.66	20	21.74
Immediate registration action—suspension	16	16.84	16	17.20	18	19.57
QCAT issued conditions or prohibition	0	0.00	0	0.00	1*	1.09
Total	95	100.00	93	100.00	92	100.00

\* In June 2018 one matter was reclassified as a QCAT issued condition or 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	1	1.96	
Chiropractor	1	1.96	
Dental practitioner	3	5.88	
Medical practitioner	8	15.69	
Medical radiation practitioner	0	0.00	
Nursing and midwifery practitioner	34	66.67	
Occupational therapist	0	0.00	
Optometrist	0	0.00	
Osteopath	0	0.00	
Pharmacist	0	0.00	
Physiotherapist	2	3.92	
Podiatrist	0	0.00	
Psychologist	2	3.92	
Total	51	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	2.70
Assistant in nursing	7	18.92
Audiologist	2	5.41
Counsellor	1	2.70
Dental assistant	1	2.70
Dental nurse	1	2.70
Former nurse	1	2.70
Holding out*	3	8.11
Massage therapist	12	32.43
Medical assistant	1	2.70
Naturopath	1	2.70
Natural therapist	1	2.70
Paramedic	3	8.11
Personal carer	1	2.70
Social worker	1	2.70
Total	37	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 serious matters during the quarter, as prescribed under section 193 of the National Law. Two 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	April	May	June	Q4 total
Matters consulted on*	170	196	195	561
Matters referred	168	192	165	525
Matters retained by the office**	5	3	7	15

\*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	April		Мау		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Intake and triage	127	74.71	161	82.14	170	87.18	458	81.64
Assessment	31	18.24	27	13.78	18	9.23	76	13.55
Conciliation	0	0.00	0	0.00	0	0.00	0	0.00
Local resolution	1	0.59	4	2.04	2	1.03	7	1.25
Investigation	7	4.12	3	1.53	4	2.05	14	2.50
Internal review	4	2.35	1	0.51	1	0.51	6	1.07
Total	170	100.00	196	100.00	195	100.00	561	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	456	1	0	0	1
Assessment	11	6	15	31	13
Local resolution	1	0	5	1	0
Conciliation	0	0	0	0	0
Investigation	3	0	0	0	11
Internal review	0	0	0	0	6
Total	471	7	20	32	31

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



#### **Consultation duration**

Consultation duration	April		M	ay	Ju	ne	Q4 total		
	Number	%	Number	%	Number	%	Number	%	
0–3 days	143	90.51	113	59.16	160	80.40	416	74.69	
4–7 days	15	9.49	77	40.31	36	18.09	136	24.42	
8–11 days	0	0.00	1	0.52	1	0.50	3	0.54	
More than 12 days	0	0.00	0	0.00	2	1.01	2	0.36	
Total	158	100.00	191	100.00	199	100.00	557	100.00	

# Number of practitioners referred to AHPRA by practitioner type

Practitioner type	Aŗ	oril	Мау		Ju	ne	Q4 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	3	1.79	1	0.52	4	2.42	8	1.52	
Chiropractor	1	0.60	3	1.56	2	1.21	6	1.14	
Dental practitioner	13	7.74	13	6.77	18	10.91	44	8.38	
Medical practitioner	99	58.93	109	56.77	92	55.76	300	57.14	
Medical radiation practitioner	1	0.60	0	0.00	1	0.61	2	0.38	
Nursing and midwifery practitioner	30	17.86	45	23.44	28	16.97	103	19.62	
Occupational therapist	0	0.00	1	0.52	1	0.61	2	0.38	
Optometrist	0	0.00	1	0.52	0	0.00	1	0.19	
Osteopath	0	0.00	0	0.00	0	0.00	0	0.00	
Pharmacist	10	5.95	12	6.25	7	4.24	29	5.52	
Physiotherapist	2	1.19	2	1.04	1	0.61	5	0.95	
Podiatrist	4	2.38	1	0.52	3	1.82	8	1.52	
Psychology	5	2.98	4	2.08	8	4.85	17	3.24	
Student practitioner*	0	0.00	0	0.000	0	0.00	0	0.00	
Total	168	100.00	192	100.00	165	100.00	525	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	-	-	-	-	-	1	-	5	-	3	-	-	10
Chiropractor	-	-	1	-	-	-	-	-	-	2	-	5	-	-	8
Dental practitioner	-	3	2	-	2	1	1	2	1	9	1	39	-	1	62
Medical practitioner	5	35	12	4	1	-	-	10	54	45	7	238	8	-	419
Medical radiation practitioner	-	-	-	-	-	-	-	-	-	2	-	1	-	-	3
Nursing and midwifery practitioner	-	3	1	-	-	-	-	3	13	36	29	33	-	-	118
Occupational therapy	-	1	-	-	-	-	-	-	-	1	-	2	-	-	4
Optometrist	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Osteopath	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Pharmacist	-	1	-	-	-	-	-	-	28	1	1	-	-	-	31
Physiotherapist	-	-	-	-	-	-	-	-	-	5	-	2	-	-	7
Podiatrist	-	-	-	-	-	1	-	-	-	2	1	8	-	-	12
Psychologist	-	2	-	-	-	-	-	2	-	6	7	3	2	-	22
Student practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Total	5	46	16	4	3	2	1	18	96	114	46	335	10	1	697

# **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	779	48.33
Male	788	48.88
Prefer not to specify	3	0.19
Unknown	42	2.61
Total	1612	100.00

# Age

Age	Number	Percentage
Less than 18 years	88	5.46
18–24 years	105	6.51
25–34 years	294	18.24
35–44 years	284	17.62
45–54 years	261	16.19
55–64 years	212	13.15
65–74 years	160	9.93
More than 75 years	117	7.26
Unknown*	91	5.65
Total	1612	100.00

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



## Location of healthcare consumers

Location of healthcare consumers	Number	Percentage
Brisbane	698	43.30
Central West	1	0.06
Darling Downs	51	3.16
Far North	85	5.27
Fitzroy	59	3.66
Gold Coast	185	11.48
Mackay	24	1.49
North West	7	0.43
Northern	60	3.72
South West	4	0.25
Sunshine Coast	87	5.40
West Moreton	30	1.86
Wide Bay-Burnett	125	7.75
Outside Queensland	73	4.53
Unknown	123	7.63
Total	1612	100.00

# Location of health service providers

Location of health service providers	Number	Percentage
Brisbane	916	47.54
Central West	1	0.05
Darling Downs	63	3.27
Far North	99	5.14
Fitzroy	53	2.75
Gold Coast	228	11.83
Mackay	37	1.92
North West	2	0.10
Northern	86	4.46
South West	4	0.21
Sunshine Coast	129	6.69
West Moreton	18	0.93
Wide Bay-Burnett	131	6.80
Outside Queensland*	26	1.35
Unknown	134	6.95
Total	1927	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.





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