

Quarterly performance report

Quarter four 2019–20



Quarterly performance report—Quarter four 2019-20

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Introduction

This document reports on the quarter four (Q4) performance of the Office of the Health Ombudsman (OHO) for the 2019–20 financial year.

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

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

Data in this report is correct as at 7 July 2020, 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	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Complaint	639	67.76	706	69.28	805	71.88	2150	69.76
Enquiry	286	30.33	263	25.81	253	22.59	802	26.02
Information*	18	1.91	50	4.91	55	4.91	123	3.99
Yet to be classified	0	0.00	0	0.00	7	0.63	7	0.23
Total	943	100.00	1019	100.00	1120	100.00	3082	100.00

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 introduction of improved business processes in August 2019 resulted in the addition of 'Information' as a new contact category. The office may receive information from other government entities, for example the Queensland Police Service, relating to health service practitioners. These matters previously would have been classified as either a complaint or enquiry depending on whether further action was required by the office but are now captured as information.

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

Type of complaints

Type of complaints	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Health consumer complaint	569	89.05	602	85.27	702	87.20	1873	87.12
Mandatory notification*	22	3.44	13	1.84	25	3.11	60	2.79
Voluntary notification*	44	6.89	82	11.61	73	9.07	199	9.26
Self-notification*	2	0.31	7	0.99	5	0.62	14	0.65
Referral from another agency	2	0.31	2	0.28	0	0.00	4	0.19
Total	639	100.00	706	100.00	805	100.00	2150	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

On 1 March 2020, amendments were made to the *Health Ombudsman Act 2013* enabling the office to 'Not accept' a complaint in situations where the Health Ombudsman is satisfied:

- the complaint would be more appropriately dealt with by a different entity; or
- the complainant has not yet sought a resolution with the relevant health service provider and it is reasonable in the circumstances for the complainant to first do so.

As a result of these changes, the table "Accepted vs Not Accepted" has been replaced with the table "Decisions made" included below.

Cases previously categorised as "Not Accepted" are now reported under the category of "Accepted and no further action taken" and relate to the number of decisions to take no further action under s 44 of the Act. This change is to definition only, and no alterations have been made to how these cases are managed by the office.

Decisions timeframes—within seven days

Decision made	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Yes	644	87.86	630	97.37	696	96.00	1970	93.59
No	89	12.14	17	2.63	29	4.00	135	6.41
Total	733	100.00	647	100.00	725	100.00	2105	100.00

Decisions made

Number of decisions made	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Accepted and further relevant action taken	339	46.25	383	59.20	395	54.48	1117	53.06
Accepted and no further action taken*	213	29.06	137	21.17	173	23.86	523	24.85
Not accepted under s35A**	181	24.69	127	19.63	157	21.66	465	22.09
Total	733	100.00	647	100.00	725	100.00	2105	100.00

*These decisions relate to matters in which the Health Ombudsman has decided to take no further action under section 44 of the *Health Ombudsman Act 2013*. Prior to 1 March 2020, this category was reported as “Not Accepted”.

**Matters may not be accepted under s35A of the Act where the matter would be more appropriately dealt with by an entity other than the health ombudsman or where the complainant has not yet sought a resolution with the health service provider.

An additional 79 matters were determined to fall outside the jurisdiction of the Act.

Accepted decision outcomes

Type of relevant action	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Assessment	108	30.95	107	26.55	106	24.77	321	27.20
Local resolution	49	14.04	61	15.14	79	18.46	189	16.02
Conciliation	0	0.00	1	0.25	0	0.00	1	0.08
Investigation	10	2.87	4	0.99	1	0.23	15	1.27
Referred to AHPRA and the national boards	129	36.96	162	40.20	163	38.08	454	38.47
Referred to another entity	53	15.19	68	16.87	79	18.46	200	16.95
Referred to director of proceedings	0	0.00	0	0.00	0	0.00	0	0.00
Total	349	100.00	403	100.00	428	100.00	1180	100.00

Accepted decisions may result in multiple issues and/or practitioners being identified, each requiring its own action. The data in the above table includes all identified issues/practitioners requiring action that were identified in the accepted complaints where further relevant action was taken (noted in category ‘Accepted and further relevant action taken’ included the previous ‘Decisions made’ table).

Health service complaints profile

Main issues raised in complaints

Issue	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Access	123	12.97	109	11.09	131	10.44	363	11.39
Code of conduct for healthcare workers	8	0.84	8	0.81	9	0.72	25	0.78
Communication/information	97	10.23	98	9.97	132	10.52	327	10.26
Consent	18	1.90	19	1.93	31	2.47	68	2.13
Discharge/transfer arrangements	16	1.69	13	1.32	14	1.12	43	1.35
Environment/management of facilities	45	4.75	38	3.87	46	3.67	129	4.05
Fees/cost	34	3.59	33	3.36	38	3.03	105	3.30
Grievance processes	25	2.64	23	2.34	42	3.35	90	2.82
<i>Health Ombudsman Act 2013 offence</i>	0	0.00	0	0.00	0	0.00	0	0.00
Medical records	24	2.53	28	2.85	38	3.03	90	2.82
Medication	114	12.03	137	13.94	164	13.07	415	13.03
Professional conduct	110	11.60	133	13.35	141	11.24	384	12.05
Professional health	20	2.11	25	2.54	35	2.79	80	2.51
Professional performance	294	31.01	305	31.03	406	32.35	1005	31.54
Reports/certificates	20	2.11	14	1.42	28	2.23	62	1.95
Research/teaching/assessment	0	0.00	0	0.00	0	0.00	0	0.00
Total	948	100.00	983	100.00	1255	100.00	3186	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.

Profile of complaints about health practitioners

Practitioner type	Number of practitioners identified in complaints*	Number and type of issues** identified in complaints about health practitioners**																Total	
		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		
Aboriginal and Torres Strait Islander health	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Chinese medicine practitioner	3	-	-	1	-	-	-	-	-	-	-	1	1	-	-	-	-	-	3
Chiropractor	4	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	4
Dental practitioner	67	2	-	5	-	-	-	5	-	-	3	-	11	5	51	-	-	-	82
Medical practitioner	560	21	-	93	13	2	4	22	6	-	28	114	109	18	294	42	-	-	766
Medical radiation practitioner	4	-	-	-	-	-	-	-	-	-	-	-	3	1	1	-	-	-	5
Midwife	4	-	-	1	-	-	-	-	-	-	-	-	1	-	2	-	-	-	4
Nurse	155	-	-	6	1	-	2	-	-	-	5	16	107	46	22	-	-	-	205
Occupational therapist	4	-	-	-	-	-	-	-	-	-	1	-	-	1	2	2	-	-	6
Optometrist	7	-	-	1	-	-	-	-	-	-	-	-	2	-	9	-	-	-	12
Osteopath	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Paramedic	19	-	-	-	-	-	-	-	-	-	4	2	15	-	7	-	-	-	28
Pharmacist	30	1	-	4	-	-	2	3	-	-	2	18	5	1	-	-	-	-	36
Physiotherapist	15	-	-	1	-	-	1	-	-	-	2	-	7	-	8	-	-	-	19
Podiatrist	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Psychologist	63	2	-	11	4	-	1	4	-	-	1	-	27	5	25	6	-	-	86
Student practitioner	4	-	-	-	-	-	-	-	-	-	-	-	1	3	-	-	-	-	4
Unknown practitioner	62	3	3	13	2	1	2	5	-	-	1	5	10	-	23	1	-	-	69
Unregistered practitioner	46	-	19	4	-	-	2	1	-	-	-	-	20	-	5	2	-	-	53
Total	1048	29	22	140	20	3	14	40	6	0	47	156	323	80	450	53	0	0	1383

* The figures reported in this column are a count of the number of health practitioners identified in complaints during the reporting period. A single complaint may identify more than one health practitioner and/or health service organisation. In circumstances where a health practitioner is identified in relation to multiple complaints, the health practitioner would be counted per complaint. For example, a health practitioner identified in three complaints would be counted three times in this column. From 1 July 2019, the practitioner type categories listed in this table have been updated to more accurately reflect the types of practitioners about whom the office receives complaints.

** This data is a count of the number of issues identified within the reporting period. A complaint may also identify more than one issue per health practitioner.

Profile of complaints about health service organisations

Organisation type	Number of facilities identified in complaints*	Number and type of issues** identified in complaints about health service organisations																Total
		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	
Administrative service	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Aged care facility	21	2	-	2	-	-	6	-	1	-	1	2	1	-	12	-	-	27
Allied health service	23	1	-	6	-	-	5	3	2	-	2	-	2	-	8	-	-	29
Ambulance service	10	-	-	4	-	-	1	-	-	-	-	-	-	-	5	-	-	10
Community health service	26	5	-	7	-	1	2	1	1	-	2	3	1	-	12	1	-	36
Correctional facility	420	210	-	11	-	-	17	-	1	-	2	171	1	-	62	2	-	477
Dental service	46	12	-	4	1	-	4	6	5	-	2	1	1	-	23	-	-	59
Health information service	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Health promotion service	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Hospital and Health Service	7	1	-	1	1	-	-	-	3	-	-	-	-	-	2	-	-	8
Laboratory service	12	2	-	4	-	-	1	1	1	-	-	-	1	-	2	-	-	12
Licensed day hospital	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Licensed private hospital	53	2	-	10	3	6	7	10	5	-	1	5	3	-	30	-	-	82
Medical centre	102	21	-	23	1	-	14	16	7	-	11	11	8	-	18	1	-	131
Mental health service	100	7	-	24	27	6	7	1	11	-	2	10	12	-	34	1	-	142
Nursing service	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Optical store	6	2	-	-	-	-	-	2	-	-	-	-	-	-	2	-	-	6
Other government department	13	2	1	1	-	-	3	-	1	-	-	1	-	-	3	1	-	13
Other support service	5	-	-	-	-	-	-	-	-	-	-	-	1	-	4	-	-	5
Paramedical service	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Pharmaceutical service	34	3	-	2	-	-	3	5	1	-	2	16	3	-	2	-	-	37

Private organisation	17	1	1	3	-	-	3	6	2	-	2	1	3	-	3	1	-	26
Public health service	18	-	-	7	-	1	2	-	2	-	-	4	2	-	5	1	-	24
Public hospital	436	60	-	71	15	26	31	6	38	-	15	33	17	-	312	1	-	625
Residential care service	9	1	-	-	-	-	4	-	-	-	-	1	-	-	4	-	-	10
Specialised health service	22	1	1	6	-	-	5	6	2	-	1	-	4	-	9	-	-	35
Welfare service	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1
Unknown organisation	6	1	-	1	-	-	-	1	-	-	-	-	-	-	3	-	-	6
Total	1389	334	3	187	48	40	115	65	84	0	43	259	61	0	555	9	0	1803

* The figures reported in this column are a count of the number of health service organisations identified in complaints during the reporting period. A single complaint may identify more than one health practitioner and/or health service organisation. In circumstances where a health service organisation is identified in multiple complaints, the organisation would be counted per complaint. For example, a health service organisation identified in three complaints would be counted three times in this column.

** This data is a count of the number of issues identified within the reporting period. A complaint may also identify more than one issue per health service organisation.

Assessment

Assessments started and completed

Assessments this quarter	April	May	June	Q4 total
Assessments started	129	119	117	365
Assessments completed	131	83	190	404

Completed assessment timeframes

Assessment timeframes	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Within legislative timeframes*	119	90.84	67	80.72	155	81.58	341	84.41
Outside legislative timeframes	12	9.16	16	19.28	35	18.42	63	15.59
Total	131	100.00	83	100.00	190	100.00	404	100.00

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

Assessment decisions

Type of relevant action	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Local resolution	0	0.00	0	0.00	0	0.00	0	0.00
Conciliation	1	0.75	2	2.38	13	6.70	16	3.88
Investigation	6	4.48	3	3.57	1	0.52	10	2.43
Referred to AHPRA and the national boards	23	17.16	13	15.48	33	17.01	69	16.75
Referred to another entity	13	9.70	5	5.95	13	6.70	31	7.52
No further action	91	67.91	61	72.62	134	69.07	286	69.42
Total	134	100.00	84	100.00	194	100.00	412	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.

Local resolution

Local resolutions started and completed

Local resolutions this quarter	April	May	June	Q4 total
Local resolutions started	51	66	84	201
Local resolutions completed	79	60	57	196

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	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Within legislative timeframes*	74	93.67	54	90.00	57	100.00	185	94.39
Outside legislative timeframes	5	6.33	6	10.00	0	0.00	11	5.61
Total	79	100.00	60	100.00	57	100.00	196	100.00

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

Outcomes

Local resolution outcomes	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Resolution reached	62	78.48	53	88.33	48	84.21	163	83.16
No resolution reached	9	11.39	3	5.00	2	3.51	14	7.14
Complaint withdrawn*	7	8.86	3	5.00	6	10.53	16	8.16
Local resolution did not commence**	1	1.27	1	1.67	1	1.75	3	1.53
Total	79	100.00	60	100.00	57	100.00	196	100.00

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

Decisions for matters that were not resolved

Type of relevant action	April		May		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	11.11	0	0.00	1	50.00	2	14.29
Referred to another entity	0	0.00	0	0.00	0	0.00	0	0.00
No further action	8	88.89	3	100.00	1	50.00	12	85.71
Total	9	100.00	3	100.00	2	100.00	14	100.00

Conciliation

Conciliations started and closed

Conciliations this quarter	April	May	June	Q4 total
Conciliations started	0	3	10	13
Conciliations closed	2	0	3	5

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	May	June	Q4 total
Parties agreed to participate	0	1	3	4
Party/ies did not agree to participate	1	0	3	4

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	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Less than 3 months	0	0	0	0.00	0	0.00	0	0.00
3–6 months	1	100.00	0	0.00	0	0.00	1	100.00
6–9 months	0	0.00	0	0.00	0	0.00	0	0.00
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	1	100.00	0	0.00	0	0.00	1	100.00

Outcomes

Conciliation outcomes	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Successful	1	100.00	0	0.00	0	0.00	1	100.00
Not successful	0	0.00	0	0.00	0	0.00	0	0.00
Ended by the Health Ombudsman	0	0.00	0	0.00	0	0.00	0	0.00
Total	0	0.00	0	0.00	0	0.00	0	0.00

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	April		May		June		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
No further action	0	0.00	0	0.00	0	0.00	0	0.00
Total	0	0.00	0	0.00	0	0.00	0	0.00

Open conciliation timeframes

Conciliations open	April		May		June	
	Number	%	Number	%	Number	%
Less than 3 months	5	20.83	8	29.63	12	35.29
3–6 months	8	33.33	5	18.52	5	14.71
6–9 months	3	12.50	6	22.22	9	26.47
9–12 months	3	12.50	1	3.70	0	0.00
More than 12 months	5	20.83	7	25.93	8	23.53
Total	24	100.00	27	100.00	34	100.00

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

Investigations started and closed

Investigations this quarter	April	May	June	Q4 total
Investigations started	20	11	5	36
Investigations closed	9	21	30	60
Investigations amalgamated under s40(2)	1	1	3	5
Investigations separated under s40(2)	0	0	0	0

Closed investigations

Timeframes

In Q4, 51.67 per cent of the 60 investigations were closed within twelve months of commencement.

Closed investigation timeframes	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Less than 3 months	0	0.00	4	19.05	3	10.00	7	11.67
3–6 months	0	0.00	4	19.05	5	16.67	9	15.00
6–9 months	2	22.22	4	19.05	3	10.00	9	15.00
9–12 months	2	22.22	1	4.76	3	10.00	6	10.00
12–24 months	3	33.33	7	33.33	14	46.67	24	40.00
More than 24 months	2	22.22	1	4.76	2	6.67	5	8.33
Total	9	100.00	21	100.00	30	100.00	60	100.00

Outcomes

Investigation outcomes	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Recommended for referral to Director of Proceedings*	6	54.55	10	47.62	16	51.61	32	50.79
Recommend Health Ombudsman issue a Permanent Prohibition Order	2	18.18	1	4.76	4	12.90	7	11.11
Referred to AHPRA	0	0.00	4	19.05	8	25.81	12	19.05
Referred to another agency	1	9.09	0	0.00	0	0.00	1	1.59
No further action	2	18.18	6	28.57	3	9.68	11	17.46
Referred for conciliation	0	0.00	0	0.00	0	0.00	0	0.00
Total	11	100.00	21	100.00	31	100.00	63	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.

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	April		May		June	
	Number	%	Number	%	Number	%
Less than 3 months	37	27.01	33	26.83	22	23.16
3–6 months	26	18.98	19	15.45	17	17.89
6–9 months	19	13.87	18	14.63	15	15.79
9–12 months	16	11.68	15	12.20	16	16.84
12–24 months*	31	22.63	31	25.20	20	21.05
More than 24 months*	8	5.84	7	5.69	5	5.26
Total	137	100.00	123	100.00	95	100.00

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

Paused investigation timeframes

Paused investigation timeframes	April		May		June	
	Number	%	Number	%	Number	%
Less than 3 months	6	16.22	3	7.50	3	7.50
3–6 months	4	10.81	10	25.00	9	22.50
6–9 months	5	13.51	3	7.50	2	5.00
9–12 months	5	13.51	6	15.00	8	20.00
12–24 months	11	29.73	12	30.00	11	27.50
More than 24 months	6	16.22	6	15.00	7	17.50
Total	37	100.00	40	100.00	40	100.00

Open investigation timeframes

Total open investigation timeframes	April		May		June	
	Number	%	Number	%	Number	%
Less than 3 months	43	24.71	36	22.09	25	18.52
3–6 months	30	17.24	29	17.79	26	19.26
6–9 months	24	13.79	21	12.88	17	12.59
9–12 months	21	12.07	21	12.88	24	17.78
12–24 months	42	24.14	43	26.38	31	22.96
More than 24 months	14	8.05	13	7.98	12	8.89
Total	174	100.00	163	100.00	135	100.00

Open investigation categories

Type of investigation	April	May	June
Health service complaint	102	96	82
Systemic issue	3	3	3
Ministerial directed investigation	0	0	0
Another matter	60	57	46
Matters identified for further investigation	9	7	4
Total	174	163	135

*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	May	June
Cases open at the beginning of the month	1	1	1
Recommendations monitoring cases started	0	0	0
Recommendations monitoring cases closed	0	0	0

Open recommendations monitoring case timeframes

Monitoring case timeframes*	April		May		June	
	Number	%	Number	%	Number	%
Less than 6 months	0	0.00	0	0.00	0	0.00
6–12 months	1	100.00	1	100.00	0	0.00
More than 12 months	0	0.00	0	0.00	1	100.00
Total	1	100.00	1	100.00	1	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.

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.

Matters referred to the Director of Proceedings by practitioner type

Practitioner type	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Medical practitioner	5	83.33	7	58.33	12	66.67	24	66.67
Pharmacist	1	16.67	0	0.00	0	0.00	1	2.78
Podiatrist	0	0.00	1	8.33	0	0.00	1	2.78
Psychologist	0	0.00	1	8.33	0	0.00	1	2.78
Registered nurse	0	0.00	3	25.00	6	33.33	9	25.00
Total	6	100.00	12	100.00	18	100.00	36	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 Investigation outcomes' figures elsewhere in this report.

Matters currently with the Director of Proceedings by practitioner type

Practitioner type	Number	Percentage
Chinese medicine practitioner	1	2.33
Medical practitioner	32	74.42
Pharmacist	1	2.33
Psychologist	1	2.33
Registered nurse	8	18.60
Total	43	100.00

Outcomes of matters reviewed by the Director of Proceedings

Matters filed in the Queensland Civil and Administrative Tribunal

Practitioner type	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Dentist	1	7.69	0	0.00	0	0.00	1	3.45
Medical practitioner	6	46.15	6	100.00	5	50.00	17	58.62
Osteopath	1	7.69	0	0.00	0	0.00	1	3.45
Pharmacist	1	7.69	0	0.00	1	10.00	2	6.90
Podiatrist	0	0.00	0	0.00	1	10.00	1	3.45
Psychologist	1	7.69	0	0.00	0	0.00	1	3.45
Registered nurse	3	23.08	0	0.00	3	30.00	6	20.70
Total	13	100.00	6	100.00	10	100.00	29	100.00

Matters to be referred back to Health Ombudsman

Practitioner type	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Medical practitioner	1	100.00	1	100.00	2	66.67	4	80.00
Registered nurse	0	0.00	0	0.00	1	33.33	1	20.00
Total	1	100.00	1	100.00	3	100.00	5	100.00

Decisions on matters referred to the Queensland Civil and Administrative Tribunal

There have been 33 decisions made on matters referred to QCAT during the quarter, and one matter was withdrawn from QCAT. Of the decisions made during the quarter, six are yet to be published. Outlines of the remaining 27 decisions are outlined below.

On 14 April 2020, a decision was handed down in *Health Ombudsman v Marlin*. The Tribunal found that the practitioner behaved in a way that constitutes professional misconduct.

On 20 April 2020, a decision was handed down in *Health Ombudsman v Butler*. The Tribunal found that the practitioner behaved in a way that constitutes professional misconduct. The practitioner was reprimanded and fined the sum of \$5000.

On 27 April 2020, a decision was handed down in *Health Ombudsman v Barham*. The Tribunal found that the practitioner behaved in a way that constitutes professional misconduct. The practitioner was reprimanded.

On 27 April 2020, a decision was handed down in *Health Ombudsman v Vue*. The Tribunal found that the practitioner behaved in a way that constitutes professional misconduct. The practitioner was reprimanded and fined the sum of \$5000.

On 5 May 2020, a decision was handed down in *Health Ombudsman v Keast*. The Tribunal found that the practitioner behaved in a way that constitutes professional misconduct. The practitioner was reprimanded.

On 5 May 2020, a decision was handed down in *Health Ombudsman v Tang*. In relation to Charge 1, the Tribunal found that the practitioner had behaved in a way that constitutes professional misconduct. In relation to Charge 2, the Tribunal found that the practitioner behaved in a way that constitutes unprofessional conduct. The practitioner was reprimanded.

On 5 May 2020, a decision was handed down in *Health Ombudsman v Skobe*. In relation to allegation 1, the Tribunal found that the practitioner behaved in a way that constitutes professional misconduct. In relation to allegation 2, the Tribunal found that the practitioner behaved in a way that constitutes unprofessional conduct. The practitioner was reprimanded, their registration cancelled and was disqualified from applying for registration for a period of eighteen months. The practitioner was also prohibited from providing any health service, whether on a paid or voluntary basis unless and until such time as they once again became registered.

On 6 May 2020, a decision was handed down in *Health Ombudsman v Abdelkadiri*. The Tribunal found that the practitioner posed a serious risk to persons, and permanently prohibited the practitioner from providing any health service.

On 6 May 2020, a decision was handed down in *Health Ombudsman v Lo*. The Tribunal found that the practitioner posed a serious risk to persons, and permanently prohibited the practitioner from providing any health service to female patients.

On 13 May 2020, a decision was handed down in *Health Ombudsman v King*. The Tribunal found that the practitioner behaved in a way that constitutes professional misconduct. The practitioner was reprimanded and disqualified from applying for registration for a period of six months.

On 13 May 2020, a decision was handed down in *Health Ombudsman v Robertson*. The Tribunal found, in relation to allegations one, two and three that the practitioner behaved in a way that constitutes professional misconduct. The Tribunal also found, in relation to charges four through eight, that the practitioner behaved in a way that constitutes unprofessional conduct. The practitioner was reprimanded.

On 18 May 2020, a decision was handed down in *Health Ombudsman v Thomson*. The Tribunal found that the practitioner behaved in a way that constitutes unprofessional conduct. The practitioner was reprimanded and fined the sum of \$1000.

On 19 May 2020, a decision was handed down in *Health Ombudsman v Brown*. The Tribunal found that the practitioner behaved in a way that constitutes professional misconduct. The practitioner was reprimanded.

On 19 May 2020, a decision was handed down in *Health Ombudsman v SLW*. The Tribunal found that the practitioner behaved in a way that constitutes professional misconduct. The practitioner was reprimanded.

On 22 May 2020, a decision was handed down in *Health Ombudsman v Bailey*. The Tribunal found that the practitioner behaved in a way that constituted professional misconduct. The practitioner was reprimanded.

On 22 May 2020, a decision was handed down in *Health Ombudsman v Penders*. The Tribunal found that the practitioner behaved in a way that constituted professional misconduct. The practitioner was reprimanded.

On 26 May 2020, a decision was handed down in *Health Ombudsman v Batley*. The Tribunal found that the practitioner behaved in a way that constitutes professional misconduct. The practitioner was reprimanded,

On 26 May 2020, a decision was handed down in *Health Ombudsman v Britten*. In relation to allegation 1, the Tribunal found that the practitioner behaved in a way that constitutes professional misconduct. In relation to allegation 2, the Tribunal found that the practitioner behaved in a way that constitutes unprofessional conduct. The practitioner was reprimanded and disqualified from applying for registration for a period of six months. The practitioner was also prohibited from providing any health service until such time as they became registered again.

On 27 May 2020, a decision was handed down in *Health Ombudsman v Steptoe*. The Tribunal found that the practitioner behaved in a way that constituted professional misconduct. The practitioner was reprimanded.

On the 27 May 2020, a decision was handed down in *Health Ombudsman v Upadhyay*. The Tribunal found that the practitioner behaved in a way that constitutes professional misconduct. The practitioner was reprimanded and was fined the sum of \$10,000.

On 3 June 2020, a decision was handed down in *Health Ombudsman v Thackray*. The Tribunal found that the practitioner behaved in a way that constitutes professional misconduct. The practitioner was reprimanded.

On 3 June 2020, a decision was handed down in *Health Ombudsman v Haack*. The Tribunal found that the practitioner behaved in a way that constitutes professional misconduct. The practitioner was reprimanded.

On 8 June 2020, a decision was handed down in *Health Ombudsman v Shetty*. The Tribunal found that the practitioner poses a serious risk to persons. The practitioner was permanently prohibited from providing any health service.

On 22 June 2020, a decision was handed down in *Health Ombudsman v Le*. In relation to allegations one, three and four the Tribunal found that the practitioner had behaved in a way that constitutes professional misconduct. In relation to allegation two, the Tribunal found that the practitioner had behaved in a way that constitutes unprofessional conduct. The practitioner was reprimanded, their registration cancelled and was disqualified from applying for registration until May 2021.

On 22 June 2020, a decision was handed down in *Health Ombudsman v Joy*. The Tribunal found that the respondent behaved in a way which constitutes professional misconduct. The practitioner was reprimanded.

On 22 June 2020, a decision was handed down in *Health Ombudsman v RET*. The Tribunal found that the respondent behaved in a way which constituted professional misconduct. The practitioner was reprimanded.

On 26 June 2020, a decision was handed down in *Health Ombudsman v Drinkwater*. The Tribunal found that the respondent behaved in a way that constitutes professional misconduct. The practitioner was reprimanded and disqualified for applying for registration for a period of two years. The practitioner was also prohibited from providing any health service until such time as they obtain registration as a health practitioner.

Decisions on immediate action reviews

QCAT made no new decisions regarding immediate action reviews during the 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

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.

The Health Ombudsman issued thirteen show cause notices during the quarter.

Immediate registration actions

Practitioner type	Number	Action taken	Reason/s for taking action*	
			Public Interest	Serious Risk
Medical practitioner	5	Conditions		✓
Medical practitioner	1	Conditions	✓	✓
Medical practitioner	1	Suspension	✓	
Nurse	1	Suspension	✓	✓
Nurse	1	Conditions	✓	✓
Nurse	1	Suspension		✓
Physiotherapist	2	Conditions		✓

*From July 2019 the reason/s for taking action included in this table have been updated to more accurately reflect the immediate action process.

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*	
			Public Interest	Serious Risk
Aged care worker	1	Prohibition		✓
Aged care worker	1	Restrictions		✓
Aged care worker	1	Prohibition		✓
Cosmetic therapist	1	Restrictions	✓	✓
Disability support worker	1	Restrictions	✓	✓
Nursing student	1	Restriction		✓

*From July 2019 the reason/s for taking action included in this table have been updated to more accurately reflect the immediate action process.

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	May	June
Cases open at the beginning of the month	127	132	141
Practitioner monitoring cases started	8	9	2
Practitioner monitoring cases closed	2	0	2

Open monitoring cases

Timeframes

Open case timeframes	April		May		June	
	Number	%	Number	%	Number	%
Less than 6 months	31	23.48	38	26.95	41	29.08
6–12 months	32	24.24	31	21.99	26	18.44
More than 12 months	69	52.27	72	51.06	74	52.48
Total	132	100.00	141	100.00	141	100.00

Immediate action types

Open cases by immediate action type	April		May		June	
	Number	%	Number	%	Number	%
Interim prohibition order—restrictions	16	12.12	16	11.35	16	11.35
Interim prohibition order—prohibited	41	31.06	42	29.79	40	28.37
Immediate registration action—conditions	46	34.85	49	34.75	48	34.04
Immediate registration action—suspension	19	14.39	21	14.89	22	15.60
QCAT disciplinary decision	9	6.82	12	8.51	14	9.93
QCAT interim decision	1	0.76	1	0.71	1	0.71
Total	132	100.00	141	100.00	141	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	3	4.00
Chiropractor	0	0.00
Dental practitioner	4	5.33
Medical practitioner	35	46.67
Medical radiation practitioner	0	0.00
Nursing and midwifery practitioner	24	32.00
Occupational therapist	0	0.00
Optometrist	0	0.00
Osteopath	1	1.33
Paramedic	2	2.67
Pharmacist	0	0.00
Physiotherapist	4	5.33
Podiatrist	0	0.00
Psychologist	2	2.67
Total	75	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	1.64
Aged care health worker	5	8.20
Assistant in nursing	8	13.11
Cosmetic therapist	1	1.64
Counsellor	1	1.64
Disability support worker	2	3.28
Former registered health practitioner	12	19.67
Health support worker	1	1.64
Holding out*	3	4.92
Kinesiologist	2	3.28
Massage therapist	15	24.59
Medical assistant	2	3.28
Natural therapist	1	1.64
Personal carer	1	1.64
Social worker	1	1.64
Student practitioner	1	1.64
Unregistered paramedic**	4	6.56
Total	61	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

One new notification and no new requests (s193 of the Act) relating to possible serious matters were made during the quarter.

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*	174	215	256	645
Matters referred	171	168	289	628
Matters retained by the office**	4	3	8	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		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Intake and triage	133	76.44	185	86.05	188	73.44	506	78.45
Assessment	39	22.41	25	11.63	57	22.27	121	18.76
Conciliation	0	0.00	0	0.00	0	0.00	0	0.00
Local resolution	1	0.57	0	0.00	2	0.78	3	0.47
Investigation	0	0.00	5	2.33	9	3.52	14	2.17
Director of proceedings	0	0.00	0	0.00	0	0.00	0	0.00
Internal review	1	0.57	0	0.00	0	0.00	1	0.16
Total	174	100.00	215	100.00	256	100.00	645	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	503	2	0	0	1
Assessment	9	5	28	53	26
Local resolution	0	1	1	1	0
Conciliation	0	0	0	0	0
Investigation	0	0	1	3	10
Director of Proceedings	0	0	0	0	0
Internal review	0	0	0	0	1
Total	512	8	30	57	38

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

Consultation duration

Consultation duration	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
0–3 days	161	92.53	158	73.49	135	52.73	454	70.39
4–7 days	10	5.75	55	25.58	111	43.36	176	27.29
8–11 days	2	1.15	1	0.47	5	1.95	8	1.24
More than 12 days	1	0.57	1	0.47	5	1.95	7	1.09
Total	174	100.00	215	100.00	256	100.00	645	100.00

Number of practitioners referred to AHPRA by practitioner type

Practitioner type	April		May		June		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	0	0.00	1	0.16	2	0.32	3	0.48
Chiropractor	1	0.16	0	0.00	1	0.16	2	0.32
Dental practitioner	19	3.03	15	2.39	14	2.23	48	7.64
Medical practitioner	94	14.97	76	12.10	156	24.84	326	51.91
Medical radiation practitioner	1	0.16	0	0.00	2	0.32	3	0.48
Nursing and midwifery practitioner	31	4.94	43	6.85	66	10.51	140	22.29
Occupational therapist	1	0.16	1	0.16	4	0.64	6	0.96
Optometrist	0	0.00	0	0.00	4	0.64	4	0.64
Osteopath	0	0.00	0	0.00	0	0.00	0	0.00
Paramedic	6	0.96	15	2.39	20	3.18	41	6.53
Pharmacist	0	0.00	0	0.00	0	0.00	0	0.00
Physiotherapist	3	0.48	5	0.80	2	0.32	10	1.59
Podiatrist	0	0.00	0	0.00	0	0.00	0	0.00
Psychologist	14	2.23	11	1.75	17	2.71	42	6.69
Student practitioner*	1	0.16	1	0.16	1	0.16	3	0.48
Total	171	100.00	168	100.00	289	46.02	628	100.00

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	-	-	-	-	-	3
Chiropractor	-	-	-	-	1	-	-	-	-	1	1	1	-	-	3
Dental practitioner	1	2	-	-	-	3	1	-	-	10	5	38	-	-	60
Medical practitioner	5	32	10	2	-	4	2	21	85	65	17	212	14	-	469
Medical radiation practitioner	-	-	-	-	-	-	-	-	-	5	1	-	-	-	6
Nursing and midwifery practitioner	1	3	1	-	-	-	-	2	12	82	49	24	-	-	174
Occupational therapy	-	-	-	-	-	-	-	1	-	2	1	3	1	-	8
Optometrist	-	-	-	-	-	-	-	-	-	2	-	4	-	-	6
Osteopath	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Paramedic	-	-	-	-	-	-	-	3	2	18	-	7	-	-	30
Pharmacist	-	1	-	-	-	-	-	1	18	5	1	-	-	-	26
Physiotherapist	-	-	-	-	-	-	-	2	-	6	-	7	-	-	15
Podiatrist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Psychologist	1	7	4	-	-	1	-	1	-	18	6	19	3	-	60
Student practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Total	8	46	15	2	1	8	3	31	118	214	84	315	18	0	863

Demographics of healthcare consumers

Gender of healthcare consumers

Gender	Number	Percentage
Female	979	46.60
Male	1025	48.79
Prefer not to specify	48	2.28
Unknown	49	2.33
Total	2101	100.00

Age of healthcare consumers

Age	Number	Percentage
Less than 18 years	89	4.24
18–24 years	135	6.43
25–34 years	409	19.47
35–44 years	436	20.75
45–54 years	358	17.04
55–64 years	245	11.66
65–74 years	146	6.95
More than 75 years	140	6.66
Unknown*	143	6.81
Total	2101	100.00

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

Location of healthcare consumers

Location of healthcare consumers	Number	Percentage
Brisbane	913	43.46
Central West	2	0.10
Darling Downs	64	3.05
Far North	101	4.81
Fitzroy	88	4.19
Gold Coast	214	10.19
Mackay	43	2.05
North West	6	0.29
Northern	118	5.62
South West	3	0.14
Sunshine Coast	119	5.66
West Moreton	50	2.38
Wide Bay-Burnett	143	6.81
Outside Queensland	72	3.43
Unknown	165	7.85
Total	2101	100.00

Location of health service providers

Location of health service providers	Number	Percentage
Brisbane	1417	49.88
Central West	4	0.14
Darling Downs	102	3.59
Far North	123	4.33
Fitzroy	111	3.91
Gold Coast	328	11.55
Mackay	47	1.65
North West	4	0.14
Northern	130	4.58
South West	4	0.14
Sunshine Coast	150	5.28
West Moreton	38	1.34
Wide Bay-Burnett	179	6.30
Outside Queensland*	44	1.55
Unknown	160	5.63
Total	2481	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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