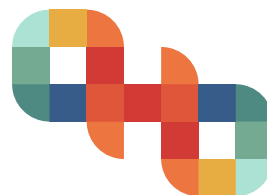


Quarter One 2023-24
performance report
Office of the Health Ombudsman



OFFICE OF THE
HEALTH
OMBUDSMAN



Quarterly performance report— Quarter One 2023-24

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Introduction

This document reports on the Quarter One (Q1) performance of the Office of the Health Ombudsman (OHO) for the 2023–24 financial year.

The OHO provides a single point of entry for health service complaints and operates in a co-regulatory model with the Australian Health Practitioner Agency (Ahpra) when dealing with notifications and complaints about registered health practitioners and students in a registered profession. The OHO also deals with complaints about unregistered health practitioners and health service organisations and facilities.

The key objectives of the *Health Ombudsman Act 2013 (the Act)* are to:

- Protect the health and safety of the public.
- Promote professional, safe and competent practice by health practitioners.
- Promote high standards of service delivery by health service organisations.
- Maintain public confidence in the management of complaints and other matters relating to the provision of health services.

We have a range of functions which include:

- receives enquiries, complaints and notifications about health services and health service providers, including registered and unregistered health practitioners and take relevant action
- take relevant action in relation to those complaints including immediate action where necessary to protect the health and safety of the public or where it is in the public interest
- investigate and report on systemic issues and identify and recommend opportunities for improvement
- monitor the functions of Ahpra and the National Boards as they relate to registered practitioners in Queensland
- provide information about minimising and resolving health service complaints
- report publicly on the performance of the OHO's functions.

Our performance reports are available to the public on our website www.oho.qld.gov.au.

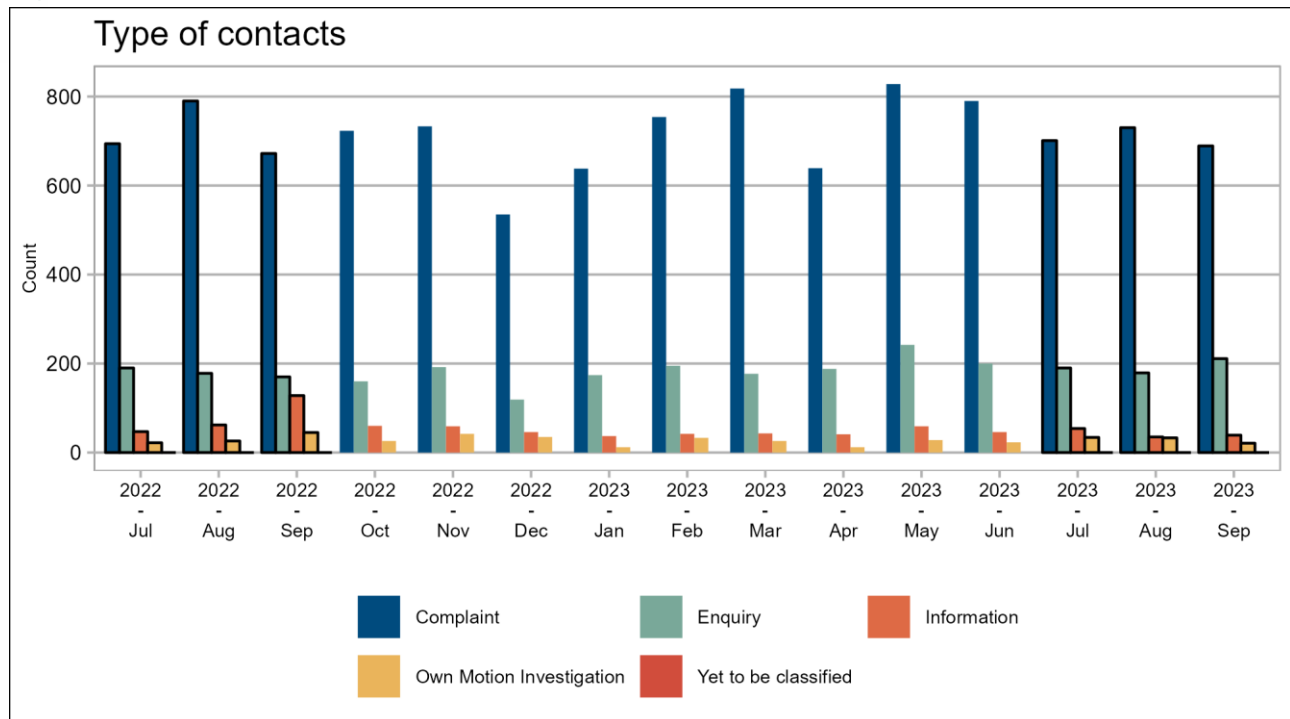
Data in this report is correct as of 30 October 2023, though figures may differ from those published in previous reports due to subsequent adjustments which occurred after the publication of those reports.

The OHO works closely with Ahpra within Queensland's co-regulatory framework. All registered health practitioner complaints are now jointly considered by OHO and Ahpra from 6 December 2021.

Intake of complaints

The commencement of a complaint begins by the recording of data within the OHO case management platform, Resolve. Data outlined in this section refers to entries into Resolve unless otherwise specified.

Type of contacts



Type of contact	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Complaint	701	71.6	730	74.7	689	71.8	2120	72.7
Enquiry	190	19.4	179	18.3	211	22	580	19.9
Information	54	5.5	35	3.6	39	4.1	128	4.4
Own Motion Investigation	34	3.5	33	3.4	21	2.2	88	3
Yet to be classified*	0	0	0	0	0	0	0	0
Total	979	100	977	100	960	100	2916	100

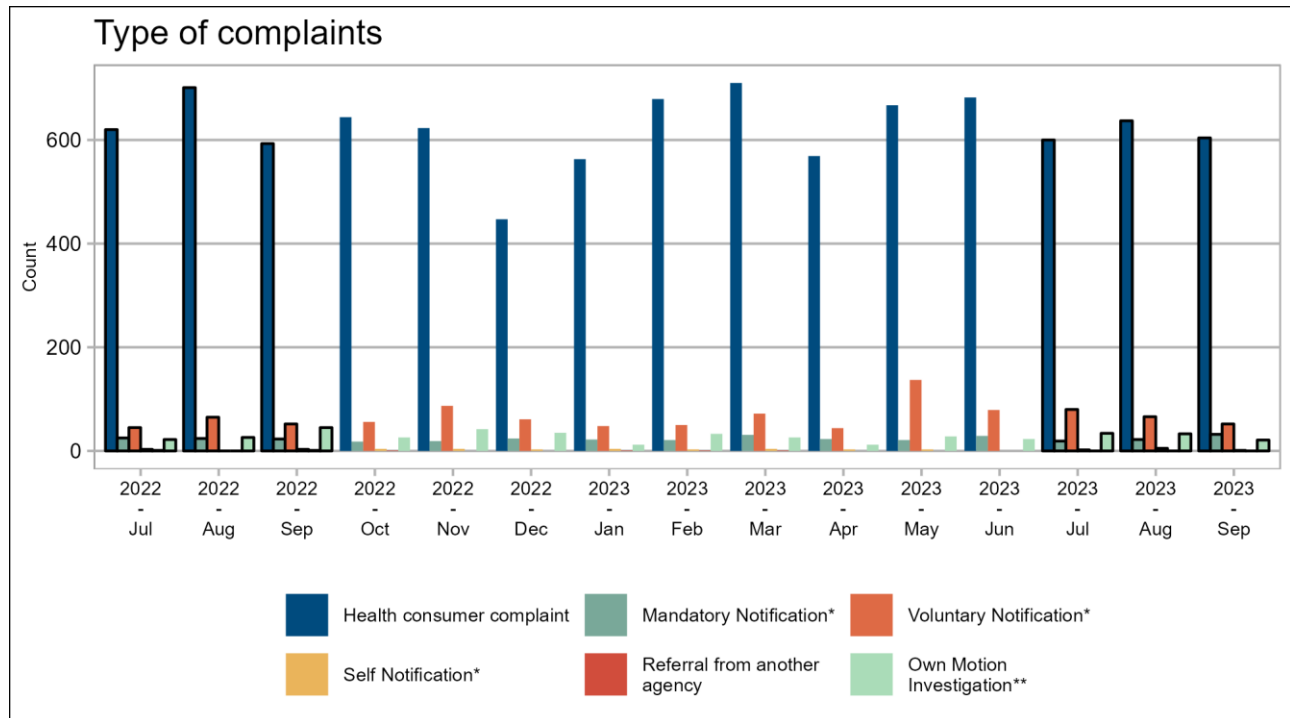
* Matters that are 'Yet to be classified' are contacts in which not enough information was provided in the first instance to allow for a determination, and additional information is being sought. They may also be matters that were received before the end of the reporting period and were still being processed.

Contacts Received through Genesys

A large portion of Resolve contacts are generated from calls to the OHO. To manage these calls the OHO utilises Genesys - a cloud-based telephony / contact system that provides the OHO with multiple contemporary functions to record and report on work beyond what is formally recorded in our complaint's management systems. In short, for the same period (Q1) Genesys contacts amounted to 4118 which is equates to approximately 29% of other contacts made with the OHO which do not necessitate being recorded in the Resolve system as a particular type of contact (as shown on the previous page). The table below is a breakdown of the contacts recorded in Genesys.

Type of contact	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
General Enquiry	289	22%	305	20%	298	22%	892	22%
Health Service Complaint	518	40%	580	39%	546	41%	1644	39%
Notification	77	6%	92	6%	65	5%	234	6%
PPL	234	18%	338	23%	272	21%	844	21%
Email	173	13%	185	12%	146	11%	504	12%
Total	1291	100%	1500	100%	1327	100%	4118	100%

Type of complaints

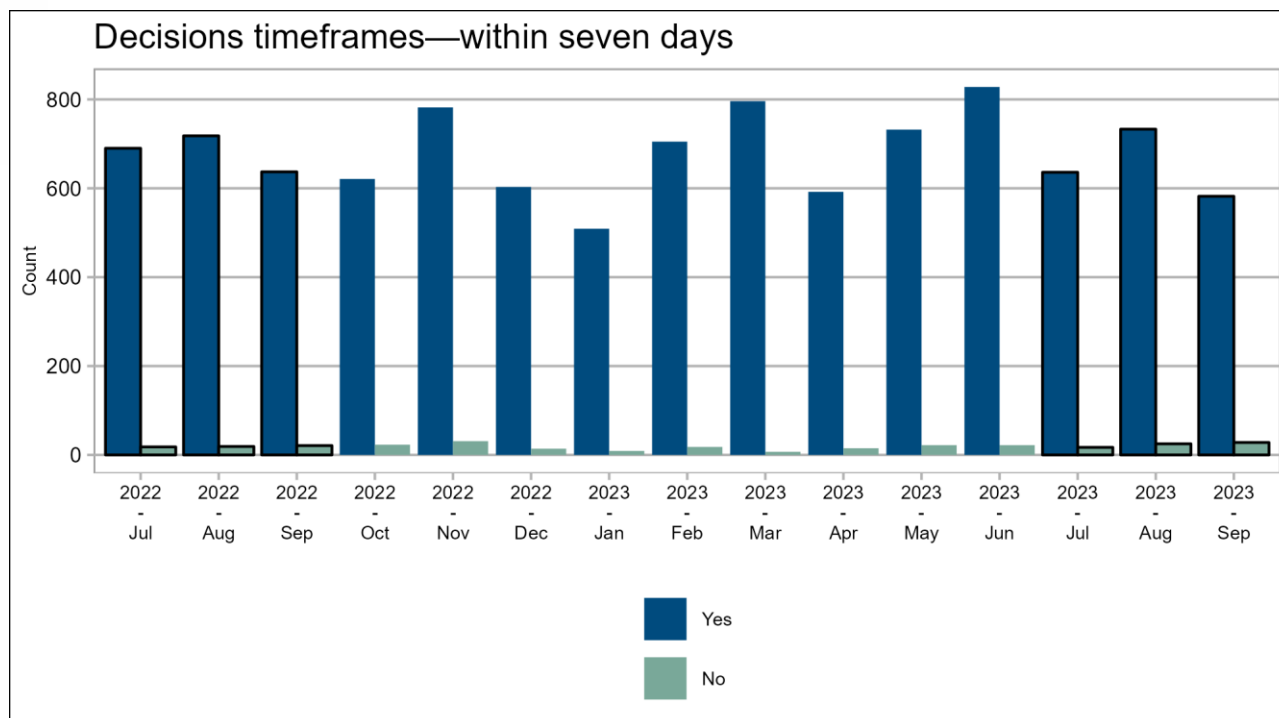


Type of complaints	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Health consumer complaint	600	81.6	637	83.5	604	85.1	1841	83.4
Mandatory Notification*	19	2.6	22	2.9	32	4.5	73	3.3
Voluntary Notification*	80	10.9	66	8.7	52	7.3	198	9
Self Notification*	2	0.3	5	0.7	1	0.1	8	0.4
Referral from another agency	0	0	0	0	0	0	0	0
Own Motion Investigation*	34	4.6	33	4.3	21	3	88	4
Total	735	100	763	100	710	100	2208	100

* Notifications are matters defined under the Health Practitioner Regulation National Law (Queensland) and only relate to registered practitioners.

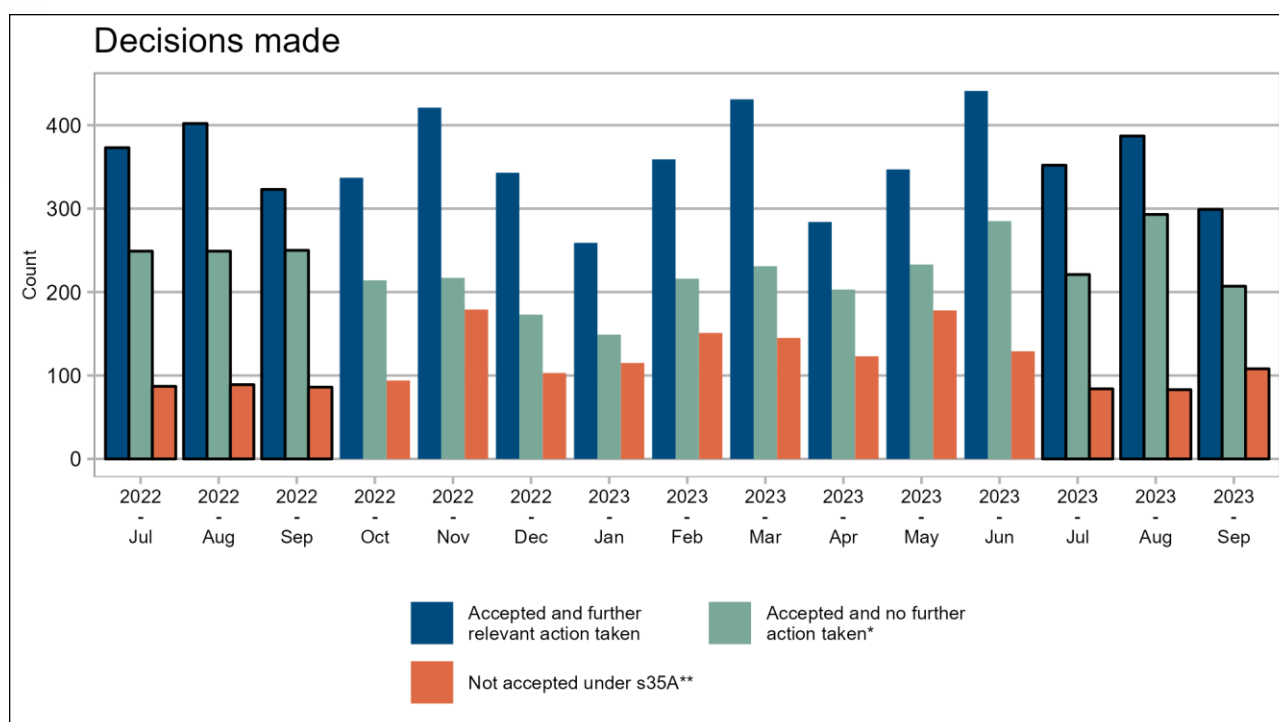
Complaint decisions

Decisions timeframes—within seven days



Decision made	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Yes	636	97.4	733	96.7	582	95.4	1951	96.5
No	17	2.6	25	3.3	28	4.6	70	3.5
Total	653	100	758	100	610	100	2021	100

Decisions made



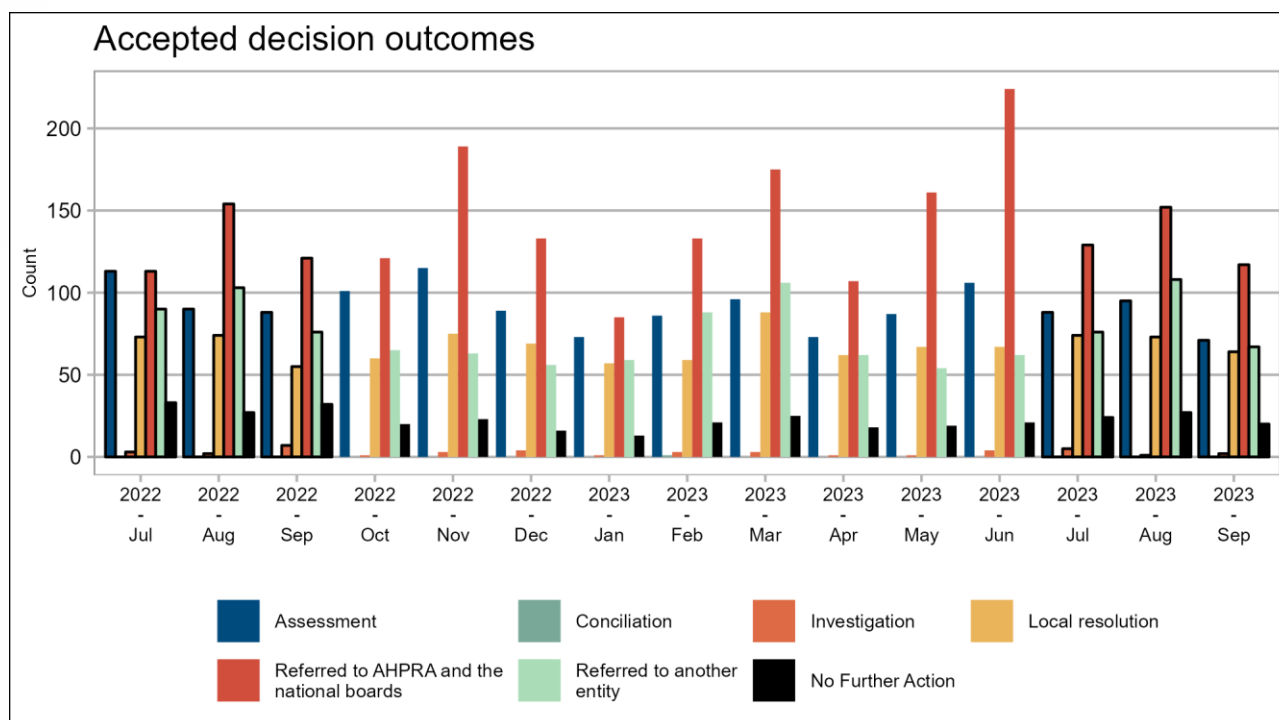
Number of decisions made	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Accepted and further relevant action taken	352	53.6	387	50.7	299	48.7	1038	51
Accepted and no further action taken*	221	33.6	293	38.4	207	33.7	721	35.4
Not accepted under s35A**	84	12.8	83	10.9	108	17.6	275	13.5
Total	657	100	763	100	614	100	2034	100

* 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 June 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.

A further 51 decisions were classified as out of jurisdiction.

Accepted decision outcomes



Type of relevant action	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Assessment	88	22.2	95	20.8	71	20.8	254	21.3
Conciliation	0	0	0	0	0	0	0	0
Investigation	5	1.3	1	0.2	2	0.6	8	0.7
Local resolution	74	18.7	73	16	64	18.8	211	17.7
Referred to AHPRA and the national boards	129	32.6	152	33.3	117	34.3	398	33.4
Referred to another entity	76	19.2	108	23.7	67	19.6	251	21
No Further Action	24	6.1	27	5.9	20	5.9	71	6
Total	396	100	456	100	341	100	1193	100

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 issue categories raised in complaints

Issue	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Access	70	6.8	111	10.6	92	10	273	9.1
Code of conduct for Health Care Workers	26	2.5	23	2.2	14	1.5	63	2.1
Communication and Information	94	9.1	83	7.9	105	11.4	282	9.4
Consent	20	1.9	16	1.5	11	1.2	47	1.6
Discharge and Transfer Arrangements	18	1.7	24	2.3	10	1.1	52	1.7
Environment/Management of Facility	43	4.2	26	2.5	32	3.5	101	3.4
Fees and Costs	38	3.7	45	4.3	33	3.6	116	3.9
Grievance Processes	39	3.8	32	3.1	26	2.8	97	3.2
Health Ombudsman Act 2013 Offence	1	0.1	0	0	0	0	1	0
Information	0	0	0	0	0	0	0	0
Medical Records	28	2.7	27	2.6	26	2.8	81	2.7
Medication	130	12.6	130	12.4	92	10	352	11.7
Professional Conduct	133	12.9	146	14	116	12.6	395	13.1
Professional Health	19	1.8	19	1.8	20	2.2	58	1.9
Professional Performance	350	33.8	334	31.9	325	35.2	1009	33.6
Reports/Certificates	25	2.4	30	2.9	22	2.4	77	2.6
Research/teaching/assessment	0	0	0	0	0	0	0	0
Total	1034	100	1046	100	924	100	3004	100

These figures are based on the registration date of the issue recorded during the 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.

Subcategories of professional performance issues raised in complaints

Issue	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Competence	9	2.6	8	2.4	10	3.1	27	2.7
Coordination of treatment	51	14.6	30	9	30	9.2	111	11
Delay in treatment	19	5.4	17	5.1	21	6.5	57	5.6
Diagnosis	21	6	18	5.4	26	8	65	6.4
Inadequate care	39	11.1	44	13.2	29	8.9	112	11.1
Inadequate consultation	30	8.6	20	6	28	8.6	78	7.7
Inadequate prosthetic equipment	2	0.6	2	0.6	4	1.2	8	0.8
Inadequate treatment	106	30.3	103	30.8	108	33.2	317	31.4
Infection control	2	0.6	3	0.9	3	0.9	8	0.8
No or inappropriate referral	3	0.9	13	3.9	3	0.9	19	1.9
Public or private election	0	0	0	0	0	0	0	0
Rough and painful treatment	5	1.4	7	2.1	14	4.3	26	2.6
Teamwork or supervision	4	1.1	1	0.3	1	0.3	6	0.6
Unexpected treatment outcome or complications	38	10.9	48	14.4	37	11.4	123	12.2
Withdrawal of treatment	14	4	8	2.4	4	1.2	26	2.6
Wrong or inappropriate treatment	7	2	12	3.6	7	2.2	26	2.6
Total	350	100	334	100	325	100	1009	100

Professional performance represents the largest proportion of complaint issues. Additional information on this category of issue provides greater transparency around the issues being managed by OHO.

Subcategories of professional conduct issues raised in complaints

Issue	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Annual declaration not completed or completed incorrectly	0	0	0	0	0	0	0	0
Assault	3	2.3	8	5.5	8	6.9	19	4.8
Attendance	0	0	0	0	0	0	0	0
Boundary violation	5	3.8	7	4.8	6	5.2	18	4.6
Breach of condition	1	0.8	1	0.7	1	0.9	3	0.8
Conflict of interest	2	1.5	2	1.4	2	1.7	6	1.5
Discriminatory conduct	1	0.8	2	1.4	0	0	3	0.8
Emergency treatment not provided	0	0	0	0	0	0	0	0
Excessive treatment	4	3	2	1.4	1	0.9	7	1.8
Experimental treatment	0	0	0	0	1	0.9	1	0.3
False or misleading statements and/or information	4	3	9	6.2	2	1.7	15	3.8
Financial fraud	1	0.8	2	1.4	4	3.4	7	1.8
Illegal practice	47	35.3	41	28.1	33	28.4	121	30.6
Inappropriate behaviour	19	14.3	28	19.2	17	14.7	64	16.2
Inappropriate collection, use or disclosure of information	13	9.8	14	9.6	20	17.2	47	11.9
Medico-legal conduct	0	0	1	0.7	1	0.9	2	0.5
Misrepresentation of qualifications	0	0	3	2.1	1	0.9	4	1
National Law breach	7	5.3	4	2.7	3	2.6	14	3.5
National Law offence	10	7.5	10	6.8	8	6.9	28	7.1
Response to adverse event	3	2.3	0	0	0	0	3	0.8
Sexual misconduct	13	9.8	12	8.2	8	6.9	33	8.4
Total	133	100	146	100	116	100	395	100

Subcategories of professional health issues raised in complaints

Issue	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Mental impairment - cognitive impairment	0	0	0	0	4	20	4	6.9
Mental impairment - mental illness	3	15.8	7	36.8	4	20	14	24.1
Mental impairment - other	4	21.1	2	10.5	0	0	6	10.3
Mental impairment - substance misuse, abuse or addiction	12	63.2	10	52.6	12	60	34	58.6
Physical impairment	0	0	0	0	0	0	0	0
Total	19	100	19	100	20	100	58	100

Profile of complaints about health practitioners

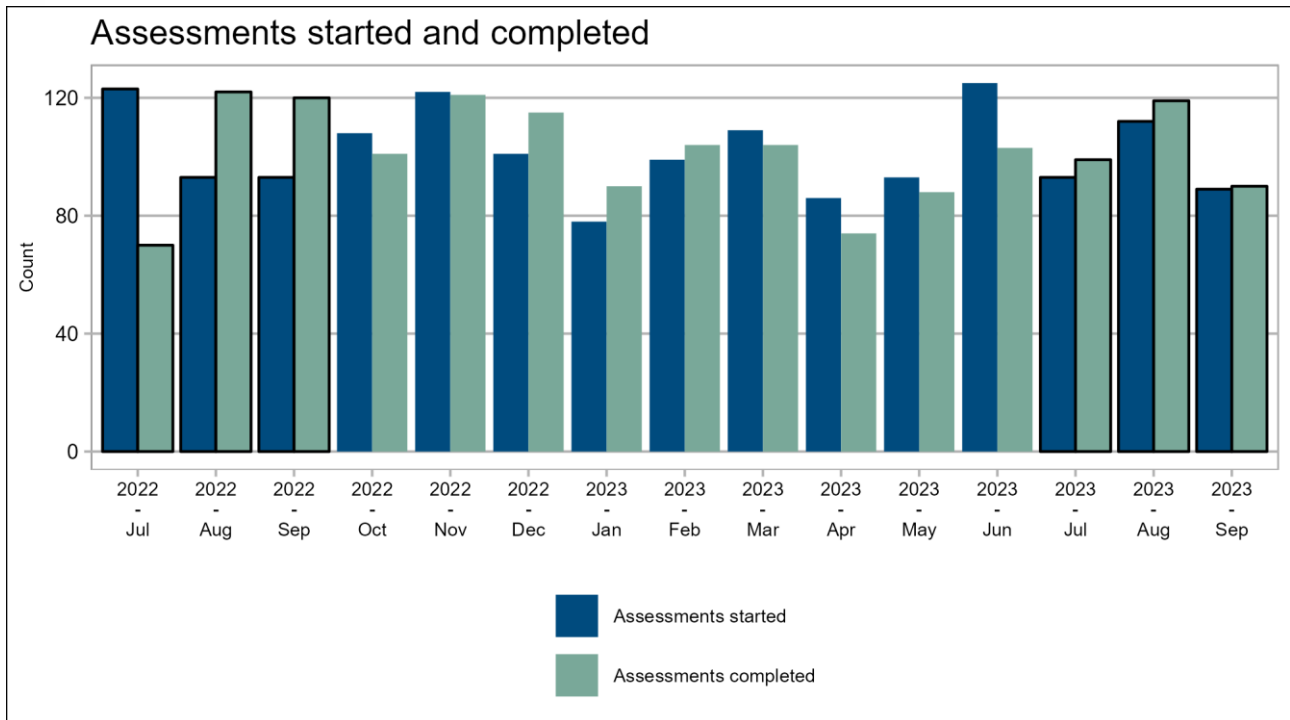
Practitioner type	Number of practitioners identified in complaints	Number and type of issues identified in complaints about health practitioners																	
		Access	Code of conduct for Health Care Workers	Communication and Information	Consent	Discharge and Transfer Arrangements	Environment/ Management of Facility	Fees and Costs	Grievance Processes	Health Ombudsman Act 2013 Offence	Information	Medical Records	Medication	Professional Conduct	Professional Health	Professional Performance	Reports/Certificates	Research/teaching/assessment	Total
Aboriginal and Torres Strait Islander health practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese Medicine Practitioner	5	-	-	-	-	-	-	-	-	-	-	-	-	5	-	-	-	-	5
Chiropractor	12	1	-	1	-	-	-	-	-	-	-	-	-	9	-	2	-	-	13
Dental practitioner	71	1	-	5	4	-	-	8	2	-	-	4	2	8	-	58	1	-	93
Medical Practitioner	548	27	-	84	20	1	2	12	6	-	-	19	106	108	21	279	39	-	724
Medical Radiation Practitioner	5	1	-	1	-	-	-	-	-	-	-	-	2	2	-	2	-	-	8
Midwife	8	-	-	1	-	-	-	1	1	-	-	1	-	2	1	5	-	-	12
Occupational Therapist	152	-	-	9	1	1	1	1	-	-	-	2	11	120	32	20	-	-	198
Optometrist	10	-	-	1	-	-	-	2	-	-	-	-	-	10	-	3	4	-	20
Oral Health Therapist	2	-	-	1	-	-	-	-	1	-	-	-	-	-	-	1	-	-	3
Osteopath	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paramedic	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Pharmacist	8	-	-	1	-	-	-	-	-	-	-	-	-	5	1	3	-	-	10
Physiotherapist	31	-	-	-	-	-	5	-	1	-	-	1	17	14	-	1	-	-	39
Podiatrist / Chiropodist	11	-	-	1	-	-	-	1	-	-	-	-	-	9	1	6	-	-	18
Psychologist	4	-	-	-	1	-	-	1	-	-	-	1	-	-	-	3	-	-	6
Nurse	62	1	-	8	-	-	-	2	3	-	-	5	-	35	2	12	10	-	78
Student practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unknown practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unregistered practitioner	64	-	59	5	1	-	-	2	-	1	-	-	6	20	-	11	2	-	107
Total	994	31	59	118	27	2	8	30	14	1	-	33	144	348	58	406	56	-	1335

Profile of complaints about health service organisations

Practitioner type	Number of practitioners identified in complaints	Number and type of issues identified in complaints about health practitioners																	
		Access	Code of conduct for Health Care Workers	Communication and Information	Consent	Discharge and Transfer Arrangements	Environment/ Management of Facility	Fees and Costs	Grievance Processes	Health Ombudsman Act 2013 Office	Information	Medical Records	Medication	Professional Conduct	Professional Health	Professional Performance	Reports/Certificates	Research/teaching/assessment	Total
Administrative Service	3	-	-	-	-	-	-	2	-	-	-	-	-	1	-	-	-	-	3
Aged Care Facility	8	-	-	-	-	-	3	1	2	-	-	2	2	-	-	1	-	-	11
Allied Health Service	12	-	-	-	1	-	1	2	2	-	-	-	1	-	-	5	3	-	15
Ambulance Service	3	1	-	-	-	1	-	-	1	-	-	-	-	-	-	2	-	-	5
Area Health Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Community Health Service	21	-	-	3	1	-	3	2	2	-	-	1	2	-	-	12	-	-	26
Correctional Facility	16	130	-	14	-	2	6	-	3	-	-	-	118	1	-	118	1	-	393
Dental Service	26	7	-	3	-	-	1	3	4	-	-	-	-	2	-	9	-	-	29
Environmental Health Service	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Health Education Service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Information Service	1	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	2
Health Promotion Service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Service District	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hospital & Health Service	7	4	-	1	-	1	-	-	-	-	-	-	1	1	-	6	-	-	14
Laboratory Service	14	1	-	-	1	-	1	5	2	-	-	-	-	2	-	4	4	-	20
Licensed Day Hospital	2	-	-	2	-	-	-	1	-	-	-	-	-	-	-	1	-	-	4
Licensed Private Hospital	29	3	-	12	1	5	8	2	2	-	-	-	1	2	-	26	-	-	62
Medical Centre	132	25	-	28	-	-	19	28	6	-	-	20	10	4	-	14	2	-	156
Mental Health Service	32	2	-	12	7	4	7	2	7	-	-	6	10	1	-	34	-	-	92
Nursing Service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Optical Store	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Other Government Department	6	1	1	-	1	-	2	2	-	-	-	1	1	2	-	-	-	-	11
Other Support Service	8	2	-	2	-	-	2	1	1	-	-	-	-	-	-	4	1	-	13
Paramedical Service	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Parent Organisation	1	-	-	1	-	-	-	1	-	-	-	1	-	-	-	1	-	-	4
Pharmaceutical Service	52	3	-	8	-	-	2	6	2	-	-	1	29	4	-	1	-	-	56
Private Organisation	25	-	-	4	-	-	7	4	5	-	-	2	1	4	-	5	2	-	34
Public Health Service	12	4	-	7	-	2	2	-	1	-	-	-	-	2	-	11	-	-	29
Public Hospital	48	54	1	58	8	35	25	7	37	-	-	12	27	17	-	336	7	-	624
Registration Board	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Residential Care Service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Social Work Service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Specialised Health Service	50	5	2	6	-	-	3	16	6	-	-	2	5	3	-	12	1	-	61
Welfare Service	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Total	512	242	4	164	20	50	93	86	83	-	-	48	208	47	-	603	21	-	1669

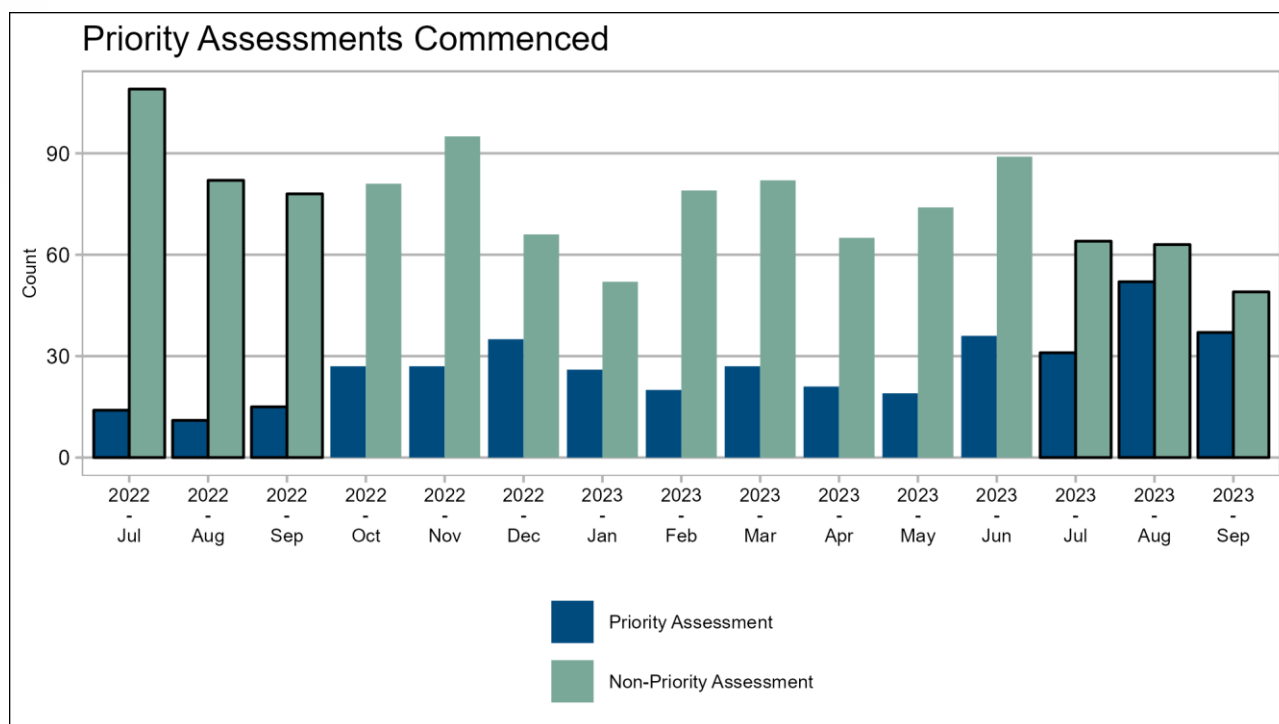
Assessment

Assessments started and completed



Assessments this quarter	July	August	September	Q1 total
Assessments started	95	115	86	296
Assessments completed	99	120	91	310

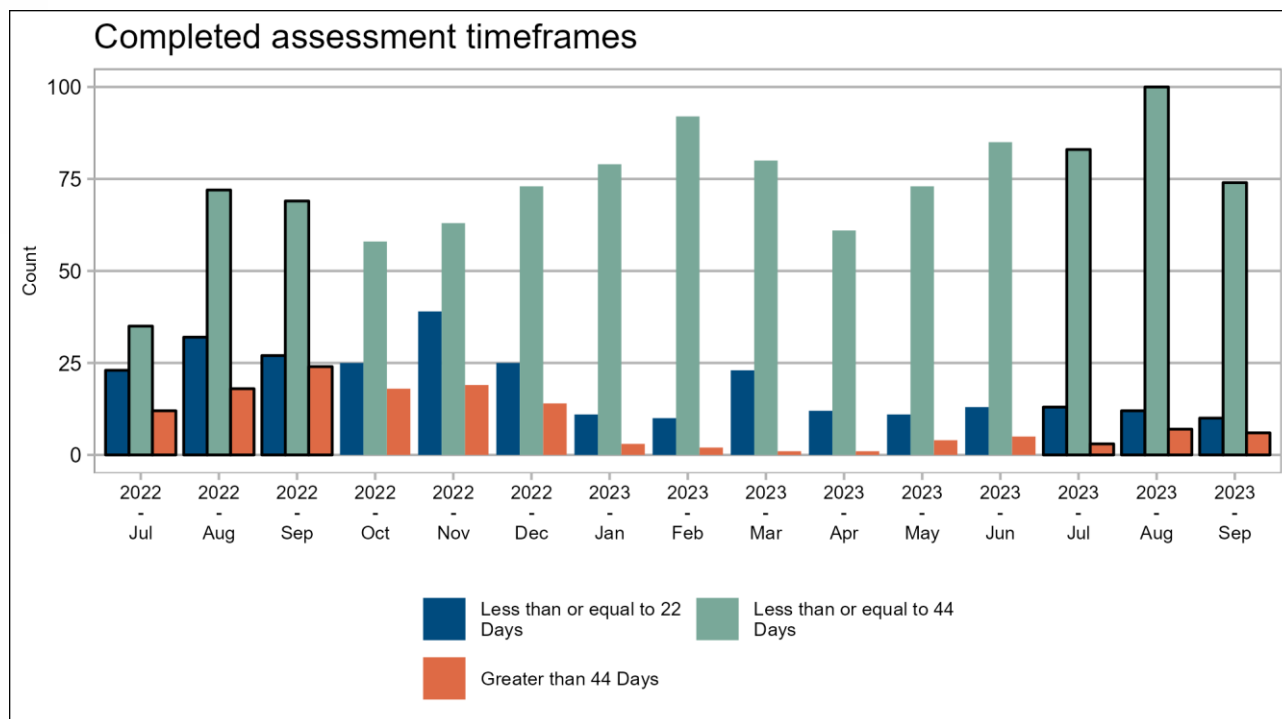
Assessment Started by Prioritisation



Assessment timeframes	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Priority Assessment	31	32.6	52	45.2	37	43	120	40.5
Non-Priority Assessment	64	67.4	63	54.8	49	57	176	59.5
Total	95	100	115	100	86	100	296	100

A Priority matter is the term used for the management of serious and high-risk complaints which can include significant conduct / performance concerns, serious clinical outcomes and systemic issues that may pose ongoing risks to patient safety. Particular complaint vulnerabilities and cultural sensitivities are also factors in determining a Priority matter.

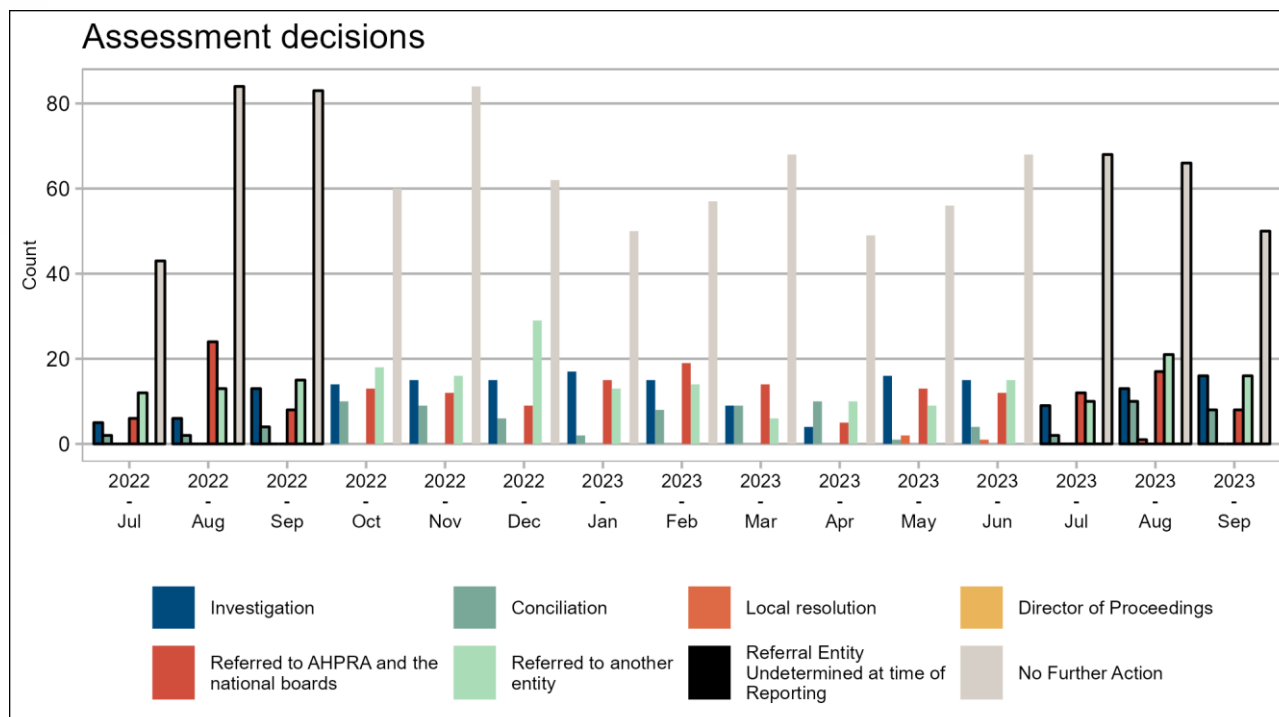
Completed assessment timeframes



Assessment timeframes	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Less than or equal to 22 Days	13	13.1	13	10.8	11	12.1	37	11.9
Less than or equal to 44 Days	83	83.8	100	83.3	74	81.3	257	82.9
Greater than 44 Days	3	3	7	5.8	6	6.6	16	5.2
Total	99	100	120	100	91	100	310	100

* Assessments can be completed within 44 business days when granted an extension as a result of legislated requirements being met.

Assessment decisions



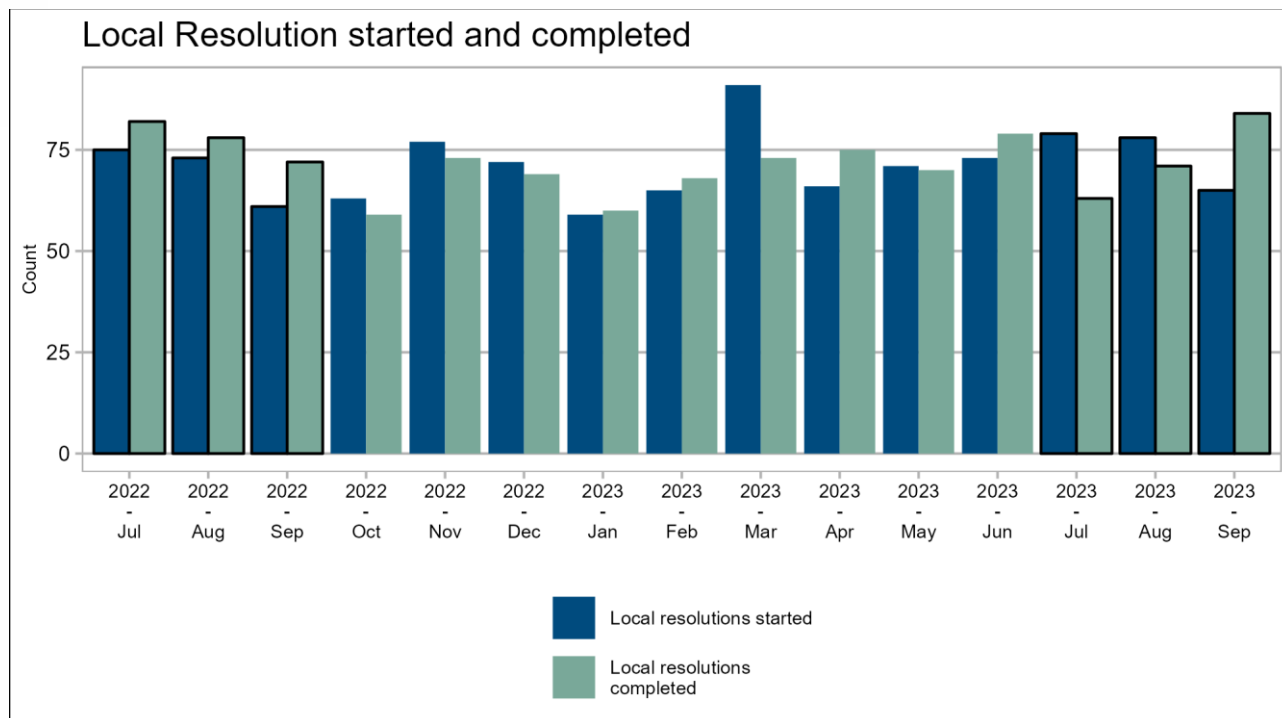
Type of relevant action*	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Investigation	9	8.9	13	10.2	16	16.3	38	11.6
Conciliation	2	2	10	7.8	8	8.2	20	6.1
Local resolution	0	0	1	0.8	0	0	1	0.3
Director of Proceedings	0	0	0	0	0	0	0	0
Referred to AHPRA and the national boards	12	11.9	17	13.3	8	8.2	37	11.3
Referred to another entity	10	9.9	21	16.4	16	16.3	47	14.4
Referral Entity Undetermined at time of Reporting**	0	0	0	0	0	0	0	0
No Further Action	68	67.3	66	51.6	50	51	184	56.3
Total	101	100	128	100	98	100	327	100

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

** For assessment finished near the date of data capture, an outcome of Referral may have been recorded with no specific referral entity listed.

Local resolution

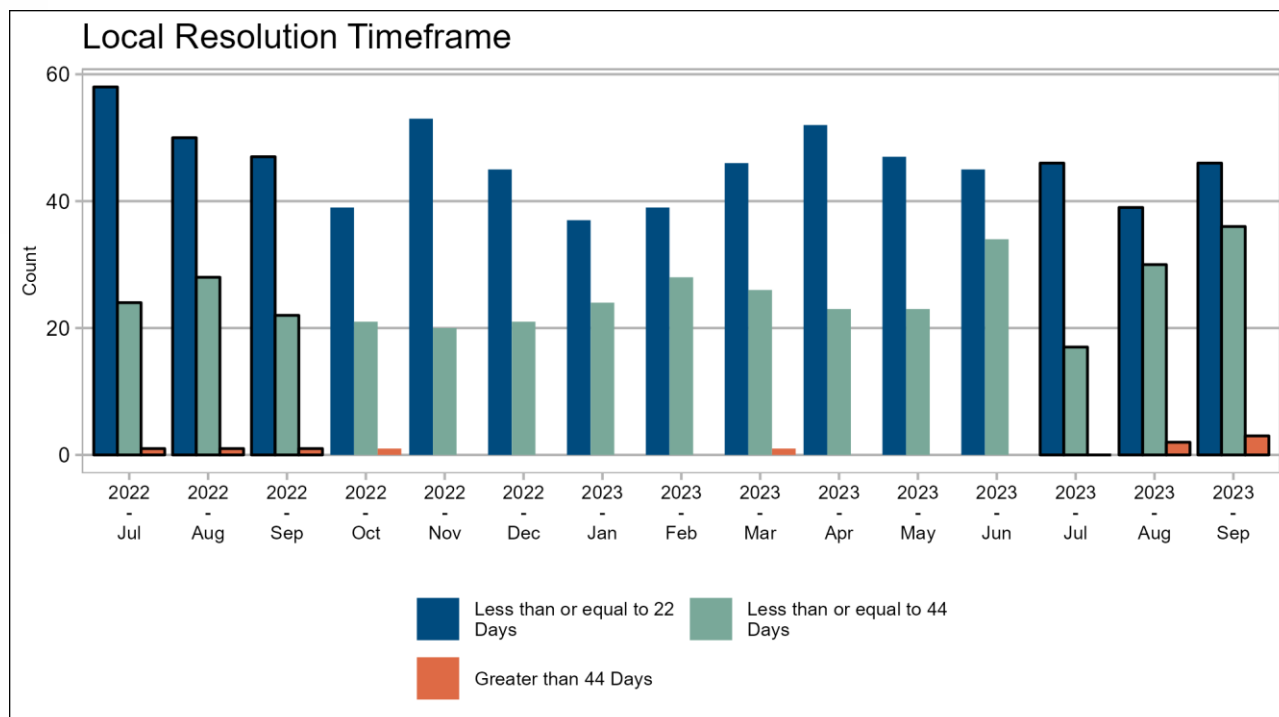
Local resolutions started and completed



Local resolutions this quarter*	July	August	September	Q1 total
Local resolutions started	79	78	65	222
Local resolutions completed	63	71	84	218

* 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.

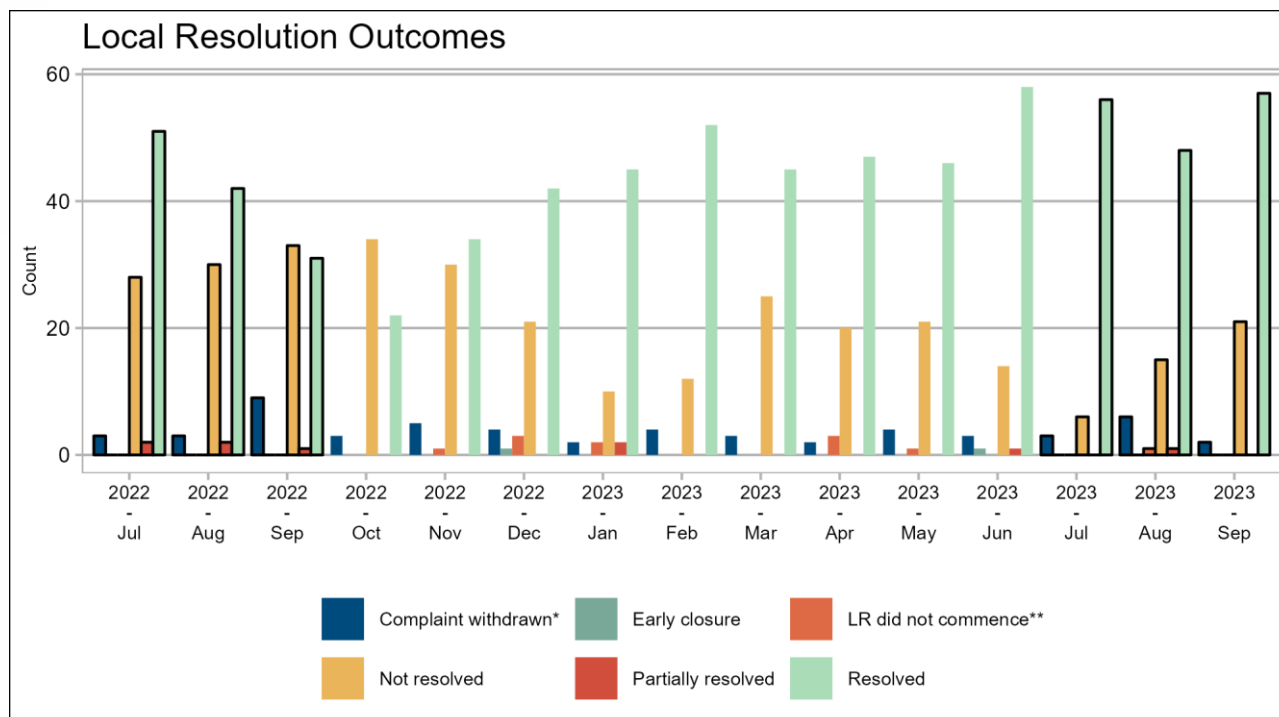
Completed local resolutions Time Frames



Local resolution timeframe	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Less than or equal to 22 Days	46	73	39	54.9	46	54.1	131	59.8
Less than or equal to 44 Days	17	27	30	42.3	36	42.4	83	37.9
Greater than 44 Days	0	0	2	2.8	3	3.5	5	2.3
Total	63	100	71	100	85	100	219	100

* Local Resolutions can be completed within 44 business when granted an extension as a result of legislated requirements being met.

Local Resolution Outcomes



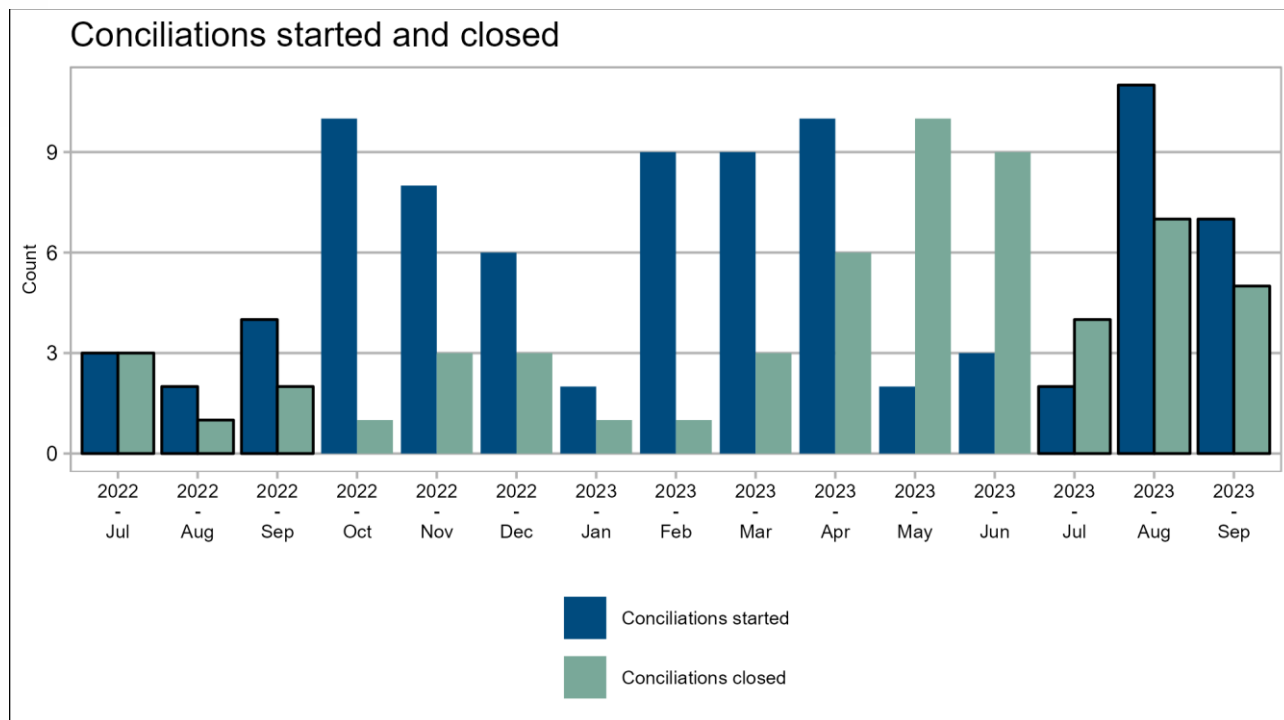
Local resolution outcomes	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Complaint withdrawn*	3	4.6	6	8.5	2	2.5	11	5.1
Early closure	0	0	0	0	0	0	0	0
Local Resolution did not commence**	0	0	1	1.4	0	0	1	0.5
Not Resolved	6	9.2	15	21.1	21	26.2	42	19.4
Partially Resolved	0	0	1	1.4	0	0	1	0.5
Resolved	56	86.2	48	67.6	57	71.2	161	74.5
Total	65	100	71	100	80	100	216	100

* 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.

Conciliation

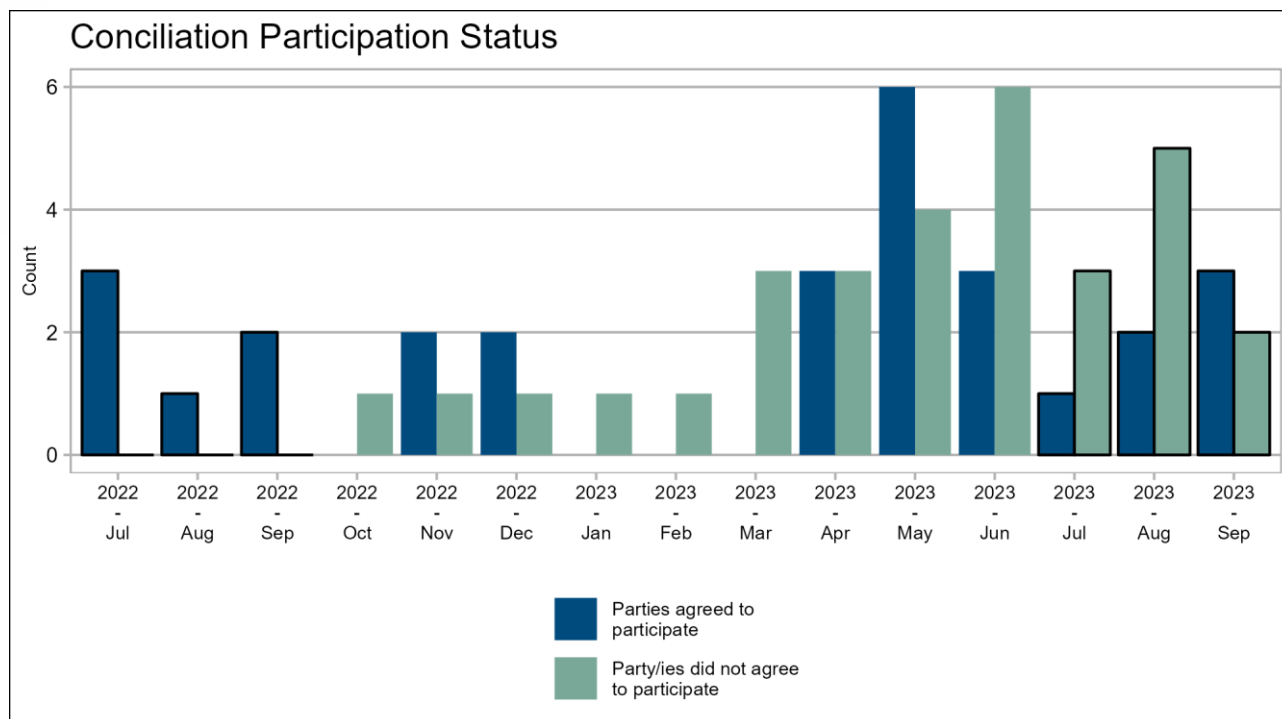
Conciliations started and closed



Conciliations this quarter	July	August	September	Q1 total
Conciliations started*	2	11	7	20
Conciliations closed	4	7	5	16

* '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. 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 initially agreed to participate in the conciliation process.

Agreement to participate in conciliation

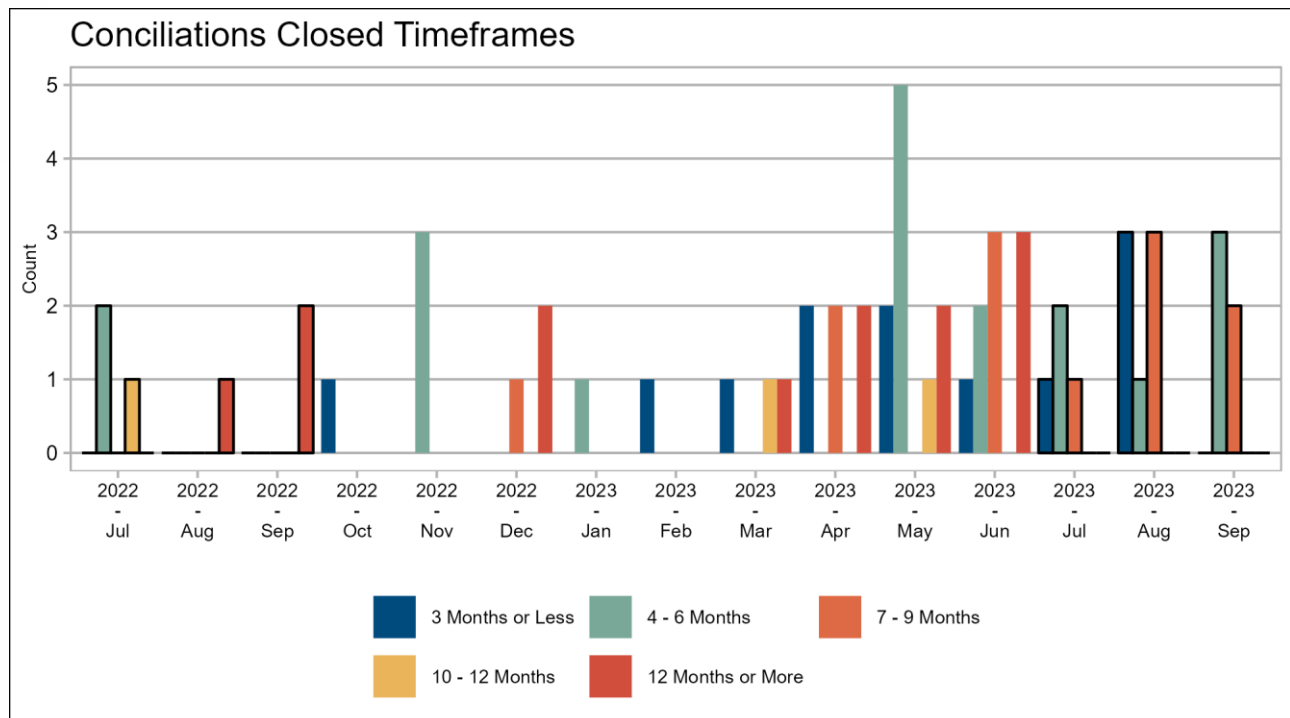


Agreement to participate*	July	August	September	Q1 total
Parties agreed to participate	1	2	3	6
Party/ies did not agree to participate	3	5	2	10

* Once the decision is made to attempt conciliation, both parties must agree to participate in the process. If either one, or both, of the parties do not agree, the conciliation process does not commence, and the matter is closed.

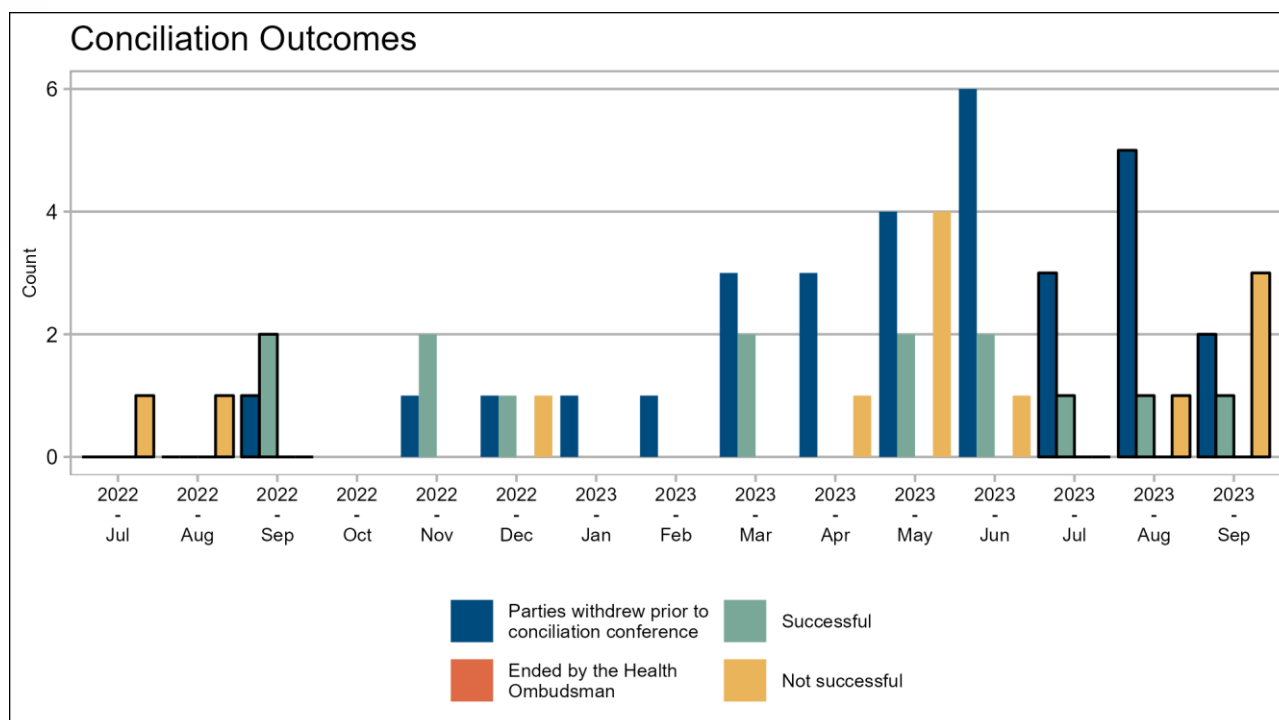
Completed conciliations

Timeframes



Conciliations Closed	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
3 Months or Less	1	25	3	42.9	0	0	4	25
4 - 6 Months	2	50	1	14.3	3	60	6	37.5
7 - 9 Months	1	25	3	42.9	2	40	6	37.5
10 - 12 Months	0	0	0	0	0	0	0	0
12 Months or More	0	0	0	0	0	0	0	0
Total	4	100	7	100	5	100	16	100

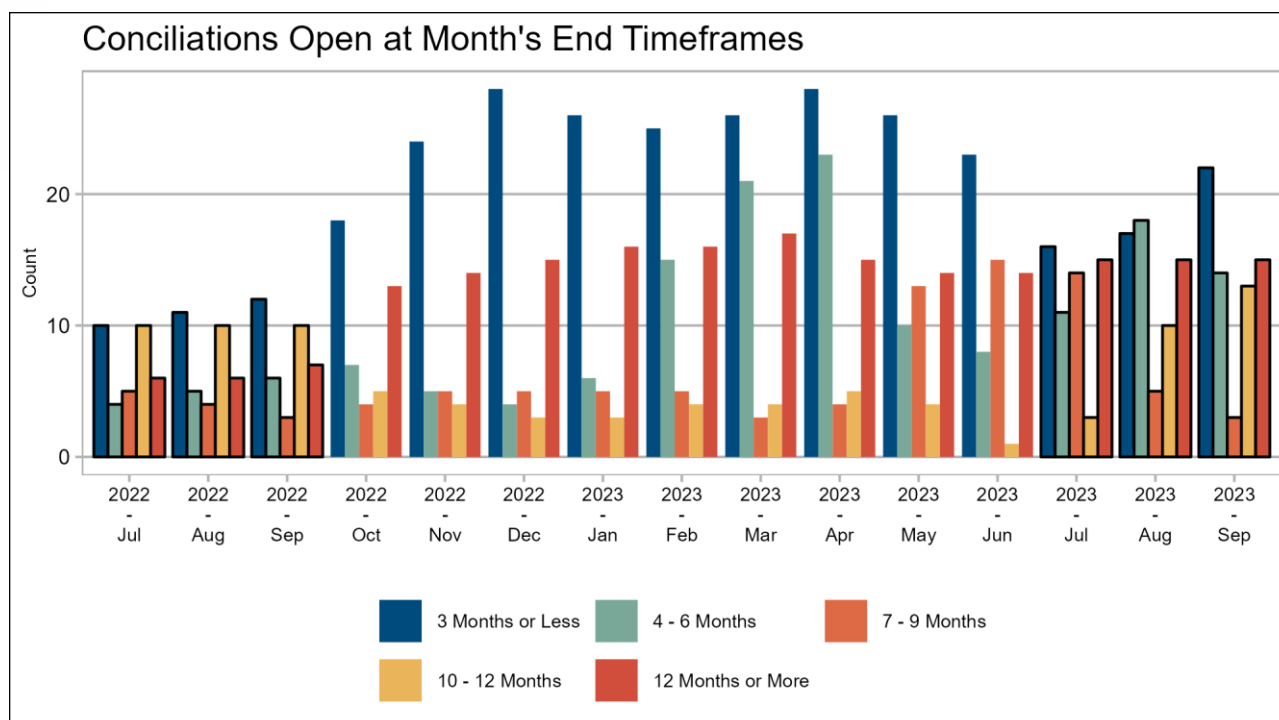
Outcomes



Conciliation outcomes	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Parties withdrew prior to conciliation conference	3	75	5	71.4	2	33.3	10	58.8
Successful	1	25	1	14.3	1	16.7	3	17.6
Ended by the Health Ombudsman	0	0	0	0	0	0	0	0
Not successful	0	0	1	14.3	3	50	4	23.5
Total	4	100	7	100	6	100	17	100

The data above relates to matters where parties initially agreed to participate in conciliation. After agreeing, the conciliation process was completed with the matter either being successful or not successful—or in some instances, the Health Ombudsman may end a conciliation or parties involved may withdraw from the process prior to conciliation occurring. ‘Completed conciliations’ differ from ‘closed conciliations’—in the table on page 22—in that they only relate to matters where parties agreed to participate in conciliation.

Open conciliation timeframes



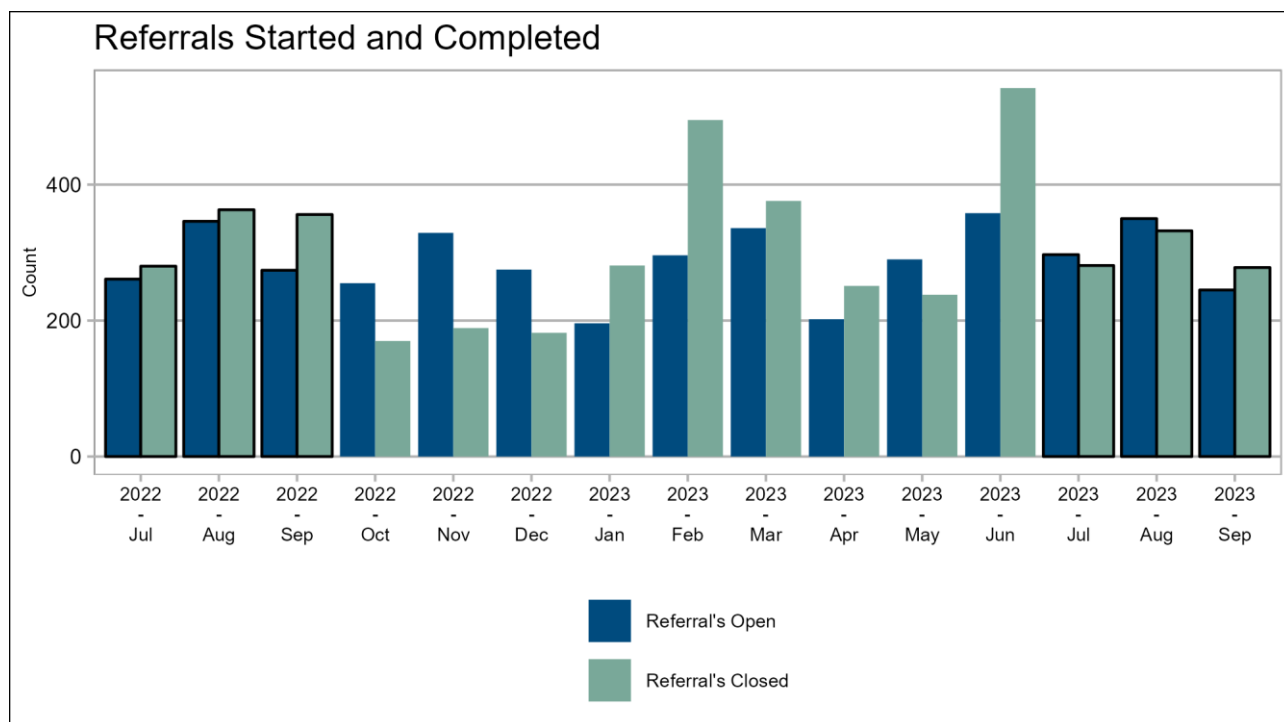
Open at Months End Timeframes	July		August		September	
	Number	%	Number	%	Number	%
3 Months or Less	16	27.1	17	26.2	22	32.8
4 - 6 Months	11	18.6	18	27.7	14	20.9
7 - 9 Months	14	23.7	5	7.7	3	4.5
10 - 12 Months	3	5.1	10	15.4	13	19.4
12 Months or More	15	25.4	15	23.1	15	22.4
Total	59	100	65	100	67	100

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.

Complaint Management (Referrals)

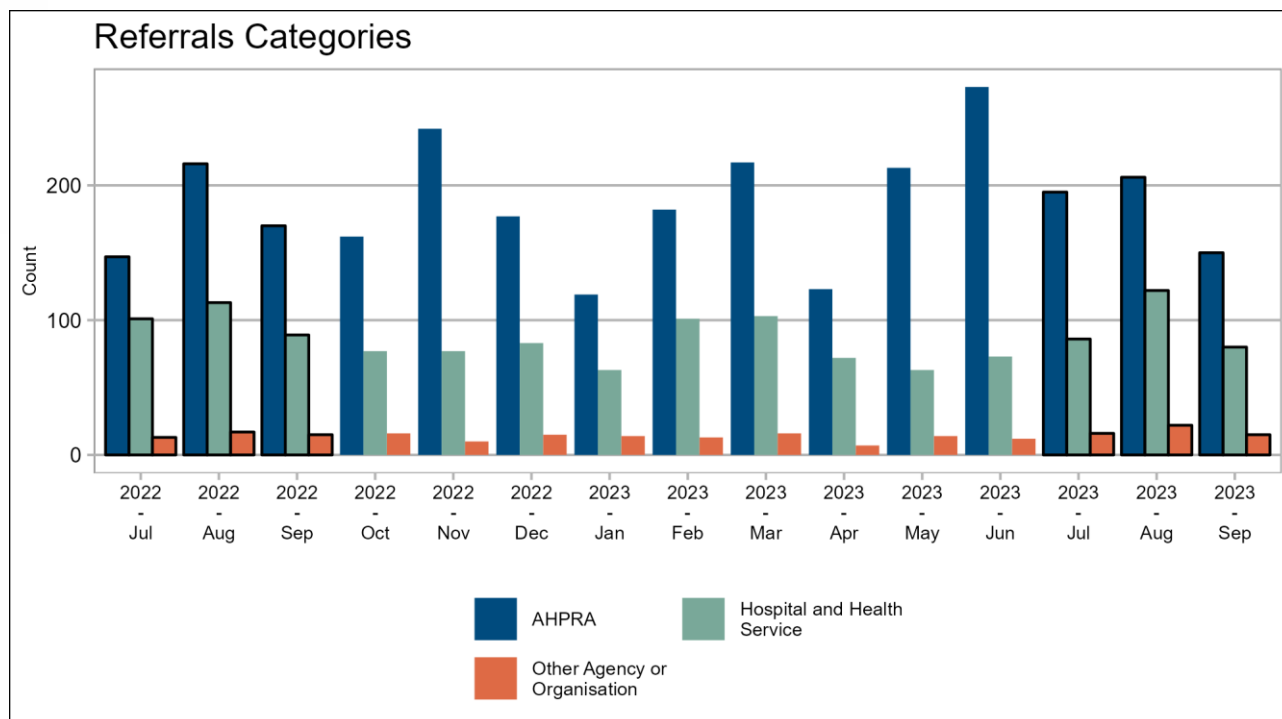
As OHO is the single point of entry for health service complaints in Queensland effective referral coordination and monitoring is critical. Under the Act, referrals to Ahpra are conducted under s91 either following joint consideration or at other points throughout the regulatory / complaints process. We also make referrals to other entities (State and Commonwealth) conducted under s92. These matters are monitored and the s93 responses from the entities are analysed by the OHO from a safety and quality oversight perspective.

Referrals Open & Closed



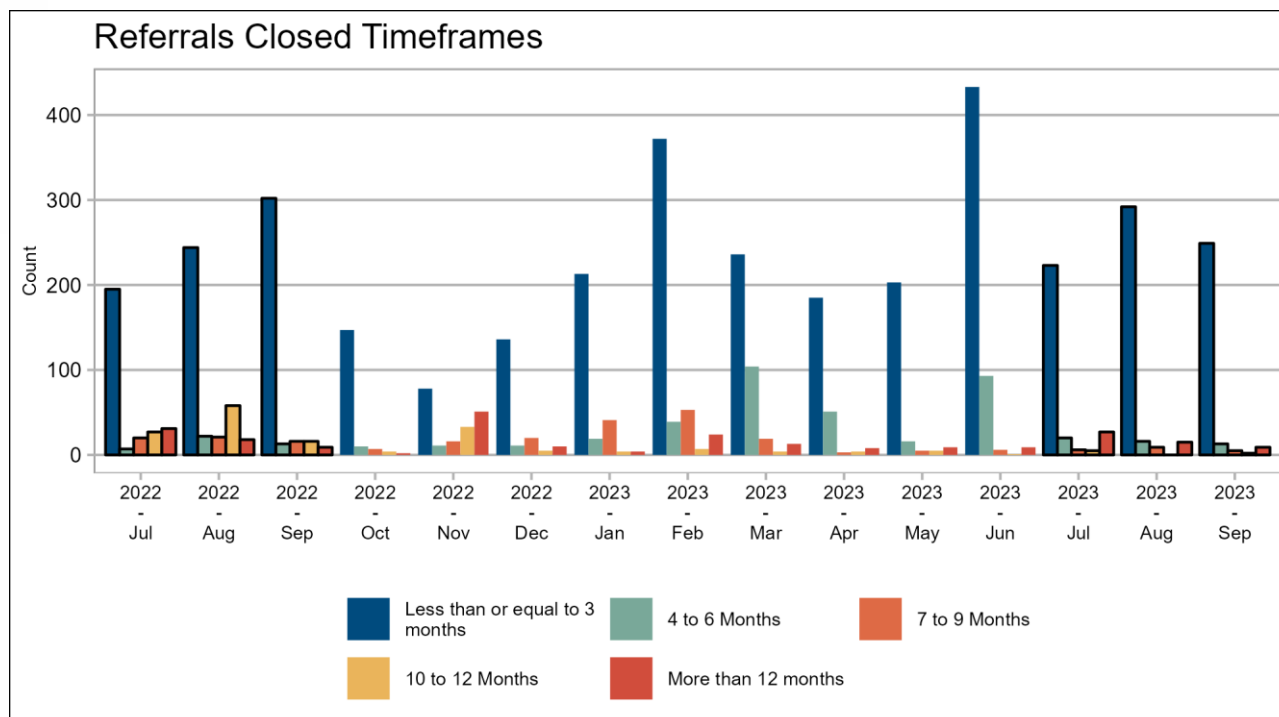
Referrals	July	August	September	Q1 total
Referrals Open	297	350	245	892
Referrals Closed	281	332	278	891

Referrals Categories



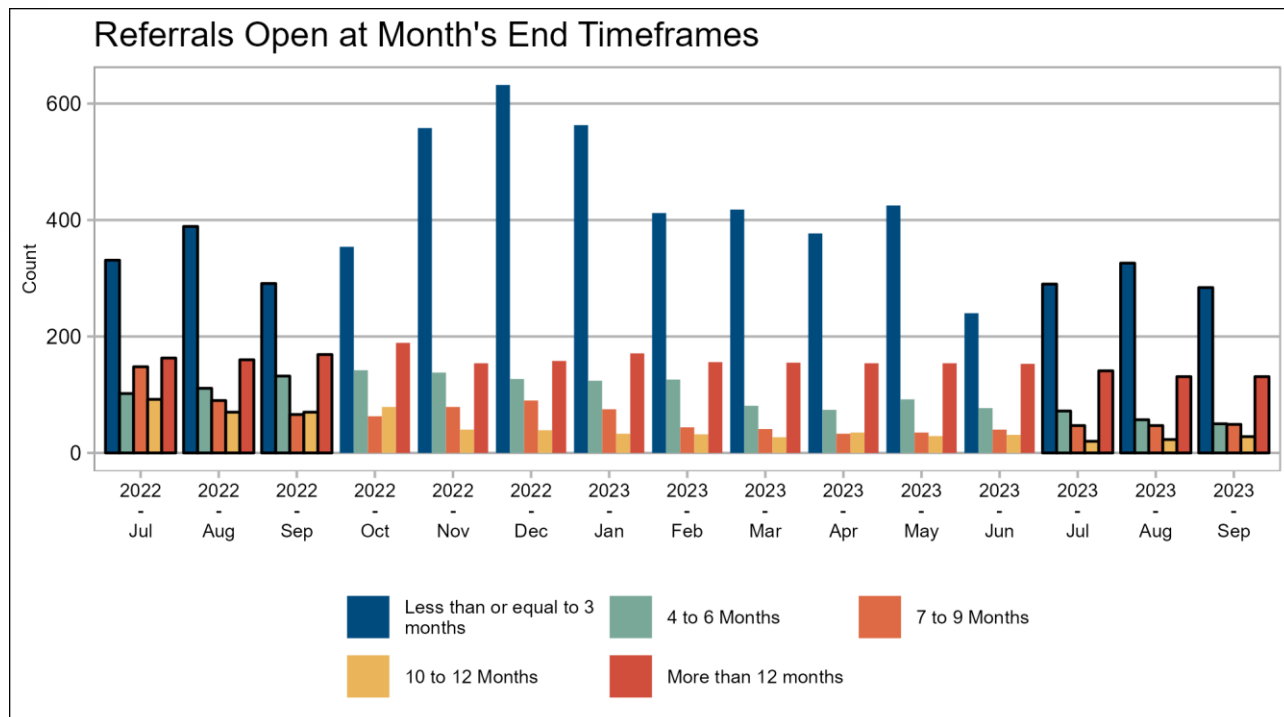
Referrals Categories	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
AHPRA	195	65.7	206	58.9	150	61.2	551	61.8
Hospital and Health Service	86	29	122	34.9	80	32.7	288	32.3
Other Agency or Organisation	16	5.4	22	6.3	15	6.1	53	5.9
Total	297	100	350	100	245	100	892	100

Referrals Closed Timeframes



	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
3 Months or Less	223	79.4	292	88	249	89.6	764	85.7
4 to 6 Months	20	7.1	16	4.8	13	4.7	49	5.5
7 to 9 Months	6	2.1	9	2.7	5	1.8	20	2.2
10 to 12 Months	5	1.8	0	0	2	0.7	7	0.8
More than 12 Months	27	9.6	15	4.5	9	3.2	51	5.7
Total	281	100	332	100	278	100	891	100

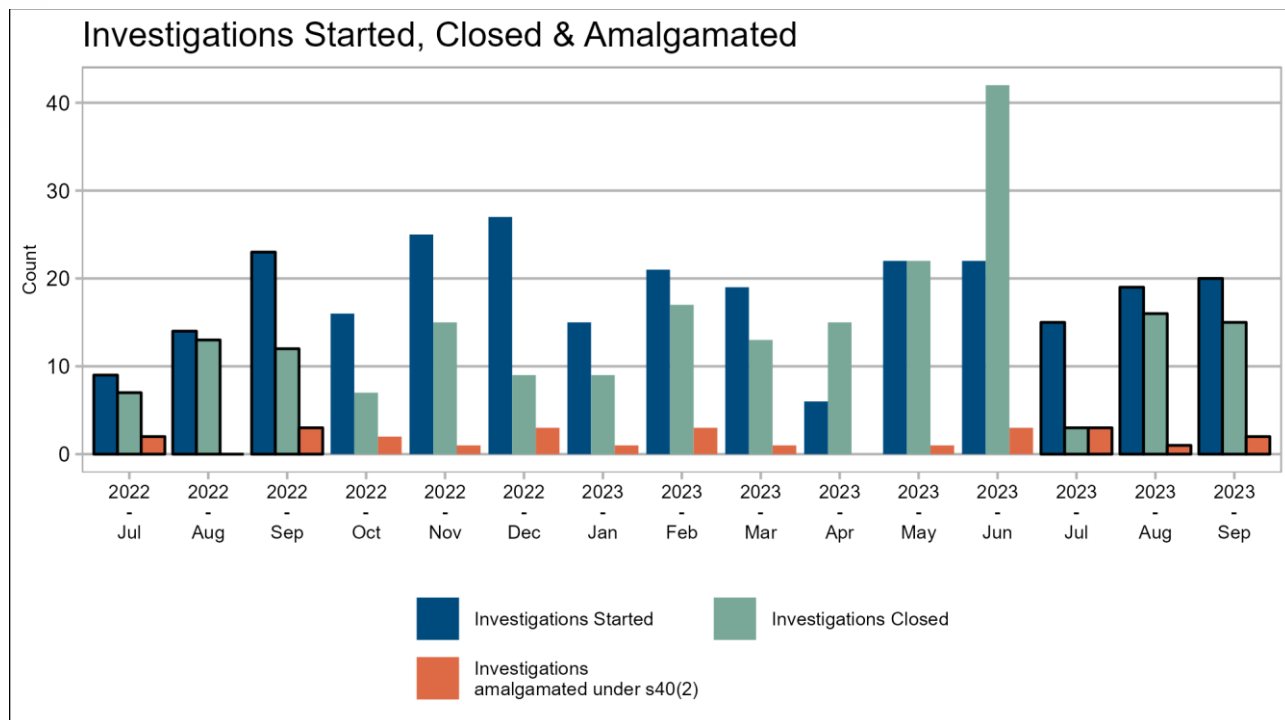
Referrals Open Timeframes



Open at Months End Timeframes	July		August		September	
	Number	%	Number	%	Number	%
3 Months or Less	290	50.9	326	55.8	284	52.4
4 to 6 Months	72	12.6	57	9.8	50	9.2
7 to 9 Months	47	8.2	47	8	49	9
10 to 12 Months	20	3.5	23	3.9	28	5.2
More than 12 Months	141	24.7	131	22.4	131	24.2
Total	570	100	584	100	542	100

Investigation

Investigations started and closed

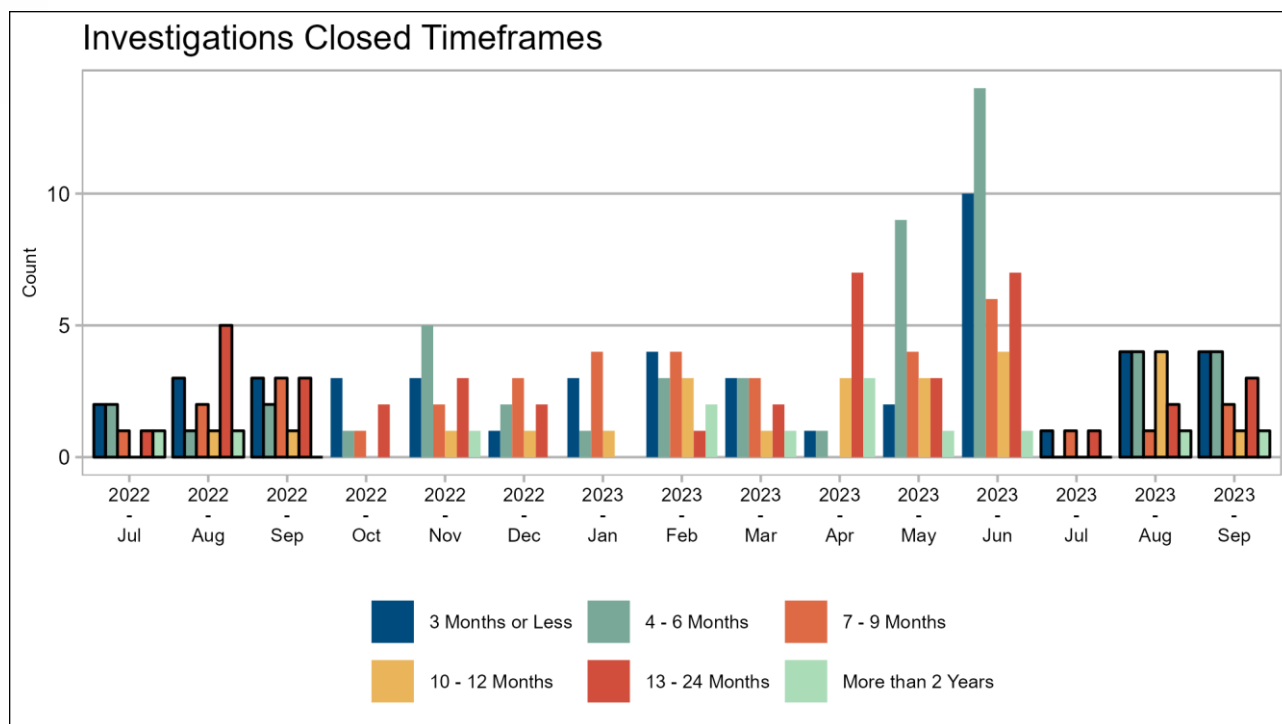


Investigations this quarter	July	August	September	Q1 total
Investigations started*	15	19	20	54
Investigations closed	3	16	15	34
Investigations amalgamated under s40(2)	3	1	2	6

* The number of investigations started in the quarter may be higher than the number referred to investigations due to the number of matters brought to the Health Ombudsman's attention by means other than through a health service complaint or notification.

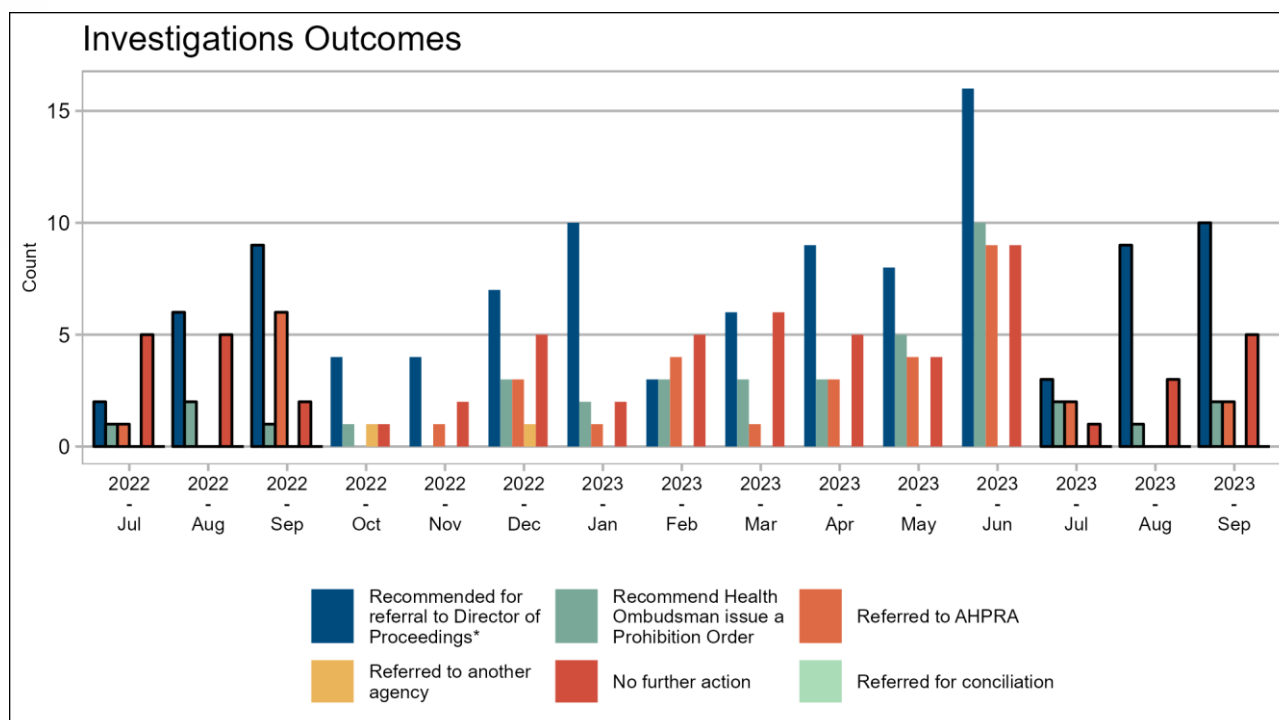
Closed investigations

Timeframes



Closed investigation timeframes	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
3 Months or Less	1	33.3	4	25	4	26.7	9	26.5
4 - 6 Months	0	0	4	25	4	26.7	8	23.5
7 - 9 Months	1	33.3	1	6.2	2	13.3	4	11.8
10 - 12 Months	0	0	4	25	1	6.7	5	14.7
13 - 24 Months	1	33.3	2	12.5	3	20	6	17.6
More than 2 Years	0	0	1	6.2	1	6.7	2	5.9
Total	3	100	16	100	15	100	34	100

Outcomes



Investigation outcomes*	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Recommended for referral to Director of Proceedings**	3	37.5	9	69.2	10	52.6	22	55
Recommend Health Ombudsman issue a Prohibition Order	2	25	1	7.7	2	10.5	5	12.5
Referred to AHPRA	2	25	0	0	2	10.5	4	10
Referred to another agency	0	0	0	0	0	0	0	0
No further action	1	12.5	3	23.1	5	26.3	9	22.5
Referred for conciliation	0	0	0	0	0	0	0	0
Total	8	100	13	100	19	100	40	100

* 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.

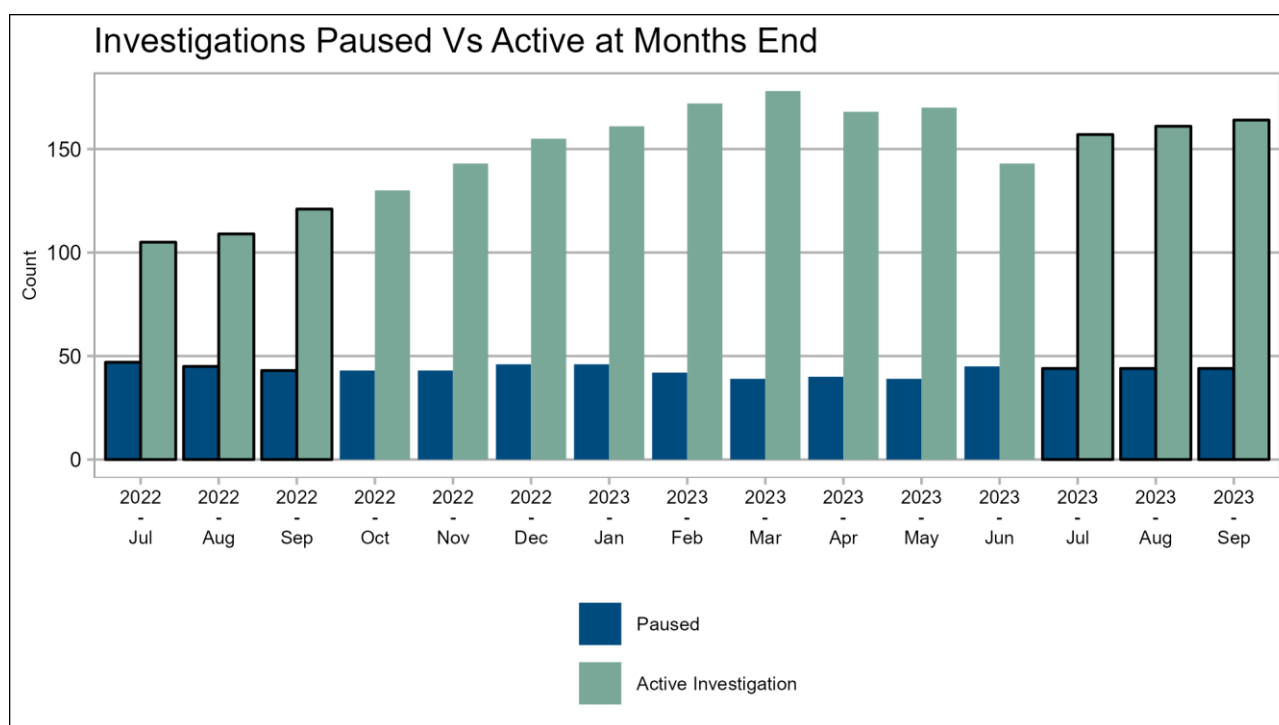
** Matters determined suitable for referral to the Director of Proceedings at the conclusion of an investigation are sent to the Health Ombudsman for consideration and determination on whether referral to the Director of Proceedings is appropriate.

Open investigations

Open investigations consist of two categories—active investigations and paused investigations.

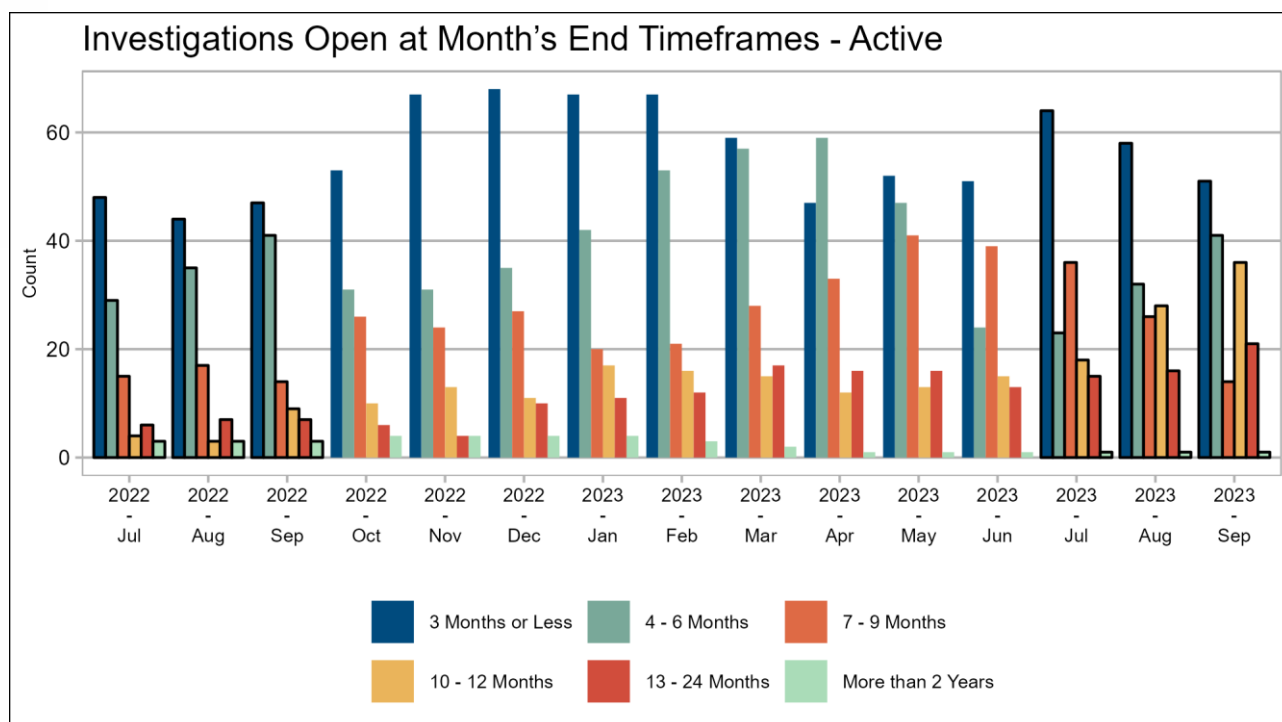
Active investigations are being currently investigated, while paused investigations are not able to be investigated until such time as another agency—such as the Queensland Police Service or the Coroner’s Court of Queensland—concludes their own processes. Despite being unable to progress paused investigations, they are still considered to be open investigations.

Active & Paused Investigations



	July		August		September	
	Number	%	Number	%	Number	%
Paused	44	21.9	44	21.5	44	21.2
Active Investigation	157	78.1	161	78.5	164	78.8
Total	201	100	205	100	208	100

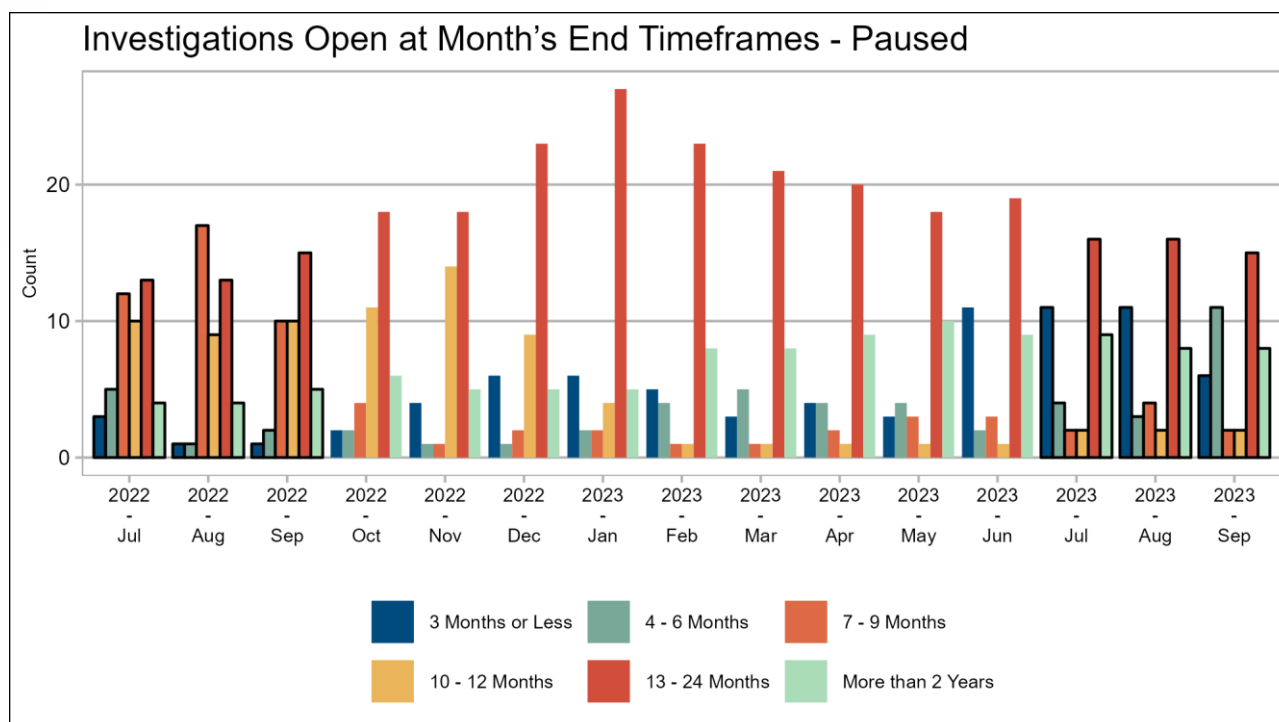
Active investigation timeframes



	July		August		September	
	Number	%	Number	%	Number	%
3 Months or Less	64	40.8	58	36	51	31.1
4 - 6 Months	23	14.6	32	19.9	41	25
7 - 9 Months	36	22.9	26	16.1	14	8.5
10 - 12 Months	18	11.5	28	17.4	36	22
13 - 24 Months	15	9.6	16	9.9	21	12.8
More than 2 Years	1	0.6	1	0.6	1	0.6
Total	157	100	161	100	164	100

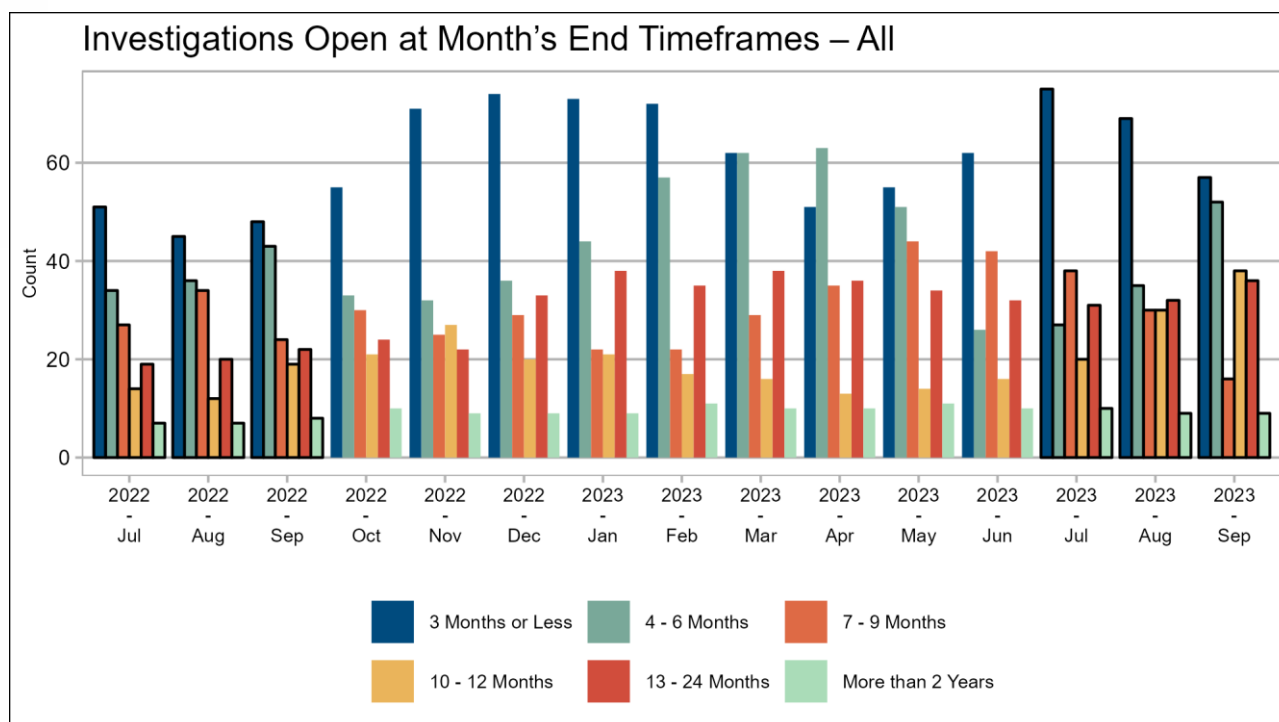
All investigations that have been open for 12 Months or More are published on our investigations register, available on our website (www.oho.qld.gov.au).

Paused investigation timeframes



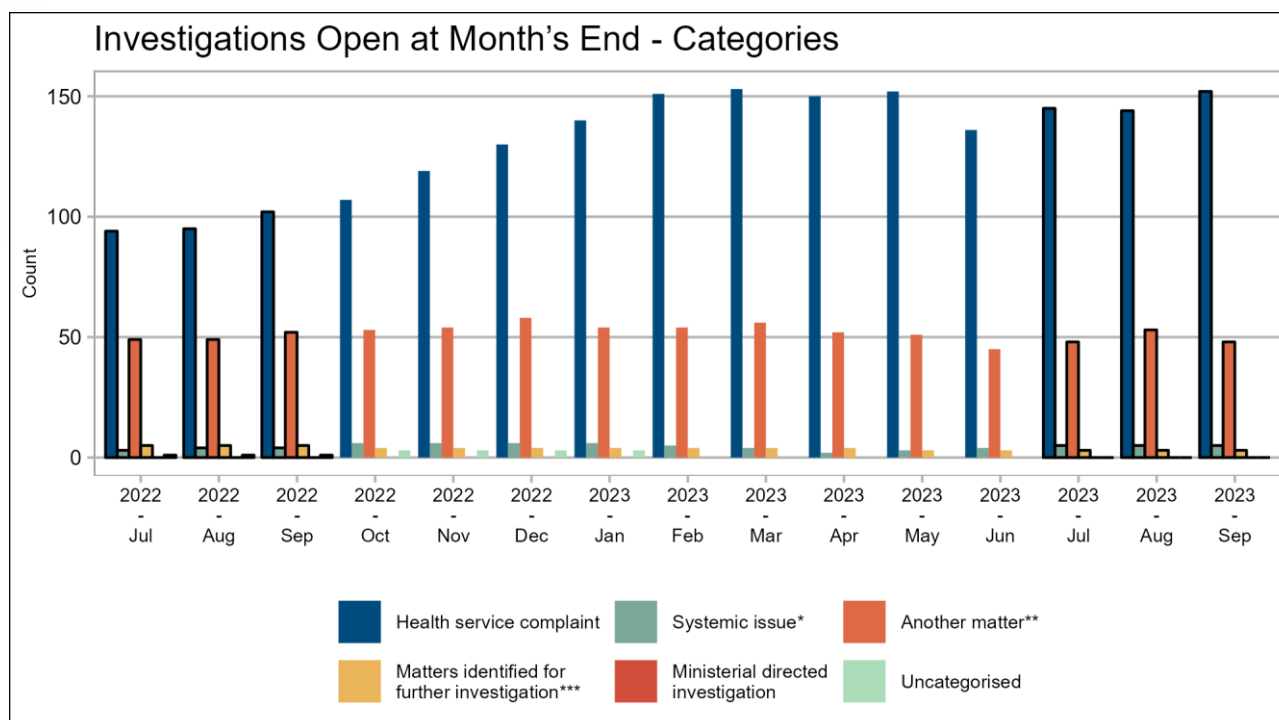
	July		August		September	
	Number	%	Number	%	Number	%
3 Months or Less	11	25	11	25	6	13.6
4 - 6 Months	4	9.1	3	6.8	11	25
7 - 9 Months	2	4.5	4	9.1	2	4.5
10 - 12 Months	2	4.5	2	4.5	2	4.5
13 - 24 Months	16	36.4	16	36.4	15	34.1
More than 2 Years	9	20.5	8	18.2	8	18.2
Total	44	100	44	100	44	100

Active & Paused (All) Investigation Timeframes



	July		August		September	
	Number	%	Number	%	Number	%
3 Months or Less	75	37.3	69	33.7	57	27.4
4 - 6 Months	27	13.4	35	17.1	52	25
7 - 9 Months	38	18.9	30	14.6	16	7.7
10 - 12 Months	20	10	30	14.6	38	18.3
13 - 24 Months	31	15.4	32	15.6	36	17.3
More than 2 Years	10	5	9	4.4	9	4.3
Total	201	100	205	100	208	100

Open investigation categories



	July		August		September	
	Number	%	Number	%	Number	%
Health service complaint	145	72.1	144	70.2	152	73.1
Systemic issue*	5	2.5	5	2.4	5	2.4
Another matter**	48	23.9	53	25.9	48	23.1
Matters identified for further investigation***	3	1.5	3	1.5	3	1.4
Ministerial directed investigation	0	0	0	0	0	0
Uncategorised	0	0	0	0	0	0
Total	201	100	205	100	208	100

* Matters involving a systemic issue relating to the provision of a health service, including an issue affecting the quality of a health service.

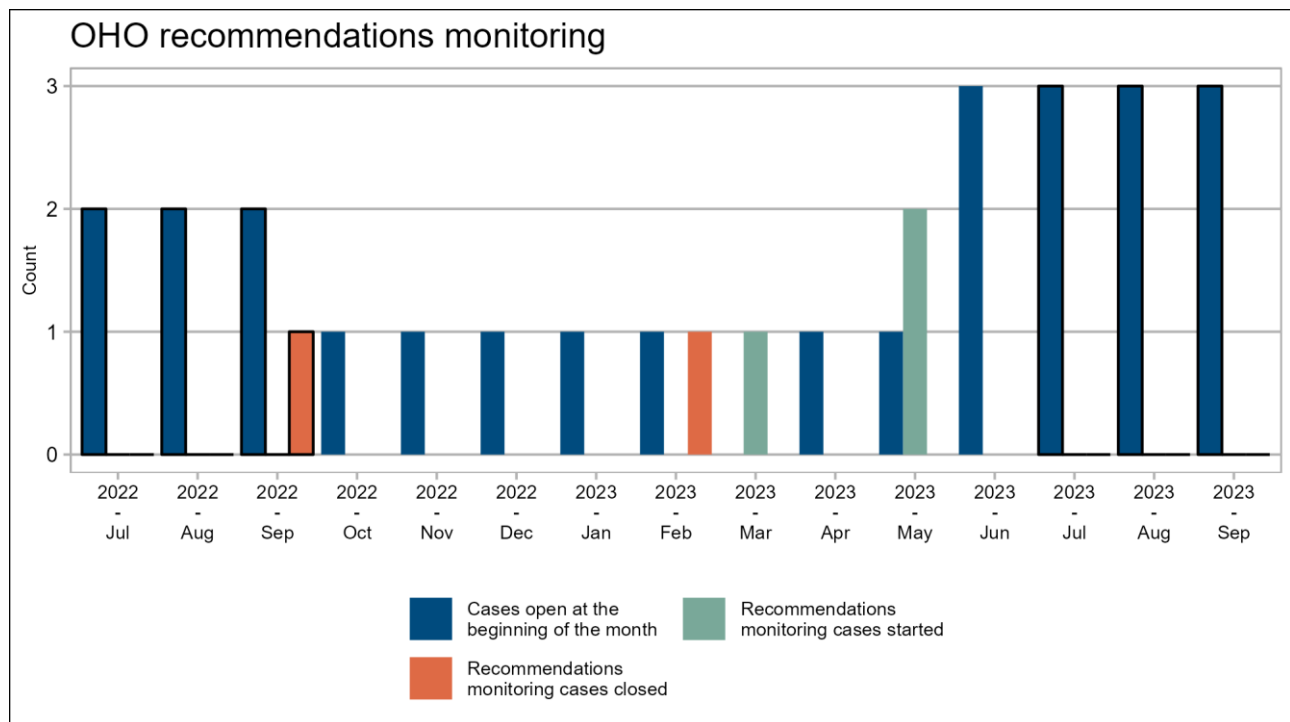
** Matters brought to the Health Ombudsman's attention by means other than through a health service complaint or notification which warrant investigation. These are commonly referred to internally as 'own motion' investigations.

*** Matters referred for further investigation by the Health Ombudsman under s105 of the Act following referral to Director of Proceedings.

Monitoring investigation recommendations

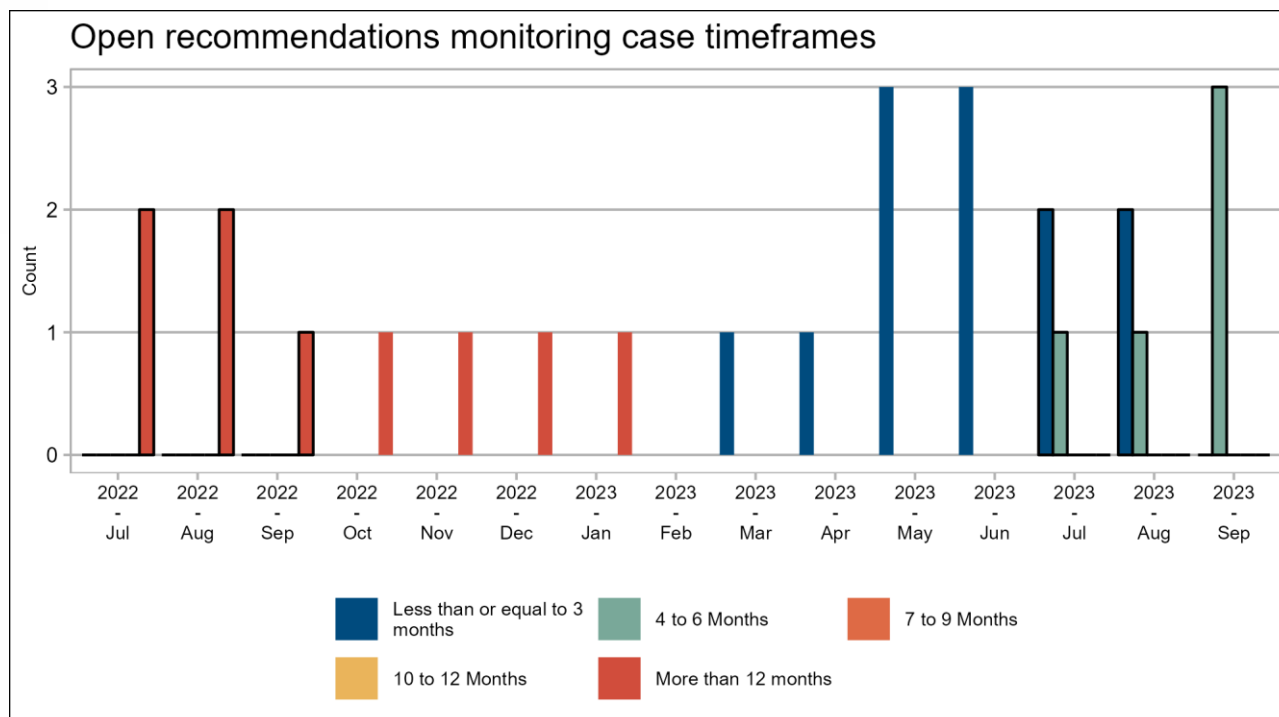
At the completion of certain investigations, the Health Ombudsman makes recommendations to health services for how they can improve service delivery and/or prevent the issues identified in the investigation from happening again. In these instances, the OHO puts in place a recommendation monitoring program to track the implementation of the recommendations.

OHO recommendations monitoring



OHO monitoring cases	July	August	September
Cases open at the beginning of the month	3	3	3
Recommendations monitoring cases started	0	0	0
Recommendations monitoring cases closed	0	0	0

Open recommendations monitoring case timeframes



Monitoring case timeframes	July		August		September	
	Number	%	Number	%	Number	%
3 Months or Less	2	66.7	2	66.7	0	0
4 to 6 Months	1	33.3	1	33.3	3	100
7 to 9 Months	0	0	0	0	0	0
10 to 12 Months	0	0	0	0	0	0
12 Months or More	0	0	0	0	0	0
Total	3	100	3	100	3	100

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	Number	Percentage
Medical Practitioner	3	18.8
Medical Practitioner & Dentist	1	6.3
Midwife	2	12.5
Obstetrician & Gynaecologist	2	12.5
Pharmacist	1	6.3
Psychologist	5	31.3
Registered Nurse	2	12.5
Total	16	100

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

These are matters that have been referred to the Director of Proceedings but have not been filed in QCAT or referred back to the Health Ombudsman. This includes matters where there has been a decision to refer the matter to QCAT, but no referral has been filed QCAT at this stage.

Practitioner type	Number	Percentage
Medical Practitioner	12	28.9
Medical radiation practitioner	1	2.3
Medical Practitioner & Dentist	1	2.3
Midwife	2	4.5
Obstetrician & gynaecologist	2	4.5
Pharmacist	5	11.2
Physiotherapist	2	4.5
Psychologist	6	13.4
Registered Nurse	11	24.5
Surgeon	2	4.5
Total	44	100



Outcomes of matters reviewed by the Director of Proceedings

Matters filed in the Queensland Civil and Administrative Tribunal

Practitioner type	Number	Percentage
Medical Practitioner	2	40
Pharmacist	1	20
Psychologist	1	20
Registered nurse	1	20
Total Registered	5	100

Matters referred back to Health Ombudsman

Practitioner type	Number	Percentage
Medical Practitioner	7	100
Total	7	100

Queensland Civil and Administrative Tribunal disciplinary matters

Matters Open in the Queensland Civil and Administrative Tribunal

Practitioner type	Number	Percentage
Chinese Medical Practitioner	1	1.4
Chiropractor	2	2.8
Medical Radiation Practitioner	1	1.4
Medical Practitioner	26	35.7
Medical Practitioner and Dentist	4	5.5
Osteopath	2	2.8
Paramedic	1	1.4
Pharmacist	7	9.6
Physiotherapist	3	4.0
Psychologist	11	15.1
Registered Nurse	12	16.5
Registered Nurse and Midwife	1	1.4
Sonographer	1	1.4
Total Registered	72	98.6
Massage Therapist	1	1.4
Total Unregistered	1	1.4
Total	73	100

Outcomes of Queensland Civil and Administrative disciplinary matters

Queensland Civil and Administrative Decisions

Practitioner type	Number
Chiropractor	1
Dentist	1
Medical Practitioner	3
Paramedic	1
Registered Nurse	5
Total Decisions	11

Matters withdrawn

	Number
Total matters withdrawn	1

Decisions on matters referred to the Queensland Civil and Administrative Tribunal

There have been twelve (12) decisions made on matters referred to QCAT during the quarter.

Date of Decision	Matter	Details of QCAT Decision
13 July 2023	Health Ombudsman v Abela	<ol style="list-style-type: none"> 1. Professional Misconduct 2. Reprimand 3. Suspended for 6 months 4. No order as to costs
1 August 2023	Health Ombudsman v Fisher	<ol style="list-style-type: none"> 1. Unprofessional Conduct 2. Caution 3. IRA set aside 4. Each party bear their own costs 5. Reasons be anonymised and publication of anything which identifies the respondent or the patient be prohibited
23 August 2023	Health Ombudsman v Fogarty	<ol style="list-style-type: none"> 1. Professional Misconduct 2. Reprimand 3. Registration cancelled 4. Disqualified for 3 years 5. IRA imposed by HO set aside 6. No order as to costs
4 September 2023	Health Ombudsman v Orth	<ol style="list-style-type: none"> 1. Professional Misconduct 2. Reprimand 3. Disqualified from applying for registration for 6 months from date of order 4. Each party bear their own costs
6 September 2023	Health Ombudsman v England	<ol style="list-style-type: none"> 1. Professional Misconduct 2. Reprimand 3. Cancelled registration 4. Disqualified from applying for registration for a period of 5 years 5. IRA imposed by the HO set aside 6. Each party bear their own costs 7. Non-publication order (refer to order)
6 September 2023	Health Ombudsman v Dawson	<ol style="list-style-type: none"> 1. Professional Misconduct 2. Reprimand 3. Disqualified indefinitely 4. Prohibited from providing any health service 5. Each party bear their own costs 6. Non-publication order - refer to orders
14 September 2023	Health Ombudsman v Horsburgh	<ol style="list-style-type: none"> 1. Professional Misconduct 2. Reprimand 3. Disqualified from applying for registration for 12 months
15 September 2023	Health Ombudsman v Teo	<ol style="list-style-type: none"> 1. Professional Misconduct (Allegation 1) 2. Reprimand 3. Registration cancelled 4. Disqualified from applying for registration for a period of 3 years 5. IRA set aside 6. No order as to costs 7. Non-publication order (refer to order for full details)
26 September 2023	Health Ombudsman v Timchur	<ol style="list-style-type: none"> 1. Professional Misconduct 2. Reprimand



		3. Disqualified from applying for registration for a period of 3 years 4. No order as to costs
27 September 2023	FINNIMORE	WITHDRAWN
27 September 2023	Health Ombudsman v Lawry	1. Professional Misconduct 2. Reprimand 3. Fined \$10,000 to be paid within 6 months 4. Each party bear their own costs
27 September 2023	Health Ombudsman v Parker	1. Professional Misconduct 2. Reprimand 3. Registration suspended for 4 months 4. Order 3 is wholly suspended ("the suspended decision") for a period of 18 months ("the suspension period") 5. If: a. any disciplinary matter is referred to the Tribunal under Part 8, Division 12 of the Health Practitioner Regulation National Law (Queensland) or section 103 of the Health Ombudsman Act 2013 ("the further disciplinary matter") b. the further disciplinary matter relates to conduct of Dr Parker which occurred during the suspension period; and c. the Tribunal decides that a ground for disciplinary action has been established in the further disciplinary matter; the Tribunal, in addition to any disciplinary action taken in respect of the further disciplinary matter, after allowing the Board, the Director of Proceedings, and Dr Parker the opportunity to make submissions in relation to the suspended decision, may; i. Impose the suspended decision, or a part of the suspended decision on Dr Parker; or ii. If the Tribunal considers the imposition of the suspended decision under subparagraph (i) to be unfair – extend the period of the suspended decision by a period of not more than 1 year. 6. Pursuant to s.62(2)(a)(ii) of the Health Ombudsman Act 2013, the Immediate registration action (as varied on 6 march 2023) is set aside. 7. There be no order as to costs.

Decisions on immediate action reviews

There were 2 new applications made to the Queensland Civil and Administrative Tribunal to review an Immediate Registration Action and 1 new application to review a Permanent Prohibition Order.

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
- 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 twenty (20) show cause notices in the quarter

- Eight (8) Nurses relating to professional conduct
- One (1) Pharmacist relating to professional conduct
- Three (3) Medical Practitioners relating to professional conduct
- One (1) Chiropractor relating to professional conduct
- Seven (7) unregistered practitioners relating to conduct

Immediate registration actions

Immediate registration actions - Initiation

Practitioner type	Number	Month	Action taken	Reason/s for taking action	
				Public Interest	Serious Risk
Registered Nurse	1	July	Suspension	✓	
Registered Nurse	1	August	Suspension	✓	✓
Registered Nurse	1	August	Suspension	✓	
Registered Nurse	1	September	Conditions		✓
Registered Nurse	1	September	Conditions	✓	✓

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.

Immediate registration actions - Variation

Practitioner type	Number	Month	Action taken	Reason/s for taking action	
				Public Interest	Serious Risk
Medical Practitioner	1	August	Conditions	✓	✓

Immediate registration actions - Revocation

Practitioner type	Number	Month	Action that was taken	Reason/s for taking action	
				Public Interest	Serious Risk
Chinese Medicine Practitioner	1	July	Conditions		✓



Registered Nurse	1	July	Conditions		✓
Enrolled nurse	1	August	Conditions		✓
Enrolled Nurse	1	August	Conditions		✓
Enrolled Nurse	1	August	Conditions	✓	✓
Medical Practitioner	1	September	Conditions		✓
Medical Practitioner	1	September	Conditions	✓	✓
Chiropractor	1	September	Conditions	✓	✓

Interim prohibition orders

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 details for current interim prohibition orders can be found on the prohibition order register on the OHO website.

Interim Prohibition Order - Initiation

Practitioner type	Number	Month	Action taken	Reason/s for taking action*	
				Public Interest	Serious Risk
Non-clinical support worker – security guard	1	July	Prohibition		✓
Registered Nurse	1	September	Restrictions		✓

Interim Prohibition Order – Variation

A health practitioner may apply to the Health Ombudsman to vary an immediate action if there is a material change in relation to the matter giving rise to the immediate action. The Health Ombudsman may also initiate a decision to vary an immediate action if, at any time after a decision to take immediate action, there is a material change in relation to the matter giving rise to the immediate action.

There were no variations to Interim Prohibition Orders in Q1 2023-24.

Interim Prohibition Order – Revocation

Practitioner type	Number	Month	Action taken	Reason/s for taking action	
				Public Interest	Serious Risk
Chinese Medicine Practitioner	1	July	Prohibition w Restriction		✓
Alternative health Provider / Massage therapist	1	September	Prohibition	✓	✓

Permanent prohibition orders

Permanent Prohibition Order - Initiation

Practitioner type	Number	Month	Action taken	Reason/s for taking action	
				Public Interest	Serious Risk
Disability support worker	1	July	Permanent prohibition		✓
Alternative health provider / Massage therapist	1	August	Permanent prohibition		✓
Assistant in Nursing	1	September	Permanent prohibition		✓
Non-clinical support worker	1	September	Permanent prohibition		✓

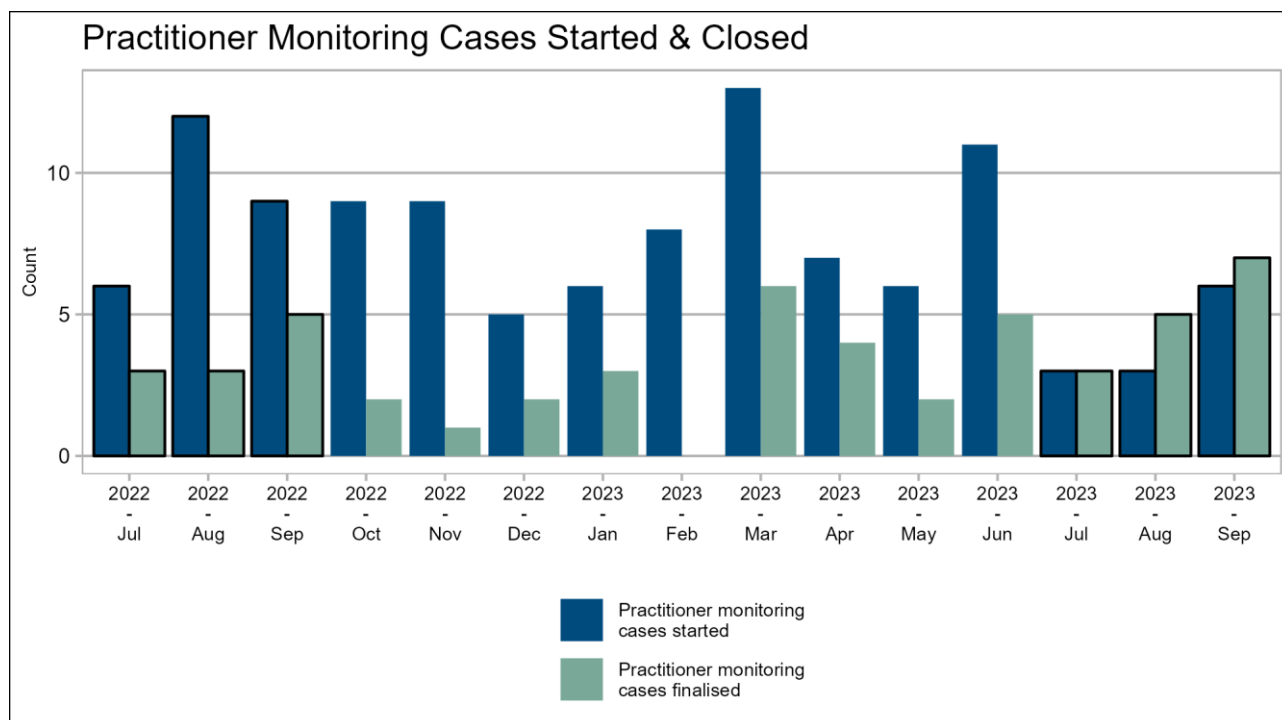
Monitoring practitioner compliance

When the Health Ombudsman takes immediate action against a health practitioner, we monitor the practitioner's compliance with the action.

For interim prohibition orders, this means monitoring compliance with either a full prohibition, or restrictions imposed, on a practitioner's provision of health services. 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 practise in an unregistered capacity.

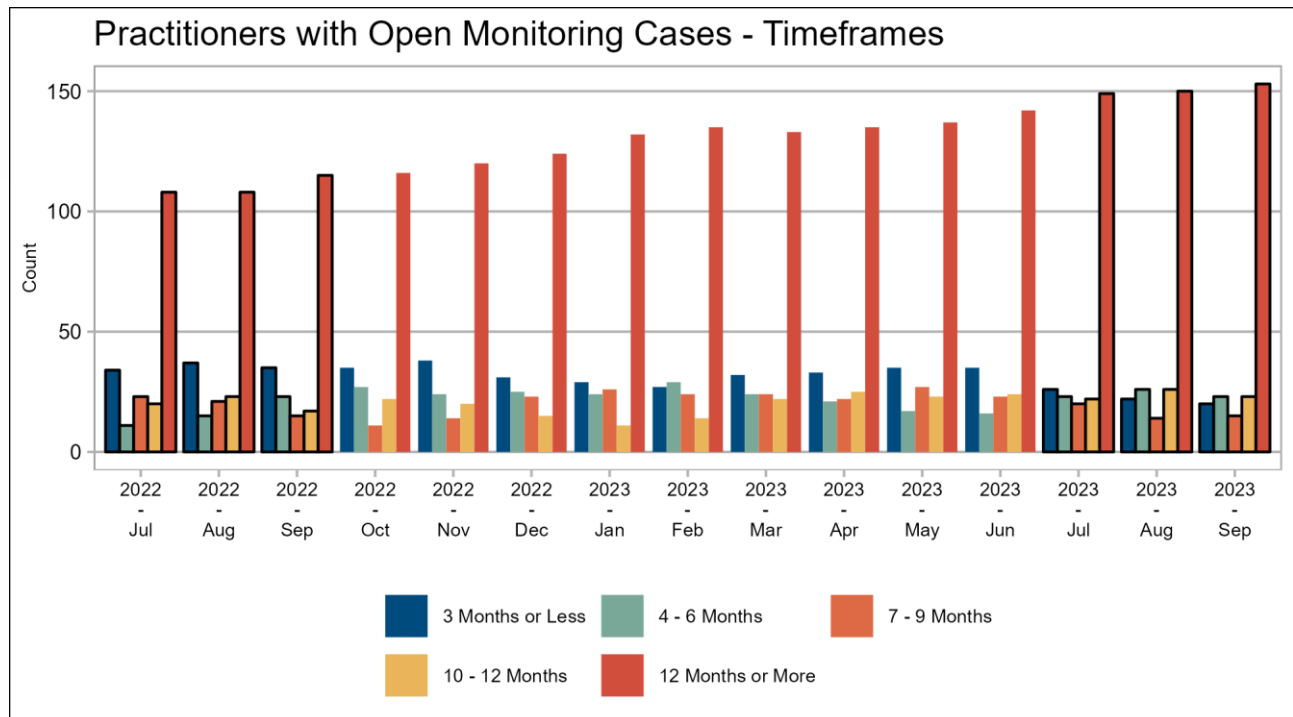
Practitioner monitoring cases



Cases this month	July	August	September
Practitioner monitoring cases started	3	3	6
Practitioner monitoring cases finalised	3	5	7

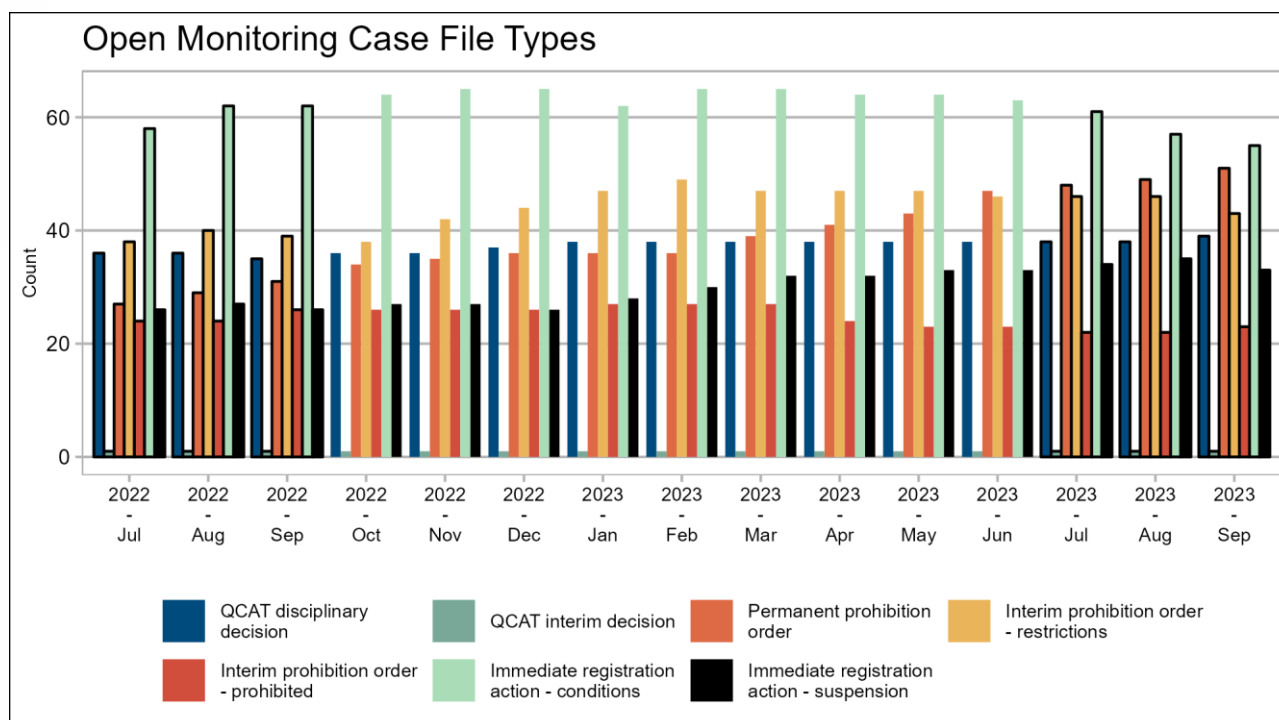
Open monitoring cases

Timeframes



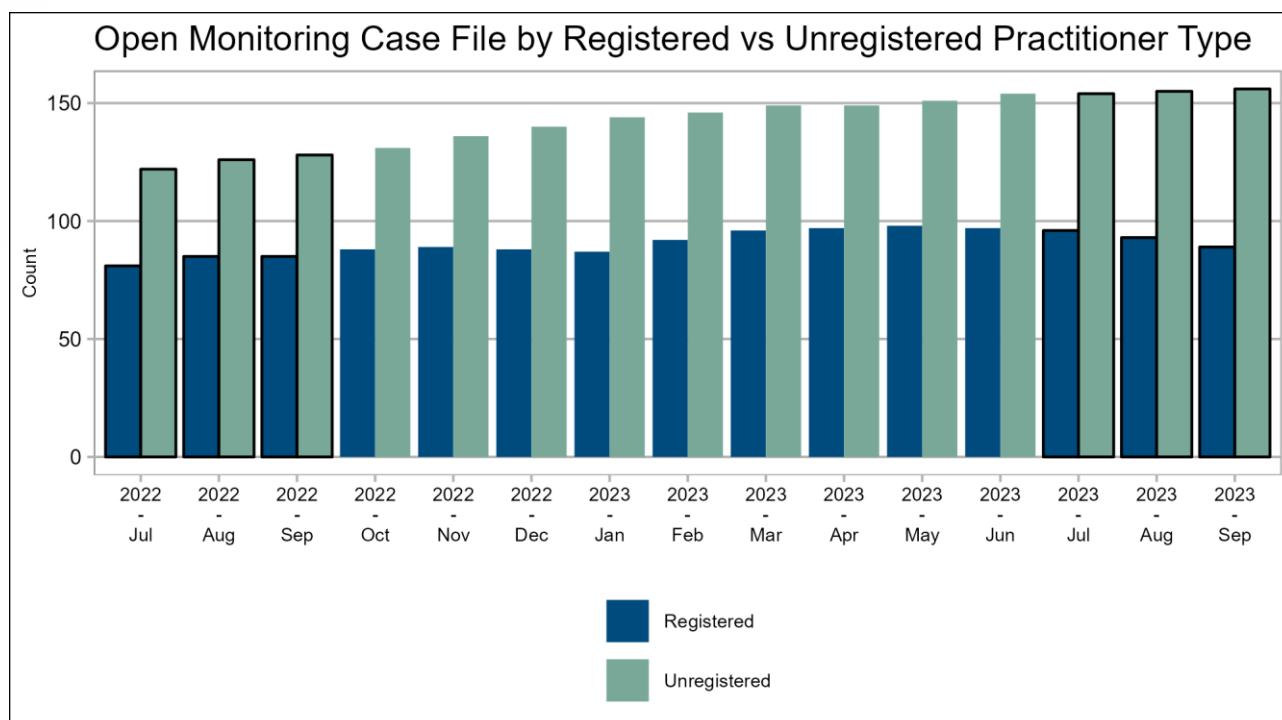
	July		August		September	
	Number	%	Number	%	Number	%
3 Months or Less	26	10.8	22	9.2	20	8.5
4 - 6 Months	23	9.6	26	10.9	23	9.8
7 - 9 Months	20	8.3	14	5.9	15	6.4
10 to 12 Months	22	9.2	26	10.9	23	9.8
12 Months or More	149	62.1	150	63	153	65.4
Total	240	100	238	100	234	100

Immediate action types



	July		August		September	
	Number	%	Number	%	Number	%
QCAT disciplinary decision	38	15.2	38	15.3	39	15.9
QCAT interim decision	1	0.4	1	0.4	1	0.4
Permanent prohibition order	48	19.2	49	19.8	51	20.8
Interim prohibition order - restrictions	46	18.4	46	18.5	43	17.6
Interim prohibition order - prohibited	22	8.8	22	8.9	23	9.4
Immediate registration action - conditions	61	24.4	57	23	55	22.4
Immediate registration action - suspension	34	13.6	35	14.1	33	13.5
Total	250	100	248	100	245	100

Registered Vs Unregistered practitioners under monitoring



	July		August		September	
	Number	%	Number	%	Number	%
Registered	96	38.4	93	37.5	89	36.3
Unregistered	154	61.6	155	62.5	156	63.7
Total	250	100	248	100	245	100

Australian Health Practitioner Regulation Agency

Joint consideration matters

The Health Ombudsman and Ahpra must jointly consider all matters received involving registered health practitioners within 7 business days and decide what course of action to take. The consultation period is excluded from the 7 business day statutory timeframe. A matter can either be retained by the Health Ombudsman, referred to Ahpra or no further action taken.

If a matter is retained by the Health Ombudsman for further relevant action and at the end of the relevant action the decision is to take no further action on the complaint, Ahpra can decide to have the matter referred to them. This is known as subsequent joint consideration.

Initial joint consideration consultations

Matters Commenced & Finalised

	Month	OHO Matter Count	Provider Count	Decision Count
Matters commenced	July	287	327	337
	August	304	315	340
	September	253	267	273
	Total	844	909	950
Matters Finalised	July	263	296	304
	August	326	351	371
	September	250	260	269
	Total	839	907	944

Issues by Practitioner Type

	Access	Code of conduct for Health Care Workers	Communication and Information	Consent	Discharge and Transfer Arrangements	Environment/ Management of Facility	Fees and Costs	Grievance Processes	Health Ombudsman Act 2013 Offence	Information	Medical Records	Medication	Professional Conduct	Professional Health	Professional Performance	Reports/Certificates	Research/teaching/assessment	Total
Aboriginal and Torres Strait Islander health practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese Medicine Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	3
Chiropractor	1	-	1	-	-	-	-	-	-	-	-	-	8	-	1	-	-	11
Dental practitioner	1	-	2	3	-	-	8	2	-	-	3	2	11	-	55	1	-	88
Medical Practitioner	21	-	72	20	4	2	14	9	-	-	13	108	78	17	281	35	-	674
Medical Radiation Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	2
Midwife	-	-	-	-	-	-	-	1	-	-	2	1	1	-	9	-	-	14
Nurse	-	-	8	4	1	-	1	2	-	-	3	9	74	20	34	-	-	156
Occupational Therapist	-	-	1	-	-	-	2	-	-	-	-	-	5	-	1	2	-	11
Optometrist	-	-	2	-	-	-	-	1	-	-	-	-	-	-	5	-	-	8
Oral Health Therapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Osteopath	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Paramedic	-	-	1	-	-	-	-	-	-	-	-	-	5	-	3	-	-	9
Pharmacist	-	-	1	-	-	5	-	1	-	-	1	16	13	-	1	-	-	38
Physiotherapist	-	-	1	-	-	-	-	-	-	-	-	-	9	1	4	-	-	15
Podiatrist / Chiropodist	-	-	-	-	-	-	1	-	-	-	1	-	-	-	2	-	-	4
Psychologist	-	-	8	-	-	-	2	3	-	-	4	-	25	1	10	8	-	61
Student practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unknown practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unregistered practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	23	-	97	27	5	7	28	19	-	-	27	136	233	39	408	46	-	1095

Outcomes by Practitioner Type

Issue	HCE to retain*		Refer to National Agency		No further action		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Aboriginal and Torres Strait Islander health practitioner	-	-	-	-	-	-	-	-
Chinese Medicine Practitioner	-	-	1	0.2	2	0.6	3	0.3
Chiropractor	3	1.5	6	1.1	3	0.9	12	1.1
Dental practitioner	20	10.0	32	5.9	31	8.8	83	7.6
Medical Practitioner	103	51.5	339	62.8	225	64.1	667	61.1
Medical Radiation Practitioner	-	-	1	0.2	-	-	1	0.1
Midwife	2	1.0	14	2.6	1	0.3	17	1.6
Nurse	39	19.5	73	13.5	45	12.8	157	14.4
Occupational Therapist	4	2.0	1	0.2	6	1.7	11	1.0
Optometrist	-	-	6	1.1	2	0.6	8	0.7
Oral Health Therapist	-	-	-	-	-	-	-	-
Osteopath	-	-	1	0.2	-	-	1	0.1
Paramedic	7	3.5	1	0.2	2	0.6	10	0.9
Pharmacist	5	2.5	22	4.1	11	3.1	38	3.5
Physiotherapist	4	2.0	10	1.9	-	-	14	1.3
Podiatrist / Chiropodist	2	1.0	-	-	2	0.6	4	0.4
Psychologist	11	5.5	33	6.1	21	6.0	65	6.0
Student practitioner	-	-	-	-	-	-	-	-
Unknown practitioner	-	-	-	-	-	-	-	-
Unregistered practitioner	-	-	-	-	-	-	-	-
Total	200	100	540	100	351	100	1091	100

* Refers to matters that were retained by the Office of Health Ombudsman.



Subsequent joint consideration consultations

Matters Commenced & Finalised

	Month	OHO Matter Count	Provider Count	Decision Count
Matters commenced	July	5	5	5
	August	15	15	15
	September	17	17	17
	Total	37	37	37
Matters Finalised	July	5	5	5
	August	14	14	14
	September	11	11	11
	Total	30	30	30

Issues by Practitioner Type

	Access	Code of conduct for Health Care Workers	Communication and Information	Consent	Discharge and Transfer Arrangements	Environment/ Management of Facility	Fees and Costs	Grievance Processes	Health Ombudsman Act 2013 Offence	Information	Medical Records	Medication	Professional Conduct	Professional Health	Professional Performance	Reports/Certificates	Research/teaching/assessment	Total
Aboriginal and Torres Strait Islander health practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese Medicine Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chiropractor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental practitioner	-	-	1	-	-	-	-	-	-	-	1	-	-	-	5	-	-	7
Medical Practitioner	-	-	4	1	-	-	1	-	-	-	2	6	8	-	4	-	-	26
Medical Radiation Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Midwife	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nurse	-	-	-	-	-	-	1	-	-	-	-	-	7	-	1	-	-	9
Occupational Therapist	-	-	-	-	-	-	1	-	-	-	-	-	2	-	1	2	-	6
Optometrist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Oral Health Therapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Osteopath	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paramedic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pharmacist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Physiotherapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Podiatrist / Chiropodist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychologist	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	2
Student practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unknown practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unregistered practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	5	1	-	-	3	-	-	-	3	6	19	-	11	2	-	50

Outcomes by Practitioner Type

Issue	HCE to retain*		Refer to National Agency		No further action		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Aboriginal and Torres Strait Islander health practitioner	-		-		-		-	
Chinese Medicine Practitioner	-		-		-		-	
Chiropractor	-		-		-		-	
Dental practitioner	-		-		5	13.2	5	13.2
Medical Practitioner	-		-		24	63.2	24	63.2
Medical Radiation Practitioner	-		-		-		-	
Midwife	-		-		-		-	
Nurse	-		-		6	15.8	6	15.8
Occupational Therapist	-		-		1	2.6	1	2.6
Optometrist	-		-		-		-	
Oral Health Therapist	-		-		-		-	
Osteopath	-		-		-		-	
Paramedic	-		-		-		-	
Pharmacist	-		-		-		-	
Physiotherapist	-		-		-		-	
Podiatrist / Chiropodist	-		-		-		-	
Psychologist	-		-		2	5.3	2	5.3
Student practitioner	-		-		-		-	
Unknown practitioner	-		-		-		-	
Unregistered practitioner	-		-		-		-	
Total	-		-		38		38	100

* Refers to matters that were retained by the Office of Health Ombudsman.

Demographics of complainants, healthcare consumers and providers

As part of the complaints management process, three key groups of person(s) are identified:

1. Complainant: This is the person and/or entity who has raised to the complain with the Office of the Health Ombudsman
2. Healthcare Consumer: This is the person and/or entity in which the healthcare service identified in the complaint was provided to. It is very common for both the Complainant and Healthcare Consumer to be the same person.
3. Provider: This is the person and/or entity who provided the healthcare service.

Complainants

Complainant Gender

	July		August		September	
	Number	%	Number	%	Number	%
Female	421	51.5	446	53.7	423	52.2
Male	343	41.9	351	42.3	340	42
Non-binary sex	9	1.1	6	0.7	11	1.4
Unknown	45	5.5	27	3.3	36	4.4
Total	818	100	830	100	810	100

Complainant Age

	July		August		September	
	Number	%	Number	%	Number	%
Less than 18 years	1	0.1	3	0.4	1	0.1
18-24 years	23	2.8	35	4.2	24	3
25-34 years	155	18.9	139	16.7	143	17.7
35-44 years	162	19.8	172	20.7	172	21.2
45-54 years	149	18.2	156	18.8	140	17.3
55-64 years	80	9.8	101	12.2	100	12.3
65-74 years	44	5.4	56	6.7	64	7.9
More than 75 years	24	2.9	28	3.4	30	3.7
Unknown*	180	22	140	16.9	136	16.8
Total	818	100	830	100	810	100

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

Complainant Location

	July		August		September	
	Number	%	Number	%	Number	%
Brisbane	297	45.8	331	48	288	44.4
Central West	0	0	2	0.3	1	0.2
Darling Downs	20	3.1	20	2.9	33	5.1
Far North	18	2.8	29	4.2	24	3.7
Fitzroy	19	2.9	28	4.1	20	3.1
Gold Coast	67	10.3	69	10	86	13.3
Mackay	10	1.5	8	1.2	17	2.6
North West	2	0.3	2	0.3	4	0.6
Northern	36	5.6	28	4.1	19	2.9
Off-Shore Areas & Migratory (QLD)	0	0	0	0	0	0
South West	2	0.3	0	0	0	0
Sunshine Coast	32	4.9	40	5.8	32	4.9
West Moreton	15	2.3	21	3	11	1.7
Wide Bay-Burnett	36	5.6	33	4.8	41	6.3
Unknown	94	14.5	79	11.4	73	11.2
Total	648	100	690	100	649	100

Healthcare Consumers

Consumer Gender

	July		August		September	
	Number	%	Number	%	Number	%
Female	351	48.1	351	49.6	328	48.7
Male	366	50.2	350	49.4	335	49.7
Non-binary sex	8	1.1	4	0.6	7	1
Unknown	4	0.5	3	0.4	4	0.6
Total	729	100	708	100	674	100

Consumer Age

	July		August		September	
	Number	%	Number	%	Number	%
Less than 18 years	39	5.3	42	5.9	41	6.1
18-24 years	29	4	41	5.8	30	4.5
25-34 years	135	18.5	116	16.4	110	16.3
35-44 years	137	18.8	131	18.5	128	19
45-54 years	115	15.8	111	15.7	109	16.2
55-64 years	81	11.1	78	11	73	10.8
65-74 years	45	6.2	62	8.8	67	9.9
More than 75 years	47	6.4	45	6.4	48	7.1
Unknown*	101	13.9	82	11.6	68	10.1
Total	729	100	708	100	674	100

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

Consumer Location

	July		August		September	
	Number	%	Number	%	Number	%
Brisbane	263	43.7	255	42.5	232	43
Central West	0	0	2	0.3	0	0
Darling Downs	15	2.5	19	3.2	24	4.4
Far North	13	2.2	20	3.3	13	2.4
Fitzroy	22	3.7	22	3.7	17	3.1
Gold Coast	55	9.1	46	7.7	62	11.5
Mackay	8	1.3	9	1.5	12	2.2
North West	2	0.3	1	0.2	2	0.4
Northern	30	5	19	3.2	18	3.3
Off-Shore Areas & Migratory (QLD)	0	0	0	0	0	0
South West	1	0.2	0	0	1	0.2
Sunshine Coast	30	5	30	5	18	3.3
West Moreton	15	2.5	16	2.7	9	1.7
Wide Bay-Burnett	39	6.5	28	4.7	28	5.2
Unknown	109	18.1	133	22.2	104	19.3
Total	602	100	600	100	540	100

Health service providers

Location of Providers

	July		August		September	
	Number	%	Number	%	Number	%
Brisbane	275	47.4	237	43.7	247	46.5
Central West	0	0	1	0.2	2	0.4
Darling Downs	24	4.1	23	4.2	24	4.5
Far North	19	3.3	30	5.5	20	3.8
Fitzroy	24	4.1	17	3.1	16	3
Gold Coast	71	12.2	82	15.1	81	15.3
Mackay	18	3.1	13	2.4	15	2.8
North West	1	0.2	2	0.4	2	0.4
Northern	24	4.1	21	3.9	17	3.2
Off-Shore Areas & Migratory (QLD)	0	0	0	0	0	0
South West	5	0.9	0	0	2	0.4
Sunshine Coast	40	6.9	44	8.1	31	5.8
West Moreton	3	0.5	9	1.7	5	0.9
Wide Bay-Burnett	32	5.5	23	4.2	29	5.5
Unknown	44	7.6	40	7.4	40	7.5
Total	580	100	542	100	531	100

* 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.

Staffing

As of 30 September 2023, the office had 138 staff employed in the office across full-time, part-time and contracted positions (122 permanent, 11 temporary and 5 executive contracts) and a total FTE of 131.89.

Staff appointments

Classification	Role	Number	Type	Month
AO7	Principal Online Services Project Officer	1	Temporary	July
AO5	Investigations Officer	1	Permanent	July
AO5	Assessment Officer	1	Temporary	July
AO4	Complaints Intake and Triage Officer	2	Temporary	July
AO5	Assessment Officer	2	Temporary	August
AO5	Investigations Officer	1	Temporary	August
AO4	Complaints Intake and Triage Officer	2	Temporary	August
AO4	Administrative Support Officer Immediate Action	1	Temporary	August
AO7	Principal Assessment Officer	1	Temporary	September
AO5	Assessment Officer	2	Temporary	September
AO5	Investigations Officer	1	Temporary	September

Staff departures

Classification	Role	Type	Reason	Month
AO6	Senior Information Systems Management Officer	Permanent	Resigned	August
AO5	Assessment Officer	Temporary	End of contract	August
AO6	Senior Immediate Action Officer	Permanent	Resigned	September
AO5	Investigations Officer	Permanent	Resigned	September
AO5	Assessment Officer	Permanent	Resigned	September

* Transfer occurs when a staff member permanently leaves the office but commences employment with another Queensland Government agency.

Vacant positions

Classification	Role	Number	Vacancy type	Status
PO6	Principal Lawyer Immediate Action	1	Temporary	Recruitment process underway
AO7	Principal Communications Officer	1	Permanent	Currently not being filled
AO7	Principal Technology Services Officer	1	Permanent	Recruitment process underway
AO6	Senior Technology Services Officer	1	Permanent	Currently not being filled
AO6	Senior Business Analyst	1	Permanent	Currently not being filled
AO6	Senior Communications and Engagement Officer	1	Permanent	Currently not being filled
AO5	Investigations Officer	1	Permanent	Recruitment process underway
AO5	Investigations Officer	2	Temporary	Recruitment process underway
AO3	Administration Support Officer	1	Permanent	Currently not being filled
AO3	Administration Support Officer	1	Temporary	Currently not being filled

Aggregated Data Descriptions

To assist with understanding the data in this report, each set of visuals/table has been further defined using the following descriptions:

- **Date Stamp?** – This describes the date field that is used to mark the occurrence of the event that is being counted/measured within the data.
- **What is being counted?** – This describes the unique instance that is being counted/measured.

Data Element	Date Stamp	What is being counted?
Intake of complaints		
Type of contacts	The date and time the case file is created in the OHO's case management system.	The total number of unique case files recorded in the OHO's case management system.
Contacts Received through Genesys	The date and time of the interaction.	The total number of unique person(s) interacted within in the Genesys Telephony System
Type of complaints	The date and time the case file is created in the OHO's case management system.	The total number of unique case files recorded as a complaint in the OHO's case management system.
Decision timeframes	The end date and time of a case file tracking clock which documents the processing time of decisions during the intake phase.	The total number of unique case files recorded as a complaint in the OHO's case management system.
Decisions made	The end date and time of a case file tracking clock which documents the processing time of decisions during the intake phase.	The total number of decisions being made. Please note, as decisions can be reconsidered, certain case files will have multiple decisions recorded against them.
Accepted decision outcomes	The date and time in which the outcome is recorded against the case file.	The total number of unique case files recorded as a complaint in the OHO's case management system.
Health service complaints profile		
Main issue category raised in complaints	The date and time the case file is created in the OHO's case management system.	A recorded issue against the complaint case file.
Subcategories of professional performance issues raised in complaints	The date and time the case file is created in the OHO's case management system.	A recorded issue against the complaint case file.
Subcategories of professional conduct issues raised in complaints	The date and time the case file is created in the OHO's case management system.	A recorded issue against the complaint case file.
Subcategories of professional health issues raised in complaints	The date and time the case file is created in the OHO's case management system.	A recorded issue against the complaint case file.
Profile of complaints about health practitioners	The date and time the case file is created in the OHO's case management system.	In the grey cells, counts refer to the number of unique practitioners. In every other cell, counts refer to the number of issues.
Profile of complaints about health service organisations	The date and time the case file is created in the OHO's case management system.	In the grey cells, counts refer to the number of unique organisations. In every other cell, counts refer to the number of issues.
Assessment		
Assessments started and completed	The start and end date of the assessment.	The total number of unique assessment case files.
Assessment Started by Prioritisation	The Start date of the Assessment	The total number of unique assessment case files.
Completed assessment timeframes	The end date of the assessment.	The total number of unique assessment case files.

Data Element	Date Stamp	What is being counted?
Assessment decisions	The date and time in which the outcome is recorded against the assessment case file.	The total number of unique assessment case files.
Local resolution		
Local resolutions started and completed	The start and end date of the Local Resolution.	The total number of unique Local Resolution case files.
Completed local resolutions Time Frames	The end date of the Local Resolution.	The total number of unique Local Resolution case files.
Local Resolution Outcomes	The date and time in which the outcome is recorded against the Local Resolution case file.	The total number of unique Local Resolution case files.
Conciliation		
Conciliations started and closed	The start and end date of the Conciliation file.	The total number of unique Conciliation case files.
Agreement to participate in conciliation	The end date of the Conciliation file.	The total number of unique Conciliation case files.
Completed conciliation timeframes	The end date of the Conciliation file.	The total number of unique Conciliation case files.
Completed conciliation outcomes	The date and time in which the outcome is recorded against the Conciliation case file.	The total number of unique Conciliation case files.
Open conciliation timeframes		The total number of Conciliation Case files open at the end of the month.
Complaints Management (Referrals)		
Referrals open & closed	The start and end date of the Referral case file.	The total number of unique Referral case files.
Referrals categories	The start date of the Referral case file.	The total number of unique Referral case files.
Referrals closed timeframes	The end date of the Referral case file.	The total number of unique Referral case files.
Referrals open timeframes		The total number of Referral Case files open at the end of the month.
Investigation		
Investigations started and closed	The date in which the investigations file is recorded as having commenced.	The total number of parent investigations in the context of 'Started' and 'Closed'. Amalgamated investigations represents that the total number of investigations amalgamated.
Closed investigation timeframes	The closed date of the investigation.	The total number of parent investigations closed.
Closed investigation outcomes	The date in which the outcome is recorded against the investigation case file.	The total number of parent investigations files.
Active & Paused Investigations		The total number of open parent investigations open at the end of the month.
Active investigation timeframes		The total number of open parent investigations open at the end of the month.
Paused investigation timeframes		The total number of open parent investigations open at the end of the month.
Active & Paused (All) Investigation Timeframes		The total number of open parent investigations open at the end of the month.
Open investigation categories		The total number of open parent investigations open at the end of the month.
Monitoring Investigation Recommendations		
OHO recommendations monitoring	The start date and finalisation date of the recommendations monitoring file	Each unique recommendation monitoring file.

Data Element	Date Stamp	What is being counted?
Open Recommendations Monitoring Case Timeframes		The total number of open recommendation monitoring files at the end of the month.
Director of Proceedings		
Matters referred to the Director of Proceedings by practitioner type	The Commencement date of the Director of Proceedings File.	The total number of unique Director of Proceeding case files.
Matters currently with the Director of Proceedings by practitioner type	Not applicable.	The total number of unique Director of Proceeding case files.
Matters filed in the Queensland Civil and Administrative Tribunal	The date in which the matter is filed to QCAT.	The total number of matters filed in QCAT.
Matters referred back to Health Ombudsman	The date in which the decision was made to refer the matter back to the Health Ombudsman.	The total number of Director of Proceeding case files referred back to the Health Ombudsman.
Matters Open in the Queensland Civil and Administrative Tribunal	Not applicable.	The total number of matters filed in QCAT.
Queensland Civil and Administrative Decisions	The date in which the decision was recorded by QCAT.	The total number of decisions recorded as part of the QCAT proceeding.
Matters withdrawn	The date in which the matter was recognised as formally withdrawn.	The total number of Director of Proceeding case files.
Immediate Action		
Show case notices	The date in which the show cause notice was distributed.	The show cause notice.
Initiation events for Immediate Registration Actions, Interim Prohibition Orders and Permanent Prohibition Orders	The date in which the order/action was initiated.	The number of unique practitioners under the action taken conditions specified in the table.
Variation events for Immediate Registration Actions, Interim Prohibition Orders and Permanent Prohibition Orders	The date in which the order/action variation took effect.	The number of unique practitioners under the action taken conditions specified in the table.
Revocation events for Immediate Registration Actions, Interim Prohibition Orders and Permanent Prohibition Orders	The date in which the order/action was revoked.	The number of unique practitioners under the action taken conditions specified in the table.
Monitoring practitioner compliance		
Practitioner monitoring cases	The original effected date of the practitioner monitoring file and the finalisation date.	The unique number of practitioner monitoring files.
Open monitoring cases timeframes		The total number of practitioners with a Monitoring Case Files open at the end of the month.
Immediate action types		The total number of Practitioners Monitoring Case Files open at the end of the month.
Registered Vs Unregistered practitioners under monitoring		The total number of Practitioners Monitoring Case Files open at the end of the month.
Australian Health Practitioner Regulation Agency – Initial Joint Consideration Decisions		

Data Element	Date Stamp	What is being counted?
Matters commenced and finalised	The date and time in which the initial joint consideration process commenced and was finalized.	1) OHO Matter Count: This is the count of all complaint files within the OHO system which are linked to the joint consideration event. 2) Provider Count: This is the number of unique providers which are linked to the joint consideration event. 3) Decision Count: This is the amount the of decisions that are made for a given joint consideration event. This count usually corresponds with the total number of matters considered on the Ahpra side of joint consideration.
Issues by Practitioner Type	The date and time in which the initial joint consideration process commenced.	The total number of decisions at the intersection of Practitioner type and Issue type (Decision count). Please note that a single decision can be considered across multiple issues and practitioner types, hence the grand total for the table below will be greater than the decision count total from the previous section.
Outcomes by Practitioner Type	The date and time in which the Initial joint consideration process was finalized.	The total number of decisions made.
Australian Health Practitioner Regulation Agency – Subsequent Joint Consideration Decisions		
Matters Commenced & Finalised	The date and time in which the subsequent joint consideration process commenced and was finalised.	1) OHO Matter Count: This is the count of all complaint files within the OHO system which are linked to the joint consideration event. 2) Provider Count: This is the amount of unique providers which are linked to the joint consideration event. 3) Decision Count: This is the amount the of decisions that are made for a given joint consideration event. This count usually corresponds with the total number of matters considered on the Ahpra side of joint consideration
Issues by Practitioner Type	The date and time in which the subsequent joint consideration process commenced.	The total number of decisions at the intersection of Practitioner type and Issue type (Decision count). Please note that a single decision can be considered across multiple issues and practitioner types, hence the grand total for the table below will be greater than the decision count total from the previous section.
Outcomes by Practitioner Type	The date and time in which the subsequent joint consideration process was finalised.	The total number of decisions made.
Demographics of complainants, healthcare consumers and providers		
Complainants	The date and time the case file is created in the OHO's case management system.	The total number of unique complainants in each month.
Healthcare Consumers	The date and time the case file is created in the OHO's case management system.	The total number of unique consumers in each month.
Health service providers	The date and time the case file is created in the OHO's case management system.	The total number of unique providers in each month.