

# Finalisation of the implementation of the recommendations arising from an investigation into the quality of care provided at Rockhampton Hospital

Supplementary report

March 2018



Office of the  
**HEALTH  
OMBUDSMAN**

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## Overview of the Health Ombudsman's investigation

On 7 July 2014, the Office of the Health Ombudsman (the office) received a complaint about the standard of care the complainant's father received as a patient at the Rockhampton Hospital, Central Queensland Hospital and Health Service (CQHHS), prior to his death on 5 August 2013.

The patient suffered from multiple health problems, including severe chronic obstructive pulmonary disease (COPD) and right-sided heart failure. Due to his serious condition, on 23 July 2013 he was airlifted from Gladstone Hospital, and admitted to the Intensive Care Unit (ICU), Rockhampton Hospital. On 2 August 2013, the patient was transferred to a ward with the understanding he would receive palliative care only. He died after developing haemorrhagic shock following a bleed from an undiagnosed duodenal ulcer.

Following an initial assessment of the complaint, the office opened an investigation on 4 December 2014 to determine if the standard of care provided to the patient was appropriate. The office prepared and finalised an investigation report in June 2016, finding that there had been failings in the medical care CQHHS provided to the patient.

During the investigation, the office considered the root cause analysis (RCA) report commissioned by CQHHS into the incident.<sup>1</sup> The purpose of an RCA is to improve patient safety by identifying weaknesses in healthcare systems and processes, and make recommendations to prevent the occurrence of a similar event.<sup>2</sup> In accordance with legislated provisions, an RCA has certain privacy protections and disclosure restrictions;<sup>3</sup> consequently, the investigation report did not reference information contained in the RCA report, including the recommendations made, in any detail.

In the investigation report, the then Health Ombudsman made four recommendations for improvement (see table 1)<sup>4</sup>. Recommendation 4 refers specifically to the RCA report to ensure the RCA recommendations were adequately implemented.

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- <sup>1</sup> An RCA is an internationally recognised approach used to analyse serious clinical incidents in the provision of healthcare that result in permanent harm or unexpected death.
  - <sup>2</sup> Department of Health, Review of Root Cause Analysis Legislation, 2013, Queensland Government.
  - <sup>3</sup> *Hospital and Health Boards Act 2011* (Qld), current as at 12 June 2017.
  - <sup>4</sup> Pursuant to section 25(c) of the *Health Ombudsman Act 2013* (Qld), one of the Health Ombudsman's functions is to identify and report on systemic issues in the way health services are provided and/or their quality.

## Recommendations

Table 1 Health Ombudsman's recommendations

Number	Recommendations
1	Rockhampton Hospital amend their policy, <i>Anticoagulants—safe use of</i> , effective from 24 December 2014, to include the requirement to document within the nursing plan, prior to administration of the drug, the consideration of contraindications to administration of prophylactic anticoagulants.
2	Rockhampton Hospital develop, implement and evaluate a communication strategy to inform staff of the amendments to the <i>Anticoagulants—safe use of</i> policy.
3	Rockhampton Hospital undertake a baseline and follow-up audit to assess staff compliance with the amended <i>Anticoagulants—safe use of</i> policy.
4	Rockhampton Hospital report on the implementation status of all recommendations identified in the RCA report and provide evidence of implementation. Where not fully implemented, continue to implement or provide information on what alternative risk mitigation strategies have been put in place.

More information on the original investigation can be found in the Health Ombudsman's [executive summary online](#).

## Monitoring the implementation of recommendations

The office monitors the implementation progress of the Health Ombudsman's recommendations to encourage improvements in the quality and standards of healthcare delivered to Queenslanders.

The office actively monitors the implementation status to:

- support and assess the timely and appropriate implementation of recommendations
- assure the Health Ombudsman and the public that appropriate activities and improvements have been implemented in response to systemic issues identified during an investigation
- promote the safety and quality of health service delivery through public reporting of shared learnings.

To ensure the Health Ombudsman's progress reporting expectations are clearly understood by the parties involved, the office develops a monitoring plan for all recommendations arising from an investigation. The plan describes how the office intends to monitor and determine the implementation progress and status of a recommendation. The monitoring plan includes:

- the name of the health service provider (HSP) responsible for the implementation of each recommendation
- a description of any specific evidence or monitoring activities to be provided or undertaken by the HSP to demonstrate a recommendation's implementation status

- the due date the HSP is required to provide the progress report/s and supporting evidence, for each recommendation
- a progress report template for use by the HSP.

Monitoring activities undertaken by the office may involve a combination of activities such as conducting a desktop review of evidence submitted by a HSP; meeting with a HSP to discuss progress on improvement actions arising from the recommendations; conducting an onsite observation visit or a quality or compliance audit; and/or seeking expert clinical advice.

These activities seek to determine if the intent of a recommendation has been suitably met and implemented. The recommendation monitoring plan will nominate the number of progress reports to be provided by the HSP, with the Health Ombudsman retaining the option to request further reports as necessary.<sup>5</sup> A recommendation's status will be determined following the review of the progress report and, as applicable, the results and outcomes of any specific monitoring activities. [Appendix 1](#) defines the implementation status types assigned by the office when assessing a recommendation's implementation.

Following any progress report received from the HSP, the Health Ombudsman may prepare and publish a supplementary report to the investigation report<sup>6</sup>. A supplementary report enables the Health Ombudsman to follow up and report on the extent to which the HSP has complied with the report's recommendations.

## Overview of monitoring activities conducted

The office prepared a recommendation monitoring plan, in consultation with CQHHS, to monitor the implementation of the recommendations made in the investigation report (see [appendix 2](#)). The plan outlined the due dates of each of the three progress reports and the recommendation/s to be reported on.

### Progress reports

CQHHS provided three progress reports on the implementation status of the recommendations. Progress report 1 provided an update on recommendation 1 only, with the remaining progress reports providing updates on all 'partially implemented' and 'not implemented' recommendations. The office received the third and final progress report from CQHHS on 15 December 2016.

The office requested CQHHS submit the progress reports using the office's reporting template, which includes the following sections for each recommendation:

- the Hospital and Health Service's (HHS's) projected implementation date
- the implementation status assigned at that time by the HHS

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<sup>5</sup> Pursuant to section 89 of the *Health Ombudsman Act 2013*.

<sup>6</sup> Pursuant to section 89 of the *Health Ombudsman Act 2013*.

- progress notes that described or explained the tasks and/or actions taken towards implementation, or an explanation for the delay of implementation and risk mitigation actions taken
- list of supporting documentation attached to the progress report.

The office conducted a detailed review and analysis of the information submitted with each progress report; following each assessment the office reported the findings to CQHHS in a recommendation implementation status report, which included:

- a brief summary of key information submitted in each of the progress reports
- the implementation status assigned by the relevant party
- a brief analysis by the office of the information provided in each progress report and its effectiveness in demonstrating the status assigned by the relevant party
- the implementation status assigned by the office.

The table below represents the status assigned by the office to each recommendation following the review of each progress report.

**Table 2 Recommendation implementation status assigned by the OHO**

Recommendation	Progress report 1 (received 29 July 2016)	Progress report 2 (received 22 September 2016)	Progress report 3 (dated 15 December 2016)
1	Partially implemented	Fully implemented	Fully implemented
2	N/A	Partially implemented	Fully implemented
3	N/A	Partially implemented	Partially implemented
4	Not implemented <sup>7</sup>	Not implemented	Partially implemented

### Invitation to comment on OHO assessment

On 27 April 2017, the office advised CQHHS that it sought to finalise monitoring of the recommendations; information was provided on the outcomes of monitoring and the implementation status assigned to each recommendation by the office.

The office was satisfied recommendations 1 and 2 had been ‘fully implemented’ and noted the ‘partially implemented’ status of recommendations 3 and 4, explaining:

- it was satisfied the implementation of recommendation 3 was in progress and would be ‘fully implemented’ within a revised timeframe
- it was not satisfied all elements of recommendation 4 had been ‘fully implemented’, as determined by CQHHS, based on the evidence and information provided to date.

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<sup>7</sup> The first progress report submitted by CQHHS did not include progress notes or an explanation of the evidence provided, subsequently this recommendation was unable to be assessed.

The office also provided CQHHS with a summary report of the office's assessment of the three progress reports (see [appendix 3](#)).

The office invited CQHHS to comment on the office's report and the implementation status assigned to the recommendations prior to the finalisation of monitoring by the office. In response, CQHHS contacted the office to discuss alternative methods to demonstrate the work and improvements that had been implemented to address the recommendations, in particular recommendation 4. Subsequently, it was agreed a visit to the Rockhampton Hospital would provide a valuable opportunity to discuss the recommendations and gain a broader understanding and awareness of organisational processes and improvement activities.

## Site visit

On 28 June 2017, two senior staff from the investigations division visited Rockhampton Hospital and met with CQHHS staff—including members of the Rockhampton Hospital executive team, clinicians from the emergency department (ED) and ICU, and staff from the hospital pharmacy and patient safety unit—to discuss improvements arising from the Health Ombudsman's investigation.

The site visit provided an opportunity to discuss:

- CQHHS's governance arrangements for the oversight and evaluation of recommendations arising from clinical incident investigations
- the improvement actions and activities implemented in response to recommendations 1 and 2
- the two recommendations assigned a 'partially implemented' status by the office (recommendations 3 and 4).

## Discussion and findings

The CQHHS provided three detailed progress reports and presented additional evidence and information during the site visit at the Rockhampton Hospital on 28 June 2017 to demonstrate the implementation of the recommendations.

As a result of information provided during the site visit, the office noted recommendation 3 was in the final stages of implementation and recommendation 4 was 'fully implemented'. The office received confirmation on 29 September 2017 that recommendation 3 had been 'fully implemented'. [Appendix 4](#) includes further information relating to the implementation of recommendations 3 and 4. The four recommendations are now considered to be 'fully implemented'.

## Corporate and clinical governance

During the site visit, a number of governance elements relating to patient safety and quality improvements systems, and clinical performance and effectiveness were discussed. The CQHHS described a number of improvement initiatives focused on ensuring good clinical outcomes for patients, including:

- conducting a recent review of clinical incident management processes resulting in the revision of CQHHS incident management policy and procedure to ensure a greater emphasis on patient safety and risk management
- transition away from a locum workforce model to a permanent stabilised workforce with a significant reduction in medical staff vacancies in the previous 18 months.

The National Safety and Quality Health Service Standards for accreditation recognise the critical role of governance systems and management processes in setting, monitoring and improving the performance of an organisation through the clinical governance standard. The aim of this standard is to ‘create integrated governance systems that maintain and improve the reliability and quality of patient care as well as improving patient outcomes’.<sup>8</sup>

CQHHS was able to demonstrate a reduction in the number of clinical incidents following improvement activities, explaining there had been no clinical incidents resulting in death or likely permanent harm to a patient in the previous seven months.<sup>9</sup>

The office acknowledges CQHHS’s commitment to continuously improving health services through good clinical and corporate governance strategies.

### Investigation report—recommendations 1, 2 and 3

Recommendations 1, 2 and 3 were targeted at improving the management and administration of anticoagulant medication, while also aiming to ensure CQHHS had appropriate processes to effectively communicate, monitor and evaluate the policy changes and their impact on patient safety.

The office recognises CQHHS has undertaken a significant amount of work to ensure the review of the policy, *Anticoagulants—safe use of*, resulted in a clearer policy that met the needs of patients and staff across the HHS.

In response to the Health Ombudsman’s recommendation to review the policy, CQHHS implemented a number of significant changes to improve the culture around high risk drugs and support safer prescribing, monitoring and administration of therapeutic anticoagulants.<sup>10</sup> CQHHS acknowledged the Health Ombudsman’s investigation had triggered a total ‘rethink’ of the health service’s approach to therapeutic anticoagulants and included changes that are now incorporated into the revised policy. These are:

- the introduction of the *High risk medicines tool*, designed to be kept at the end of a patient’s bed to ensure an independent double check<sup>11</sup> occurs for all high risk medicines

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<sup>8</sup> Fact Sheet, Standard 1 – Governance for safety and Quality in Health Service Organisations, Australian Commission on Safety and Quality in Health Care.

<sup>9</sup> Clinical incidents resulting in death or likely permanent harm which is not reasonably expected as an outcome of healthcare is categorised as a SAC1 event.

<sup>10</sup> High risk medicines are those that have a high risk of causing injury or harm if they are misused or used in error.

<sup>11</sup> A procedure in which two clinicians separately check (alone and apart from each other, then compare results) each component of prescribing, dispensing, and verifying the high risk medication before administering it to the patient.

- the introduction of high risk medicine stickers to be applied to an inpatient's medication chart held at the end of the patient's bed
- the development and introduction of the *Initiation of Therapeutic Anticoagulation Pathway* that can only be initiated by consultants, senior medical officers, registrars and principal house officers and must be completed prior to initiating anticoagulant therapy
- the introduction of routine baseline pathology for all inpatients prior to starting an anticoagulant; results are documented in the pathway.

The office was satisfied the policy changes, combined with a targeted staff awareness and training program and an audit program, demonstrate CQHHS has appropriate systems in place that support the delivery and improvement of quality health services.

## Investigation report—recommendation 4

Recommendation 4 related specifically to the RCA and the implementation of the recommendations arising from the RCA report. Following the review of the three progress reports, the office had originally assessed and assigned recommendation 4 an implementation status of 'partially implemented', contrasting with CQHHS's 'fully implemented' status.

The site visit provided a valuable opportunity for the office to gain a broader perspective and understanding of the reforms that CQHHS has implemented in response to the recommendations made in the RCA report. It also satisfied and reassured the office that all RCA recommendations had been fully implemented and the issues identified in the RCA had been appropriately addressed (see [appendix 4](#) for further information relating to the RCA recommendations).<sup>12</sup>

The office's investigation has determined that, through the implementation of the recommendations, the CQHHS has introduced effective system and process improvements that will prevent a similar incident from occurring at the Rockhampton Hospital in future.

## Conclusions

The Health Ombudsman's investigation identified areas for improvement in the management and administration of anticoagulant therapy at Rockhampton Hospital, CQHHS. The investigation also considered the implementation status of all recommendations arising from the RCA report commissioned by CQHHS; the office considers full and complete implementation is essential to preventing a similar adverse event from occurring.

Since the finalisation of the Health Ombudsman's investigation report in June 2016, the office has engaged in a range of monitoring activities with CQHHS. This has involved the review of progress

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<sup>12</sup> The RCA report is protected by disclosure restrictions under the *Hospital and Health Boards Act 2011* (Qld) and cannot be published.

reports and associated evidence, and face to face consultation to assess, discuss, understand and find agreement on the progress of each recommendation.

I would like to acknowledge the willingness and commitment of CQHHS to implement the then Health Ombudsman's recommendations and the collaborative approach demonstrated in reporting, sharing information, and in identifying challenges and issues relating to the timely or successful implementation of the recommendations.

In particular, I would like to recognise the work involved in developing the *Initiation of Therapeutic Anticoagulation Pathway* and the widespread potential such an initiative has for improving patient safety. I encourage CQHHS to continue supporting staff to pursue opportunities for quality system improvements, and share and promote outcomes from these learnings with other health care providers.

Overall, I am satisfied all recommendations were fully implemented and confident that the CQHHS has suitable strategies in place to ensure patients continue to receive clinically appropriate services at CQHHS facilities. The progress reports provided by CQHHS demonstrated a commitment to implementing suitable long term policy solutions.

## Submission from CQHHS

The office provided CQHHS with a draft of this report prior to its publication, inviting submissions about comments that could be construed as adverse to them. CQHHS acknowledged the report and confirmed it 'accepted the report as is'.<sup>13</sup>

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<sup>13</sup> Email response from the Office of Executive Services, Rockhampton Hospital Campus, received 6 March 2018.

## Appendix 1—Definition of implementation status types

Implementation status	Definition	Considerations
Fully implemented	Evidence provided satisfactorily demonstrates recommendation has been fully implemented.	The action taken by the health service provider (HSP) meets the intent of the recommendation and sufficient evidence was provided to demonstrated action taken.
Partially implemented	Evidence provided does not adequately demonstrate recommendation has been fully implemented.	<p>This status encompasses three considerations:</p> <ol style="list-style-type: none"> <li>1. Action taken was less extensive than recommended, the action either fell short of the intent of the recommendation or only addressed some of the identified risks.</li> <li>2. The HSP may have established a process to address an issue, however the specific action noted in the recommendation was not complete at the time of the assessment.</li> <li>3. The HSP may have commenced action to address a recommendation but subsequent policy changes may influence how it might be implemented.</li> </ol> <p>The office may be satisfied that no further reporting is required and the following additional note will be attached to the status: <i>The OHO is satisfied implementation of the recommendation is in progress.</i></p>
Not implemented	Evidence provided does not adequately demonstrate progress has been made toward implementing the recommendation.	<p>This category encompasses two considerations:</p> <ol style="list-style-type: none"> <li>1. There is no supporting evidence that action has been undertaken.</li> <li>2. The action taken does not address the recommendation.</li> </ol>

## Appendix 2—Recommendation monitoring plan

OHO Case number: **C\201406798**

Facility/entity name: **Rockhampton Hospital, Central Queensland Hospital and Health Service**

Number	Office of the Health Ombudsman investigation report recommendations	Evidence requested by the office pursuant to section 89(2) to demonstrate implementation	Progress report due date
1	Rockhampton Hospital amend their policy <i>Anticoagulants—safe use of</i> , effective from 24 December 2014, to include the requirement to document within the nursing plan, prior to administration of the drug, the consideration of contraindications to administration of prophylactic anticoagulants.	Copy of the amended <i>Anticoagulants—safe use of</i> policy.	29 July 2016
2	Rockhampton Hospital develop, implement and evaluate a communication plan to inform staff of the amendments to the <i>Anticoagulants—safe use of</i> policy.	Copy of communication strategy and evidence of implementation of plan.	23 September 2016

Number	Office of the Health Ombudsman investigation report recommendations	Evidence requested by the office pursuant to section 89(2) to demonstrate implementation	Progress report due date
3	Rockhampton Hospital undertake a baseline and follow-up audit to assess staff compliance with the amended <i>Anticoagulants—safe use of policy</i> .	Copy of results of audits and evidence of actions taken based on results of audit.	16 December 2016
4	Rockhampton Hospital report on the implementation status of all recommendations, identified in the RCA report and provide evidence of implementation. Where not fully implemented, continue to implement or provide information on what alternative risk mitigation strategies have been put in place	Information contained in a RCA report is protected by disclosure restrictions under the <i>Hospital and Health Boards Act 2011</i> (Qld) and cannot be published.	29 July 2016

## Appendix 3—Recommendation implementation status report, April 2017

This report provides a summary of the recommendations, the provider's reported implementation status, and the OHO's assessment of the provider's progress.

Number	Investigation report recommendation	Provider's implementation status	Office of the Health Ombudsman comments	OHO implementation status
1	Rockhampton Hospital amend their policy <i>Anticoagulants—safe use of</i> , effective from 24 December 2014, to include the requirement to document within the nursing plan, prior to administration of the drug, the consideration of contraindications to administration of prophylactic anticoagulants.	Fully implemented— Progress report 2	Evidence provided satisfactorily demonstrates recommendation has been fully implemented.	Fully implemented
2	Rockhampton Hospital develop, implement and evaluate a communication plan to inform staff of the amendments to the <i>Anticoagulants—safe use of</i> policy.	Fully implemented— Progress report 3	Evidence provided satisfactorily demonstrates recommendation has been fully implemented.	Fully implemented
3	Rockhampton Hospital undertake a baseline and follow-up audit to assess staff compliance with the amended <i>Anticoagulants—safe use of</i> policy.	Partially implemented— Progress report 3	Evidence provided does not adequately demonstrate recommendation has been fully implemented. CQHHS has advised finalisation was delayed due to further amendments to anticoagulants policy and a follow-up audit is now scheduled to be conducted in May 2017.	Partially implemented (satisfied)

Number	Investigation report recommendation	Provider's implementation status	Office of the Health Ombudsman comments	OHO implementation status
			The OHO is satisfied implementation of the recommendation is in progress.	
4	Rockhampton Hospital report on the implementation status of all recommendations identified in the RCA report and provide evidence of implementation. Where not fully implemented, continue to implement or provide information on what alternative risk mitigation strategies have been put in place.	Fully implemented— Progress report 3	<p>Evidence provided does not adequately demonstrate all five recommendations arising from the RCA report have been fully implemented.</p> <p>Information contained in an RCA report is confidential and therefore cannot be published, however the OHO has communicated directly with CQHHS regarding the status assigned by the OHO to three of the five RCA recommendations.</p>	Partially implemented

## Appendix 4—Recommendation implementation status report, July 2017

This report provides a summary of the recommendations, the provider's reported implementation status and the OHO's assessment of the provider's progress.

Number	Investigation report recommendation	Provider's implementation status	Office of the Health Ombudsman comments	OHO implementation status
1	Rockhampton Hospital amend their policy <i>Anticoagulants—safe use of</i> , effective from 24 December 2014, to include the requirement to document within the nursing plan, prior to administration of the drug, the consideration of contraindications to administration of prophylactic anticoagulants.	Fully implemented— Progress report 2	<p>The CQHHS policy, <i>Anticoagulants—safe use of</i>, has been significantly amended to further minimise the risks associated with the prescribing, dispensing and administration of therapeutic doses of anticoagulants in CQHHS facilities. The policy is now titled <i>Anticoagulants—Safe use of therapeutic doses</i> and includes a newly developed pathway, <i>Initiation of therapeutic anticoagulation pathway</i>.</p> <p>Medical staff are required to assess the suitability of the anticoagulant according to the flowchart provided in the pathway. The consideration of all known absolute and relative contraindications and bleeding risks prior to prescribing is required to be recorded in the medical notes and/or the pathway.</p> <p>The policy also now includes reference to a High risk medicines tool; this is used as a guide by nursing staff in the management of high risk medicines and is located in the patient's end-of bed-chart.</p>	Fully implemented – Progress report 2

Number	Investigation report recommendation	Provider's implementation status	Office of the Health Ombudsman comments	OHO implementation status
			The action taken by Rockhampton Hospital meets the intent of the recommendation and sufficient evidence was provided to demonstrate action taken.	
2	Rockhampton Hospital develop, implement and evaluate a communication plan to inform staff of the amendments to the <i>Anticoagulants—safe use of policy</i> .	Fully implemented— Progress report 3	<p>A communication plan was prepared and actioned by CQHHS to inform staff of the initial September 2016 amendments.</p> <p>Due to further initiatives implemented by CQHHS and subsequent changes to the policy, further information and education has been provided to staff. This will continue to be provided through staff orientation training and by targeted education as determined to be necessary.</p> <p>The action taken by Rockhampton Hospital meets the intent of the recommendation and sufficient evidence was provided to demonstrate action taken.</p>	Fully implemented – Progress report 3
3	Rockhampton Hospital undertake a baseline and follow-up audit to assess staff compliance with the amended <i>Anticoagulants—safe use of policy</i> .	Partially implemented— Site visit 28 June 2017	<p>Substantial amendments have been made to the CQHHS's <i>Anticoagulants—safe use of therapeutic doses</i> policy as a result of the baseline audit conducted at Rockhampton Hospital in June 2016.</p> <p>This has resulted in changes to the policy that now require:</p>	Fully implemented – confirmation letter dated 29 September 2017

Number	Investigation report recommendation	Provider's implementation status	Office of the Health Ombudsman comments	OHO implementation status
			<ul style="list-style-type: none"> <li>▪ nursing staff document consideration of contraindications and the monitoring of patients, prior to the administration of anticoagulants</li> <li>▪ only suitably trained medical officers (consultants, senior medical officers, registrars and principal house officers) are able to initiate the prescribing of a therapeutic anticoagulant</li> <li>▪ medical officers (as above) assess the suitability of the anticoagulant in accordance with the <i>Initiation of therapeutic anticoagulation pathway</i>.</li> </ul> <p>The office acknowledges the significant work undertaken by the Rockhampton Hospital to improve documentation by nursing and medical staff involved in the prescribing, administering and monitoring of anticoagulants. The office commends Rockhampton Hospital's commitment to implementing systemic improvements as a result of the audit findings. The development of a new pathway—<i>Initiation of therapeutic anticoagulation pathway</i>—and its inclusion in the policy clearly demonstrate a commitment to quality improvements at a systems level.</p> <p>Rockhampton Hospital completed a follow up audit in July 2017. CQHHS advised that the audit results suggested minimal to moderate use of the pathway</p>	

Number	Investigation report recommendation	Provider's implementation status	Office of the Health Ombudsman comments	OHO implementation status
			throughout the audit timeframe. Education and monitoring activities will continue to be undertaken to fully embed the new pathway and procedure.	
4	Rockhampton Hospital report on the implementation status of all recommendations identified in the RCA report and provide evidence of implementation. Where not fully implemented, continue to implement or provide information on what alternative risk mitigation strategies have been put in place	Fully implemented— Progress report 3	<p>The office requested and received two progress reports and associated evidence from CQHHS on the implementation of the RCA recommendations. A follow-up site visit was also conducted by the office on 28 June 2017 in response to an invitation from Rockhampton Hospital. The site visit confirmed all five RCA recommendations had been fully implemented.</p> <p>The action taken by Rockhampton Hospital meets the intent of the recommendation and sufficient evidence was provided to demonstrate action taken.</p>	Fully implemented – at time of site visit on 28 June 2017



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