

# Safety and Quality Account

## Summary

1 July 2019 to 30 June 2020

Shaping the future of health with  
world-class care and world-class research



Government  
of South Australia

**Health**  
Central Adelaide  
Local Health Network

# Contents

<b>Introduction</b>	<b>4</b>
The year that was: 1 July 2019 – 30 June 2020	5
<b>About CALHN</b>	<b>6</b>
About this report	6
<b>Making change – to make a difference</b>	<b>7</b>
Achievements in 2019-20	7
<b>Governance, leadership and culture</b>	<b>8</b>
CALHN values	8
Organisational leadership	9
<b>Patient safety and quality systems</b>	<b>10</b>
Policies and procedures	10
CALHN's quality Improvement initiatives	12
Managing risk	13
Managing feedback and complaints	16
Diversity and high-risk groups	17
SA Dental	18
South Australian Prison Health Services (SAPHS)	19
Refugee Health Service	19
Intermediate care	20
Mental health services	20
Healthcare records	21
<b>Clinical performance and effectiveness</b>	<b>18</b>
Developing our workforce	18
Managing staff performance	18
Credentialing and scope of practice	18
Evidence-based care	18
<b>Impact of COVID-19 in 2020</b>	<b>20</b>

## **Acknowledgement of Country**

We acknowledge and pay our respects to the Kurna people, the traditional custodians whose ancestral lands we sit on. We acknowledge the deep feelings of attachment and relationship of the Kurna people to country and we respect and value their past, present and ongoing connection to the land and cultural beliefs.

# Introduction

CALHN's Safety and Quality Account gives staff, consumers (patients, clients, carers) and our community information about how we monitor and improve quality and safety throughout our health service.

This is the second Safety and Quality Account, which describes our maturing governance system and celebrates our service's achievements in improving governance, safety and quality.

This document covers activities and strategies taken by CALHN to improve performance against key quality and safety measures, patient safety priorities, consumer participation and service improvements.

Within CALHN we recognise the minimum requirements of the National Safety and Quality Health Service (NSQHS) Standards that must be adopted to demonstrate a quality health service. CALHN's system of priority care committees, responsible for each standard, is continuing to help guide and coordinate actions required to ensure the NSQHS are embedded in day-to-day activities. The accreditation process will assess how successful our implementation of these standards has been. CALHN achieved three years' accreditation in 2018 against the NSQHS's Edition 1.

We will deliver better patient outcomes by operating a modern health service that is committed to shaping the future of health with world-class care and world-class research. We will track our progress on this journey by monitoring our performance against statewide and national benchmarks and standards. We will also seek to continually improve the standards of care that CALHN provides the South Australian community.

The Safety and Quality Account demonstrates the major role CALHN plays in the health care of so many South Australians who visit our many services throughout the year and showcases a number of the improvement strategies that have had an impact on the way we deliver our care.

Professor Lesley Dwyer,  
Chief Executive Officer

Professor Justin Beilby,  
Chair Clinical Governance Committee

A/Professor Kathryn Zeitz,  
Executive Director Clinical Governance.

**This document is a summary of CALHN's Safety and Quality Account 2019/20**

# The year that was: 1 July 2019 – 30 June 2020



**128,316**

Emergency department presentations



**138,157**

Inpatient separations



**595,259**

Outpatient service events



Average length of stay

**5.09 days**



Hospital-acquired complications rate fell by **12%**

Funding impact reduction of **\$1,038,972**



**18,294**

Incidents reported

**2**

Sentinel events

**28**

SAC 1 incidents



**110**

Quality improvement activities registered



**1984**

Consumer complaints



**398**

Consumer compliments

**97%**

Complaints acknowledged <2 working days

**88%**

Complaints resolved <35 working days

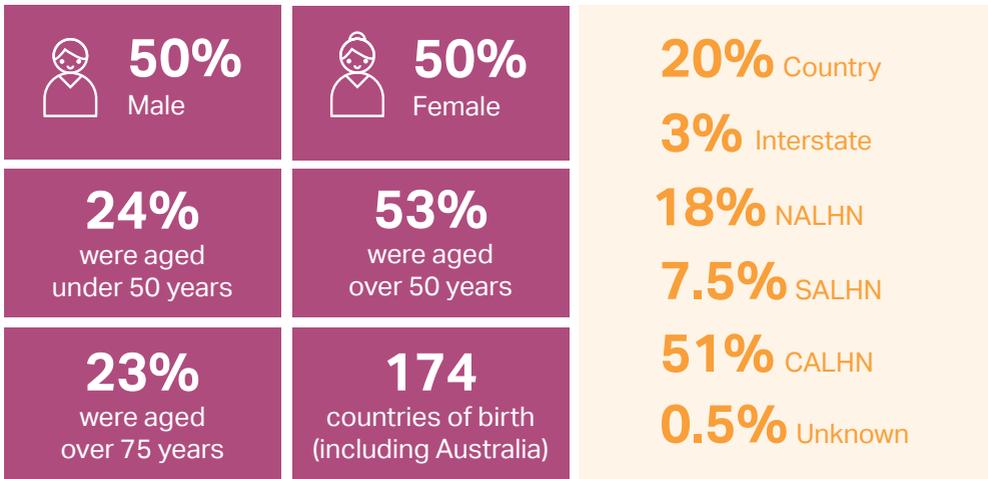
# About CALHN

- The Royal Adelaide Hospital
- The Queen Elizabeth Hospital
- St Margaret's Rehabilitation Hospital
- Hampstead Rehabilitation Centre (HRC)
- Glenside Health Services
- SA Dental
- SA Prison Health Services
- DonateLife SA
- Integrated Care.

CALHN has oversight of Statewide Clinical Support Services:

- BreastScreen SA
- SA Medical Imaging
- SA Pathology
- SA Pharmacy
- Statewide Clinical Support Services compiles their own Quality Account.

## In 2019-2020 presenting patients included:



# Making change – to make a difference

## Achievements in 2019-20



Extended roll-out of electronic medical records (Sunrise), including electronic prescribing across the Royal Adelaide Hospital and Hampstead Rehabilitation Hospital



Established new ways of working with a new clinical program structure, including appointing quality coordinators to support each clinical program



Royal Adelaide Hospital designated the major receiving COVID hospital in SA in response to the pandemic



Established and held the inaugural Clinical Council



Roll-out of Safeworks program in mental health inpatient areas



Commenced weekly quality board meetings



Partnered with Canadian University Health Network, the seventh ranked health network in the world



Released Consumer Partnership and Community Engagement Framework



South Australian Dental Service (SADS) awarded accreditation to Edition 2 of the NSQHS Standards



TQEH the pilot site for Australian Commission on Safety and Quality in Healthcare Patient Safety Culture Survey



Prepared for pilot with CALHN assessed against the National Clinical Trials Governance Framework



Launched the CEO Clinical Rapid Implementation Project Scheme with first round grant recipients announced in February

# Governance, leadership and culture

CALHN's clinical governance systems continued to mature in 2019-2020. Our clinical governance and organisational vision is clear and our values are defined.

Clear lines of accountability were established with the transition to the Clinical Program structure

in October 2019. This has enabled decision-making to occur closer to where care is delivered.

## CALHN Values



we put

**people first**



we are

**future focused**



we are

**ideas driven**



we are

**community minded**

CALHN has a clear vision for the future.

CALHN also developed a Reconciliation Action Plan (RAP) to guide, support and hold CALHN accountable to uphold our values and make reconciliation with Aboriginal and Torres Strait Islander peoples a reality. The RAP has actions themed around 'relationships', 'respect' and 'opportunities'. Each theme has clearly defined actions, responsibilities and timelines for CALHN to implement changes.

We conducted a Patient Safety Culture Survey at The Queen Elizabeth Hospital, after being selected by the Australian Commission on Safety and Quality in Health care as a pilot site.

- 245 online surveys were completed which was a 12% response rate.
- The surveys were undertaken during the height of the COVID 19 Pandemic so it is possible that this influenced the survey results.

The top five composite results based on percentage positive from the report were:

**83%**

In this unit we work together as an effective team

**81%**

During busy times, staff in this unit help each other

**80%**

My supervisor/manager takes action to address patient safety concerns that are brought to their attention

**78%**

My supervisor/manager wants us to work faster during busy times, even if it means taking shortcuts (**note that a high response is NOT favourable**)

**76%**

My supervisor/manager seriously considers staff suggestions for improving patient safety

The clinical programs involved in the survey developed actions plans to address the feedback they received.

## Organisational leadership

During the year, we significantly revised and improved the CALHN Clinical Governance Framework.

We also conducted the following improvements to strengthen governance systems and processes:

- Developed and endorsed the **Priority Care Committee Framework**, which defines the role and scope of the priority care committees in governance as they apply to the National Standards.
- Produced a **National Safety and Quality Health Service Standards Excellence Plan**, mapping out the strategy for implementing the national standards.
- Selected as a pilot site for implementing the **National Clinical Trials Governance Framework**, to be undertaken in 2020-2021.
- Engaged health planners, to conduct **clinical services planning** for CALHN.
- **Gemba** rounds continue enabling ward staff to engage directly with the Executive Team.
- Developed **Quality Impact Assessment Model** to support our pursuit of quality in all we do. Two tools were designed to ensure that any plans or projects are assessed, and any potential consequences about quality are considered, along with any mitigating actions required.
- Provided CALHN's governing board with evidence that the network has fully complied with actions in accordance with the NSQHS standards relating to the responsibilities of governing bodies for governance, leadership and culture in the **Governing Body Attestation Statement**
- Restructured Safety, Quality and Risk Management unit, which resulted in the appointment of **quality coordinators** in clinical programs to support local safety and quality agendas.

# Patient safety and quality systems

## Policies and procedures

During the year, CALHN updated the **Procedure Framework**. This framework describes the timeframes for review of procedures and audits against the procedures.

An audit on the **consent for transfusion procedure** found that 97% of patients consented for the blood product at the RAH and TQEH.

A **pressure injury** point prevalence audit across six RAH wards against CALHN's pressure injury prevention and management procedure was undertaken with local improvement plans implemented.

As a result of this point prevalence audit, the clinical programs developed pressure injury plans according to identified gaps.

A **Malnutrition Audit Day (MAD)** audited 291 admitted patients against the requirements of the malnutrition screening procedure. The MAD demonstrated a high prevalence of malnutrition within CALHN but the rates are within acceptable standards. The audit team recommended several approaches, from grassroots to system-level, to address these issues.

**CALHN developed a Guideline For Nutrition And Hydration Management to meet the National Safety and Quality Standards and align with palliative patients' goals of care.**

## Quality improvement initiatives

This financial year, 113 quality improvements were uploaded to the Quality Improvement Register.

**CALHN completed a medical discharge summary for 97% of medical records audited.**

### Hospital-acquired complications

CALHN developed a #TowardsZeroHarm quality improvement plan.

The Spinal Rehabilitation Unit started a clinical practice improvement project to reduce urinary tract infections (UTI) in spinal rehabilitation patients. Provisional data for the overall rate of UTI since August 2020 is 0.68. Since the first improvement strategy was implemented, the **rate of UTI reduced to 0.45.**

Goals of care communication boards (**My Health Plan for Today**) were rolled out to improve communication with consumers and their family/ carers for daily goals of care and discharge planning.

A **cognitive impairment screening tool** and **cognitive impairment identifier (CI)** were rolled out across CALHN. The electronic version was integrated across wards in accordance with the staged electronic medical record (Sunrise) implementation.

**The audit of completed discharge summaries found that the principal diagnosis accurately reflected the diagnosis of the patient in 95% of records.**



# Medication Without Harm

## Know. Check. Ask.

In response to the World Health Organisation's Global Patient Safety Challenge, Australia has committed to reduce medication errors, adverse drug events and medication-related hospital admissions by 50% by 2025.

### What are High Risk Medicines?

Medicines that have a high risk of causing significant patient harm or death when used in error

- |  |   |
|--|---|
| <b>A</b> Anti-infectives                       | <b>C</b> Chemotherapeutic agents        |
| <b>Ap</b> Psychotropics                        | <b>H</b> Heparin & other anticoagulants |
| <b>P</b> Potassium & concentrated electrolytes | <b>E</b> Epidural & intrathecal agents  |
| <b>I</b> Insulin                               | <b>N</b> Neuromuscular blocking agents  |
| <b>N</b> Narcotics & other sedatives           |   |

### Top 10 medicines reported CALHN in 2019

Oxycodone

Paracetamol

Heparin

Olanzapine

Vancomycin

Enoxaparin

Warfarin

Actrapid

Clozapine

Fruzemide

Oxycodone was the single specific medication most frequently reported in SLS reports, accounting for 5% of all medication related SLS across CALHN

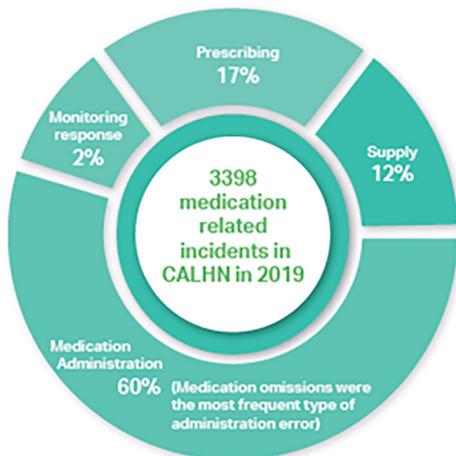
If all types of insulin are included they account for 21% of the 'Top 10'

### Wrong Patient

In CALHN in 2019 an average of 6 patients per month were impacted by a 'wrong patient' error



### Type of medication incident



### Focus for improvements – staff

- Know your high risk medicines
- Utilise procedures and risk mitigation strategies relating to high risk medicines, such as the National Standard for User Applied Labelling
- Positive patient identification: 3 points of identification, each time, every time!
- Report medication errors via the Safety Learning System

### Focus for improvements – organisation

- Monitor incidents and the system for risks / system improvements
- Identify system improvements relating to high risk medicines, in particular anticoagulation
- Develop strategies to improve transitions of care
- Partner with consumers to improve communication about medicines

Know – your medicine

Check – your patient

Ask – your patient if they understand

Join us in achieving...Medication Without Harm



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## Managing incidents

We developed new templates to support the incident investigation process to improve CALHN's immediate response to reviewing incidents and complex complaints.

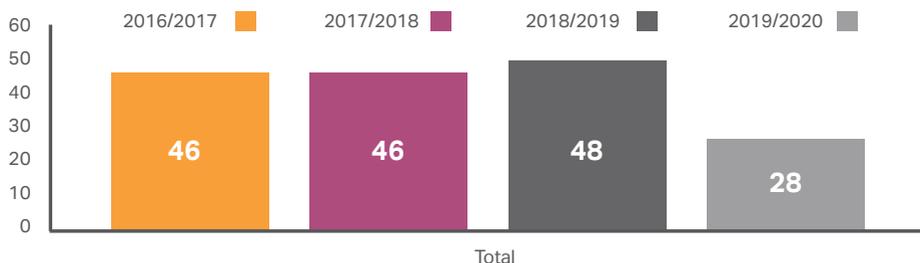
The **number of incidents reported** in SLS in CALHN during 2019-20 remained essentially unchanged (this data excluded SA Pathology, SA Dental and BreastScreen incidents).

The number of **actual SAC 1 incidents reduced by 42%** from the previous financial year. The numbers reduced significantly in this period compared with the previous three years

The inaugural Clinical Council focused on reducing risks associated with delayed diagnosis. It was attended by more than 35 clinical leaders from across CALHN.

The council recommended 8 strategies for implementation to address the risk of delayed diagnosis.

### SAC 1 Incidents by Financial Year



The **top four incident types** reported in CALHN for the past two financial years have not significantly changed (see table below)

### Top 4 incident types

2018-2019	2019-2020
Medication 17% (n=3405)	Medication 17% (n=3127)
Patient falls and other injuries 16% (n=3153)	Challenging behaviour 15% (n=2829)
Challenging behaviour 13% (n=2644)	Patient falls and other injuries 15% (n=2745)
Access, appointment, admission, transfer, discharge clinical assessment 8% (n=1503)	Access, appointment, admission, transfer, discharge clinical assessment 8% (n=1508)

**Open disclosure** when an incident occurs is an important part of the incident management process. 5132 CALHN clinical staff have completed patient incident management and open disclosure training (face-to-face or online training).

Open disclosure was reported to have occurred in the safety learning system for **82%** of the SAC 1 incidents and **78%** of the SAC 2 incidents.

## SA Dental Service

# SAFETY AND QUALITY DATA

SA Dental Service is accredited by the Australian Council on Healthcare Standards until March 2023. This means that the organisation meets the national quality standards set by the Australian Commission on Safety and Quality in Healthcare.

### The National Safety and Quality Health Service Standards

All incidents reported into the Safety Learning System are investigated to ensure our service is as safe as possible. Data from these investigations is used to inform the review of policies and work practices and reduce the risk of an incident happening again.



## PATIENT INCIDENTS

An incident is any event or circumstance which could have or did lead to unintended and/or unnecessary physical or psychological harm to a consumer that occurs during an episode of dental care. Common examples are scrapes, nicks and cuts, misfiled x-rays, or not confirming a patient's identity. The harm that results from incidents in SA Dental Service is low. Our staff know the importance of reporting incidents and take action to improve the safety for our consumers.

### PATIENT FALLS and other injuries

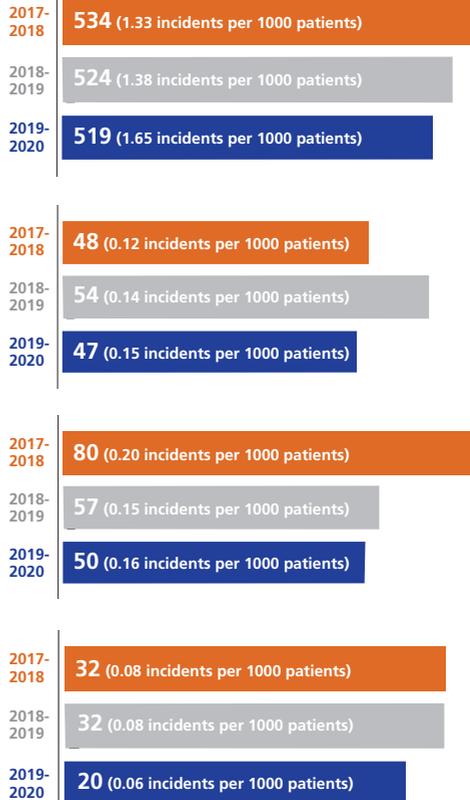
Falls include faints, falls and slips, some of which may result from a medical episode. There are approximately 3-4 falls per month. This includes incidents where a patient or visitor is hit by an object (Eg. a dental light). The harm associated with incidents is low.

### RADIOGRAPHIC INCIDENTS

Radiographic incidents may include processing errors or x-rays being misplaced or misfiled, but also assist the organisation to identify technique or training issues.

### LACERATION INCIDENTS

The use of very sharp instruments during dental treatment may sometimes result in a laceration. Laceration incidents are less likely as staff become more technically skilled as a result of training and skill development.



For more information visit: [www.sahealth.sa.gov.au/sadental](http://www.sahealth.sa.gov.au/sadental)



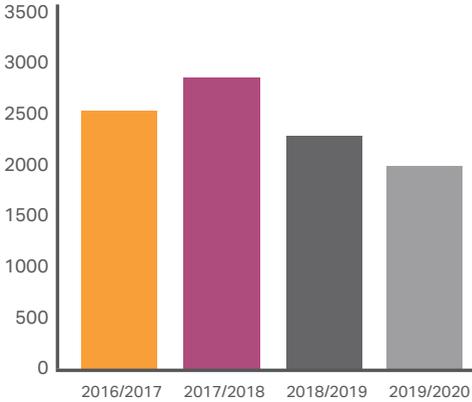
Government of South Australia  
SA Health

## Managing feedback and complaints

In the reporting period, CALHN continued to score well in the South Australian Consumer Experience and Surveillance Systems Surveys. 'Overall quality' of the treatment received and 'recommending the hospital to a relative or friend' received a consistently high score **over 85%**.

The **total numbers of complaints** recorded in the feedback module of the Safety Learning System have declined over the past three years. The number of compliments have remained the same.

### Complaints by Financial Year



In 2019-20, CALHN received 1996 formal complaints.

This represents 1.4% of the total 'episodes of care' that we provided.

Out of these complaints, 87.5% were resolved in under 35 working days.

399 compliments were recorded into the CALHN feedback database.

Some positive feedback received by CALHN:

“ We always felt we were in good hands and now mum is making a steady recovery. Our heartfelt thanks to everybody – please convey our sentiments to all concerned. Mum got respect, and that’s not something you can say about everywhere. ”

– 86-year-old with an intracranial bleed.

## Diversity and high-risk groups

These groups of consumers include Aboriginal patients, prisoners and recently arrived refugees.

CALHN established an **Aboriginal and Torres Strait Islander Reference Group** in 2019-20 to support and advise TQEH redevelopment providing a voice for Aboriginal consumers. Community members and staff will have input into the design and layout of the clinical services building.

**Aboriginal health practitioners** work within the hospital setting to implement and embed a stronger and more sustainable approach to support Aboriginal patients in hospital, or attending outpatients and the emergency department. In collaboration with multidisciplinary teams, these practitioners assess and provide clinical interventions for Aboriginal patients – including those with complex needs – and guide team members to develop culturally appropriate interventions.

This year, the **Mental Health Clinical Program** appointed a nurse practitioner whose specific focus is Aboriginal mental health.

Dialysis services began at Kanggawodli to engage patients who struggle to regularly attend satellite dialysis, encouraging dialysis self-care.

To address issues raised by SAPHS that female Aboriginal prisoners were missing important cardiac appointments, the **Cardiology Unit** implemented specialist cardiology review via **telehealth**.

The **Aboriginal Oral Health Program (AOHP)** aims to improve the oral health of Aboriginal people by increasing oral health knowledge in the community and by improving access to dental services through:

- increasing the number of Aboriginal preschoolers, children and teens visiting the SA Dental Service
- providing priority dental care at SA Dental clinics for eligible adults
- partnerships with the Aboriginal community and Aboriginal health services to increase oral health knowledge and to raise awareness of pathways to dental care
- various Aboriginal-specific oral health resources promoting key oral health messages
- supporting community health events to promote oral health.

There was a 27.5% increase in visits to the Aboriginal Oral Health Program between 2017-18 and 2018-19.

During 2019-20, COVID-19 affected attendance.



## South Australian Prison Health Services (SAPHS)

This year, SAPHS worked collaboratively with the Department for Correctional Services (DCS) and local Aboriginal services to implement a **model of care for Aboriginal people in custody**.

SAPHS implemented improvement **strategies to improve care for incarcerated patients**:

- Developing a chest pain management protocol to manage low-risk patients on site
- SAPHS and DASSA working together on a joint initiative to increase access to clean needle equipment to newly discharged prisoners via the Clean Needle Program for peer workers
- Providing anxiety and depression self-management workbooks to prisoners
- Working in partnership with Central Adelaide Palliative Care Service (CAPCS) and DCS to develop a model of care for the management of palliative care patients in prisons.

Refugee Health Service provides health assessments for **new arrivals from a refugee background**, which includes screening for infectious diseases, nutritional deficiencies and chronic disease.

In response to increasing numbers of new arrivals with disability, in 2019-20, the service developed a National Disability Insurance Scheme (NDIS) support pathway with a multi-disciplinary, patient-centred approach.

The service also has a whole-service approach to **improving health literacy**. Its bicultural allied health assistants conduct regular education sessions for consumers on health literacy and mental health wellbeing.

## Integrated care

This year, CALHN Integrated Care developed a **vulnerable persons model of care**, which incorporates the services of an Aboriginal health practitioner to plan and deliver a high standard of clinical specialised healthcare services to Aboriginal clients.

During 2019-20, CALHN and Baptist Care SA initiated a partnership to reduce demand on inpatient services and **improve access to care for disadvantaged populations**. It was designed to support people experiencing homelessness and/or transient lifestyles.

CALHN's Mental Health Clinical Program (MHCP) identified a need to focus on reducing the use of restrictive practices in inpatient units. During the year, they held several workshops, which resulted in a commitment to implement a Safewards program. This was launched in 2020, to encourage staff and consumers (including carers, family and support persons) to work together to make the ward safer – calmer and more positive – for everyone.



## Dougie's story

Dougie and Violet, a Yankunytjatjara couple in their seventies, were flown into RAH ED from a remote community during the night for injuries sustained in a car accident.

Violet was suffering extensive seatbelt injuries and was admitted to ICU. Dougie, who had accompanied her as a carer/escort only had minor injuries. He discovered during treatment in ED that he couldn't accompany Violet to her room as he had started to develop flu-like symptoms. Dougie was not appropriately dressed for the Adelaide winter, and so the Aboriginal Health Practitioner located in ED brought Dougie up to The Hub (masked with personal protective equipment) for warm clothes, breakfast and a place to wait for the RAH COVID-19 testing clinic to open.

An inpatient allocation huddle took place while Dougie was being tested. Their predicament was taken on by the ICU's Aboriginal Health Practitioner, and a plan was put in place to arrange accommodation for Dougie so he could self-isolate until his test results were available.

The Aboriginal Health Practitioner contacted his community health service for medical information – with Dougie's consent – so that he could attend a GP appointment to arrange for his regular medication.

The Aboriginal Health Practitioner stayed in touch with Dougie about Violet's progress as Dougie recovered and waited for his test results. After a negative test result, Dougie could visit Violet, who eventually recovered enough to be transferred to a hospital closer to home.

While Dougie was with CALHN, he was also identified as a longstanding cardiac patient. An Aboriginal cardiac nurse arranged for his OPD reviews to be brought forward, so that Dougie did not have to return to Adelaide the following month.

## Healthcare records

In 2019-20, CALHN continued implementing the **electronic medical record (Sunrise)** throughout the organisation, including at the Royal Adelaide Hospital and Hampstead Rehabilitation hospital.

During the year, **multiple initiatives** started, to improve both the timeliness of discharge summaries provided to general practitioners and the quality of the information sent from the EMR.

In 2019-2020, CALHN achieved:

- 79.4% to 84.4% of discharge summaries were sent to GPs within 48 hours
- 87.5% to 90.3% were sent within seven days.

# Clinical performance and effectiveness

## Developing our workforce

### Core (ALL staff) CALHN Mandatory Training Completion Rates

One-off: 58%

Ongoing: 56%

A second **Clinical Practice Improvement Leadership** (CPIL) course to train clinicians in improvement science theory and practical skills began in February 2020.

- 40 participants were registered with 17 projects
- Participants from the previous CPIL course helped to facilitate the group of participants.

## Managing staff performance

The performance review and development (**PR&D**) cycle was changed to **March and September** to enable a consistent time for reviews to be completed.

CALHN is increasing the monitoring of completion rates for PR&Ds through dashboards for the clinical programs, executive and the board.

In this period, the overall rate of completion of P&RD was **29.2%**.

## Credentialing and scope of practice

The CALHN process for credentialing medical, nursing and allied health clinicians is overseen by credentialing committees for each clinical discipline and supported by credentialing officers.

A **central register** is maintained of all credentialed clinicians and compliance with re-credentialing is monitored.

## Evidence-based care

This year, a **Clinical Pathway Toolkit** was developed to help implement clinical pathways. The toolkit has guidance and resources to help identify, develop, implement and evaluate a pathway's effectiveness. A project is underway to increase the number of clinical pathways in use across CALHN, targeting similar high-volume patient groups.

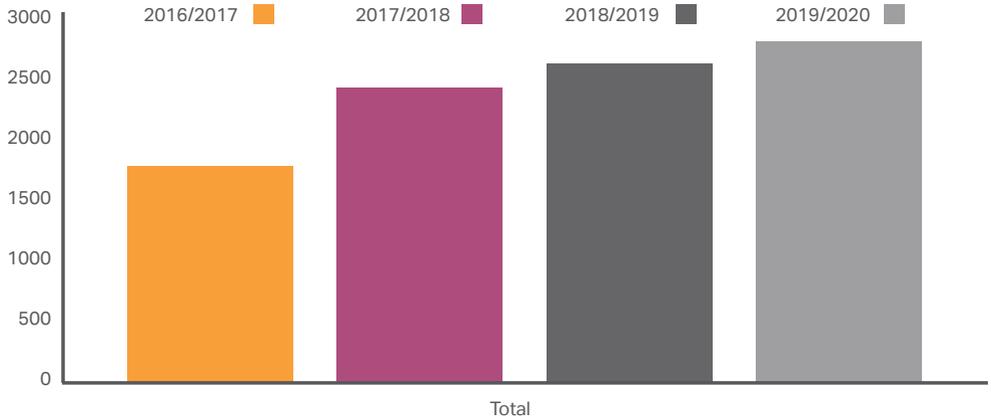
# Safe environment for the delivery of care

CALHN delivers health services from various facilities, and both buildings and equipment require **preventative annual maintenance**. We have systems in place to ensure a safe environment is maintained.

CALHN provides a **safe work environment and safe systems of work**, including:

- a Work Health Safety and Injury Management (WHSIM) strategy, policy and procedures, to identify, assess and control risks
- programs to address major risks to the workforce, such as hazardous manual tasks, worker psychological health and wellbeing, and violence and aggression (complex behaviours).

## Challenging Behaviour Incidents by Financial Year



CALHN implemented several strategies in 2019-20 to address the increase in challenging behaviours, including the Behaviour, Assessment and Response Team (BART) from November 2019.

In order to give patients and families the opportunity to escalate any concerns if a patient's condition acutely deteriorates, across all sites CALHN implemented a patient escalation of care process ('If you're worried, we're listening'). This strategy supports patients, families and carers to raise and escalate any concerns to the clinical team.

# Impact of COVID-19 2020

The COVID-19 pandemic has had a significant impact on CALHN.

CALHN had **50 patients admitted** who tested positive for COVID-19. Of those, 18 patients were admitted to ICU and four patients died.

During the height of COVID-19, the **Hospital In The Home (HITH)** Program **tripled** the number of patients cared for, providing hospital-equivalent care as patients recovered at home. Not only was this preferable for these patients, it also helped to ensure hospital beds were available.

**To 30 June 2020, 104 COVID-19 related patient incidents were reported across CALHN.**

**Between 1 Feb 2020 and 1 Dec 2020, 10,901 successful mask fit tests were conducted in CALHN.**

There were changes to the way CALHN delivered outpatient appointments in 2020-21, by introducing **telehealth consultations**.

**To 30 June 2021, there were 163,310 visits to the COVID-19 information portal.**

**From March to June 2020, there were 7,880 visits to the RAH COVID-19 testing clinic.**

**We would like to take this opportunity to thank all  
CALHN employees and volunteers for the work they  
do and the enormous contribution they make to the  
health and wellbeing of our community.**



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