

## Charles' Story

**It's Wednesday afternoon, and Charles—out of hospital for almost a week—is deciding if he's leaving his house today. His wound is red, tender and swollen, and he's feeling a little shaky.**

### Can we do better?

Charles had a raging wound infection which took ten days of intravenous antibiotics and many months to heal properly. He had a very poor experience and outcomes, and the health system had an unnecessary cost.

After being hospitalised for his infection, Charles was sent home with community nursing, domestic care support and frozen meals. He was extremely grateful—and frustrated. Why hadn't these been arranged first time around?

Charles is a fifty-seven-year-old man living in Hawley on the north-west coast of Tasmania. He lives alone, but has managed very well since his wife died five years ago. He is supported by his mates at the club that he visits four afternoons a week for a drink and a meal. He gets the rest of his meals himself, but at the moment he has very little food in his house. Since coming home from hospital six days ago, he hasn't felt like shopping. His friend who drove to Hobart to pick him up left him with some bread and milk, but that has run out.

Charles admits he has been hard on his body. He has been a smoker, enjoyed his food, and probably has had "a couple too many beers over the years". He has also worked long hours in a stressful job. He has had a heart attack, has type 2 diabetes and gets short of breath easily. His legs have been aching a lot lately. Six weeks ago he developed acute pain and was told the artery was blocked. After some tests in Launceston, the blockage cleared, but he was told he needed urgent surgery in Hobart and that he might lose his leg.

He was taken to Hobart by a mate. As a pensioner, Charles couldn't afford to pay for accommodation to come down the night before. Needing to be there at 7 a.m., they had a very early start.

He woke from the surgery incredibly relieved to still see his leg, but the surgery and the stress of the recent weeks had taken their toll. Charles was exhausted. He was surprised on day three to be asked, "How will you get home to Hawley?" and was eventually thanked by staff for not "abusing the system" when he was able to arrange another friend to drive down and collect him.

He was discharged from hospital but can't remember being given instructions on what to do with his wound, only that he was given an implement to "take out the staples". He admits that he was not "firing on all cylinders". "I don't think the nurses realised how much this had affected me."

Now back in Hawley for almost a week, Charles needs to decide if he is going out to the club for his main meal. It's Wednesday 3.30 p.m. and he's not feeling well.

He has been showering daily to "keep the wound clean" and removed the dressing when it was all wet. He has noticed over the last few days that the wound is starting to look red, feels quite tender, and is starting to "leak some fluid which was initially thin but is getting thicker and greyish in colour."

The skin is looking red and swollen where the staples are, so it occurs to him that the staples are irritating his skin. "Perhaps if I take them out it will feel better". He finds the staple removers and figures out how they worked.

As he removes the staples, the wound suddenly bursts open with "a lot of muck pouring out". Charles is feeling very unwell at this point and decides to call his mate, who rapidly drives Charles to the local regional hospital.

While they are asking Charles all the assessment questions, he becomes irritated and says, "You should know this from the other hospital. Call my GP. He will fill you in". The GP is contacted, but he is unaware that Charles has been to hospital.