

6minutes News

'My son's MRSA infection was almost missed due to discharge summary': a GP's story

Dr Gull Herzberg has described a personal story that underlines the importance of timely hospital communications.



Carmel Sparke

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Dr Gull Herzberg.

As a GP, Dr Gull Herzberg had been advocating for improved discharge summaries for decades when a "potentially devastating" experience involving his son strengthened his resolve.

A few months ago, his 16-year-old was admitted to hospital to have a foot abscess incised and drained.

He was sent home on empirical antibiotics with a fairly typical discharge note which suggested the GP should "kindly chase" the results of the swab taken in the operating theatre.

Because he didn't have a regular GP, the surgeon said he would ensure a copy was sent to Dr Herzberg.

In the following days post-discharge, the foot did not improve despite the antibiotics and remaining non-weightbearing, Dr Herzberg wrote in a submission to the NSW Special Commission of Inquiry into Healthcare Funding.

Along with this, a system error at the hospital meant the results of the hospital tests had not been delivered to Dr Herzberg either.

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So he eventually contacted the hospital pathology department himself.

"[The result] was eventually found and forwarded to me, six days post-discharge," Dr Herzberg told the inquiry.

"The resultant organism was MRSA, requiring a different antibiotic."

Once his son was started on the right antibiotic, his foot pain improved significantly within two days.

"How easily that could have been missed. How potentially devastating the consequences," Dr Herzberg's submission said.

"How often does this occur? How much morbidity and mortality occurs, how much extra cost and suffering could be avoided if the emphasis on getting the right information to the right people at the right time was appropriately prioritised.

"I have been barking on about this for 20 years. I have been involved in projects that have stopped halfway. Where is the will, where is the emphasis? Please make this a priority."

Speaking to *6minutes*, Dr Herzberg said he wanted to stress he was not blaming anyone, but rather the systems that failed to support all those involved in the process, including GPs and other community health providers.

"This was a good result, but it could easily have been otherwise," he said.

"We all see situations where things go the wrong way because nobody knew they had to find something or it was too hard or they made two phone calls and didn't get through.

"We can land a buggy on Mars and ask it to dig a hole and collect rocks to be sent back to Earth. We can do that. But we can't do this. So it's clear [it's] funding and priorities. It's not capacity."

He said he would like ongoing infrastructure support, so that every time a result was generated in a hospital, the right people could receive it automatically, or be able to easily find it by logging on and viewing it.

He acknowledged NSW Health was trying to improve communications between hospitals and GPs but there was still a way to go.

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"And because this submission is about funding, if you're asking me where I think you should put the money, that's where it should go," he said.

"You might have really shiny buttons on a new lift or something, but this is fundamental stuff. It doesn't matter about the curtains.

"Let's make sure that people don't die because they're [on] the wrong antibiotic because the swab needs chasing. "

The inquiry will begin hearings this month.

Read more:

- [*'Very disappointing' results on hospital discharge summaries: RACGP*](#)
- [*GPs need 'reliable' discharge summary system, concludes inquest*](#)

More information: [NSW Special Commission of Inquiry into Healthcare Funding; 31 October 2023](#)

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