


Insights into the Hospital Experience from the Farmer's Hospital Bed



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- 
- **Grassroots, volunteer organisation**
 - **Raising awareness about needs of rural patients (especially from farming families) who find themselves in city hospitals**

Enhancing Rural Patient Care

Katherine - Air ambulance to Austin Hospital, Melbourne.
Her parents left full time work, a farm and other children to be with her.
Five months in rehab – an experience that almost destroyed the family.



Nevil went home to the farm & kids.



I stayed on & learned how to survive.

So, what's so special about rural and
farming families?

Nothing.

*But they do have their own specific set of needs
& characteristics*



Farmers – How do we describe ourselves?



Most are small family businesses.

Home is work is home 24/7.



- Too often no holiday or sick pay
- Maybe no wage





Family
members
of all ages...



are part of our most high risk industry.

- All play a crucial part
- One person's absence can impact heavily on the whole
- Weighty responsibility. Guilt for being sick (read 'soft')



Most of us prefer the outdoors and
quiet, open spaces



Farms are often physically isolated.
Work can be a long way from the
nearest town.
Medical attention difficult to access.



Photo: flyingdoctor.org

We don't place a high priority on seeking medical attention.





Because we are often isolated, we can't ask for help.
We are resourceful and good at fixing things.

Besides, we don't *like* to ask for help



Farmers are risk takers







Our methods don't always meet the standards or expectations of others.

We often make do with what we have.

.....Or who we have!





We are resourceful innovators

Our lives and
livelihoods
revolve around
the weather





Photo: The Guardian

And when disaster strikes
we just get on with it.





What do we know about farmers
and hospitals?

We avoid hospitals like the plague



- We are $\frac{1}{2}$ as likely to visit a doctor as our city counterparts
- $\frac{1}{3}$ as likely to visit a specialist
- $\frac{1}{5}$ as likely to seek help for mental health issues



When we go to a city hospital, it's usually a very serious health issue. Often a crisis that can't be ignored.

We all have a language. Farmers are no different.

"Severe swelling in
lumbar region.....
Cardio-vascular...
Hypertension....
You must rest!

The language we use
gives us a sense of place
and belonging. When
the language is
unfamiliar we feel out
of place.



Cows to feed.....
Pump to fix.....
Gotta get spuds in.....
Pick up drench.....

Often we may be speaking
entirely different
languages and not even
know it!

We met a lot of farmers.

ALAN

Angry, rude to nurses – the language of frustration



- Farmer – tractor accident
- 8 months in hospital
- Farm was sold on doctors' advice
- Felt unconsulted, ignored
- Family 3hrs drive away. Weekend visits only
- Worried about cattle & his horses
- Calves needed marking
- What was happening to the things he valued?
- Just wanted to get home

“I can’t breathe in here!
There’s no weather!”



First time in a chair – ESCAPE!



WE ESCAPE

Up the hill or down a rough
bush track.

Always in trouble for not
being in the ward.

Getting bogged.
No way we're
telling anyone
about this!
(Risk takers)



We need the familiar.
How does a country person find that in a city hospital?



She couldn't get to the farm so we took the farm to her. (Smells, tastes, etc)

Constant reminders
of home



The importance of
family

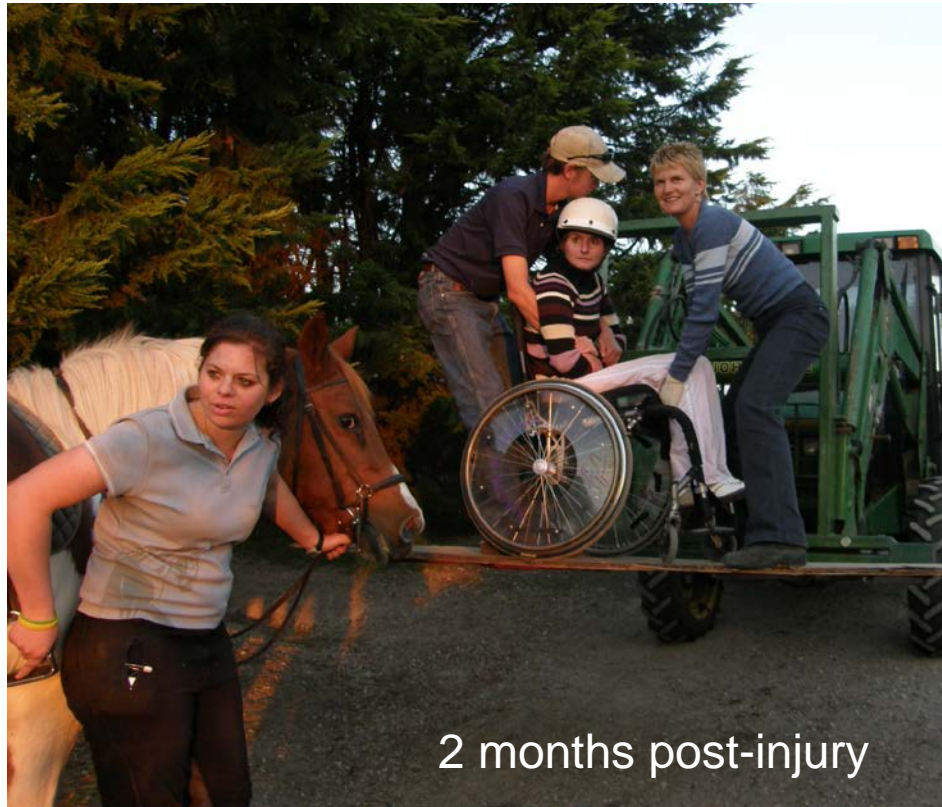
We break rules
if necessary in
order to survive



Hiding up the bush



Old friend Betty



2 months post-injury

Question: “Why would I confess this deliberate rule breaking to a group of medical professionals?”

Spinal Specialist: “You must not get back on a horse for 12 months”





Nevil: "I thought I needed to be home, but now I'm here I feel I need to be there."

FAMILY IMPACT



Becca: forced to be Mum to two younger brothers. Increased workload. School and mental health suffered.



Hayden: Intellectual disability. ADHD. Spun out. Life was hell!

Our stays are often shorter than they should be.



We often compromise our health or take risks to get home. (e.g. putting off important surgery)

Don't Tell Me To Rest!!!!



Who will do it if I don't?

Farmer Designs a Wheelchair Accessible Tractor



Doug Barker, a quadriplegic farmer who is paralyzed from the neck down, was so determined to live a normal, productive life that he invented a tractor that he can operate while seated in his wheelchair. Not only does the tractor let Barker enjoy farming once again, it has given him back his spark along with inspiring others.....

<http://www.amsvans.com/blog/farmer-designs-a-wheelchair-accessible-tractor/>

We are resourceful – when we get home we find ways to do things (that we are often told not to)

We have lots of reasons to want to get home

- Can't breathe
- Can't get a sense of the weather
- Stock needs feeding, weaning, selling, drenching, etc
- Crops need planting, weeding, fertilising, harvesting, etc
- No income
- No one else to do what needs doing
- Kids to get to school.....

Katherine's needs were not unusual:

- To be understood & to understand
- To get outside (feel the weather)
- To get off-road
(dirt beneath her feet)
- To get around the farm
- To “get back on the horse” (even if it is not the recommended course of action)



Q: Why Is It Important for Medical Staff to Know About the Circumstances & Needs of Farming Families?



A: If we don't know our clients needs we can't provide an adequate service.



Challenge:
How might a city hospital support rural and farming patients to achieve better outcomes?

Helping in little ways:

A trip outside / up the bush

Haircuts

Birthday cakes

Sharing stories

Rural-based newspapers etc

A decent meal

News from the saleyards

Smelly old saddle blankets!!!!!!



Setting Goals



Flemington Races – Something to get out of bed for.

Food for Thought

- Know your farmer—does your facility have a system to alert to patients who come from farms?
- Is your facility architecturally farmer-friendly?
- (See Fiona Stanley Hospital, WA)
- Find out what's happening at home. Be aware of the needs and circumstances of the family as a whole.

- Place farmers together
- Can you provide or source aspects of the familiar (think senses)?
- Are animals allowed in your facility?
- Can you provide access to outdoors or at least near a window?
- Be conscious of distance and available transport for patient & family.

- No ‘Bullshit.’ Give honest, frank assessments and realistic timeframes.
- Have a good understanding of what the patient *really* intends to do on returning home? Can you work with that? How? Think ‘outside the box.’ Adopt a *do no harm* policy.
- Include the patient in devising achievable recovery goals (eg. A spinal patient may do well exercising with a pair of wire cutters)

Brilliant medical attention is not enough if it ignores the things we need most.

WHEN PROPERLY SUPPORTED, FARMERS & THEIR FAMILIES:

- Better manage risk or take less risks
- Are more likely to engage positively in their own treatment
- May be able to help find solutions to problems
- Can get back home & to work, more quickly & more safely
- Heal more quickly



Back on the farm, the bike, the horse & the tractor





Australian Paralympic Youth
Games 2009
Women's Under 25 World
Championships, Canada - Silver



2013 Scholarship
High achievement
Equine Business Management



2014 - Proud new owner of “Wenlock”



William Alexander Reed
30th June 2016



**Can you help us spread the word?
We are keen to tell our story.**

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