

IN THIS ISSUE:

- Surprising rural agricultural work injury statistics
 - Rural physician qualification discrepancies
 - Using telemedicine to reduce rural transfers

How Dangerous is Agriculture Work?



Contrary to the popular image of fresh air and peaceful surroundings, a farm is not a hazard-free work setting. According to the National Safety Council, agriculture is the most hazardous industry in the nation. Every year, thousands of farm workers are injured and hundreds die in farming accidents. The danger factors include: chemicals and pesticides; machinery, tools and equipment that can be dangerous; hazardous areas, such as grain bins, silos and wells; livestock that can spread diseases or cause injuries.

In 2002 alone, 730 deaths and 150,000 disabling injuries occurred on U.S. farms. Each day, on average, about 500 agricultural workers suffered lost-time injuries, 25 of which resulted in permanent impairment. Access to emergency treatment in rural areas can often mean the difference between life and death.

More at <http://www.nlm.nih.gov/medlineplus/farmhealthandsafety.html>

Study: Qualification discrepancies between urban and rural emergency physicians.

Source: University of Nebraska Medical Center

Purpose: Describe and compare the residency training and board certification credentials of physicians staffing rural and urban emergency departments (EDs). EDs in the predominantly rural states of the upper Midwest with annual patient volumes greater than 10,000 met inclusion criteria for the study. ED administrators responded to surveys via mail, addressing physician training and board certification status and ED descriptive statistics. Thirty-four EDs met the inclusion criteria for the study with 26 responding (76%). ED physicians reported 50.6% American Board of Emergency Medicine (ABEM) certification and 33.1% residency training in Emergency Medicine (EM). Physicians staffing urban EDs reported ABEM certification and residency training much more frequently than those working in rural EDs (65.2% vs. 30.8% and 48.3% vs. 12.3%, respectively). The results of this study reveal significant discrepancies between urban and rural EDs. More at <http://www.ncbi.nlm.nih.gov/>

Study: Using telemedicine to avoid transfer of rural emergency department patients.

Source: University of Missouri-Columbia School of Medicine

The researchers examined the hypothetical impact of telemedicine services on patients served by the emergency departments of two rural Missouri hospitals and the potential financial impact on the affected hospitals if telemedicine was available. Of the 246 patients transferred to the hub hospital from the two facilities during 1996, 161 medical records (65.4 percent) were analyzed. Using a conservative approach, only 12 of these cases were identified as potentially avoidable transfers with the use of telemedicine. In addition to this conservative estimate of avoidable transfers based on current availability of resources in the rural hospitals, two more aggressive scenarios were developed, based on an assumption of increased service availability in the rural hospitals via telemedicine.

More at <http://www.ncbi.nlm.nih.gov/pubmed/11765886>

