

Program/Project Purpose: Selection of an ideal EMR is an important but a complicated process, especially because there are few established guidelines available. EMR may be cost-prohibitive, and challenging to implement in low income countries because of limited access to internet at many places. We describe a case study on the process of selection of hospice EMR from our experience at the Binaytara home hospice program, Patan Nepal.

Structure/Method/Design: A multidisciplinary team was developed, including a physician and a hospice nurse practitioner to develop workflow diagrams capturing tasks completed for patient care. This allowed the team to identify requirements and functionality important to have within an EMR. Requirements were rated as high, medium or low. The team developed a list of the five most important needs within a system to focus on while reviewing EMRs. The top 5 requirements focused on cost of the EMR, ease of use, server versus web-based platform, customization requirements and training requirements.

Outcome & Evaluation: Out of 5 EMRs in consideration, the evaluation included both server and web-based EMRs. Complete evaluation of the systems and the scorings were based on webinars and multidisciplinary input. This methodical approach allowed the team to gain a broad, balanced approach in narrowing the search down to the top two finalists. After selection, the EMR was successfully implemented.

Going Forward: A systematic approach that includes an objective scoring system is useful in selection of a hospice EMR. Local factors should be considered while selecting an EMR.

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Perceptions of Risk and Safety in a Day Laborer Community in Los Angeles, California

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Background: By definition, day laborers receive a piece-meal income from temporary work. Sometimes they find themselves in potentially dangerous situations, but due to fear of reprisal, may not protest. One study in Los Angeles found that 38% of male day laborers had been solicited for sex by another man while looking for work. Similarly, 26% had had sexual contact with a female prostitute over the preceding year. Alcohol and/or drugs were frequently involved in both types of encounters and safer sex practices were not always followed.

Methods: In this pilot study, 12 semi-structured interviews were conducted with adult day laborers to explore their attitudes towards and perceptions of health risks in the community of Westlake/MacArthur Park. Interviews were performed in immediate proximity to a parking lot in which day-laborers were known to look for work. Subjects were recruited via convenience sampling and received a nominal monetary incentive for participation. Inclusion criteria included being over age 18, self-identifying as a day laborer, and speaking English or Spanish. Transcripts were analyzed using a grounded theory approach.

Findings: Two-thirds of respondents had previously agreed to potentially unsafe work, mainly in construction. Slightly more than half of respondents stated they did not have a clinic or medical provider that they considered to be their own. Many had delayed seeking care at some point due to cost, insurance, or legal status. Half were aware of prostitution in the community, and a small proportion had been involved in it, either as a purveyor or client. Most endorsed engaging in safer sex practices. When faced, hypothetically, with a friend involved in higher-risk sexual activity, one-third of respondents would not intervene; between one-sixth and one-third would counsel on the risk of sexually-transmitted infections and encourage use of condoms. Nearly two-thirds of respondents cited health and access to care as their primary daily concern.

Interpretation: For most day laborers, their body is their source of income. As such, maintaining their health is important. Nonetheless, they may not feel able to demand safer work environments. Medical providers and other advocates for day laborers' rights must be cognizant of the risks day laborers face in order to better serve their needs.

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Socioeconomic, Psychosocial, and Healthcare-Access Contributors to Poisoning and Suicide in Sri Lanka: An Ecological Survey

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Background: Sri Lanka has recently undergone a series of turbulent changes, including a prolonged civil war, tsunami, and considerable government instability, which have contributed to a substantial degree of poverty and resultant health disparities across the country. Despite recent political stability and economic growth, Sri Lanka reports the fourth highest suicide rate in the world, with rates of deliberate self-harm estimated to be many times higher. Most suicides in Sri Lanka occur among young adults, and suicide is the leading cause of death in the 16–24 age group. Though pesticide ingestion remains the most common method of suicide, the use of pharmaceuticals has recently increased in prevalence. Given the urgency of this situation, the aim of this study is to evaluate contributing factors for suicide and self-poisoning in Sri Lanka.

Methods: Demographic and socioeconomic factors, psychiatric comorbidity, and healthcare access data were collected from national census reports (2012), including the Household Income and Expenditure Survey, Annual Health Bulletin, and the Census of Population and Housing. Suicide and poisoning rates were collected from police records and published hospital data, respectively, for each of the 25 governmental districts. Descriptive statistics and linear regression analyses were performed to evaluate the predictive power of contributing factors on suicide and poisoning risk.

Findings: 78% of suicides completed between 2009 and 2015 occurred in men, and approximately 60% occurred in rural districts. Lower household income and educational levels were found to be