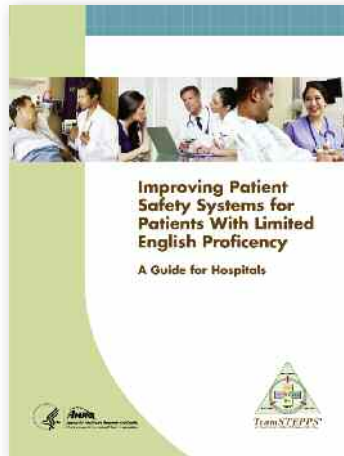


# Clinician RESOURCES

This issue's resources include patient tools and new guidelines.

## Improving patient safety

Research suggests that adverse events affect patients with limited English proficiency (LEP) more frequently, are commonly caused by communication problems, and are more likely to result in serious harm compared to adverse events affecting English-speaking patients. Your hospital can take steps to reduce risks of adverse events for patients with LEP with “**Improving patient safety systems for patients with limited english proficiency: a guide for hospitals,**” from The Disparities Solutions Center, Mongan Institute for Health Policy at Massachusetts General Hospital, Boston, and Abt Associates, Cambridge, Massachusetts.



The guide includes five key recommendations for improving patient safety for patients with LEP:

- Foster a supportive culture for safety of diverse patient populations.
- Adapt current systems to better identify medical errors among patients with LEP.
- Improve reporting of medical errors for patients with LEP.
- Routinely monitor patient safety for patients with LEP.
- Address root causes to prevent medical errors among patients with LEP.

## Ostomy information and care guides

Tap into multiple patient resources at the website for the United Ostomy Associations of America, Inc., where you can



access **general information**, such as frequently asked questions, ostomy supply manufacturers and distributors, ostomate bill of rights, ostomy travel tips, and swimming and aquatic therapy for ostomates.

You can also **download guides** for patients who have a colostomy, ileostomy, or urostomy and guides covering sexuality and nutrition. Most information is available in English and Spanish.

## Cost-effective wound management

A 2014 issue of *Wounds International* includes

“**International consensus: Making the case for cost-effective wound management.**” The report recognizes that with

economic constraints on healthcare budgets, in addition to challenges to prove efficacy, budget holders and payers are increasingly asking for financial justification for the provision of treatment.

The report aims to help clinicians, healthcare budget holders and payers, and other stakeholders to:

- understand what is meant by “cost-effective wound management”
- appreciate the different types of eco-



- conomic analysis used in health care to determine cost-effectiveness
- interpret information on the cost and cost-effectiveness of wound-management modalities and protocols
  - make an appropriate case for cost-effective wound management in their locality
  - set up systems to collect the data needed for the analysis of the cost and cost-effectiveness of wound management.

Sections include demystifying cost-effectiveness, interpreting cost studies, and data collection for economic analysis. The section on making a case for cost-effective wound management walks readers through this complex process and provides practical tips.



## WHO guidelines for hepatitis C

About **130 to 150 million people** worldwide have chronic hepatitis C infection. For information on handling this global chronic condition, access “**Guidelines for the screening, care and treatment of persons with hepatitis C infection**” from the World Health Organization (WHO).

The guidelines contain nine key **recommendations**, including approaches to increase the number of people screened for hepatitis C infection, advice on how to mitigate liver damage for those who are infected, and how to select and provide appropriate treatments for chronic hepatitis C infection. ■

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### Call for clinical outcome data

NPUAP encourages clinicians and researchers to provide clinical outcome data on the specific design, therapies, features, and benefits of specific support surfaces. Collection and publication of such data, in conjunction with clinician education on support surfaces, could advance the clinical effectiveness of support-surface therapy. ■

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