City Health Information

Volume 36 (2017) The New York City Department of Health and Mental Hygiene No. 7; 49-52

City Health Information: 2017 in Review

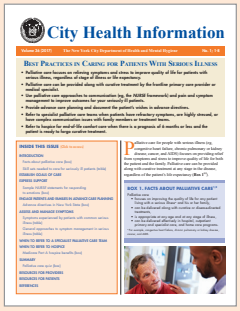
- **In 2017, *City Health Information* (CHI) brought you up-to-date information on topics central to the health of our community.**
- **Issues planned for 2018 will address an even greater number of health issues with a continued focus on reducing health inequities.**
- **We look forward to providing practical guidance and we thank you for your continuing efforts to improve the health of all New Yorkers.**

In 2017, *City Health Information* (CHI) published clinical guidance on important health issues that we face as a community. Here, we provide a summary of the year's key messages and a look ahead to CHI in 2018.

SUMMARY OF GUIDANCE FROM 2017

MAY

Best Practices in Caring for Patients With Serious Illness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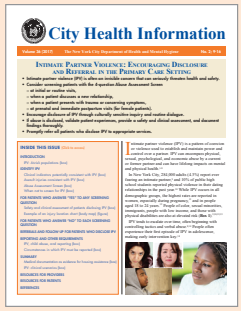
Best Practices in Caring for Patients With Serious Illness

- Palliative care focuses on relieving symptoms and stress to improve quality of life for patients with serious illness, regardless of stage of illness or life expectancy.
- Palliative care can be provided along with curative treatment by the frontline primary care provider or medical specialist.
- Use palliative care approaches to communication (eg, the NURSE framework) and pain and symptom management to improve outcomes for your seriously ill patients.
- Provide advance care planning and document the patient's wishes in advance directives.
- Refer to specialist palliative care teams when patients have refractory symptoms, are highly stressed, or have complex communication issues with family members or treatment teams.
- Refer to hospice for end-of-life comfort care when there is a prognosis of 6 months or less and the patient is ready to forgo curative treatment.

JUNE

Intimate Partner Violence: Encouraging Disclosure and Referral in the Primary Care Setting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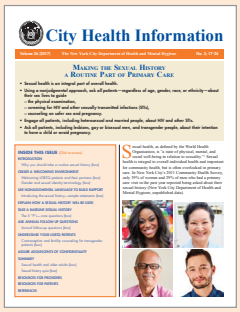
Intimate Partner Violence: Encouraging Disclosure and Referral in the Primary Care Setting

- Intimate partner violence (IPV) is often an invisible concern that can seriously threaten health and safety.
- Consider screening patients with the 4-question Abuse Assessment Screen
  - at initial or routine visits,
  - when a patient discusses a new relationship,
  - when a patient presents with trauma or concerning symptoms,
  - at prenatal and immediate postpartum visits (for female patients).
- Encourage disclosure of IPV through culturally sensitive inquiry and routine dialogue.
- If abuse is disclosed, validate patient experiences, provide a safety and clinical assessment, and document findings thoroughly.
- Promptly refer all patients who disclose IPV to appropriate services.

JULY

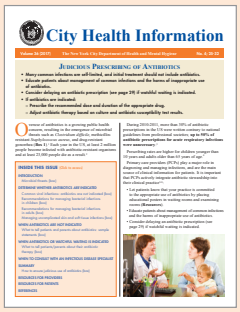
Making the Sexual History a Routine Part of Primary Care



- Sexual health is an integral part of overall health.
- Using a nonjudgmental approach, ask all patients—regardless of age, gender, race, or ethnicity—about their sex lives to guide
  - the physical examination,
  - screening for HIV and other sexually transmitted infections (STIs),
  - counseling on safer sex and pregnancy.
- Engage all patients, including heterosexual and married people, about HIV and other STIs.
- Ask all patients, including lesbians, gay or bisexual men, and transgender people, about their intention to have a child or avoid pregnancy.

AUGUST

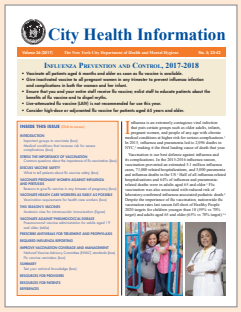
Judicious Prescribing of Antibiotics



- Many common infections are self-limited, and initial treatment should not include antibiotics.
- Educate patients about management of common infections and the harms of inappropriate use of antibiotics.
- Consider delaying an antibiotic prescription if watchful waiting is indicated.
- If antibiotics are indicated:
  - Prescribe the recommended dose and duration of the appropriate drug.
  - Adjust antibiotic therapy based on culture and antibiotic susceptibility test results.

SEPTEMBER

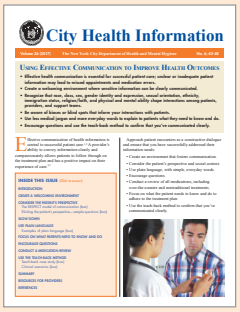
Influenza Prevention and Control, 2017–2018



- Vaccinate all patients aged 6 months and older as soon as flu vaccine is available.
- Give inactivated vaccine to all pregnant women in any trimester to prevent influenza infection and complications in both the woman and her infant.
- Ensure that you and your entire staff receive flu vaccine; enlist staff to educate patients about the benefits of flu vaccine and to dispel myths.
- Live-attenuated flu vaccine (LAIV) is not recommended for use this year.
- Consider high-dose or adjuvanted flu vaccine for patients aged 65 years and older.

NOVEMBER

Using Effective Communication to Improve Health Outcomes



- Effective health communication is essential for successful patient care; unclear or inadequate patient information may lead to missed appointments and medication errors.
- Create a welcoming environment where sensitive information can be clearly communicated.
- Recognize that race, class, sex, gender identity and expression, sexual orientation, ethnicity, immigration status, religion/faith, and physical and mental ability shape interactions among patients, providers, and support teams.
- Be aware of biases or blind spots that inform your interactions with patients.
- Use less medical jargon and more everyday words to explain to patients what they need to know and do.
- Encourage questions and use the teach-back method to confirm that you've communicated clearly.

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LOOK AHEAD TO 2018

CHI issues planned for 2018 include

- Identifying and managing sleep disorders in primary care
- Managing perinatal depression
- Managing asthma
- Providing comprehensive health care to men who have sex with men
- Encouraging and supporting breastfeeding
- Diagnosing and managing hepatitis C
- Preventing misuse of prescription opioid drugs
- Preventing, identifying, and managing hepatitis B infection

THANK YOU FOR WORKING TO IMPROVE THE HEALTH OF ALL NEW YORKERS IN 2017.

Best wishes for 2018!

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Have feedback or suggestions for CHI?
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