

Mary Mother of God – Respect for Life Meeting

May 25th, 2017

Attendees: Philomena Cellilli, Dorothy DeLuca,, Nancy Fusco, Tony Fusco, John Leyendecker, Karen Leyendecker, Mike Avolio, Marie Avolio, Trudy Madden, Carl Snipes, Mai Chirinos, Bill Chirinos, Barbara Gural, Roseann Mertes

1. Opening Prayer – Carl Snipes

Heavenly Father, we come to you today asking for your guidance, wisdom and support as we begin this meeting. Help us to engage in meaningful discussion; allow us to grow closer as a group and nurture the bonds of community. Fill us with your grace, Lord God, and continue to remind us that all that we do here today, all that we accomplish, is for the pursuit of truth, for the greater glory of you, and for the service of humanity. We ask these things in your name, Amen.

2. Respect Life Literature in the Narthax

- Roseann Mertes has volunteered to keep this area up to date. She will try to get teen centered literature as well.

3. Legislative Issues

- 20/20 was supposed to be up for vote, but nothing is showing up online
- Doug Thomson has said he would be a contact for info on results of prolife issues, perhaps we can ask him
- People up for election
 - Donna Simon – Assembly – she would like to come and talk at our Parish
 - Mark Calliguire – Assembly
 - Jack Cittiarelli – Govenor
- Mike Avolio is Vice Chair of the Rep Party for the township
- Marie Avolio works with the Scholarship and Credit Card Programs for the township

4. NJRTL/SCRTL Update –Carl

- 4H-Fair
 - August 9, 10, 11 from 10AM to 10PM
 - Need volunteers to man the SCRTL table located in the commercial tent in 2 hour blocks of time
 - Carl will set up and take down the table, so he will man the last two hours on the 11th.
 - SCRTL is in need of a person to manage the signups for the table time slots. Carl will be asking around.
- NJRTL Banquet
 - April 28th at the Hyatt Regency
 - Starr Parker and Kevin Sorbo – both speakers were excellent
 - Carl bought Kevin’s book and was a bit disappointed in that it was very secular, even though when he spoke of his life journey he shared it as a very spiritual journey
 - Kevin upcoming movies
 - Let there be Light, he directs and stars in it - An atheist experiencing a near-death experience converts to Christianity.
 - The UnMiracle - film exploring the mysteries of modern faith
 - The Pastor (2018)
 - And more...

- Starr Parker shared her personal story. She works with legislators to defeat poverty
- We are hoping to get 2 tables next year (10/table)

5. Life Chain

- Peaceful Prayerful event, 1st Sunday in October
- Would like to try to get the youth to attend

6. Pam Stenzel

- Need to come up with a date for the next DVD showing
- Suggestions
 - Over the summer
 - For 3 consecutive days to give everyone the opportunity to see it
 - Ask Fr/Dcn Chris if CCD kids can get 2-3 service hours for watching the DVD
 - Should we pay for busses to take our CCD kids to see her in person?
 - Brain stormed on how to get kids to come to watch it
 - Make it required to view at some point during 7th and/or 8th grade, need sign off

7. POLST – Practitioner Orders for Life Sustaining Treatment

- This is different than the Advanced Directive, POLST compliments AD
- What are a person’s wants/don’t wants for end of life issues
- A person may be named to make changes
- Defines the goal of care – Die at home? Hospice? ...
- For more info contact Trudy – trudyLLB@aol.com

POLST: What is it?
PRACTITIONER'S ORDER FOR LIFE-SUSTAINING TREATMENT

A POLST IS NOT...	A POLST IS ...
... an advance directive	A set of medical orders, similar to the Do-Not-Resuscitate (Allow Natural Death) order, complements an advance directive
... for everyone; only those who are seriously ill or frail, or for whom their physicians would not be surprised if they died in the next year, or who otherwise should have one.	A document that is universally recognized and actionable among hospitals, nursing homes, EMS, homecare, etc.
	A document that provides unambiguous and explicit direction about resuscitation
	A document that includes directions about other types of life sustaining treatments (intubation, dialysis, antibiotics, tube feeding, etc.)
	A document that may be used to limit medical interventions or clarify a request for all medically indicated treatments
	A reflection of an informed decision about desired treatment , based upon a patient's values, beliefs, hopes and goals of care

- POLST is NJ State law; effective 2011
- Signed by patient or surrogate
- AHS requires APNs to have training, be privileged under credentials
- HC professionals protected from liability when honoring POLST in good faith
- Original stays with patient
- Signed by physician or APN
- Sections of POLST not completed default to full treatment under that section
- An individual with decision making capacity can modify/void a POLST at any time

*POLST is **not** a check list menu! Do **not** give to patient/surrogate to fill out; **discussion must be with patient's physician or nurse practitioner to provide clinical guidance about medical interventions**. Do **not** include as part of admission packet. POLST is **not** the responsibility of social work or other non-clinical staff to complete. POLST is **not** always done in one session.*

Unlike an Advance directive, a POLST is operational in the field for EMS or upon arrival in ED; can be valid for those under age 18; requires no interpretation; is applicable both in death and in life.

Always copy POLST as 2-sided, with directions for completion; a place to print patient's name, address and birth date; and a place to print surrogate's name, address and phone number on the back. The original (green) stays with patient, copies for the medical record can be made on white paper.

Unlike an Out of Hospital DNR, a POLST addresses artificial ventilation for respiratory distress as well as other goals of care and preferences regarding artificial life supports; applies to more than just cardiac arrest; does not need to be re-written for hospital or nursing home use

NEW JERSEY PRACTITIONER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTHCARE PROFESSIONALS AS NECESSARY

PRINT PERSON'S NAME (LAST, FIRST, MIDDLE)

DATE OF BIRTH

PRINT PERSON'S ADDRESS

CONTACT INFORMATION

PRINT SURROGATE HEALTH CARE DECISION MAKER

ADDRESS

PHONE NUMBER

DIRECTIONS FOR HEALTH CARE PROFESSIONAL

COMPLETING POLST

- Must be completed by a physician or advance practice nurse.
- Use of original form is strongly encouraged. Photocopies and faxes of signed POLST forms may be used.
- Any incomplete section of POLST implies full treatment for that section.

REVIEWING POLST

POLST orders are actual orders that transfer with the person and are valid in all settings in New Jersey. It is recommended that POLST be reviewed periodically, especially when:

- The person is transferred from one care setting or care level to another, or
- There is a substantial change in the person's health status, or
- The person's treatment preferences change.

MODIFYING AND VOIDING POLST - An individual with decision making capacity can always modify/void a POLST at any time.

- A surrogate, if designated in Section E on the front of this form, may, at any time, void the POLST form, change his/her mind about the treatment preferences or execute a new POLST document based upon the person's known wishes or other documentation such as an advance directive.
- A surrogate decision maker may request to modify the orders based on the known desires of the person or, if unknown, the person's best interest.
- To void POLST, draw a line through all sections and write "VOID" in large letters. Sign and date this line.

SECTION A

What are the specific goals that we are trying to achieve by this treatment plan of care? This can be determined by asking the simple question:

"What are your hopes for the future?" Examples include but not restricted to:

- Longevity, cure, remission
- Better quality of life
- Live long enough to attend a family event (wedding, birthday, graduation)
- Live without pain, nausea, shortness of breath
- Eating, driving, gardening, enjoying grandchildren

Medical providers are encouraged to share information regarding prognosis in order for the person to set realistic goals.

SECTION B

- When "limited treatment" is selected, also indicate if the person prefers or does not prefer to be transferred to a hospital for additional care.
- IV medication to enhance comfort may be appropriate for a person who has chosen "symptom treatment only."
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), or bi-level positive airway pressure (BPAP).
- Comfort measures will always be provided.

SECTION C

Oral fluids and nutrition should always be offered if medically feasible and if they meet the goals of care determined by the person or surrogate. The administration of nutrition and hydration whether orally or by invasive means shall be within the context of the person's wishes, religion and cultural beliefs.

SECTION D

Make a selection for the person's preferences regarding CPR and a separate selection regarding airway management. A defined trial period of mechanical ventilation may be considered, for example, when additional time is needed to assess the current clinical situation or when the expected need would be short term and may provide some palliative benefit.

SECTION E

This section is applicable in situations where the person has decision making capacity when the POLST form is completed. A surrogate may ONLY void or modify an existing POLST form, or execute a new one, if named in this section by the person.

SECTION F

POLST must be signed by a practitioner, meaning a physician or APN, to be valid. Verbal orders are acceptable with follow-up signature by physician/APN in accordance with facility/community policy. POLST orders should be signed by the person/surrogate. Indicate on the signature line if the person/surrogate is unable to sign, declined to sign, or a verbal consent is given.

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED

07-407

NEW JERSEY PRACTITIONER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)


HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTHCARE PROFESSIONALS AS NECESSARY
 Follow these orders, then contact physician/APN. This Medical Order Sheet is based on the current medical condition of the person referenced below and their wishes stated verbally or in a written advance directive. Any section not completed implies full treatment for that section. Everyone will be treated with dignity and respect.

Person Name (last, first, middle) _____ Date of Birth _____

A GOALS OF CARE (See reverse for instructions. This section does not constitute a medical order.)

B MEDICAL INTERVENTIONS: Person is breathing and/or has a pulse
 Full Treatment. Use all appropriate medical and surgical interventions as indicated to support life. If in a nursing facility, transfer to hospital if indicated. See section D for resuscitation status.
 Limited Treatment. Use appropriate medical treatment such as antibiotics and IV fluids as indicated. May use non-invasive positive airway pressure. Generally avoid intensive care.
 Transfer to hospital for medical interventions.
 Transfer to hospital only if comfort needs cannot be met in current location.
 Symptom Treatment Only. Use aggressive comfort treatment to relieve pain and suffering by using any medication by any route, positioning, wound care and other measures. Use oxygen, suctioning and manual treatment of airway obstruction as needed for comfort. Use Antibiotics only to promote comfort. Transfer only if comfort needs cannot be met in current location.
 Additional Orders: _____

C ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION:
 Always offer food/fluids by mouth if feasible and desired. Defined trial period of artificial nutrition.
 No artificial nutrition. Long-term artificial nutrition.

D CARDIOPULMONARY RESUSCITATION (CPR)  **AIRWAY MANAGEMENT**
 Person has no pulse and/or is not breathing. Person is in respiratory distress with a pulse
 Attempt resuscitation/CPR Intubate/use artificial ventilation as needed
 Do not attempt resuscitation/DNAR Do not intubate - Use O2, manual treatment to relieve airway obstruction, medications for comfort.
 Allow Natural Death Additional Order (for example defined trial period of mechanical ventilation) _____

E If I lose my decision-making capacity, I authorize my surrogate decision maker noted below to modify or revoke the NJ POLST orders in consultation with my treating physician/APN in keeping with my goals: Yes No
 Health care representative identified in an advance directive Yes No
 Other surrogate decision maker _____
 Print Name of Surrogate (address on reverse) _____ Phone Number _____

F SIGNATURES:
 I have discussed this information with my physician/APN. _____
 Print Name: _____
 Signature: _____
 Person Named Above
 Health Care Representative/Legal Guardian
 Spouse/Civil Union Partner
 Parent of Minor
 Other Surrogate: _____
 Has the person named above made an anatomical gift? Yes No Unknown
 These orders are consistent with the person's medical condition, known preferences and best known information: _____
 PRINT - Physician/APN Name _____ Phone Number _____
 Physician/APN Signature (Mandatory) _____ Date/Time _____
 Professional License Number _____

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED

AP02708 (07/15)

8. Closing Prayer – John Leyendecker

Heavenly Father, the beauty and dignity of human life was the crowning of your creation. You further ennobled that life when your Son became one with us in his incarnation. Help us to realize the sacredness of human life and to respect it from the moment of conception until the last moment at death. Give us courage to speak with truth and love and with conviction in defense of life. Help us to extend the gentle hand of mercy and forgiveness to those who do not reverence your gift of life. To all, grant pardon for the times we have failed to be grateful for your precious gift of life or to respect it in others. We ask this in Jesus' Name.

Amen

9. NEXT MEETING June 22nd

- Opening Prayer: ??
- Closing Prayer: ??