

IT'S NEVER TOO LATE



ALYSSA KI JOURNAL PHOTOS

DR. SUSAN WALSH, accountable care medical director at Jersey City Medical Center, speaks about the precautions to take, including washing hands, to avoid the flu. Inset, a medical bus used by the hospital for overflow flu cases from the emergency room.

Flu shot recommended as numbers take off

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Hudson County health officials are urging residents to get the flu vaccine in what is becoming an increasingly rough flu season.

"It's never too late to get your flu shot," said Dr. Susan Walsh, accountable care medical director at Jersey City Medical Center. "Most insurance providers cover it as preventative care. Even so, the vaccine only costs \$10-20 dollars."

While this year's flu strain isn't abnormal, there is a rise in flu cases.

The state's Health Depart-

ment is reporting "moderate" or "high levels of flu activity" throughout all 21 counties. In the past three months, thousands have been hospitalized and two children have died, according to Mary O'Dowd, the state's health commissioner.

Jersey City Medical Center spokesman Mark Rabson said that 50 percent of the hospital's emergency room cases are diagnosed with flu-like symptoms.

"It is busy, and we expect it to get busier as the year goes on," Rabson said. "The flu generally comes in waves, and we got very lucky last year."

In anticipation of the over-

crowding, Jersey City Medical Center has commissioned one of its medical buses to be used as overflow for flu patients. According to Rabson, the bus, which contains three beds and a waiting room, will be used as needed.

"Besides a flu shot, wash your hands regularly and drink lots of fluids," Walsh said.

While this year's strain of the virus (H3N2) is fairly new, physicians say this year's vaccine is well suited to help prevent the new strain. Rabson said many local drug stores, including Rite Aid, CVS and Walgreens all distribute vaccinations.

Additionally, Jersey City spokeswoman Jennifer Morrill

said the city has had several flu clinics to distribute the shots. The city Health Department is offering free flu shots for children up to 59 months, people 65 and older, pregnant women and health care workers. They are asked to visit the Department of Health on Mondays, Wednesdays and Fridays between 11 a.m. and 2 p.m.

According to Morrill, the city has "very limited" vaccines remaining and has requested more from the state.

Those seeking more information on the flu, its symptoms, or where to find vaccinations can visit www.nj.gov/flu

The Star-Ledger contributed to this report.

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Palliative Care program at JCMC assists with difficult end-of-life issues

When Dr. Michelle Reisner, medical director of the Palliative Care program at Jersey City Medical Center, and her nurse practitioner met with the family of an 88-year-old patient to discuss next steps, the decision was a unanimous, though heart-felt one.

Based on the patient's advanced directive – the legal document that allows one to outline decisions about end-of-life care – he would not have wanted to continue with additional tests or procedures. It was agreed he would be better off spending whatever time was left at home, surrounded by loved ones, rather than in a hospital undergoing procedures that would not prolong or improve the quality of his life.

Gov. Christopher Christie recently signed legislation that enables patients to indicate their preferences regarding life-sustaining treatment. POLST (Practitioner Orders for Life-Sustaining Treatment) calls for the creation of a standardized form that is signed by a patient's attending physician or advanced practice nurse and provides instructions for health care personnel to follow for a range of life-prolonging interventions.

This form, which is voluntary and not required by law, becomes part of a patient's medical records, following them from one healthcare setting to another, including hospital, home, nursing home, or hospice.

Offering life, or prolonging death?

"Sometimes it comes down to whether we are offering life or prolonging death," said Dr. Reisner, who is board certified in geriatrics and hospice and palliative care. "It's not always an easy decision and often requires difficult choices, but our goal is to try to address the person's wishes and avoid futile tests and interventions."

The Dartmouth Atlas Project, led by the Robert Wood Johnson Foundation, documented both regional and hospital-specific variations in the medical care provided to Medicare beneficiaries with one or more chronic illnesses at the end of life. It found that people with severe chronic illness who live in communities where they receive more intensive inpatient care do not have improved survival, better quality of life, or better access to care than patients who live in communities where they receive less care.

These patients, however, receive a much more aggressive brand of medicine, see medical specialists more frequently, spend more days in the hospital, and die in an ICU more often than those in lower intensity regions. New Jersey is ranked as one of the states with the most intensive care, no improvement in survival, and the highest cost.

"Many elderly patients spend their final days going for procedures, or from one doctor to another, instead of sitting down and discussing with their loved ones and primary care physician their end-of-life preferences and wishes," said Dr. Reisner. "Most would prefer to live their last days at home surrounded by family, yet a majority often die in the hospital without receiving palliative care treatment, including adequate pain control."

Palliative care is defined by the World Health Organization as the active total care of patients whose disease is not responsive to curative treatment. Control of pain and other symptoms including psychological, social and spiritual support is paramount. Palliative care offers a more holistic approach to patients, is appropriate at any age and at any stage of a serious illness, and can be provided with curative treatment.

"The needs are not only physical during end of life," said Dr. Reisner, who works as part of a multidisciplinary palliative care team at Jersey City Medical Center. "Patients and their families need to know they have options and can say 'no' when it comes to more tests and procedures."

Everyone, said Dr. Reisner, should think about the choices they would want at the end of life and complete an advance directive, designate a health care proxy or complete a POLST. This provides dignity and autonomy to the patient.