President’s Message

Connections! Let’s face it, human beings need connections. Our lives derive their meaning from the kind and quality of relationships we have with others. We all want to be connected in some way, and that is why we join groups, participate in organizations, and place a high priority on relationships in which we share a common interest with others.

When I volunteered to run for NCGNP President, I didn’t realize how much this role would also focus on connections. During my first months as President, the desire of NCGNP to reach out and connect with other organizations became quite apparent. Nurses have always been a mighty force in terms of sheer numbers, but our voice hasn’t always been heard with equal magnitude. By developing and strengthening our connections with other organizations, we can be heard and make a difference.

One organization that is very interested in partnering with NCGNP is the National Gerontological Nursing Association (NGNA). Plans are in the works to collaborate on several projects including a gerontologic nursing textbook, a publication on seizures and older adults, and working together on health affairs activities.

Although NCGNP cannot lobby about legislative issues directly, we are members of the American College of Nurse Practitioners (ACNP). ACNP represents our members so that the voice of advanced practice nurses caring for older adults is heard and represented in Washington, DC. Each February, several NCGNP members attend the ACNP Summit in DC where they voice concerns to our legislators. As we enter an election year in 2008, this is a very important time for advanced practice nurses to get informed about the issues and what the candidates stand for.

The Coalition of Geriatric Nursing Organizations (CGNO), of which NCGNP is a member, represents over 20,000 nurses. It came to the attention of CGNO that at the Institute of Medicine Summit on September 29, 2006, a campaign, Advancing Excellence in Nursing Homes, did not include any nursing representatives. A panel was appointed, but, strangely, nursing was not represented. CGNO called for a united front to recommend that nursing have a voice in the campaign. NCGNP is on board, and we know that the presence of advanced practice nurses in nursing homes is directly related to better quality of care. We will keep you posted as to the outcomes and recommendations of the panel.

These are just a few of the many connections that we at NCGNP are committed to. Please take a few minutes, if you haven’t recently, to check out our Web site, www.ncgnp.org The most current issue of Geriatric Nursing is available online as well as updated billing and coding information. Plans are well underway for the 2007 Annual Conference in San Diego, NCGNP Charting the Course with Excellence in Elder Care. This year’s conference promises to be better than ever with an expanded research track. Our very well received GNP Certification Review course will be back as well as our always popular preconference. Stay connected with your colleagues and start making new connections by attending this year’s conference. Save the dates, September 12-16, and make your reservations today!

All the best,
Anna Treinkman,
MSN, RN, GNP, President

Save the Date
2007 Annual Conference
September 13-15, 2007

Sheraton San Diego Hotel &
Marina, San Diego, CA
Pre conference, September 12, 2007
Post conference, September 16, 2007
Member in the Spotlight:
Norma R. Small, PhD, APRN, Pennsylvania

“Serving on the Board of NCGNP in various capacities... during its growth and development period and the celebration of its 25th anniversary has been the highlight of my professional career.”

Nursing was always my goal even though I cannot remember a role model or a reason for wanting to be a nurse nor can I remember wanting to be anything but a nurse as I was going through school. With limited finances and being the first in the family to go beyond high school, a nursing education was perfect for me and my family since the cost for a 3-year diploma education was $300.50, room, board, and books included. Upon graduation from a small high school near Philadelphia, I immediately enrolled in the diploma program at Presbyterian Hospital, Philadelphia. It was then I learned what nursing was and the meaning of being a nurse. Diploma programs in the ‘50s still used the students to staff units, so students learned very early in the education process if nursing was a career for them. I thrived on nursing even with the long hours, hard work, and prospect of low pay upon graduation. My last year of nursing school I learned of the Army Student Nurse Program in which you enlisted in the U.S. Army as a private, with salary, for the last year of school with the obligation of accepting a commission in the Army Nurse Corps (ANC) upon becoming a registered nurse. This set the course for my professional career in nursing.

During the 22 years in the ANC, I practiced in a variety of specialties and positions worldwide including Germany and two tours in Vietnam. The Army also sent me to Incarnate Word College, San Antonio, TX, for my BSN and to the University of Colorado for my MS in Medical-Surgical Nursing. My assignment after receiving my master’s degree was to the University of Maryland, Walter Reed Army Institute of Nursing (WRAIN) Faculty in Washington, DC. I was the last medical-surgical faculty member to arrive in 1971, so I got the last clinical site that no one else wanted: the U.S. Army and Air Force Home. I had many years of experience in acute, intensive, and emergency nursing and administration in my previous 15 years in the Army and was disappointed that my knowledge and skill would not be used at “The Old Soldiers’ Home.”

I soon learned that geriatric nursing was where the action was in nursing and began to build my professional development around the care of older adults. Upon my retirement from the ANC, I continued as a University of Maryland faculty member as a Robert Wood Johnson Foundation (RWJF) Faculty Fellow in Primary Care at Indiana-Purdue University Medical where I received a Specialist Degree in Primary Family Nursing Practice. This enabled me to pursue my goal to focus on the primary care of older adults. While completing my PhD program in Human Development with the focus in gerontology at the University of Maryland, I was recruited by Georgetown University to be the GNP and eventually project director for its RWJF Teaching-Nursing Home Project (TNH). Faculty were considered staff with staff responsibilities at the nursing home, and qualified staff were considered faculty at the School of Nursing. It was through the affiliations with the ten TNH projects that I first heard about NCGNP and attended my first conference in 1985. I immediately saw the potential of the organization to change the long term care of older persons.

Involvement in NCGNP provided an opportunity to get a national view of gerontological nursing and primary care with the challenges and resources available through networking and stimulating conferences. Serving on the Board of NCGNP in various capacities, to include president, 1991-1992, during its growth and development period and the celebration of its 25th anniversary has been the highlight of my professional career. The TNH Program and NCGNP gave me access to numerous colleagues and role models, such as, Mathy Mezey, Priscilla Ebersole, Ignaborg Mausch, Lucille Joel, and May Wykle, to name a few. The TNH project gave me the opportunity to experiment with the GNP role in an innovative long term care setting and to share the experiences with others nationally. The greatest lesson learned is that a vision for improving care of older persons is not enough. It requires individual commitment and the consolidated efforts of organizations such as NCGNP and other nurse practitioner, physician, administrator, and consumer advocacy groups to make change happen. This lesson moved me to another level of “practice” — political action. NCGNP was in the forefront of political action focusing on practice constraints at the state level and reimbursement and quality-of-care issues at the national level. With the formation of the National Alliance of Nurse Practitioners (NANP), representing seven NP organizations and 14,000 nurse practitioners, NPs finally had a voice that was heard in the U.S. Congress and the regulatory agencies. With Linda Grissom as my mentor, I became the NCGNP representative to NANP in DC, giving me first-hand experience at lobbying, and as president of NANP for a year, I gained experience at negotiating with seven NP organizations to present a united voice on areas of mutual concern. The passage of the Omnibus Reconciliation Act of 1987 (OBRA 87) is considered by most to be the most significant legislation affecting the long term care of older persons.

During my 13 years at Georgetown University School of Nursing, I became the Associate Dean for Graduate Programs and was able to start a GNP program as well as be a visible presence in DC for NCGNP. I also became involved in the Faith-Health Movement and the concept of Parish Nursing, starting the first graduate program in Parish Nursing. This specialty, recognized by the American Nurses Association (ANA) in 1997 (changed to “Faith Community Nursing” to include advanced practice in 2005), forms an important link with GNPs in the continuing care of older adults through health promotion and monitoring in faith communities whose members are aging.

Using all my education and experiences led me to start my own care management business, Concerned Care Management and Consultation, Johnstown, PA, in 1994. This has allowed me to serve the community through practice, teaching, administration, and consultation with older persons, their caregivers, faith communities, and agencies with the goals of health promotion and enabling older adults to remain as independent as possible in the least restrictive environment. As I reflect on my 50 years in nursing, over 35 years have focused on improving the continuing care of older adults, and NCGNP has been my source of collegiality, connections, peer support, and political involvement for over 20 of these years! NCGNP will only be there to meet future challenges and to nurture future leaders in the care of older adults if each member takes responsibility to be active as a leader in NCGNP.
Committee Reports

The Practice Committee

Advance Care Planning: The Role of the Nurse Practitioner

Tim McGrath, MS, APRN, GNP
Sue Mullaney, MS, APRN, GNP
Evercare New England
Waltham, MA

The role of the advanced practice nurse encompasses the medical, social, and psychological aspects of older adults. Nurse practitioners are obligated to extend the traditional roles and responsibilities to include advance care planning discussions. Advance care planning is the process of planning for future medical care in the event that the patient is unable to make his/her own decisions. This is a dynamic process with the practitioner, the older adult, and the responsible party if indicated. The goal of the conversations is to help the individual identify his/her personal wishes and determine the care they would like or not like.

The importance of having these ongoing discussions with patients is to ensure their wishes are clarified, honored, and followed. Approximately 90% of individuals will die slowly either from a short-term terminal illness (cancer) or a slow decline from a chronic illness (CHF). As clinicians, we have the opportunity to make an impact. National data suggest only 25% of Americans have expressed goals of care in writing with an additional 15% who have thought about the care they would want but have not documented it. An additional 33% of Americans have a living will. The nurse practitioner can influence these numbers by beginning the conversation with patients and/or families.

How does an advanced practice nurse get started in having these conversations? First, the NP must have an understanding of all of the patient’s medical problems and likely trajectory of each of these illnesses. Secondly, it is important to understand what the patient and family understand of these illnesses. Thirdly, education is key to clarify gaps in knowledge and understanding especially of chronic illness. Fourthly, the NP must determine the details of goals of care related to individual illnesses as well as an overall goal of care. Finally, the NP must develop a sense of comfort in his/her ability to discuss end-of-life care.

(continued on page 4)
In order to become knowledgeable, it is important to understand some key definitions.

**Advance Directive** is a spoken or written decision with instructions and preferences for medical treatment.

**Living Will** is a type of advance directive that is witnessed and/or notarized. It can include specific instructions about treatments, withholding treatments, or can document the appointment of a decision maker.

**Durable Power of Attorney** is a legal document that allows an individual to authorize a trusted person to make legal decisions for when the person is no longer able to do so.

**Health Care Proxy** is a designated person (appointed by the individual) who is legally recognized as the medical decision maker in the event of the individual’s inability to do so.

**State Rules and Regulations** vary in respect to the nurse practitioner’s ability to invoke a healthcare proxy, institute a DNR order, and so on. There are also variations to state laws pertaining to which documents are recognized as legal in respect to advance directives as well as withholding and withdrawing life-sustaining therapies. It is wise to review your state’s laws in these matters.

**NP Practice Issues and Scope of Practice** are variable from state to state in the setting of end-of-life care and geriatrics. Consult your state nursing board for specifics regarding your scope of practice, advance directives, and prescription authority.

Advance care planning is important to discuss with all patients; however, it is in the long term care environment that it is of paramount importance. Long term care residents have on average five or more chronic conditions and have an average length of stay in the facility of two years. Essentially, these residents have a shortened life to death trajectory and the need for clarification of goals of care is to advocate for patients. This is often a challenge because the conversations often occur with families rather than the patient because of dementia. The families often have a limited understanding of the chronic illnesses and the shortened life to death trajectory. To this end, a model has been developed by Dr. Robert Buckman to facilitate these discussions.

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Dr. Robert Buckman’s model (2005), the SPIKES model, is a model NPs can use to have a high quality, productive family meeting. The model is outlined below:

**S**etting: The setting for discussing advance directives is important. It should be quiet, private, and include family and appropriate nursing facility staff members. Pagers and cell phones should be turned off.

**P**erception: What do the family and/or individual understand about current medical problems and likely trajectory?

**I**nvitation: Invitation is extended to the individual patient. Although many people wish to know their medical problems, there are some individuals and cultures where this is not the case. Are they someone who likes to have all their medical information or do they prefer to allow others to process the information and make decisions on their behalf?

**K**nowledge: Information is given to clarify misconceptions about medical problems and/or fill in gaps of missed information. It is important to use simple and easy-to-understand language and provide the information in small bits. As the conversation continues, be sure to evaluate the individual’s understanding of what is being said.

**E**mpathy: Identify the emotion (or mixture of emotions). Identify the cause of the emotion and show the connection between the emotion and the cause: “Hearing this information is difficult.” Once the emotion is identified, validate it or normalize the feelings in the room: “I can understand how you can feel…”

**S**trategy/Summary: Summarize the information in the discussion and offer an opportunity for questions and concerns. End the meeting with clear steps on how to proceed and re-convene.

The family meeting can be enhanced with some additional resources:

**Five Wishes**: This document can be used during a family meeting as it helps to clarify goals of care in simple language. It also allows the individual to choose a healthcare agent and document specific wishes in certain scenarios.

[http://www.uslivingwillregistry.com](http://www.uslivingwillregistry.com): This government-sponsored Web site provides the clinician with state-specific documentation requirements including which forms are recognized documents.

Advance care planning discussions are important to ensure that nurse practitioners are discussing and documenting all of the wishes of patients. It is important to include other key stakeholders (family and facility staff) in these discussions to establish open communication and commitment to the care plan. Nurse practitioners are encouraged to review local rules and regulations to determine the details governing their practice and use resources available to them to support the conversations with written information. By including advance care planning discussions into everyday practice, nurse practitioners are able to meet all the needs of the patients.
As we enter 2007, there will be an increasing focus from Democratic leaders on issues surrounding Medicare. Staffers have already begun researching possible legislation that would allow the Department of Health and Human Services Secretary to negotiate directly with pharmaceutical companies for discounts on medications under the Medicare Prescription Drug Benefit. This could lead to limited formularies and an increased focus on the use of generic drugs and, therefore, will require ongoing monitoring for impacts to NP practice.

In addition, it is anticipated that in the first 100 days of Congress reconvening there will be extensive activity as Democrats attempt to regenerate a focus on health care and potential redesign. The legislations most likely to receive focus will include a number of bills related to patient safety including nurse-patient ratios, the building of an infrastructure to support a national patient database, and Medicare’s long-term sustainability.

It is likely that the Truth and Transparency Act will be revisited, and it is one that NPs should now be contacting their representatives about. This bill, H.R. 5688, was first introduced in the House in June 2006. The sponsors of the bill believe that it is appropriate to make it unlawful for a provider other than a physician to use the term “Doctor” before his or her name. This is really an attempt to limit scope of practice and influence public opinion regarding other provider groups. Representative John Sullivan (R-OH) is the key sponsor of this bill.

The move to make change was demonstrated already on November 2, 2006, with the passage of the final rule setting physician rates for 2007. This ruling includes reimbursement for an array of preventive services while maintaining an overall 5% reduction in physician service costs. Full details are available at http://thomas.loc.gov/ (program funding); http://www.rules.house.gov/110/text/110_hires20.pdf (rules and reimbursement); www.acnpweb.org (practice information and legislative alerts); and http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=2044 On this same date, home health was granted a 3.3% increase and there are early indicators that a mental health bill named for Senator Paul Wellstone will pass early in 2007.

Lastly, there are a number of bills introduced in 2006 that could impact NP practice which will require monitoring, and included in these is the focus on reimbursements for services in the nursing home setting. The nursing home industry is also forging alliances to create change and have launched the Advancing Excellence in Nursing Homes Campaign and may well come forward with recommendations and legislation. They have requested participation from multiple organizations including NCGNP to further define the agenda of this campaign. This effort, along with those of The Coalition for Patients Rights, and their concern about the recent efforts of the American Medical Association and other physician groups that seek to limit the ability of nurse practitioners and other providers to practice will require engagement of NPs and monitoring of their activities. This is the year to be active, to be aware, to keep informed, and to be in contact with your representatives. The Health Policy Committee will work to keep you apprised and will work closely with the American College of Nurse Practitioners (ACNP).

This is a call to remind members and current leaders within NCGNP that we are looking for nominations for four positions. The goal of the Committee members is to have four people nominated from various geographical regions, educational preparation, and practice locations. This allows the members to really determine the direction the organization will take into its next 25 years! Self-nomination is welcomed. An interested member, or a leader nominating a member, need only to contact a member of the Committee; we’ll gather the necessary information for the ballot.

President Elect is a three-year commitment, with one year as President and one year as Immediate Past President to help the organization maintain stability in leadership.

Treasurer is a two-year commitment. Please share your leadership talents with your professional organization and consider running for this position.

The Nominations Committee is the only committee that is elected from the general membership. Pending approval of the new bylaws, the term of office for the member receiving the most votes will serve a two-year term — serving as Chair the second year. The other elected member will serve a one-year term. This Committee is responsible for gathering/selecting candidates for future ballots. If you are interested in joining this committee, please contact us. Contact Lois Hamel at lois.hamel@maine.edu or (207) 783-4849 (home), or Valerie Matthiesen at valerie.matthiesen@wscn.edu, or Joyce Varner at jvarner@usouthal.edu

The Member Services Committee has gotten off to a great start! At the 2006 convention, 11 members expressed interest in starting local chapters in their regions or states. Currently, six of these individuals have formed a core group committed to developing a chapter and are in various stages of development. This doubles the number of local chapters that are part of NCGNP. If you are interested in developing a new chapter, you can start by accessing the NCGNP Web site and printing helpful materials from the State Chapters section.

The major work of the Committee this year will be following up on information obtained from the survey of chapters taken in summer 2006. Items needing attention include member recruitment and retention, providing continuing education credit, and bylaws revision.

The Member Services Committee is recommending that the Board of Directors consider dual membership in the local chapter and NCGNP with the National Office collecting dues.

Local chapters are experiencing difficulty with overseeing dual membership at both levels. According to our bylaws, it is a requirement that local chapter members also belong to NCGNP. A proposal on revising the current procedure of dual membership has been sent to the Board for consideration.
The NCGNP Foundation was created to support NCGNP members in education, research, and practice. Inspired by Past-President Barbara Phillips, the Foundation began operations in September 2005 as an independent not-for-profit 501(c)(3) charitable organization. Officers are Chair Barbara Phillips, Vice-Chair Barbara Resnick, and Secretary-Treasurer Mary Pat Rapp. Supporting the Foundation officers are MJ Henderson for Fund Raising, Virginia Lee Cora for Strategic Planning, and Sharon Maguire for Public Relations.

Following a successful golf tournament organized by MJ Henderson, and generous support from founding members and other supporters, the Foundation established three awards:

**Dave Butler Spirit of NCGNP Travel Scholarship** which will be awarded to an NCGNP member who demonstrates an outstanding commitment to the organization and supports the mission of the organization. This scholarship offers a stipend to be applied toward registration for the annual NCGNP conference, travel, and lodging.

**NCGNP Foundation Student Traveling Research or Project Scholarship** is an abstract-driven travel award for research or projects on aging. The recipient of this award must be a current student in good standing enrolled in a gerontological nurse practitioner program.

**NCGNP Foundation Research Scholarship** will be awarded to a member who has a proposal for new research on aging issues that is either in the planning stage or has not been implemented for more than six months.

Members may access the application materials on the NCGNP Web site (www.ncgnp.org), using the link to the Foundation. Application materials and questions should be directed to Mary Pat Rapp (mprapp75@aol.com).

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**NCGNP Foundation News**

Mary Pat Rapp, DSN, RN

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**NCGNP Foundation**

Barbara Phillips, DNS, GNP

The New Year is upon us and the NCGNP Foundation, Inc., Board of Directors would like to recognize and thank those members and chapters that accepted the challenge and became Founding Members. A very big THANK YOU to the following:

Barbara Resnick, PhD, GNP
Mary Pat Rapp, DSN, GNP
Barbara B. Phillips, DNS, GNP
Lynn Chilton, DSN, GNP
MJ Henderson, GNP
Virginia Lee Cora, DSN, GNP

Sharon Maguire, MSN, GNP
Charlotte Kelley, MSN, GNP, ARNP
Ohio Chapter of NCGNP
Great Lakes Chapter of NCGNP
Gulf Coast Chapter of NCGNP

In addition, the Board would also like to thank those who made other donations to the Foundation. We appreciate your support and enthusiasm for our mission of promoting research, scholarship, and education for advanced practice nurses serving the older adult.

The Foundation is now accepting applications for the scholarships to be awarded in San Diego. Access details for the application process and the awards by going to the NCGNP Web site (www.ncgnp.org) and clicking on the Foundation link.

Many of you played in the first fundraising event organized by MJ Henderson at Sawgrass in 2006. We are pleased to announce the Foundation will again be holding fundraising events at the annual conference being held September 2007 in San Diego. Mark your calendar to attend and participate in the Golf Tournament, the Fun Run/Walk, or the Bowling for Dollars event! Watch for MJ’s updates on the coming events!
Northern California Chapter
Jen Serafin, GNP
Chapter President

This looks to be another promising year for the Northern California Chapter! Our meeting on January 20th in San Leandro included a business meeting and lunch. We planned our annual CE event for April 2007. This will be held in South San Francisco, and we still need volunteers for the Planning Committee.

We encourage all GNPs to use our pamphlet, “Artificial Nutrition & Hydration For the Person With Dementia,” that is posted on the NCGNP Web site (www.ncgnp.org). It can be used with family members of demented elders when they are thinking of tube feedings as an option in end-stage Alzheimer’s dementia. It can help ease the discussion and encourage dialogue between family members.

South Florida Chapter

After a couple of quiet years, we are reforming and re-grouping focusing on networking among those of us who provide care to older adults in SE Florida. If you are interested in joining in on the festivities this spring, let us know — you are more than welcome to join in the planning and fun! Please contact Kathleen Jett at (562) 297-3205 or kjett@fau.edu

New England Chapter
Anne Marie Bourque, GNP
Chapter President

The New England Chapter of NCGNP will be meeting Saturday, May 19, 2007, at The Worcester Hotel and Conference Center from 10:00 a.m. to 12:00 p.m. We hope to develop an active chapter and welcome all. To be added to our e-mail list, please contact Peggy Dorson (Secretary) at pdorson@verizon.net

Maryland Chapter
Rosemary Smith-LaMacchia, NP
Chapter President

The Maryland Chapter has been working at recruitment. We are also interested in combining our efforts with the other groups in the area that are involved with older adults. We are working on ideas with the American Medical Directors Association (AMDA) for an educational offering.

Chapter meetings are the third Wednesday of May, August, and November. Because of the broad territory of the state of Maryland, the May and November meetings are held in the Baltimore area, while the February meeting was held on the 20th in the Rockville/ Silver Springs area to make it more accessible to the NPs in the western part of the state, as well as northern Virginia and the District of Columbia. The August meeting is held in the Eastern shore/Annapolis area to encourage participation from those areas.

The chapter is in contact with Paula Hollinger (D-MD), one of the state legislators who is also a nurse. We look forward to an evening of discussion regarding the proposed legislation that will affect the older adults and health care in general in the state of Maryland. The Maryland legislative session runs from January into April. Contact Rosemary Smith-LaMacchia at mcfgnp@yahoo.com for more information.

Election of officers will be held in May. The chapter officers are similar to national in that the officers are elected for two-year terms; the President and Secretary in even-numbered years and the Vice President and Treasurer in odd-numbered years. Ballots will be mailed to all regular members (NPs who are members of the chapter as well as national). And, of course, we need volunteers to run for the offices of Vice President and Treasurer! Dues are $10.00 per year. Contact Susan Smith or Rosemary Smith-LaMacchia for more information or for membership forms for the local chapter.

Contacts:
President:........Rosemary Smith-LaMacchia ........mcfgnp@yahoo.com
Secretary/Treasurer: ......Susan Smith........rsmith1817@yahoo.com

Ohio Chapter (OGNP)
Evelyn Duffy, GNP
Immediate Past Chapter President

The Ohio Gerontological Nurse Practitioners are in the process of planning our now annual meeting with the Ohio Chapters of Ohio Medical Directors Association (OMDA), American Geriatrics Society (AGS), and Consulting Pharmacists. We are looking at the last weekend in September or the first weekend in October. After our successful collaboration last year, we are hoping to have an increase in attendance. The program planners have been busy crafting a truly collaborative program that will better reflect our multidisciplinary nature.

(continued on page 8)
Ohio Chapter (continued from page 7)

OGNP will be meeting for dinner in February in both a Northern and Southern Ohio location to better accommodate members.

The new President is Alicia Wolf, GNP-BC. Her e-mail address is WolfA@summa-health.org. Alicia is a gerontological nurse practitioner with Summa Geriatrics in Akron, OH.

The Lone Star Chapter

Joyce Danter, MSN, APRN, ANP, GNP
Immediate Past Chapter President

It’s been a little over two years now since the Lone Star Chapter of NCGNP was formed, and, like all new chapters, we have undergone some changes and growing pains. We were officially recognized as a chapter of NCGNP in October of 2005.

In the past two years, we’ve had an increasing number of members and participants to our quarterly meetings. We have a goal of sponsoring a seminar for the NPs in our area that will focus on geriatric syndromes. We are also beginning to form an outreach program to work in partnership with other organizations in the area to promote GNPs and to educate the population.

In January 2007, some of our Executive Board officers changed. We wish to congratulate and welcome Eric White as the new chapter President, Natalie Garry as the new Vice President, and Peggy Wentrcek as the new Secretary. Kellie Kahveci is remaining as the Treasurer, and Joyce Danter became the Immediate Past President.

For anyone interested in information on our chapter, please check out our Web page at www.lonestargnp.com or feel free to e-mail us at jhdanter@lonestargnp.com.

We look forward to seeing everyone again in sunny San Diego this fall, and to those in the Wisconsin chapter... just try to kidnap “Teddy” again!

Looking for a Chapter Near You?

California (Northern) Jennifer Serafin (jserafin@jhsf.org)
Florida (Southern) Kathleen Jett (kjett@fau.edu)
Illinois (Chicago) Carla Tozer (cmtozer@gmail.com)
Maryland (Baltimore) Rosemary Smith-LaMacchia (mcgnp@yahoo.com)
Massachusetts (New England) Anne Marie Bourque (ambourque@verizon.net)
Michigan (Great Lakes) Phil Rupp (puilrup@umich.edu)
New York (Rochester) Pat Federico-Fields (pfedfields@yahoo.com)
Triad (North Carolina) – Lynn Chilton (lchiito@bellsouth.net)
Ohio – Alicia Wolf (WolfA@summa-health.org)
Texas (Gulf Coast) Elizabeth Godlove (elzgd1@earthlink.net)
Texas (Lone Star) Joyce Danter (jhdanter@lonestargnp.com)
Wisconsin (Southeast) Linda Culhane (lculhane@sbcglobal.net)

Chapters in Formation – Contact One Today!

Delaware (Delaware Valley) Suzanne Ransehousen (Suzyr107@yahoo.com)
Florida (Northwest – Panhandle) Diane Schoeni (Schoeni@bellsouth.net)
Florida (North - Jacksonville) Lolita Massengill (gpnpcfa2@bellsouth.net)
Georgia (Atlanta) Nikki Davis (Nikki7379@hotmail.com; Barbara_N_Davis@uhc.com)
Mississippi (Magnolia) Lisa Byrd (LByrd3@jam.rr.com)
Tennessee (Nashville) Jennifer Kim (Jennifer.kim@vanderbilt.edu; jenlkim@email.com)
Call for Writers

Calling all NCGNP members. Want an opportunity to see your name in “lights”? Try writing for the NCGNP section of *Geriatric Nursing*. Short pieces (500-2,000 words) on timely topics are always welcome. Care to share something about your unique contribution to caring or your practice? Let me know and I will send you an easy template to follow! Editorial assistance gladly provided.

Kathleen Jett, PhD, GNP, BC
NCGNP Section Editor, kjett@fau.edu

Paula Siciliano, MS, APRN, C-GNP, Salt Lake City, UT

Paula Siciliano was recently promoted to Director of the Nurse Practitioner Specialty Program (overseeing the FNP, PNP, GNP, and ANP programs) and Associate Professor at the University of Utah, College of Nursing. She is also a contributor in the publication *Caring for Patients with Neurological Disease* in the “End of Life — A Nurses Guide to Compassionate Care” chapter published by Lippincott, Williams and Wilkins, 2007 and has published “Chronic Pain in Cognitively Impaired Elderly, Challenges in Assessment, Diagnosis, and Treatment” in *Forum on Public Policy Online*, fall 2006 edition, an Oxford Journal.

Congratulations, MJ, Kathleen, and Paula on these wonderful accomplishments!

NCGNP Encourages Nurses to Participate in Research

Lisa Byrd, PhD, CFNP, Gerontologist; Chair, Research Committee

New nurse researchers are anticipated to be the innovators of the future (Lopez-Bushnell, 2002). They will bring novel and fresh ideas to existing knowledge devising different ways to approach problems and pioneer new areas of investigation. Entry of new nursing scientists or nurse researchers in health care is essential to the health of this country’s biomedical research enterprise. NCGNP is committed to help educate and train new nurse researchers in efforts to improve geriatric care and improve the country’s health. This will be evidenced at the annual conference in 2007 which will offer more sessions related to research.

Since most nurses focus primarily on practice, there is both a current shortage and a projected continued shortage of nursing scientists and researchers (National Science Foundation Survey of Earned Doctorates, 2003). The main barriers to nurses participating in research activities have been identified as lack of time, lack of support from some general practitioners, and poor access to higher education resources outside formal courses. But the development of nurse researchers who come from a practice orientation would provide a unique and distinctive perspective on health needs and service provisions. It would contribute to the achievement of the national strategic objective of improving the quality of primary care, enhance the status of the profession, use the enthusiasm of individuals, increase job satisfaction, and answer real questions (Davies, Bryar, Graffy, et al., 2002). Some reasons nurses have said they wished to engage in research included improving the patient care and service, career development, making work more interesting, and reducing isolation.

NCGNP wants to help improve this situation and tap into members to foster nurse researchers who have the educational background, years of experience, and the desire to improve care to the elderly population. NCGNP’s membership of master’s and doctoral-prepared nurses is advantageous in finding nurse researchers. We recently conducted a study to assess the members’ interest in research, what has hindered participation in research, and what would help foster nurse researchers. Of members of over 800 advanced practice nurses, 120 responded to our request for information. Within NCGNP, approximately 18% of those responding were doctorally-prepared (continued on page 10)
NCGNP Encourages Nurses to Participate in Research
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(21 out of 120), and while interested in research, were constrained by time, funding, opportunities, and lack of knowledge of how to appropriately design and implement a study (outcome/descriptive or intervention) in a real world setting. Other factors that hindered nurses participating in research were (1) an interest in focusing primarily on practice; (2) lack of experience; (3) lack of time; (4) lack of funding opportunities; and (5) lack of putting research findings into practice. Forty-one of NCGNP’s members were already actively participating in research in nursing with 25 actually the lead nurse researchers. 80% (95 out of 120) of NCGNP’s advanced practice nurses responding to the survey expressed an interest in participating in research and publishing findings to improve care to geriatric patients. Some have indicated a real passion for research and a firm belief in evidence-based research with the belief that it had the ability to impact care significantly, improve quality of lives, and diminish costs of health care. Four themes emerged from a sampling of NCGNP members regarding factors that would help encourage advanced practice nurses to participate in research: education in the research process, mentorship, funding, and opportunities. This indicates that there is a strong interest in members becoming nurse researchers if they were provided with support, education, training, and mentorship.

NCGNP would like to encourage nursing experts to consider participating in research activities because nursing research can improve patient care and the quality of this care while in certain situations reducing healthcare costs (Lopez-Bushnell, 2002). Nurses guide clinical and administrative decisions and interventions and have great potential to contribute to the science of nursing and it is critical that the benefit, or lack of benefit, of these interventions must be demonstrated. Nurses can make a difference and impact patient care. Nurses should be encouraged to support the accrual of knowledge which will directly affect the health of society.

References

Each year at the annual conference, three awards are given for the best poster and oral presentations by members. See upcoming issues of Geriatric Nursing for reprints of some the winning abstracts from 2006!

NCGNP Joins Forces with Other National Leaders for Improving Quality in America’s Nursing Homes

Debra Bakerjian, PhD, MSN, FNP
geriHEALTHsolutions, Novato, CA

In the past several months, a diverse coalition of nursing home stakeholders have joined together to initiate an unparalleled campaign to improve the quality of care in nursing homes in America. The force behind this campaign includes representatives of the government, nursing home clinicians, providers, suppliers, as well as consumer advocate groups. This coalition, entitled Advancing Excellence in America’s Nursing Homes, has come together to create a means to enhance the quality of care and quality of life for residents of the nation’s 1.5 million nursing homes. The group believes that by combining intellectual and financial forces in an environment of interdisciplinary collaboration, the resulting relationship will generate a more constructive end result.

The structure of the organization includes the Steering Committee comprised of a variety of national organizations representing CMS, nursing home facilities and administrators, clinical providers, consumer groups, and labor (see Table 1). This group is working to make sure that there is widespread communication to facilitate enrollment which is an online process and then technical assistance and local support to assist facilities in reaching its goals.

This two-year campaign has eight specific goals, four of which are clinical quality goals and four that are organizational improvement goals (see Table 2). Each nursing home that is enrolled must choose at least 3 of the 8 goals to target for improvement during the campaign. Of the goals chosen, one must be clinical and one must be organizational. The clinical goals chosen will be publicly reported and will be measured at baseline and along the way by CMS through the MDS and Quality Indicator reports. The organizational goals chosen do not have to be publicly reported.

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NCGNP Joins Forces with Other National Leaders
(continued from page 10)

The National Conference of Gerontological Nurse Practitioners (NCGNP), along with the four other organizational members of the Coalition of Gerontological Nursing Organizations or CGNO, is a member of the National Steering Committee for the campaign. The CGNO member organizations are working in concert to bring nursing knowledge to the table. Debra Bakerjian, NCGNP’s representative to the campaign, has stated that, as the premiere organization representing advance practice nurses who care for older adults, it is extremely important that our voices be heard in this campaign and that our areas of expertise be utilized. For example, CGNO has recognized that while the eight goals are an excellent start, none of the goals can be accomplished without adequate staffing which is not an identified goal. One of the challenges for CGNO is to find a way to make sure that the concept of adequate staffing is addressed and disseminated in terms of how it may affect each of the goals. In addition, Dr. Bakerjian recognized that there were no advance practice nurses on the technical assistance team that is charged to provide guidelines for implementing the four clinical goals and appealed to the Steering Committee to add Dr. Bakerjian to that group. Our unique role and combination of medical and nursing knowledge make us well suited to provide leadership for the group as well as unequal knowledge of how to implement change at the direct caregiver level according to Dr. Bakerjian.

At the February meeting in Washington, DC, the steering group including Dr. Bakerjian, Charlotte Eliopolus of NADONA, Diane Lane of AANAC, and Robin Reamsberg of NGNA, met with the Acting Administrator of CMS, Leslie Norwalk, to present the campaign and solicit her ongoing support. To understand the importance of this meeting, Ms. Norwalk administers the second largest budget behind the Pentagon in the United States. The meeting was a great success. Larry Minnix, the President and CEO of AAHSA and the Steering Committee chair, reported that Ms. Norwalk was extremely pleased by the variety of the steering committee groups and the consistent message that was put forth by all. She has agreed to the requests of the committee which were to continue the financial support of the state QIOs, to speak at the next summit meeting scheduled for September 2007, and to lend her “bully pulpit” to supporting the campaign.

NCGNP’s president, Anna Treinkman, MSN, ANP, strongly encourages all of its members to become knowledgeable about the campaign by going to the Web site (www.nhqualitycampaign.org) to learn about this important program. Currently there are two categories of membership, organizations and individuals. Within the next few weeks, a third category of direct care provider and health professionals will be added and at that time, individual APNs will be able to join.

The role of individual APNs is to help spread the word at the local level and to become active in the local area networks (LANEs) as an expert clinician. Dr. Bakerjian is looking for APN volunteers to become representatives of each LANE, generally one per state. Anyone who is interested should contact Harriet McClung at the NCGNP National Office. Because of the unprecedented public/private partnership and the national visibility of this campaign, this is an outstanding opportunity for APNs, and NCGNP is an organization to show its leadership in interdisciplinary care and unique clinical skills in a very visible way at both the national and local level.

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Table 1. Members of the Advancing Excellence in America’s Nursing Homes Steering Committee as of January 24, 2007

| Agency for Healthcare Research and Quality |
| Alliance for Quality Nursing Home Care |
| American Association of Homes and Services for the Aging (AAHSA) |
| American Association of Nurse Assessment Coordinators (AANAC) |
| American College of Health Care Administrators (ACHCA) |
| American Health Care Association (AHCA) |
| American Medical Directors Association (AMDA) |
| Association of Health Facility Survey Agencies (AHFSA) |
| Centers for Medicare & Medicaid Services (CMS) and its contractors, the Quality Improvement Organizations (QIOs) |
| Foundation of the National Association of Boards of Examiners of Long Term Care Administrators |
| National Association of Directors of Nursing Administration in Long Term Care (NADONA/LTC) |
| National Association of Health Care Assistants (NAHCA) |
| National Citizens’ Coalition for Nursing Home Reform (NCCNHR) |
| National Commission for Quality Long-Term Care |
| National Conference of Gerontological Nurse Practitioners (NCGNP) |
| National Gerontological Nursing Association (NGNA) |
| Service Employees International Union (SEIU) |
| The Commonwealth Fund |
| The Evangelical Lutheran Good Samaritan Society |
| The John A. Hartford Foundation Institute for Geriatric Nursing |

Table 2: GOALS by September 2008

| Reduce use of daily restraints (30,000 fewer residents to experience restraints) |
| Reduce prevalence of pressure ulcers among high risk residents (50,000 fewer residents to suffer from pressure ulcers) |
| Management of pain among long stay residents (40,000 fewer residents will experience moderate to severe pain on a daily basis) |
| Management of pain among post acute residents (130,000 fewer residents will experience moderate to severe pain on a daily basis) |
| Target setting among the nation’s nursing homes (90% of all homes will set annual quality improvement targets, using a QIO designed and assisted system) |
| Measurement of resident and/or family satisfaction (80% of all homes will assess resident and family experience and incorporate information in their Quality improvement plans) |
| Reduce workforce turnover (35,000 fewer staff will leave their jobs each year) |
| Adoption of consistent assignment (33% of homes will adopt “consistent assignment of CNAs to residents”) |
NATIONAL CONFERENCE OF
GERONTOLOGICAL NURSE PRACTITIONERS
CALL FOR NOMINATIONS
2007

President-Elect: The functions of the President-Elect are to fulfill duties in the absence of the President, monitor steering committee activities, Chair the Bylaws Committee, and perform other duties as prescribed by the Board of Directors or as delegated by the President. Travel is required and expenses are reimbursed as set by NCGNP policy. Three year commitment, first year as President-Elect, second year as President, and third year as Immediate Past President.

Treasurer: The Treasurer shall monitor all financial records and prepare reports for the executive board and annual meetings and shall perform duties as set forth in the operating guidelines as developed by the executive board. The Treasurer shall be the Chair of the Finance Committee. Travel is required and expenses are reimbursed as set by NCGNP policy. Two-year commitment.

Board Member-at-Large: Board members direct the business and financial affairs of the Association, establish policy, foster the growth and development of the Association, and engage in strategic planning. Board members serve as liaisons to NCGNP steering committees. Travel is required and expenses are reimbursed as set by NCGNP policy. Two-year commitment.

Nominating Committee Member: The Nominating Committee oversees the elections process, solicits and screens applicants, and presents a slate of candidates to the membership for voting. The business of the Nominating Committee is conducted via conference calls; travel is not required. Nominating committee members may not run for office whilst serving on the nominating committee. Two-year commitment.

NOMINATION AND CONSENT STATEMENT

A candidate must have been an active member of NCGNP for a minimum of one year preceding nomination. Nomination does not guarantee that a person’s name will appear on the final slate.

Full Name_________________________________________Credentials________________________________________

Current Position_________________________________Work Phone________________________________________

Affiliation_______________________________________Home Phone________________________________________

Address_________________________________________Fax__________________________________________________

City_____________________________________________State_________Zip____________________________

E-mail____________________________________________

I am willing to serve in the office of__________________________ if selected for nomination and elected by the membership.

Signed, ___________________________________________Member, NCGNP Date_____________________________

A Complete Candidate packet includes the following:

1. A one-paragraph biographical statement that includes the following information:
   • Your professional educational background
   • Your current job title and a brief description of your current responsibilities
   • Past NCGNP positions, committees, or projects in which you were involved

2. A 250 word statement for inclusion with the ballot describing what you hope to achieve through the office you seek and what you hope NCGNP would achieve through your service.

3. A passport type photo for inclusion with the ballot

4. Your curriculum vitae or resume

Return your COMPLETE CANDIDATE PACKET to the
NCGNP National Office by June 1, 2007 to:
NCGNP National Office, 7794 Grow Drive, Pensacola, FL 32514
or
Fax (850) 484-8762
NCGNP invites you to submit a nomination for one of the following NCGNP Awards:

- Excellence in Clinical Practice
- Excellence in Leadership
- Excellence in Research
- Excellence in Community Service
- Excellence in Education

The Awards will be announced at the Awards Dinner at the NCGNP 2007 Annual Conference at the Sheraton San Diego Hotel & Marina, in San Diego, CA. Self nominations are invited. Nominations for the 2007 NCGNP Awards must be received by Friday, June 30, 2007.

**NCGNP Excellence in Clinical Practice Award**

This award for outstanding clinical practice should be to an individual who demonstrates a commitment to geriatric clinical practice. This award should be for an individual who demonstrates, through the use of geriatric principles, outstanding geriatric care that goes well beyond the traditional service role of their profession. The award highlights clinical practice as an important element of the mission of nursing professionals and singles out individuals who serve as examples of geriatric expertise.

The award recipient must have a broad-based, continuing commitment to geriatric care as reflected in a variety of programs and initiatives which are responsive to medical and social needs of the geriatric population. This recipient should be active in furthering geriatric education at the local and regional levels through precepting, in-services, and educational presentations.

Examples of the types of experience appropriate for consideration include, but are not limited to, the following:

- working with geriatric clients
- acting as primary care provider, consultant, educator, coach, and advocate
- utilizing geriatric principles to provide care and treatment
- meeting multiple needs and requests of geriatric client
- responding to cultural differences
- acting as an advocate for geriatric client
- applying a multidisciplinary approach in the care of an elder consulting other healthcare providers and additional agencies as required
- utilizing up-to-date research to support decision-making and to improve care

**NCGNP Excellence in Leadership Award**

This award for outstanding leadership should be to an individual who demonstrates a commitment to geriatrics through direct care, education, and/or research. This award should be for an individual who demonstrates the tenacity to advocate through a variety of means for geriatric education and care in a variety of settings that goes well beyond the traditional service role of his/her profession. The award highlights leadership as an important element of the mission of nursing professionals and singles out individuals who serve as examples of geriatric expertise.

The award recipient must have a broad-based, continuing commitment to geriatric care as reflected in a variety of programs and initiatives which are responsive to medical and social needs of the
geriatric population. This recipient should be active in furthering geriatric knowledge at the local and regional levels through clinical care, education, research, and/or political involvement.

Examples of the types of experience appropriate for consideration include, but are not limited to, the following:

- excelling at geriatric care
- innovating clinical practice to enhance the care of geriatric clients
- creating clinical models that more efficiently care for geriatric clients
- leading change (small or large) that improve quality of care
- promoting an environment of change
- excelling at communication and relationship-building
- energizing others to promote geriatric care

**NCGNP Excellence in Community Service Award**

This award for outstanding community service should be to an individual who demonstrates a commitment to service to the community. This commitment should be demonstrated through the development or participation in programs that go well beyond the traditional service role of his/her profession. The award highlights community service as an important element of the mission of nursing professionals and singles out individuals who serve as examples of social responsiveness on the part of the nursing community.

The award recipient must have a broad-based, continuing commitment to community service as reflected in a variety of programs and initiatives that are responsive to community and social needs and which show evidence of a true partnership with the community. This recipient may be active in volunteering service to local, national, geriatric, or specialty nursing groups which benefit the community in which they serve.

Examples of the types of programs appropriate for consideration include, but are not limited to, the following:

- Innovative programs of patient care/service to disadvantaged communities
- Innovative services to the geriatric community
- Programs of education targeted at increasing the participation of traditionally underrepresented groups
- Leadership focusing community resources to respond to health needs such as prevention and health education, patient care, and social and supportive services
- Programs aimed at providing nursing students with educational experiences in underserved areas to encourage eventual practice in such communities
- Programs developed to meet the needs of isolated communities, geriatric communities, or communities that have a large geriatric population
- Programs that use the unique assets and resources to address continuing educational, economic, and/or systemic community problems

**NCGNP Excellence in Research Award**

This award for research should be to an individual who demonstrates a commitment to research in nursing that benefits the geriatric community. This commitment should be demonstrated through the development or participation in research projects that emphasize or go beyond the traditional service role of his/her profession. The award highlights research as an important element of the
mission of nursing professionals and singles out individuals who serve as examples of nursing scientists within the nursing community.

The award recipient must have a broad-based, continuing commitment to research as reflected in a variety of programs and initiatives that are responsive to the geriatric nursing community. This recipient may be active in conducting research, mentoring other researchers, and contributing to ongoing research of other nursing scientists.

Examples of the types of programs appropriate for consideration include, but are not limited to, the following:

- Made outstanding contributions to the science of nursing through research, development of new knowledge in nursing, or to furthering nursing knowledge through research
- Contributed to the development and testing of nursing interventions to improve geriatric nursing care
- Completed research and scholarship that informs practice and advances geriatric education of advanced practice nurses
- Provided information that can inform healthcare policy to improve the care to the geriatric community
- Demonstrated leadership in research in geriatric nursing (conducting research, mentoring, participating in research projects, and so on)
- Demonstrated expertise in research through an earned doctorate or post doctorate in research

**NCGNP Excellence in Education Award**

The Award for Excellence in Education recognizes an individual involved in the teaching and/or design of gerontological nurse practitioner curriculum or course content. The faculty member will demonstrate knowledge of the care of older adults and the ability to translate that knowledge to enhance students’ understanding in innovative ways. The faculty member will encourage and inspire advanced practice students to develop their excellence in gerontology. In addition to excellence in teaching, the faculty member will exhibit excellence in practice and service to the community.

Examples of programs appropriate for consideration include, but are not limited to, the following:

- Development of program for recruitment of students into the GNP program at his/her school
- Development of a new or revised GNP program
- Implemented innovative teaching in a GNP course
- Development of an academic practice
- Formed a community partnership which met educational objectives while meeting the needs of the older adult community
2007 NCGNP Award
Nomination Form

Deadline for nominations – June 30, 2007

Name of Nominee and Position/Title:

Employer:

Name of Individual(s) Submitting Nomination (if other than self):

References if self-nominating (name, position, and contact number):
1)
2)
3)

On which NCGNP Award does your nomination focus? (Check one)
☐ Excellence in Community Service
☐ Excellence in Research
☐ Excellence in Education
☐ Excellence in Leadership
☐ Excellent in Clinical Practice

On a separate sheet of paper describe how the nominee consistently exemplifies the NCGNP Award Criteria you’ve identified above. (500 words maximum)

A Word document of this form can be downloaded from the NCGNP Web site, www.ncgnp.org

Deadline for Submission is June 30, 2007

Submit Nomination forms and Supporting Documentation to:
NCGNP Awards
7794 Grow Drive
Pensacola, FL 32514
Fax: 850-484-8762 or E-mail to: hrmcclung@puetzamc.com
2007 Proposed Bylaws and Announcement of an Online Bylaws Voters Meeting

In December of 2006 the NCGNP proposed bylaws were posted on the NCGNP Web site in a table format to compare with the current bylaws. NCGNP members were invited to visit the site to view the bylaws and send comments to the NCGNP Board of Directors for discussion at the January Board meeting. The Board thanks everyone who submitted their comments on the proposed changes; additional fine tuning of the bylaws was completed during the January Board of Directors meeting.

This document contains the 2007 proposed bylaws that will be presented for a vote during a special Online Bylaws Voters Meeting that will be convened on the NCGNP Web site from April 15-April 30, 2007. To vote on the proposed bylaws visit the NCGNP Web site, www.ncgnp.org, anytime between April 15 - April 30, 2007, and click on the Bylaws Voters Meeting. You will be asked to sign in and vote electronically. If you do not want to vote online you can contact the NCGNP National Office at (866) 355-1392 to request a faxed copy of the ballot.

The current bylaws are posted on the Web site for review at any time. The outcome of bylaws vote will be posted on the Web site following the April 30, 2007 deadline.
NATIONAL CONFERENCE OF GERONTOLOGICAL NURSE PRACTITIONERS, INC. (NCGNP)
Proposed Bylaws-January 2007

Article I.
A. The name of this association is National Conference of Gerontological Nurse Practitioners, Inc. (NCGNP). The Association may also be known as NCGNP.
B. Purpose: The purpose of NCGNP shall be to promote high standards of health care for older adults through advanced gerontological nursing practice, education, and research.

Article II. Membership
A. Regular Membership: Any advanced practice nurse in gerontological practice is eligible to become a regular member of NCGNP with full voting rights.
B. Associate Membership: Any person who is interested in the activities of NCGNP may be an associate member without voting rights.
C. Sustaining Membership: Any person or group interested in supporting the activities of NCGNP may be a sustaining member without voting rights.
D. Group Membership: The advanced practice nurse employees of businesses that employ groups of nurses in advanced gerontological nursing practice are eligible for active regular membership with full voting rights.
E. Retired Membership: Any person who was a nurse in advanced gerontological nursing practice and is currently retired may be a retired member with full voting rights.
F. Student Membership: Any person who is a student in advanced nursing practice may be a student member without voting privileges.
G. Honorary Membership: May be awarded to persons as determined by the Board of Directors with such privileges and responsibilities as set forth by the Board of Directors; honorary members shall have no voting privileges.
H. Duration of Membership: Membership in NCGNP is renewed annually. Membership is nontransferable.

Article III. Dues
The Board of Directors shall determine annual dues required for membership in NCGNP.

Article IV. Meetings
There shall be an annual membership meeting of NCGNP.

Article V. Officers
A. Elected Officers: The elected officers of NCGNP shall be a President, an Immediate Past President, a President-Elect, a Secretary, a Treasurer, and 2 Directors-at-Large. The elected officers shall compose the Board of Directors.
B. Terms: The Term of Office shall commence at the close of the convention in the year the officer is elected. The term of the President shall be one (1) year. The President-Elect shall be elected annually, serve a term of one (1) year, become the President the following year, and shall serve a term of one (1) year as the Immediate Past President following the Presidential term. All other officers shall serve a term of two (2) years with the Secretary and one Director-at-Large being elected in even years and the Treasurer and one Director-at-Large being elected in odd years. The immediate Past-President shall serve for one (1) year. Officers may be re-elected for one (1) consecutive term. At least two (2) years must elapse before a member may then be eligible for re-nomination to the same office.
C. **Vacancies:** In the event that a vacancy occurs in the office of President, the President-Elect shall assume the office of President and shall serve the remainder of the vacated term and the elected term. The President-Elect position shall remain vacant until the next election. In the event that a vacancy occurs in the office of Immediate Past President the position shall remain vacant until the current President completes the term of office. A vacancy in the offices of Secretary, Treasurer, or Director-at-Large shall be filled by appointment by the Board of Directors, and each officer so elected shall hold office until the installation of the officer's successor.

D. **Duties of Officers:**
1. **President:** The President shall be the chief elected officer of NCGNP and shall 1) preside at the meetings of the Board of Directors and at the annual membership meeting; 2) serve as an ex-officio member of all committees except the Nominating Committee; 3) serve as official spokesperson for NCGNP, and 4) perform other duties as prescribed by the Board of Directors.

2. **President-Elect:** The President-Elect shall assume the duties of the President at the end of one year when the President completes the term of office, in the absence of the President, or in the event of a vacancy in the office of President. The President-Elect shall perform such duties as prescribed by the Board of Directors.

3. **Immediate Past-President:** The Immediate Past-President shall serve in an active advisory capacity for one year and shall perform duties as prescribed by the Board of Directors, and shall serve as liaison to the Foundation Board of Directors.

4. **Secretary:** The Secretary shall record proceedings of all official meetings of NCGNP and shall review minutes of the Board of Directors.

5. **Treasurer:** The Treasurer shall oversee the finances of the Society and shall perform other duties as prescribed by the Board of Directors.

6. **Directors-at-Large:** The Directors-at-Large shall perform duties as prescribed by the Board of Directors.

**Article VI. Authority**
The Board of Directors shall conduct the business of the Society.

**Article VII. Removal**
Any Officer or Director may be removed for cause by a 2/3 vote of the Board of Directors.

**Article VIII. Nominations and Elections**
A. **Nominating Committee:** The Nominating Committee shall be composed of 3 elected members.

1. **Term of Office:** The elected Nominating Committee member receiving the most votes will serve a two year term, serving as the Chair of the Committee during the second year. The other elected Nominating Committee members shall serve a one year term. Nominating Committee members may be re-elected for one (1) consecutive term. At least two (2) years must elapse before a member may then be eligible for re-nomination to the same position.

2. **Function:** The Nominating Committee shall prepare the slate of eligible candidates for the Board of Directors and the Nominating Committee.

3. **Vacancy:** The Board of Directors shall fill a vacancy on the Nominating Committee.

B. **Elections**

1. **Eligibility:** Regular members shall be eligible to be nominated to the Board of Directors.
   i. A current member of the Board of Directors or Nominating Committee may seek candidacy for another elected office provided that the existing term will expire prior to assuming the duties of the next office.
ii. Managers of the NCGNP Provider and Approver Units may seek candidacy for an
elected office provided that the existing term of their appointment will expire
prior to assuming the duties of the next office.

2. **Preparation of Ballot:** The Nominating Committee shall prepare a ballot that shall be
reviewed by the Board of Directors prior to the election.

3. **Elections:** Elections shall be conducted annually. A plurality vote for any office shall
constitute election. In case of a tie, the chair of the Nominating Committee shall
determine the election by lot.

4. **Destruction of Ballots:** All ballots shall be destroyed following the election.

**Article IX. Committees and Task Forces**
The NCGNP Board of Directors shall appoint committees and task forces to complete the work of the
Society.

**Article X. NCGNP Provider and Approver Units**
The NCGNP Continuing Education (CE) Provider and Approver Units are separate units of the NCGNP and
operate according to ANCC guidelines. The Provider and Approver Managers are appointed by the Board of
Directors.

**Article XI. Chapters**
A. Local Chapters of NCGNP may be organized and maintained upon approval by the Board of
Directors.
B. Local chapters shall operate in accordance with guidelines established by the Board of Directors
and the bylaws of NCGNP.
C. Membership in NCGNP shall be required of all chapter members.

**Article XII. Indemnification**
Every Officer, Director, and such others as specified by the Board of Directors, shall be indemnified by
NCGNP against all expenses and liabilities including counsel fees, reasonably incurred or imposed upon
them in connection with any proceeding to which they may be made a party, or in which they may
become involved, by reason of having been a Director or Officer of NCGNP, or any settlement thereof,
whether the person is a Director or Officer at the time such expenses are incurred, except in such cases
wherein the Director or Officer is adjudged guilty of willful misfeasance or malfeasance in the
performance of duties. The foregoing right of indemnification shall be in addition to and not exclusive of
all other rights to which the indemnified may be entitled.

**Article XIII. Amendments**
A. These bylaws may be amended by a 2/3-majority vote of those members casting ballots.
B. Bylaws ballots shall be sent to voting members.

**Article XIV. Official Publications**
NCGNP shall have an official publication of the Society.

**Article XV Parliamentary Authority**
A. *Robert's Rules of Order*, newly revised, shall govern the conduct of business of NCGNP in all cases in
which they are applicable and not in conflict with the bylaws or policies of the Society.

Adopted this 18th day of September 1992, Signed by Norma Small, President, 1991-1992
Revision: September 2001, Edited by: Executive Board 2001
Revision: September 2005, Signed by: Barbara Phillips, President 2004-2005
**Proposed Revisions (BOD/hrm): January 21, 2007**
Charting the Course with Excellence in Elder Care

AN OPPORTUNITY TO PRESENT RESEARCH

Call for Abstracts 2007
Oral and Poster Presentations

The NCGNP Research Committee is accepting abstracts for the 2007 annual conference to be held September 13th - September 15th in San Diego, California. Abstract submissions for both poster and oral presentations are to be e-mailed to ncgrp@puetzamc.com

The Research Committee’s goal is to facilitate those NCGNP members who wish to present their research projects, innovative clinical practice models, innovative chapter projects, case studies, or ethical practice issues at the 2007 convention. Projects should enrich the advanced practice nurse’s knowledge and/or enhance the care of the older adult. Winning abstracts will be published in the NCGNP newsletter.

Guidelines for Submission

Title Page and Abstract must be submitted as two separate e-mail attachments. Submit in Microsoft Word with one-inch margins on all sides, 12 pt., un-bolded, left justified.

Title Page must include the authors’ names, institutional affiliations, email address, mailing address, and a telephone number; state your preference for “Oral Presentation”, “Poster” or “Either”.

Abstract limited to 350 words on one page and include the Title, all left justified. Research abstracts should contain the background and purpose, methods, results, conclusions, and applicability to practice, if appropriate.

Innovative practice models, case studies, ethical issues, or other abstracts should include a review of literature.

- Oral presentations will be limited to 15 minutes with an additional 5 minutes for questions.
- All first authors on accepted posters must be NCGNP members
- All accepted oral presenters must be NCGNP members
- Student submissions are encouraged and welcomed.

Selection Criteria

Selection will be based on interest to advanced practice nursing, clarity, and content. Notification of Acceptance will occur by June 15, 2007. The Research Committee at the conference will determine prizes for 1st, 2nd, and 3rd place poster and oral presentations. Awards will be given during the conference Awards Ceremony.

Deadline for submission: April 30, 2007
Putting Our House In Order
by Marian Herreid, Half Moon Bay, CA

The holiday season is over. The start of a new year is an excellent time for putting our house in order. Part of putting our house in order may be working with loved ones to achieve the balance of risk and safety.

My Children Are Coming Today
by Elise Maclay

My children are coming today. They mean well, but they worry. They think I should have a railing in the hall. A telephone in the kitchen. They want someone to come in when I take a bath. They really don’t like my living alone. Help me to be grateful for their concern and help them understand That I have to do what I can as long as I can. They are right when they say there are risks. I might fall. I might leave the stove on. But there is no challenge, no possibility of triumph, no real aliveness without risk. When they were young and climbed trees and rode bicycles and went away to camp, I was terrified. But I let them go, Because to hold them would have hurt them. Now our roles are reversed. Help them see. Keep me from being grim or stubborn about it. But don’t let them smother me.

While we work with loved ones to achieve a safer environment in our home, let’s take advantage of the opportunity to discuss our Advance Healthcare Directive. If you have not yet completed one, resolve to do so as soon as possible. Advance directives are not just for seniors. They would read quite differently for those in their 50s than for those in their 80s. If we have one, does it still say what we want it to say? Talking it over with loved ones does two things. It helps clarify our desire, and, at the same time, it informs loved ones. If we are in an accident or have a heart attack or stroke and are rushed to the emergency room, what will happen? How will the medical team know our wishes? Will our next of kin be available to be with us? Who will be there to advocate for us? It’s not enough to have advance directives on file. Our wishes will prevail in an emergency room only if we have built a support system consisting of family, personal support group, and medical team. They all need to know and this means more than having a directive on file and up to date. This means repeated talking about our wishes with our entire support system. If it is necessary to call 911, we need to have a copy of our advance directive on our person. If possible, call the emergency personnel’s attention to it. It needs to be in the minds of those attending us and those who advocate for us. This is possible only if we discuss our wishes with our family, loved ones, and primary care person. Now is the time to put our house in order. We will talk with family and loved ones about making our homes accident proof, reality-based, of course, based upon perceived needs of all parties. That way we will not feel smothered but cared for and they will have to worry a bit less. Isn’t that what everyone does with elders?

We will get out our Advance Healthcare Directive and give its contents some serious thought. We will discuss our wishes with members of our personal support system to determine if changes need to be made and make those changes. If we have not yet prepared an Advance Healthcare Directive, we will do so as soon as possible.

No more putting off. We have our resolutions, not ordinary resolutions, but ones which will bring comfort to us and our loved ones. Remember each time we open these conversations, the easier they become.
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**Save This Date!**
September 13-15, 2007
NCGNP Annual Conference
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Pre conference, September 12, 2007
Post conference, September 16, 2007

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