President’s Message

In February, I, along with several other NCGNP members, attended the American College of Nurse Practitioners (ACNP) Summit in Washington, DC. It was my first time attending the Summit, which is held annually to develop a Public Policy Agenda and to mentor nurse practitioners in skills to shape healthcare policy. It was a riveting meeting that opened my eyes to the importance of making our voices heard in Congress. Although nurses are the largest block of registered voters in the country, we don't always make our opinions heard. I know that I have been guilty of saying “I’m too busy to contact legislators” or “it won’t make a difference, why bother?” But the reality is that it does not take a lot of time or require lobbying expertise.

All of us should know who our senators and congressional reps are. If you don’t, you can go to www.house.gov or www.senate.gov to locate their e-mail addresses. Sign up for their newsletters, attend their Town Hall meetings in your local area, e-mail them about your concerns for health care and nursing education. All members of Congress have staff (health legislative aides) who do the majority of the background work and communication with constituents. These are usually very bright 20- and 30-year-olds who may know very little about health care or nursing. Find out the name and call the health legislative aide for your legislator. Offer your expertise as a nurse and explain what nurses and patients face on a daily basis. They do count calls and e-mails and log opinions. Unless they hear from local constituents, they won’t know what the issues are.

NCGNP is a National Affiliate member of ACNP. That means that our organization benefits directly from the lobbying and advocacy work of ACNP. As NCGNP members, you should be receiving The Journal of Nurse Practitioners, ACNP’s official clinical, peer-reviewed journal. Another resource is the ACNP Web site (www.acnpweb.org). The Web site gives you access to ACNP’s “Advocacy Toolbox” that provides tips on writing to and meeting with legislators as well as sample letters. Members of NCGNP’s Health Affairs Committee and Chairperson, Pat Kappas-Larsen, are working to keep abreast of pertinent legislative concerns for older adults and advanced practice nurses. They will be updating the status of bills on the NCGNP Web site and e-mailing members when action is needed.

Another exciting speaker at the ACNP Summit was Joanne Disch, PhD, RN, FAAN. Dr. Disch is the current chairperson of the AARP National Board of Directors and a professor of nursing at the University of Minnesota (see us pictured with Dr. Disch). AARP is a consumer group that NCGNP has wanted to increase collaborative efforts with for a very long time. AARP currently has 38 million members and will celebrate its 50th anniversary as an organization in 2008. During the meeting, we asked Dr. Disch about opportunities for NCGNP to collaborate with AARP. Because AARP gets approached by so many organizations, she recommended several approaches for members to get known at the state level. AARP has an office in every state in the country. Just like your legislators, make yourself known to your state AARP office. Marketing what nurse practitioners do and making ourselves known at the state level is the first step in making a national impact. AARP is promoting a new platform entitled “Divided We Fail.” This campaign is being led by AARP to promote access to health care and long-term financial security for all Americans. Dr. Disch encourages all NCGNP members to go to the Web site (www.DividedWeFail.org) and sign on to the platform and make your voice heard.

Lastly, I hope to see all of you at the 2007 NCGNP Annual Educational Conference and Business Meeting at the Sheraton San Diego Hotel & Marina September 12-16. This year’s conference promises to be awesome. The Fall issue of the newsletter will contain the slate of candidates running for NCGNP office as well as being posted on the Web site. If you can’t attend this year’s meeting, please request an absentee ballot and vote. We will also be voting on important changes to the NCGNP bylaws at the Business meeting on September 14. The current and proposed bylaws are available on the NCGNP Web site. See you in September!

All the best,
Anna Treinkman,
MSN, RN, GNP, President
Member in the Spotlight:
Patricia Kappas-Larson, MPH, APRN-BC, Minnesota

“As a clinical leader, a nurse practitioner with over 30 years’ experience, and as a senior executive, she has been instrumental in the design and testing of nurse practitioner-driven models that have influenced the health outcomes of people living with long-term, complex conditions, particularly the frail elderly, and created substantial cost savings for the healthcare delivery system.”

Currently, Pat is Senior Vice President of Organization Alliances and Outreach for Ovations specialty company known as Evercare, a division of United Health Group, where she has been employed for the past 16 years. Evercare is dedicated to providing health plan coverage and other services for the elderly and people with disabilities and long-term illness.

Her work has focused on both practice and systems transformation and set leading-edge standards of care that have led to both national and international professional and policy influence. As a clinical leader, a nurse practitioner with over 30 years’ experience, and as a senior executive, she has been instrumental in the design and testing of nurse practitioner-driven models that have influenced the health outcomes of people living with long-term, complex conditions, particularly the frail elderly, and created substantial cost savings for the healthcare delivery system. As a nurse practitioner, there has been an opportunity to bring crucial insights to delineating the competencies required by practitioners in delivery of care to these highly complex populations.

As a senior executive, there has been the opportunity to build this unique company and see it replicated in over 35 states, in the UK, and, most recently, determining its application in the Virgin Islands. There has been an opportunity to design care models for those with end-stage renal disease, palliative care, and both institutional and community-based elders. This work has drawn enough attention to open doors to interface at the public policy development level with those in congress and with major nursing organizations.

Prior experience with the Department of Veterans Affairs and in long-term care settings provided for cultivation of skills as a practitioner, program designer, and as an educator. This background is highly assistive in my current work and interest in improving and expanding practice, functioning as a mentor and coach while working with others to address national policy and workforce capacity issues.
Salutations and good thoughts to you that your summer is going well – perhaps even with a bit of R & R built into your busy schedules!

This is the time of year that we traditionally “take time off” to spend with family or friends. Although you may call the National Office during business hours with any questions about NCGNP, I encourage you to visit www.ncgnp.org online anytime.

By visiting www.ncgnp.org you can keep up-to-date with:
- Annual Educational Conference & Business Meeting information
- Bylaws and proposed changes (to be voted on at the Annual Membership meeting)
- Opportunities for continuing education
- Latest happenings in Health Affairs
- And many, many other resources

THANK YOU to all who responded to the Web site survey. We are in the process of updating the Web site. Your input will allow us to make the site more “member responsive.” A Technology Task Force (TTF) has been formed to develop the site. If you are interested in joining the TTF, please e-mail me at cmkelley@mchsi.com. We are looking for a few more members who are a tad techno-savvy!

One way that NCGNP keeps you current with the latest information is through our e-blasts. But, what if the blast hits you, you blast on with your day, and the message dissipates from your computer into cyberspace (“I just know I saw a message about something…”)? Don’t worry. Just visit www.ncgnp.org and you will find the information that you are looking for online… and more!

NCGNP wants to be current and responsive to members, yet the cost of this responsibility has become more overburdening. In keeping with the times and remaining a viable organization, we will rely more heavily on the Internet to keep you current.

Stay Connected in the Web!

Charlotte Kelley,
MSN, GNP, ARNP, Secretary/Web Site Editor

Charlotte’s Web site Update

Committee Reports

NCGNP Foundation Announcement

On behalf of the NCGNP Foundation, I would like to apologize to members of the Chicagoland Chapter for omitting them from the list of founding members published in the Spring 2007, Volume 26, Number 1, issue of the NCGNP Newsletter. This was clearly an oversight and was not an intentional act.

Chicagoland Chapter members: we value your support and enthusiasm for the NCGNP Foundation. Please accept our sincere apologies for the oversight. We hope you will continue to support the research, education, and scholarship of advanced practice nurses caring for older adults.

Sincerely,
Barbara B. Philips
DNS, GNP
On behalf of the NCGNP Foundation, Inc., Board of Directors

NCGNP Foundation, Inc., News

Spring is here and with it the promise of renewal. Like Mother Nature, the Foundation is laying the groundwork to produce perpetual funds to further research, education, and scholarship among advanced practice nurses caring for older adults. Please spend a moment to reflect on how you might contribute to the Foundation.

The Board of Directors of the Foundation would like to reiterate a very big THANK YOU to the Founding Members:

- Barbara Resnick, PhD, GNP
- Mary Pat Rapp, DNS, GNP
- Barbara B. Phillips, DNS, GNP
- Lynn Chilton, DSN, GNP
- Sharon Maguire, MSN, GNP
- Charlotte Kelley, MSN, GNP, ARNP

Make plans now to attend the 26th Annual Educational Conference & Business Meeting in San Diego, CA, in September 2007. The Foundation Board is very busy planning fun activities for the attendees that will also benefit the Foundation. MJ Henderson is the Fund Raising Chair and will be sending out announcements regarding the Second Annual Golf Tournament and the First Annual Fun Run/Walk. In addition, there will be other opportunities for you to show your support to your Foundation.

We have had a great response to the call for applications for the Dave Butler Spirit of NCGNP Travel Scholarship, NCGNP Foundation Student Traveling Research or Project Scholarship, and the NCGNP Foundation Research Scholarship. These awards will be presented in San Diego. Visit the NCGNP Web site (www.ncgnp.org) and click on the link to the Foundation to read more about these awards.

The NCGNP Foundation is supported entirely through donations from individuals, organizations, and corporations. Your donations are 100% tax deductible and should be made payable to the NCGNP Foundation.

(continued on page 4)
The NCGNP Practice Committee would like to stimulate thought and conversation about strategies to increase the pool of advanced practice nurses who specialize in the care of older adults.

Current state
It is a well known fact that very few advanced practice nurses pursue specialization in gerontological practice (Besdine, Boult, Brangman, Coleman, Fried, et al., 2005; Hartford Geriatric Nursing Initiative [HGNI], 2004). Approximately 4.7% of nurse practitioners in the United States are certified as gerontological nurse practitioners (GNPs) (HGNI, 2004). The paucity of advanced practice nurses (APNs) and other healthcare professionals who specialize in the care of older adults, coupled with the growth of the older adult population, compromises older adults’ access to appropriate health care (Shekelle, Rubenstein, Solomon, Roth, & Chang, 2004).

It is not clear why so few APN students specialize in gerontology. There are many potential contributing factors including, but not limited to:

- gerontology specialization is not available in all graduate programs. Approximately 21% of the graduate programs that offer advance practice nursing preparation include tracks for specialization in gerontology (HGNI, 2004).
- shortage of nursing faculty including those who specialize in gerontology.
- beliefs and attitudes that quality care provided to older adults does not require age-specific competencies.
- many nurses have clinical interests that do not include care of older adults.
- lack of awareness that opportunities to specialize in care of older adults exist.
- cost of graduate school may be prohibitive to prospective students.
- lack of awareness or interest in higher education opportunities.
- lack of support or mentorship for pursuit of an advanced degree.

Much has been accomplished to promote older adult-related interest and competencies among undergraduate and graduate nursing students. It is beyond the scope of this article to detail those accomplishments. Instead, we will share a few examples. Academic programs, faculty, individual students, and practitioners have benefited from the expertly developed teaching and learning tools available through the Hartford Geriatric Nursing Initiative and the John A. Hartford Foundation Institute for Geriatric Nursing. Recognizing that the number of APNs who are specialty trained in gerontology will continue to be inadequate, Hartford Geriatric Nursing Initiative has also developed and published nurse practitioner and clinical nurse specialist competencies for older adult care (HGNI, 2004). These competencies target graduate students in non-gerontological tracks who care for many older adults. In addition, Heath Resources and Services Administration (HRSA) has awarded grants to select graduate nursing programs starting new gerontological APN tracks. Finally, the potential for creating continuing education-based preparation for the GNP certification exam is currently being considered (Rapp, 2006). The thought behind this is to provide post-master’s APNs the option of a gerontological nurse practitioner certification process whose testing prerequisites include appropriate continuing education in lieu of academic education. These are just a few examples of efforts and accomplishments aimed at increasing the number of APNs who either specialize in the care of older adults or develop minimum older adult-related competencies.

The Future
Though the gap between the actual and ideal number of gerontological APNs may seem chronic and insurmountable, individual NCGNP members significantly influence growth in the field. Every small effort has a ripple effect. Consider the GNP who mentors one nurse who then decides to obtain a graduate degree and to specialize in the care of older adults. That one nurse will eventually touch thousands of lives: colleagues, patients, and loved ones. It is impossible to estimate the impact on older adult health that one person could have, but it most certainly would be significant. Also consider the APN who dedicates time to teach (e.g., precepting and instructing). Again, the lessons shared will not only affect individual students and their practices but also the many patients, families, and colleagues they work with.

NCGNP members continue to influence many nurses who decide to pursue graduate education and to specialize in the care of older adults. The following suggestions describe a few activities that NCGNP Practice Committee members have observed and have found helpful:

- Become a mentor to a nurse who enjoys working with older adults.
- Pursue a position at a college or university where you may share your expertise and enthusiasm in caring for older adults (e.g., adjunct faculty, preceptor).
- Use the “knowledge and attitude” teaching module and survey developed by Hartford Geriatric Nursing Initiative and the John A. Hartford Nursing Foundation Institute for Geriatric Nursing to challenge your colleagues and the status quo. Web sites as follows:
  - Knowledge and attitude learning module: http://www.hartfordign.org/guides/Module1ATTITUDESInstrGuide.doc
  - Knowledge and attitude survey: http://www.hartfordign.org/tests/PostTestModule1AttitudesAboutAging.doc

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Practice Committee

This list is short and not inclusive. We are certain that other NCGNP members have additional strategies and invite you to share those. Please write to us via e-mail at ncgnp@puetzaml.com Attn: Practice Committee.

We look forward to hearing from you and will share additional ideas and strategies that NCGNP members use to promote growth in our field.

Several of our NCGNP colleagues have published articles/opinions on this topic. We invite you to become familiar with their views. See suggested readings below.

References


Suggested Readings


Practice Committee

Susan Mullaney, MS, RN, CS, GNP; Chair, Practice Committee

The Practice Committee has been meeting monthly and focusing on the following goals:

Practice Links
The Practice Links Web site continues to undergo regular review and editing. Members are encouraged to e-mail Sue Mullaney (susan_e_mullaney@uhc.com) with suggestions. The Committee members are now working on the second phase of the Web site focusing on the NP role in Assisted Living Facilities (ALF). The Committee is planning to provide demonstrations of the Web site during the Annual Educational Conference & Business Meeting in September.

Newsletter
The Committee has been submitting regular articles for the newsletter to keep members apprised of practice-related issues.

Health Affairs Committee

Pat Kappas-Larson, MPH, APRN-BC, ANP; Chair, Health Affairs Committee

Legislative activity has been significant over the past quarter with the convening of this new congress and a focus on health care. There are several pieces of legislation that we need to be aware of and to monitor. That includes support and funding for both Title VII and Title VIII programs that have been in existence for 40 years and are essential components of the nation’s health care safety net as they focus on training and education of healthcare providers with the aim of enhancing the supply, diversity, and distribution of the workforce. NCGNP has worked in concert with two organizations to raise awareness and ensure adequate funding of these programs and in apposition to the President’s FY2008 budget proposal which proposes a significant decrease in funding for both programs. The Health Professions and Nursing Education Coalition (HPNEC) is one of these organizations. HPNEC is an informal alliance of over 60 national organizations while Americans for Nursing Shortage Relief (ANSR) represent a diverse cross-section of health care and professional organizations that have united to inform congress on the funding needed to ensure a viable workforce. These are the only federal programs designed to train providers in interdisciplinary settings to meet the needs of special and underserved populations and they are now operating under a continuing resolution and have not seen an increase in funding for the past four years. These programs include dollars for advanced practice nursing education.

On December 20, 2006, the President signed the Tax Relief and Health Care Act of 2006. This Act authorizes the establishment of a
Health Affairs Committee (continued from page 5)

physician quality reporting system by CMS and CMS has titled the statutory program the Physician Quality Reporting Initiative (PQRI). This initiative includes nurse practitioners as eligible professionals who can participate in a voluntary quality reporting program. Eligible professionals who successfully report a designated set of quality measures on claims for dates of service from July 1 to December 31, 2007, may earn a bonus payment of up to 1.5%. Reporting will be at the tax ID level and will include provider detail at the NPI number level. To participate in 2007 you need to review the detailed PQRI Quality Measure Specifications and select measures applicable to your practice. The final measures will be available on the CMS PQRI Web site well in advance of the July 1, 2007, reporting period. That site is found at http://www.cms.hhs.gov/pqri

All reporting will be confidential and reports will be available at or near the time of bonus payment in 2008. Reports are expected to include reporting and performance rates and this will be constructed using claims data that have been submitted to the National Claims History (NCH) file by February 29, 2008, so payout would occur mid-year. Again, you will have the opportunity to identify and select your reporting measures and at least three measures must be reported for at least 80% of the cases in which the measure was reportable.

The Web site contains the extensive background materials as well as ongoing Q&A and there are educational resources for you as well as for your staff. Although this is currently a voluntary program, it is anticipated that it will be mandated and eligible professionals are strongly encouraged to get a head start and volunteer now.

The Health Affairs Committee will continue to monitor legislative activity and the implementation of the PQRI program and keep you informed via e-blasts when action is required and we anticipate redesign of the Web site information for ongoing detail and Committee activity.

Member Services Committee

Valerie Matthiesen, DNSc, ANP/GNP; Chair, Member Services Committee

The Member Services Committee has been busy reviewing applications for new regional NCGNP chapters. Four new chapters have formed and applied for chapter status: Sonoran Chapter in Arizona, Magnolia Chapter in Mississippi/Louisiana, Delaware Valley Chapter (includes Delaware, southeast Pennsylvania, and southern New Jersey), and the Atlanta Chapter in Georgia.

There are other new chapters in various stages of development. The Committee continues to work with them in order to facilitate the process and answer questions. The Chapter Development Handbook is being revised and will be available soon on the NCGNP Web site.

The Executive Board supports more standardization of chapter business such as a common membership year and the election of chapter officers. The collection of dual membership dues (chapter and national) continues to be an interest for chapters, but the details have not been worked out. Consistency among the chapters will assist in facilitating the work at the national level.

Committee members are contacting non-renewing members of NCGNP on a monthly basis encouraging them to renew their NCGNP membership. In addition, the National Office will be sending out copies of the next three issues of The NCGNP Newsletter to all schools with GNP programs along with membership brochures for recruitment purposes.

The Member Services Committee, which also includes all Chapter Presidents, remains dedicated to serving the needs of the members. If you are interested in joining this Committee, please contact the National Office at (866) 355-1392, e-mail ncnpg@puetzamc.com or Valerie Matthiesen, Committee Chair, at matthiesenv@wscn.edu

Nominating Committee

Joyce M. Varner, MSN, RN, GNP-BC, GCNS; Member, Nominating Committee

The Nominating Committee has been hard at work with conference calls and e-mails this spring. The goal of the Committee is to fill the ballot slots for this year’s elections.

We are seeking members to fill the following positions: President-Elect and Treasurer for the Board of Directors and two Nominating Committee vacancies for next year. To make things easier for members, I will list the vacancies and the requirements for each:

**President-Elect:** The functions of the President-Elect are to fulfill duties in the absence of the President, monitor 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. This is a three-year commitment, first year as President-Elect, second year as President, and third year as Immediate Past President. If you have leadership experience at the chapter level or in another national group, this could be a wonderful opportunity to network on a national level.

**Treasurer:** The Treasurer shall monitor all financial records and prepare reports for the Executive Board and annual educational conference & business 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. This is a two-year commitment. If you have experience managing budgets, or if you have a business background that includes working with budgets and financial information, this could be the position for you.

**Nominating Committee Member (2):** The Nominating Committee oversees the elections process, solicits and screens applicants, and presents a slate of candidates to the members 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 while serving on the Nominating Committee. The candidate receiving the most number of votes will serve for two years, the second year of the term as Chair of the (continued on page 7)
Nominating Committee (continued from page 6)

Committee. The candidate receiving the second most votes will serve a one-year term. If you want to get involved in a national organization, the Nominating Committee is a wonderful way to begin. I have met so many wonderful people this year that I highly recommend this as a way to meet the Board members and many other people in this organization as well as begin your involvement at the national level.

One of the goals this year is to have candidates from all regions of the country. Self-nomination is encouraged and anyone who is interested may contact the Nominating Committee Chair, Lois Hamel (lois.hamel@maine.edu), Valerie Matthiesen (Valerie.matthiesen@wscn.edu), Joyce Varner (jvarner@usouthal.edu), or you may contact the National Office at (866) 355-1392 or e-mail ncgnp@puetzamc.com

Candidate statements will be posted on the NCGNP Web site (www.ncgnp.org) July 15, 2007, and will be included in the Fall issue of the newsletter.

Education Committee

Evelyn Duffy, ND, APRN-BC; Chair, Education Committee

The Education Committee held a conference call to discuss the plans for the preconference session. We are close to finalizing the schedule. Several members of the Education Committee participated in a discussion at the American Nurses Credentialing Center (ANCC) regarding a proposal that would allow ANPs, FNPs, and ACNPs with a primary certification in their major to get a secondary certification as a GNP. The meeting concluded that this might be allowed, but there would need to be strict criteria for preparation of those NPs. Many members will be participating in the Special Interest Group meeting at National Organization of Nurse Practitioners Faculties (NONPF) this week. Virginia Lee Cora will be presenting NONPF Gero SIG the analysis of the data she collected on GNP programs across the country.

Approver Unit

Elizabeth Macera, PhD, RN, FNP; Approver Unit Nurse Manager

The NCGNP Approver Unit is the specialty nursing organization accredited by the American Nurses Credentialing Center (ANCC) Commission on Accreditation for advanced practice nurses (APNs) working with older adults. We provide an important service for members by assuring that educational programs meet the ANCC quality criteria. You are invited to serve NCGNP by joining our cadre of reviewers.

While the Provider Unit approves programs given by NCGNP, the Approver Unit is responsible for courses sponsored by entities outside the national organization, including our chapters. For a nominal fee, your chapter can award ANCC-accredited contact hours for educational programs. This is an important benefit for members when they seek recertification. ANCC requires that at least 50% of your contact hours be ANCC approved. Agencies other than NCGNP chapters can apply for contact hour approval through the NCGNP Approver Unit. Approval of continuing education (CE) activities by the NCGNP Approver Unit is the hallmark of excellence for gerontological APNs and the health care of older adults including educational workshops, Web casts, monographs, and other presentations, publications, and electronic media. See the NCGNP Web site for CE guidelines and application forms (ncgnp.org/displaycommon.cfm?an=20).

The six hardworking members of the Approver Unit welcome the assistance of members who are willing to review an application occasionally. Materials can be delivered to you via e-mail, and the review itself takes approximately one hour. You will be assisted through your first review by one of the Committee members over the telephone. If you would like to join our review team, send a CV or resume to liz.macera@nursing.ucsf.edu Please indicate what topics you would like to review.

Research Committee

Sharing Research Can Impact Care

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

Research is rising in popularity with the poster and oral sessions at our annual educational conference & business meetings offering quality ideas and cutting-edge research. NCGNP provides expertise that spans a variety of perspectives including health promotion, disease prevention, and managing complex care of frail older adults in collaboration with the interdisciplinary team within a variety of settings. The primary aims of the annual educational conference & business meetings have been

1. to provide a forum for exchange of new research and clinical data on health promotion, disease prevention, and managing care of older adults;
2. to provide in-depth presentations on recent advances concerning interventions in health care for older adults;
3. to increase the scientific exchange between researchers and practitioners;
4. to address advanced practice nurses’ role in the changing healthcare environment;
5. to examine strategies for facilitating the application of research evidence to clinical practice; and
6. to promote education of advanced practice nurses in geriatric care.

Research in the field of geriatric nursing has been identified as an area of priority by Healthy People 2000 (Kim, Oh, Kim, Yoo, & Ko, 2002). Nurses around the world are really making a difference and are being encouraged to develop collaborative research projects based on common priority areas. Models of care for frail older adults are being increasingly used by healthcare professionals to achieve better outcomes. Knowledge of the common advanced practice nursing functions and skills that contribute to the success of these models can better inform education and evidence-based practice and

(continued on page 8)
Research Committee (continued from page 7)

guide further research. Some examples of nurse researchers who have influenced patient care include Dr. Keela Herr who focused her work and expertise in the area of pain assessment in older adults, establishing pain as the 5th Vital Sign, a step toward improving end-of-life care; Dr. Nancy Fugate Woods focused her research on the relationship of women’s social environments and their health, establishing the Center on Women’s Health Research in 1989; Dr. Mary H. Palmer has widely published regarding her work about the treatment and prevention of urinary incontinence in adults; and Dr. Nancy Bergstrom is known for her research related to nutrition and the etiology of pressure sores and developed the Braden Scale for Predicting Pressure Sore Risk.

But there is a major shortage of nurse scientists to conduct research in care of the elderly population and published investigations associated with models of gerontologic care is lacking in the literature (Bourbonniere & Evans, 2002). Although geriatric training has grown remarkably over the past three decades, this growth is still not producing the number of gerontologists, geriatricians, and advanced practice nurses needed to care for the growing elderly population (Lieff, Warshaw, Bragg, Shaull, Lindsell, & Goldenhar, 2003). The National Institute on Aging (NIA) is seeking to address this problem by helping foster researchers in geriatrics through a summer researcher training program. Over the last three years, compared to other disciplines, only a small number of nurses have applied to participate in this program (18 nurse researchers out of 111 applicants in 2004-16; 18 nurse researchers out of 77 applicants in 2005-23; 8 nurse researchers out of 58 applicants in 2006-13%). Of these, nurses who actually participated in the researcher training program averaged 15% of the total researchers (6 nurse researchers in 2004-14%; 8 nurse researchers in 2005-18%; 5 nurse researchers in 2006-14%). It is imperative that there is an expanded investment in the training of nurses as researchers to have the nursing profession prepared to accommodate this exploding elderly population in the near future. With the elderly population expected to double in the next five years and quadruple in the next 30 years - it is critical we produce more nurse researchers.

NCGNP wants to encourage nurse researchers who can conduct research, improve care to the elderly, and make a real difference about real issues in geriatric care. We can help influence care and improve the quality of care offered to the elderly population by sharing the expertise and knowledge of NCGNP members. Consider presenting at the Annual Educational Conference & Business Meeting in San Diego; share your ideas and programs with the members of NCGNP at the research sessions - either as an oral presentation or as a poster. Help improve care, make a difference, and change the way things are done to improve care for elderly patients.

References


Chapter News

Chicago Chapter News  Carla M. Tozer, MSN, APN/CNP, Chapter President

This year marks the 10th anniversary of the Chicagoland Gerontological Advanced Practice Nurses (CGAPN) Chapter of NCGNP. Many of the charter members of the chapter remain active at both the local and national levels which has been instrumental in our success. We plan to celebrate this milestone throughout the coming year with special activities. CGAPN was also one of the founding chapter charter members of the NCGNP Foundation. In May, we held our Annual Dinner Meeting with a special speaker, Judith J. McCann, DNSc, a Research Scientist at the Rush Institute for Healthy Aging and an Associate Professor at Rush University College of Nursing. Her research presentation was titled *Adult Day Care, Home-Based Formal Services, Nursing Home Placement in Person’s with Alzheimer’s Disease*. Our members come from Chicago and the surrounding suburbs. We welcome all gerontological advanced practice nurses as well as APN students to become members. Please contact the Chapter President at cmtozer@gmail.com for further details.

Great Lakes Chapter (Michigan)  Alice Early MSN, APRN-BC, Chapter President

The Great Lakes Chapter held quarterly meetings in December and March.

Our December meeting featured a guest speaker, Dr. Honasage, who spoke on osteoporosis. Members voted to send a check for $1,000 to the NCGNP Foundation to become a founding member. In September, we will be celebrating 25 years since the inception of the informal gerontological advanced practice nursing group that led to the Great Lakes Chapter of NCGNP in 1998. A subcommittee was formed to plan the 25th anniversary celebration.

We received the resignation of our current President, Phil Rupp, MS, APRN-BC, in January. Alice Early, ANP, President Elect, has agreed to serve the remaining term of the President.

At our March meeting, one of our members, Cynthia Gerstenlauer, MSN, APRN-BC, CDE, spoke on *Management of Type 2 Diabetes in Older Adults*. There were a number of nurse practitioner students who attended. We have been trying to reach out and encourage local universities to have students attend our meetings.
Chapter News (continued from page 8)

Northern California Chapter  Hello from the Northern California Region!

Our 2007 officers are:
President: Jennifer Serafin, GNP
Secretary: Patty Kang, GNP
Treasurer: Fran Gensberg, GNP

Our meeting schedule for 2007:
9/12/07: National Conference (San Diego)
11/3/07: Quarterly meeting
Currently, we are planning a full day CE Event for February 2008.

Looking for a Chapter Near You?

California (Northern)
Jennifer Serafin (jserafin@jhsf.org)
Florida (Southern)
Kathleen Jett (kjett@fau.edu)
Illinois (Chicago)
Carla Tozer (cmtozzer@gmail.com)
Maryland (Baltimore)
Rosemary Smith-LaMacchia (Rsmith1817@aol.com)
Massachusetts (New England)
Anne Marie Bourque (ambourque@verizon.net)
Michigan (Great Lakes)
Alice Early (ame626@aol.com)
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Pat Federico-Fields (pfedfields@yahoo.com)
Triad (North Carolina)
Linda Chilton (lchilto@bellsouth.net)
Ohio
Evelyn Duffy (evelyn.duffy@case.edu)
Texas (Gulf Coast)
Elizabeth Godlove (elzgdli@earthlink.net)
Texas (Lone Star)
Eric White (ewhitegnp@hotmail.com)
Wisconsin (Southeast)
Linda Culhane (lculhane@sbcglobal.net)

Chapters in Formation

Contact One Today!

Delaware (Delaware Valley)
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Interested in Starting a Chapter?

Contact NCGNP Chapter Services Specialist, Kathi Vondebur, at (866) 355-1392, (850) 471-7075, or e-mail her at kvondebur@puetzamc.com

Advocacy: The Heart of Nursing

Lolita Massengill, GNP-BC, Chairperson, Gerontological Nurse Practitioners Council of Florida Nurses Association District Two

The elderly population is increasing in numbers and projected to make up about 22% of the U.S. population by 2030. While a number of them live in institutions, many are married, divorced, or widowed and live in their own homes. Some are caregivers of their aging and medically-ill spouses. They need care themselves but find healthcare services inaccessible and medications unaffordable. In addition, they are fearful of health professionals and hospitals.

My personal encounter illustrates this typical elderly who need to be introduced into the caring aspect of the healthcare system. Mr. L.C. is a 73-year-old Caucasian male, native of Georgia, who quit school when he was 13-years-old to take care of his parents with long-drawn illness. He earned a living by delivering medications to people’s homes in the morning and newspapers in the afternoons. Later he moved to Jacksonville and worked at Anheuser Busch Brewery where he retired after 27 years. Married for 33 years, he has an adult son who helps them from time to time.

He presented to the clinic, disheveled, with a long gray beard, cap on his head, in work clothes smelling like old carpet, and wearing worn dirty boots. He was fluent yet spoke haltingly and looked down when he spoke. His legs and feet were swollen and erythematous, with blisters draining serous secretions, and very warm to touch. He reported that the last time he saw a healthcare provider was October 11, 2004, because of painful urination. Unless the problem was very serious, he did not seek help because he did not like physicians. This time, however, (continued on page 10)
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he saw blood in his stool and urine; he was coughing up thick, yellowish sputum, and could not breathe. He could not sleep lying down and his legs were cramping. He treated himself with over-the-counter medications, but he got weaker and weaker and was in pain. Hospital admission was recommended for immediate work-up and management of the problem, but Mr. L.C. refused. I talked at length with him and allowed him to verbalize his feelings. I found out that he was scared to go to the hospital because his father, mother, oldest brother, and uncle all died in the hospital. He had the belief that people who go to the hospital never go home alive. I worked through his preconceived notions and gave him my business card with my telephone number he could call when he needed to. Finally, I convinced him to be admitted. He was found with an acute kidney failure, had a left nephrostomy placed, and started on dialysis three times weekly. He stayed 20 days at the hospital for treatment of COPD, iron-deficiency anemia, severe PVD, HTN, and UTI. As soon as stable, he was discharged and since then, Mr. L.C. came to the clinic regularly for follow-up. He would show all his bottles of medications during the visit and would inquire if he could take over-the-counter medications suggested by his neighbor. His legs stayed clean and non-edematous. He cut his beard a little shorter but kept his cap on his head.

At the end of every visit, he would look me in the eye and take my hands into his and would say, “Thank you, you saved my life.”

The Joint Commission Launches New Brand Identity

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has shortened its name to The Joint Commission and has unveiled its new Web site. The Web site reflects The Joint Commission’s new brand and logo, as well as its new tagline, “Helping Health Care Organizations Help Patients.”

The new brand reflects The Joint Commission’s continuing efforts to improve the value of accreditation and its utility as a mechanism for improving the quality and safety of patient care.

For more information about The Joint Commission, visit www.jointcommission.org

Establishing and Implementing the Essential Nursing Competencies and Curricula Guidelines for Genetics and Genomics

Kathleen Calzone, MSN, RN, APNG, FAAN, National Cancer Institute, Bethesda, MD
Jean Jenkins, PhD, RN, FAAN, National Human Genome Research Institute, Bethesda, MD

As many of you are keenly aware, preparing the entire nursing workforce to deliver genetically and genomically health care is vitally important to the successful translation of genetic and genomic discoveries into practice. To address this issue, an initiative was launched in 2004 to define essential genetic and genomic competencies for all registered nurses regardless of academic preparation, role, or clinical specialty. The competencies guide academic curriculum, continuing education, and specialty certification. Forty-eight organizations, including NCGNP, endorsed the competencies. Two unsolicited endorsements were also received from schools of nursing. The goal of the competencies are to prepare the nursing workforce to deliver genetic/genomic competent health care. A copy of the competencies can be downloaded at: http://www.genome.gov/17517146

Implementation of the competencies across the profession of nursing is now the next priority. An Advisory Group of federal, academic, and national nursing leaders, including representation from NCGNP, was established in 2006 to provide guidance on next steps. Those representatives identified, reviewed, analyzed, compared successful change initiatives, and offered guidance on a strategic plan format. An invitational meeting was held October 22-24, 2006, of key stakeholders. Meeting attendees drafted a five-year strategic implementation plan which is being finalized. The framework for the five-year implementation plan focuses on practicing nurses, regulatory/quality control issues, and academics. Within these arenas, each strategy is prioritized, includes outcome measures, funding needs, funding source, critical timeline, and recommended project lead. Of high priority to the strategic plan success is promoting relevance of genetics and genomics on nursing practice.

Outcomes from this meeting also included consensus on establishing an infrastructure that provides the structure, direction, and focus for all efforts identified under the three critical goals within the strategic plan. This represents a multiple agency, organization, and academic collaboration and the infrastructure will provide centralized coordination to stimulate activities and reduce duplication. In addition, the stakeholders recommended identifying a theoretical framework for implementing genetics and genomics into nursing practice. Recommendations were made to establish a centralized repository of genetic and genomic nursing resources to facilitate access and enhance the ability to identify resource gaps which will facilitate filling those deficits. Lastly, the group recommended establishing a national nursing research outcomes agenda for genetics/genomics in nursing. A summary of the strategic implementation goals and brief list of strategy targets are provided below:

GOAL: Practicing Nurses
All nurses in practice will have a foundation of knowledge in basic human genetics and genomics and current applications to nursing practice. Potential target areas to achieve this goal include:

- Continuing education (CE) programs (e.g., basics)
- Target endorsing organization annual meetings
- Poster presentation about competencies
- Requirements for including genetics/genomics in CE
- Models for CE
- Train-the-trainer
- Family history as exemplar
- Vignettes/case scenarios
- Video
- Tool kits
- Slide set
- IT
- Hospital/Ambulatory/Community/Public Health Settings
- Orientation
- Clinical Ladders; awards
- Staff development
- Publications
- Certification

GOAL: Academics
All nurses will have a foundation of knowledge in basic human genetics and genomics and current applications to nursing practice. Potential target areas to achieve this goal include:

- Faculty requirements (e.g., Essentials; Standards)
- Faculty development
- Faculty champions
- Curriculum
- Classroom resources
- Publications

GOAL: Regulation/Quality Control
Genetics and genomics is included practice content on assessments of quality healthcare outcomes. Potential target areas to achieve this goal include:

- State Boards of Nursing (e.g., NCLEX; fact sheets; position papers)
- Magnet status
- JCAHO
- ICN
- Regulations
- Federal/Territorial entities
- Accrediting
- Policy (e.g., discrimination; reimbursement)

In summary, the detailed five-year strategic implementation plan for integration of the competencies into nursing practice, nursing curricula, NCLEX, specialty certification, continuing education, and accreditation is a daunting challenge. The realization of these goals will only be achieved with ongoing nursing organization, federal agency, and academic collaborations. Obtaining innovative funding is essential to beginning this crucial work. We can also learn a lot through collaboration with our international partners who have similar ongoing initiatives. In addition, harnessing the extraordinary genetic/genomic expertise of the NCGNP members will be the cornerstone to implementation success as content experts will be essential to achieving each strategy. On behalf of the Competency Advisory Group, we look forward to engaging you as an NCGNP member to work with us on preparing the entire nursing workforce in genetics and genomics.
National Conference of Gerontological Nurse Practitioners, Inc.
The National Conference of Gerontological Nurse Practitioners, incorporated in 1983, invites all advanced practice nurses who specialize in the care of older adults to become members of our organization.

Goals:
1. Advocate quality care for older adults.
2. Promote professional development of advanced practice nurses.
3. Provide continuing education for advanced practice nurses in geriatrics.
4. Enhance communication and professional collaboration among healthcare providers.
5. Educate consumers regarding issues of aging.

Membership Benefits:
1. The NCGNP Newsletter, a quarterly publication written by and for GNPs.
2. Complimentary subscription to Geriatric Nursing Journal.
3. Publication opportunities.
4. Annual convention providing current research and clinical information (reduced fee).
5. Networking opportunities with other GNPs.
7. NCGNP is a member of American Nurses Credentialing Center (ANCC), which allows members a 25% reduction in initial and recertification fees.
8. NCGNP is a member of the American College of Nurse Practitioners (ACNP) and is building affiliations with other national healthcare associations.

Membership: There are four levels of membership:

- **Active**: (Advanced Practice Nurse; voting privileges) .................................................. $75.00
- **Associate**: (Nonadvanced Practice Nurse) ................................................................. $75.00
- **Student**: (Currently enrolled in Advanced Practice Nurse Program) ................................. $35.00
- **Retired**: (Previous NCGNP member, now retired; voting privileges) ................................. $35.00

Membership Application

Name ____________________________________________________________

Certifying Body: □ GNP □ FNP □ ANP □ CNS □ CS □ OTHER _____________________________

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I obtained this form from: ________________________________

NCGNP Member’s Name: ____________________________________________

(Members receive a membership fee rebate for recruiting.)

Convention/Conference: _____________________________________________

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Toll Free: (866) 355-1392
Fax: (850) 484-8762

Make your check payable to: NCGNP and mail to:
NCGNP National Office
7794 Grow Drive, Pensacola, FL 32514

MEMBERSHIP APPLICATION NOTE!
Our online application system has been revised. You can apply or renew your application online via Visa or MasterCard.
The NCGNP
Newsletter
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Save The Date!
September 13-15, 2007
NCGNP Annual Educational
Conference & Business Meeting
San Diego, CA
Pre conference, September 12, 2007
Post conference, September 16, 2007

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