

The GAPNA

Newsletter

The Official Publication of the Gerontological Advanced Practice Nurses Association. Founded in 1981

President's Message

The 2008 National Conference for Gerontological Nurse Practitioners held in St. Louis, Missouri, was a historic conference. Lewis and Clark began their adventures exploring new opportunities as they traveled west from St. Louis to the Pacific Ocean. NCGNP set off on its most recent adventure as it explores new opportunities for gerontological advanced practice nurses. During the Annual Business Meeting on September 26, 2008, the membership voted by majority to change the name of the organization. Moving forward NCGNP will be known as the Gerontological Advanced Practice Nurses Association (GAPNA).

Although the name has changed the mission and vision have stayed the same. GAPNA will continue to advance the practice of its members and well being of the public through advocacy, dissemination of knowledge, and provision of member growth opportunities. I've been attending the annual conference for eight years, and what has always been special to me are the members of the organization I see year after year and the passion we all have for the care of older adults. It is our obligation to share this passion and our expertise with as many advanced practice nurses as we can. The board is committed to continuing the legacy of NCGNP and will do all we can to support the members and, ultimately, the lives of the patients we serve.

The board has two key priorities this year that will support the mission. First and foremost we will be working on initiatives that support our membership. We will continue to recruit new members including students, all gerontological advanced practice nurses, and corporate memberships. As the membership grows both in the national association and the local chapters, we will be communicating through a variety of media. We will continue quarterly newsletters, bimonthly updates in *Geriatric Nursing*, and, most importantly, our website will continue to be enhanced. The website will be a top priority over the next 90 days as we work to enhance the capabilities to disseminate information.

The board's second priority focuses on promoting the role of advanced practice nurses. It is crucial that GAPNA is represented at all key stakeholder meetings where the care of the older adult is the topic. No one is better positioned to understand the clinical, functional, psychosocial, and financial ramifications of caring for an aging population than the gerontological advanced practice nurse. It is critical that we collaborate with our clinical partners (ACNP, ANCC, AMDA, etc.) and speak as a united voice at key meetings as issues affecting the role of the advanced practice nurse are discussed and decisions are being made.

The upcoming year is filled with anticipation; it is a year of transition and transformation. Politically and financially there is much unknown in our country. What is known is the population is aging; the workforce specializing in geriatrics is shrinking; and members of GAPNA will be an important entity. We will transition from NCGNP to GAPNA and continue to transform the role of the advanced practice nurse especially in the area of geriatrics. I am honored to be serving you in the role of president and thank you for your support

Sincerely,

Susan Mullaney, MS, RN, CS, GNP

President

Committee Reports

Nominating Committee

The annual conference this year in Saint Louis was inspirational! In an effort for the name to be more consistent with the diverse membership of the organization, the name was officially changed from the National Conference of Gerontological Nurse Practitioners (NCGNP) to the Gerontological Advanced Practice Nurses Association (GAPNA). The interactive nature of the meeting was highly valued, and the Nominating Committee looks forward to continued input and involvement from the GAPNA membership in 2009. Please consider running for a position on the national level. We are seeking members to fill the following positions in 2009:

President-Elect:

- The function of this position is to assist the President, monitor committee activities, chair the Bylaws Committee, and perform duties requested by the Board of Directors.
- Travel is required, with expenses reimbursed as set by GAPNA policy.
- This is a three-year commitment, first year as President-Elect, second year as President, and third year as Immediate Past President.

Treasurer:

- The function of this position is to monitor all financial records, prepare reports for the executive board and annual meetings, and serve as chair of the Finance Committee.
- Travel is required and expenses are reimbursed, as set by GAPNA policy.
- This position requires a two-year commitment.

Director-at-Large:

- This position requires assuming responsibilities that the President or Board delegates out to them. The goal is to help develop and implement the strategic plan of the organization.
- This is a two-year commitment.
- Travel is required, with expenses reimbursed as set by GAPNA's policy.

Nominating Committee Member (2):

- This committee oversees the elections process, solicits and screens applicants, and presents candidates to the membership for voting.
- Business of the committee is conducted via conference calls; travel is not required.
- The candidate receiving the most number of votes will serve for two years, with the second year of the term as Chair of the Committee. The candidate receiving the fewer most votes will serve a one-year term only.

Nominations for 2009 offices are being accepted with elections occurring in the summer of 2009. Self-nomination is encouraged, so if you are interested or want to learn more about any of these positions, please contact the Nominating Committee Chair; Jennifer Serafin (jserafin@jhsf.org), or Nominating Committee members, Beth Slutsky and Elizabeth Galik. You may also contact the National Office at (866) 355-1392 or e-mail gapna@dancyamc.com.

Member Services Committee

Valerie Matthiesen, PhD, ANP/GNP Chairperson

The Member Services Committee includes a "Chapter of the Month" in their monthly teleconference calls. It allows each chapter to highlight strengths and seek advice for challenges from among other chapters. In addition, the Member Services Committee will work on the following for the upcoming year:

- Support the work of our current 16 local chapters
- Recommend membership contacts and recruitment strategies
- Target geriatric nursing faculty and students for recruitment
- Increase utilization of the GAPNA website by chapters
- Identify new member benefits for our organization
- Address member retention in local chapters and nationally
- Determine what activities make for strong local chapters
- Support the formation of new local chapters

The Member Services Committee, which includes all chapter presidents and others who are interested, remains dedicated to serving the needs of the membership. If you are interested in joining this committee, please contact the GAPNA National Office or committee chair for information.

Research Committee

Joanne M. Miller, PhD, APN/GNP-BC
Chairperson

Joanne Miller is the new chairperson of the Research Committee. Lisa Byrd is the outgoing chairperson, and she will remain on the committee. The group was very active at the national conference in September. There were 18 posters and 5 oral presentations of research or projects at the conference. The committee gave four awards for best research poster, best project poster, best oral research presentation, and best project presentation.

- Best research poster – “Examining the Feasibility of Implementing Specific Nursing Interventions to Promote Sleep in Hospitalized Elderly Patients,” Rita LaReau MSN, GNP-BC
- Best project poster – “An Innovative Teaching Strategy: Teaching Important Geriatric Concepts Through a Budget Assignment to Nurse Practitioner Students,” Jennifer Kim, MSN, GNP-BC
- Best research oral presentation – “Effects of the Continence Specialist in Long Term Care: Descriptive Outcomes,” Diane Smith MSN, CRNP and Alis Panzera MSN, CRNP
- Best project oral presentation – “Clinical Significance of Chronic Kidney Disease in the Elderly,” Kathryn Daniel PhD, APN-BC, GNP-BC

Congratulations to the winners and thanks to all who submitted and presented their work. We were pleased with the overwhelming positive response by attendees at both the poster sessions as well as the oral presentations indicating a growing interest in research in this area.

There have been a number of requests to have members participate in research surveys. These requests are because of an increase in DNP programs and interest in care of older adults. The Research Committee has a priority to develop guidelines for access to GAPNA members for projects and research. GAPNA wants to encourage research and evidence-based study of the care of older adults, but to do this through ethical and quality projects that have proper investigational review approval.

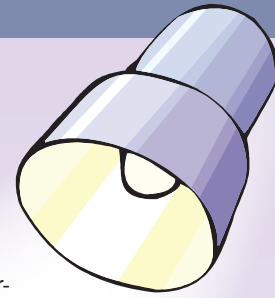
Health Affairs Agenda 2008-2009

- Build consensus with the American College of Nurse Practitioners (ACNP), American Academy of Nurse Practitioners (AANP), and other key nursing organizations such as the National Association of Pediatric Nurse Practitioners (NAPNAP) to ensure the inclusion of provider neutral language in all federal legislation and policy formation with special emphasis on Medicare and medical home legislation.
- Align strategically with the American Association of Colleges of Nursing (AACN), ACNP, AANP, and other such organizations that are active in the Health Professionals and Nurse Education Coalition to ensure passage of appropriate levels of funding for academic programs that are authorized under Title VII and VIII to ensure availability of programs and faculty that prepare advanced practice nurses.
- Actively support legislation, regulation, and policy that address and impact scope of practice inclusive of home health, workers compensation, managed care, and the like and do so in collaboration with ACNP and following updates from their legislative resource/experts.
- Evaluate and provide input into the design and passage of legislation that impacts quality of care issues and access most particularly the legislation introduced through efforts of American Geriatrics Society (AGS), American Medical Directors Association (AMDA), and selected nursing organizations.

Approved by NCGNP Membership September 26, 2008

Member in the Spotlight:

Susan Mullaney, MS, RN, CS, GNP



When Susan Mullaney was asked why she would want to take care of “old people” because “they’re just so old and there is nothing to do for them,” the questions and misconceptions about caring for older adults would always surprise her. She often struggled with an answer. But she was always interested in older adults, and during college, she was in the minority when she decided she wanted to specialize in geriatrics.

There were two main factors that drove her toward geriatrics. She was drawn to the history that older adults lived through — they could tell her rich stories that Sue previously thought were only available in books. Her great uncle Billy gets the credit for this appreciation. The history he saw and lived through could never be replicated or appreciated by younger generations. Because of him, she was always lured into conversations with older adults. Sue believes this interest also allowed her to become a better listener.

The second factor that drove Sue to geriatrics was the thought that geriatric care was more challenging than care in other populations. Upon graduating from Boston College and working in acute care on a medical unit, she gravitated toward the older adults and was focused on the geriatric syndromes before she knew there were geriatric syndromes. Her patients were walked twice a shift, ate their meals in chairs and catheters, and restraints were a big no-no. This focus on geriatric syndromes and good geriatric care frustrated some of her colleagues, but she became more confident in her skills and was adamant that a focus on this preventive type of care would make her job easier in the long run. Unfortunately, at this point in her career Sue regrets that she didn’t think to study the clinical quality outcomes of her primary care patients versus other patients on the unit.

For Sue, pursuing a degree as a Nurse Practitioner specializing in geriatrics seemed like the next logical step. Sue attests that her career and her accomplishments are nothing out of the ordinary. During graduate school she wrote her master’s thesis: “Nurse’s Knowledge of Physical Restraints.” Sue recalls that this was her first brush with real research. After graduation she worked in a family practice caring for nursing home residents, homebound individuals, and an elderly population in an office practice. From primary care she moved to a continuing care retirement community. There she was able to continue primary care with patients but also become involved with the rules and regulations of a nursing home.

A few years later, Sue joined Evercare, a company whose mission is in line with her values and beliefs regarding older adults. While she has held a variety of positions within Evercare, she is currently a Regional Director of Health Services covering the Northeast. In this role she has clinical oversight for a number of Evercare’s members, both in the nursing homes and in the communities. One of her major focuses is on clinical quality, but in order to do this Sue affirms that “we must focus on our employees.”

Sue has practiced for 15 years as an NP and now spends much of her time (both professional and personal) inspiring others to go into the field of geriatrics. She believes that her clinical career path is a common one taken by many of GAPNA’s members, and at this point we might ask ourselves several questions: What is our role now? We’ve taken care of patients, and we’ve completed advanced degrees, so now what? “Well, at this point I think our paths diverge slightly from each other’s,” she says. “Some of us continue on the clinical path, some focus on research, some focus on administration—but all of us must focus on training the future generation. Regardless of our daily work, we should each take every opportunity to share our positive experiences and outcomes when taking care of older adults.”

Sue believes that it is up to each of us in this field to encourage others to explore educational opportunities and career opportunities in geriatrics. Here, Sue continues to share her enthusiasm for the care of older adults, focusing on those whose interest in this unique field can be fostered: “I would encourage each of you to take a moment to think about what you can do this year to inspire others to have the passion for geriatrics that we all have.”

Thank You, Foundation Friends!

Through the generous donations of members, runners, golfers, and donors at the St. Louis convention, the GAPNA Foundation raised over \$8,000. These funds will be used to fund research, student, and Dave Butler awards at the Savannah convention. The Board of Trustees appreciates your continuing support of these scholarly activities. Check out the Foundation website at www.gapna.org for more opportunities to support the growth of our organization and its members.

Thank You!

Charlotte's Website Update

Charlotte Kelley, MSN, GNP, ARNP
Website Editor

MAKE A PRODUCTIVE WEB VISIT – UPDATE YOUR PROFILE!

We have a request for you. Visit the website and login to the Member's Section and update your Profile. Oh, yes, I am familiar with the rising frustration of not knowing what my user name and password are, too. Your login is always your e-mail address you have on file at GAPNA. Also, right under the boxes are quick links to retrieve your information...AND, when you have filled in the sign in boxes, click the box "Remember Me" and the next time you sign in, it's a cinch!

It is quite easy to update your profile. Once you are signed in, under Members Only you will see a choice "My Profile." Click on this and on the next page, click on the box "Edit" in the upper left corner. A drop down menu will let you choose Update Your Profile. On that page you will see the tabs, Forum Settings, Contact Info, and Public Profile. Click on each tab and fill in the boxes with your information. The pages do not cross reference, so please fill in all the pages. Note the small icons after each line have a key at the bottom of the page.

You can also post a picture in your profile if you wish to do this.

Another great feature of the Members Only section is the Member Directory. Connect again with the person you met at the conference. Simply fill in any small bit of information, zip code, last or first name, and Eureka! You found them. But remember, their profile must be entered!

Do visit the website often while our organization undergoes the implementation of the name change. Watch the progress and the expanding capabilities of our website. Keep current with issues that are important to our practice as advanced nurse practitioners. The Regulatory Environment section is kept up to date by our Health Affairs Committee with Anna Treinkman, GNP, as chairperson. Who knows what the changing political environment will bring in the areas of health care? We only know that we all must be vigilant and stay informed. The GAPNA website is poised to keep you current.



FMDA Announces Winners of 2008 Careers in Long-Term Care Awards Program

Florida Medical Directors Association (FMDA) President John Potomski Jr., DO, CMD, is pleased to announce that Maria Rosaida Gonzalez, MD, and Valerie Gruss, PhD, are the two winners of FMDA's 2008 Careers in Long-Term Care Awards program. Award presentations were recently held during the Best Care Practices in the Geriatrics Continuum 2008 conference at Disney's Contemporary Resort in Lake Buena Vista, FL, where each winner was awarded an educational grant in the amount of \$2,000.

GAPNA member Valerie Gruss, PhD, GNP-BC, completed her geriatric nurse practitioner residency at Family Practice of Pilsen in Chicago, IL. She then went on to earn her PhD in nursing from Rush University in Chicago. Dr. Gruss was awarded a pre-doctoral fellowship from The John A. Hartford Foundation for "Building Academic Geriatric Nursing Capacity." Along with her education and experience as a researcher, Dr. Gruss is also a founding member of Chicagoland Gerontological Advance Practice Nurses.

The FMDA represents more than 325 medical directors, attending physicians, physician assistants, and advanced registered nurse practitioners in Florida's postacute care continuum, including subacute care, hospice, skilled nursing, and assisted living facilities, as well as in continuing-care retirement communities.

The mission of FMDA is to promote the highest-quality care in the postacute continuum by providing leadership, professional education, and advocacy.

(Right) FMDA's 2008 Careers in LTC Award winner Maria Rosaida Gonzalez, MD (from left:); Careers in LTC Committee Chairman Naushira Pandya, MD, CMD; FMDA President John Potomski Jr., DO, CMD; 2008 FMDA Careers in LTC Award winner Valerie Gruss, PhD, GNP-BC; and Careers in LTC Committee Co-chair Karl Dhana, MD, CMD



Home Health Care Planning Improvement Act of 2008

Valisa Saunders, MN, APRN, GNP

The Home Health Care Planning Improvement Act of 2008 would amend title XVIII of the Social Security Act to ensure more timely access to home health services for Medicare beneficiaries under the Medicare program. S. 1678 was introduced in 2007 by Senator Susan M. Collins of the State of Maine. The bill, now in the House as H.R. 6826, was sponsored by Representative Allyson Schwartz (D-PA) to allow advanced practice registered nurses (APRNs) and physician assistants (PAs) to order and certify home health services and to sign home health plans of care. If signed into law, this bill would help the aged and disabled avoid unnecessary or unwanted hospitalizations and nursing home admissions by adding advanced practice nursing expertise to the Medicare home health services benefit.

APRNs can provide primary care and be reimbursed by Medicare but are prohibited from ordering home health services for their clients. This leads to fragmented care and unnecessary duplication of providers' time. Home health agencies are often confused about the role of the APRN in the care of their home health patients. They often inappropriately cut the APRN out of the communication loop because they feel they can only get orders from the physician. In some cases the ordering MD may not know the patient as well as the APRN involved in the case. The APRN will refer patients needing care outside their scope of practice to the appropriate provider. H.R. 6826 allows payment for home health services to Medicare beneficiaries by (1) a nurse practitioner; (2) a clinical nurse specialist working in collaboration with a physician in accordance with state law; (3) a certified nurse-midwife; or (4) a physician assistant under a physician's supervision.

The bill was referred to the House Ways and Means Committee in August of 2008, as well as to the Committee on Energy and Commerce.

Post comments: http://www.washingtonwatch.com/bills/show/110_HR_6826.html#toc3

Source: http://www.washingtonwatch.com/bills/show/110_HR_6826.html#toc1 (accessed 10/26/08)

This legislation has been supported by the National Association for Home Care and Hospice, the American Nurses Association, the American Academy of Physician Assistants, the American College of Nurse Practitioners, the American College of Nurse Midwives, the American Academy of Nurse Practitioners, and the Visiting Nurse Associations of America. Our most frail and vulnerable citizens avoid hospitals and nursing homes and stay just where they want to be - in the comfort and security of their own homes.

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The Eldercare Workforce Alliance: Response to the IOM Workforce Report

The Institute of Medicine, in its critical report “Re-tooling for an Aging America: Building the Health Care Workforce,” called for immediate investments in preparing our healthcare system to care for older Americans and their families. In response, the Eldercare Workforce Alliance (EWA) was formed to represent consumers, family caregivers, the direct-care workforce, and healthcare professionals — to propose practical solutions to strengthen our eldercare workforce and improve the quality of care. The mission of the group is to address our nation’s worsening eldercare crisis by building a caring and competent eldercare workforce — joining in partnership with older adults, their families, and other caregivers — to provide high-quality, culturally-sensitive, person-directed care and improve the quality of life for older adults and their families. The Eldercare Workforce Alliance is a group of 25 national organizations joined together to address the immediate and future workforce crisis in caring for an aging America.

The goals of the group involve addressing our major challenges to providing care for older adults, including an unsupported direct care workforce, clinician and faculty shortages, inadequate training, and a fragmented system of care. We plan to strengthen the Direct Care Workforce by requiring a minimum of 120 hours of training for certified nursing aides and home health aides, including explicit geriatric care and gerontological content, and creating minimum training standards/competencies for non-clinical direct-care workers. Further goals include increasing compensation for front-line caregivers by a) establishing minimum standards for wages and benefits paid under public programs and b) targeting reimbursements to ensure that public funds directly improve compensation for direct-care workers.

The plan to address clinician and faculty shortages includes increasing compensation for professionals with geriatric and gerontological expertise. We plan to influence legislators to increase funding for federal and state programs that support development of geriatrics faculty and clinician training — such as Title VII and Title VIII and implement federal and state programs that provide incentives — such as loan forgiveness — to those entering careers caring for older adults. We plan to work with agencies and organizations that certify and regulate the eldercare workforce to require demonstrated and continued competence in the care and treatment of older adults.

Finally, we plan to address the re-design of healthcare delivery by encouraging payers to disseminate and adopt cost-effective, comprehensive care coordination models that are evidence-based and fully fund care coordination components that have demonstrated measurable success.

Individual committees have been developed to address each of these challenges and volunteers are always welcome. The EWA gathers as a group monthly in Washington, DC, and individual committees meet via conference call and in person. GAPNA participates in the EWA through the Consortium of Gerontologic Nursing Organizations (CGNO). For more information on becoming involved, contact Marianne Shaughnessy at mshaughn@grecc.umaryland.edu.

2008 GAPNA Foundation Awards

Each year the GAPNA Foundation awards scholarships to members for research, education, and service. This year awards were presented to Marie Boltz, PhD, RN, GNP-BC; Marge Dean, MSN RN, CS,GNP; and Katherine M. Aldrich, MSN, RN, PhD (candidate).

The **Foundation Research Scholarship Award** was presented to Marie Boltz, PhD, RN, GNP-BC, to support the investigation *Physical Function as a Nurse-sensitive Outcome in Hospitalized Older Adults*. The purpose of the proposed study is to investigate the independent contribution of nursing practices to functional decline and related discharge outcomes in hospitalized older adults. The primary aim is to increase understanding of the relationship between nursing care practices and physical function in hospitalized older adults to better understand the following:

1. Which patient characteristics (disease burden, depression, delirium, admission functional status, age, race/ ethnicity, education, marital status, primary language, place of residence) influence change in physical function (eating, dressing, toileting, transferring, bathing, continence), measured from admission to day 3, and from admission to day of discharge.
2. The relationship between nursing care practices (rehabilitative interventions, restorative nursing interventions, use of restrictive devices, use of medically prescribed tubing/lines, restriction of time spent out of bed) and change in physical function in hospitalized older adults, measured from admission to day 3 and from admission to day of discharge, controlling for patient characteristics.
3. Whether nursing care practices mediate the relationship between physical function and discharge outcomes (length of stay, discharge disposition, post-discharge rehabilitation) in hospitalized older adults.

This study is important because loss of physical function is common among older adults who are hospitalized. Nursing practices may contribute to restricted mobility and contribute to post-discharge dependency. Dr. Boltz seeks to identify a potential window of opportunity to prevent avoidable functional decline and contribute to clinical practice guidelines for care of the hospitalized older adult.

The **Student Travel Award** was presented to Katherine Aldrich, MSN, RN, PhD (candidate), for her investigation *30-day Recovery Perception and Quality of Life in Older Cardiac Surgery Patient*. The purpose of Aldrich’s study was to describe the (continued on page 8)

An Invitation to China: Their Aging Population

In April 2008, Jane Nunnelee PhD, RN, a Geriatric Nurse Practitioner from Dallas, TX, was invited by the Ministry of Civil Affairs and the Aging Foundation of China to address health issues and other aspects of care affecting their older population.

The graying of the world is apparent in many countries. Among the countries being proactive in addressing issues of aging populations is China. Currently, China leads the world with the largest number of older adults and is working to prepare for their health issues and housing concerns.

A conference was held in Beijing, China on aging care and services. Attendees included the China Ministry of Civil Affairs and China Aging Development Foundation staff, businesses concerned with the building of communities for older adults, physicians, nurses, social service personnel, and other individuals involved with older adults' needs and care. The topics presented by Jane were "GERIATRICS: Dimensions of Well-Being" and "Home and Community-Based Services."

During a fast paced two weeks, Jane visited several universities and businesses located in Beijing, Nanjing, and Chongquig. At the universities, information was exchanged regarding topics on aging which included meshing of technology with aging needs, courses on aging and health care, and demographics. The businesses visited were interested in the development of inclusive communities of housing, health, and social services for the older population.

While in China, Jane was able to do some sightseeing, visiting The Great Wall, The Forbidden City, and The Temple of Heaven. The host of this trip has asked Jane to return to China to share her expertise in geriatrics.



Jane Nunnelee, PhD, RN, GNP, visiting with one of the physicians in attendance at the Conference in Beijing, China.



Jane Nunnelee, PhD, RN, GNP, with Ms. Tu, owner of the business building communities for older adults in Chongquig, and Min Cole, translator and administrator of a long-term care community in Los Angeles, CA.

2008 GAPNA Foundation Awards *(continued from page 7)*

relationship between quality of life on older person's perception of recovery at discharge and 30 days after cardiac surgery and to describe perception of recovery and factors which hinder or promote the recovery process. This study is important because older adults undergo cardiac surgery to alleviate symptoms and improve quality of life, yet little information exists on the effect of quality of life and the older patient's perception of recovery at discharge and one month postoperatively. After assessing and interviewing 65 older adults, Aldrich found that family support was key to recovery and mobility limitation because sternal precautions inhibited recovery the most.

Marge Dean, MSN, RN, CS, GNP, was awarded the **Dave Butler Spirit of GAPNA Award**. Applicants are chosen after review of the applicant's personal essay describing contributions to the mission and goals of the organization. Dean's **clinical** experience includes pioneering work in a local Veterans Affairs Medical Center Nursing Home and a rural health clinic. An active **advocate** for older adults, Dean developed and implemented a community-based older adult health program and collaborated with social services and adult protective services to improve assessments prior to court decisions. In 2002 she was instrumental in organizing a Senior Ambassador Coalition of nearly 70 agencies. With an overarching theme to improve the quality of life, the coalition works together to improve transportation and food delivery and to solve difficult problems such as elder abuse and neglect. Respected for her knowledge in geriatrics, Dean has assisted nursing faculty in integrating geriatrics throughout the nursing curriculum and developed an undergraduate geriatric course. She **teaches** in a family nurse practitioner program which provides a venue for her to instill a passion for geriatrics in the students. At the September GAPNA meeting, she presented her **research**, "Early Identification of Alzheimer's Disease: Early Clues." The purpose of the study was to learn from nurse practitioners the signs and/or symptoms that prompted them to assess for dementia in patients. In her essay, Dean stated that the country is taking notice of the need for attention to quality of life issues. Her solution exemplifies why she was chosen for this award, "We need enthusiasm through education, research, and community involvement to improve the quality of care for older adults."

Chapter News

Chicago Chapter

Joanne M. Miller, PhD, APN/GNP-BC, President
Chicagoland Gerontological Advance Practice Nurses (CGAPN)

In August 2008, one of our members, Carol Einhorn, MS, RN, CURN, GNP-BC, presented a well attended educational program on "Evidence-based Management of Urinary Catheters." Even very experienced APNs stated they learned significant new information from this presentation. On November 6th a program on "Incorporating a Palliative Approach into Care of Older Adults" by Susan Breakwell DNP, RNC, was presented. Our annual dinner will be held in May 2009. The May meeting will focus on networking, socializing, and having some fun.

We also want to recognize that a CGAPN member, Elizabeth Rochford MSN, RN, APN/CNP, was the recipient of the 2008 Oncology Nursing Society Excellence in Nursing-Sensitive Patient Outcomes Award. This award recognized the significant impact she had on nursing care delivered to patients experiencing cancer through her work on the Northwestern Memorial Delirium Project.

Great Lakes Chapter

Alice Early, MSN, ANP, BC
Chapter President

The Great Lakes Chapter's September 2008 meeting featured Dr. Patel who spoke on "X-Stop and Spinal Stenosis." During the meeting, we awarded our chapter's first Great Lakes Chapter Award for Clinical Excellence to Cindy Gerstenlauer, MSN, APRN, BC, CDE. Cindy is a founding member of the Great Lakes Chapter. She has exemplified excellence in geriatric care through her clinical experiences, patient and nurse practitioner student teaching, and leadership in promoting gerontological nursing. Congratulations, Cindy!

The Great Lakes Chapter was honored at the NCGNP 2008 Conference by being selected to be the first recipient of the Chapter Excellence Award. Our chapter also received recognition for 10 years as a chapter. We are very proud of our chapter's accomplishments!

We held our 1st Annual Geriatric Conference "A Day Well Spent - Advancing Excellence in Geriatric Care" on October 25, 2008. The one-day conference was held at the Dearborn Inn and 65 APNs attended. We had very positive feedback from attendees. There are very limited in-state geriatric focused conferences for APNs, and this conference was very appreciated by those who attended. We are proud to have addressed this need! We are already beginning to plan our 2009 conference!

We held another meeting on December 4, 2008. Linda Keilman, MSN, RN, GNP-BC, spoke on spirituality in aging.

Magnolia Chapter of Gerontological Advanced Practice Nurses (MagGAPN)

Lisa Byrd, PhD, CFNP, Gerontologist
President MagGAPN

The Magnolia Chapter is growing and hoping to have enough members to separate into 3 chapters soon. Many members of our chapter attended the national conference in St. Louis. We held a meeting on December 2, 2008, at Schimmel's Restaurant in Jackson, MS. Dr. John Norton from the University of Mississippi Medical Center spoke on "Advancing Senior Care Management of Depression and Anxiety Symptoms in Older Adults."

We met in January 2009 in Jackson for a presentation on "Non Pharmacological Treatment of Urinary Incontinence in Older Adults" with Diane Smith, NP, who presented her concept in St. Louis at our recent national conference. We will have our next meetings in New Orleans, LA, and Mobile, AL. We are seeking topics for educational opportunities and places to have meetings. We would like to invite anyone in Mississippi, Louisiana, or southern Alabama who wants to join our local chapter to contact me by e-mail at LByrd3@comcast.net or if you want information and/or to be included in our communication network.

GAPNA Florida Chapter

During this year's Florida Medical Director Association Meeting held in Orlando, FL, 20 advanced practice registered nurses met with Sue Mullaney, President of GAPNA to discuss the initiation of a Florida Chapter of GAPNA. Sue Mullaney and JoAnn Fisher provided an overview of GAPNA and the benefits of membership. The group went on to discuss various practice-related issues that would be better addressed by one unified voice and a local chapter of GAPNA may be able to provide this.

Six individuals from around the state volunteered to lead the initiative and will be meeting to determine next steps. If you have any interest in learning more about this chapter in development please contact one of the individuals listed below:

Debbie Morgan at dcmorgan22@bellsouth.net (Pensacola area)
Patty Wallace at rwall1989@bellsouth.net (Jacksonville area)
Marsha Rauch at doctormarsha@earthlink.net (Orlando area)
Peggy Jackson at peggy_h_jackson@uhc.com (Tampa area)
Bea Matthews at beatrice_m_matthews@uhc.com (Tampa area)
JoAnn Fisher at joannfisher@oslermedical.com (Melbourne area)

Abstracts That Score

Testing a model of post-stroke exercise behavior.
Rehabilitation Nursing. 31(1):15-21, 2006 Jan-Feb.
Shaughnessy M. Resnick BM. Macko RF.

Descriptive Abstract

This article describes a survey study of stroke survivors regarding attitudes, beliefs, and behaviors regarding exercise. The authors used structural equation modeling to test a theory regarding the relationships between self-efficacy, outcome expectations, and past and current exercise habits to predict current exercise patterns.

Informative abstract

Stroke is the leading cause of disability in older Americans, and survivors tend to be sedentary. Studies of motivation to exercise in older adults suggest that self-efficacy and outcome expectations are key determinants of initiation and adherence to exercise programs. This study tested a theoretical model of physical activity in stroke survivors. A survey of exercise beliefs and patterns was sent to National Stroke Association stroke support groups. Responses from 312 stroke survivors (mean age 63 years, 57% female, 70% white) indicated that only 31% exercised four times weekly. Self-efficacy and outcome expectations for exercise, before exercise history, and physician recommendation all directly and indirectly influenced self-reported exercise behavior and accounted for 33% of the total variance in exercise behavior. Model testing supported the theory and the model fit the data. Interventions to strengthen self-efficacy and outcome expectations for exercise, along with reminders for clinicians to encourage regular exercise programs, may increase the likelihood of initiating and maintaining an exercise program, potentially improving physical function and cardiovascular fitness in this population.

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Interested in Starting a Chapter?

Contact GAPNA Chapter Services Specialist, Sara Brown, at
(866) 355-1392, (850) 471-7075, or
e-mail her at sara.brown@dancyamc.com

Third Annual Golf Tournament and Fun Run Walk

Sponsored by GAPNA Foundation

The Courses at Forest Park in St Louis, MO, was the venue for the third annual GAPNA Foundation golf tournament last year. Although the course was crowded, the autumn weather was perfect and a good time was had by all. At the end of the day there were two teams tied for the winners prize and a “putt off” was arranged to determine the winning team. Evelyn Duffy’s team consisting of Kathy Woolman, Sandy Jorgenson, and Tammy Siemer won the putt off with Evelyn hitting the pin to win the contest! You do not have to be a good golfer to play with us next year. We play a best ball team game and drink a little beer and have a great time all for a good cause: raising money for scholarships and research. See you in Savannah for more of the same!



Courses at Forest Park



Winning Golf Team
Sandy Jorgensen, Tammy Seimer, Kathy Woolman, and Evelyn Duffy

Watching the fireball red sun rise slowly over the dark Mississippi river, 27 bleary eyed NCGNP members staggered around the Arches park in St Louis. Yes, it was the third annual Fun Run Walk and as usual it was held at “O-dark- thirty” A.M. The turn out was impressive considering the hour. Participants got pedometers for their efforts, and I hope they are still using them daily! According to Dr. Barbara Resnick our in-house exercise queen, you have to “walk the talk”!



Fun Run Walk Participants

So if golf is not your passion maybe an early morning walk this year in Savannah will suit your fancy? Be there or be square!

GAPNA Member Ancy Zacharia Named House Call Clinician of the Year

The American Academy of Home Care Physicians awarded its prestigious House Call Clinician of the Year Award to Ancy Zacharia, MSN, RN, GNP, at its Annual Scientific Meeting held on April 30, 2008, in Washington, DC. The award, presented in association with the Pfizer Medical Humanities Initiative, is the highest honor bestowed by the Academy, an organization of physicians and other home care professionals dedicated to promoting the art, science, and practice of medicine in the home. Nominated and selected by their peers, award winners are recognized as pioneering clinicians who are bringing house calls back into the medical care mainstream.

Ms. Zacharia received her Geriatric Nurse Practitioner degree at Rush University Medical Center in 1999. While earning her degree, she was honored as the geriatric nurse of the year. She began her house call career with HomeCare Physicians in December 1999 and has made over 10,000 house calls. Ms. Zacharia’s clinical skills are frequently recognized, but it is her bedside manner that is constantly praised by patients and families.

Also notable is her advocacy work on behalf of house calls and their impact on the care of the frail elderly. She has served on her county’s Elder Abuse and Neglect Multidisciplinary Team for the past four years. She was also selected by the Illinois Nurses Association, representing 6,000 nurses, and the Chicago Geriatric Nurse Practitioner Association to represent them on the State of Illinois’ Older Adult Services Advisory Committee. In April 2008, Ms. Zacharia spoke in the Illinois state capital to the Services Subcommittee on care coordination and the impact house calls have on enabling patients to remain at home. Says one colleague, “Ancy has a way of planting seeds of blessing as tiny gifts straight from the heart, her loving words, the thank you’s, encouragement, and a smile to all who pass her way.”



CALL FOR NOMINATIONS

GERONTOLOGICAL ADVANCED PRACTICE NURSES

Formerly
National Conference of Gerontological Nurse Practitioner

President-Elect: The President-Elect serves as a member of the Board of Directors and performs the following functions: performs duties as assigned by the President; automatically assumes the office of President at the end of the President's term or in the event of a vacancy in the office of President; develops a thorough understanding of the bylaws and policies of the Society, and *Robert's Rules of Order*, Newly Revised; works closely with the President; develops and prepares goals for upcoming term as President; establishes contact with the National Office staff for the operation of the Society; recognizes and advises of changing outside influences which may affect the decisions of the Board; participates in the development and implementation of the strategic plan; contributes articles to newsletter as required; completes other duties as assigned. Travel is required and expenses are reimbursed as set by GAPNA policy. Three year commitment, first year as President-Elect, second year as President, and third year as Immediate Past President.

Treasurer: The Treasurer serves as a member of the Board of Directors and performs the following functions: 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 GAPNA policy. Two-year commitment.

Director-at-Large: The GAPNA Director-at-Large serves on the Board of Directors and perform the following functions: assume responsibilities delegated by the President and/or Board; participate in the development and implementation of the strategic plan; contribute articles to newsletter as required; assist to orient the new Director-at-Large; complete other duties as assigned. Travel is required and expenses are reimbursed as set by GAPNA policy. Two-year commitment.

Nominating Committee Member (2): 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. The candidate receiving the most number of votes will serve for two years, the second year of the term as Chair of the Committee. The candidate receiving the second most votes will serve a one year term.

NOMINATION AND CONSENT STATEMENT

A candidate must have been an active member of GAPNA 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, GAPNA 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 GAPNA 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 GAPNA would achieve through your service. **Statements exceeding 250 words will be cropped at the 251 word.**
3. A passport type photo for **inclusion with the ballot**
4. Your **curriculum vitae** or resume

**Return your COMPLETE CANDIDATE PACKET to the
GAPNA National Office by April 30, 2009 to:
GAPNA National Office, 7794 Grow Drive, Pensacola, FL 32514
or
Fax (850) 484-8762**

The GAPNA

Newsletter

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