President’s Message

Last October, I wrote to you immediately following our annual business meeting where it was voted that our organization change its name to the Gerontological Advanced Practice Nurses Association (GAPNA). At that time I also committed that although our name may have changed, our mission and values would not. The board has had two main objectives in mind this year; many efforts and initiatives are underway to accomplish both of these goals.

The first objective is focused on supporting members. We continue our recruitment efforts and have been actively engaged with the chapters on numerous levels. We are anticipating the continued corporate membership from Evercare and are working on additional group memberships. A most recent initiative with the chapters has been through the educational grant from Takeda for the development and implementation of an educational module about IBS. Eight Chapters as well as individual members have been participating, and we are thrilled to be able to partner with the France Foundation on this initiative. There have been several other opportunities in which members have participated. Four volunteers, Lisa Byrd, PhD, RN, CFNP; Jennifer Serafin, MSN, GNP; Nikki Davis, FNP-C; Julie Schneider, APN-BC, participated on a project with the Institute on Quality Aging. JoAnn Fisher, ARNP-C participated at a regional meeting of the AANP, and Anna Treinkman, GNP presented at the Legislative Summit of American College of Nurse Practitioners (ACNP).

Our communication to members continues through a variety of media. We have been leveraging eblasts and a new version of the newsletter, which is now online. There has been a significant amount of work behind the scenes regarding our website, and some recent updates will include online voting and online registration for our 2009 conference. The “look” of the website will be updated shortly as we finalize our logo design.

The second objective focuses on promoting the role of advanced practice nurses. The board has been actively engaged with many of our clinical partners as well as participating in key initiatives regarding healthcare reform, Title VII and VIII, and the NP competencies relative to the Consensus Model. Board members have been actively engaged in key national meetings including ACNP, the Legislative Summit of ACNP, the American Medical Directors Association (AMDA), the American Geriatrics Society (AGS), and the American Academy of Nurse Practitioners (AANP) roundtable discussions. Our clinical partners have heard that we are the organization of choice for advanced practice nurses specializing in geriatrics and have been inviting us to sit at the table.

In addition to these two main priorities, the organization continues to work through details of the name change, maintaining our financial security during these difficult economic times, and developing an outstanding annual conference this October. I am thrilled that Mathy Mezey, EdD, RN, FAAN has agreed to be our keynote speaker this year. This is certainly an opportunity you do not want to miss. Registration for the conference will be opening soon so please watch for the flyers and register early. Savannah in the fall is going to be lovely.

As always, I am thankful for your ongoing support of this organization and am honored to be working with my colleagues on the board. I look forward to seeing you all in Savannah.

Sincerely,

Susan Mullaney, MS, RN, CS, GNP
President
The GAPNA Health Affairs Committee is off and running for 2009. We started the 111th Congress with our sleeves rolled up and ready to work.

In February, several GAPNA members attended the American College of Nurse Practitioner’s Summit in Washington, DC. The focus of this year’s meeting was the need for nursing groups to communicate unity for healthcare reform. Nursing groups have power in numbers but only if we can agree and support each other. Legislators will listen to information which is supported by data that portrays our positive outcomes. While in DC, we met with legislative staffers, and one common question was how many residents in their states have an advanced practice nurse as their primary care provider? The data isn’t always easy to obtain, but this data is what we need in order to be heard. All the reason we must reply to surveys from APN organizations gathering data.

GAPNA is a national affiliate member of the American College of Nurse Practitioners (ACNP) and represents GAPNA for legislative issues. ACNP has a paid lobbyist who lobbies in DC on behalf of nurse practitioner issues. One concern that has been a burning issue is the Medicare Medical Home Demonstration Project. This Act authorized demonstration projects in eight states to evaluate “patient-centric” models of primary care healthcare delivery. Unfortunately, nurse practitioners were not included as primary care providers and were not eligible to participate in the demonstration projects as primary care providers.

On a positive note, the American College of Physicians (ACP), the second largest physician group next to the American Medical Association (AMA), published a policy document in February 2009 entitled “Nurse Practitioners in Primary Care.” This collaboration between ACP and nurse practitioner leaders is an important document supporting inclusion of nurse practitioners in demonstration projects to assess the Patient-Centered Medical Home Model (PCMH) effectiveness. The ACP acknowledges there are currently more people in the U.S. who need primary care than can be filled by all the MDs and NPs combined. We continue to work with our physician colleagues and legislators to ensure the Medical Home Model includes nurse practitioners as primary care providers. View the document at http://www.acponline.org/advocacy/where_we_stand/policy/np_pc.pdf

A group also connected with the ACNP and with which nurse practitioners continue to work is the Patient Centered Primary Care Collaborative, PCPCC, (www.pcpcc.net). This physician-driven group is recruiting consumers, insurers, and individuals to promote their model for the medical home and universal health care for uninsured Americans. They invited nurse practitioners to join and support their effort, but the nurse practitioner organizations stood together and refused until PCPCC changed the criteria to join from primary care “physicians” to “clinicians.” After months of discussion, this was changed. We continue to monitor their activities, and our mantra must be PROVIDER NEUTRAL LANGUAGE.

Health information technology is another area nurse practitioners must also monitor and ensure we are included in funding and pilot projects. The American Recovery and Reinvestment Act of 2009 allocated funds to provide grants to bring more hospitals and physician groups online with electronic health records. Nurse practitioners continue to monitor this activity to advocate for provider neutral language.

We will see many models for healthcare reform put forth this year. President Obama has promised to change the way health care is delivered in this country. Many leaders in Congress including Senate Finance Committee Chair Max Baucus (D-MT), Chuck Grassley (R-IA), and Edward Kennedy (D-MA) all are working to introduce bills. It is anticipated that the focus will be on a restructuring of Medicare, altering the medical provider payment systems, and discouraging wasteful practices. There will be a focus on improving access, increasing quality, and most certainly emphasize pay for performance combined with incentives built around comparative effectiveness. These initiatives will impact every care provider and will include new legislation focused on the long term care environment and care of older adults. Watch more updates as the summer nears and the dialogue heats up.

Lastly, in case you didn’t know, the newly appointed Director of the Health Resources Services Administration (HRSA) is a nurse! Mary Wakefield, PhD, RN, from North Dakota was appointed in February to head this important department which has the job of allocating funds for healthcare services. This is certainly an exciting time to be an advanced practice nurse and make our voice for healthcare reform heard. I invite you to consider joining the GAPNA Health Affairs Committee. We have streamlined the duties so that each committee member just monitors one area or issue. This helps to keep the work manageable in our very busy lives.
Practice Committee

Tim McGrath, MSN
Member, practice committee

As summer approaches, practice committee members thought it would be helpful to review some of the practice guidelines related to the realm of home care. The committee is in the process of updating the practice care guidelines/links for novice and seasoned advance practice nurses. Included in the practice updates are standards that are held by the Joint Commission. The Joint Commission is an organization designed to review and improve current care standards and guidelines across the care continuum in the United States. Recently, patient safety, in all its manifestations, has been examined closely by the Joint Commission, and the committee would like to share some ideas about improving safety for elders receiving home care. For a complete review of the Joint Commissions’ standards, please go to www.jointcommission.org.

The first endeavor every health care professional should try to achieve is to create a culture of safety within their organization. A system of reporting errors ultimately will improve patient care and reduce harm. Medical errors are of particular concern in the elderly primarily because age is associated with increased incidence according to many studies. Medical errors are often the result of a systems problem. Creating a non-judgmental mechanism to freely allow that information to reach practice administrators and others will allow for changes to be made within the system. These facts acknowledged; the home is a wealth of information that clinicians can gather to make recommendations to enhance patient safety. The following is a list-by-no means exhaustive and in no particular order.

Fall Prevention - The following are associated with increased fall risk and should be assessed during a home visit:
- Scatter rugs
- Extension cords
- Clutter
- Poorly placed furniture (obstacle course)
- Small animals
- Lack of adaptive equipment
- Poor lighting
- High bed height
- Poor fitting shoes
- Gait instability/Poor balance
- Cardiac medications-(beta blockers and diuretics)
- Infections
- Cognitive impairment
- Muscle weakness
- Poor vision

Food and Medications
- Inquire about how patients obtain and manage their food and medications.
- Problems with chewing or swallowing? How do they open the pill bottles? How do they know if food has expired?

Is it too hot/cold
- Can they regulate the temperature appropriately physically and/or financially?

Smoke and CO2 detectors - Many home bound and frail elders are ill equipped to change the batteries and/or maintain their detectors.

Emergency Plans
- Often patients have an emergency notification device like lifeline but don’t wear them. Encourage them to utilize the equipment as it is intended. It would also be helpful to understand what the patient would do and how they would do it if an emergency arises. Discuss evacuation plans and update next of kin in the healthcare record.

Medication Reconciliation and Health Literacy
- Review and provide a medication list with each visit to ensure everyone has an updated version. Include over the counter medication and nutritional supplements. Provide education around medications and how they are tied to a diagnosis. Review patient and family understanding of the current medical problems.

Advance Directives
- Discuss health care wishes as part of a routine visit. Identify a health care proxy. Encourage the placement of health care documents in an easily accessible area.

Infection Prevention
- Wash hands before and after all patient contact.
- Medical bags and equipment off the floor.

(continued on page 4)
Practice Committee  (continued from page 3)

Identify a “dirty” “clean” area of the medical bag for specimen collection and sterile equipment.

Household maintenance
Tied to fall prevention but more - who does the laundry, cleaning, bill paying, etc.

Involve the patient and family
Discuss current medical issues, health care wishes, common sequela associated with chronic illnesses and provide education to improve the understanding related to these matters.

Pain
The fifth vital sign. Questions about pain often open discussion about functional status, mood, and fall risk.

This list is not meant to be exhaustive but an overview of items to be explored during a visit to a frail, home-bound elder. We hope you find this helpful.

Research Committee

Joanne M. Miller, PhD, APN/GNP-BC, Chairperson
Lorraine J. Phillips, PhD, RN, FNP-BC (contributor)

The Research Committee reviews abstracts for poster and oral presentations. Committee members also review the posters and research and project presentations at the national conference for awards. For hints on writing an abstract, see Marianne Shaughnessy’s article in the recent Geriatric Nursing journal on “Abstracts That Score.”

There were a number of requests to have our membership participate in research surveys. The Research Committee developed a guideline for access to GAPNA members for projects and research. The principal investigator/director must be a GAPNA member. All requests are reviewed for proper investigational review board (IRB) approval, relevance to GAPNA mission, impact on the care of older adults, and participation burden on the membership.

Recently the Hospice and Palliative Nurses Association developed a research agenda that may be of interest to our membership. The agenda is available at www.hpna.org. Their three priority areas of symptom investigation are dyspnea, fatigue, and constipation in adults, especially with end-stage heart disease. These areas were chosen because they are understudied, and heart disease is the leading cause of death in adults in the United States.

In the research spotlight is Mary Pat Rapp, PhD, RN, FAANP, assistant Professor of Clinical Nursing in the Gerontology Division, and Track Director for the GNP program at The University of Texas Health Science Center-Houston School of Nursing, and nurse practitioner with Geriatric Associates of America, PA in Webster, TX.

Dr. Rapp’s program of research focuses on pressure ulcer prevention in nursing facility residents. As a John A. Hartford Foundation pre-doctoral scholar, Dr. Rapp utilized accelerometry to examine the relationship between mobility levels and pressure ulcer prevention in nursing facility residents. Subsequent to the accelerometry study, she investigated tissue tolerance in nursing facility residents by measuring skin temperature. She found that among nursing facility residents at risk for pressure ulcers, the degree of regularity in the change in skin temperature was lowest for those who developed pressure ulcers.

She is currently the principle investigator on a study comparing an observational measure of tissue tolerance to the Braden Scale for Pressure Sore Risk©. If Dr. Rapp is able to show that the Braden scale predicts pressure ulcer risk as well as the time-consuming procedure of observing the time to erythema onset after exposure to pressure, nursing facilities may ultimately realize savings in labor costs.
AANP Region 11 Invitational Leadership Meeting

Jo Ann Fisher, ARNP-C
GAPNA Representative to AANP

I was fortunate to be asked to attend, on behalf of GAPNA, the American Academy of Nurse Practitioners (AANP) Region 11 meeting, which was held at the Crowne Plaza Orlando Airport, in Orlando, FL, on February 7, 2009. The meeting was attended by leaders from AANP, state boards of nursing, universities with NP/DNP programs, regional fellows, retail providers, and other groups/organizations from Alabama, Mississippi, Georgia, and Florida. Cindy Cooke, Region 11 Director of AANP, welcomed all in attendance and asked that we briefly introduce ourselves to the group. Cindy also gave a brief explanation as to the selection process for attendees.

Dr. Jan Towers, Director of Health Policy of AANP, updated the group on matters of national and state legislative and practice issues. Time was allowed for discussion/questions, and multiple handouts were supplied to the attendees. Specific areas of discussion were healthcare reform, state regulatory and prescriptive authority, appropriations for nurse practitioner educational programs and traineeships, Medicare reimbursement issues, and the medical home. Dr. Towers is a strong advocate for our profession and very experienced about the workings of the legislative process. She did state that there is a concern now because the Secretary of the Department of Human and Services (HHS) is unknown,”* and we do not know if the new selectee will be “a friend to NPs.” Also, no one knows whether President Obama will have an interest in nurse practitioner issues.

The IT stimulus package is stalled because of other priorities, and we are included in Medicaid but not the Medicare package. All of this has to do with funding. In Jan’s words, “We are on the front burner and getting Medicaid dollars is a better option for us at present.” Appropriations for nursing may improve under this administration and the APN grant process was discussed. There is a strong effort to have NPs recognized as primary care providers in all legislation.

Each of the state AANP leaders gave a report of current issues in his or her state. There was a focus on “what was and was not working,” and there was good discussion by all in attendance. There was a concern that for every step forward for nurse practitioners or effort for change, there was an effort brought forward by the state medical associations to block the change and/or take away something that was already in place.

The Doctorate of Nursing Practice was also discussed, and many of the university representatives present stated that they already did or were soon to have these programs. The Wall Street Journal article about Columbia University’s decision to use the third year medical student’s exam for the DNP graduate was decided by all to be a very poor decision. All felt that it could be another source for conflict by physicians.

*Editors’s note: Since this article was written, Kathleen Sebelius has been sworn in as Secretary of the Department of Health and Human Services. Secretary Sebelius has over 20 years of experience in state government, and has been a leader on health care issues for over a decade.

Foundation Fun in Savannah!

Anna Treinkman, MSN, RN, GNP

The GAPNA Foundation invites you to join our fundraising activities at the 2009 conference in Savannah. The money raised at these events will enable the Foundation to continue to provide scholarships and research awards to GAPNA members. Please join in the fun.

**Wednesday, September 30 at 1:00 p.m.**
The 4th Annual Foundation Best Ball Golf Tournament is at the famous PGA golf course The Club at Savannah Harbor on Daufuskie Island. All levels of players are most welcome. It’s great fun with prizes too!

**Friday, October 2 at 6:00 a.m.**
Get your blood pumping with a lively 2 mile Fun Walk/ Run.

**Saturday, October 3 from 6:00 p.m. to 7:30 p.m.**
The Savannah Historic Trolley Tour is a private 90-minute tour of Historic Savannah. GAPNA attendees will be picked up at the Hyatt Regency Hotel and finish in the downtown, historic area where you will have free time for dinner/drinks on your own. This tour is a great way to see and appreciate the unique history of Savannah, network with friends, and help the Foundation.

**Cost for events**
Golf Outing: $150.00 • Fun Walk/ Run: $25.00 • Historic Trolley Tour: $35.00

**SPECIAL OFFER!** Sign up for both the Fun Walk/Run and Trolley Tour for only $50.00 – A savings of $10.00!
Update on Prolonged Service Codes in Long Term Care Settings 2008

Valisa Saunders, MN, APRN, GNP
Valisa@hawaii.rr.com

Prolonged Service Codes for LTC settings became effective July 1, 2008. When the current set of CPT codes for LTC 99304-99318 were implemented in January 2006, prolonged service codes were not allowed because time standards for the new codes had not been established.

Prolonged service codes for Long Term Care are inpatient CPT codes 99356 and 99357. These time standards are for direct face-to-face patient contact time. Use 99356 prolonged service code in companion with LTC codes 99304-99318 for the first hour beyond the usual service time (see table for usual service times) and use 99357 to report each additional 30 minutes of direct face-to-face patient contact following the first hour of prolonged services. LTC Place of Service (POS) codes 31 (SNF) and 32 (NF*) should also accompany the Corresponding CPT codes. Prolonged Service codes 99354 and 99355 are to be used with outpatient companion codes for the office, domiciliary, rest home, or custodial care services.

Threshold Time for Prolonged Visit Codes 99356 and/or 99357
Billed with Inpatient Setting Codes

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(*NF=Nursing Facility level not on Medicare SNF benefits regardless of level of care.)


For further information on Medicare billing information go to www.cms.hhs.gov. Go to the Medicare menu. For information on billing and coding there are separate menus. Provider enrollment is under forms.

A hui hou (til next time)

GAPNA Foundation Inc.
4th Annual Best Ball Golf Tournament

Here we see MJ Henderson and Patty Kang heavy into spring training for the 4th annual GAPNA Foundation Best Ball Golf Tournament in Savannah, GA, on Wednesday, September 30 from 1:00 p.m. – 5:00 p.m. This year we will be at the famous PGA course The Club at Savannah Harbor. We challenge all former players to play again this year, and we welcome all levels of players to join us for the first time. The team to beat is obviously MJ and Patty, and our ringers, Carrie Bone and Cathie Taylor!! See you on the starting tee September 30 at 1:00 p.m.
Learn How to Put Advocacy into Action through a PAC

What is a PAC?
As authorized by federal law, a corporation may set up a separate “segregated fund” which is commonly known as a “political action committee” or PAC. In essence, the PAC becomes the means to combine individual contributions to elect candidates whose views are consistent with those of the organization.

Why does ACNP maintain a PAC?
One of ACNP’s primary roles is advocacy on behalf of nurse practitioners at the federal level. It is vital that nurse practitioners are able to have an impact on legislative initiatives benefitting NPs. It is critical that we help elect decision-makers who understand nurse practitioner issues and will be open to solutions. The ACNP PAC is not affiliated with any political party.

How can I be involved?
The timely, focused support of candidates who understand nurse practitioner initiatives is an important component of ACNP’s advocacy efforts. All participation in ACNP’s PAC is by individual members only and voluntary. Initiate your PAC actions! To get involved contact PAC@acnpweb.org.

Member in the News

GAPNA Member Scharmaine Lawson-Baker, APRN FNP, was named the 2008 Nurse Practitioner Entrepreneur of the Year by Advance for Nurse Practitioners, which recognizes the ingenuity and success of nurse practitioners in the business world.

In March 2005, six months before Hurricane Katrina hit the Gulf Coast, Lawson-Baker opened Advanced Clinical Consultants making house calls to older and disabled, mostly indigent patients in New Orleans, Louisiana. Most of her patients were displaced or died in the floods following the storm.

Lawson-Baker temporarily moved to Texas. She returned home in November 2005, where she found her practice was needed more than ever. With no hospitals and very few healthcare providers, everyone remaining in central New Orleans was a patient who needed her services. Lawson-Baker assisted patients with acquiring housing through FEMA and, at times, used her own funds to assist patients with purchasing medications. By the end of 2007, she had over 1,000 patients, so using her own funds was no longer an option. In order to make sure patients had access to money for food, rent, and other necessities, Lawson-Baker founded Geriatric Initiatives, a nonprofit that offers cash and services to older or disabled adults.

To read the entire article in Advance for Nurse Practitioners go to http://nurse-practitioners.advanceweb.com/Editorial/Content/Editorial.aspx?CC=190125

Advanced Practice Nursing & Physician Assistants Webpage

The Medicare Learning Network (MLN) announced the availability of the Advanced Practice Nursing & Physician Assistants (APN/PA) webpage. This dedicated webpage is for Medicare fee-for-service (FFS) advanced practice nurses and physician assistants who provide services to Medicare beneficiaries.

From this webpage, you will be able to access the Medicare FFS program topics in order to keep abreast of policy and operational updates specific to advanced practice nurses and physician assistants.

One of the educational resources featured on this webpage is the Advanced Practice Nurse/Physician Assistant Web-Based Training Program – this interactive web-based training program provides definitions of the advanced practice nursing/physician assistant provider types; outlines the qualifications of the advanced practice nursing/physician assistant provider types; describes collaboration/supervision requirements for advanced practice nursing/physician assistant Medicare reimbursements; lists the Medicare billing requirements for advanced practice nursing/physician assistant; and identifies links to Medicare manuals and other resources.

For more information, visit the webpage at http://www.cms.hhs.gov/MLNProducts/70_APNPA.asp#TopOfPage on the CMS website.

Call for Articles: GAPNA Section in Geriatric Nursing

We are looking for scholarly articles from GAPNA members to publish in Geriatric Nursing. Articles should relate to practice, education, issues affecting geriatric advanced practice nursing, or ways to impact and improve geriatric care. Please submit a short article (no more than 1500 words) to be considered for publication. Indicate in the subject area “GAPNA article submission.” Send electronic submissions to DrLByrd@yahoo.com
Chapter News

Chicago Chapter

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

The Chicago chapter continues our educational programs and began several new initiatives this quarter. Our February meeting included an educational program on anemia and chronic kidney disease in long term care. The May 13th meeting was our annual dinner with a program on self-renewal and having fun by member Beth Slutsky, GNP. The proposed August program will be on vitamin D and older adults. See the GAPNA website for our chapter for specific dates and topics. On April 25th, the chapter coordinated a networking and discussion session for new APN graduates and students to support their transition into the APN role. The chapter is working on a strategic plan to focus chapter efforts on member priorities.

We also want to recognize CGAPN member Valerie Gruss, PhD, APN/GNP-BC, who was the recipient of the 2008 Careers in Long-Term Care Award at the Florida Medical Directors Association/American Medical Directors Association national conference. Dr. Gruss was the first nurse to ever receive this award. Each applicant’s essay, poster, and credentials were reviewed for their commitment and expertise in long-term care and geriatrics. Dr. Gruss was also a recipient of a pre-doctoral fellowship from The John A. Hartford Foundation.

Great Lakes Chapter

Alice Early, ANP
President, Great Lakes Chapter

The Great Lakes Chapter held quarterly meetings in December 2008 and March 2009. The December meeting featured one of our chapter members, Linda Keilman, MSN, GNP-BC, speaking on “Spirituality in Aging.” The meeting was sponsored by Allergan. It was attended by thirty advanced practice nurses and NP students. Our March meeting was sponsored by Lilly Senior Care and featured Nathan Jaisingh, NP, speaking on “Major Depressive Disorders in Older Adults.” Thirty five people attended the meeting.

Our chapter sponsored its First Annual Geriatric Conference in October 2008. It was a very successful one-day conference with sixty attendees and ten vendors participating. We had very positive responses from the conference and are now planning our Second Annual Geriatric Conference for November 7, 2009, to be held at the Dearborn Inn in Dearborn, MI. For further information regarding the upcoming conference in November, please e-mail ame626@aol.com

Our chapter is actively working with local universities to support NP students and encourage active participation in our chapter. We were a sponsor of the NP Student Networking held at Oakland University in March. We approved an Advanced Practice Nurses Student Scholarship Award at our March meeting. We will award the first scholarship in the fall. We have formed a subcommittee to explore having an NP student mentorship and networking program. We continue to encourage NP student membership by having no chapter fees for NP students.

New England Chapter

The New England Chapter of the Gerontological Advanced Practice Nurses Association has been busy over the past several months. We began the New Year with our second annual meet-n-greet. In January, we hosted a panel of practicing NPs, recent and seasoned graduates, who gave “first year employment” advice to students representing several local NP programs. Over forty persons attended this exciting event at Restaurant 45 in Medway, MA.

Interest in our efforts continues to grow, and we have made contacts with local organizations about educating adult, acute care, and family NPs treating older clients in the community. We have connected with the Massachusetts Coalition of Nurse Practitioners, Massachusetts Physician Assistants Society, and Massachusetts Association of Consultant Pharmacists to identify common goals and develop initiatives to further the cause of geriatric care.

In April, we featured Elissa Ladd, PhD, RN, FNP from the Institute of Health Professions at MGH. She spoke to over thirty attendees about “Evidence-Based Prescribing for the Older Adult.”

Look for announcements about our June 2009 meeting on the national website and via local e-mail.

We continue to seek volunteers to serve on our executive committee. Elections for offices will be held in the spring of 2010. For more information contact Katherine Howard, Chapter President, kynp@thehow.com.
Cruise and Learn: A Unique Educational Experience Where Learning and Education are Combined
Lisa Byrd, PhD, CFNP, Gerontologist

The Magnolia Chapter of Gerontological Advanced Practice Nurses (MagGAPN), a local chapter of GAPNA in Mississippi, Alabama, and Louisiana, has partnered with the Mississippi Nurses Association District 13 to offer a seminar at sea with a possibility of obtaining 10 contact hours. It is a 5-day cruise on the Carnival Fantasy, January 7, 2010, leaving from Mobile, Alabama, and sailing to Cozumel, Mexico.

Seminars will occur during the days the ship is at sea so not to interfere with exploration of Mexico while in port and allow for some well-deserved recreation to attendees. During this educational cruise, topics will be presented surrounding care of the older adult as well as integrating geriatrics into nursing curriculum and will be taught by nationally recognized speakers. There will be concurrent seminars for those interested in geriatrics as well as those who are more interested in academics including participative roundtable discussions. Geriatric topics will include “Explosion of the Geriatric Population: Projection for the Future”; “Geriatric Syndromes & Ways to Manage”; “Sundowning & Other Problematic Behaviors in Older Adults: Learn What Works & What Doesn’t”; and “Pressure Ulcers and Other Problems of Maintaining Skin Integrity in Elders.” In the academic arena, topics will include “Infusing Geriatrics into Nursing Curriculum”; “Schools Working Together & Sharing Resources: The Mississippi Gerontological Nurse Practitioner Consortium”; and “Preparing for the Future: Nursing Education in the Age of Technology.”

The cost is very reasonable and includes the cost of contact hours, cruise, taxes, and tipping for cruise staff. Discounted rates are offered for those accompanying attendees who do not wish to attend the educational offerings. To get a brochure and for more information send requests to DrLByrd@yahoo.com

Northern California Chapter

Jenifer Serafin, MSN, RN, GNP
President, Northern California Chapter

On Saturday, February 7, 2009, the Northern California Chapter of GAPNA held our annual CE event. Not only did we get a good turnout, but we also received beneficial feedback from attendees. Using the GAPNA Approver Unit, we provided 5.5 contact hours for attendees. Our topics included spiritual dare, incontinence, hypertension, teaching physical assessment, and a neurological exam review. As this event was such a success, we are planning it again in 2010.

Our next meeting will be in October at the Annual Conference in Savannah. We will also have a local meeting in the Bay Area on November 7, 2009.

Delaware Valley Chapter

Suzanne Ransehousen, GNP
President, Delaware Valley GAPNA

The Delaware Valley Chapter’s annual meeting will be held on Thursday, May 14th at 6:30 p.m. The dinner meeting is being hosted by Sanofi-Aventis, and the topic is “Overview of Stroke and Strategies for Secondary Prevention.”

We will be meeting at C.W. Harborside in Wilmington, DE. Anyone interested in attending, please e-mail Suzanne Ransehousen at suzyr107@yahoo.com.

GAPNA chapters can obtain complimentary or a reduced fee approval for chapter-sponsored continuing education programs from the GAPNA Approver Unit. All GAPNA chapters are eligible to apply for up to 8 contact hours annually for a single educational program at no charge. Additional contact hours (over 8) for a single program, or for additional programs in the year, are eligible for approval at a reduced rate of 50% off GAPNA’s non-profit fee. For more information about applying for contact hours go to https://www.gapna.org/continuing-education.html
GAPNA Call for Committee Volunteers

The GAPNA Board of Directors is looking for volunteers for its committees. The activities of the committees are driven by specific charges from the Board. If you are interested in contributing your time and expertise, please fill out the information below.

Name ____________________________ E-Mail ____________________________

Preferred Address ____________________________ ___ home ___ work

City/State/Zip ____________________________ Home Phone ____________________________

Title/Position ____________________________ Work Setting ____________________________

Phone ____________________________ Fax ____________________________

Please indicate how you would like to serve. If you are interested in more than one committee, please rank-order your choices. GAPNA Committees conduct their business via e-mail and scheduled toll free conference calls.

☐ Approver Unit—This committee works with the Approver Unit Nurse Manager to administer the awarding of contact hours for programs that are provided by outside agencies and GAPNA Chapters. Committee members are asked to review contact hour applications and make recommendations for the approval.

My areas of practice are ____________________________

☐ Education Committee—This committee participates in the development of educational programs and information for the GAPNA Web site and other resources; members of this Committee may participate in a faculty Special Interest Group in conjunction with NONPF.

☐ 2011 Planning Committee—This committee will review abstracts via fax, mail, and/or email for the GAPNA conference program and will meet for a mandatory face-to-face meeting in May 2010 and January 2011 to establish the outline for the program and identify key speakers. The Committee will continue to meet, via regularly scheduled conference calls throughout the year to develop the annual conference. VOLUNTEERS FOR THE CONFERENCE PLANNING COMMITTEE WILL BE ASKED TO SUBMIT A CV PRIOR TO CONSIDERATION OF APPOINTMENT.

☐ Health Affairs Committee—This committee monitors legislative events and activities and keeps the Board and membership apprised of events of potential interest and impact to GAPNA and advanced practice nurses that work with the older adult.

☐ Historical Committee—This Committee gathers and preserves GAPNA documents and pictorial memorabilia from inception in 1981 to present. Displays this material during annual convention.

☐ Member Services Committee—This Committee’s purpose is to support existing chapters, promote new chapter development and increase GAPNA membership.

☐ Practice Committee—This Committee is responsible to monitor practice related issues and keep the membership informed of issues impacting advanced practice nursing in long term care.

☐ Research Committee—This Committee Solicits manuscripts for the GAPNA Newsletter and promotes research and practice poster and oral presentations at annual convention.

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