

# The GAPNA Newsletter

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

## President's Message



Once again spring and summer prove to be busy times! As I have watched the flowers bloom, at the same time I've had the pleasure of observing the vision for GAPNA's future unfold. Throughout the winter, the Board continued to focus on some of the initial work related to the transition of the organization's new name. We've decided on a new logo and a new tag line that both compliment our new name yet adhere to the core mission and values of the organization.

We have maintained our commitments as set forth in the fall of 2008. The membership of the organization continues to grow, and we are thrilled that Evercare not only continued its corporate membership for another year but extended its membership from a gold member to a platinum member. Our website continues to evolve with recent technology updates and a new banner consistent with our new logo. Our financial viability remains strong. We have transferred significant dollars to Edward Jones, developed a finance committee, approved an investment policy, and invested some dollars.

Along with our focus on our 2008-2009 organizational priorities, we have been working on our future imperatives. Our logo, along with our tag line, continues to represent our core value of *caring*. We are the experts in geriatric care, and this focus will become even more critical as the consensus model moves geriatrics to a specialty and blends the certification to an adult-gero model. Individuals, organizations, as well as colleges and universities have already begun to look to GAPNA to provide expertise on geriatric curriculum and geriatric care.

As APNs caring for older adults, we have long recognized the importance of *coordination*. As our practice settings expand beyond the long term care environment into assisted living, home care, and others, we recognize the importance of coordination of care among providers within each of these practice settings. We also value the coordination of care as patients transition from one level of care to another.

We also have recognized the importance of *connecting*, whether it be in establishing a solid patient relationship, a trusting relationship with a family member, or a collaborative relationship with members of the interdisciplinary team; we all value connection. It is often this feeling of connection that brings many of us back to the conference year after year.

If we use our logo and tag line as the transition - connecting our past to our future, we must remain committed to our core mission and values but still recognize the opportunities that this organization has at its doorstep.

**Care.** How do we as an organization demonstrate to colleges, universities, organizations, and others that we are the expert APNs for the care of older adults? How do we share our expertise across practice settings where geriatric patients are receiving care?

**Connection.** How do we build connections within nursing organizations and among other interdisciplinary team members? It is these connections and relationships that will help us further educate those caring for the older adult. How do we connect with health policy decision makers to ensure that policies which impact advanced practice nursing and older adults are brought forth as solutions for the healthcare reform in the United States?

**Continuity.** How do we continue to serve our membership while expanding our national membership as well as our chapter membership? How do we connect with nursing students and mentor them in the care of older adult? How do we continue to utilize technology to stay connected with each other? *(continued on page 2)*

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# President's Message (continued from page 1)

The Board had an opportunity to come together at the end of May to develop a strategic plan. Our vision is that GAPNA will be recognized as a dynamic organization attracting a wide array of those in advanced practice as the healthcare industry looks to us as a knowledge leader utilizing the collective intelligence of its membership to inform public policy.

The charge that we have given ourselves is to meet the demand for infusion of gerontology across the care continuum and meet the demands of the elderly population that pose a unique set of challenges while positioning those in advanced practice as the key thought leaders and subject matter experts.

How do we propose to do that? We know geriatric care is being delivered in all types of settings by clinicians who are not necessarily geriatric experts. How can GAPNA play a role in expanding the geriatric expertise of all APNs? Can we coordinate efforts to understand care across the continuum? For example, there are many APNs employed by acute care facilities. We know 48% of acute care patients are over 65 and present not only with acute conditions but also with multiple chronic conditions. Can we connect with acute care APNs, assess the potential learning needs around geriatric care, and develop a collaborative plan to ensure the best well coordinated care with a focus on geriatric principle?. GAPNA has much to offer as the experts, and it is time to leverage our skill set with other APNs across settings.

I look forward to seeing you at our 2009 conference and sharing more about the strategic plan. Thank you for the opportunity to serve as your president.

Sincerely,

*Susan Mullaney, MS, APN, GNP-BC*

**President**

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## **GAPNA Welcomes Evercare As First Platinum Corporate Member**

GAPNA is pleased to announce that Evercare, our first ever corporate member, has renewed its Corporate Membership at the Platinum level. Evercare is one of the nation's largest healthcare coordination programs for people who have long-term or advanced illness as well as those who are older or have disabilities. Founded in 1987, today Evercare serves hundreds of thousands of subscribers nationwide with health plans for people in community and skilled nursing settings as well as those requiring caregiver support and hospice care.

At the heart of Evercare is the Innovative Care Model, which provides Nurse Practitioners and Care Managers trusted partners who help guide members through the complicated maze of the health care system. Like conductors leading an orchestra, they synchronize primary care teams and help ensure that doctors, care providers, families and members all work in harmony with a shared goal: improving the member's health and well-being. All of this leads to better health outcomes and helps provide peace of mind for members and their families at a lower cost to the health care system.

Evercare has submitted the names of 683 advanced practice nurses who now have their membership paid by Evercare, and who will enjoy all the benefits of regular membership in GAPNA; in addition, Evercare members receive an additional 10% discount on the annual conference registration. The Evercare Corporation receives a compliment of additional benefits including website employment ads, a booth at the conference, a plaque, and advertisements in the newsletter. Please stop by the Evercare booth at the 2009 GAPNA Annual Conference and welcome Evercare as a Platinum Corporate Member of GAPNA.

### **New Logo, New Look**

**Visit the Web-site - [www.gapna.org](http://www.gapna.org)**

Take part in the Forum. The Health Affairs has invited GAPNA members to participate in the FORUM DISCUSSIONS. You may have noticed a few e-blasts with an invitation. This is an excellent way to participate and keep current with practice issues on a local level. There also is discussion about legislation that affects your practice.

REGISTER On-Line... no fuss, no muss... and see you all in Savannah!

**Charlotte Kelley, ARNP**  
**Web-site Editor**

# Committee Reports

## Health Affairs Committee

**Anna Treinkman, APN, CNP, Chair**

The Health Affairs Committee has been very busy this past summer. We are thrilled to announce the approval of the Health Affairs Scholarship to attend the ACNP Summit (see elsewhere in the newsletter). We have also been working diligently with other NP organizations to provide input and feedback on the Health Reform Proposals being put forth by Congress. Committee members are monitoring and staying abreast of current bills that affect APN practice: the Independence at Home bills (HR 2560, SB 1131), the Nurse Managed Clinic Act (HR 2754), and the Preserving Access to Primary Care bill (HR 2350). You can go to [www.thomas.loc.gov](http://www.thomas.loc.gov) to view the current status of these bills and ask your legislators for their support.

Another exciting area that the Health Affairs Committee has taken on is the use of the Forum section on the GAPNA website [www.gapna.org](http://www.gapna.org). We are currently interested in your examples of barriers to APN practice because of regulations. Please take a few minutes to log onto the GAPNA website members-only section, click on Forums and go to the Health Affairs/ Legislative Forum. There you will see a topic about "Barriers to APN Practice." Please share any personal stories of instances when the care you provide has been hindered by current regulations: for example, inability to order Home Care, inability to admit a resident to a SNF, inability to bill for your services, etc. These personal experiences are invaluable when lobbyists meet with legislators. Lobbyists in D.C. are not health care providers. They do their homework, but nothing beats actual true life examples when speaking with legislators. We can continue this discussion at Conference. I will be facilitating a session entitled "Getting a Leg Up on Legislation."

Hope to see you there!

## Research Committee

**Joanne M. Miller, PhD, APN/GNP,  
Chairperson**

The Research Committee reviewed and accepted many interesting and informative project and research abstracts. National conference attendees will be able to hear the top three rated projects and research authors present their results at two oral sessions. Plan to view the posters and learn what exciting and innovative projects and research that members are doing at the conference.

Because the research work of GAPNA member Dr. Alice Bonner has a significant impact on care of older adults, the Research Committee wants to feature some of her accomplishments. Alice Bonner, GNP, PhD, Executive Director of Massachusetts Senior Care Foundation, focused her research career on patient safety and patient safety culture in nursing home settings, fall prevention, and medication safety. An advocate for patient safety, Dr. Bonner and other healthcare professionals participated in the development of the Nursing Home Survey on Patient Safety Culture, which was sponsored by the Agency for Healthcare Research and Quality (AHRQ) and is available for use at <http://www.ahrq.gov/qual/patientsafetyculture/>. Dr. Bonner is enthusiastically involved in campaigns to improve quality of care and quality of life of nursing home residents. This includes the Advancing Excellence in America's Nursing Homes project, "an ongoing, coalition-based campaign concerned with how we care for the elderly, chronically ill and disabled, as well as those recuperating in a nursing home environment" ([http://www.nhqualitycampaign.org/star\\_index.aspx](http://www.nhqualitycampaign.org/star_index.aspx)).

Dr. Bonner has been a member of a team conducting several studies in Massachusetts and other states. These studies are directed at identifying achievable evidence-based interventions to improve clinical outcomes of older adults in nursing home settings. One valuable outcome of this project is a resource section of the above web site that provides tools and strategies to nursing staff and consumers on ways to improve nursing home quality.

Dr. Bonner is also one of the key members of the research team for Interventions to Reduce Acute Care Transfers (INTERACT II). The goal of this quality improvement project is to reduce the number of unnecessary transfers from the nursing home to acute care by improving communication among health care professionals including physicians, nurse practitioners, nurses, and CNAs. This intervention has a strong focus on advance directives and the importance of knowing what the patient wants before decisions are made that do not honor the wishes of the individual. Currently, the team is testing the project in thirty nursing homes in three states: ten each in Massachusetts, New York and Florida. Preliminary findings from a pilot program in three Georgia nursing homes were promising, showing a reduction of 40 % to 50 % of unnecessary transfers to acute care facilities. Gerontological Nursing is extremely fortunate to have a strong nurse researcher like Alice Bonner, who continues to be an advocate for the promotion of quality care for nursing home residents.

# Medicare Announces Sites for Pilot Program to Improve Quality as Patients Move Across Care Settings

The Centers for Medicare & Medicaid Services (CMS) announced the fourteen communities around the nation that have been chosen for the Agency's Care Transitions Project, seeking to eliminate unnecessary hospital readmissions.

The goal of the Care Transitions Project is to improve healthcare processes so that patients, their caregivers, and their entire team of providers have what they need to keep patients from returning to the hospital for ongoing care needs. By promoting seamless transitions from the hospital to home, skilled nursing care, or home health care, this community-wide approach seeks not only to reduce hospital readmissions but also to yield sustainable and replicable strategies that achieve high-value health care for Medicare beneficiaries

Communities in the following regions have been selected to participate in the Project: Providence, RI; Upper Capitol Region, NY; Western Pennsylvania; Southwestern New Jersey; Metro Atlanta East, GA; Miami, FL; Tuscaloosa, AL; Evansville, IN; Greater Lansing Area, MI; Omaha, NE; Baton Rouge, LA; North West Denver, CO; Harlingen, TX; and Whatcom County, WA. The work of the Care Transitions Project will respond to the unique needs of each of the fourteen communities.

Each of the Care Transitions communities is led by a state Quality Improvement Organization (QIO).

CMS will monitor the success of this project by watching the rates at which patients in these communities return to the hospital. Re-admission rates for hospitals have been tracked by CMS for some time and will be available to consumers later this year through the Hospital Compare website at <http://www.hospitalcompare.hhs.gov>.

The Care Transitions Project will continue in all fourteen communities through summer 2011. For more information about the Care Transitions Project, visit <http://www.cfmc.org/caretransitions/>. To learn more about the work that QIOs are doing across the country, visit <http://www.cms.hhs.gov/qualityimprovementorgs>.

## Foundation Fun in Savannah!

**Anna Treinkman, APN/CNP**

The GAPNA Foundation invites you to join in our fundraising activities at this year's conference in Savannah. The money raised at these events will enable the Foundation to continue to fund scholarly awards each year including the following:

- 1. Student Travel Award:** A \$2000 award to cover travel, for a NP, CNS, or doctoral student with a completed research or project on aging, to present their work at the GAPNA Conference.
- 2. Research Seed Grant:** A \$2000 award to assist with the costs of an uncompleted research or project on aging.
- 3. Dave Butler Spirit Award:** A \$2000 Clinical excellence award for a GAPNA member who supports the GAPNA mission.
- 4. Conference Research Awards:** 4 awards of \$100 each presented at Conference for the best paper, best poster, best oral presentation and best project.

Please join in the fun...

**Wednesday Sept. 30 at 1 PM:** The 4th Annual Foundation Best Ball Golf Tournament 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 Oct. 2 at 6 AM:** get your blood pumping with a lively 2 mile Fun Walk/ Run.

**Saturday Oct. 3 at 6 PM to 7:30 PM:** Savannah Historic Trolley Tour. 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 • Fun Walk/ Run: \$25 • Historic Trolley Tour: \$35

**SPECIAL OFFER!** Sign up for both the Fun Run Walk and Trolley Tour for only \$50 – A savings of \$10!

If space permits, sign ups will still be taken at Conference at the Foundation Booth.

**LOOK FOR THE FOUNDATION BOOTH NEXT TO THE CONFERENCE REGISTRATION DESK!**

# Member in the Spotlight:

Virginia Lee Cora, DSN, APRN-C, FAANP



Virginia Lee Cora's passion is care of older adults, and her work is a series of "firsts" in Mississippi. She was the first GNP licensed in Mississippi as well as the first NP credentialed with faculty appointments in two departments: Medicine and Psychiatry at the University of Mississippi Medical Center (UMMC), the state's only academic health science center. In geriatric medicine, Cora established the APN role in a hospital clinic, provided primary care in two nursing homes, initiated and co-lead a caregiver support group, and initiated an anticoagulation registry. In geriatric psychiatry, she developed the outpatient geri-psych program, provided psychiatric assessments, managed follow-ups, mentored psych residents and NP students, initiated annual memory screenings for the Jackson area, and provided geri-psych consultation in a nursing home and to several organizations.

Cora's commitment to advanced practice nursing education spans twenty years at three universities. She taught GNPs at Mississippi University for Women, then developed and taught gerontological NP curriculum at UMMC and Alcorn State University. With support of the dean and graduate program chair at UMMC, Cora's most significant contribution to the health care of older adults and persons with mental illnesses

was the creation of the Mississippi Educational Consortium for Specialized Advanced Practice Nursing (in 2007, Mississippi had only nine GNPs and forty-three Psych NPs). She wrote the program narrative for the three-year, \$1.2 million HRSA grant for this collaborative program that enables all five of the state universities in Mississippi with NP programs to offer GNP and Psych NP clinical tracks and have one school, UMMC, teach these courses via distance learning. These NPs will influence health care for older adults and persons with mental illnesses throughout the geographic area and beyond.

Cora earned a BSN in 1961, and, as a strong advocate of life-long learning, she was in the first class of MNs in 1971, both at UMMC. Mississippi College School of Nursing needed psych faculty, so she earned a CNS in psychiatric-mental health nursing in 1976. Mississippi did not have a doctoral program, so she went to the University of Alabama in Birmingham to earn a DSN in community mental health in 1985. Finally, needing the clinical skills to work with older adults, she earned a post-doctoral MSN as a GNP in 1988.

Cora has held in various offices her state association, Mississippi Nurses Association, including the Board of Directors, House of Delegates, and Mississippi Nurses Foundation; she currently is a consultant for the Council on Advanced Nursing Practice. She was the first NP appointed by the governor to the Mississippi State Board of Nursing Home Administrators, serving three four-year terms, including two years as chairperson. She also has provided expert testimony to the MS legislature on nursing in long-term care settings. In June 2009, Cora became a Fellow in the American Academy of Nurse Practitioners.

Appreciating NCGNP's focus on older adults and advanced practice nursing, Cora became a member in 1992, was President, 2001-2002, initiated the Continuing Education Approver Unit, and is on the Board of Trustees of the GAPNA Foundation. "GAPNA is in a strategic position to help shape the health care for older adults into the 21st century and to influence the role of APNs providing that care. We owe it to our patients and ourselves to be active members of this dynamic organization," Cora said.

## ANNOUNCING THE GAPNA HEALTH AFFAIRS SCHOLARSHIP

The GAPNA Health Affairs Scholarship was established to provide assistance to a GAPNA member who wishes to attend the annual American College of Nurse Practitioners (ACNP) National Nurse Practitioner Summit. The summit is generally conducted in February of each year. The recipient of the Health Affairs Scholarship will receive an award up to \$1500.00 to be used for registration fees, travel, lodging, and other summit related costs. Visit [www.gapna.org](http://www.gapna.org) and click on the **About GAPNA** tab to download the scholarship application.

# Chapter News

## Georgia Chapter

### Congratulations James Lawrence!

James Lawrence, GNP, ANP is a GAPNA chapter president for Georgia. He was inducted on June 20, 2009, as a Fellow into the American Academy of Nurse Practitioners in Nashville, Tennessee.

The Georgia chapter will be meeting on August 18, 2009, for lecture and presentation on IBS with 1 hour medical education awarded by French Pharmaceuticals.

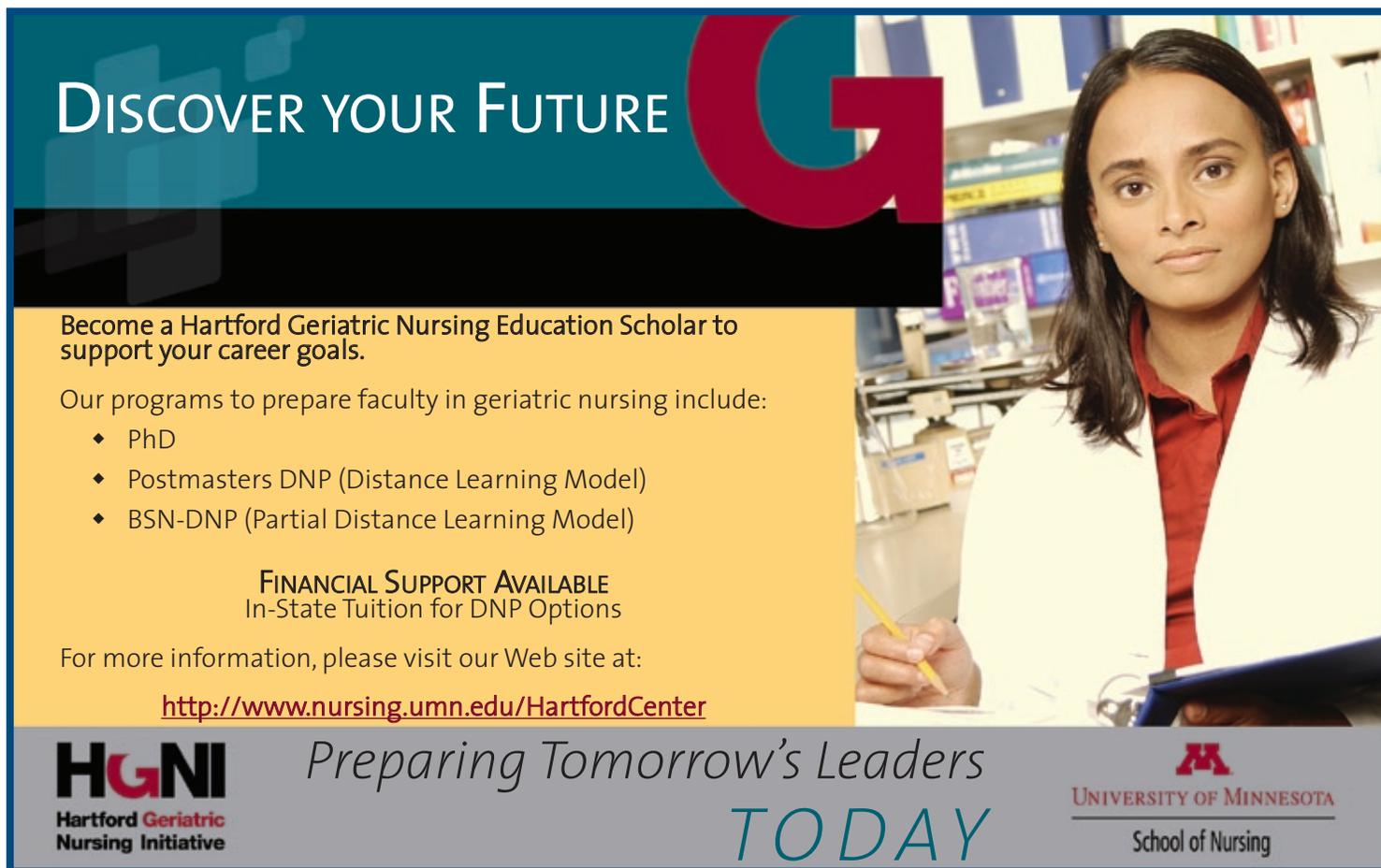
## Great Lakes Chapter

### Alice Early, MSN. ANP-BC President, Great Lakes Chapter

The Great Lakes Chapter June meeting featured the France Foundation and GAPNA sponsored continuing education program "Practical Approaches Towards Improving Patient Outcomes for Chronic Constipation and Irritable Bowel Syndrome with Constipation Among Older Adults." We had thirty-five people attend the program.

We held elections for the offices of president-elect and treasurer. Deborah Dunn was elected the President-elect (term 6/09-6/11), and Patricia Eble was re-elected as Treasurer (term 6/09-6/11). We appreciate members stepping forward to assume leadership roles in our Chapter. Thank you, Debbie and Patty!

Our Conference Planning Committee has been actively working on planning our Second Annual Geriatric Conference "Advancing Excellence in Geriatric Care" to be held on November 7, 2009, at the Dearborn Inn, Dearborn, MI. For further information regarding the upcoming conference in November, please refer to the Great Lakes Chapter on the GAPNA website.



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## New England Chapter

**Katherine Howard, MS, RN, GNP-BC**  
**President, New England Chapter**

As the weather finally settled down into summer, and we dried out in New England, our chapter met at the end of June in Billerica, MA, for an evening dinner education program. Alice Bonner, RN, PhD updated us about a national study aimed at reducing inappropriate transfers of nursing home clients. With Massachusetts nursing homes participating in the INTERACT study, Alice reviewed the common causes of inappropriate transfer, iatrogenic adverse outcomes, and the importance of the long term care teamwork. The purpose of the investigation is to decrease emotional trauma to the resident and the family, decrease complications of hospitalization, such as de-conditioning, pressure ulcers, indwelling bladder catheter use, injurious falls, and polypharmacy, and finally, reduce overall health care costs.

We had a Savannah, GA trivia contest and got very enthusiastic about several local members attending the national meeting. We continue to work with local PAC, the Massachusetts Coalition of Nurse Practitioners, to educate primary care APN's about gerontological issues by inviting them and others to our chapter events.

In the future, we anticipate a brief meeting in Savannah and a more formal educational event in the fall. Keep an eye out for our announcement about November's meeting details on our chapter webpage.

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## Magnolia Chapter

**Seminar at Sea: A unique educational experience where learning and education are combined to Cruise & Learn**  
**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 ten CEU's. It is a five day cruise on Carnival's ship *The Fantasy*, leaving from Mobile, Alabama on January 7, 2010, and sailing to Cozumel, Mexico (seminars will occur during the days the ship is at sea so as not to interfere with exploration of Mexico while in port and allow for some well deserved recreation to attendees). This educational cruise will present topics 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 and those who are more interested in academics including participative round table discussions. Geriatric Topics will include the following: 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 the following: Infusing Geriatrics into Nursing Curriculum; Schools Working Together & Sharing Resources: the Mississippi Gerontological Nurse Practitioner Consortium; Preparing for the Future: Nursing Education in the Age of Technology. The cost is very reasonable and includes CEU cost, cruise, taxes, and tipping for cruise staff. Discounted rates are offered for guests accompanying attendees who do not wish to attend the educational offerings. To download a brochure, go to [www.mississippinursepractitioners.com](http://www.mississippinursepractitioners.com) and see the educational opportunities page or send requests for more information to [DrLByrd@yahoo.com](mailto:DrLByrd@yahoo.com)

## Looking for a Chapter Near You?

**Arizona** (Sonoran) Mariam Guarino ([Mguarino6@cox.net](mailto:Mguarino6@cox.net))  
**California** (Northern) Julie Dutton ([jdutlog@comcast.net](mailto:jdutlog@comcast.net))  
**Delaware/Pennsylvania** (Delaware Valley) Maria Ash ([mash0129@aol.com](mailto:mash0129@aol.com))  
**Georgia** (Atlanta) James Lawrence, GNP, ANP ([jflaprn@bellsouth.net](mailto:jflaprn@bellsouth.net))  
**Illinois** (Chicago) Valerie Matthiesen ([vjmatth@aol.com](mailto:vjmatth@aol.com))  
**Louisiana/Mississippi** (Magnolia) Dr. Lisa Byrd ([Lbyrd3@comcast.net](mailto:Lbyrd3@comcast.net))  
**Maryland** (Baltimore) Elizabeth Galik ([galik@son.umaryland.edu](mailto:galik@son.umaryland.edu))  
**Massachusetts** (New England) Katherine Howard ([kynp@thehow.com](mailto:kynp@thehow.com))  
**Michigan** (Great Lakes) Alice Early ([ame626@aol.com](mailto:ame626@aol.com))  
**North Carolina** (Triad) - Debbie Green ([burn37@bellsouth.net](mailto:burn37@bellsouth.net))  
**Ohio** - Alicia A. Wolf ([wolfa@summa-health.org](mailto:wolfa@summa-health.org))  
**Tennessee** (Middle)- Jennifer Kim ([Jennifer.kim@vanderbilt.edu](mailto:Jennifer.kim@vanderbilt.edu))  
**Tennessee** (Midsouth)- Patricia Bader ([P\\_bader@comcast.net](mailto:P_bader@comcast.net))  
**Texas** (Gulf Coast) Elizabeth Godlove, GNP, ANP ([elzgdli@earthlink.net](mailto:elzgdli@earthlink.net))  
**Texas** (Lone Star) Natalie Garry, BSN, CS, GNP ([lsgapna@gmail.com](mailto:lsgapna@gmail.com))  
**Wisconsin** (Southeast) Lynn Maloney, RN, PhD., ANP-BC, GNP-BC ([lynn@bluegoose.org](mailto:lynn@bluegoose.org))



### Interested in Starting a Chapter?

Contact GAPNA Chapter Services Specialist, Richelle Torres,  
at (866) 355-1392, (850) 471-7075, or  
e-mail her at [richelle.torres@dancyamc.com](mailto:richelle.torres@dancyamc.com)

*Continuity, Connection, Community:  
Creating GAPNA's Future*

# Savannah



GERONTOLOGICAL ADVANCED PRACTICE NURSES ASSOCIATION  
(formerly the National Conference of Gerontological Nurse Practitioners)

**Annual Educational Conference & Business Meeting**

October 1-3, 2009 • Hyatt Regency Savannah, Savannah, Georgia

 **GAPNA**  
Gerontological Advanced  
Practice Nurses Association



**GAPNA Annual Conference**  
**Continuity, Connection, Community:**  
**Creating GAPNA's Future**  
 October 1 - 3, 2009  
 Preconference September 30, 2009  
 Savannah, GA

**Wednesday September 30, 2009**

**8:00 a.m. – 12:00 p.m. Board/Committee Chairs/ Chapter Presidents Meeting**

**8:00a.m. – 12:00 p.m. Workshop I**  
 Beginning GNP or APN who is new to working with older adults

**1:00 p.m. – 5:00 p.m. Workshop II**  
*The Challenges to Gathering a History and Physical Examination on an Older Adult with a New Onset of a Neurological Disorder*

**1:00 p.m. – 5:30 p.m. Foundation Golf Tournament**  
 (ffsite)

**7:00 p.m. – 9:00 p.m. Opening Reception with Exhibitors**

**Thursday, October 1, 2009**

**6:50 a.m. – 7:50 a.m. New Member /First Time Attendee Breakfast**

**8:05 a.m. – 9:05 a.m. Keynote**  
*Retooling for an Aging America: Challenges and Opportunities for Advanced Practice Nurses Who Care for Older Adults*  
 Mathy Mezey, EdD, RN, FAAN

**9:10 a.m. – 10:10 a.m. Concurrent Session I**  
 A. Oral Research Presentation  
 B. *Interdisciplinary Approach to Management of High-Risk Elders: Focusing on Decisional Capacity*  
 C. *Novel Strategies to Manage Diabetes in Older Adults*

**12:00 p.m. – 2:00 p.m. Industry-Sponsored Symposium**  
*Assessing Best Practices in Anemia of CKD Through Video Views and Reel Talk (contact hours awarded)*

**2:00 p.m. – 3:00 p.m. General Session I**  
*Successful Aging*

**3:00 p.m. – 4:00 p.m. GAPNA Organizational Issues**

**4:10 p.m. – 5:10 p.m. Concurrent Session II**  
 A. Oral Research Presentation  
 B. *Inappropriate Sexual Behaviors in Older Adults with Dementia: Strategies for Assessment and Treatment*  
 C. *Gout: Not Always Crystal Clear*

**5:30 p.m. – 7:00 p.m. Wine and Cheese Poster Reception**

**Friday, October 2, 2009**

**6:00 a.m. – 7:00 a.m. Foundation Fun Run/Walk**

**9:00 a.m. – 10:00 a.m. Interactive Sessions**  
 A. *To Tube or Not? Artificial Nutrition and Hydration is the Question*  
 B. *Getting a Leg Up on Legislation*  
 C. *Taboo Issues*  
 D. *Strategies for Initiating a Successful Business*  
 E. *DNP by 2015 – Are You Ready?*

**Friday, October 2, 2009 (continued)**

**11:00 a.m. – 12:00 p.m. Poster Session**

**1:30 p.m. – 2:30 p.m. Concurrent Session III**  
 A. *Pharmacogenomics and the P450 Enzyme System: A Case Study Approach*  
 B. *Health Considerations for Older Men*  
 C. *Caring for Vision and Hearing in Long-Term Care*

**2:40 p.m. – 3:40 p.m. Concurrent Session IV**  
 A. *Infectious Disease: Update on MRSA*  
 B. *Entrepreneurship for Nurse Practitioners*  
 C. *Vulvar and Vaginal Exam with the Older to Frail Woman*

**3:50 p.m. – 4:50 p.m. General Session II**  
*What are APNs Doing to Face Challenges in the APRN Model: The 21<sup>st</sup> Century Updates*

**5:00 p.m. – 6:00 p.m. Annual Membership Meeting**

**6:30 p.m. – 8:30 p.m. Awards Reception/Dinner**

**Saturday, October 3, 2009**

**7:00 a.m. – 8:30 a.m. Transition Board Meeting**

**8:00 a.m. – 10:00 a.m. In-depth Focus Session**  
 A. *Regulatory and Coding Compliance for Nurse Practitioners in LTC Facilities and Community Settings*  
 B. *Cancer Screening and Management*  
 C. *Rashes, Bumps, and Spots, Oh My: Making the Diagnosis*

**10:10 a.m. – 11:10 a.m. General Session III**  
*Hypertension in the Very Elderly Patient*

**11:30 a.m. – 12:30 p.m. Concurrent Session V**  
 A. *New Scope and Standards of Practice for the Advanced Practice Continence Nurse in Long-Term Care*  
 B. *What's New in Bone Health?*  
 C. *Oral Health of the Elderly*

**12:30 p.m. – 2:00 p.m. Committee Meetings**

**2:00 p.m. – 3:00 p.m. Concurrent Session VI**  
 A. *Preparing for Disasters: What Advanced Nurses Working with Older Adults Need to Know*  
 B. *Management of End-Stage Congestive Heart Failure in the Frail Elderly Patient*  
 C. *The Eyes Have It: Management of Macular Degeneration in Older Adults*

**3:10 p.m. – 5:10 p.m. General Session IV**  
 Part 1: *Pharmacology Update*  
 Part 2: *Dawning of the Age of Personalized Medicine: Deciphering Genetic Tests*

**6:00 p.m. Foundation Activity – Trolley Tour**

# MAKING THE INTERNET WORK FOR YOU

Ruth Ann Brintnall, PhD, AOCN, CHPN, APRN-BC  
Grand Valley State University

Geriatric nurse practitioners are well positioned to step up and serve as primary care providers as the first wave of baby boomers retire and the supply of geriatricians remains limited. Yet, the knowledge explosion makes the availability of state-of-the-art information and resources critical. The internet offers flexibility, ready access and holds promise as an ideal tool for the busy practitioner. However, searching the internet for reliable information can be daunting. The purpose of this article is to briefly present criteria for judging quality health websites and to offer a beginning glimpse at the usefulness of select websites.

## Evaluating Websites:

The adage that parallels websites to garage sales is close to true. That is, there are great finds on the web but one has to search. Up-front, quality websites define their purpose (mission), authorship, and the credentials of those responsible for the site. In addition, reputable websites are current, verifiable, and provide a link or clear contact information. The best sites are also free of overwhelming advertising.

Several excellent sites are worth mentioning and all offer practical suggestions for searchers. *The Medical Library Association* (MLA) provides a user's guide <http://www.mlanet.org/resources/userguide.html> and a dedicated page for locating and evaluating health-related websites. The site further offers a direct link for common disorders in geriatric populations such as heart disease and diabetes. Another notable bonus is the MLA "Top Ten," a summary of the most useful patient-appropriate sites. The Cornell University libraries, <http://www.library.cornell.edu/>, one of the largest university libraries in the world, are another super site. The Cornell site offers helpful links <http://www.library.cornell.edu/olinuris/ref/research/webeval.html> to several other university-sponsored libraries with additional resources and guidelines.

## Cost-free Geriatric Websites:

**The American Geriatrics Society (AGS) Clinical Practice Resources:** This site will be a certain "go to" for current information regarding the care and management of geriatric patients [http://www.americangeriatrics.org/education/cp\\_index.shtml](http://www.americangeriatrics.org/education/cp_index.shtml). As an example, the site offers practice guidelines for diabetes, fall prevention, and pain management in elders. The site also features abstracts from other professional organizations specific for the care of geriatric populations.

**Geriatric Assessment Tools:** This comprehensive collection of assessment tools is specific for elders <http://www.healthcare.uiowa.edu/igec/tools/default.asp> and is sponsored by the University of Iowa. Practical and complete tools for the assessment of nutrition, cognition, and pressure ulcer monitoring are available in direct links. The tool collection for functional assessment and ADL is particularly comprehensive.

This **University of Missouri** site provides a second excellent source for assessment tools <http://web.missouri.edu/~proste/tool/>. Links for the evaluation of gait, balance, vision and driving are just a few of the valuable tools that are available as links.

**The Hartford Institute for Geriatric Nursing** sponsors this popular and informative site. The Hartford "try this" series provides topic-specific assessment tools for seniors <http://hartfordign.org/trythis>. A generous list of geriatric protocols and geriatric-specific links are also available.

## General Sites:

**emedicine** at [www.emedicine.com](http://www.emedicine.com). This free resource offers a wealth of information on a variety of health-related topics. Some sub-specialties and clinical procedure are also listed. This site will surely be another favorite but be prepared for a modest amount of advertising.

Examples are:

1. Cardiology – [www.emedicine.com/med/CARDIOLOGY.htm](http://www.emedicine.com/med/CARDIOLOGY.htm)
2. Heart Failure – [www.emedicine.com/med/topic3552.htm](http://www.emedicine.com/med/topic3552.htm)
3. COPD / Emphysema – [www.emedicine.com/emerg/topic99.htm](http://www.emedicine.com/emerg/topic99.htm)
4. Headache/Migraine – [www.emedicine.com/emerg/topic230.htm](http://www.emedicine.com/emerg/topic230.htm)
5. Hematology – [www.emedicine.com/med/Hematology.htm](http://www.emedicine.com/med/Hematology.htm)
6. Gastroenterology – [www.emedicine.com/med/GASTROENTEROLOGY.htm](http://www.emedicine.com/med/GASTROENTEROLOGY.htm)
7. Rheumatology – [www.emedicine.com/med/Rheumatology.htm](http://www.emedicine.com/med/Rheumatology.htm)

**Medscape** at [www.medscape.com](http://www.medscape.com). **Registration is required** for this site, but it is **free** and stands as a valuable resource. Medscape offers an impressive array of general and specialty information. Several recent features included a slideshow on tell tale differences between melanomas and benign lesions and a helpful 12 item guide for telephone triage.

## Websites that are Super-sized and Super-wise:

**National Guideline Clearinghouse** (NGC) at <http://www.guideline.gov>. The Agency for Healthcare Research and Quality (AHRQ), the American Association of Health Plans, and the American Medical Association, sponsor this busy and popular site. The NGC serves as an electronic repository for clinical practice guidelines and related materials from a number of sources. If you are looking for guidelines, look here first.

(continued on page 11)

# MAKING THE INTERNET WORK FOR YOU (continued from page 10)

**PDQ® - NCI's Comprehensive Cancer Database** offers a free and extensive resource for cancer diagnosis and treatment <http://www.cancer.gov/cancertopics/pdq/cancerdatabase>. The physician data query, or PDQ, is sponsored by the National Cancer Institute and US. National Institutes of Health. The cancer information summaries are thorough and accurate. Comparable patient-centered information is also available for review.

**Cochrane Library** at <http://www.cochrane.org/cochrane/cc-broch.htm#CC>. The world-wide Cochrane Collaboration sponsors this extensive and impressive site. The Library includes four databases that cover subject areas of evidence-based medicine including: Database of Systematic Reviews, Database of Abstracts of Reviews and Effectiveness, Cochrane Controlled Trials Register, and Cochrane Review Methodology Database. The first two databases have more utility for clinicians.

**US Preventive Services Task Force** at <http://www.ahrq.gov/clinic/uspstfab.htm> reviews evidence on a wide range of clinical preventive services including screening tests, counseling, immunizations, and chemoprophylaxis. The fifteen member Task Force is closely affiliated with AHRQ and the source of the popular *Guide to Clinical Preventive Services*.

**National Center for Complementary and Alternative Therapy** at <http://nccam.nih.gov/>. A favorite feature of this site is the "Health Topics A to Z" that features quick and reliable information on multiple complementary and alternative therapy topics. *The Herbs at a Glance* feature found within this feature is helpful for clinicians who may be unfamiliar with the growing number of herbs used by patients. The site, sponsored by the National Institutes of Health, also sponsors research and grants.

In sum, the internet is a wonderful and limitless resource. Yet, being able to evaluate websites first is an important skill. Having helpful links on your office desktop or in your "favorites" can be a time saver on busy days. From an educational perspective, the internet can be a great resource for reliable patient information. Adding your favorite websites to your office webpage or developing a handout of sites as a patient resource will surely be revered. The key is making the internet work for you.

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