President’s Message

As I am preparing these remarks, we understand that health care reform may become a reality as bills are being passed by committees in both the House and the Senate. Now the real work begins to blend the bills, gain consensus, and ensure passage. These proceedings afford members yet another opportunity to become active in the legislative process. This is a call to action, to respond to emails that request contact with your legislators. Imagine if legislators received 50,000 letters, phone calls, and emails on a piece of legislation (this number represents fewer than 50% of all NPs). We can make a difference, and now is the time.

Begin each communication by stating that you are a practitioner and describe the work you do and where you work. Add a sentence or two about NPs and state briefly why you are interested in a particular piece of legislation. Each time you communicate, you are creating an opportunity to educate legislators about our profession and why they should support the work that is being done. Together we can make a difference.

There is power in numbers; to support your individual efforts, GAPNA continues to engage with those organizations that are part of the NP Roundtable to ensure that there is a collective voice and a common message. Some key organizations engaged in the Roundtable include ACNP, AANP, NONPF, and NAPNAP. These organizations have been heard and will continue to ensure they are heard. They monitor all legislation closely. ACNP, in particular, keeps us informed so we can keep you, the membership, informed.

This is an important time in our country as health care reform becomes a reality, as NPs become recognized as key providers and practice barriers are removed. As GAPNA evolves, it can fully utilize the collective intelligence of its membership to inform and influence health and health care policy.

Our charge, for this upcoming year and into the near future, is to meet the demand for the infusion of gerontology across the health care continuum. For those practicing in a variety of settings, we must ensure that the unique needs of older adults are met and that the practice continues to advance and is integral to health care redesign.

Join in the Special Interests Group, join a committee, write an article, or submit an abstract for the 2010 conference. Engage now and be a key participant in our growing, dynamic organization.

Sincerely,

Pat Kappas-Larson, MPH, APN-C, FAAN
President, GAPNA

GAPNA Members:
Pictures from the 2009 Conference in Savannah are on the GAPNA website. Please take a moment to visit our Image Gallery.
What’s New with 2009 Physician Quality Reporting Initiative (PQRI) and Electronic Prescribing (E-Prescribing) Incentive Programs?

1. New Medicare Learning Network Education Product
2. New and Revised MLN Articles on the Physician Quality Reporting Initiative
3. Three Physician Quality Reporting Initiative Help Desk Resources Now Available for Eligible Professionals

Medicare Learning Network Announces Availability of the 2009 PQRI and E-Prescribing Program Web-based Training Course

The Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network (MLN) is pleased to announce that the Physician Quality Reporting Initiative (PQRI) and Electronic Prescribing Incentive Program (E-Prescribing) Web-based Training Course is now available.

The course provides information to physicians, health care professionals, and medical administrative staff on the completion, submission, and maintenance of the documentation required to successfully participate in Physician Quality Reporting Initiative (PQRI) and Electronic Prescription Incentive (E-Prescribing) programs. The course offers continuing education credits; please see the course description page for the details.

The course can be accessed by going to http://www.cms.hhs.gov/MLNGenInfo on the CMS website and scrolling down to the “Related Links Inside CMS” section and selecting Web Based Training (WBT) Modules. Once on the web-based training module page, select the Physician Quality Reporting Initiative and Electronic Prescribing Incentive Program WBT from the list provided.

Medicare Learning Network Announces New and Revised MLN Articles on the 2009 PQRI


These new and revised articles are intended to assist eligible professionals and group practices who report PQRI quality measures data to Medicare.

Three Physician Quality Reporting Initiative Help Desk Resources are Available for Eligible Professionals

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce three PQRI Help Desk Resources to assist eligible professionals with their questions on the Physician Quality Reporting Initiative.

1. Provider Call Center Directory
   • Remittance Advice Notices
   • Incentive payment distribution status
   • Adjustments made to incentive payment due to sanctions/overpayments
   For contact information, see the “Provider Center Toll-free Numbers Directory” by clicking the link under the “Related Links Inside CMS” section below and scrolling down to the “Downloads” section.

2. External User Services (EUS) – 7:00 AM – 7:00 PM EST
   • Registering/creating an IACS account
   • Accessing an IACS account
   • Changing an IACS account
   • Approving users into an organization
   Phone: 1-866-484-8049
   TTY: 1-866-523-4759

3. QualityNet Help Desk – 7:00 AM – 7:00 PM CST
   • General CMS PQRI & ERX Information
   • PQRI Portal Password Issues
   • PQRI feedback report availability and access
   Phone: 1-866-288-8912

(continued on page 3)
Resolution for a Silver Alert System Nationally and in Each State

Whereas, over 5% of American citizens aged 65 years (~1,750,000 persons) and nearly 50% of our older adults aged 80 years (~2,120,000 persons) experience the cognitive impairments of a dementing illness,* and 60% of these individuals at some point may become confused and wander away from their homes or caregivers, usually unaware of their cognitive deficits and unable to ask for help; and,

Whereas, these vulnerable older adults are at high risk for hyperthermia or hypothermia within minutes to hours of becoming exposed to severe weather conditions resulting in dehydration, pneumonia, or death, as well as life-threatening complications from chronic illnesses; and time is precious in locating these older adults with the outcomes for survival versus death being directly related to the conditions and duration of exposure; and,

Whereas, of the 50 states, 18 currently have no formal state-wide immediate response system for older adults who are missing leaving families entirely on their own to find them, usually without any assistance from public officials; and all states do have in operation the Amber Alert, a formal national and state immediate response system for missing children; and,

Whereas, the Silver Alert is a notification system modeled after the Amber Alert programs to help locate elderly and other adults with cognitive impairments from dementia, developmental, and other disabilities by advising law enforcement, 1st responders, and the public using radio and television broadcasts, messaging boards, and other technologies; and Silver Alert has been adopted by 18 states and is pending in 14 states; and Silver Alert can be appended to the existing Amber Alert system at little or no additional expense; and,

Whereas, national legislation was introduced in 2008 and 2009 to encourage, enhance, and integrate Silver Alert systems throughout the United States and is endorsed by national organizations concerned with older adults;

Therefore be it resolved, the Gerontological Advanced Practice Nurses Association endorse the Silver Alert system via the GAPNA Health Affairs Committee, American College of Nurse Practitioners, and American Academy of Nurse Practitioners, and the GAPNA Chapters and support the passage of legislation to implement a Silver Alert immediate response system nationally and for each state; and,

Be it further resolved, while advocating for the Silver Alert system, GAPNA seize opportunities for educating the public, law enforcement, 1st responders, and health care providers and consumers on strategies to prevent, respond, and aid in the safe recovery of missing older adults via radio, television and other existing electronic networks and technologies.

*extracted from US Census, 2000 data.

Approved by the GAPNA Membership October 2, 2009, in Savannah, GA.
Committee Reports

Research Committee

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

The Research Committee was very active at the GAPNA national conference and business meeting in October. There were six oral presentations and twenty posters of exciting and innovative research and clinical projects presented. Congratulations to the following authors and presenters for being selected as the best in their classification.

Best Research Presentation: Physical Function as a Nurse-Sensitive Outcome in Hospitalized Older Adults: Marie Boltz, PhD, RN, GNP-BC; and Elizabeth Capezuti, PhD, RN, FAAN

Best Project Presentation: (Tie)
Interact II: Interventions to Reduce Acute Care Transfers: Laurie Herndon, MSN, GNP-BC; Alice Bonner, PhD, GNP; Joseph Ouslander, MD; and Gerri Lamb, PhD, RN, FAAN

Implementation of Standing Orders for Long Term Care Practice Call Center Reduces Number of Interruptions to Clinicians Seeing Patients in Long Term Care: Debra Radomski, MSN, GNP-BC; Donna Hamby, RN, ACNP-BC; and Dawna Boudreaux, RN

Best Research Poster: Promoting Self-Efficacy and Preparedness in Caregivers of Older Cancer Patients before Hospital Discharge: Cristina Hendrix, DNS, GNP-BC, FNP; Richard Landerman, PhD; Amy Aberneth, MD; Joseph Moore, MD; and Joey Misuraca, BSN

Best Project Poster: Implementation of a Constipation Protocol: Denise Lyons, MSN, GCNS-BC; and Patricia Curtin, MD, FACP, CMD

There are plans to include more research topics and sessions in the 2010 conference. Keep watching for new developments and opportunities to receive and provide mentoring on writing, research, and project development for GAPNA members and students.

Nominating Committee

The annual meeting this year in Savannah created important discussions for our organization. The Health Affairs Committee brought us up-to-date with how we are working with other national organizations toward health care reform. We also had the opportunity to discuss the upcoming APRN Regulatory Model and the DNP as entry level for practice by 2015. In addition, we welcomed 87 new members/first time attendees.

We need your help to continue these important discussions in 2010, by running for a position on the national level. We are seeking members to fill the following positions in 2010: President-Elect, Secretary, Director-at-Large, and Nominating Committee (two openings). Nominations for 2010 offices will begin this winter with elections in summer of 2010. Self-nomination is strongly encouraged. If you are interested or want to learn more about these positions, please contact any member of the Nominating Committee: Beth Slutsky at bas1000@att.net, M.J. Henderson at mj@mjhsb.com, and Kaci Jackson at porsche_rn@live.com. You may also contact the National Office at (866) 355-1392 or e-mail gapna@dancyamc.com.

Basic duties required for these offices:
President-Elect: The functions of the President-Elect are to assist the President, monitor Committee activities, chair the Bylaws Committee, and perform duties requested by the Board of Directors. Travel is required three times a year, 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.

Secretary: The Secretary shall record all proceedings for the official meetings of GAPNA. He or she will notify the membership of the annual meeting and other special meetings. Travel is required and expenses are reimbursed, as set by GAPNA policy. This is a two-year commitment.

Director-at-Large: The Director-at-Large performs duties assigned by the Board of Directors. Travel is required and expenses are reimbursed as set by GAPNA policy. This is a two-year commitment.

Nominating Committee Member (2): The Nominating Committee oversees the elections process, solicits and screens applicants, and present candidates to the membership for voting. The business of the Nominating Committee is conducted via conference calls, travel is not required. 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 serves a one-year term.
Health Affairs Agenda 2009-2010

The Gerontological Advanced Practice Nurses Association (GAPNA) partners with other Advanced Practice Nursing (APN) organizations to promote legislation and policies that enhance APN practice and quality care for older adults. GAPNA’s priorities include the following measures:

1. Actively support legislation, regulation, and policy that impact APN scope of practice and quality healthcare for older adults.
2. Recognize APNs as primary healthcare providers to ensure access to primary healthcare for all older adults.
3. Ensure inclusion of provider neutral language in all legislation and policies such that APNs who work in gerontological care are fully recognized and utilized as healthcare providers.
4. Support legislation to remove all barriers to APN gerontological practice
5. Include APNs in all demonstration/pilot programs of newly developed models of care that serve older adults.
6. Promote regulations that ensure direct reimbursement to APNs who work with older adults for services provided under all payer plans.
7. Include APNs in the design, implementation and evaluation of evolving Health Information Technology across all settings.
8. Support appropriate levels of funding for academic programs for workforce development, academic programs for RN & APN education, faculty preparation and research.
9. Expand access to home, community and long term care services for all older adults by partnering with groups that promote cost effective, accessible, quality health care reform.

Approved by GAPNA members, October 2, 2009.

Building Academic Geriatric Nursing Capacity Scholarship & Fellowship Programs

Call for 2010-2012 Applications
Online Application System is OPEN.

The American Academy of Nursing, with support from the John A. Hartford Foundation of New York City and the Atlantic Philanthropies, seeks applicants for the following Scholarship and Fellowship Programs:

The Pre-doctoral Scholarship Program supports two years of full-time doctoral work for nurses committed to careers in academic geriatric nursing. The program awards a total of $100,000 ($50,000 per annum) to each selected pre-doctoral scholar candidate.

The Claire M. Fagin Fellowship program supports two years of full-time advanced research and leadership training for doctorally-prepared nurses committed to careers in academic geriatric nursing. The program awards a total of $120,000 ($60,000 per annum).

The Mayday Fund provides an additional $5,000 award to selected scholar and fellow candidates whose research includes the study of pain in the elderly.

Details about the programs and application materials can be found on our web site: www.geriatricnursing.org/applications. Applications for the 2010-2012 cohort are due January 13, 2010. Please feel free to contact Pamela Dudzik at 202-777-1171 if additional information is needed.

The John A. Hartford Foundation’s overall goal is to increase the nation’s capacity to provide effective and affordable care to its rapidly increasing older population. Specifically, the Foundation seeks to enhance the training of physicians, nurses, social workers, and other health professionals, who care for older adults and promote innovations in the integration and delivery of services.

The Atlantic Philanthropies are dedicated to bringing about lasting changes in the lives of disadvantaged and vulnerable people. Atlantic focuses on critical social problems related to aging, disadvantaged children and youth, population health and reconciliation, and human rights.

The Mayday Fund is dedicated to alleviating the incidence, degree and consequence of human physical pain.
Chapter News

Great Lakes Chapter

The Great Lakes Chapter September quarterly educational and dinner meeting was sponsored by Glaxo-Smith Kline on the topic of “Prevention of PE/DVT.” The Chapter’s Christmas meeting is scheduled for December 10, 2009, with location and speaker to be determined.

Activities are busily underway to make final preparations for the Chapter’s Second Annual Geriatric Conference: Advancing Excellence in Geriatric Care to be held on Saturday, November 7, 2009, at the historic Marriott Dearborn Inn, Dearborn, MI. Topics for the day can be found in the conference brochure posted on GAPNA’s website.

The second annual chapter “Clinical Excellence Award” was awarded to Alice Early, immediate past-president, at the September quarterly meeting. We are in the process of selecting our first “NP Student Scholarship” recipient from a group of four applicants. The award, $500.00, will be presented to the winner at our November conference.

A proud moment was realized upon learning that our state legislature just passed HB 5190, the “Mozelle Senior Medical Alert Act,” which sets the procedures for law enforcement when a senior goes missing. The act was named after a senior from Detroit who went missing for four days and was later found dead due to exposure. Sponsor of the bill, Rep. Mark Meadows, said that this legislation is similar to the “Silver Alert” legislation that has been proposed at the federal level.

Chicagoland Chapter

The Chicagoland Chapter of GAPNA was awarded the 2009 Chapter Excellence Award during the Awards Dinner on October 2, 2009 in Savannah, GA. Chapter President Valerie Matthiesen accepted the award on behalf of the Chapter.

Members present (Back row, left to right): Margaret Feller, Caroline Duquette, Carla Tozer, Valerie Gruss, Nancy Wilens, Sandy Kamp, Anna Treinkman, Danielle Arends; (Front row, left to right): Joanne Miller, Valerie Matthiesen, Elizabeth Rochford.

Looking for a Chapter Near You?

Arizona (Sonoran) Mariam Guarino (Mguarino6@cox.net)
California (Northern) Julie Dutton (jldutlog@comcast.net)
Delaware/Pennsylvania (Delaware Valley) Maria Ash (mash0129@aol.com)
Georgia (Atlanta) James Lawrence, GNP, ANP (jflaprn@bellsouth.net)
Illinois (Chicago) Valerie Matthiesen (vmatth@aol.com)
Louisiana/Mississippi (Magnolia) Dr. Lisa Byrd (Lbyrd3@comcast.net)
Maryland (Baltimore) Elizabeth Galik (galik@son.umd.edu)
Massachusetts (New England) Katherine Howard (kynp@thehow.com)
Michigan (Great Lakes) Alice Early (ame626@aol.com)
North Carolina (Triad) – Debbie Green (burn37@bellsouth.net)
Ohio – Alicia A. Wolf (wolfa@summa-health.org)
Tennessee (Middle) – Jennifer Kim (Jennifer.kim@vanderbilt.edu)
Tennessee (Midsouth) – Patricia Bader (P_bader@comcast.net)
Texas (Gulf Coast) Elizabeth Godlove, GNP, ANP (elzgd1@earthlink.net)
Texas (Lone Star) Natalie Garry, BSN, CS, GNP (lsgapna@gmail.com)
Wisconsin (Southeast) Lynn Maloney, RN, PhD., ANP-BC, GNP-BC (lynn@bluegoose.org)

Interested in Starting a Chapter?
Contact GAPNA Chapter Services Specialist, Megan Menth, at (866) 355-1392, (850) 471-7075, or e-mail her at megan.menth@dancyamc.com
Summit: The Alliance for Excellence in Hospice and Palliative Nursing

On June 26, 2009, GAPNA President Sue Mullaney attended a summit, convened by The Alliance for Excellence in Hospice and Palliative Nursing (The Alliance), to address the directions for the future of palliative care. The invitational summit convened a small group of influential nursing leaders representing critical care, oncology, various colleges of nursing, geriatrics, and long term care, who have a vested interest in palliative care nursing.

Participants included Judy Lentz, CEO Hospice and Palliative Nurses Association (HPNA); Meg Campbell, President HPNA; Susan Cox, President Elect HPNA; Elizabeth Pitorak, Hospice and Palliative Nurses Foundation (HPNF); Sylvia Marcantel HPNF; Ginger Marshall, National Board for Certification of Hospice and Palliative Nurses (NBCHPN); Justine Medina, American Academy of Critical Care Nurses (AACN); Pam Malloy, American Association of Colleges of Nursing (AACN); Michele Gaguski, Oncology Nursing Society (ONS); Robin Storey, National Association Directors of Nursing Administration/Long Term Care (NADONA), and Sue Mullaney, GAPNA.

Essentials of Master Education in Nursing

The American Association of Colleges of Nursing is in the process of updating The Essentials of Master’s Education in Nursing, last revised in 1996. The document is being designed to reflect the outcomes that should be acquired upon graduation from a master’s level nursing program. The charge is to identify how health care trends and expectations will influence nursing’s role within health care delivery for the next decade, assess the professional community’s expectations for master’s level nursing practice as well as develop recommendations for competencies and clinical learning experiences necessary for safe and high quality practice, irrespective of role.

The AACN Task Force has put together a draft document and published it on their website (http://www.aacn.nche.edu/Education/pdf/DraftMastEssentials.pdf), and a series of 4 regional meetings are being held nationwide to solicit input for the document from educators and stakeholders. The first meeting was held October 8-9 in Baltimore; upcoming meetings are scheduled for November 18-19 in Chicago, January 20-21 in San Diego, and February 24-25 in New Orleans. As stakeholders work through the draft document, the Task Force expects to submit a final version to the Board for approval in July, 2010, and to the membership for endorsement by October, 2010. While the Essentials document is non-specific to population or APN role, GAPNA is paying close attention and advocating to ensure these competencies include clinical, administrative and educational practice roles across settings and populations that include older adults.
SAVE THE DATE

GAPNA 2010

Join us in the Land of Enchantment!
Coming Together to Meet the Evolving Needs of Older Adults

Annual Educational Conference & Business Meeting
September 23–25, 2010
Hyatt Regency Albuquerque
Albuquerque, NM

The Gerontological Advanced Practice Nurses Association advances the practice of its members and the well being of the public through advocacy, dissemination of knowledge, and provision of member growth opportunities.

www.gapna.org
CALL FOR ABSTRACTS 2010

CLINICAL AND RESEARCH PRESENTATIONS

The GAPNA Planning Committee is pleased to announce the Call for Abstracts for the 2010 Annual Conference to be held September 23 – 25, 2010, in Albuquerque, NM.

This year there will be some changes to the abstract submission process:

- Abstracts must be submitted on-line.
- There will be ONE Call for Abstracts: for both clinical and research presentations. When you go to the abstract submission webpage, you will be asked to identify whether this is a clinical or research presentation. You will then be directed to the appropriate abstract submission site and guided through the submission process.
- Criteria specific to Clinical and Research abstracts are detailed below and available online. Please read them carefully. **Abstracts that are not consistent with the criteria or are incomplete will not be reviewed.**
- Clinical abstracts will be reviewed by the Planning Committee, and Research abstracts will be reviewed by the Research Committee.
- **The deadline for all abstracts is November 27, 2009.**

CLINICAL ABSTRACT CRITERIA

The Planning Committee thanks all members who participated in the online survey. The response rate was fantastic, and we will be using the information gained from the survey to help define the criteria for the clinical abstract topics and types of sessions.

Clinical abstract topics: The **TOP TEN** clinical topics identified in the online survey include the following: Failure to thrive, pharmacology update, pain, health promotion of the elderly, chronic illness, geriatric syndromes, prioritizing treatment for co-morbidities, palliative care, comprehensive geriatric assessment, and practice setting – nursing homes.

Abstracts submitted for other topics will be considered, but preference will be given to abstracts related to one of the **TOP TEN abstract topics**.

Clinical session format: We asked members about different types of session formats, and the response was overwhelming for variation in the length and type of sessions. You will now have the option of submitting an abstract for the following types of sessions:

- Interactive session: case studies, panel presentations, Q&A sessions, role playing
- Short session: a 20 minute presentation
- One hour presentation
- Skills workshop
- Clinical Topic Poster only

Clinical abstract format: Each abstract must contain the following information **or it will not be reviewed** by the Planning Committee:

- Title, Author(s), Primary author’s contact information
- Objectives should include 2-3 Learner Outcomes
- Abstract limited to 250 words and should include purpose of presentation
- Implications for NPs
- Reference field should include biographical sketch for **each** author to include: position/title of author, education/training, relevant positions and honors, and relevant presentations
- All primary authors must be GAPNA members

Selection criteria:
- Consistent with guidelines above
- Interest and relevance to NP practice
- Author(s) credentials and experience relevant to topic of abstract

(continued on page 10)
CALL FOR ABSTRACTS 2010  (continued from page 9)

- Preference will be given to abstracts related to one of the TOP TEN abstract topics
- Notification of acceptance will occur by January 15, 2010

RESEARCH ABSTRACT CRITERIA

The Research Committee’s goal is to facilitate those GAPNA members who wish to present their research or innovative projects at the 2010 conference. Projects should enrich the advanced practice nurse’s knowledge and/or enhance the care of the older adult. Selected winning abstracts will be published in the GAPNA newsletter or Geriatric Nursing journal.

Research abstract format: Each abstract must contain the following information, or it will not be reviewed by the Research Committee:

- Title Page must include the 1) author(s) name(s), institutional affiliations, e-mail address, mailing address, and a telephone number; 2) contact information for the months of June and July if different from above; 3) preference for oral presentation, poster, or either; 4) if a research or project submission; and 5) if a student submission (eligible for GAPNA Foundation scholarship support).
- Abstract is limited to 250 words and must contain the purpose/hypothesis, background/rationale, literature review (if project), methods, results or conclusions, and applicability to practice.
- Oral presentations are limited to 15 minutes with an additional 5 minutes for questions.
- All first authors must be GAPNA members.
- All accepted posters must have an author present during the poster display sessions.
- Student submissions are encouraged and welcomed.

Selection Criteria:

- Selection is based on interest to advanced practice nursing, clarity, and content.
- Notification of acceptance will occur by January 15, 2010.
- The Research Committee at the conference determines the award for best poster and oral presentations. Awards will be given during the conference Awards Ceremony. Winners are expected to attend the Awards Ceremony.

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Preparing Tomorrow’s Leaders TODAY
2009 GAPNA Foundation Awards

Each year the GAPNA Foundation awards scholarships to members for research, education and service. This year awards were presented to Margaret I. Wallhagen, PhD, GNP-BC, AGSF, FAAN; Elena Schjavland, MS, ANP/GNP-BC; and Alice Early, MSN, ANP-BC.

The Foundation Research Scholarship Award was presented to Margaret I. Wallhagen, PhD, GNP-BC, AGSF, FAAN, to support the investigation, Nurse Knowledge of Hearing Loss, Hearing Aides and Hearing Health. The purpose of the proposed study is to assess nurses’ knowledge of age related hearing loss and its treatment. The specific aims include developing a survey to assess nurses knowledge of age related hearing loss, how to work with individuals who experience hearing loss and use assistive listening devices, how to change batteries in hearing aids, how to communicate with older adults with hearing loss, and how to solve potential problems. This topic is important because lack of proficiency in the nursing care of older adults who have hearing loss can impact not only the quality of life of these individuals but also the safe management of chronic illnesses when specific information regarding self management is not heard or is misunderstood. The results of this survey will be used to develop an education intervention.

The Student Travel Award was presented to Elena Schjavland, MS, ANP/GNP-BC (PhD student), for her qualitative literature review, A Meta-Synthesis: The Caregiver’s Experience with Institutionalizing a Loved One with Dementia. The purpose of Schjavland’s qualitative study was to execute a meta-synthesis of qualitative literature on the course caregivers navigate when faced with the institutionalization of a loved one with dementia. Analytic data revealed a comprehensive schema to understand the experience and process of caregivers navigating the intrinsic and extrinsic issues surrounding institutionalization. Five overarching metaphors were identified including the defining moment, the emotional rollercoaster, seeking absolution, improvising a plan, and renewing self. Schjavland states the synthesis helped her identify unique challenges and potential responses, which determine the healthiness and degree of success caregivers will find in healing, grief, and bereavement during this time of transition.

Alice Early, MSN, ANP-BC, received the Dave Butler Spirit of GAPNA Award. Applicants are chosen after review of their personal essay describing contributions to the mission and goals of the organization. Early’s clinical experience emphasizes health promotion for older adults. In addition to hours of community service promoting healthy lifestyles, Early co-authored a book on chair exercises for older adults. An active advocate for older adults, Early participated in a Hartford Foundation funded project to develop Geriatric Interdisciplinary Teams. The success of these models, which embraced nurse practitioners as integral members of the team, helped set the stage for the current health care reform and specifically the interest in establishing interdisciplinary medical homes. The Chicagoland GAPNA Chapter benefits from Early’s commitment. During her Presidency, the Chapter membership grew 48%, and received the Chapter of the Year Award from GAPNA. In addition to her Presidential commitments Early co-chaired the first Chicagoland Geriatrics Annual Conference in 2008 and currently serves on the planning committee for the Second Annual Geriatrics Conference. Early’s Spirit is evident in her personal statement, “For the past 27 years I have been an advocate for older adults focusing on health promotion and disease prevention.”

Above Left (L to R): Sue Mullaney, Mary Pat Rapp, and Elena Schjavland

Above Right (L to R): Sue Mullaney, Mary Pat Rapp, and Alice Early

Left: The GAPNA Foundation Student Travel Award was presented to Elena Schjavland. In the spirit of celebration, Elena (on the far right) enjoys a hearty laugh with friends and colleagues.
GAPNA Foundation Inc Golf Tournament

MJ Henderson, MS, RN, GNP-BC

The 4th annual golf tournament was a smashing success this year. The PGA course, The Club at Savannah Harbor, was fabulous! The fairways were very long; the greens were very fast, and the water, swamps and sand traps were massive. The players were all very tired at the end of the day, but we all had a wonderful time! So, next year why don’t you play with us? We welcome all levels of players, and because it is a scramble/best ball, there is no pressure. We just want to have fun and enjoy the day together raising money for the GAPNA Foundation.

The winning team this year was Suzanne Ransehousen, Mary Jane Favot, Bud McConkie, and Mark Pozadek.

The winners of the Longest Drives contest were Sandy Jorgensen, and Mark Pozadek. Debra Bakerjian won the Closest to the Pin contest for women, and Mark Posadek won the Closest to the Pin contest for men.

The GAPNA Foundation would like to thank Dr. Keith Rapp of Geriatric Associates of America for sponsoring the Longest Drives contest and our favorite ranger Virginia Lee Cora for officiating at the contest holes.

See ya’ll next year in Albuquerque, New Mexico. FORE!!
The Foundation Fun Run Walk

MJ Henderson

At oh-dark 6:00 am, 48 bleary-eyed GAPNA members staggered out of bed to run, walk, and limp along the route from the hotel to scenic Forsythe Park in downtown Savannah. It was dark but warm outside, and we passed by all the beautiful parks along the route to and from the hotel. Foundation founding member and exercise fanatic, Barbara Resnick donated the pedometers, and we wore them all day inspired by our early morning walk. That day GAPNA members were definitely “walkin’ the talk”! We hope you will join us next year in Albuquerque, New Mexico for another early morning walk about town.

Right: GAPNA Foundation run/walk participants before the starting gun.

Trolley Tour

GAPNA members and friends (140 in number) took a Trolley Tour of the lovely Savannah historic district on Saturday evening, Oct. 3, 2009, to raise funds for the Foundation scholarships. It was a beautiful evening, despite the snarled traffic and police blockades due to a 5K run scheduled in Savannah at the same time! GAPNA members made the best of it and trolleyed on!

Above and right: GAPNA Foundation trolley ride through historic Savannah
The GAPNA Newsletter
Gerontological Advanced Practice Nurses Association
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