Setting Goals and Objectives for the Future

Thank you to all of you who responded to the survey that helped facilitate the GAPNA Board of Directors’ strategic planning. We asked for your help in guiding the future direction of GAPNA, and you responded with enthusiasm. This is your organization and it was very helpful to know what we are doing well and what could be done to make GAPNA even better. The board took your feedback and met with Jean Frankel, president of Ideas for Action. Jean helped us synthesize your feedback and use it in setting goals and objectives for the future. The strategic plan is still a work in progress, but it will be completed in time to share with you at the annual conference. It is important this be a dynamic process so the result will serve as a guide for future decision making.

GAPNA has had a presence at the national meetings of a number of organizations this year. Several chapters have also taken advantage of using the assistance of the National Office to prepare a booth for local activities. We want to expand our circle of influence and one strategy to achieve this is to increase GAPNA’s visibility and name recognition.

President’s Message

Evelyn Duffy

Accountable Care Organizations: You Will Be Affected

As the Patient Protection and Affordable Care Act is implemented, discussion regarding the creation of Accountable Care Organizations (ACO) is becoming intense and prevalent. ACOs are a method of integrating physicians with other members of the health care system and rewarding them for controlling costs and improving quality. A variety of federal, regional, state, and academic hospital initiatives are investigating how to implement ACOs. These will be local organizations that are accountable for 100% of the expenditures and care of a defined population. Depending on the sponsoring organization, an ACO may include primary care physicians, specialists, and, typically, hospitals, that work together to provide evidence-based care in a coordinated model. As noted in a recent GAPNA eAlert (see related article on page 7) advanced practice nurses (APNs) are not included or designated as primary care providers or leaders of these organizations.

Initially, only Medicare beneficiaries will be included in the ACOs that will be launched January 2012. These organizations will need to limit costs and increase effectiveness which will require intensive collaboration with a wide array of providers and consumers. However, the organizational models identified to date have evolved around physician-driven organizational models. These organizational models will be accountable for the quality, cost, and overall care of the Medicare fee-for-service beneficiaries assigned to it. However, APNs, who do the work to make this happen, are not identified and no APN models have been designated as an organizational model.
GAPNA Foundation Plans Exciting Events During Annual Conference

The GAPNA Foundation (GAPNAF) has three exciting events planned during GAPNA's Annual Conference. For avid golfers, this year's event will be at the East Potomac Blue Course on the Potomac River on September 14; cost is $150. Even if you are not a great golfer, this event is always a lot of fun and a key fundraiser for the Foundation. On Saturday, September 17, the Foundation will sponsor a Moonlight Trolley Tour. This is one of Washington, DC's, most unusual tours and highlights some of the most popular monuments including stops at the FDR Memorial, Lincoln Memorial, Vietnam Memorial, Korean War Memorial, and the Iwo Jima Memorial. The tour is about 2.5 hours long and is a wonderful way to view these monuments; cost is $58. And, of course, there is the ever-popular Fun RunWalk, Friday, September 16. This event is the perfect time to get out and enjoy early morning Washington, DC. Participants can either run or walk from the hotel down Rock Creek Parkway towards Dupont circle and back (two mile total). The Fun RunWalk starts at 6:00 a.m. and costs $25. For later risers, we are happy to take your donations.

The mission of GAPNAF is to promote excellence in the care of the older adult population through recognition of scholarly activities. Your donations are much appreciated and the Foundation board puts these funds to excellent use. As usual, the GAPNA Foundation funded research scholarships and awards this year, but in addition, also provided funding for a GAPNA member to attend the American Medical Directors Association Foundation's Futures Program. With your generous donations, the Foundation hopes to expand scholarships and develop new recognition activities, so please sign up for our events or feel free to simply donate your leftover change. This year we will have a “donation bowl” at the Foundation table. We are happy to collect your spare change and dollar bills plus any bigger bills that are weighing down your wallets.

In addition, the Foundation welcomes general donations of any size and amount. For anyone who is interested in membership to the Foundation, please see below.

**Annual**
- Platinum Level ($2,000+)
- Gold Level ($1,000-$1,999)
- Silver Level ($500-$999)
- Bronze Level ($100-$499)
- Friends of the Foundation ($25-$99)

**Sustaining**
Donors pledge a specific amount of financial support given over 10 years.

**Corporate**
Corporations donate at least $5,000 or more for the year.

**Endowments**
Endowments are being developed as an option for tax-deductible donations.

**Mail donations for GAPNAF to:**
The GAPNA Foundation, Inc.
c/o Eric Joh, Esq.
4600 North Ocean Boulevard
Suite 406
Boynton Beach, FL 33435

Debra Bakerjian  
Debra@gerihealthsolutions.com

---

Join Your Colleagues At GAPNA’s 30th Annual Conference

Geriatric advanced practice nurses will gather in Washington, DC, for GAPNA’s 30th Annual Conference September 14-17, 2011. If you haven’t yet registered for this outstanding educational event, plan to do so soon. “Improving Lives of Older Adults: Practice and Policy” is a learning experience that will enlighten and enliven you!

Relevant general and concurrent sessions offer choice and variety. General sessions include:
- Health Care Reform: Issues and Opportunities
- The Evolution of the Geriatric Nurse Practitioner
- ANP/GNP Update
- Infusing Mental Health Into Your Practice with Older Adults
- Pharmacology Update
- Nurse-Led Innovations

Some of the 24 targeted concurrent sessions are:
- Trauma in the Older Adult
- Health Disparities in Older Adults
- Chronic Heart Failure Management for Geriatric Patients in the Long-Term Care Setting
- Geriatric Palliative Medicine
- Preoperative Evaluation in the Older Adult
- Quality and Safety Initiatives for the APN
- Driving and the Older Adult: State of the Science
- Sleep Apnea: A Potentially Deadly Sleep Disorder Among Older Adults
- Leadership Fellows: Opportunities on Capitol Hill
- Understanding Malpractice: A Practical Approach

Plus, there are many more stellar learning and networking opportunities through the Pre-Conference Workshops, Industry-Supported Product Theaters, Awards Reception/Dinner, Exhibit Hall, New Member/First-Time Attendee Breakfast, Committee/SIG Meetings, and GAPNA Foundation Events.

Don’t delay. Visit www.gapna.org, read and share the conference brochure with your colleagues, and register for GAPNA’s 30th Annual Conference.
Fall is an inspiring time to visit Washington, DC, during GAPNA’s 30th Annual Conference, September 14-17, 2011. The city is bustling as Congress and the Supreme Court come back in session, new college students arrive at many universities (like Georgetown, Howard, American, and Catholic), and the cultural community kicks off an amazing array of performances and exhibitions.

It’s easy to get around DC, with its logically laid-out streets and easy-to-use public transportation system; plus DC has one of the highest ratios of taxis per citizen in the country. And Washington, DC, is ranked the number 1 city in the nation for walking.

Celebrity chefs and home-grown talents take the helm at DC’s restaurants. Discover the local flavors of the Chesapeake Bay, mingle with politicos in power dining hotspots, and taste the international influences that give DC restaurants their unique character.

**Make History**

DC is a city that makes history. Discover it for yourself in classic sights like the National Archives and the National World War II Memorial. Plug in to the energy of interactive experiences like a bike tour of the National Mall and DC’s neighborhoods or the CSI Experience at the National Museum of Crime and Punishment. There are more than 40 performing arts/theater venues with 31,000 total seats.

**Other top attractions include:**
- Smithsonian’s National Museum of Natural History
- National Air & Space Museum
- National Museum of American History
- National Zoological Park
- Lincoln Memorial
- Vietnam Veterans Memorial
- Korean Memorial
- FDR Memorial

**Visit Neighborhoods**

Adams Morgan
A neighborhood filled with independently owned businesses, Adams Morgan is a global village of great restaurants, lounges, live music, and amazing boutique shopping.

Brookland/Northeast
Nicknamed “Little Rome,” Brookland is home to more than 60 Catholic institutions, including the Franciscan Monastery, Shrine of the Immaculate Conception, and the Catholic University of America, plus 446-acre U.S. National Arboretum.

Capitol Hill/Capitol Riverfront
Capitol Hill stretches beyond the dome to include a residential district of Victorian rowhouses, tree-lined streets, as well as the Library of Congress, Supreme Court, Folger Shakespeare Library, National Postal Museum, and Union Station.

Downtown
Museums, theaters, and galleries share the streets with hot restaurants, lounges, and hotels, plus must-see sights like the White House, Spy Museum, Newseum, and the Museum of Women in the Arts.

Dupont Circle/Kalorama
Dupont Circle is perfect for people watching, playing a pick-up game of chess, or sipping a latte. DC’s only presidential residence, the Woodrow Wilson House Museum, is located in this neighborhood. You’ll also find museums such as The Phillips Collection, the Textile Museum, and the National Geographic Museum.

New for 2011 – An Online Library and a Paperless Conference!

Receive added educational value for your conference investment. Here are some of our exciting changes:

- **Free Access to GAPNA’s New Online Library!**
  www.prolibraries.com/gapna

  **What does this mean?**
  - As an attendee, you’ll have indefinite free online access to all approved sessions.
  - You can “virtually” attend sessions you may have missed onsite or revisit courses you found particularly interesting.
  - You’ll never have to choose between concurrent sessions again!
  - You can even share the meeting content with two colleagues at no charge.

  Content will be available approximately 3 weeks after the conference, so be sure to take advantage of this additional learning experience at your convenience. Access all the content of the sessions you missed in the GAPNA Online Library (CNE contact hours may be obtained for a separate fee).

  **Handouts Available Online:** This is a great option: You no longer have to carry a bulky program book! Approximately 2 weeks before the conference, redeem conference code GAPNA11 in the Online Library (www.prolibraries.com/gapna) to access the handouts.

  **Paperless Online Evaluations and CNE Certificates:** No need to worry about filling out paper forms and submitting them onsite. Simply complete the evaluation and print your CNE certificate at your convenience from home or work! Now, you can focus on networking and enjoy the conference!
Chicagoland

The Chicagoland Gerontological Advanced Practice Nurses (CGAPN) have had a great year thus far. We had another successful Annual Dinner in May with 31 members present. A local acoustic guitarist played during the event and it was a great time for networking and socializing with the group. We are also excited to have another student leadership intern who will be part of the board for the 2011-2012 year. Susan Dawson is a geriatric clinical nurse specialist student at the University of Illinois at Chicago, who is due to graduate in July 2012. She has been an active member of the chapter over the past year, and we are all looking forward to her participating in leadership opportunities through CGAPN. Our next quarterly meeting will be held in August 2011 with a continuing education presentation “HIV and Aging” presented by geriatrician Dr. Martin Gorbien.

Jill Titze
jilltitze@yahoo.com

Georgia

Beyond its quarterly chapter meetings, the Georgia Chapter has been active in planning for the remainder of 2011. This update includes details on a new and exciting collaboration, upcoming community service, and plans for the GAPNA Annual Conference.

On May 3, the chapter held a dinner meeting at Nan Thai in downtown Atlanta. The topic of the meeting was management of seizures in the long-term care setting. Despite a downpour just before the meeting, we enjoyed an excellent presentation and welcomed new members. The next dinner meeting will be held on August 25 and will include 1 CE credit. To receive future details on this and other Georgia Chapter events, be sure to subscribe to our email announcements on http://www.georgia-gapna.org.

The Georgia Chapter is pleased to announce an exciting collaboration with the Atlanta Regional Geriatric Education Center (ARGEC). We will be partnering with ARGEC in February 2012 to present a 2-day CE conference. The ARGEC brings collaborators from multiple disciplines including geriatric medicine, geriatric psychiatry, physician assistants, social workers, as well as nurses and nurse practitioners. The ARGEC represents the Area Agency on Aging, Emory University Schools of Nursing and Medicine, Morehouse School of Medicine, and Georgia State University. The result of this collaboration will be an informative, multidisciplinary panel of speakers and attendees. We look forward to reporting on the outcomes in the Spring 2012 newsletter.

Lastly, our chapter is actively planning for GAPNA’s 30th Annual Conference, September 14-17, 2011, in Washington, DC. We are pleased to have chapter member Stacy Chapman on the Conference Planning Committee. Chapter President Carolyn Clevenger will present on “Quality and Safety Initiatives for APRNs.” One chapter member will receive a paid conference registration as recognition for our chapter’s Clinical Excellence Award.

Carolyn K. Clevenger, DNP, GNP-BC
ccleven@emory.edu

Looking for a CHAPTER NEAR YOU?

GAPNA
Interested in Starting a Chapter?

ARIZONA (SONORAN)
Ellen Cavanaugh
ecavanaugh1@cox.net

NORTHERN CALIFORNIA
Liz Macera
Lizmacera@gmail.com

DELAWARE/PENNSYLVANIA
Maria Ash
mash0129@aol.com

FLORIDA GAPNA
Jo Ann Fisher
jmfisher@cfl.rr.com
joannfisher@oslermedical.com

FLORIDA GULF COAST
Beatrice Matthews
Beatrice_m.mathewses@uhc.com

GEORGIA (ATLANTA)
Katherine Abraham
Katherine_a_abraham@uhc.com

ILLINOIS
(CHICAGOLAND GAPNA)
Anne Maynard
Maynard77@yahoo.com

LOUISIANA/MISSISSIPPI (MAGNOLIA)
Dr. Lisa Byrd
Lbyrd1@comcast.net

MARYLAND
Margaret Hammersla
hammersla@son.umd.edu

NEW ENGLAND
Timothy P McGrath
tmcnurse@gmail.com

MICHIGAN (GREAT LAKES)
Mary Jane Favot
mjfavot@comcast.net

NORTH CAROLINA (TRIAD)
Marigold (Margo) Packheiser
Marigold_a_packheiser@uhc.com
marygoldnp@aol.com

OHIO
Sandy Jorgensen
sandra.jorgensen@case.edu

TENNESSEE (MIDSOUTH)
Jennifer Kim
Jennifer.kim@vanderbilt.edu

TENNESSEE (MID SOUTH)
Amber Velasquez
ambervelasquez@gmail.com

TEXAS (GULF COAST) - HOUSTON
Rhonda Hunsucker
rhnusucker@consolidated.net

WISCONSIN (SOUTHEAST)
Christine Pasinski
cpasinski@wwrr.com

Contact the GAPNA National Office
GAPNA@ajj.com • (866) 355-1392 • Fax (856) 589-7463
Enjoy hearing my students and colleagues describe the reasons they became nurses or nurse practitioners, and why they chose to care for older adults. My own path to this place was winding. As a high school junior, I met with a guidance counselor at the small parochial school I attended and said I wanted to become an engineer. He said engineering was a man’s field, and I should think about being a nurse, a teacher, or a secretary. I proceeded to choose nursing and then picked my university based on its nursing cap. It turned out to be a great choice and prepared me well for the profession.

I never did wear that cap as an RN because my first job was in a surgical ICU and then, because I didn’t like night shift, I took a job in home care. In that role I fell in love with my older adult patients and especially enjoyed coordinating their care and helping them remain at home. The role had a lot of autonomy but I wanted more independence and returned to school to become a nurse practitioner. This was the late 1970s and there was hot debate regarding preparation for entry into practice promoting the MSN rather than certificate preparation, not unlike our current debate about DNP rather than MSN. None of the current competencies had been developed and certification exams were in their infancy. I graduated with my MSN as an adult/gerontological advanced practice nurse in 1981 and was certified as a GNP in 1982.

I was privileged to begin my career at a VA hospital in Madison, WI, in a newly formed interdisciplinary geriatric clinic. Everyone in the group was young and enthusiastic and we absolutely loved our work. When I moved to Cleveland, OH, I helped start the geriatric practice at the VA hospital there. I became interested in teaching and had the opportunity to become faculty at the Bolton School of Nursing at Case Western Reserve University. I have been a part of their faculty for more than 2 decades. I completed the DNP in 2004. Currently, I direct the adult-gerontology nurse practitioner program and serve as the associate director of the University Center on Aging and Health. I practice as part of the geriatric medicine group at University Hospitals of Cleveland. A year ago I was asked to assume the care of patients in a small, 25-bed nursing home. My practice was always in the community in ambulatory clinics or house calls so, suddenly, after 30 years I was a novice. That is what I love about this career, if older adults are your passion you can provide for them in multiple settings and meet their needs in multiple ways.

It has been a highlight of my career to be president of GAPNA. I believe in this organization and I think we are at the brink of an opportunity unlike any we have had before to help improve the quality of care given to older adults by advanced practice nurses. In 2011 careers in aging are the place to be. I’m glad my own path brought me to this place and time.

GAPNA recently implemented a new association management system/database to improve quality services to members. The new system is now live, and while many of the benefits are “behind the scenes,” there are some new features that we think you’ll be excited about.

**Easier Log In Process**

You will now log into the GAPNA site using your primary email address and password. If you’ve forgotten your password, just enter your email address and you’ll receive an email message with a link to set up a new password and access your account without contacting the National Office.

**Membership Directory**

Search for members by last name, first name, or geographic area. The directory provides information such as email address and city/state so you can find contacts in your area or get back in touch with someone you met at the conference.

**See Your Volunteer Units**

The My GAPNA section of the site lets you see a list of committees and special interest groups in which you participate. Select a group to see who else is involved as well as contact information.

**Renew in Just One Step**

To renew online, all you need to do is select “Renew,” enter your payment information, and click “Submit.” If you need to update your contact information or demographics, you can do so at the same time, but we’ve condensed renewals to just one step to make it easier for you!

**Your Membership Card Is Always Available**

When joining or renewing online, your updated GAPNA membership card is now available immediately. Print a copy whenever you need it!

**Online Library**

GAPNA will be bringing the education to you! Moving forward, conference sessions will be recorded and posted in our new Online Library. The Online Library also includes a free CNE session, and a Presidential Minute in which Evelyn Duffy fills you in on the most recent GAPNA news. Log into the Online Library using the same email address and password you use to log into GAPNA’s Web site. Check it out! www.prolibraries.com/gapna
Research Committee Highlights Works in Progress

The GAPNA Research Committee is proud to feature the work of several committee members. These research studies are another way GAPNA members promote the care of older adults.

**Staff Knowledge and Recognition of Depressive Symptoms among Assisted Living Residents**

Linda Beuscher, PhD, GNP-BC, Vanderbilt University, School of Nursing, is the principal investigator on the first study below and co-investigator of the second study below. John F. Schnelle, PhD, is the principal investigator for the second study.

Depression is a major health problem among the one million older adults residing in assisted living (AL) facilities. However, research indicates depression in AL residents is under-diagnosed and under-treated, and is associated with poor outcomes particularly for residents with chronic medical illnesses and pre-existing functional and cognitive decline. Failure to identify and treat residents with depression places them at increased risk of mortality and suicide. AL staff who work with residents daily are the most likely persons to recognize residents’ depressive symptoms. The purpose of this pilot study was to evaluate AL staff knowledge and educational needs related to the recognition of depressive symptoms among their residents and to determine the prevalence of depressive symptoms among residents at one AL facility.

**Offering Choice to Nursing Home (NH) Residents: A Behavioral Intervention**

This study is funded by the National Institute of Aging. The purpose of the proposed study is to evaluate assessment and intervention strategies that NH staff can use to increase resident involvement in decision making about four activities of daily living that occur during morning care: when to get out of bed, what clothes to wear, use of the toilet, and where to have breakfast. Morning care also typically occurs during a predictable time period, so supervisors can readily observe the quality of communication between residents and direct care staff regarding choice. Such observations — and the data they generate — are essential for effective staff training and management.

**Do Hope and Social Support Influence Self-Esteem in Early-Stage Dementia?**

Valerie Cotter, DrNP, ANP/GNP-BC, FAANP, University of Pennsylvania School of Nursing, recently presented this study at the Society of Behavioral Medicine Annual Meeting. The study was funded by Sigma Theta Tau, Xi Chapter.

A diagnosis of dementia typically results in feelings of loss, social stigma, and uncertainty placing major demands on the coping strategies for the individual. Research has identified a potential for negative beliefs about the self in early-stage dementia because of its threat to the ego and re-adjustment of self-concept. Individuals acknowledge and actively seek to understand and adjust to current and future loss of memory, independence, previous roles, and lifestyle, as well as feelings of depression and frustration. The researchers examined the relationships between hope and social support on self-esteem in individuals with early-stage dementia. A descriptive correlation design was used. The sample included 53 individuals diagnosed with early-stage dementia who completed questionnaires assessing their experience of hope, social support, and self-esteem. Linear regression models were used to examine whether hope and social support satisfaction are significantly associated with self-esteem. Hope accounted for 25% of the variance in self-esteem; a key component in predicting self-esteem in early-stage dementia. Social support satisfaction was not related to self-esteem. The current results suggest hope may be an important yet understudied factor to help individuals manage potential threats to self and protect self-esteem in the experience of early-stage dementia. The evidence helps clinicians understand the importance of hopefulness in early-stage dementia and suggests hope may be a factor that can facilitate coping and adaptation to the changes associated with dementia as a chronic illness.

It is likely consideration of hope in future studies can lead to better understanding of the fluctuations in self-esteem and improved outcomes.

**The PRAISED Dissemination Project**

Barbara Resnick, PhD, CRNP, FAAN, FAANP, University of Maryland, is the principal investigator of this study and the study below. Elizabeth Galik, PhD, CRNP, is a co-investigator on the second study. The PRAISED study has been funded by the Nurse Practitioner Health Foundation.

Previously tested behavior change interventions have not been effective in increasing adherence to cardiovascular disease (CVD) prevention behaviors in African-American and low-income older adults. Interventions guided by social ecological models which address intrapersonal, interpersonal (including social networks), environmental, and policy factors and use Diffusion of Innovations Theory are needed to positively influence CVD prevention behaviors. Use of these combined approaches can add to current understanding of how to successfully disseminate behavior change interventions in subsidized housing sites. The purpose of this study is to explore the diffusion process and evaluate the effectiveness of the intervention People Reducing Risk and Improving Strength Through Exercise, Diet and Drug Adherence (PRAISED). PRAISED is implemented by advanced practice nurses and exercise trainers and focuses on combined education and exercise classes. Focus groups will be used to learn from residents about their reasons for participating in the classes and the ways information from PRAISED activities were spread throughout the community.

Joanne Miller, PhD, APN/GNP-BC

Joanne_M_Miller@rush.edu

---

**The Function Focused Care Dissemination Project**

The proposed project, Function Focused Care for Assisted Living (FFC-AL), will disseminate and implement function focused care in 20 assisted living communities over a 12-month period. Communities will be eligible to participate if they provide care to low-income older adults, evidenced by their being recognized as sites that accept Medicare waivers and identify a nurse (direct care worker, licensed practical nurse, or registered nurse) change agent to participate in the project. We previously established training materials and tools for implementing FFC-AL (e.g., educational materials, service plan forms, goal forms, exercise programs) that can be easily integrated into routine care within these sites. A RE-AIM Model will be used to evaluate outcomes. Establishing evidence of our ability to disseminate and implement FFC-AL in AL communities using the approach delineated will allow us to translate this approach to work with additional groups of AL communities in Maryland and nationally.

Joanne Miller, PhD, APN/GNP-BC
Researchers Seek Nurses for Large-Scale Health Study

Harvard Medical School and Brigham and Women’s Hospital are seeking female nurses (RNs and LPNs) between ages 22 and 45 to join the new Nurses’ Health Study 3. Information on how to join is available at www.nhs3.org.

Researchers are now recruiting a new group of 100,000 women who were born after January 1, 1965. The goal of this study is to learn more about how women’s lifestyles (including diet, exercise, birth control, pregnancy, etc.) during their 20s, 30s, and 40s can influence health and disease risk later in life.

To make the study process as convenient as possible, researchers are conducting it entirely over the Internet via online questionnaires. It is nurses’ unique knowledge, training, and interest in health issues that makes them qualified to provide very accurate and complete information.

The project is the longest-running study of women’s health in the world. Study 1 began in 1976 and has more than 120,000 members. It continued with Study 2 in 1989 with 116,000 women participating.

Those studies garnered a great deal of valuable data about how lifestyle affects women’s risk of developing cancer and other serious health conditions. The third study seeks to expand those findings, especially regarding health issues among women from diverse ethnic backgrounds.

The new study has been endorsed by the American Nurses’ Association, the National Federation for Licensed Practical Nurses, and other major nursing organizations.

Nurses who would like to participate can visit the Nurses Health Study Web site (http://nhs2survey.org/NHS3/) for complete information and eligibility requirements. Feel free to share the link with your colleagues. Information about the study is also available on Facebook at www.facebook.com/NHS3.org.

Find GAPNA on Facebook

Take advantage of the benefits (and fun!) of social networking on the GAPNA page on Facebook (www.facebook.com/GAPNA). Facebook connects friends, coworkers, and others who share similar interests. On GAPNA’s page, you can start a conversation, share photos, discuss gerontological nursing, and much more. The page gives you one more way to interact with nurses and others interested in GAPNA and our specialty. To become a fan, visit GAPNA’s page (www.facebook.com/GAPNA) and click the “Like” button.

Accountable Care Organizations

GAPNA, in partnership with other APN groups in the Nurse Practitioner Roundtable (NPRT), has responded to the Proposed Rule for ACOs to be implemented in 2012. The proposed rule fails to recognize APNs as primary care providers and only acknowledges physicians. The NPRT has asked the Centers for Medicare and Medicaid Services to modify the rule to include APNs as ACO professionals in order to fulfill the real intent of the Affordable Care Act.

The Medicare Shared Savings Program, which is to be implemented on January 1, 2012, is intended to encourage providers of services and suppliers (e.g., physicians, hospitals, and others involved in patient care) to coordinate patient care and improve communications with each other to provide each beneficiary the right care at the right time, and see that the care is provided right the first time. To accomplish this, the Act allows providers to create ACOs that will be held accountable for improving the health and experience of care for individuals, improving the health of populations, and reducing the rate of growth in health care spending. Studies show better care often costs less because coordinated care helps avoid unnecessary duplication of services and prevents medical errors. For more information, visit:

https://www.cms.gov/sharedsavingsprogram/

To read the NP Roundtable letter to the CMS regarding the ACO rules, visit:


The quality performance standards will be determined by the HHS Secretary and implemented with the program’s regulations. The measures will include categories such as clinical processes and outcomes of care, patient experiences, and utilization of services. Primary care has been identified as key to achieving quality performance standards and information technology systems. Infrastructures will be vital to tracking and reporting the information. However, there is no language in the rules or in the discussions about ACOs that account for the contribution of APNs. As noted previously, APNs should be key leaders in the formation of such organizations.

The bottom line is providers, suppliers, hospitals, payers, and consumers will be impacted by this latest move to redesign the health care delivery system. All professions must be aware of what is happening to determine how it will change their practice, marketplace, and reimbursement. There are many groups active in the discussion about ACOs and they are providing perspectives about its implementation. The NP Roundtable, of which GAPNA is an active member, is deeply involved. Please become informed about this issue. More information is available at the following websites:

http://www.cms.gov/sharedsavingsprogram
http://www.pcpcc.net
Clinical Research Corner

Mental Status Deficits a Major Factor in Elderly Falls in the Hospital

Falls in hospitals or other settings are a frequent cause of morbidity and mortality in older people with cognitive impairment, dementia, or confusion. A new study found that a faller’s mental status deficit (MSD) was related to falls documented by nurses in fall incident reports. In 34% of falls (346 out of 1,017) in adult inpatient acute care settings, MSDs were identified as the dominant factor, according to Huey-Ming Tzeng, PhD, RN, of the University of Michigan. Fallers with MSDs tended to have more injurious falls than those without such deficits. They also seemed to have fewer toileting-related falls than patients without such deficits.

Dr. Tzeng examined reports of 1,017 falls occurring in 6 inpatient acute care units in a community, not-for-profit hospital between 2005 and 2009. She believes risk assessment of falls and targeted surveillance should be part of fall-prevention policies for cognitively impaired older patients during hospital stays.


Older Persons with Chronic Kidney Disease and Lower Systolic Blood Pressure Have Higher Mortality Rates

Chronic kidney disease (CKD) guidelines recommend a blood pressure target of less than 130/80 mmHg for all patients. Since these guidelines are age-neutral, the potential benefits of reducing blood pressure to that level in older patients with CKD are unclear. However, a new study found the mortality rates for patients with CKD over age 75 with systolic blood pressure (SBP) under 130 mmHg are higher than those whose SBP was between 130 and 160. This finding is unexplained by conventional knowledge and raises new questions regarding the appropriateness of current CKD hypertension guidelines in the elderly. The researchers also found mortality rates for older patients with CKD are higher if their SBP is greater than 160. Both of these groups had higher rates of cardiovascular hospitalization.

To learn more, see Weiss et al. (2010). Systolic blood pressure and mortality among older community-dwelling adults with CKD. American Journal of Kidney Diseases, 56(6), 1062-1071.

Elders’ Preferences for End-of-Life Care Are Not Captured by Documentation in Their Medical Records

Advance care planning typically includes documentation of patient preferences for care, designation of a surrogate decision maker to enact those preferences, and the completion of an advance directive. Despite acceptance of advance care planning and advance directives in the care of older patients, less than 30% of Americans, including those with chronic disease, have advance directives.

A team of Los Angeles-based researchers analyzed the flow of advance care planning information from patients to medical records by examining two Assessing Care of Vulnerable Elders (ACOVE) studies. These two studies compared patient preferences in these areas, as expressed in structured interviews, with information found in their medical records. The vast majority of the seriously ill elderly (88%-93%) preferred to die rather than remain permanently in a coma, on a ventilator, or tube fed. In ACOVE-1 and ACOVE-2, 67% and 73% of patients, respectively, reported having an advance directive compared with less than 30% of people nationally. Yet only 15%-22% of patients had preference information in their medical record.

The researchers believe electronic health records and standardized data collection for end-of-life care could begin to ameliorate the problem of documentation not reflecting the preferences and proposed decision makers of the seriously ill.

For details, see Yung et al. (2010). Documentation of advance care planning for community-dwelling elders. Journal of Palliative Medicine, 13(7), 861-867.

Published an Article Recently?

We are looking for GAPNA members who have recently published clinical or research articles. Let us know the title, publication, volume, and issue number of your article, along with a brief abstract/summary, and we’ll share it with your fellow members in the GAPNA Newsletter.

Keep us updated at GAPNA@ajj.com

Approximately 5% of Seniors Report One or More Cognitive Disorders

Slightly over 5% of the nearly 39 million Americans aged 65 and older in 2007 reported one or more cognitive disorders, such as senility or dementia, according to the latest News and Numbers from the Agency for Healthcare Research and Quality (AHRQ). Seniors aged 85 and older were the most likely to have reported one or more cognitive disorders (18.4%), compared with seniors aged 75-84 (6%) and seniors aged 65-74 (1.1%).

AHRQ found that for elderly Americans aged 65 and older in 2007:

- Seniors with less than a high school education were more likely to have reported one or more cognitive disorders than seniors who were high school graduates (8.6% vs. 4.9%) or seniors with more than a high school education (2.7%).
- Nearly 8% of poor seniors reported one or more cognitive disorders compared with 4.1% of middle and high-income seniors reporting such a condition.
- Nearly 1% of seniors who had both Medicare and another type of supplemental public insurance reported one or more cognitive disorders, compared with 5% of seniors with Medicare only and 4.1% of seniors with Medicare and supplemental private insurance.


continued on page 9
AHRQ Releases Common Formats for Patient Safety Reporting in Skilled Nursing Facilities

The Agency for Healthcare Research and Quality (AHRQ) recently released new Common Formats for patient safety reporting in skilled nursing facilities. These new formats complement an existing set of Common Formats, Version 1.1, which are designed to help health care providers collect both generic and event-specific information about incidents, near misses or close calls, and unsafe conditions in hospital settings.

The term “Common Formats” refers to the common definitions and reporting formats, specified by AHRQ, that allow health care providers to collect and submit standardized information regarding patient safety events. Future versions of the Common Formats are being developed for ambulatory settings, such as surgery centers and medical offices.

All of the Skilled Nursing Facilities Formats are currently available in beta versions for public review and comment via the AHRQ Patient Safety Organization Web site at http://www.pso.ahrq.gov.

Medicare Part D Enrollees Have Higher Cost-Sharing Amounts for Brand-Name Prescription Drugs than Those In Employer Plans

Cost sharing is used by Medicare Part D prescription drug plans to discourage the use of unnecessary and more expensive brand-name medications in covered patients by raising the amount patients must pay out-of-pocket for brand-name drugs versus generic drugs. Indeed, a new study found Medicare Part D enrollees had larger differences between cost sharing amounts for brand-name and generic drugs than individuals with employer coverage. This difference resulted in more generic drug use among Part D enrollees.

For more info, see Goedken et al. (2010). Impact of cost sharing on prescription drugs used by Medicare beneficiaries. Research in Social and Administrative Pharmacy, 6, 100-109.

Things to Do and Places to See in DC
continued from page 3

Foggy Bottom
Between the White House and Georgetown lies Foggy Bottom, a mixture of residences, offices, restaurants and hotels, plus The George Washington University, the infamous Watergate complex, and the John. F. Kennedy Center for the Performing Arts.

Georgetown
Historic and hip, Georgetown’s cobble-stoned streets have seen their share of celebrities and politicians. This waterfront district is home to Georgetown University, Tudor Place Historic House and Garden, the Kreeger Museum, Old Stone House, and the C&O Canal.

Woodley Park/Cleveland Park
These charming residential neighborhoods are located in upper northwest Washington, DC. They are home to the architecturally stunning Washington National Cathedral, the beautiful Hillwood Museum and Gardens, the Marriott Wardman Park Hotel (site of GAPNA’s 30th Annual Conference), and the National Zoo.

For more events, experiences, and planning, visit www.washington.org

Leadership Skills Assessment

If you are attending the GAPNA Leadership Forum on Tuesday, September 13, 2011, at 1:00 p.m. during GAPNA’s 30th Annual Conference in Washington, DC, please visit the web site “MindTools” (see address and link below) and take the Leadership Skills Assessment (18 quick questions). This assessment will identify your strengths and weaknesses and provide you with strategies for improvement. Pat Kappas-Larson, the Leadership Forum session leader, would like everyone who will be attending the Forum to bring the results of their assessment to the meeting for further discussion and to use as a leadership skills building tool.

Go to www.mindtools.com
Click the “toolkit” tab.
Click the “leadership skills” line/link.
Scroll down past the description and click the 2nd item down entitled “How Good Are Your Leadership Skills?”
Take the assessment and click “calculate” for your score.

Bring your assessment with you to the Leadership Forum. You can also click this link: http://www.mindtools.com/pages/article/newLDR_50.htm

President’s Message
continued from page 1

GAPNA continues to be involved in health affairs. The chair of the GAPNA Health Affairs Committee is supported to attend the American College of Nurse Practitioners National Nurse Practitioner Policy Summit. Each year we also select one member as Policy Fellow and provide support for his or her attendance at the summit. Charlotte Kelley serves as our representative to the Nurse Practitioner Roundtable. We hope we are keeping you informed of the many policy developments this year. There is a strong possibility legislation currently introduced, H.R. 2267 or S. 227, the “Home Health Care Planning Improvement Act of 2011,” will finally resolve the problem of advanced practice nurse’s inability to certify or recertify patients’ eligibility for home health care. We’ve asked for your help to garner support for this legislation which represents years of lobbying and educating legislators on the part of advanced practice nursing organizations.

Have you noticed the back-to-school displays are already in the stores? That is a reminder September is close at hand. Have you made your plans to attend the 30th Annual GAPNA Conference, September 14-17, 2011, in Washington, DC? Take advantage of the registration savings that your GAPNA membership offers. This is a conference not to be missed (see conference previews inside this issue). The GAPNA Foundation has three events planned: The annual golf outing on Wednesday afternoon, September 14, at the East Potomac Blue Course on the Potomac River; The Fun Run/Walk Friday morning, September 16; and the Moonlight Trolley Tour on Saturday evening, September 17. These three events provide opportunities to support the great work of the Foundation while having a lot of fun. I look forward to seeing you there. Remember, we want to have at least 500 of you descend on Washington, DC, September 14-17! Become a part of the history of the next 30 years of GAPNA as we celebrate the first 30.

Evelyn Duffy, DNP, GNP/ANP-BC, FAANP
President
Make an Impact: 
Get Involved with a Committee or SIG

Get involved by joining a GAPNA Committee or Special Interest Group (SIG). You don’t need a long list of publications or prior experience, just your interest, knowledge, and commitment to participate.

Committee and SIG work is primarily accomplished through conference calls and email. There is also a non-mandatory meeting held every year during the GAPNA Annual Conference & Business Meeting. Most committees and SIGs hold hourly teleconferences every 6-8 weeks. Between conference calls, members may be asked to review materials, comment on ideas, and/or develop plans and programs.

By devoting a little of your time and expertise to serve on a GAPNA Committee or SIG, you can make a tremendous impact on association programs, activities, and publications that enhance patient care, expand educational opportunities for GNP s, and affect regulatory and legislative issues.

Committee Opportunities

Conference Planning. This committee reviews abstracts via fax, mail, and email for the GAPNA Conference. They meet via teleconference 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 educational program for the Annual Conference.

Education. This committee participates in the development of educational programs and information for the GAPNA web site and other resources; committee members may participate in a faculty SIG in conjunction with the National Organization of Nurse Practitioner Faculties.

Health Affairs. This committee monitors legislative events and activities and keeps the board of directors and membership apprised of events of potential interest and impact to GAPNA and advanced practice nurses that work with the older adults.

Historical. This committee gathers and preserves GAPNA documents and pictorial memorabilia from inception in 1981 to present and is charged with creating a display of said material during the annual conference.

Member Services. This committee serves to promote and retain GAPNA membership and oversee the formation of new state chapters.

Practice. This committee is responsible for monitoring practice-related issues and keeping the membership informed of issues impacting advanced practice nurses in long-term care.

Research. This committee solicits manuscripts for the GAPNA Newsletter and promotes and reviews research and practice posters, as well as oral presentations for use at the Annual Conference.

Special Interest Group (SIG) Opportunities

Assisted Living. This SIG was formed to determine where GAPNA and the nurse practitioner can best impact this practice. Some goals include evaluate state laws for consistency/INCONSISTENCY, research and identify various standards and polices, define the role, provide tools and resources to enhance the role, and reduce hospital/ER visits through early identification of changes in resident condition and early PCP notification.

Hospice/Palliative Care. This SIG meets regularly to network and explore the partnership opportunities with key palliative care organizations to leverage each others’ strengths around practice, research, policy, education, and advocacy.

House Calls. This SIG continues to evolve as a work in progress to explore opportunities and challenges in the delivery of high-quality, coordinated primary care to medically frail patients in their home setting. The goal of this group is to identify best practices and to develop evidence-based care strategies while linking with other geriatric agencies already in existence to elevate this specialty as a recognized standard of practice throughout the United States. The end result is enhanced access to appropriate whole person care that allows medically complex homebound patients to remain safely in their own homes where their medical and social needs are met.

LTC/Nursing Home. This SIG discusses issues specific to nursing homes and brings issues of interest/importance to GAPNA related to nursing homes. Goals include develop/accumulate resources useful to APNs in the nursing home field, promote APN leadership in the nursing, and recognize policy issues and make recommendations to Health Affairs Committee.

Transitional Care. This SIG is interested in positioning GAPNA as an expert resource for transitional care (TC) issues of older adults. Goals include increased awareness of TC within the context of older adult care delivery, identify best practices that incorporate TC, identify members currently involved in TC and encourage other SIGs to have a goal related to TC.

We encourage you to support GAPNA by choosing a committee and/or SIG that matches your interests and experience. Access the volunteer form on the GAPNA web site under ABOUT GAPNA tab, then click COMMITTEES or SIGs and download the “Committee/SIG Interest Form” and return it to GAPNA@ajj.com or fax to 856-589-7463. Or, if you are attending GAPNA’s 30th Annual Conference in Washington, DC, please join the Committees/SIGs luncheon meeting slated for Saturday, September 17, from 11:45 a.m.-1:15 p.m. If you have any questions or require additional information, please feel free to contact the National Office at 866-355-1392.

Don’t Miss GAPNA’s 30th Annual Conference! 
September 14-17, 2011 — Washington, DC
“Improving Lives of Older Adults: Practice and Policy”
Register Today at www.gapna.org
The Official Newsletter of the Gerontological Advanced Practice Nurses Association — Founded in 1981

PRESIDENT
Evelyn Duffy, DNP, GNP/ANP-BC, FAANP
CWRU-FPB/School of Nursing
Cleveland, OH
evelyn.duffy@case.edu

PRESIDENT ELECT
Beth Galik, PhD, CRNP
University of Maryland
School of Nursing
Baltimore, MD
galik@son.maryland.edu

IMMEDIATE PAST PRESIDENT
Pat Kappas-Larson, MPH, APN-C, FAAN
Transformative Solutions
Hastings, MN
Patlarson1@comcast.net

SECRETARY
Barbara (Nikki) Davis, MSN, FNP-C, GNP-BC
Evercare - Georgia
Braselton, GA
Barbara_N_Davis@uhc.com
nikki779@hotmail.com

TREASURER
Marianne Shaughnessy, PhD, CRNP
University of Maryland, Baltimore
School of Nursing
Baltimore, MD
shaughne@son.umaryland.com

DIRECTOR-AT-LARGE
Alice Early, MSN, ANP-BC
Beaumont Hospital
Division of Geriatrics
Royal Oak, MI
ame626@aol.com

DIRECTOR-AT-LARGE
James Lawrence, PhD, GNP-BC
James Sexson, MD and
Kaplan University School of Nursing
Atlanta, GA
jilapm@bellsouth.net

NATIONAL OFFICE
Michael Brennan, CMP
Executive Director
michael.brennan@ajj.com

Sherry Dzurko
Association Services Manager
sherry.dzurko@ajj.com

East Holly Avenue/Box 56
Pitman, NJ 08071
Phone: 856-355-1392
Fax: 856-589-7463
GAPNA@ajj.com
www.gapna.org

Volunteers Needed
Interested in serving on a GAPNA Committee? Learn more by contacting the GAPNA National Office at GAPNA@ajj.com or call 866-355-1392 and request a Call for Volunteers form.

Please send mail and email address changes to GAPNA@ajj.com

Next Newsletter Deadline: September 14, 2011
Send articles to: GAPNA@ajj.com

2010-2011 Committee Chairs

Approved Unit
Liz Macera, PhD, RN, NP-C
Nancy Mandler, GNP

Awards Committee
Susan Mullaney, MS, APN, GNP-BC

Conference Planning Committee
Pamela Cacchione, PhD, RN, BCGNP

Education Committee
Laurie Kennedy-Malone, PhD, GNP

Health Affairs Committee
Anna Treinkman, MSN, RN, GNP
Charlotte Kelley, MSN, GNP, ARNP

Historical Committee
Kathleen Fletcher, MSN, RN, CS, GNP, FAAN
Trudy Keltz, RN, GNP

Member Services Committee
Jennifer Serafin, GNP

Nominating Committee
MJ Henderson, MS, RN, GNP-BC

Practice Committee
Julie A. Roznowski-Olson, RN, GNP, BC

Research Committee
Joanne Miller, PhD, APN/GNP
Valerie Sabol, ACNP-BC, GNP-BC

Journal Section Editor
Lisa Byrd, PhD, RN, CFNP

Newsletter Editor
Shelley Hawkins, DSN, APRN-BC, FNP, GNP, FAANP

Web Site Editor
George Smith, MSN, APRN, GNP-BC

SPECIAL INTEREST GROUPS
Assisted Living SIG
Kathy Carroll, MSN, RN, GNP

Hospice/Palliative Care SIG
Carla Tozer, MSN, ANP-BC, GNP-BC, ACHPN
Sue Mullaney, MS, APN, GNP-BC

House Calls SIG
Deb Wolff-Baker, MSN, FNP-BC, CHPN
Peggy Brewer, MSN

LTC/Nursing Home SIG
Suzanne Ranselhousen, GNP-BC
Jackie Boan, FNP, BC

Transitional Care SIG
Therese Narzikul
Cathy Wollman, GNP