President’s Message

It is an honor and a privilege to serve as GAPNA’s President during the next year. Our Annual Conference held in Washington, DC, in September was a success with a recording-breaking 431 attendees, informative educational opportunities, a leadership workshop, productive committee and special interest group meetings, exhibits, and ample time for networking with friends and colleagues. Much of the content for the conference will be available on GAPNA’s new Online Library for continuing education for those members who may not have had the opportunity to attend the conference this year, or for those attendees who may want additional continuing education (visit www.prolibraries.com/GAPNA).

The 2011 Conference also marked GAPNA’s 30th anniversary. The Historical Committee did fabulous work honoring the dedicated and persistent leaders of GAPNA and highlighting our accomplishments. As we move forward into the next year, we must recognize and honor our past while looking forward to opportunities and challenges that we will face in the future.

During the past year, the GAPNA Board of Directors, in conjunction with a consultant and membership input through a series of surveys, has developed a long-range strategic plan for GAPNA. The strategic planning process was helpful in reaffirming the organization’s core values and beliefs, and setting goals and priorities so that we may continue to grow and be successful in an ever-changing health care environment. It is GAPNA’s mission to promote excellence in advanced practice nursing that enhances the well-being of older adults. The vision for GAPNA’s future is that the competent care of older adults, as delivered by advanced practice nurses, will be universally valued and sought.

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Health Affairs Scholarship Available — Deadline November 15, 2011

The Gerontological Advanced Practice Nurses Association (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 recipient of the Health Affairs Scholarship will receive an award up to $1,500 to be used for registration fees, travel, lodging, and other summit-related costs.

The following criteria will be used in selecting the GAPNA Health Affairs Scholarship recipient:

- GAPNA membership for a minimum of 2 years; student membership applies.
- Demonstrated interest in health affairs and policy legislation but cannot have previously attended the ACNP National Nurse Practitioner Summit.
- Terms of Acceptance of the GAPNA Health Affairs Scholarship:
  - The recipient agrees to participate actively on the GAPNA Health Affairs Committee for the next 2 years and to participate in the planning of the Health Affairs Committee activities at the Annual GAPNA Conference.
  - The recipient will submit an article on the National Nurse Practitioner Summit for the GAPNA Newsletter.
- The recipient agrees to attend and participate in the annual conference the year she or he is a scholar.

To apply for the scholarship, visit the GAPNA web site for details, complete the application, and submit to the GAPNA National Office by November 15, 2011.

Anna Treinkman, MSN, RN, GNP
Health Affairs Committee Chair
anna_d_treinkman@rush.edu

Experience GAPNA’s New Online Library

We are proud to announce the launch of GAPNA’s new Online Library! With our new library, you will be able to access education at your fingertips. For starters, we are very excited to offer a free CNE opportunity – “Advanced Pathophysiology of the Lower Urinary Tract” – that was presented at the Society of Urologic Nurses and Associates Annual Conference. Look for the 2011 GAPNA Conference sessions to be available as well. Experience the Online Library at www.prolibraries.com/GAPNA

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Winter 2011
Volume 30 Number 4
2011 GAPNA Excellence and Research Awards

Each year GAPNA recognizes those individuals who have gone above and beyond supporting the mission and vision of the organization. This year there were over 25 individuals recognized through the nomination process as having demonstrated some or all of the key values of GAPNA.

GAPNA is an organization that strives to promote excellence in the care of older adults. This is achieved through a body of individuals working on improving clinical excellence through education, research, leadership, and community service.

For the 2011 awards, there were 28 nominations for the six awards to be presented. The Awards Committee (Sue Mullaney, Barbara Phillips, Virginia Lee Cora, George Smith, and Joan Williams) reviewed each nomination and after careful review chose the following winners.

Chapter Excellence Award
Great Lakes Chapter

The Great Lakes Chapter has 68 members and continues to recruit new members through a variety of activities such as the Oakland University Student Night, MCINP Annual Conference, and Inaugural NP Student Mentorship Night at Madonna University. These programs not only increase awareness of GAPNA and grow membership but also demonstrate excellence in leadership and education as the chapter mentors student and novice NPs. The Great Lakes Chapter enhances the knowledge of all of its members through ongoing educational programs, hosting four varied programs throughout 2010 as well as hosting a day-long CE event. The chapter members are actively engaged locally on legislative issues and contribute to national research and publications involving the care of older adults. Many Great Lake Chapter members are involved at the national level participating on a variety of committees, holding national board positions, and presenting at the national conference. Congratulations to the Great Lakes Chapter!

Excellence in Clinical Practice
Charlene Demers, GNP-BC, CWOCN

Ms. Demers was honored with the Excellence in Clinical Practice Award for her work with VA patients. She consistently demonstrates the principles of geriatric care, providing evidence-based care with a specialty in wound care, involving the interdisciplinary team in the care plan, and engaging the patient and family in the development and implementation of an individualized plan of care. Ms. Demers researches and develops clinical practice guidelines, educates other providers involved in the care of VA patients, and presents her research nationally. Ms. Demers demonstrates excellence in clinical practice and was recently awarded the 2011 Secretary of Veteran’s Affairs Award for Excellence in Nursing. Congratulations to Charlene Demers!

Excellence in Community Service
Stacey Chapman, MSN, APRN, BC

Ms. Chapman was recognized for her innovation and leadership in developing and implementing a community service project focused on high-risk homebound elders. Ms. Chapman led an initiative that partnered Project Open Hand with United HealthGroup Georgia on a community service project. This project involves Ms. Chapman and her peers preparing and delivering meals to homebound older adults who are at risk for malnutrition. The project then extended to the Georgia Chapter of GAPNA providing meals to more older adults. Thank you to Stacey Chapman for her work!

Excellence in Education
Cynthia Luther, DNS, FNP, GNP

Dr. Luther is a dedicated faculty member of the University of Mississippi Medical Center, working as the program director for the GNP program and the project director for the Educational Consortium for Specialized Advance Practice Nursing. As project director her goal is to establish a statewide consortium offering a collaborative curricula for gerontological and psychiatric-mental health nurse practitioners. Ms. Luther coordinated many schools of nursing, the programs, and the facilities to provide the infrastructure of five state university NP programs for curricula delivery and evaluation. The goals of the project are to eliminate health barriers, assure quality of care, and improve the health care system. Ms. Luther led this project which achieved national accreditation through the Commission of Collegiate Nursing Education. Congratulations to Dr. Luther!

Excellence in Leadership
Lisa Byrd, PhD, FNP, GNP

Dr. Byrd is recognized for her overall leadership skills; she owns and operates a rural clinic in Mississippi as well as employs and manages nurse practitioners working in nursing home practices. She teaches the GNP program at the University of Mississippi Medical Center, she is a national speaker on various topics of geriatric care, and has numerous publications. Dr. Byrd is congratulated by Sue Mullaney for her Excellence in Leadership Award.
Byrd spearheaded the local chapter of GAPNA, is currently the editor of the GAPNA pages in Geriatric Nursing, and participates on the provider unit with the state organization coordinating conferences and is also an active voice on the Advanced Practice Council in Mississippi. In addition, Dr. Byrd is the lead nurse and director for health services with the Mississippi Chapter of the Red Cross. Dr. Byrd is an established leader and was recognized by the Mississippi Nurses Association’s Advanced Practice Nurse of the Year in 2008 and the Nurse of the Year in 2010. Congratulations to Dr. Byrd!

Excellence in Research
Ruth Palen Lopez, PhD, GNP-BC, and Niloufar Hadidi, PhD, RN, ACNS-BC

Dr. Lopez is engaged in important, provocative research that informs practice, health policy, and engages students to not only participate in research but to transform practice through the application of her findings. Dr. Lopez devotes her research to examining perhaps the most challenging dilemma facing families and practitioners: whether to guide care towards palliation or to pursue more aggressive treatments for residents with advanced dementia. Dr. Lopez has developed and tested a tool to measure self-efficacy in surrogate decision makers. Dr. Lopez has been supported from the John A. Hartford Foundation to study ethnocultural variation in feeding decisions for nursing home residents with advanced dementia. She is currently exploring opportunities to expand this research nationally. Congratulations to Dr. Lopez!

Dr. Hadidi has committed her career to establish evidence-based solutions to improve recovery of geriatric patients following a stroke. Dr. Hadidi’s master’s thesis focused on assessment on stroke survivors’ needs and her doctoral research focused on longitudinal patterns of function and depression of geriatric stroke patients. She was selected as a Hartford Geriatric Nursing Education Scholar during her doctoral studies. Dr. Hadidi received a distinguished Postdoctoral Fellowship to test the feasibility of problem-solving therapy for depressive symptoms of older adults post-stroke. Problem-solving therapy can reduce depressive symptoms in non-stroke populations; however, its feasibility and efficacy with depressed stroke survivors is unknown. Dr. Hadidi will be filling this gap, exploring problem-solving therapy as an alternative to antidepressants. Congratulations to Dr. Hadidi!

Health Affairs Scholarship
Marigold (Margo) Packheiser, MSN, ANP/GNP, RN

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. Ms. Packheiser will receive an award up to $1,500 to be used for registration fees, travel, lodging, and other summit-related costs.

Research and Clinical Project Presentation Awards

These awards are presented to a study and clinical project that showcase new ideas and outcomes APNs are researching or implementing to further the care of older adults. The study and clinical project are each one of three oral presentations featured during the Research Presentations and Clinical Project Presentations concurrent sessions at the GAPNA Annual Conference. The Research Committee reviews the studies and clinical projects featured to select the winners.

The winner for the project presentation is Brenda Windemuth, “Implementation of an Educational Program to Improve Smith Island, Maryland Residents’ Knowledge and Attitudes of Healthier Eating Practices and Benefits of Physical Activity.”

The winner for the research presentation is Abby Parish, “Empiric Antibiotic Therapy and Resistance Patterns in Long-Term Care Acquired Urinary Tract Infections.”

Research and Clinical Project Poster Awards

These awards are presented to poster presenters who showcase new ideas and outcomes APNs are researching or implementing to further the care of older adults. The posters are among the research and clinical project posters featured during the poster viewing sessions at the GAPNA Annual Conference. The Research Committee reviews the posters submitted in these categories to select the winners.

The winner for the research poster is Lisa Mailliard, “The SAFE Clinic: Successful Aging and Frailty Evaluation.”

The winner for the research poster is Catherine Milne, “A Comparison of Collagenase to Hydrogel dressings in Wound Debridement and Wound Healing.”

Congratulations to all of our award winners!
GAPNA Foundation Award Recipients Honored

GAPNA Foundation award recipients were honored during GAPNA’s 30th Annual Conference in Washington, DC. The Foundation Research/Clinical Project Grants fund a proposed research or clinical project. Priority is given to proposals that generate new evidence to examine and/or provide support for decision making in clinical practice or outcomes based and designed to measure and improve health outcomes for older adults. The 2011 awardees are:

Clinical Project Grant
Becky M. Bryant, MSN, FNP-BC
“Heart Failure Self-Management in a House Call Program”

Research Project Grant
Kathryn Daniel, PhD, RN, ANP-BC, GNP-BC
“Successful Nurse Practitioner Transitional Care in Reducing Elderly CHF Patient Hospital Readmissions”

Foundation Events Support Students and Research

The GAPNA Foundation held a Best Ball Golf Tournament during GAPNA’s 30th Annual Conference in Washington, DC, as part of its fundraising activities to provide scholarships for students and research. The winning team was (l-r) MJ Henderson, Carrie Bone, MJ Favot, and Mary Pat Rapp (behind the camera). Special thanks to all those who participated in the Golf Tournament, Fun Run/Walk, and Moonlight Trolley Tour, or made a monetary donation.

New Campaign for Nursing’s Future Initiatives Launched

New initiatives have been launched from the Johnson & Johnson Campaign for Nursing’s Future, including the “Amazing Nurses” contest, an addition to The Art of Nursing: A Portrait of Thanks Mosaic Project, and an expansion of the Facebook page, Nursing Notes by Johnson & Johnson.

In preparation for its 10th Anniversary celebration in 2012, the Campaign introduced The Art of Nursing: A Portrait of Thanks Mosaic Project during National Nurses Week in May. The goal of the project is to create a unique mosaic image, which is a compilation of many individual pictures that are used to create a single image. Now the Campaign is taking the project one step further and celebrating not only past and current nurses but also future nurses. For every photo that is submitted until February 1, 2012, the Campaign will donate $1 to the Foundation of the National Student Nurses Association (FNSNA) to help fund nursing scholarships. Nurses can upload their photos at www.campaignfornursing.com/portraitofthanks

Additionally, Happy Nurse™, the complimentary mobile application game launched during National Nurses Week 2011, has been downloaded by more than 10,000 users. To continue to engage the online nursing community, the Campaign has developed a new, custom Facebook tab, Happy Nurse, where nurses can find tips for relieving stress and get access to the mobile app game, plus an eCard and digital badge for sharing the game with friends. The new tab can be found here www.facebook.com/jnjnursingnotes.
Delaware Valley

The Delaware Valley Gerontological Advanced Practice Nurses Association (DVGAPNA) is growing in many aspects. Pamela Caccione was the chair of the 2011 GAPNA Annual Conference Planning Committee and Catherine Wollman was a committee member. They did a fabulous job. It was nice to network with new members of our chapter as well as colleagues from previous years at the national conference in Washington, DC.

Also at the conference, Suzanne Ransehousen presented a poster on “Preparing Your Nursing Home for Gluten-Free Residents.” She is also the chair for the LTC/Nursing Home special interest group and was elected to the GAPNA Nominating Committee. Maria Ash was a presenter at the leadership program regarding mentoring. This was an excellent forum for chapter presidents and other leaders in our association to not only reflect but learn about GAPNA’s strategic plan. In addition to Maria’s many speaking engagements, she was honored with the VA Nursing Excellence Award.

This year our president elect Denise Lyons started the chapter’s own web site which allows our members to see upcoming events and post pictures and commentary. She was honored with the Hartford Foundation Fellowship award, working out of Christiana Hospital in Delaware. Catherine Wollman completed her DNP at Southern Alabama University and is an educator/director of the adult/gerontological program at Neumann University. Cindy Drew was elected to the Delaware APN counsel board and is an educator and entrepreneur. Linda Sydnor is a committee person for the United Health Alzheimer’s Walk in Delaware and she was elected to our chapter nominating committee. Stacey Eadic developed a protocol for administering IV iron in the nursing home setting.

We are a diverse group with practitioners in multiple care settings from hospitals, home care, assisted living, educators and long-term care settings. This January we will hold our first CE event, “Management of Heart Failure in the Elderly.” DVGAPNA is also partnering with the Delaware Nurses Association for a day-long conference on March 9, 2011, on geriatrics. Many of our members will be speakers at this event. Our next meeting will be on November 10, 2011, sponsored by Dey Pharmaceutical, entitled “Optimizing the Management of COPD in Long Term Care.”

Stacey Eadic, CRNP
Chapter President
Sobrien500@aol.com

Florida

The year has flown by and it has been a productive one for FL-GAPNA. We have continued to hold quarterly meetings around Florida. We, like all chapters, would prefer to have more members attend, but for now we have a committed and energetic core group.

Well, if you did not attend the GAPNA Annual Conference in Washington, DC, you missed a good time! Hope to see you next year in Las Vegas.

We had three members of FL-GAPNA at the conference. Lori Cruger, Orlando; Bernice Jones, Miami; and Jo Ann Fisher, Melbourne. Our group was thrilled to have two award winners. Marva Edwards-Marshall, DNP, was the AMDA Futures Award winner. She was the first NP to be invited! Also, Charlene Demers, GNP, won the Clinical Excellence Award. Way to go Marva and Charlene!

FL-GAPNA will be holding its first convention on May 4-5, 2012, in Orlando, FL, at the Crowne Plaza Airport Hotel entitled “FL-GAPNA: Leading the Way in Caring for the Older Adult.” We are very excited, the program flyer is almost ready and the support requests are out to the vendors. A wine and cheese reception with a product theater to follow on Friday night and 6 CE programs on Saturday are planned. Continental breakfast with exhibitors, morning and afternoon breaks, as well as a product theater for lunch are also planned. This is going to be one classy event!

We plan on celebrating Quatro de Mayo and Cinco de Mayo! So, if you haven’t been to Orlando, Florida, next May would be a good time to come. What better way to start your vacation than at our symposium?

We really want to be able to reach out as many members as possible. Please contact us at www.flgapna.com and share your comments and ideas.

JoAnn Fisher, ARNP
Chapter President
joannfisher@oslermedical.com

Georgia

Stacey Chapman (second from left) was named the 2011 Georgia GAPNA Nurse Practitioner and is congratulated by past state presidents Dr. James Lawrence, Katherine Abraham, and current state president Dr. Carolyn Cleverger (far right).

The Georgia GAPNA Chapter held its quarterly meeting in August which included a CE dinner presentation on “Management of Atrial Fibrillation.” The meeting also included guest presenters from the Emory University/Wesley Wood Geriatric System on alternative health care models for older adults.

In 2010, the Georgia GAPNA became the first chapter to annually recognize one of its state members who consistently demonstrates excellence in leadership, practice, and community service within the aging population. The recipient is selected from nominations submitted to the state selection committee for review. Along with the award presentation, the nominee also receives a scholarship to GAPNA’s Annual Conference.

The Georgia GAPNA Chapter proudly announces its 2011 state Nurse Practitioner recipient award as Stacey Chapman. Her dedication and leadership in gerontological nursing and GAPNA are clearly evident through her commitment and vol-
unteerism with Project Open Hand, her local church parish, Atlanta’s annual Alzheimer’s Walk, co-organizer of the annual state GAPNA conference, and positions held at the state and national levels within GAPNA.

Ms. Chapman also receives national recognition this year for her dedication, commitment, and involvement toward improving the health care of older adults throughout the nation by being awarded The United Healthcare Sage Award and GAPNA’s Excellence in Community Service Award. Please join Georgia and GAPNA in recognizing this outstanding nurse!

James F. Lawrence, PhD, APRN, BC, FAANP, CPS jflapm@bellsouth.net

North Carolina (Triad)

The Triad Chapter of GAPNA - North Carolina will hold its Second Annual Fall Conference, “Legal, Regulatory and Clinical Topics for Gerontological Practice,” Saturday, November 12, 2011, 8:00 a.m. - 4:30 p.m., at the Greensboro Garden Club, 4301-A North Lawndale (Adjacent to Natural Science Center), Greensboro, NC. Lectures, poster presentations, and exhibits are planned. Breakfast, lunch, and conference materials included. Six CEs are available. Cost: $25 GAPNA members/$75 nonmembers/$20 NP students.

Margo Packheiser
President
marigold_a_packheiser@uhc.com

Apply for ANCC Credit for Your Continuing Nursing Education Program!

American Nurses Credentialing Center (ANCC) credit is recognized in all 50 states and is essential for board recertification. The GAPNA Approver Unit can approve programs sponsored by chapters or any other provider of continuing nursing education. Programs can include live lectures, print material, or electronic media.

Support GAPNA by applying to the Approver Unit for ANCC credit for programs provided by your chapter, your employer, or your private continuing nursing education venture.

GAPNA chapters can obtain complimentary or a reduced application fee for continuing nursing education programs. Chapters can apply for up to 8 contact hours annually for a single educational program at no charge. Additional contact hours (over 8 for a single program or more than one program in a year) are eligible for a 50% discount on GAPNA’s non-profit fee. See the GAPNA web site for CNE guidelines, application forms, and fee schedule.

We are always in need of volunteer reviewers to evaluate applications for continuing nursing education programs. This is a good way to get involved with GAPNA and gain skill as a nurse educator.

Contact the approver unit co-chairs for additional information about volunteering or the approval process.

Liz Macera, PhD, RN, ANP-C, GNP-BC
Approver Unit Co-Chair
liz.x.macera@kp.org

Nancy Mandler, MS, GNP
Approver Unit Co-Chair
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Looking for a CHAPTER NEAR YOU?

Interested in starting a Chapter?

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Approver Unit Co-Chair
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Nancy Mandler, MS, GNP
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Geropsych: Your Assistance and Feedback Are Requested

The Geropsychiatric Nursing Collaborative (GPNC) recently presented at a nurse educators conference in Colorado on strategies to infuse geropsych content into curriculum (posted on POGOe). The participants were very excited about the information, as well as about the curriculum award and consultation. In this last 5 months of the project, your assistance is vital in ensuring this project has a lasting impact.

At the Colorado conference we presented the first set of curriculum resources on POGOe (sorted into products based on the key concepts). Your feedback is needed on clarity and usefulness of the content, clarity in presentation or access, or other comments to help enhance the products and resources. Please view this in the next several days so that we can make refinements prior to the next set of postings. To access visit www.pogoe.org and in the upper right hand corner type “geropsych” and you will find our listings. Two curriculum products have been updated since the conference, and the remainder are in the old format – critique them both! Don’t be shy! Even 30 minutes of your time would provide much needed feedback.

Write case studies featuring older adults that would be suitable in teaching students in the following areas and in order of priority: a) psych mental health, b) women’s health, and c) adult/gero. In particular, we ask that as you develop the cases you incorporate content related to any or all of the following key concepts for which we currently have insufficient content:

- Domain I: Assessment (IF: Comprehensive [1], IG: Stressors Affecting Mental Health [2])
- Domain II: Management (IIA: Care Transitions [2], IID: Referrals [2])
- Domain III: Approach to Older Adult (IIIC: Recognize Personal and Societal Biases [2])
- Domain IV: Role (IVC: Lifelong Learning [2], IVD: Policy/Advocacy [2], IVF: Quality Improvement Initiatives [1], IVG: Interdisciplinary [0], IVH: Service Barriers [0])

As we have done in the past, we will provide more details to interested case study authors and we will be available to assist you throughout the development process. You will receive a honorarium of $400 per case study.

Contribute to teaching strategies that will meet needs of both the NLN ACES project and our own POGOe geropsych curriculum project. The ACES project is helping faculty integrate geriatric nursing into pre-licensure programs. NLN is starting to publish on its web site a number of strategies that faculty have “tested/used” to assist others to “get started” with the integration. [See www.nln.org/facultyprograms/facultyresources/ACES/teachingstrategies.html]. To meet NLN’s criteria, each teaching strategy must relate to the ACES Essential Nursing Actions and the NLN Education Competencies, address one of the three ACES categories (individualized aging, complexity of care, and vulnerability during life transitions), and follow a general template. In general, NLN wants strategies that have been tried and shown to work and are suitable for teaching pre-licensure students (BSN, AD, diploma, practical); GPNC wants teaching-learning strategies that can help faculty teach any of our key concepts (found at www.pogoe.org/productid/20660). We hope some of you will have such teaching-learning strategies in your back pockets that you could sharpen or tweak to fit geropsych for submission for this purpose.

Also, spread the word about the Infusing Geropsych into Curriculum Award (www.aannet.org/GPNCinfusionAward) and the Consultation on Curriculum Infusion (www.aannet.org/GPNCConsultation). (An obvious point: if you plan to apply for the Infusion Award, you cannot serve as reviewer.)

These are great opportunities to make a difference in the area of geropsychiatric nursing. Please contact Pamela Cacchine (pamela.cacchine@upenn.edu) with any questions, to participate, and/or with any feedback.

Pamela M. Dudzik
Project Coordinator, GPNC
pdudzik@aannet.org

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Health Affairs Agenda 2011-2012

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 are to:

1. Participate in the Nurse Practitioner Roundtable to provide support to issues that directly impact APN practice.
2. Support legislation, regulation, and policy that impact APN scope of practice and quality health care for older adults.
3. Support access to primary health care for all older adults.
4. Advocate inclusion of provider neutral language in all legislation and policies.
5. Monitor the role of APNs in newly developed models of care.
6. Promote direct equitable reimbursement to APNs for services rendered.
7. Monitor for the opportunity for APN involvement in health information technology, development, and utilization.
8. Support appropriate levels of funding for APN academic programs.
9. Inform members about key legislative issues.

Please contact me with any questions or comments regarding the Health Affairs Committee.

Anne Treinkman, MSN, RN, GNP
Chair, Health Affairs Committee
anna_d_treinkman@rush.edu
Highlights from GAPNA’s 30th Annual Conference

“Improving Lives of Older Adults: Practice and Policy”

September 14-17, 2011 • Washington, DC

Photos by Reflections Event Photography, Washington, DC.

To view and order photos from GAPNA’s 30th Annual Conference, visit www.Reflections-Photo.com
Meet the Board

Director-at-Large
Patty Kang, MSN, RN, GNP
Fairfield, CA

Current position: Nurse Practitioner
Current affiliation: The Permanente Medical Group – Kaiser South Sacramento, Eldercare Department

What influenced you to enter your gerontological practice area? I always wanted to be a nurse practitioner when I went into nursing. After 20 years of acute care nursing, I finally decided to go back to school. In choosing an area of interest, gerontology was the best fit. I have always enjoyed spending time with my grandmother and I was the sole caretaker for my father after he had his stroke.

What are the biggest challenges and joys of your current position? I love my frail elderly patients who live in the nursing homes. I enjoy making them laugh and smile. Teaching family members and staff is always a rewarding experience. The challenges are end-of-life issues when the family members are not all on the same page.

What professional accomplishments are you most proud of? Awarded NP III at work. GAPNA Nominations Chair in 2001. Co-chair of the Sponsorship Committee for the 2001 Annual GAPNA Conference in San Francisco, the last conference to be organized by a local chapter. Awarded the first Health Affairs Scholarship to attend the NPI in 2010. Co-author of the brochure, “Artificial Nutrition and Hydration for the Person with Dementia.”

What influenced you to become involved in GAPNA leadership? I have been involved with GAPNA since I was a student at UCSF. I have held local chapter offices, have helped organize annual GAPNA conferences held in San Francisco, and have been a member of the Health Affairs Committee for 2 years. I felt being a member of the board would be a way to continue my involvement with the organization on a different level, seeing the bigger picture, hoping to make a contribution back to the organization.

What do you look forward to most about serving on the Board of Directors? Bringing the clinician viewpoint/perspective in the challenging and changing health care environment and having GAPNA have input into how the APRN consensus model will play out.

Tell us about your personal life. I live with my 10+ year old tri-color Pembroke Welsh Corgi named Wyatt. I enjoy working in the yard, traveling, textiles (weaving, spinning, natural fibers), live theater, and music (I’m a Jake Shimabukuro groupie). Favorite book: To Kill a Mockingbird.

What excites you the most about attending GAPNA’s Annual Conference? The GAPNA Annual Conference is always like “old home” week. I get to connect with friends and colleagues that I only see once a year. It is also the chance to meet and mentor the new people who attend the conference. I like to explore the city where the conference is being held so I usually spend a few days before getting a feel for the culture of the city.

Contact info: poweroo@juno.com

Treasurer
Kathyrne Barnoski, MN, FNP, GNP, BC
Phoenix, AZ

Current position: Health Services Director
(Long Term Care Programs)
Current affiliation: Evercare of Arizona

What influenced you to enter your gerontological practice area? I fell in love with older adults when doing home care to support myself while attending nursing school. I was blessed with the opportunity to provide care to living, talking, historians who shared their stories and lessons with me. I also had great teachers who encouraged my learning and opened doors for me.

What are the biggest challenges and joys of your current position? Managing day-to-day activities without losing sight of the bigger picture is my greatest challenge. There are so many changes occurring within health care that impact a provider’s ability to deliver services. I have always found doing the right thing for the member does result in the best care and dollars follow appropriately – keeping your eye on the member we serve and taking time to listen gives both the greatest joy and can sometimes seem to be the greatest challenge. I work with a phenomenal team of professionals (managers, nurse practitioners, and physicians) to provide the highest quality care while being fiscally responsible during a time of national financial instability – what a time of opportunity and challenge!

What professional accomplishments are you most proud of? Program development and integration within my career at Evercare. The Evercare Arizona health services department started because of a demonstration project with CMS. Over the years, we have had to be responsive and to adapt to changing market and business needs which has included program expansions (we’re in Phoenix and Tucson), model delivery adaptations (direct care in institutions, assisted living, and home assessments), and collaborative outreach programs with other community leaders (Arizona Area of Aging, Arizona Health Care Association, Arizona Geriatric Society, and Alzheimer’s Association Southwest Desert Chapter).

What influenced you to become involved in GAPNA leadership? The opportunity to meet other key leaders within our profession and the opportunity to work with Pat Kappas-Larson again.

What do you look forward to most about serving on the Board of Directors? Serving as a resource with exceptional colleagues to promote the ongoing development of the advanced practice nursing profession focusing on issues related to the care of our elders.

Tell us about some of your personal life. Right now my greatest personal time commitment is to scouting activities with my son and daughter supported by my wonderful husband (Don) to foster a familial sense of social responsibility and interest in the greater community. Sean is working towards his Eagle Scout. This will be the 6th year I’ve been a leader for my daughter’s (Maegan) troop. It was also through my children that I developed a love for knitting which is a great form of meditation as an adjunct to my yoga practice.

What excites you the most about attending GAPNA’s Annual Conference? Opportunity to network – putting faces to the voices from conference calls and email names.

Contact info: kb505@cox.net
Independence at Home (IAH) became law on March 23, 2010, as part of the Patient Protection and Affordable Care Act. The 3-year demonstration project is scheduled to begin January 1, 2012, although final rules have not yet been finalized.

The legislation provides for a new chronic care coordination benefit for Medicare beneficiaries. The benefit aims to address the needs of the frailest Medicare beneficiaries who have great difficulty or for whom it is impossible to get to an office visit. These individuals account for the approximately 5%-25% of Medicare beneficiaries and are linked to 43%-85% of total Medicare costs.

IAH mandates multidisciplinary physician/nurse practitioner-directed teams bringing care to patients in their homes. Medicare beneficiaries receiving primary care from these providers will have:

- Dependence in at least two activities of daily living.
- Had a non-elective hospitalization or long-term care stay within the last 12 months.
- Two or more chronic illnesses (as outlined by the Centers for Medicare and Medicaid Services).

Participation in IAH is voluntary, only 10,000 Medicare beneficiaries will receive care from participating medical practices during the demonstration period. The IAH legislation specifically mandates a reduction in health care costs by at least 5%. If the providers are not able to document improved outcomes and a decrease in cost they will be forced to leave the demonstration.

GAPNA has joined the IAH Coalition to support and endorse the enactment of the IAH legislation. We recently sent a letter to Congressman Edward Markey (D-MA) dated September 28, 2011, emphasizing our efforts to help people remain independent in their homes, improve coordination for those with multiple chronic conditions, and support the role of family caregivers through the IAH legislation.

For more information, contact Mr. Jim Pyles, on behalf of the Independence at Home Coalition, at Powers, Pyles, Sutter, & Verville, P.C., 1501 M. Street, NW, Washington, DC, 20005; (202) 466-6550; jim.pyles@psps.com; or visit The American Academy of Home Care Physicians at http://www.aahcp.org; and Independence at Home www.iahnow.com

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GAPNA Editors Appointed

GAPNA is strengthening its member communications with the addition of editors and assistant editors to its web site, newsletter, and Geriatric Nursing pages. Please contact any of these editors with comments and ideas for enhancing GAPNA’s educational resources.

<table>
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<tr>
<th>Web Site</th>
<th>Newsletter</th>
<th>Geriatric Nursing Section</th>
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APRN Consensus Process Resources Available

At the recent GAPNA Conference, Joan Stanley, senior director of education policy for the American Association of Colleges of Nursing (AACN), announced the availability of the APRN LACE web site and network with a public portion available to all. To access go to the AACN APRN Consensus Model page at http://www.aacn.nche.edu/education/apn.htm

You should all be familiar with the consensus model for APRN Licensure, Accreditation, Certification, and Education (LACE) and it is becoming reality. The model has already been adopted by the states of Kentucky and Hawaii (L), both NLNAC and CCNE will apply the new competencies to their accreditation of programs (A), certification bodies are preparing new adult-gerontology primary care and acute care NP exams to be released in 2012, and old adult primary and acute care NP as well as gerontological NP exams will be retired with a target date by 2015 (the gerontological exams may be retired sooner) (C). Universities are already transitioning their adult NP and gerontological NP programs into the new adult-gerontology NP major (E).

AACN offers resources on their web site to assist in this transition. There is an upcoming series of four free webinars regarding transitioning to the Adult-Gerontology APRN Education also accessible on the AACN Website, http://www.aacn.nche.edu/Faculty/FacultyLink/webinars.htm #gnc
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Historical Committee Helps Tell GAPNA’s Story

The 30th anniversary celebrated by members at the 2011 GAPNA Conference in Washington, DC, reflected the tremendous effort of the Historical Committee to tell the story of the evolution of both the history of the organization and the history of the role of the GNP. The history was illustrated in a multitude of ways.

The registration lobby had the wall of history, an original video with some of the founding members, a U.S. map with the entire conference site brochures, a poster of the history of chapters in the organization, and a poster outlining the accomplishments of the GAPNA Foundation. The wall of history provided attendees the opportunity to see the changes of 30 years of work and toil by the organization’s leaders and the development of the organization in conjunction with the changes in healthcare. The wall was a year-by-year story and pictures of accomplishments compiled from the collection of pertinent newsletters, conference brochures, organizational minutes, photos, and notes. The map demonstrated the commitment from the chapters, who early on were the responsible organizers for the conferences, and the travels across the United States from year to year.

In addition to the displays the committee arranged for a panel session featuring GAPNA past presidents: “The Evolution of the Role of the Geriatric Nurse Practitioner.” Ruth Broderick presented the very beginnings of the organization, followed by Laurie Kennedy Malone who highlighted accomplishments of the 2nd decade, succeeded by Virginia Lee Cora illustrating events in the 3rd decade, and finishing with current President Evelyn Duffy who talked about the future of GAPNA. The individual stories of the presenters gave a personal and moving perspective of the changes that occurred over the past 30 years.

The historical thread at the conference culminated at the awards dinner with a video compilation of pictures and quotes honoring the founding members, past presidents, and a tribute to leaders of GAPNA who are now deceased.

The Historical Committee met at the conference and outlined potential ways of preserving and disseminating the historical display and discussed the next steps in getting appropriate historical materials preserved and archived in a Center for Nursing History.

Colleen Wojciechowski
Historical Committee Member

Methodology. What did you do?
How did you do it?

Results and conclusions. What happened as a result of your work or idea?
Include specific results and outcomes.

Recommendations, implications, and applications. What do the results mean? How does this add to the body of knowledge? What changes should be made based on the results?

Always read what you write to make sure your ideas are communicated effectively. Consider having a colleague read the abstract and have the person compare it to the instructions. Ask the person to provide a candid and honest opinion of the abstract. It is better to have an honest opinion than a polite opinion from a friend. This will allow you to improve the abstract prior to submitting it.

Other hints for success:
• Spell and grammar check.
• Avoid abbreviations and acronyms or provide the full name first.
• Avoid jargon and long sentences.
• Keep focused on the main message.
• Have someone else read it (give them the instructions for submission).
• Use word count and reading level tools.
• Review well-written or abstracts accepted from the previous call for abstracts.
• Avoid tables, charts, and citations unless crucial.

Good luck!

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Over 3 million people in the aged 65 years or older are anemic. Anemia is defined by the World Health Organization as <13 g Hb/dl for men and <12 g Hb/dl for women. Anemia is greater in women <75 years old, but by age 75 male prevalence surpasses female. African-Americans have lower hemoglobin values than White populations. This may be due to genetic mutations (thalassemia trait).

Anemia in the elderly is associated with functional impairment and increased mortality. In contrast to younger adults, anemia in the elderly is multifactorial. The NHANES III (National Health and Nutrition Examination Study) determined three causes for anemia. These causes are anemia due to blood loss/nutritional deficiencies (34%); anemia associated with chronic illness/inflammation or chronic renal failure (32%); and unexplained anemia (34%).

The diagnosis of iron deficiency anemia requires a search for the source of blood loss. In the industrialized world, where there is ample available iron in the diet, this requires evaluation of the upper and lower gastrointestinal tract. The gold standard for evaluation is endoscopy and colonoscopy. The hematopoietic system loses its capacity to respond to stress. While hemoglobin, white blood cell count, and platelets are normal under usual circumstances, older patients may take longer to recover from a bleeding episode, or the white blood count may not demonstrate a brisk leukocytosis in the face of sepsis.

Data show that parameters of malnutrition are strongly associated with anemia. Iron deficiency in the elderly may be associated with a diet low in iron. In elderly patients, oral iron supplements may be absorbed inadequately, such as in the presence of Helicobacter pylori infection, as well as lead to constipation which may cause hemorrhoid bleeding. While vitamin B12 deficiency is common in the elderly, anemia due to B12 deficiency is not. Low vitamin B12 levels not associated with anemia may exist as a false abnormality or as a subclinical deficiency. The absence of macrocytosis should alert the provider to this possibility, since macrocytosis always precedes anemia when caused by vitamin B12 deficiency. Even if a patient has both vitamin B12 deficiency and macrocytic anemia, other causes like alcohol abuse must be considered. Anemias due to folate deficiencies in the elderly may also be seen and may be caused by medications or associated with alcohol abuse.

The inflammatory response in the elderly is sometimes prolonged, even after the initial inflammatory stimuli have resolved. The exact basis for this dysregulation is uncertain. Altered inflammatory regulation by sex hormones and reduced catabolism of inflammatory cytokines have been implicated as potential causes. As a result, elevation of interleukin-6 and tumor necrosis factor in the plasma of elderly patients after exposure to inflammatory stimuli can be seen. This may be a common mechanism of anemia in chronic illness unique to elderly patients.

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**Clinical Research Corner**

**APRNs Achieve Comparable or Better Outcomes Than Physicians, Review Suggests**

How do advanced practice registered nurse (APRN) patient outcomes compare with those of physicians and other health care teams without APRNs? A systematic review published in the September/October 2011 issue of *Nursing Economic* suggests APRNs garner similar and in some ways better outcomes than their physician counterparts.

This special report reinforces that APRNs provide effective, high-quality patient care and play an important role in improving the quality of care in the United States. The article, “Advanced Practice Nurse Outcomes 1990-2008: A Systematic Review,” is available online for free in the Continuing Nursing Education section at www.nursingeconomics.net.

In this systematic review, Robin P. Newhouse, PhD, RN, NEA-BC, and co-authors compare APRN processes and outcomes to those of physician providers. Sixty-nine studies published between 1990 and 2008 were analyzed and 28 outcomes were summarized for nurses practicing in APRN roles.

Newhouse and co-authors describe patient outcomes for each of three groups: nurse practitioners, certified nurse-midwives, and clinical nurse specialists. Outcomes with similar or better grades than those of physician comparison groups include:

- Nurse practitioners: Glucose control, lipid control, patient satisfaction, functional status, mortality
- Certified nurse-midwives: Cesarean, low APGAR score, episiotomy, labor analgesia, perineal lacerations
- Clinical nurse specialists: Satisfaction, length of stay, cost

The results indicate APRNs provide safe, effective, quality care and play a significant role in promoting health and health care. Newhouse and her co-authors write that the results “could help address concerns about whether care provided by APRNs can safely augment the physician supply to support reform efforts aimed at expanding access to care.”


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**High Performance on Quality Measures Linked to Financial Benefits for Nursing Homes**

Nursing homes benefit financially from investments made in improving performance, suggests a new study. The researchers examined data on 6,286 Medicare-certified nursing homes between 1999 and 2005. They compared revenues, expenses, operating margins, and total profit margins before and after public reporting of quality data was initiated with the Nursing Home Compare website in 2002. Nursing homes that improved on publicly reported performance had increased revenues and higher profit margins after public reporting, mainly through increased Medicare admissions.

The potential return on investment may motivate providers to invest in improving care quality. On the other hand, low-quality providers that face the most severe resource constraints — those who predominantly care for poor and underserved populations — may be less likely to undertake quality improvement, because incremental quality improvements do not have much financial payback. If quality improvement is concentrated in high resource facilities, the quality gap between facilities may widen, caution the researchers. Safeguards may be necessary to ensure that low-quality facilities have the necessary resources to improve.


**Patients with Heart Failure are Older, Have More Illnesses, and Take More Medications**

Patients with heart failure are older and their care is commonly complicated by disability, the presence of other illnesses, and multiple medications compared with 20 years ago, reveals a new survey. Researchers found the proportion of patients 80 years of age or older jumped significantly from 13% in 1988-1994 to 22% in 2003-2008. In the same period, the proportion of patients with heart failure who had five or more other illnesses grew from 42% to 58% and prescription drug use increased from a mean of 4.1 to 6.4 prescriptions.

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**Diagnosing and Treating Depression Gets Better in Nursing Homes but Some Disparities Remain**

Depression is often underdiagnosed and undertreated in nursing homes. This study demonstrated that diagnosis and treatment of depression among nursing home residents has risen significantly in the past decade. Yet some disparities persist, particularly among minority residents and those with significant cognitive impairment or dementia.

Rutgers University researchers used two databases to obtain detailed information on residents aged 65 and over in 5,445 nursing homes located in eight states. They analyzed data from every year from 1999 to 2007. The percentage of residents diagnosed with depression increased from 33.8% in 1999 to 51.8% in 2007. Diagnosis rates were highest for Whites (55.1%), followed by Hispanics (48.3%), and Blacks (39.4%). Use of antidepressants also increased steadily, from 71.2% of residents in 1999 to 82.8% in 2007. However, Black residents with depression continued to be less likely than White residents to receive these medications.


**Informal Caregivers of Older Adults Need More Practical Information to Care for Loved Ones**

A recent study found caregivers have a great need for information, but that it often goes unmet. Researchers conducted a systemic literature review to identify studies of caregiver information needs. Overall, the 62 studies demonstrated an acute desire by informal caregivers for practical and timely information on their
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President’s Message

Older Adults Receiving Care from Aging Services Agencies

Anxiety is common in the elderly, affecting an estimated 1 in 10 older adults. If left untreated, it can turn into depression, cause significant disability, and boost health care costs. More than 10 million older adults receive services from approximately 30,000 local and state aging services agencies. More than a quarter of this group had significant levels of anxiety, according to a new study.

Researchers conducted interviews with 378 adults aged 60 and over who were receiving services from an aging services center in the Rochester, NY, area. Of 377 participants with complete data, 27.3% had significant symptoms of anxiety. Those with anxiety were more often younger and had lower incomes compared with non-anxious participants. There was a significant correlation between anxiety and depression, with more than half (54%) of those suffering from anxiety also having depression. Factors also associated with anxiety included higher levels of pain, having five or more medical conditions, and experiencing recent stressful life events. The study’s findings support greater interventions to identify anxiety in this service population and to link aging services with primary care and behavioral health providers.


Rising Health Care Costs May Have Spurred More Individuals to Use Complementary and Alternative Medicine

Use of chiropractic care, massage, and acupuncture continues to grow, especially for individuals who have difficulty affording conventional medicine, a new study finds. Comparing data from the National Health Interview Surveys from 2002 and 2007, researchers found a relative increase of 14.2% in use of at least one complementary and alternative medicine (CAM) service (25.7% in 2002 vs. 29.4% in 2007). In 2007, Whites (33%) and Asians (31.8%) were the greatest users of CAM, followed by Blacks (20.1%) and Hispanics (16.9%).


President’s Message

continued from page 1

GAPNA’s goals focus on image and visibility, an engaged and valued membership community, education and professional development, research/knowledge, advocacy/policy, and practice. A complete copy of GAPNA’s strategic plan is available on our web site and I encourage you to review it and provide comments or feedback.

My membership in GAPNA has always been special to me because of the sense of community and belonging I feel whenever I am in the company of fellow GAPNA members. Pam Cacchione, our Conference Planning Committee Chairperson, phrased it best. Within GAPNA, she finds “her kindred spirits” who enjoy and are energized by their work with older adults. The success of GAPNA is in its vibrant and engaged member community. Retention and engagement of our current members is a priority as you are the leaders and active members of chapters, committees, and special interest groups who provide expertise and enhance GAPNA’s sense of community. GAPNA also needs new members to bring fresh ideas, build expertise in the care of older adults, and serve as future leaders in gerontological advanced practice nursing. During the next year, GAPNA will be concentrating on strengthening its membership community through recruitment of new members, retention of current members, and opportunities for chapter development. Share your GAPNA community experiences with a friend, colleague, or student, and encourage current members to become actively involved in a project, committee, or special interest group.

Gerontological advanced practice nurses also know the value of collaboration and interprofessional teams. GAPNA will seek to develop collaborative partnerships with other professional geriatric care organizations in order to advance mutual educational and legislative goals that seek to improve the care of older adults.

Thank you for the opportunity to serve as GAPNA’s President. I look forward to working together with such a dynamic, dedicated, and welcoming organizational membership.

Elizabeth M. Galik, PhD, CRNP

President
galik@son.umd.edu

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**Upcoming Educational Events**

**“Elder Law Basics: Overview of Advance Directives, VA Benefits, and Medicaid”**

- **Thursday, November 3, 2011**
- The Colonnade
- 1879 Cheshire Bridge Rd NE
- Atlanta, GA

**“Student Mentorship Night”**

(Special Drawing - Win a free 1 year GAPNA membership)

- **Thursday, November 10, 2011**
- 7:00 p.m. - 9:00 p.m.
- Hosted by the Great Lakes Chapter
- Madonna University - Diponio Bldg.
- (Corner of Levan & Schoolcraft Roads)
- Livonia, MI

**“Legal, Regulatory and Clinical Topics for Gerontological Practice”**

- **Saturday, November 12, 2011**
- Triad/North Carolina Chapter
- Second Annual Fall Conference
- Greensboro Garden Club
- 4301-A North Lawndale (Adjacent to Natural Science Center)
- Greensboro, NC
The Official Newsletter of the Gerontological Advanced Practice Nurses Association — Founded in 1981

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and request a Call for Volunteers form.

Winter 2011
Volume 30 Number 4

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