Collaborative Efforts Are Key To Improving Care

It is an exciting time to be a member of the Gerontological Advanced Practice Nurses Association (GAPNA)! Regardless of our educational preparation and national certification, as GAPNA members, we are united in our mission to promote excellence in advanced practice nursing that enhances the well-being of older adults. One way we can achieve this mission is through collaboration and partnerships. GAPNA's advice and collaboration are increasingly valued in clinical practice, education, policy, and research. GAPNA's expert opinion has been sought by other gerontologic professional organizations and federal agencies, such as the American Geriatrics Society and the Centers for Medicaid and Medicare, on clinical topics including the Beer's List revisions, management of older adults with multiple medical co-morbidities, and initiatives to improve behavioral health for nursing home residents. GAPNA also continues to have representation among the Advancing Excellence Campaign which seeks to pursue quality of care and quality of life for nursing home residents.

From an educational perspective, we are collaborating with the National Organization of Nurse Practitioner Faculty to provide validation panel members for the updated population-focused competencies of Lifespan/Family, Women's Health, and Psychiatric Mental Health. GAPNA validation panel members will help ensure advanced practice nursing gerontologic content is integrated into the revised educational competencies. In addition, many of our state and regional GAPNA chapters have partnered with local chapters of the American Medical Directors Association to plan and host excellent continuing educational conferences. The collaborative spirit at these joint conferences is apparent.

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Another Benefit of Belonging to GAPNA — ANCC Credit

The GAPNA Approver Unit reviews and approves continuing nursing education (CNE) programs for American Nurses Credentialing Center (ANCC) credit. Each GAPNA chapter can obtain ANCC credit for one CNE program of up to 8 credits per year. In addition, the Approver Unit can award ANCC approval for CNE provided by any organization outside of GAPNA.

For example, the Northern California GAPNA Chapter obtains credit for their annual update and the Delaware Chapter recently submitted and application for their program on “Medication Management for Older Patients with Heart Failure.”

The application forms, instructions, and fees are available on the GAPNA web site. Go to Education, then choose CE Activity Approval. Applications are due at least 8 weeks prior to the CNE program.

Take advantage of this member benefit to provide ANCC-approved programs for your chapter. These courses may fulfill requirements for continuing education for ANCC board certifications.

The Approver Unit is always in need of nurse peer reviewers too. If you have questions about the application process or volunteering, please feel free to contact me.

Liz Macera, PhD, RN, NP-C
Co-Nurse Peer Review Leader
lizmaceranp@gmail.com

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President’s Message

Be a Leader:

Board of Directors Nominations Open

Nominations for the national GAPNA Board of Directors elections are being accepted through April 1, 2012. The GAPNA Board of Directors and the Nominating Committee are instrumental in shaping the future of the organization and gerontological advance practice nursing. The open offices are President-Elect, Secretary, Board Member at Large, and Nominating Committee. Don’t miss this opportunity to be a leader in the premier organization for gerontological advance practice nurses! Applications are available at www.gapna.org.

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Liz Macera, PhD, RN, NP-C
Co-Nurse Peer Review Leader
lizmaceranp@gmail.com
Health Affairs News: A Scholarship Winner and More

The Health Affairs Committee is pleased to announce the selection of Meghan M. Routt, MSN, ANP/GNP-BC, AOCNP, as the 2011-2012 recipient of the Health Affairs Scholarship. Meghan works as a nurse practitioner both in an acute care hospital and a skilled nursing facility. She has been a member of GAPNA for 5 years and been active on the Practice Committee. She has been active in the Ohio Chapter and provided expert testimony to both the House and Senate of Ohio in favor of advanced practice nurses’ ability to prescribe schedule II narcotics. She has an in-depth understanding of the state legislative process and is now interested in expanding that understanding to the national level. She will attend the annual health policy meeting convened by the American College of Nurse Practitioners in February and will be an active part of the Health Affairs Committee.

RN Demand and Funding

On a national note, there are two items of interest from the nursing community. First was an article published in December 2011 in the journal Health Affairs titled “Registered Nurse Supply Grows Faster than Projected Amid Surge in New Entrants Ages 23-26.” Some have read this article and interpreted the news as the RN shortage crisis is over. The concern is that Congress might think funding is less imperative in 2013. However, this was not the conclusion of the authors. The authors note that given the growing demand for nursing care by older adults, new opportunities for nurses through health care reform, and the need for more highly educated nurses, the demand for RNs will increase. Even with some growth in new entrants, it may not meet this demand.

In mid-December, the House FY2012 appropriations bill was released that included significant funding below that of the FY2011. That funding already did not meet needs related to nursing. This bill impacts funding for Labor/Health and Human Services/ Education including nursing education, research, and community health centers. This bill requires tracking and watching. Given the increasing need for health care, it is not the time to support appropriations below last year’s inadequate funding and requests.

Pat Kappas-Larson, MPH, APN-C, FAAN
Co-Chair, Health Affairs Committee
patlarson1@comcast.net

GAPNA Recognizes Excellence: Award Nominations Sought

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. Members of GAPNA all play an important role in the care of older adults and each year the organization recognizes those individuals who have gone above and beyond supporting the mission and vision of the organization.

GAPNA will host an Awards Dinner Friday, September 21, 2012, at the Red Rock Hotel & Casino, Las Vegas, NV, during GAPNA’s 31st Annual Conference to recognize the outstanding contributions of GAPNA members. Individuals will be recognized for the following awards:

- Excellence in Clinical Practice
- Excellence in Community Service
- Excellence in Education
- Excellence in Leadership
- Excellence in Research

GAPNA invites you to submit a nomination by June 1, 2012. For a more detailed description of each award and a nomination form, visit www.gapna.org

Susan Mullaney, MS, APN, GNP-BC
Awards Committee Chair
susan_e_mullaney@uhc.com

Action Urged to Fight Health Care Worker Fatigue

The link between health care worker fatigue and adverse events is well documented, prompting The Joint Commission to issue a new Sentinel Event Alert: Health Care Worker Fatigue and Patient Safety. The Alert, issued in December 2011, urges greater attention to preventing fatigue among health care workers and suggests specific actions for health care organizations to mitigate the risks.

An article in the November 2007 issue of The Joint Commission Journal on Quality and Patient Safety reported that nurses who work more than 12-hour shifts and residents working recurrent 24-hour shifts were involved in three times more fatigue-related preventable adverse events. In addition, health care professionals who work long hours are at greater risk of injuring themselves on the job.

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GAPNA’s Career Center: Your Opportunity Awaits

Perhaps you know of a friend who is looking to change careers? Maybe you are contemplating changing positions or employers? Do you have to move to a new area and can't transfer within your current company? Maybe your company has an opening and wants to find a qualified individual to fill the vacancy?

If any of the above questions apply to you, it may be time for you to visit GAPNA’s Career Center. Simply log onto the GAPNA web site and click the “Career” tab to view current employment opportunities. If you would like to post an opportunity, please contact the National Office at 866-355-1392 or send your advertisement to GAPNA@ajj.com for a quick price quote!
Chapter
News

Chapter Elections Must Be Held April through June

Several years ago, GAPNA changed the National Bylaws to state that all chapter elections should be held from April-June, the second quarter of the year. State chapters were supposed to change their bylaws to accommodate this change, but it has not happened throughout all chapters.

Many GAPNA State Chapters are still holding their chapter elections throughout the year, which is a problem. It causes confusion at the GAPNA National Office. They have no idea when each chapter is changing officers. The consequence of this confusion means that emails, phone calls, or even chapter dues reimbursement payments are sent to the wrong people. There are also many documents and computer files at the National Office that need to be updated whenever an election takes place (officers listed on the web site, newsletter, database and email listservs, to name a few).

To help resolve this issue, we request that each chapter modify its election schedule to coincide with the National Bylaws. Again, the elections should occur between April and June. If your chapter has any questions about this issue, please have your chapter president contact me for assistance.

Jennifer Serafin, GNP
Member Services Committee Chair
jserafin@jhsfj.org

Georgia

Georgia GAPNA wrapped up 2011 by supporting membership, sharing time and expertise with colleagues, and gearing up for our third annual local conference. Our second annual members-only dinner — a new Georgia GAPNA tradition — was held at The Colonnade (also a new tradition for our chapter) on November 3. Miles Hurley, JD, of Hurley Elder Law, presented the topic of “Navigating Legal and VA Benefits” and continuing education credit was available. In December, we hosted a dinner for members and other colleagues at the Buckhead Ruth’s Chris steakhouse. Our speaker was Steve Aldridge, consultant pharmacist, and his puppet Luther, the nursing home resident. Prior to the puppetry, attendees learned quite a bit about pseudobulbar affect disorder and its treatment. The dinner and speaker were sponsored by Avanir Pharmaceuticals.

-looking-for-a-chapter-near-you-

Looking for a CHAPTER NEAR YOU?

GAPNA
Interested in Starting a Chapter?

ARIZONA (SONORAN)
Jean Stanley
Jean.Stanley@inspiris.com

CHICAGOLAND
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NORTHERN CALIFORNIA
Julie Dutton
jdulog@comcast.net

DELWARE/PENNSYLVANIA
Stacy Edie
sobrien500@aol.com

FLORIDA GAPNA
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jannfisher@oslemecal.com

FLORIDA GULF COAST
Peggy Jackson
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GEORGIA (ATLANTA)
Carolyne Clevenger
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LOUISIANA/MISSISSIPPI (MAGNOLIA)
Dr. Lisa Byrd
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MARYLAND
Susan Scherr
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NEW ENGLAND
Susan Mullaney
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MICHIGAN (GREAT LAKES)
Debra Dunn
ddunnncary@charter.net

NORTH CAROLINA (TRIAD)
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marygoldnp@aol.com

OHIO
Beth Wilson
beth.wilson72@frontier.com

TENNESSEE (MIDWEST)
Regina Christiansen
ginarp@hotmail.com

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

WISCONSIN (SOUTHEAST)
Nancy McClellan
McClellan@aad.com

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Our Third Annual CNE Conference, “Caring for an Aging Population: An Interdisciplinary Perspective,” is just around the corner on February 24-25, 2012. It will be held at the Nell Hodgson Woodruff School of Nursing, Emory University. Beginning this year, we are partnering with the Atlanta Regional Geriatric Education Center to provide an outstanding geriatric education event. As we strive to become the primary source for geriatrics in our area, we are expanding our conference this year to include other nursing disciplines, social workers, physicians, and physician assistants — highlighting the importance of an interdisciplinary approach to care. The keynote speaker for this year’s conference is the esteemed Joseph Ouslander, MD, professor of nursing and medicine at Florida Atlantic University and executive editor of the Journal of the American Geriatric Society. We are looking forward to hearing his keynote address on care transitions from nursing home to hospital – and those in between.

In addition to Dr. Ouslander, we are offering an incredibly accomplished faculty of speakers. Topics include “Innovations in Care Transitions,” “Late Life Depression,” “Evaluation of the Older Driver,” “Chronic Heart Failure for Geriatric Patients in the Long Term Setting,” “Navigating Community Services,” “Palliative Medicine,” and a “Geriatric Literature Update.” Our Pre-Conference Workshops include “Suturing,” “X-Ray Interpretation,” and “ECG Interpretation.” We are looking forward to a highly successful event and welcome all GAPNA members to join us in Georgia in February! Registration is available via link from www.georgiagapna.org

Carolyn K. Clevenger
Chapter President
ccleven@emory.edu

Amy Imes
Conference Planning Chair

Preserving the Evolution of the GNP

The Historical Committee remains hard at work to preserve the evolution of the gerontological nurse practitioner as the last transformation and loss of the specialty title is occurring. The archival of the collection of information from 1980 is under way with the committee researching the appropriate nursing library, developing and evaluating proposals to pay for the service, and determining what will be included in the collection. Also, an article series is being written about the change of the GNP role over the decades for the GAPNA section of Geriatric Nursing. The last grand undertaking of the committee is publishing the history of gerontological nursing and gerontological advanced practice nursing in book format within the next year. Documentation is an important part of your job and the Historical Committee is keeping the documentation of the GNP for future nurses.

Colleen Wojciechowski

Posters at Your Fingertips

A selection of professional posters from the 2011 GAPNA Conference are available for members to view online. The posters include evidence-based practice, research studies, and many other topics of importance to gerontological nursing. They are identified as Clinical Project, Research, and Clinical Topic. Take advantage of this member benefit by visiting the virtual posters on the GAPNA web site.

Three Reasons to Visit GAPNA’s Online Library

1. Free CNE Opportunity!
Available now in the Online Library, “Chronic Heart Failure Management for Geriatric Patients in the Long-Term Care Setting” (1 contact hour, 20 pharmacology minutes). This session is free to everyone!
Fragility, multiple co-morbid disease processes, polypharmacy, prevalence of geriatric syndromes, and functional decline prevent universal application of clinical practice guidelines to geriatric residents in long-term care. This presentation is intended to provide guidance for application of guidelines necessary to improve heart failure management and outcomes in this population.

2. Annual Conference Content Available
Content from GAPNA’s Annual Conference is now available for sale in the new Online Library.
• Conference attendees: Access content at no cost (and purchase CNE for a minimal fee).
• Couldn’t make it to the conference, GAPNA member? $30 for regular sessions (CNE included).
• Not a GAPNA member? Only $35 for regular sessions.

Visit www.prolibraries.com/gapna for more information.

3. Presidential Minute
GAPNA President, Elizabeth Galik, provides a brief update on the new Online Library and its benefits.

Call for GAPNA Foundation Grants

Applications are due May 16, 2012. Grants are announced in September.

General Eligibility Requirements

• Applicants must be a current GAPNA member. If you are not a current member, please include a GAPNA membership application and fee with the grant application.
• Members may apply for more than one grant.
• Awards are limited to one per person per year.

Applications are available at the Foundation Awards Link on the GAPNA web site.

Nurses Tops Honesty List Again

The latest Gallup Poll asking Americans to rate the honesty and ethical standards of 21 professions shows nurses with the top positive rating followed by medical doctors, and pharmacists. Nurses have topped the list every year since they were included in 1999, with the exception of 2001 when firefighters ranked first. At the bottom of the honesty and ethics poll: members of Congress, lobbyists, car salespeople, and telemarketers.
James Lawrence Receives State Nurse Practitioner Award

James F. Lawrence, Jr., PhD, APRN BC, FAANP, CPS, has been awarded the 2012 State Nurse Practitioner Excellence Award by the American Academy of Nurse Practitioners. This prestigious award is given annually to a dedicated nurse practitioner in each state who demonstrates excellence as a leader, advocate, role model, and clinician in his or her area of practice.

Dr. Lawrence is an adult and gerontological nurse practitioner at the Veterans Administration Medical Center in Decatur, GA, specializing in physical medicine and rehabilitation. He also works as a part-time nurse practitioner with Guardian Hospice and is a part-time undergraduate and graduate faculty member at Georgia State University and Georgetown University. In addition, Dr. Lawrence is founder and president of Aging Successfully, LLC, a consulting firm dedicated to addressing the various changing health care needs of the aging population. This company has allowed him to work with small businesses; the Chinese, Canadian, and Irish ministries of health; and academic institutions throughout this country in developing effective programs of healthy aging for its members.

Dr. Lawrence received his doctorate in research and theory development in nursing from the Medical University of South Carolina, his master’s of science in nursing from Emory University, educational specialist and master’s of education degrees in administration and education from the University of South Carolina, his bachelor of arts degree in teaching from Wofford College, and his bachelor of science in nursing degree from Seton Hall University.

He has a strong primary care clinical background in geriatrics with over 15 years of practice in rural and urban settings and also in private, group, and institutional practices.

Dr. Lawrence has published nationally and internationally on geriatric nursing, advance directives, palliative care, and issues related to vulnerable populations. He has received three state awards and six national awards for his achievements in nursing. He currently holds four consulting contracts with national pharmaceutical companies, and formerly served as health care adviser under Georgia Governor Sonny Perdue’s administration and President George W. Bush’s administration.

He has served on numerous state and national boards of directors ranging from the American Nurses Credentialing Center, American Academy of Nurse Practitioners, South Carolina and Georgia Nurses Associations, and Gerontological Advanced Practice Nurses Association, to name a few.

In 2009, Dr. Lawrence was inducted as a Fellow into the American Academy of Nurse Practitioners. In 2010 he was recognized as one of the top 100 health care professionals working in geriatrics by the Marquis’ Who’s Who in Medicine and Health.

Upcoming Educational Events

2012 Georgia GAPNA Local Conference
“Caring for an Aging Population: An Interdisciplinary Perspective on Geriatric Care”
February 24-25, 2012
Emory University, Atlanta, GA
CNE, CME, and Social Work CEU Credits Offered
www.georgiagapna.org

2012 Florida GAPNA Symposium
“Leading the Way in Care for the Older Adult”
May 4-5, 2012
Crowne Plaza Airport, Orlando, FL
6.0 CNE Credits Offered
Early Bird Rates Available through April 1, 2012
www.flgapna.org

President’s Message
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GAPNA members continue to be active in policy issues related to advanced practice nursing and gerontologic health policy issues through our Health Affairs Committee, representation at the Nurse Practitioner Roundtable, and our partnership with the Coalition of Geriatric Nursing Organizations. The Research Committee continues to partner with clinicians and graduate students who seek to understand and improve the care of older adults.

As we look toward the future of health care for older adults that must address quality, cost, and access, these collaborative relationships and partnerships become even more important. Please let fellow advanced practice nurses and our other interdisciplinary colleagues know you are a member of GAPNA, describe our mission, and think of ways that we can all work together. As Henry Ford said, “If everyone is moving forward together, then success takes care of itself.” GAPNA’s collaborative efforts will require an active membership who is willing to share its expertise and partner with others. On behalf of the Board of Directors, I would like to thank so many of our members and committees who work tirelessly and are always agreeable to serve as expert reviewers, representatives, and partners with numerous projects. In the next few months, we will be working to revise some of our demographic and practice questions that we ask at the time you join GAPNA or renew your membership. Our hope is to fully tap into the expertise of our members as we continue to grow as an organization.

May all of our GAPNA members have a happy, healthy, and professionally successful 2012. I look forward to meeting new members and reconnecting and collaborating with our current members and professional colleagues and supporters at GAPNAs Annual Conference, September 19-22, 2012, in Las Vegas, Nevada.

Elizabeth M. Galik, PhD, CRNP
President
agalik@son.maryland.edu
Common side effects of cancer treatment in the older adult include nausea, vomiting, and pain. These effects do not cease once treatment has stopped, but often last long into survivorship and can become important end-of-life issues. In fact, in a recent study of long-term survivors of breast, prostate, and colorectal cancer, 40% reported at least one symptom related to cancer or treatment (Deimling, Bowman, Sterns, Wagner, & Kahana, 2006) and concluded adults reported pain most commonly with 21% of those reporting pain relating it to cancer.

The body has four major triggers for nausea and vomiting: (1) chemoreceptor zone (CTZ), detecting blood toxins outside of the blood brain barrier; (2) the cortex, responding to changes in intracranial pressure, anxiety, or other sensory triggers; (3) peripheral pathways, including the gastrointestinal tract receptors and nerves; and (4) the vestibular system, reacting to motion (Wood, Shega, Lynch, & Von Roenn, 2007).

The most common causes of nausea and vomiting in the geriatric oncology patient include chemotherapy-induced nausea and vomiting (CINV), opioid-induced, poor gastrointestinal tract motility, and malignant bowel obstruction. The mechanism behind CINV is multifactorial; however, it is generally thought the chemotherapy itself activates the CTZ (Wood et al., 2007). Opioid-induced nausea and vomiting is linked to dopamine receptor stimulation. These dopamine receptors are most often found in the gastrointestinal tract and in the periphery. Poor gastrointestinal motility also activates peripheral pathways. Bowel obstruction not only activates peripheral pathways but also stimulates the CTZ with inflammatory mediators. Individuals who have undergone surgery to the GI tract may have delayed gastric emptying as well.

Once the mechanism behind the nausea and vomiting is understood, medications can be chosen. Typically medications targeting the D2 receptor (metoclopramide, prochlorperazine, haloperidol) are good starting points as they work within the CTZ and in the gastrointestinal tract (Wood et al., 2007). If nausea is not relieved, it is more beneficial to add a second medication rather than switching to another medication (Wood et al., 2007). In someone who is suffering from delayed gastric emptying, adding metoclopramide or erythromycin is shown to be helpful. It is important to communicate to the pharmacy the reasoning behind placing a patient on erythromycin/azithromycin, otherwise the patient may not receive it.

Adverse drug effects and individual co-morbidities should be evaluated when choosing additional medications. Ondansetron and palonosetron are beneficial with CTZ activation, but can cause constipation and prolonged QT interval. Promethazine can successfully treat nausea and vomiting associated with the CTZ; however, urinary retention and extrapyramidal side effects (tremor, slurred speech, sedation, and anxiety) make this a suboptimal choice in the older adult (Fick et al., 2003; Wood et al., 2007). Patient compliance with medication is paramount. Older adults are more prone to medication side effects and may be taking multiple medications, so care should be taken when prescribing nausea medications. These medications should be scheduled and not ordered as needed. Targeted therapy has resulted in successful treatment of nausea and vomiting in up to 80%-90% of patients (Wood et al., 2007).

References

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**State Regulation of Care Quality Is Costly to Nursing Homes**

Nursing homes are a highly regulated industry in the United States. They must comply with federal Medicare and Medicaid standards, as well as those imposed by individual states. Maintaining compliance with all of these regulations imposes costs on nursing homes, concludes a new study.

William D. Spector, PhD, a researcher at the Agency for Healthcare Research and Quality, and Dana B. Mukamel, PhD, and Charlene Harrington, PhD, RN, of the University of California, and other co-investigators found the more stringent the regulatory requirements, the higher the costs nursing homes face. They collected data on 11,168 freestanding U.S. nursing homes between 2004 and 2006. Medicare cost reports yielded information on total expenditures and wages. The researchers also conducted a survey of each state’s certification and licensing office for information on nursing home quality deficiencies and the associated financial penalties. From these and other data, they calculated for each state a regulatory stringency index. Higher index values indicate stricter state regulation of quality.

The researchers found that nursing homes located in states with more stringent regulation of quality had higher costs. The incremental costs of one standard deviation increase in regulation stringency resulted in $78,467 in costs (in 2006 dollars). This translates into 1.1% of the yearly expenditures for an average nursing home. The researchers caution the findings should not deter continuing attempts to regulate quality and note that research underway is aimed at estimating the impact of state regulation on quality. Estimates of both the costs and benefits of regulation are needed to assess the value of regulation.

More details are in Mukamel et al. (2011). Does state regulation of quality impose costs on nursing homes? Medical Care, 49(6), 529-534.

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**Knee Replacements Up Dramatically among Adults 45 to 64 Years Old**

Women and men ages 45 to 64 were 2.5 times more likely to be hospitalized for knee replacement surgery in 2009 than in 1997, according to the latest News and Numbers from the Agency for Healthcare Research and Quality (AHRQ).

AHRQ’s analysis of hospital stays for knee replacement surgery from 1997 to 2009 found:
- The rate for women ages 45 to 64 jumped from 16 to 42 stays per 10,000 people, while for men the same age, the rate climbed from 11 to 28 stays per 10,000 people.
- The rates for women and men 65 to 84 rose by 69% and 55%, respectively — from 72 to 122 stays and from 58 to 90 stays per 10,000 people.
- Among those age 85 years and older, rates increased by 23% for women (from about 27 to 33 stays per 10,000 people) and 36% for men (from about 27 to 36 stays per 10,000 people).

This AHRQ News and Numbers summary is based on data from HCUP Facts and Figures: Statistics on Hospital-Based Care in the United States, 2009, which provides highlights of the latest data from the 2009 Nationwide Inpatient Sample, a part of AHRQ’s Healthcare Cost and Utilization Project. The report can be accessed at http://www.hcup-us.ahrq.gov/

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**Clinical Informatics Monitoring Tool Helps Reduce Adverse Drug Events in Nursing Home Settings**

In nursing homes, 40% of residents use at least nine different medications, and adverse drug events (ADEs) are common. Yet many ADEs are preventable if adequate medication monitoring is performed. The use of the Geriatric Risk Assessment MedGuide (GRAM), a clinical informatics tool that implements prospective monitoring plans, markedly reduced the risk of potential delirium in newly admitted and long-stay nursing home residents, according to a new study. Potential hospitalizations and deaths due to ADEs and mortality were also reduced, but the effect was weaker in longer-stay residents. There was no effect of the monitoring system on the incidence of falls.


**Heart Disease, Cancer, and Trauma-Related Disorders among the Most Costly Conditions for Men**

The cost of treating men for heart disease topped $47 billion in 2008, leading a list of the 10 most expensive conditions for men age 18 and older, according to the latest News and Numbers from the Agency for Healthcare Research and Quality (AHRQ). The federal agency also found that among the top 10 costliest conditions for men in 2008:
- Cancer was the second most costly disease to treat ($34 billion), followed by trauma-related disorders ($33 billion) and osteoarthritis ($23 billion).
- Among these conditions, overall costs were lowest for back problems ($14 billion), followed by chronic obstructive pulmonary disease and asthma ($18 billion).
- On a per-patient basis, the average annual treatment cost ranged from $4,873 for cancer to $838 for high blood pressure.

The data in this AHRQ News and Numbers summary are taken from the Medical Expenditure Panel Survey (MEPS), a detailed source of information on the health services used by Americans, the frequency with which they are used, the cost of those services, and how they are paid. For details, go to Statistical Brief #331: Top 10 Most Costly Conditions Among Men and Women, 2008: Estimates for the U.S. Civilian Non-institutionalized Adult Population, Age 18 and Older, on the MEPS Web site.

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More Photo Highlights from GAPNA’s 30th Annual Conference

September 14-17, 2011 • Washington, DC
GAPNA’s 30th Annual Conference

“Improving Lives Of Older Adults: Practice and Policy”

Photos by Reflections Event Photography, Washington, DC.
To view and order photos from GAPNA’s 30th Annual Conference, visit www.Reflections-Photo.com
More Seniors Getting Pneumonia Shots, But Some Lag Behind
The overall proportion of Americans age 65 and older who have ever been vaccinated against pneumonia, a leading killer of seniors, increased from 53% to 60% between 2000 and 2008, according to the latest News and Numbers from the Agency for Healthcare Research and Quality (AHRQ). Specifically, AHRQ found that in 2008:
- Almost two-thirds (65%) of high-income seniors reported ever being vaccinated against pneumonia compared with less than half (46%) of poor seniors.
- Only 52% of seniors who live in a large inner-city area, where residents tend to be low-income and minority, reported ever being vaccinated against pneumonia compared with 64% of seniors who live in medium-size cities.
- Just 37% of Hispanic seniors reported ever being vaccinated against pneumonia compared with 65% of White seniors. The proportion of Asian and Black seniors who have ever been vaccinated against pneumonia fell in between — 46% and 45%, respectively.

This AHRQ News and Numbers is based on information in Chapter 2 of the 2010 National Healthcare Quality Report. (http://www.ahrq.gov/qual/nhqri10/Chap2c.htm). The report examines Americans’ access to and quality of health care.

Lower Educational Level Increases the Likelihood of Preclinical Changes in Mobility in Older Women
If you have less than 9 years of schooling, you are more likely than someone with 12 or more years of education to report changing the way or how often you do at least one of four mobility tasks: walking 0.5 miles, climbing up steps, doing heavy housework, and getting in/out of a bed or chair, even though you don’t report difficulty with the task, according to a new study. Such a change, made before difficulty with the task arises, is termed preclinical mobility disability (PCD), and has previously been identified as an independent predictor of functional decline in the elderly.

The study authors suggest PCD is a marker for early attempts to preserve function by compensating for impairments at an early stage, when intervention may be beneficial.


Health Care Worker Fatigue
The Alert addresses the effects and risks of an extended work day and of cumulative days of extended work hours. The Joint Commission Alert recommends that health care organizations:
- Assess fatigue-related risks such as off-shift hours, consecutive shift work, and staffing levels.
- Examine processes when patients are handed off or transitioned from one caregiver to another, a time of risk that is compounded by fatigue.
- Seek staff input on how to design work schedules that minimize the potential for fatigue and provide opportunities for staff to express concerns about fatigue.
- Create and implement a fatigue management plan that includes scientific strategies for fighting fatigue such as engaging in conversation, physical activity, strategic caffeine consumption, and short naps.
- Educate staff about good sleep habits and the effects of fatigue on patient safety.

The Joint Commission also suggests health care organizations encourage teamwork as a strategy to support staff who work extended work shifts or hours. For example, use a system of independent second checks for critical tasks or complex patients. Also, organizations should consider fatigue as a potentially contributing factor when reviewing all adverse events, and educate employees on the importance of good sleep habits, including ensuring their rest environment is conducive to sleeping.

The warning about health care worker fatigue is part of a series of Alerts issued by the Joint Commission. Previous Alerts have addressed diagnostic imaging risks, violence in health care facilities, maternal deaths, health care technology, anticoagulants, wrong-site surgery, medication mix-ups, health care-associated infections, and patient suicides, among others. The complete list and text of past issues of Sentinel Event Alert can be found on the Joint Commission website (www.jointcommission.org).