

GAPNA Newsletter

Summer 2012
Volume 31, Number 2

The Official Newsletter of the Gerontological Advanced Practice Nurses Association — Founded in 1981

President's Message

Investing in Students and APRNs For Quality Geriatric Care

"Tell me and I forget. Teach me and I remember. Involve me and I learn."
— Benjamin Franklin

As a clinician, educator, and researcher in the field of geriatrics, some of my most rewarding experiences have come from watching students develop an unexpected interest and commitment in caring for older adults during their clinical rotations. Students who develop an interest in geriatrics describe their ability to make a difference in



Elizabeth M. Galik

the lives of older adults and find that the patients' focus on functional and quality of life outcomes is a good fit with advanced practice nursing. While I was initially ambivalent about the APRN Consensus Model transition to a combined adult and gerontological population focus, it has been my experience that this new educational framework brings with it the opportunity to expose a greater number of students to geriatrics through focused clinical experiences with geriatric populations. Not all of the combined adult gerontological APRN

students will go on to a career in geriatrics; however, more students are feeling competent in caring for older adults in these combined programs. In addition, some students who would not have been exposed to the rewards of a career in geriatrics in adult APRN programs become passionate about the population and eventually make it the focus of their professional careers.

As a nursing student and a new nurse, I did not intentionally plan for a career in geriatrics; however, the older adults I cared for and the expert teachers and mentors who ignited my interest in this population helped to focus me on a career path that I still cherish today. I ask our experienced gerontological advanced practice nurses to share their expertise, wisdom, and time with the next generation of students and practicing APRNs who may be new to geriatrics. Your mentorship of the next gener-

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.

ation of gerontological APRNs will help GAPNA to grow and thrive as a professional organization, and ultimately will improve the care of older adults, their families, and caregivers. For students and APRNs who are new to geriatrics, I ask you to keep an open mind to all of the career options in front of you. No matter where you practice, you will encounter older adults in some capacity and your geriatric clinical experiences and continuing education will make you a more competent and well-rounded provider.

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Your Vote Counts: Board of Directors Elections Set

GAPNA wants to hear from you! You will be seeing ballots for the 2012-2013 Board of Directors election soon. Election ballots will be arriving to your email inbox on May 7 and voting will remain open until May 31, 2012.

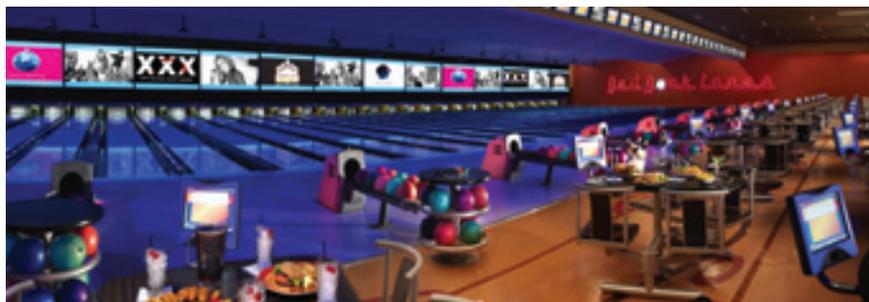
Please take a moment to help shape your national leadership team. You will be voting on the following positions: President-Elect, Secretary, Director at Large, and Nominating Committee (2 openings).

We encourage your participation. Let your voice be heard!

If you have questions or comments, please contact Katherine Evans at katherine_a_evans@uhc.com; Candace Harrington at candace.c.harrington@vanderbilt.edu; or Colleen Wojciechowski at Colleen.Wojciechowski@va.gov

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The stage is set for GAPNA's 31st Annual Conference – *Promoting Clinical Excellence Through Vision, Vitality, and Visibility* – September 19-22, 2012, at the Red Rock Hotel and Casino, Las Vegas, NV. The energy and excitement of Las Vegas is an excellent venue for outstanding clinical content and professional networking featured at the Annual Conference.

Most grown-up adventures start with these five words: *Welcome to Fabulous Las Vegas*. When you're not winning in the casino, lounging by the pool, or savoring delicious cuisine, you'll find that Las Vegas has a variety of must-see attractions and entertainment options to keep you and your friends occupied. From thrilling roller coasters to virtual-reality simulator rides and erupting volcanoes to wax museums, Las Vegas' attractions appeal to people of all ages, interests, and budgets.

At the Red Rock Hotel and



Casino, the headquarters hotel for GAPNA's Annual Convention, you will enjoy the natural beauty and Vegas-style glamour in a peaceful co-existence. Its serene surroundings, distinctive décor, and impeccable standard of service will ensure that your visit is unforgettable. Whether admiring the panoramic "Strip" view or

awe-inspiring Canyon view from your room, unwinding at the expansive pool back yard, trying your luck in the casino, or relaxing at the 35,000-square-foot spa, Red Rock has a flavor for all tastes and desires.

To make your stay an even more memorable experience, check out the



Las Vegas hotel deals and spa offerings available at Red Rock Hotel and Casino at www.redrocklasvegas.com. With their special Las Vegas package deals you can melt away with a soothing spa treatment or massage, tee off at one of the area's championship golf courses, bowl at the amazing Red Rock Lanes, or go on an outdoor adventure to nearby Red Rock Canyon, a wilderness other off-strip hotels can't call their backyard like Red Rock! Waiting for you on return are all the lavish amenities of one of the premier Las Vegas hotels – fine dining for every taste, thrilling Vegas casino gaming, and exciting nightlife and entertainment. Come see why Red Rock Hotel and Casino is a cut above in Las Vegas hotel rooms.

Once known for its all-you-can-eat buffets and bargain shrimp cocktails, Las Vegas has transformed itself into a top culinary destination. Within a decade, Las Vegas has redefined the culinary and wine experience by offering the most comprehensive collection of celebrity chefs and world-

class restaurants, more Master Sommeliers than any other city in the world, and more wine sold per capita than in any other destination.

There's a good reason why Las Vegas is called the "Entertainment Capital of the World." Since its Rat Pack days, Las Vegas has been inextricably associated with legendary shows and entertainers. Say "Las Vegas" and it's likely that showgirls in elaborate headdresses and Elvis impersonators will come to mind.

Today, the Las Vegas entertainment scene still has plenty of its classic glamour, but it has evolved to include so much more. In addition to the iconic Las Vegas entertainment staples, the destination offers a lineup of award-winning magicians, Broadway-caliber productions, world-renowned concert headliners, and unique-to-Las Vegas production shows.



One of the most fascinating aspects of Las Vegas is that it is a city that is constantly changing. The excitement of continuous re-invention and rapid growth has helped Las Vegas to achieve popularity, resulting in 37.3 million annual visitors. In 2012, visitors will see and experience more in Las Vegas than ever before. Don't miss the action. When planning your trip to GAPNA's 31st Annual Conference, request a free visitors guide at www.visitlasvegas.com

Approver Unit Seeks Volunteers

The GAPNA Approver Unit approves continuing education programs for American Nurses Credentialing Center (ANCC) credit. Each GAPNA Chapter may submit one program of up to 8 contact hours annually *at no charge*. Please take advantage of this GAPNA member benefit.

The Approver Unit also needs volunteers to review applications, a role named *nurse peer reviewer* (NPR). NPRs need to have some background in continuing education and be willing to learn about the ANCC criteria.

Assessing educational objectives is one of the tasks of a NPR. Each application to the Approver Unit must contain educational objectives, defined as learner-oriented outcomes, that result from participation in an educational activity. Educational objectives describe knowledge and skill acquisition or attitude changes. They should be measurable and achievable.

Common faults of educational objectives are that they are too vague and do not specify learner outcomes in behavioral terms. Some examples of objectives that are vague compared to those expressed in measurable terms are shown in Table 1.

Table 1.
Educational Objectives

Vague	Measurable Terms
To understand atrial fibrillation.	Describe the pathophysiology of atrial fibrillation.
Handling stress.	Compare and contrast two methods of stress management appropriate to teach patients with anxiety disorder.
Become familiar with the POLST form.	Demonstrate a discussion of the POLST form between a nurse practitioner and a patient.

If you are interested in joining the GAPNA Approver Unit and honing your education skills, contact Liz Macera at lizmaceranp@gmail.com or Nancy Mandler at ncmandler@yahoo.com. Attend our committee meeting at the Annual Conference to learn more.

Liz Macera, PhD, RN, NP-C
Co-Chair, Approver Unit
lizmaceranp@gmail.com

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!

GAPNA Research Consults Available at Annual Conference

Trying to finish up your doctorate? Working on an evidence-based project? Having difficulty submitting your research proposal? Not sure how to go about your first research project? Need someone with experience in research to speak to about your project?

GAPNA sees the need and the Research Committee is interested in providing you with free consultation and guidance. At the 31st Annual Conference in Las Vegas, GAPNA Research Committee members will provide one-on-one guidance. Email your name, contact info, and a brief description of the research/project issue that you would like to discuss to GAPNA@ajj.com. Someone with experience in your research area will set up a time to discuss your research project with you. You will be contacted and a time selected to meet with a committee member during the Exhibit Hall or lunch on your own time. GAPNA Research Committee members will have a booth in the Exhibit Hall for you to meet with them. We're reaching out to you, tell us how we can help you with your research project.

Valerie Sabol, ACNP-BC, GNP-BC
Co-Chair, Research Committee
valerie.sabol@duke.edu

Margaret Hammersla, MS, CRNP
Co-Chair, Research Committee

Fun and Exciting GAPNA Foundation Events Planned for Annual Convention

Want to have fun while supporting a great cause at GAPNA's 31st Annual Conference in Las Vegas? The GAPNA Foundation has three fabulous events planned for this year's conference. The first is the *6th Annual Foundation Best Ball Golf Tournament* at Arroyo Golf Club. This event does not require you to be a good golfer, just willing to go out and have a lot of fun raising money for the Foundation. Family members are also welcome to participate, so if your significant other or another guest wants to play, they are more than welcome.



The second event is our annual *Fun Run/Walk*. We encourage you to come out and participate in this popular event. The last event is a fun-filled evening of "cosmic bowling" at the Red Rock Lanes. The cost includes two games, shoes, pizza, and a drink.

If none of these options appeal to you or if you are in a generous mood, you can also select a cash donation. Remember, your donations are *tax deductible* and allow the Foundation to provide scholarships to budding researchers and student scholars. Registration will be available early this summer through the conference registration brochure. We hope to see all GAPNA members at these enjoyable events!

Debra Bakerjian, PhD, RN, FNP
Chair, Board of Trustees
debra_bakerjian@ucdmc.ucdavis.edu

Nominations Sought for Excellence Awards

GAPNA invites you to submit a nomination for one of the following Excellence Awards. The awards will be announced during the Annual Conference at the Annual Awards Dinner. Self-nominations are invited. Nominations must be received by **June 1, 2012**. Go to the GAPNA web site (www.gapna.org) under the "About GAPNA" tab and complete the applicable nomination form.

GAPNA Chapter Excellence Award

The Chapter Excellence Award honors a chapter that best promotes the goals of the Gerontological Advanced Practice Nurses Association (GAPNA) through its member relationships, professional activities, and promotion of advanced practice gerontological nursing throughout the local, regional, and/or state during the past year. The winning chapter will be awarded \$250 and receive a \$100 discount on conference registration for the president or appointed designee for the year that the award is given.

Eligibility Requirements

- The chapter must be officially chartered by the GAPNA Board of Directors.
- The chapter must be in compliance with all chapter obligations and in good standing with the GAPNA National Office.
- The completed application must be received by the National Office by the given deadline.

GAPNA Excellence in Clinical Practice Award

This award for outstanding clinical practice should be given to an individual who demonstrates a commitment to geriatric clinical practice. This award should be for an individual who demonstrates, through the use of geriatric principles, outstanding geriatric care that goes well beyond the traditional service role of their profession. The award highlights clinical practice as an important element of the mission of nursing professionals and singles out individuals who serve as examples of geriatric expertise.

The award recipient must have a broad-based, continuing commitment to geriatric care as reflected in a variety of programs and initiatives which are responsive to medical and social needs

of the geriatric population. This recipient should be active in furthering geriatric education at the local and regional levels through precepting, in-services, and educational presentations.

Examples of the types of experience appropriate for consideration include, but are not limited to, the following:

- Working with geriatric clients
- Acting as primary care provider, consultant, educator, coach, and advocate
- Utilizing geriatric principles to provide care and treatment
- Meeting multiple needs and requests of geriatric clients
- Responding to cultural differences
- Acting as an advocate for geriatric clients
- Applying a multidisciplinary approach in the care of an elder consulting other health care providers and additional agencies as required
- Utilizing up-to-date research to support decision making and to improve care

GAPNA Excellence in Community Service Award

This award for outstanding community service should be given to an individual who demonstrates a commitment to service to the community. This commitment should be demonstrated through the development of or participation in programs that go well beyond the traditional service role of their profession. The award highlights community service as an important element of the mission of nursing professionals, and singles out individuals who serve as examples of social responsiveness on the part of the nursing community.

The award recipient must have a broad-based, continuing commitment to community service as reflected in a variety of programs and initiatives, which are responsive to community and social needs, and which show evidence of a true partnership with the community. This recipient may be active in volunteering service to local, national, geriatric, or specialty nursing groups, which benefit the community in which they serve.

Examples of the types of programs appropriate for consideration include, but are not limited to, the following:

- Innovative programs of patient care/service to disadvantaged communities

- Innovative services to the geriatric community
- Educational programs targeted to increasing the participation of traditionally underrepresented groups
- Leadership focusing community resources to respond to health needs such as prevention and health education, patient care, and social and supportive services
- Programs aimed at providing nursing students with educational experiences in underserved areas to encourage eventual practice in such communities
- Programs developed to meet the needs of isolated communities, geriatric communities, or communities having a large geriatric population
- Programs that use the unique assets and resources to address continuing educational, economic, and/or systemic community problems

GAPNA Excellence in Education Award

The Award for Excellence in Education recognizes an individual involved in the teaching and/or design of gerontological nurse practitioner curriculum or course content. The faculty member will demonstrate knowledge of the care of older adults and the ability to translate that knowledge to enhance students' understanding in innovative ways. The faculty member will encourage and inspire advanced practice students to develop their excellence in gerontology. In addition to excellence in teaching, the faculty member will exhibit excellence in practice and service to the community.

Examples of programs appropriate for consideration include, but are not limited to, the following:

- Development of a program of recruitment of students into the GNP program of their school
- Development of a new or revised GNP program
- Implementation of innovative teaching in a GNP course
- Development of an academic practice
- Formation of a community partnership, which met educational objectives while meeting the needs of the older adult community

GAPNA Excellence in Leadership Award

This award for outstanding leadership should be awarded to an individual who demonstrates a commitment to geriatrics; through direct care, education, and research. This award should be for an individual who demonstrates the tenacity to advocate, through a variety of means, for geriatric education and care in a variety of settings that goes well beyond the traditional service role of the profession. The award highlights leadership as an important element of the mission of nursing professionals and singles out individuals who serve as examples of geriatric expertise.

The award recipient must have a broad-based, continuing commitment to geriatric care as reflected in a variety of programs and initiatives which are responsive to medical and social needs of the geriatric population. This recipient should be active in furthering geriatric knowledge at the local and regional levels through clinical care, education, research, and/or political involvement.

Examples of the types of experience appropriate for consideration include, but are not limited to, the following:

- Excelling in geriatric care

- Innovating clinical practice to enhance the care of geriatric clients
- Creating clinical models that more efficiently care for geriatric clients
- Leading change (small or large) that improves quality of care
- Promoting an environment of change
- Excelling at communication and relationship building
- Energizing others to promote geriatric care

GAPNA Excellence in Research Award

This award for research should be awarded to an individual who demonstrates a commitment to research in nursing that benefits the geriatric community. This commitment should be demonstrated through the development of or participation in research projects that emphasize or go beyond the traditional service role of their profession. The award highlights research as an important element of the mission of nursing professionals and singles out individuals who serve as examples of nursing scientists within the nursing community.

The award recipient must have a broad-based, continuing commitment to research as reflected in a variety of pro-

grams and initiatives which are responsive to the geriatric nursing community. This recipient may be active in conducting research, mentoring other researchers, and contributing to ongoing research of other nursing scientists.

Examples of the types of programs appropriate for consideration include, but are not limited to, the following:

- Made outstanding contributions to the science of nursing through research, development of new knowledge in nursing, or to furthering nursing knowledge through research
- Contributed to the development and testing of nursing interventions to improve geriatric nursing care
- Completed research and scholarship that informs practice and advances geriatric education of advanced practice nurses
- Provided information that can inform health care policy to improve the care to the geriatric community
- Demonstrated leadership in research in geriatric nursing (conducting research, mentoring, participating in research projects, etc.)
- Demonstrated expertise in research through an earned doctorate or post-doctorate in research

Three Reasons to Visit GAPNA's Online Library

1. Free CNE Opportunity!

Available now in the Online Library, "Geriatric Palliative Medicine" (1 contact hour). *This session is free to everyone!*

The fields of hospice and palliative medicine are reaching maturity in the United States. With the graying of the baby boom generation, the need for clinicians with expertise in both geriatrics and end-of-life care is greater than ever.

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.



Energize Your Chapter: Sponsor a Nurse Practitioner Student Mentorship Evening!

If your chapter is looking for a way to engage your membership as well as attract new members, the Student Mentorship Evening may be an activity your chapter might like to check out. Today's health care environment is complex and ever-changing and for new nurse practitioners, launching into practice can be a confusing and intimidating process. Although students often receive guidance and information on getting started in practice while in college, advice and mentorship from practicing clinicians is treasured. The Student Mentorship Evening (SME) brings together GAPNA chapter members and nurse practitioner students in a fun networking and informational session and also provides the opportunity for students to be matched with a mentor for their first year of NP practice.

The Student Mentorship Evening, designed by the Great Lakes Chapter-GAPNA, is a 2-hour event and covers four main topics related to getting started in practice. An event flier is sent to area colleges to invite students (see Figure 1). Students register by contacting the GAPNA chapter secretary or they can RSVP through the chapter's web site (see Figure 2). When students arrive, they receive a name-tag and are assigned to a group for ease of rotating through the informational sessions during the evening. We also offer a chance to win a free GAPNA membership to attendees. At registration, participants can place their name and contact information in the "drawing box" if they are interested in winning a free membership.

The evening begins with a light dinner and 30 minutes of networking and social time. During this time GLC-GAPNA members welcome and socialize with students; just prior to starting the information session, students are introduced to chapter members and are provided contact information and GAPNA membership information. We arrange the meeting area to accommodate five information stations with seating for up to eight participants. Information sessions run concurrently and are 20 minutes in length; a rotation schedule helps to keep the session running on time (see Table 1). Handouts, which identify key issues related to the session topic, are provided. Presenters keep the sessions lively and interactive rather than a lecture style of presentation. Also, it is very helpful to have a chapter member who

Table 1.
Information Session and Group Rotation

Time	Practice Agreements	Certification/Licensure/DEA	Billing/Coding	Scope of Practice
7:00p-7:30p	Welcome	Introduction	Networking	
7:30p-7:50p	A	B	C	D
7:50p-8:10p	D	A	B	C
8:10p-8:30p	C	D	A	B
8:30p-8:50p	B	C	D	A
8:50p-9:00p	Evaluation	Mentor Networking		

Figure 1.

care • continuity • connection



STUDENT MENTORSHIP NIGHT

Join us for a special session offered by the Great Lakes Chapter of the Gerontological Advanced Practice Nurses Association. This interactive session will assist Nurse Practitioner students to launch their career through informative sessions with seasoned NPs.

Topics will include:

- Certification, Credentialing and Licensure
- Collaborative Practice Agreements/Contracts/Salary Negotiation
- Obtaining NPI and DEA numbers
- Billing and Coding for Nurse Practitioner services

SAVE THE DATE:

October 21, 2012

7:00pm-9:00pm

Madonna University, Livonia, MI 48170

Diponio Building

(Northeast corner of Levan and Schoolcraft Roads)

Pizza and refreshments will be served

Figure 2.

Great Lakes Chapter



**New Nurse Practitioner
Mentor Request**

Name: _____

Email address: _____ Phone number: _____

School Affiliation: _____
 Madonna University
 Michigan State University
 Oakland University
 University of Detroit-Mercy
 University of Michigan
 Wayne State University
 Other _____

Anticipated date of graduation: _____

Area of study: _____
 Acute Care Nurse Practitioner
 Adult Nurse Practitioner
 Family Practice Nurse Practitioner
 Gerontological Nurse Practitioner
 Maternal Child Health Nurse Practitioner
 Pediatric Nurse Practitioner
 Psychiatric Nurse Practitioner
 Other _____

Planned area for practice: _____
 Acute Care
 Nursing home/assisted living
 Outpatient
 Other: _____

Area that you anticipate might be most challenging in becoming a full practitioner: _____
 Certification exam
 Salary/contract negotiation
 Licensure process with state
 Credentialing process with employer
 Billing and coding
 Other: _____

City in which you live/plan to practice: _____

Organization at which you plan to practice: _____

circulates and acts as “timekeeper” to ensure the sessions run on schedule.

Toward the end of the evening, the free GAPNA membership drawing is held, and the lucky winner is announced! Participant evaluation and feedback forms are also collected at the end of the evening (see Figure 3). Evaluation results are reviewed and summarized and findings are reported to chapter members at the next quarterly membership meeting. Participant feedback has been overwhelmingly positive with all sessions receiving the highest ratings. Typical feedback is summarized by one attendee: “This was a great mentorship night. I feel more informed and confident that I will be fine when I go out into practice, Thank You!” Participant comments verify the importance and value of this event to students and have encouraged the GLC-GAPNA to continue to offer this event annually. The SME has also been a means of recruiting new members to the chapter, with several attendees registering for membership at the event.

Starting your own SME is easy! Explore with your membership their interest in sponsoring a mentorship event today.

Deborah Dunn, EdD, MSN, GNP-BC
President, GLC-GAPNA
ddunncarty@charter.net

Mary Jane Favot, MSN, GNP-BC
Immediate Past President, GLC-GAPNA

Judy Wheeler, MSN, GNP-BC
Secretary, GLC-GAPNA

Figure 3.

GLC-GAPNA NP Student Membership Evening			
Please provide feedback to help us meet your needs!			
Usefulness of information:	Very	Somewhat	Little
1. Billing and Coding	1	2	3
2. Certification, Licensure, and Credentialing	1	2	3
3. Collaborative Practice Agreements Contract & Salary Negotiation	1	2	3
4. Scope of Practice	1	2	3
Effectiveness of Speakers:			
1. Billing and Coding	1	2	3
2. Certification, Licensure, and Credentialing	1	2	3
3. Practice, Contracts, Salary Negotiation	1	2	3
4. Scope of Practice	1	2	3
Comments: _____			

Thank YOU!

Chapter News

Florida GAPNA

It has been a very busy last few months! We had a great quarterly meeting in Palm Beach Gardens in January. President-Elect Karen Jones made all of the arrangements and gave a very interesting talk on "Pseudo Bulbar Affect." We had great attendance and two members stepped up and volunteered to run for the president-elect and treasurer positions this spring.

We continued to make progress in our plans for our first CE symposium in Orlando, May 4-5 at Doubletree Hilton, near Orlando International Airport. We have over 60 registered nurse practitioners and NP students, 18 exhibitors, and will have a product theater for Friday evening dinner and Saturday for lunch! This was a challenging undertaking, but Charlene Demers has been an excellent program chair and will be busy on Saturday keeping the program running smoothly and on time. Marva Edwards-Marshall did a great job on our brochure, and Michelle Lewis is very organized with the registration process. Valerie Bray, Karen Jones, and Lori Cruger will be helping man the tables to get everyone signed in.

Deb Hain has worked very hard to get the CE packet to GAPNA for approval and will have help from the registration crew handing out the certificates at the end of the symposium. Karen has helped me obtain exhibitors and door prizes. Barbara Phillips will be timekeeper and photographer. We appreciate and thank all of the supporters of this symposium. You can see who supported us by looking at our web page. I'll be busy keeping exhibitors and product theaters organized, not to mention keeping everyone fed and watered. Its not easy picking out

the menu. I guess I'll just have to try each of the hors d'oeuvres on Friday night to make sure I did OK!

Charlene and I went to Tampa in February to speak with representatives of the Gulf Coast Chapter. We all agreed it would be practical to only have one CE conference per year and will alternate hosting the event. Some of their members will attend our post-conference meeting to join in the discussion as to what worked and what didn't. They unanimously decided that they would not want to start from scratch in the planning process and I am very proud of how well our chapters have supported each other.

We were contacted by the Florida Geriatric Society and invited them to have a booth at the symposium, which they accepted. We will begin talks over the next few months to see if we can join forces in a project that will benefit the older adults in our state and are considering promoting awareness of advance directives. They will be invited to attend our August meeting in Daytona Beach. I hope to see you in September at GAPNA's 31st Annual Conference in Las Vegas!

JoAnn Fisher
President
jmfisher@cfl.rr.com

Magnolia

Two members of the Magnolia Chapter of Gerontological Advanced Practice Nurses (MagGAPN) – Lisa Byrd PhD, FNP, GNP and Kimberly Ratcliff MSN, ACNP – were appointed by the governor to the Mississippi Board of Nursing Home Administrators. This is a 4-year term to assist with regulatory matters affecting nursing homes within the state of Mississippi. Congratulations!

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Looking for a CHAPTER NEAR YOU?



Interested in Starting a Chapter?

ARIZONA (SONORAN)

Jean Stanley
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MARYLAND

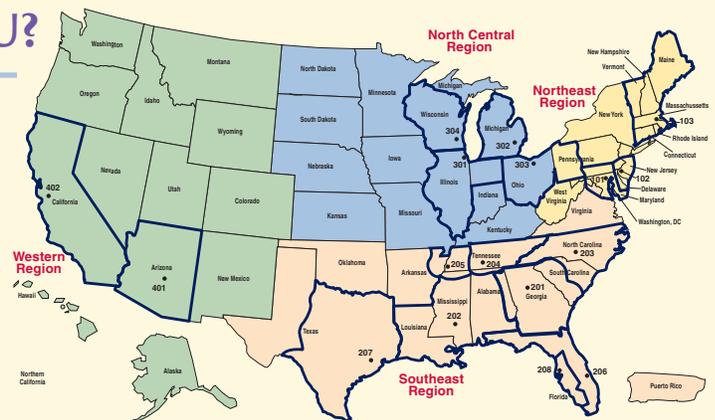
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WISCONSIN (SOUTHEAST)

Nancy McClellan
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Contact the GAPNA National Office

GAPNA@ajj.com • (866) 355-1392 • Fax (856) 589-7463

Chapter News

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Magnolia (continued)

MagGAPN encompasses Mississippi, Louisiana, and Alabama. We cover a large territory and many of our members may have difficulty in making the meetings. So we are creating new chapters. Louisiana has formed a chapter with Tanya Romanowski as the new president. Congratulations! We plan to stay connected and help our sister chapter have a great start. We are looking forward to creating a chapter in South Alabama also. The kick-off meeting was in Mobile at Zea's Restaurant on April 19. If you live in Alabama, consider joining the chapter and invite your colleagues too.

Lisa Byrd, PhD FNP-BC, GNP-BC
President
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Georgia GAPNA

Georgia GAPNA held its third annual CE conference "Caring for an Aging Population: An Interdisciplinary Perspective" at the Nell Hodgson Woodruff School of Nursing, Emory University. For the first time, our chapter partnered with the Atlanta Regional Geriatric Education Center and the result was tremendous! This year's conference attendees (over 120 of them!) included nurses, advanced practice nurses, physician assistants, physicians, and social workers. The keynote speaker, Joseph Ouslander, MD, presented the Interact2 quality improvement program which seeks to improve care transitions from nursing home to hospital – or prevent them from occurring at all. Other topics such as "Innovations in Care Transitions," "Late Life Depression," "Older Driver," "Congestive Heart Failure," "Community Services," "Palliative Medicine," and a "Geriatric Literature Update" were well-received.

Our chapter also held its first quarterly business meeting on March 15 at Davio's. The dinner presentation was on the topic of seizure management.

There are three major upcoming events for the Georgia Chapter of GAPNA:

- We will vote on bylaws changes during April. All members in good standing are eligible to vote. The link will be available on www.georgiagapna.com
- We will hold online elections in late April-early May. All members in good standing are eligible to vote. The link will be available on www.georgiagapna.com
- Next quarterly business meeting will be held May 8. Location and other details to be announced on the chapter web site.

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Celebrate National Nurses Week

"Nurses: Advocating, Leading, Caring"

May 6-12, 2012

Delaware Valley

The Delaware Valley Chapter collaborated with the Delaware Nurses Association to provide an 8-hour conference with a track focusing on geriatrics. Six of our chapter members lectured at the conference. Topics included pharmacology update, wound care, delirium, dementia and depression, incontinence, avoiding hospitalization from the nursing home, and palliative care. Over 150 participants from the tri-state area (PA, NJ, DE) attended the conference. Continuing nursing education and pharmacology credits were awarded. We received positive feedback from the participants regarding the sessions. We were very excited to provide this geriatric update to so many nurses.

We also had our first CE event at Neumann University this year on "CHF Management in the Elderly." This event was well attended and students from Neumann, Immaculata, and West Chester Universities attended.

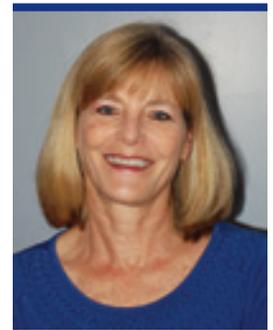
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Ohio

The Ohio Chapter of the Gerontological Advanced Practice Nurses Association is very proud to announce that our immediate past president, Sandra Jorgensen, was chosen by the American Academy of Nurse Practitioners for the State Award for Excellence. Sandra was a graduate of the very first MSN GNP class at the Bolton School of Nursing at Case Western Reserve University in 1994. Since graduation, Sandra was instrumental in achieving title recognition for nurse practitioners in Ohio. As a certified GNP, she has provided excellent primary care to older adults in ambulatory, assisted living, skilled, and long-term care settings. She is a certified wound specialist and provides management and consultative services for the care of chronic and acute wounds. She has worked closely with medical directors and directors of nursing to enhance the quality of care provided in an inner city long-term care institution serving the needs of minority older adults.

Sandra has been a clinical instructor at the Bolton School for the past 16 years. In 2006 she was chosen by the student body to receive the *Award for Excellence in Precepting DNP Students*. For the past 4 years she was the preceptor coordinator, an extremely valuable role to faculty in all nurse practitioner programs. As coordinator she cultivated new preceptors, evaluated student performance, and chose sites best suited to ensure safe, engaging, and active learning experiences for students. Sandra's work has also been acknowledged by the North East Ohio Nurse Practitioner Organization. She served as president of that organization from 2000-2001. She is an expert in billing and coding and is a sought-after presenter in that area.

Whether she is providing care to older adults, helping to prepare the next generation of NP care providers, or leading her colleagues, Sandra performs her job with excellence. She has made a difference in Ohio and we are thrilled that she is receiving this honor from AANP.



Sandra Jorgensen

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House Calls: Time for APN Home Health Orders

The time has come for Congress to pass legislation that allows advanced practice nurses to order and sign home health orders. Passing House Bill HR 2267, introduced by Bill Walden (R-OR) and Alyson Schwartz (D-PA), would save Medicare money, allow NPs to practice at their full potential, and provide continuity of care to all home care patients. The current Medicare law *only* allows physicians to sign home health orders, making it difficult to maintain open communication between the NP, who is providing care for the patient, and the home health agency. This disrupts the NP/patient relationship by circumventing the orders to a physician, who may have not seen the patient.

High on everyone's agenda is better patient outcomes and reduction of Medicare spending. Electronic medical records, web-based sharing of health care information, and health care models, such as transitional care and medical care homes, are just a few of the different pilot studies that are being explored to improve the current health care system. But another way to improve outcomes and save money may also be in the passing of this major legislation on home health services.

Major reports have been commissioned by the federal government to determine ways to save Medicare money. By allowing NPs to also sign home health orders (HR Bill 2267) Medicare may appreciate a savings in the range of \$91.9 million dollars over 5 years and \$309.5 million over 10 years, according to the Institute of Medicine.

This is a call to action by all NPs who provide care to home health patients. Contact your local representative, and voice your support for HR 2267. Every NP and every professional organization needs to make their voices heard. The current practice is inadequate for patients and providers. NPs have fought long and hard to gain our place in the health care field. But the battle is not over. Joining together, we will also claim *our place* in the home health arena.

Peggy Brewer
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Historical Committee: Preserving GAPNA's History

The GAPNA Historical Committee continues to work on preserving the 30-year history of the organization and the role of the GNP. A series on the historical evolution is being published in *Geriatric Nursing* in the coming months. The committee continues to pursue permanent archival of the GNP historical material. We are communicating with other nursing organizations to determine if there are other attempts to preserve the history of gerontological nursing. The pioneers in the field are retiring and the information is at risk to be lost. The committee welcomes any historical gerontological nursing material or contacts.

Colleen Wojciechowski
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Health Affairs: The Importance of Speaking with a Collective Voice

I was the first recipient of the Health Affairs Scholarship in 2010. My attendance at the American Academy of Nurse Practitioners Summit and Leadership Conference and Public Policy Institute was eye opening and stimulating. I found myself among APNs who were the "movers and shakers" who had fought and paved the way for me to be able to practice as an APN. During the Summit, the Affordable Care Act had not yet passed and Congress and their staffers were exhausted from late nights burning the midnight oil to move the bill forward. One day we were able to listen to live coverage of President Obama's Health Care Summit convening at Blair House while we ate our lunch in the Canon Building.

I was coached, given strategies and talking points for my upcoming visits to meet with the Health Legislative Assistants on Capitol Hill. By the end of the Summit, I had made three visits to congressional staffers. My first two visits were in the company of several other attendees from California who were also at the Summit. Having the support of a group boosted my confidence so that I could make my third and final visit of the day alone. I also had lots of GAPNA support from Anna Treinkman, Charlotte Kelley, and Pat Kappas-Larson. After a long day of listening to speakers, we had a chance to relax and get to know one another at dinner. I had never been on Capitol Hill previously and the experience was invaluable. As I continue my participation on the Health Affairs Committee, that initial experience at the ACNP Summit has helped me to understand the importance of APNs speaking with a collective voice in order to champion change and ensure quality health care for our elders.

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ACNP Summit 2012: Policy in Action

I would like to start off by thanking the members of the Health Affairs Committee for awarding me the 2012 GAPNA ACNP Summit Scholarship. I am honored the committee felt I was deserving of this award. Upon hearing I was the scholarship recipient, I immediately began writing a list of questions/concerns to take to Washington, DC. I



Meghan M. Routt

then contacted my Ohio senators, Sen. Sherrod Brown and Sen. Robert Portman. I could not believe it was really that easy to set up a meeting. I have been fairly active on the state level; however, I had many questions regarding policy on the federal level. I collected my colleagues' questions/concerns and felt prepared to attend the Summit.

I cannot believe how much I learned from this Summit! Key topics covered were "Emerging Models of Care: Lessons from CMS Innovation Center," "The Current Health Policy Agenda," "The Consensus Model," "State Affiliate Views," "View from the Hill" by ACNP lobbyist Dave Mason, "Funding for Nurse Education (Title VIII)," "Medicaid APN Access," and "Home Health Care/DME Prescriptive Authority." I particularly enjoyed hearing from Dave Mason in regards to general attitudes about advance practice nurses on "the Hill." Dave helped to calm my fears about visiting with senators. I had never really thought the senators/representatives "work for me." Another resounding theme of this conference was, "if you are not at the table, you are on the menu." This sentiment struck a chord as I thought about nursing, and particularly APN's history. The speakers highlighted the importance of grassroots organization and how one person really can make a difference.

In preparation for my meeting with the senators, I had done some background work on each one's stance on health care. Nevertheless, I was still very nervous about talking with the staff. I did not have meetings until noon, so I was able to get my feet wet tagging along with another attendee to visit her representatives from Florida. Fully prepared, I then went to Sen. Portman's office. I was pleasantly surprised how well versed the staff were about advance practice nurses. I was armed with folders regarding the

Medicare bill regarding home health care and discussed its contents with the staff. I provided personal instances of patients who did not receive care appropriately due to the inability of the APN to prescribe DME/home health care. I also discussed funding for nurse education (Title VIII) and the importance of maintaining current levels of funding. I shared

my own experience with student loans and the burden of fiscal responsibility. Overall the meeting went very well, ending with the promise to speak with Sen. Portman about possible co-sponsorship of the Medicare Bill. My visit with Sen. Sherrod Brown was shaky from the start. As I was entering the office, representatives from the American Medical Association were coming out. I know the AMA is not against APN's per se; however, they have been fairly vocal on state levels limiting APN practice. The staffer was similarly well versed about APN

roles, but less interested in the Medicare bill or nurse education funding. This office was not as receptive as Sen. Portman's and I did not receive as much positive feedback as I thought I would. I followed up with Dave Mason after my meetings and he stated he would circle back to Sen. Portman's office and request a meeting with Sen. Brown.

My first attendance at the ACNP Summit was a success. I have already disseminated information I learned at the Summit to my colleagues at work through their health affairs committee. I came away from the Summit with a renewed sense of responsibility to participate in health care policy. I think it is important to improve health care and increase knowledge about how APNs not only give excellent care, but also promote health wellness. I remain committed to improve access to care on the state and federal levels and look forward to everything that comes next.

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New Web Site: NIH Clinical Research Trials and You

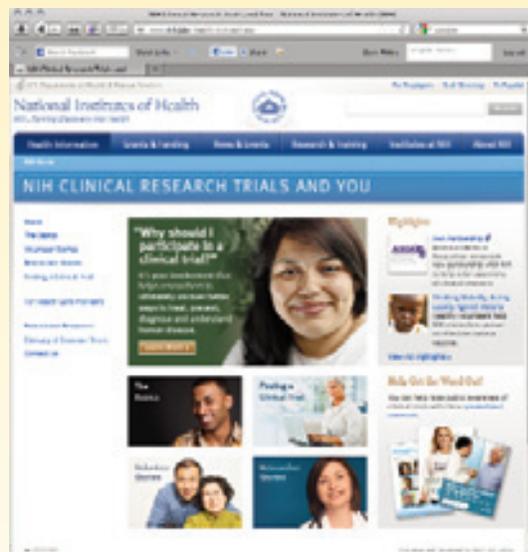
The National Institutes of Health has created a new web site, "NIH Clinical Research Trials and You," to help people learn more about clinical trials, why they matter, and how to participate. From the first cure of a solid tumor with chemotherapy to the use of nitroglycerin in response to heart attacks, clinical research trials have played a vital role in improving health and quality of life for people around the globe.

Clinical trials are essential for identifying and understanding ways to prevent, diagnose, and treat disease. Research has shown that among the greatest challenges to recruitment of volunteers is the lack of general knowledge about what trials involve, where they are carried out, and who may participate.

Visitors to the web site will find information about:

- The basics of clinical trial participation.
- Firsthand experiences from actual clinical trial volunteers.
- Explanations from researchers.
- Links on how to search for a trial or enroll in a research matching program.

In addition, health care professionals can read about evidence-based strategies for talking with patients about trials, print audience-tested posters to help promote trials in clinics and offices, and find other educational materials. Learn more at www.nih.gov/health/clinicaltrials



Wound Management in Older Adults

Wound management is a complex process involving identifying and addressing etiology, providing systemic support for healing, and applying appropriate topical therapy. This process is especially perplexing in the older adult with multiple co-morbidities and the effects of normal aging. Advanced age, however, is not a contraindication to optimal wound management (Reddy, 2008). The first task in wound management in the older adult population is determining the goal of treatment. Not all wounds will heal although many will with appropriate management. Wound healing depends on underlying medical conditions, functional and cognitive status, life expectancy, and ability to adhere to the plan of care (Reddy, 2008). Healing may not be in alignment with the patient's goals of care or even enhance quality of life. If the goal is not wound healing, the focus should be on quality of life, pain management, prevention of infection, and minimizing dressing change frequency and odor (Reddy, 2008).

Etiology

The first priority in wound management is identifying and addressing etiology. Before a treatment plan can be initiated, the underlying cause of the wound must be determined (Bryant, 2012). If the cause of the wound is unrelieved pressure, pressure relief must be provided to enhance healing. Pressure redistribution can be provided by multiple products on the market: beds, mattresses, seat cushions, boots, shoes, etc. Lower-extremity ulcers are usually the result of venous hypertension or arterial insufficiency (Bryant, 2012). Although these ulcers usually develop as a result of minor trauma, they will not heal until the venous insufficiency is managed with compression wraps or arterial perfusion is improved.

Incontinence associated dermatitis (IAD), presenting as erythema and/or erosion of the skin from urine or stool, cannot be resolved until the skin is protected from further exposure to irritants. Regular application of a skin protectant is recommended (Gray et al., 2012). In the presence of yeast or fungal infection in association with IAD, an antifungal is required along with the skin protectant. Topical antifungals alone will not protect the skin from further moisture damage unless they are combined with a protective ointment.

Systemic Support

The second priority of wound management is providing systemic support for healing. Blood flow, adequate nutrition, and a competent immune system are essential for wound repair. If either is deficient, a wound will not heal (Kane, 2007). Wound healing is a cascade of physiologic responses activated by adequate blood flow providing platelets, white blood cells, growth factors, oxygen, and nutrients to the wound bed. In the presence of inadequate blood supply, a wound cannot heal. Revascularization is the optimal means of restoring blood flow but older patients may not be candidates for surgery. Electrical stimulation is an evidence-based physical therapy modality that can increase microcirculation and enhance wound healing (Unger, 2007).

Nutrition is fundamental to tissue repair. Carbohydrates, proteins, fat, minerals, vitamins, and fluids are required for repair and regenera-

tion. Adequate nutrition is especially important for a person with a wound because as much as 100 g of protein can be lost per day through wound exudate (Stotts, 2012). When adequate nutrition cannot be achieved orally, enteral or parenteral nutrition can be used if consistent with the patient's goals (Dorner, Posthauer, Thomas, and the National Pressure Ulcer Advisory Panel, 2009). There are numerous types of nutritional supplements on the market today to supply nutrients necessary for wound healing.

Topical Therapies

Once the wound etiology has been addressed and systemic support for wound healing is provided, appropriate topical therapy can enhance wound healing. The ideal dressing (a) keeps the wound bed moist while keeping the periwound tissue dry, (b) removes exudate but does not desiccate the wound, and (c) provides a barrier against bacteria and particulate matter while allowing for gaseous exchange. Properly selected dressings enhance the body's ability to heal. Creation of the optimal wound environment is a benefit of appropriate dressing selection. Appropriate dressings increase healing rates, reduce pain, decrease infection rates, and are cost effective. There is no one perfect dressing. Parameters that influence topical dressing selection include etiology, location, tissue loss, size, condition of wound bed, condition of wound edges, volume of exudate, condition of periwound, bacterial burden, odor, pain, wound history, dressing interactions, and patient and caregiver needs (Broussard, 2007; Bryant & Nix, 2007).

Antimicrobial dressings, such as, cadexomer iodine, honey, Hydrofera Blue[®], antiseptics, mupirocin, and silver decrease the bacterial bioburden of infected and highly colonized wounds.

Absorptive dressings, such as calcium alginate, hydrofiber, hydrocolloid, and foam absorb drainage without desiccating the wound bed. Hydrofiber and foam dressings absorb drainage and protect the periwound from maceration.

Hydrogel contributes moisture to the wound bed, as well as, autolytic debridement of necrotic tissue. Hydrogel comes in an amorphous form, sheets, and impregnated gauze.

Deep wounds require packing to fill dead space. Hydrofera Blue, calcium alginate, and hydrofiber can be used for packing deep wet wounds. Cadexomer iodine and honey can be applied to gauze and packed into deep wounds. Most all categories of wound products now come impregnated with silver for an antimicrobial option. Hydrogel may be applied directly to dry shallow wounds or applied to gauze for packing dry deep wounds. Hydrocolloids and foam dressings can be used on wet, shallow wounds or as cover dressings for packed deep, highly draining wounds.

If the goal of care is wound healing and a wound is not decreasing in size, etiology has been corrected, and systemic support provided, advanced wound care modalities may be initiated. Advanced wound care modalities consist of collagen dressings, growth factors, hyperbaric oxygen, negative pressure wound therapy, and biosynthetic skin substitutes.



Palliative Wound Care

If the etiology cannot be corrected or systemic support cannot be provided, palliative wound care should be the goal of care. Palliative wound care provides comfort and quality of life. This is accomplished through management of odor, drainage, bleeding, pain, and infection. Pain can be reduced with nonadhesive dressings and infrequent dressing changes. Highly absorbent dressings such as hydrofiber and Hydrofera Blue used with foam cover dressings can extend dressing wear time for several days without negative effects on the wound. Calcium alginate may control bleeding in friable or bleeding wounds. Wound odor is usually caused by bacterial burden, necrotic tissue, or saturated dressings. If appropriate, debride necrotic tissue with an enzymatic debrider, hydrogel, or sharp debridement. Topical antimicrobials, such as silver, iodine, honey, or Dakin's solution will decrease the bacterial load and reduce odor. Target care to the area of most concern to the patient and family. Dressing change frequency is not usually as much of a concern as odor and drainage (Goldberg & Bryant, 2012).

Team Approach

Wound management is a complex and multifactorial process. As with geriatric care, it is best accomplished by a multidisciplinary team. Do not hesitate to utilize an interprofessional team for wound management, such as certified wound specialist, dietitian, physical therapist, and pharmacist. Together we can provide better outcomes and quality of life for our patients with wounds.

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What It Means to Be a Nurse: New Film Needs Your Support

On Nursing Excellence (ONE) is producing a film that explores the complex, exciting, and challenging world of being a nurse in today's society. The film will show what it means to be a nurse, the many different roles that nurses play, from the front line to the board room, and the realities of nursing, its joys and sorrows and the many ways that nurses impact the lives of others.

Needs Addressed by Project

Tremendous change is expected in health care. By deepening the understanding of nursing, we strive for a future where policymakers and health care leaders make well-informed decisions, where the public better understands the role and value of nurses (beyond TV and news perceptions), where nurses are inspired toward excellence and diversity of roles, and where others are inspired to join the profession.

Project Honoring

This film is in honor of Joyce C. Clifford, PhD, RN, FAAN, for her countless contributions to the profession of nursing; dedicated also to DAISY Award Recipients, nurses recognized by patients and their peers for going above and beyond the call of duty; and to nurses everywhere, recognized or not, who give so much of themselves to the art and science of nursing.

Target Audience

This film is for nurses, health care leaders, policymakers, payers, patients, their families, and the public at large. This film will be available to professional nursing organizations, hospitals, schools of nursing, news media, and a broad range of audiences for individual and group viewing.

Who We Are

On Nursing Excellence, Inc. (ONE), is a 501(c)3 non-profit organization committed to a strong, healthy, empowered, engaged, and effective nursing workforce. This organization is run by nurse leaders who volunteer their time to promote the work of nursing. Any funds raised beyond covering the cost of this film will go toward similar projects that support ONE's overall mission and commitment to promoting and supporting nursing.

Project Oversight Committee

Bonnie Barnes, DAISY Foundation; Carol Ann Cavouras, MS, RN, CNAA; Kathy Douglas, MHA, RN; Karlene Kerfoot, PhD, RN, NEA-BC, FAAN; Karen K. Kirby, MSN, RN, NEA-BC, FACHE; and Ann Van Slyck, MSN, RN, CNAA, FAAN

Your Generous Support

Projects like this cannot happen without the generous support of individuals and organizations committed to nurses and nursing. The goal is \$80,000 to cover the cost of

Tax Deductible Donation

Your generous donations to this effort are tax deductible. **Please make checks payable to On Nursing Excellence. Send to One Bala Avenue, Suite 234, Bala Cynwyd, PA 19004.**

For more information, contact Kathy Douglas (415-747-2164, Kathy.S.Douglas@gmail.com) or Karen Kirby (610-667-1800 ext. 306, kkirby@kirbybates.com).

this production. The film release is expected in October 2012. *Please act now. Help further the understanding of nurses through one of the following sponsorship levels.*

"We are in a time when understanding who nurses are and what we do is essential to shaping our future. This film explores the power, the beauty and the expansive roles of the Registered Nurse in today's world."

Kathy Douglas, MHA, RN
Film Director

Track Film's Progress
www.facebook.com/onnursingexcellence

You Can Help Bring Nursing to the Big Screen

Join the many volunteers and donors who are making this film possible. Make a tax deductible donation from yourself or in the name of your favorite nurse or organization. Every dollar helps.

www.OnNursingExcellence.com

Clinical Research Corner

Depression, Hearing Impairment, and Health Literacy Influence Older Adults' Abilities to Self-Manage their Care

The degree to which elderly patients with high blood pressure can effectively assist in their own care (activation) is influenced by a set of measurable factors, according to a new study. Researchers found elderly persons with hypertension were more likely to be activated to self-manage their conditions if they had higher self-ratings of their own health, higher degrees of health literacy, greater receipt of patient-centered care, shorter lengths of stay in long-term care, and lower levels of depression and hearing impairment.

The researchers suggest that, to improve patient self-management, clinicians should seek to expand their repertoire (and intensity) of patient communications and education methods to meet the individual's limitations.

More details are in Gerder, L.M. et al. (2011). Activation among chronically ill older patients with complex medical needs. Challenges to support effective self-management. *Journal of Ambulatory Care Management*, 34(3), 292-303.

Study Finds Potentially Suboptimal Use of Antidepressants for Residents in Veterans Affairs Nursing Homes

Older residents in Veterans Affairs Community Living Centers, the equivalent of nursing homes, often fail to get optimal treatment with antidepressant

Published an Article Recently?

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

drugs, concludes a new study. Researchers found 25% of the 877 residents with depression did not receive antidepressant drugs. In addition, 58% of the 654 residents with depression and receiving antidepressant medication had evidence of possible inappropriate use (most commonly, potential drug-drug or drug-disease interactions). Among the 2,815 residents without diagnosed depression, 42% received at least one antidepressant drug. Depressed Black residents were about half as likely as depressed Whites to experience potential inappropriate use, while depressed residents with cancer were less likely to experience either possible underuse or inappropriate use.

For more info, see Hanlon, J.T. (2011). Potential underuse, overuse, and inappropriate use of antidepressants in older veteran nursing home residents. *Journal of the American Geriatric Society*, 59(8), 1412-1420.

Depending on a Woman's Age, Hysterectomy May Be the Best Option for Resolving Chronic Pelvic Pain and Heavy Bleeding

Women who suffer from heavy or frequent uterine bleeding or pelvic pain but do not want hysterectomies do have other treatment options. Common uterus-preserving treatments (UPTs) include myomectomy (a surgery to remove uterine fibroids), endometrial ablation (a procedure to destroy the uterine lining), and uterine fibroid

embolization (a procedure that stops blood flow to uterine fibroids). A new study finds these options usually provide relief for women who are 40 and older, but not for women younger than that.

For details, see Learman, L.A. (2011). Success of uterus-preserving treatments for abnormal uterine bleeding, chronic pelvic pain, and symptomatic fibroids: Age and bridges to menopause. *American Journal of Obstetrics & Gynecology* 204(3), 272e1-272e7.

Older Patients with Chronic Conditions Have Greater Risk of Problems and Death following Bilateral Knee Replacement

Patients needing knee replacement surgery may decide to have both knees done at the same time. While certainly a cost-saving measure, this surgery may also result in increased risk of problems and death for the patient. Understanding which patients may be at risk can help clinicians risk-stratify patients to determine who will have the best outcomes. A new study has identified patient-related risk factors that increase morbidity and mortality in these patients. Often, those most at risk are older patients with certain chronic health conditions.

The researchers analyzed data from 1998 to 2007 as part of the Nationwide Inpatient Survey to identify cases of bilateral knee replacement surgery. During the time period studied, an estimated 206,573 bilateral total knee replacements were performed. About 9.5% of patients developed major complications or died while in the hospital. Patients most likely to suffer complications or death were older, male, and White. Patients younger than 45 years of age were half as likely to have a major complication or die than patients between 45 and 64 years of age and one-third as likely to have problems or die than patients aged 65 to 74.

For more info, see Memtsoudis, S.G. (2011). Bilateral total knee arthroplasty: Risk factors for major morbidity and mortality. *Anesthesia and Analgesia*, 113, 784-790.

President's Message

continued from page 1

As a professional organization, GAPNA is dedicated to a future where the competent care of older adults, as delivered by APRNs, will be universally valued and sought. To that end, we must invest in our students and new APRNs who will become our future leaders in gerontological advanced practice nursing. GAPNA is in the process of simplifying and streamlining the application for student membership, reaching out to master's and DNP students and programs throughout the country about our educational opportunities, and welcoming new members at our Annual Conference by connecting them with veteran members, committees, and special interest groups.

Our Conference Planning Committee, chaired by Pam Cacchione and Dawn Marie Baylis, has planned a fantastic conference for 2012 with more clinical content offerings, and speakers who are national experts in the field of geriatrics. I look forward to seeing all of you in Las Vegas, September 19-22. Please don't forget to invite a colleague or student to experience how much there is to learn and love about gerontological advanced practice nursing.

Please send mail and email address changes to GAPNA@ajj.com
Next Newsletter Deadline: July 5, 2012
 Send articles to: GAPNA@ajj.com

The Official Newsletter of the Gerontological Advanced Practice Nurses Association — Founded in 1981

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