President’s Message

NPs Are Well Suited to Tackle Changes In Health Care Delivery

Given the recent decision by the Supreme Court that upheld the constitutionality of the individual mandate of the Affordable Care Act (ACA), nurse practitioners and other providers should continue their efforts to comply with the legislation. While there are points of disagreement and debate in the details of the ACA, nurse practitioners and other primary care providers will play an important role in its implementation as more Americans will have access to insurance and seek care. With more patients to care for, and medical complexity and acuity increasing, it will require updated clinical knowledge and teamwork to meet the demands of the health care system effectively. Nurse practitioners’ focus on prevention, wellness, symptom management of chronic disease, avoidance of repeated hospitalizations, and collaborative care is well suited for the changes that we will see in health care delivery. Our skills as NPs will continue to be valued and recognized.

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GAPNA at the White House

On June 13, 2012, the White House and the U.S. Department Health and Human Services held a “Discussion on Improving Care Quality and Patient Health” and invited leaders of professional nursing organizations and community nursing leaders. GAPNA was privileged to receive an invitation to attend this event which was held at the White House in the East Office Building. I was asked to represent GAPNA as Immediate Past President and GAPNA’s representative to the Nurse Practitioner Roundtable. Another GAPNA member, Amy Shuler, was also in attendance as a community nurse leader from Maryland.

The event began with a panel presentation. Celia Munoz, Director of the White House Domestic Policy Council, provided the welcoming remarks emphasizing the value that the Administration places on the contribution nursing makes to quality affordable health care. Panel members presented exemplars of ways nursing is making a difference across the country. Carole Johnson, Senior Policy Advisor of the White House Domestic Policy Council, moderated the discussion. Panelists included Mary Naylor from the University of Pennsylvania; Kristi Henderson, Director of TeleHealth at the

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High-Quality Clinical Content

GAPNA’s Conference Planning Committee has designed a stellar clinical program to meet your education needs and advance your practice. Gain continuing nursing education (CNE) hours and pharmacology credit for your professional development, recertification, and relicensure.

The Conference is tailored to:

• Establish a forum with expert colleagues and faculty to promote an exchange of ideas and clinical expertise specific to gerontological advanced practice.
• Provide current pharmacologic data in order to improve treatment strategies for older adults.
• Disseminate evidence-based practice knowledge necessary for optimal management of acute and chronic illness in older adults.

• Examine emerging trends in practice, health policy, and health care delivery systems relevant to advanced practice nurses caring for older adults.

What You Can Expect

• Relevant general and concurrent sessions designed to offer choice and variety
• Eighteen concurrent sessions to target your learning
• Educational interactions with leading industry representatives
• Peer-conducted research presented as interactive poster sessions and oral presentations
• Indefinite Online Library access
• Dynamic pre-conference workshops designed to meet the needs of APNs with a range of experience
• Opportunities to network with colleagues from across the country
• The entertainment and excitement of Las Vegas!
• An educational experience that will enlighten and enliven you!

Networking

A key benefit of attending the GAPNA Conference is the opportunity to develop relationships with your colleagues through networking. Networking provides many tangible benefits to conference participants.

Take advantage of these and many more patient care and career-enhancing educational opportunities at GAPNA’s 31st Annual Conference.
Online Library & Paperless Conference!
Receive added educational value for your conference investment.
FREE access to the GAPNA Online Library!
www.prolibraries.com/gapna

What does this mean?
• Free online access to all approved sessions after attending the conference.
• “Virtually” attend sessions you missed on-site or revisit courses you found interesting.
• Never have to choose between concurrent sessions again!*
• Share the meeting content with two colleagues at no charge.

Content will be available approximately 3 weeks after the conference, so you can take advantage of this additional learning experience at your convenience.
*(Additional CNE contact hours may be obtained for a separate fee.)

Handouts Available Online
Approximately 2 weeks before the conference, redeem the conference code GAPNA12 in the Online Library (www.prolibraries.com/gapna) to access the session handouts.

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

GAPNA Foundation Events
Participate in These Fun Events and Support the Foundation, Nursing Scholarships, and Research!

Foundation Store
• Visit the Foundation Store for T-shirts, socks, business card holders, lunch totes, lip balm, and baseball caps.

Best Ball Golf Tournament
• Wednesday, September 19, tee time at 1:11 p.m.
• Arroyo Golf Club
• Greens fees, cart, and practice balls included
• Clubs available for rent ($50)
• Family members and guests welcome
• Golf experience not necessary, just come for the fun!

Fun Run/Walk
• Friday, September 21 at 6:00 a.m.
• Get your blood flowing with an energizing 2-mile run/walk around the beautiful Red Rock Hotel and Casino.

Cosmic Bowling
• Saturday, September 22 at 7:00 p.m.
• Enjoy a fun-filled evening at the Red Rock Lanes – Las Vegas’ most luxurious bowling alley.
• Experience dancing lights, fog machines, hot new music, glow-in-the-dark bowling lanes, pins and bowling balls – it’s light years beyond ordinary.
• Includes two games, shoes, pizza, and a drink.

Cash donations are also accepted and all donations are tax deductible. The Foundation provides scholarships for students and research.

GAPNA Research Consults Available
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 to speak about your project with someone with experience in research?

GAPNA recognizes your needs and wants to help. The Research Committee will provide GAPNA members (only) with a free consult and one-on-one guidance. Please send an email to GAPNA@ajc.com and provide your name, email contact, and a brief description of the research/project issue you would like to discuss. You will be contacted to set up a time to meet at the Annual Conference with a committee member who has experience in your research area. The meeting will be scheduled during Exhibit Hall or lunch on your own time.

GAPNA Research Committee members will have a booth in the Exhibit Hall where your consultation can take place. We’re reaching out to you; tell us how we can help you with your research project.

The GAPNA Newsletter — www.gapna.org • Fall 2012, Volume 31, Number 3
Change Is Ahead: News and Opportunities from the GAPNA Health Affairs Committee

Key trends are driving the “un-silo-ing” of health care providers working in all sectors of the health care system. The health care professions are projected to hire 1.4 million people by 2020, a 36% increase. The emphasis on preventive care and hospital admission reduction increases almost daily. The biggest message is health care is still projected to be a growth industry, regardless of the direction of the overall economy or with the Affordable Care Act.

In support of the need to ensure an adequate workforce, the Senate Labor/HHS Appropriations bill was approved in June by the Senate Appropriations Committee. Report language, suggested by the Eldercare Workforce Alliance, in support of the need for geriatric/elder care training was included in the accompanying committee report. Considering the extent of the budget cuts, level funding for geriatric health professions and an increase in funding for health care workforce initiatives was welcome news. Of course, the next step is to keep the pressure on to ensure all stays intact when the bill is brought to the House.

In addition to the bills already being tracked by the GAPNA Health Affairs Committee, we will now add the Improving Access to Medicare Coverage Act, which focuses on how hospital days are counted in order for an individual to qualify for a skilled nursing facility stay. Although there is much discussion regarding this topic, to date there has not been significant movement. Unfortunately, that is true for a number of the bills currently tracked such as Home Health Care. Change, however, is being driven by “pilot” programs currently funded through the Center for Medicare & Medicaid Innovation. These pilots will provide data that will be used to move the needed legislative changes.

Now is the time to be fully informed regarding health policy and what better opportunity than to apply for the Health Affairs Scholarship. This scholarship provides assistance to a GAPNA member who wishes to attend the annual American College of Nurse Practitioners Health Policy Summit. Meghan Routt, who attended in 2012, said she came away from the Summit with a renewed sense of responsibility to participate in health care policy and increased knowledge how to do so. The application form will be available online and you will hear more about this opportunity through the E-Alert process. Please consider applying.

The Health Affairs Committee meets monthly and participates with groups such as the Nurse Practitioner Roundtable, the Eldercare Workforce Alliance, Independence at Home, and other organizations. These members provide expertise regarding APN practice and provide vital input into the development of strategies to effect policy change. A call for membership will be coming during GAPNA’s Annual Conference. Being part of the Health Affairs Committee provides the opportunity to learn, participate, and become involved in the changing world of health care.

Health care remains a growth industry and there is much work to be done to ensure health care delivery is integrated and meets the needs of consumers. Who better to inform the Congress and others as to the changes that need to happen to ensure the delivery of quality, cost-sensitive care? Join our committee and consider applying for the Health Affairs Scholarship. Be part of driving the change.

Patricia Kappas-Larson, DNP, ANP-D, FAAN
Co-Chair, Health Affairs Committee
Patlarson1@comcast.net

Mistakes Happen: Can You Be Sued? Yes!

Did you know nurse practitioners are being sued at higher rates than ever before? As NPs continue to step forward and assume more responsibilities for clinical care, billing, and documentation, they are also being named as defendants in more malpractice lawsuits. See the most recent NSO NP claims report: http://www.nso.com/nursing-resources/claim-studies.jsp

Here is what you need to know:

- Many NPs rely on their employer’s malpractice coverage to protect them in case they are sued, but have never actually looked at the policy.
- The average cost to defend a suit (won, lost, or settled) is $40,000.
- The average award to a successful plaintiff is about $250,000.
- You don’t have to make an error in practice to be named in a lawsuit, but you will have to defend yourself once named.
- Coverage for incidents that occurred while with a previous employer may not extend to the time a suit is filed.

A malpractice lawsuit could result in your being unable to work during an investigation or legal proceedings. Your license may be suspended, and you may need legal representation if called to appear before your state board of nursing.

Here is what you need to do:

- **Make sure your livelihood is protected.** If you don’t already carry your own malpractice insurance, ask to see your employer’s policy. Specifically look at (a) coverage limits and whether they are shared among all named defendants (your employer may shift limited insurance resources to protect the entity as opposed to individuals), (b) whether the policy is claims made (coverage extends only as long as you are employed by that employer) or occurrence (coverage extends beyond your employment period), and (c) whether you are covered for off-duty incidents.
- **Look carefully at the benefits offered as well as price.** Know your actual insurance carrier. You may be writing your checks to a broker. Check for reviews and testimonials from customers. Check reviews from industry. Know exactly what coverage you will have and what you can expect from your carrier if the need should arise.

Malpractice insurance, like many other types of insurance, is something we hope we never need, but it becomes incredibly important if you become involved in a lawsuit. Make sure you are protected. NP malpractice insurance remains among the most affordable, especially when compared to physician assistants (about $4,000/year) and internal medicine physicians and family physicians ($6,000-$12,000/year). NP malpractice insurance is available through multiple carriers. For more information on making decisions and choosing a policy, see the linked article from ADVANCE written by Carol Coakley, JD, NP, http://nurse-practitioners-and-physician-assistants.advanceweb.com/article/professional-liability-insurance-2.aspx

For more information and rate quotes, perform a web search. There are many companies that offer full and part-time NP malpractice insurance policies.

Marianne Shaughnessy, PhD, CRNP
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As the leading organization of advanced practice nurses (APN) caring for older adults, GAPNA remains committed to the Advancing Excellence (AE) in America's Nursing Homes Campaign. For the past several years, Deb Bakerjian has been actively involved as a board member, participated and led various committees and initiatives, and provided her expertise in improving the health outcomes of elders living in nursing homes. During the last several months, Deb has been transitioning her responsibilities with the Advancing Excellence Campaign to Sue Mullaney.

Sue is pleased to continue representing GAPNA and working on the clinical initiatives of the campaign. Sue is the Chair of the Pain and Pressure Ulcer Committee and is leading the group's work to develop and enhance tools and resources in these areas. In addition to attending the board meeting in May, Sue participates in weekly committee calls, bimonthly chair calls, and monthly board calls.

According to AE’s Board of Directors, “In January 2012, the AE Board of Directors announced it will be updating the goals of the campaign. The new goals will be rolled out gradually throughout 2012, and include national targets for improvement, data gathering tools, and other resources to help nursing home performance improvement in nine focus areas. New materials related to the goals will be posted on the campaign web site as they are developed. The campaign has been working with the Centers for Medicare & Medicaid Services and other partners to assure the new goal areas are in alignment with QAPI (Quality Assurance and Performance Improvement) and other national initiatives.” The campaign is currently working on updating the tools and resources within the AE web site in an effort to support nursing homes in the quest for enhancing quality care.

In addition to the pain and pressure ulcer work, the other committee initiatives include staff stability, consistent assignment, person-centered care planning and decision making, hospitalization safe reduction, appropriate medication use, resident mobility, and infection prevention and management. The updated web site (www.nhqualitycampaign.org) will support homes working on initiatives based on the Minimum Data Set report anticipated in July.

The role of the APN in nursing homes is critical. As APNs you are in a position to lead and support nursing homes in their quest for quality improvement. Some things to consider include:

- Is your nursing home participating in the AE campaign?
- What are your nursing home's quality measures?
- Have you discussed these with the director of nursing and other key clinical leaders?
- Has your nursing home identified opportunities for improvement?
- Are you actively engaged with your nursing home on quality improvement activities?
- Have you or staff in your nursing homes accessed the AE web site?

We all have an opportunity to improve quality within nursing homes. Please take a moment and review the AE web site and feel free to share comments or questions with Sue.

Sue Mullaney, MS, APN, GNP-BC
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GAPNA Unveils Toolkit for NP Preceptors

The demand for competent nurse practitioners (NPs) equipped with the education and clinical skills necessary to manage the health of older adults continues to escalate. Thanks to the graying of baby boomers and medical advances, the older adult population continues to swell. As NP educators embrace the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education, how can we safeguard the health of our older patients?

GAPNA’s Education Committee has developed a toolkit for NP preceptors. The toolkit is designed for quick access to electronic evidence-based links. Some of the topics included are assessment tools, pharmacology, dementia care, end-of-life issues, and nursing home regulations. The toolkit also provides helpful guidance to preceptors including a rubric for expected professional student behavior.

The toolkit will be unveiled during a concurrent session on Saturday, September 22, at GAPNA’s Annual Conference in Las Vegas. We invite all attendees to join us in this interactive session. We will review the results of the pilot study and explain the rationale for inclusion of selected materials. We are excited about GAPNA’s commitment to disseminate evidence-based resources to current and future NPs.

Natalie Baker, DNP, CRNP
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Preserving the GNP History

As the year marches on, the Historical Committee continues the pursuit of preserving the GNP history. Two articles in a planned four-part series have been published in Geriatric Nursing. A book about the history of GNP’s is nearly ready to go to press in time for GAPNA’s Annual Conference. The Historical Committee is currently seeking to partner with a school of nursing to archive these important documents. Those of us who are GNP’s are sad to see the specialty fading and are hopeful of a return. The Historical Committee firmly believes this information needs to be saved as a reference, tribute, and guide for the future. See you at GAPNA’s Annual Conference in Las Vegas. Details on obtaining the book on GNP history will be available at the conference.

Kathleen Fletcher, MSN, RN, CS, GNP, FAAN
Co-Chair, Historical Committee
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The FL-GAPNA Chapter started out 3 years ago, with Jo Ann Fisher spearheading the committee to become an official chapter of GAPNA and since that time we have really grown. In 2012, the FL-GAPNA Chapter hosted its first annual symposium, “Leading the Way in Caring For the Older Adult,” on May 4-5 in Orlando.

It was a year-long journey for our planning committee but with lots of teamwork and perseverance, we made it! The largest challenge was first finding a conference center that not only fit our needs but our budget, and that is a real challenge in Florida, a tourist state. Charlene Demers, our project chair, was instrumental in locating the perfect venue. We chose Orlando for its central location and picked the dates of May 4-5, 2012, to be our “trademark” dates so as not to interfere with other conferences.

Our conference planning committee consisted of our Chairwoman Charlene Demers, Jo Ann Fisher, Karen Jones, Marva Edwards-Marshall, Michelle Lewis, Deborah Hains, and Lori Cruger. We met several times throughout the year planning and securing speakers who would concentrate on the geriatric aspects of today’s health care. Our speakers covered a wide variety of geriatric subjects, ranging from geriatric syndromes, antimicrobial therapy, and impaired decision making, to differential diagnosis, geriatric psychiatry, and medical malpractice laws.

Our symposium started out with hors d’oeuvres and exhibits and then a dinner presentation sponsored by Sanofi on blood glucose monitoring with Dr. Naushira Pandya, MD, CMD, speaking. In the exhibit hall, we were fortunate to have over 20 exhibitors; all of whom were excited to be part of the 1st Annual Geriatric Symposium for FL-GAPNA. The attendance was phenomenal and we had over 80 attendees, from APRNs to APRN students. Generous door prizes were donated and raffled in between each speaker program, making for an exciting attendance. Registration and a continental breakfast were offered in the morning and then there were three lunch product theaters by Avanir, Argem, and Boehringer-Ingelheim. After two more sessions, Greystone Health provided a break of drinks and various sweets to keep us going for the afternoon.

It was a long weekend and we all learned a lot, not just the attendees but also the planning committee. We believe our annual conference will grow and improve.

FL-GAPNA has joined forces with the Florida Gulf Coast Chapter of GAPNA, who will sponsor the 2nd Annual Conference next year on the first weekend of May 2013, in the Tampa Bay area. We plan on alternating years with this chapter and this will provide some real teamwork to the GAPNA Chapters of Florida.

We look forward to another successful year for the conference next May and hope all who attended and new attendees will join us. It was a fantastic experience planning this conference and I believe we all made many new friends in our geriatric community.

Karen Jones
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Looking for a CHAPTER NEAR YOU?

Interested in Starting a Chapter?

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Georgia GAPNA

Our chapter’s second quarterly business meeting was held on May 10 at Pricci. Our dinner presentation was on the topic of diabetes management presented by a nurse practitioner/certified diabetes educator.

Chapter members recently voted on changes to our chapter bylaws which more clearly define our levels of membership, clarifies voting privileges, and creates the position of Principal Officer for the chapter. These changes position our chapter to manage chapter business more effectively as we grow in membership.

Online elections for chapter officers were held in late April-early May. Congratulations to those who were recently elected into office: Stacey Chapman, President-Elect; Melissa Stuparits, Secretary; and Nikki Davis, Treasurer. As we set the agenda for the coming year, this group of dedicated, bright, and passionate gerontological nurse practitioners will lead our chapter as we expand our programming and grow our membership.

Save the date for our 4th Annual CE Conference to be held on Saturday, March 2, 2013. The Conference Planning Committee has been working throughout the spring and summer to create a dynamic educational program featuring national leaders in gerontology.

We continue to partner with Atlanta Regional Geriatric Education Center in providing a conference that will meet the needs of our interprofessional attendees including nurse practitioners, physicians, social workers, nurses, physician assistants, and educators.

Thanks to our continued growth and increased interest in our conference, we will be announcing an exciting new venue that can accommodate our growing numbers for this highly respected, well-attended event.

Alison A. Schlenker, MSN, MSW, GNP-BC  
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GAPNA at the White House  
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University of Mississippi; Margaret Flinter, Senior Vice President and Clinical Director of the Weitzman Center for Innovation in Community Health and Primary Care; and Mandy Cohen from the Center for Medicare & Medicaid Innovation. Their presentation was inspiring as we heard about the creative projects across the country led by nursing.

The floor was open for questions and comments and for over an hour the leadership took notes and recorded the comments from those in attendance. Issues significant to GAPNA included the role of APRNs in accountable care organizations, the ability to certify for home health and hospice, equitable reimbursement, allowing APRNs to do the admission visit for skilled nursing, and allowing APRNs to participate in incentives to implement electronic medical records, to name a few. Everyone in attendance was impressed with the Administration’s openness to hear our concerns and responsiveness to our suggestions.

At the time of this meeting the Supreme Court Decision had not yet been rendered, so the state of the Affordable Care Act was not clear. Now that the Supreme Court has upheld the Act, the provisions that are supportive to APRNs and to nursing in general can support our efforts to remove barriers to our practice and allow us to practice to the full extent of our preparation and licensure. I want to thank the GAPNA Board of Directors for giving me the opportunity to represent our organization and attend this White House meeting.

Evelyn Duffy, DNP, A/GNP-BC, FAANP  
Immediate Past President  
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Michelle Lewis represented GAPNA at the American Academy of Nurse Practitioners National Conference in Orlando in June.
American Geriatric Society Updates Beers Criteria

Approximately 20 years ago, Mark Beers, MD, compiled a list of medications which should be used with caution in the older adult. The “Beers List” is one of the most used medication criteria in the world. The list is widely used in research, clinical practice, training of health care professionals, and also used in quality measures implemented by the Centers for Medicare & Medicaid Services, National Committee for Quality Assurance, and the Pharmacy Quality Alliance.

The American Geriatric Society (AGS) published the updated Beers Criteria in the Journal of the American Geriatric Society in April 2012 (AGS, 2012). The expert panel’s specific aim was to: “update the previous Beers Criteria using a comprehensive, systematic review and grading of the evidence on drug related problems and adverse drug events (ADEs) in older adults” (p. 616). The interdisciplinary expert panel used an evidence-based approach recommended by the Institute of Medicine.

The updated criteria differ from the earlier editions in many ways. First, medications which are no longer available were removed. Second, medications available since 2003 were added. Research on drugs has been updated. Perhaps most importantly, new information is provided about appropriate prescribing of medications for an expanded list of common geriatric conditions.

The expert panel stressed the importance of personalizing the Beers Criteria to each individual patient and circumstance. The panel stated the criteria are not applicable to every circumstance, particularly addressing the needs of a patient receiving palliative or end-of-life care. The panel emphasized the role of the 2012 Beers Criteria “should be to inform clinical decision making, research, training and policy to improve the quality and safety of prescribing medications for older adults” (Resnick & Pacala, 2012, p. 613).

The following is a link to the article which contains the 2012 Beers Criteria: http://www.americangeriatrics.org/files/documents/beers2012BeersCriteria_JAGS.pdf

The criteria can also be found on the American Geriatrics Society web page: www.americangeriatrics.org

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References

President’s Message

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Through membership surveys and feedback on GAPNA’s Strategic Plan, it is clear GAPNA members value efforts to influence and shape health policy. The Health Affairs Committee and the Nurse Practitioner Roundtable continue to track and respond to legislation that affects both NP practice and the care of older adults. Recently, GAPNA members were invited participants in meetings at the White House and the Department of Health and Human Services where issues related to the Affordable Care Act and barriers to NP education and practice were discussed. GAPNA chapters have also advocated at the state level to remove barriers to NP practice and improve the care of older adults.

During the past year, GAPNA’s expertise and perspective have been actively sought by the Centers of Medicare and Medicaid (CMS). A GAPNA representative was invited to CMS and provided a firsthand account of the challenges NPs and older adults face when NPs are unable to order portable x-rays and home care. Three GAPNA members are serving on the CMS Technical Expert Panel to improve behavioral health and reduce antipsychotic medications among nursing home residents. GAPNA has collaborated with other members of the Coalition for Geriatric Nursing Organizations (CGNO) to send recommendations to CMS to increase the staffing requirements for registered nurses in nursing homes. The American Nurses Association and Sigma Theta Tau International signed on to this CGNO recommendation.

While GAPNA members are increasingly recognized and actively recruited to participate in health policy initiatives, we recognize legislative changes require a significant time investment and occur slowly. As GAPNA moves forward, we look forward to discussing the mobilization of resources that will facilitate our growing influence on health policy in the future.

It has been an exciting year to serve as GAPNA President and I continue to value the sense of professional community that GAPNA provides for me and its members. I welcome the newly elected Board members and look forward to serving GAPNA with them as my final year on the Board approaches. While catching up with members on email and conference calls is great, it is even more rewarding to interact with GAPNA members in person. I look forward to seeing many of you at our Annual Conference in Las Vegas, September 19-22, 2012. Thanks to our dedicated Program Planning Committee for organizing a conference with advanced clinical content, significant opportunities for pharmacology continuing education, and the latest news on health care policy. Have a great summer and I look forward to seeing you at the Annual Conference.

Elizabeth M. Galik, PhD, CRNP
President

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 “Resources” then “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!
How Can We Afford to Die?

Everyone deserves to die with choice and dignity. Unfortunately, in America that is often not the case.

Dying can be a costly, high-stress event, filled with bureaucratic red tape, emotionally wrought families, insurance tangles, and legal disputes. On a broader scale, the persistent cloud of a struggling economy and the nation’s political policies can further complicate matters.

Nursing Economic$, The Journal for Health Care Leaders, examined the controversial issues surrounding the process of dying in a special May/June 2012 issue. The journal presents extensive evidence and research from nurse leaders, as well as workable solutions.

“Now is the time to bury past demons and discussions surrounding ‘death panels’ and replace them with conversations on progressive approaches to expanding hospice and palliative care, and the use of advanced directives in the United States,” said Donna Nickitas, PhD, RN, NEA-BC, CNE, and Nursing Economic$ editor.

The special issue contains articles that detail skyrocketing costs, the discomfort people experience in talking about death, and the emotional strain of end-of-life care. Six research reports are also presented. The authors outline alternatives to the care individuals usually receive at the end of life.

To read selected articles and to order a copy of this special issue, visit www.nursingeconomics.net.

Study Projects Savings By Affordable Care Act to Individual Health Insurance Policyholders

People with private individual health insurance would likely save $280 a year in out-of-pocket spending for medical care, including prescription drugs, under the Affordable Care Act (ACA), according to an AHRQ study published May 16 online by the journal Health Affairs. ACA would decrease out-of-pocket spending by $589 for people ages 55 to 64 and by $535 for low-income adults. The study also estimates that under ACA, the percentage of individually insured adults whose out-of-pocket spending exceeds $6,000 a year would fall from 2.6% to 0.6%.

The study projected an individual’s likely annual savings from 2001 to 2008, based on data from AHRQ’s nationally representative Medical Expenditure Panel Survey, which collects data on how Americans use and pay for health care. About 11 million nonelderly Americans had private individual health insurance in 2009.

Lower Flu Vaccination Rates for Black Nursing Home Residents a Cause for Concern

The average flu vaccination rate among nursing home residents nationwide was 72% during the 2005-2006 flu season. This was well below the Healthy People 2010 goal of 90%. A new study found Black nursing home residents have lower flu vaccination rates than their White counterparts. It found that over three consecutive flu seasons (2006-07, 2007-08, and 2008-09), the odds of being vaccinated were 14%-16% lower for Blacks than for Whites within the same facility. This difference persisted even after excluding residents who were either offered but declined vaccination, or were vaccinated outside the facility.

The Brown University researchers also found nursing homes with high proportions of Black residents had lower vaccination rates for both Blacks and Whites than did facilities with lower proportions of Black residents. These facilities generally have a high proportion of Medicaid residents. Therefore, they have less revenue and fewer opportunities to cross-subsidize care with income from more profitable Medicare and private-pay patients.

The researchers suggest low revenue, insufficient staffing, and poor-quality performance may all contribute to the lower vaccination rates in these facilities. They also point out Blacks are consistently more likely than Whites to refuse flu vaccinations when offered. To completely eliminate racial differences in flu vaccination rates, educational programs that focus on elderly Blacks and their families may be necessary, suggest the researchers.

For more info, see Cai et al. (2011). Despite small improvement, Black nursing home residents remain less likely than Whites to receive flu vaccine. Health Affairs, 30(10), 1939-1946.

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@ajn.com

Improving Quality of Care for Falls and Urinary Incontinence also Improves Quality of Life in Elderly Patients

Urinary incontinence (UI) and falls, conditions common in the elderly, can produce considerable disability, morbidity, and decreased quality of life. When recommended care is used for these two conditions, patients report better quality of life outcomes, according to a new study that used data from a practice-based educational intervention to improve recommended care.

The researchers examined the association between quality of care patients received for the two conditions and their outcomes. Quality-of-care indicators for UI included taking a UI-specific history, examination, and urinalysis, and checking postvoid residual, discussing treatment options, and recommending behavioral interventions before medication treatment. Quality indicators for fall patients were also studied. Patients who had fallen twice in the past year or once with an injury requiring medical attention should receive a fall-specific history and a gait and balance exam. Those who feared falling should have a gait and balance examination. Those with poor balance should be considered for physical therapy or assistive device and those with abnormal gait should be considered for physical therapy. For every 10% increase in the receipt of quality care for UI, there was an improvement of 1.4 points on the Incontinence Quality of Life score, indicating fewer bothersome symptoms. There was also a small improvement in falls or fear of falls when better quality of care for falls was implemented. These findings should encourage primary care practices to pay more attention to providing effective interventions for UI and fall prevention in order to improve patients’ quality of life.

For details, see Min et al. (2011). Does better quality of care for falls and urinary incontinence result in better participant-reported outcomes? Journal of the American Geriatric Society, 59, 1435-1443.
Elders and Families Find it Difficult to Interpret Data from Passive Sensors that Help Monitor Elderly Activity

Elderly residents in independent living facilities are frail, typically vulnerable to decline, and often require some nursing care. The use of technology such as nonwearable sensors to monitor their activity levels can provide earlier detection of changes like reduced activity in an elder’s apartment and alert providers to intervene earlier. However, when given the opportunity to interpret data collected from these sensors, elder residents and family members, unlike providers, had difficulty interpreting clinical data and graphs. They also experienced information overload and did not understand terminology, according to Gregory L. Alexander, PhD, and researchers from the Sinclair School of Nursing.

To detect motion, location, falls, and functional activity, a variety of passive infrared sensors were installed in the apartments of 34 residents of an independent living facility. The sensors can track if the resident spends some time during the day in the kitchen and uses the stove, is frequently up and out of bed during the night using the bathroom, and, while in bed, experiences some periods of restlessness.

Once the data from the sensors were collected, the researchers used a data-sensor interface with the capability to illustrate sensor data in different formats such as histograms, line graphs, and pie charts. Three scenarios using actual resident data were developed to present to four groups of users: elderly residents, their family members, registered nurses, and physicians. The situations depicted in the scenarios involved hospitalization after an acute illness at home, a period when a resident was not feeling well and had decreased activity, and a restless resident moving back and forth at night between bed and a chair to get more comfortable.

Each of the participants, after being given training on the user interface, was given the three scenarios to complete by using the sensor data interface. Although elderly residents and their families experienced some difficulties interpreting the data, all four groups found the interface useful for identifying activity levels of the residents. The researchers concluded that the effectiveness of clinical information systems to provide useful information for clinical decision making is dependent on the usability of the system, data presentations, the match between the real world of end users and the system, and the satisfaction of users during interactions.


Drug-Eluting Stents Appear Safe for Older Patients with Chronic Kidney Disease

Patients with chronic kidney disease (CKD) make up an increasing percentage of the population undergoing percutaneous coronary intervention (PCI). A new study suggests most older patients with varying severity of CKD benefit from drug-eluting stents (DES) placed during PCI. Either a bare-metal stent (BMS) or DES may be placed to keep an artery open during PCI. The DES has emerged as the stent of choice in patients with CKD in response to the high restenosis (recurrence of blockage) rates of 13%-35% seen with BMS. However, more than 50% of DESs are being placed in patient subgroups that were not included in the large randomized controlled trials. Concerns have arisen that increased rates of late stent thrombosis in older patients with CKD after implantation with a DES may offset any potential benefit of fewer recurrent blockages.

The new study allays some of those concerns. It found most subgroups of older patients with CKD who received a DES had significantly lower mortality rates throughout 30 months of followup than the patients who received a BMS. Also, the benefits of a DES with regard to myocardial infarction, revascularization, and major bleeding were present in most CKD subgroups.


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

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