President’s Message

Gearing Up for a Spectacular Year

GAPNA’s 2012 Annual Conference in Las Vegas was a terrific mix of learning, networking, and fun. For those of you who were able to join us, I hope you enjoyed the Conference as much as I did. For those of you unable to make it this year, we’ll look forward to seeing you next year.

I am thrilled and honored to be starting this year as President of GAPNA. The Board of Directors met before the Conference to review progress on our strategic plan and talk about strategies moving forward into next year and beyond. While our recent anniversary demonstrates that we have come a long way, and as evidenced in the Historical Committee’s monograph (which will be available soon – stay tuned for more on that!), we still have a long way to go before the competent care of older adults, as delivered by APNs, is universally valued and sought (GAPNA Vision Statement). We know that it is our responsibility to continually develop new knowledge through well-designed research, disseminate and implement that knowledge in the form of practice, and to share our knowledge and skills with our colleagues and upcoming generations of APNs.

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Thank you to all who attended and supported the GAPNA Foundation, Inc. events at the 2012 GAPNA Conference in Las Vegas. Your support helps the Foundation provide research grants and awards each year. In addition to a generous grant provided by Accera, the Foundation raised financial support through a variety of events and endeavors. This year for the first time, the Foundation sold t-shirts, socks, lunch bags, and business card holders at the Conference. These items were extremely popular and are available for state chapters to sell at their local conferences and other events. Please contact the National Office if you would like the opportunity to sell items locally.

The 2012 GAPNA Foundation, Inc. fundraising events kicked off with the annual golf tournament. It was smaller this year with just a few of the usual cast of characters, so we created one happy team and all played together. We all had a blast despite the blistering 98 degree heat! Golf balls were flying in all directions including into the foot of one of the players. We all laughed a lot and kept swinging away. Fortunately, there were no serious injuries and we all lived to tell the tale. “Course Ranger” Virginia Lee Cora tried to keep us pointed in the right direction.

The Arroyo Golf Club and course were beautiful. The course was designed by the famous Arnold Palmer so the fairways were long and the greens and sand traps expansive! We became all too familiar with sand traps and lost balls in the rocks and scrub bushes along the course, but the scenery was exquisite! At the end of the day a very tired and dry group staggered into the clubhouse for the prizes and champagne as the Nevada sunset blanketed the surrounding mountains in a crimson hue. Once again this was another successful tournament courtesy of the GAPNA Foundation, Inc.

Prizes: Longest Drive (male) – Todd Markwalter; Longest Drive (female) – Cathy Wollman; Closest to the Pin – Carrie Bone; Longest Putt – Todd Markwalter

On Friday, the Fun Walk/Run attracted 38 attendees who dragged themselves out of bed before 6:00 a.m. to run and walk around the Red Rock Resort and to celebrate the sunrise over the desert. We know many of you who donated really wanted to attend, but were somberly challenged on Friday morning! We thank everyone for supporting this event.

Three members received Foundation Awards during the Awards Dinner Friday night. The Foundation research awards were given to Sherry Greenberg, PhD candidate, for her study “Fear of Falling Among High Risk, Urban, Community Dwelling Older Adults;” and Jennifer Klinedinst, PhD, for her study: “Genetic Influences of Older Adults’ Behavior to Reduce Depressive Symptoms.” Each of these winners received $2,000 to facilitate these projects. Barbara Resnick, PhD, CRNP, received the David Butler Award for exhibiting leadership and commitment to gerontological nursing and the GAPNA organization. Lastly, the Foundation also provided a scholarship to Rosa Lamerson to attend the AMDA Foundation Futures Program, which exposes future leaders to different career opportunities in the care of older adults in long-term care.

The concluding Foundation fundraising event was held at the Red Rocks Resort Lanes for “Saturday Night Live” Cosmic Bowling! Eighty bowlers screamed and yelled and gutter-balled their way to a hysterically funny evening of disco lights and music. The winning team was the Hawaiian team (Valisa Saunders, Patty Kang and Susan, a friend of Valisa’s) who celebrated their victory with a bottle of champagne. The last place team, The Lobstahs of New England, was MJ Henderson’s team (who shall all remain nameless!). They graciously gave their lobster basket prize to the second-placed team of Kathleen Abraham Evans and teammates from Georgia.

Thanks, again, to all of you who donated and supported the GAPNA Foundation, Inc. Your generosity allows the Foundation to continue supporting research and scholarships.

Barbara Resnick was the recipient of the David Butler Award.

Sherry Greenberg (left) received a Foundation Research Award from Deb Bakerjian.

Participants of the Foundation’s Fun Walk/Run enjoyed a splendid sunrise over the Nevada desert.

The Arroyo Golf Club provided a magnificent venue for the Foundation’s Annual Golf Tournament.
Chapter Excellence Award: Florida Chapter

Jo Ann Fisher (center) accepted the Chapter Excellence Award on behalf of the Florida Chapter from 2011-12 GAPNA President Elizabeth Galik (left) and Awards Chairperson Susan Mullaney.

The Florida Chapter of GAPNA is but 3 years old. In that time, they have maintained quarterly meetings throughout the state of Florida. Their membership continues to grow through website development and personal phone calls encouraging attendance at meetings. This encompasses the value of leadership and education. In May 2012, the Florida Chapter hosted their first Annual Geriatric Symposium. They had over 80 participants, which is exceptional for a first-year conference. This chapter is active on the national and local levels. Locally, the Florida Chapter was instrumental in helping to obtain the endorsement of the Florida Medical Directors Association, which supported full prescribing authority to nurse practitioners in the state of Florida. In addition, their membership is full of examples of extraordinary community outreach. Congratulations to the Florida Chapter!

Excellence in Clinical Practice Award:
Sharri Rittenhouse, APRN-BC

Sharri Rittenhouse received the Excellence in Clinical Practice Award and was greeted by her proud father, Frederick Munford, Sr.

Ms. Rittenhouse was honored with the Excellence in Clinical Practice Award for her work with a House Call program serving homebound patients. She successfully spearheaded the development of a Physician House Call program under a prominent home health agency. Through this program, Ms. Rittenhouse demonstrates geriatric principles while providing primary and urgent care to patients at their place of residence. Ms. Rittenhouse also provides similar services to homebound Veterans. As a Veteran of Operation Desert Shield herself, she could relate to the needs of soldiers and was successful at coordinating care to avoid recurrent ER visits and hospitalizations. Congratulations to Sharri Rittenhouse!

Excellence in Community Service Award:
Carrie Plummer, MSN, PhD(c), ANP

Carrie Plummer (center) accepted the Excellence in Community Service Award from Elizabeth Galik (left) and Susan Mullaney.

Ms. Plummer was recognized with the Excellence in Community Service Award for her contribution to the geriatric members of her community in Nashville, TN. She recognized that seniors tended to accumulate expired medications in their homes. Noting the potential hazards of this practice, she partnered with local law enforcement to organize a local “drug take back” program. Since then, Ms. Plummer has involved nursing, pharmacy, and chemistry students and has now coordinated three local drug take back days. Ms. Plummer had the honor of interning in the Executive Office of the President in the Office of the Director of the Office of National Drug Control Policy. There she was involved in advocacy for drug control policy, particularly related to prescription substances. In addition, Ms. Plummer has begun an educational “Lunch and Learn” program at a local YMCA. Congratulations to Carrie Plummer!
Excellence in Education Award:
James Lawrence, PhD, APRN-BC, FAANP, CPS

Dr. James Lawrence was awarded the Excellence in Education Award. Dr. Lawrence has been affiliated with Georgia State University, Emory University, Kaplan University, and Georgetown University Schools of Nursing. In 2009, he was the first nursing faculty member to teach in Mercer University’s School of Medicine. Through these many faculty appointments, Dr. Lawrence has played an integral part in designing curricula that focus on gerontological education. In addition, he has mentored numerous health care professionals within academic, hospital, and VA settings. Most recently, Dr. Lawrence collaborated with St. Joseph’s Hospital of Atlanta to create an inpatient geriatric unit that is staffed by certified geriatric nurses, hospitalists, and nursing assistants. This unit focuses on decreasing geriatric re-admissions and maintaining health care followup after discharge. Congratulations to James Lawrence!

Excellence in Leadership Award:
Jo Ann Fisher, ANP-BC

Jo Ann Fisher was recognized for her exemplary leadership activities through her commitment to geriatrics. She led the establishment of the Florida Chapter of GAPNA, which was awarded the Chapter Excellence Award this year. She has served with numerous community organizations, including a support organization for people with Alzheimer’s disease, a quality collaboration between long-term care facilities and local hospitals, and the ethics committee for her local hospital. Ms. Fisher has organized the annual Long Term Care Symposium in Florida and has had board appointments with the Florida Medical Directors Association. She has also organized meetings of the Transitions of Care Task Force, which are attended by over 100 health care professionals from various settings dedicated to improving coordination of care. Perhaps most notably, she has promoted change through her advocacy for Prescriptive Authority for Advanced Registered Nurse Practitioners and Physician Assistants in the state of Florida. Congratulations to Jo Ann Fisher!

Excellence in Research Award:
Fang Yu, PhD, RN, GNP-BC

Dr. Fang Yu was awarded the Excellence in Research Award for her vast contributions and accomplishments in research involving geriatrics. The focus of Dr. Yu’s research is examining the capacity of rehabilitation-based interventions such as aerobic exercise to retard or delay the effects of dementia illnesses such as Alzheimer’s disease. She has identified an important area of research and has been widely funded by national organizations. In 2011, Dr. Yu was awarded the Springer Award in Geriatric-Gerontological Nursing for her outstanding contribution to geriatric nursing research. In addition, she holds many committee and editorial board positions. Dr. Yu has published numerous articles and has provided an evidence base for rehabilitation practice in treating Alzheimer’s disease. In addition to actively pursuing her research interests, she collaborates with and mentors many senior scholars. Congratulations Fang Yu!

Health Affairs Scholarship Award: Meghan Routt, MSN, ANP/GNP-BC, AOCNP

As the recipient of the Health Affairs Scholarship, Meghan attended the annual health policy meeting convened by the American College of Nurse Practitioners and serves on GAPNA’s Health Affairs Committee.

Research and Clinical Project Presentation Awards: Denise Lyons, MSN, RN, GCNS, ACNS, BC

Ms. Lyons received the Research and Clinical Project Presentation Award for her study, “Implementing a Comprehensive Functional Model of Care in Hospitalized Older Adults.” This study was done on a 39-bed acute care of the elderly (ACE) unit with 866 older adults. The interventions included adopting nursing standards to prevent functional decline, formalizing a walking and mobility program, incorporating a functional assessment tool, and developing patient/family education material on the consequences of immobility. This project was associated with a 0.5-day decrease in the average length of stay, a 35% reduction in 30-day readmission rates, and a 60% decrease in the fall rate.

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Thirteen volunteers (Triad Chapter members, family, and students) participated in the “Groceries on Wheels” program as part of the Food Assistance, Inc. program (foodassistancenc.com) last August. The group prepared grocery bags of food that were delivered to 450 elderly participants by volunteer drivers. Triad Chapter members also collected more than 100 cans and raised $125 in donations to further support the program.

It was mid-August, the warehouse was hot, and our chapter volunteers developed assembly-line efficiency to complete the work in a few hours. We heard stories about the participants and discussed their needs with other volunteers, the director, and the drivers. I learned how a simple bag of groceries could bring smiles to two elderly women as I delivered their bags myself. The driver hadn’t shown up and the women were grateful for my call that I would deliver. Smiles greeted me at their high-rise, low-income housing building. It is amazing how a simple bag of groceries could be so needed and so appreciated. I was humbled by my day’s work.

The “Groceries on Wheels” program is a supplemental service bringing fresh food and canned goods to low-income and disabled elderly in the greater Greensboro community. It meets the need of supplementing food when money has run out at the end of the month and delivering it to those who have limited transportation. It is strictly a volunteer program in donations, assembly, and delivery of one bag for an individual, two bags for a family. Participants apply for this assistance, meeting specified criteria. The Triad Chapter plans to continue this volunteer activity twice annually as our service project.

Margo (Marigold) Packheiser, ANP/GNP-BC
marigold_a_packheiser@uhc.com

The Triad Chapter assembly line volunteers prepared groceries for 450 elders.
GAPNA’s Annual Conference
HIGHLIGHTS September 19-22, 2012
Promoting Clinical Excellence Through Vision, Vitality, and Visibility
Photos by Cashman Productions – Las Vegas, NV
# Practice Doctorate vs. the Research Doctorate: Which to Choose?

<table>
<thead>
<tr>
<th>Description</th>
<th>Practice Doctorates: DNP, DrNP</th>
<th>Professional Doctorate: PhD</th>
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<tr>
<td><strong>AACCN Position Statement</strong></td>
<td>• DNP programs follow either a clinical, educational, or administrative track to prepare leaders in these areas. • Terminal degree for APNs by 2015. • Greater emphasis on practice. • May fill roles as educators – use practice expertise to educate the next generation of nurses (should have additional preparation in the science of pedagogy). (American Association of Colleges of Nursing, 2004)</td>
<td>• Highest academic degree. • Beginning preparation for the development of independence in scientific pursuit. • Post-doctoral study is recommended for depth in a field. • Requires strong scientific emphasis and interdisciplinary collaboration. • May fill roles as educators – but should have additional preparation in the science of pedagogy. (American Association of Colleges of Nursing, 2012).</td>
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<td><strong>Practice Focus</strong></td>
<td>• Experts in advanced nursing practice and leaders in applying EBP components into clinical practice to improve nursing practice: clinical, academic, or administrative (Slyer &amp; Levin, 2012). • Currently not eligible for tenure, may change in future.</td>
<td>• Academic research, educator. • Eligible for tenure positions in academic institutions</td>
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<td><strong>Research Focus</strong></td>
<td>• Improve health care outcomes by facilitating translation of current research into clinical practice.</td>
<td>• Generates new evidence through research for profession; independent PI on research studies.</td>
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<td><strong>Educational Curriculum</strong></td>
<td>• DNP includes 7 Essentials of Doctoral Education for APNs developed by the AACN. “…demonstrate refined assessment skills and base practice on the application of biophysical, psychosocial, behavioral, sociopolitical, cultural, economic, and nursing science as appropriate in their area of specialization” (AACN, 2006, p. 16).</td>
<td>• Prepare graduates to plan and launch intellectual inquiry and conduct independent research for the purpose of extending knowledge (AACN, 2001). • Postdoctoral programs provide time to developing research skills.</td>
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<td><strong>Barriers/ Facilitators</strong></td>
<td>Barriers: Many practicing APNs lack competency in statistical analysis and interpretation and its application to problems within the practice environment (Lauver &amp; Phalen, 2012). Facilitators: Practice immersion, use of EBP to inform and improve practice; programs often designed for working nurses. Distance learning may be on option.</td>
<td>Barriers: Length of time to complete PhD, perception that research is not important, differentials in salary in research careers and practice/industry careers, demands of academic or research may limit practice hours. Usually requires full-time attendance; difficult for working nurses. Distance learning usually not an option. Facilitators: Potential to do grant-funded research in a university setting; prestige of conducting practice-changing research.</td>
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<td><strong>Examples of Core Courses</strong></td>
<td>• Evidence Based Practice and Applied Statistics • Data Driven Health Care Improvement • Financial Management and Budget Planning • Effective Leadership • Health Systems Transformation • 34-41 credits</td>
<td>• Philosophy of Science and Theory Development • Advanced Research Methods • Statistics and Data Analysis; Longitudinal and Qualitative Research Methods • Chronic Illness and Care Systems • 57-60 credits</td>
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<td><strong>Dissertation/ Capstone</strong></td>
<td>Ranges from dissertation to theses or Capstone projects: mastery of an advanced specialty within nursing practice &amp; can include: • Practice change initiative/pilot study. • Quality improvement project. • Consulting project or an integrated critical literature review. • Manuscripts submitted for publication. • Research utilization project. The theme linking these scholarly experiences is the use of evidence to improve either practice or patient outcomes.</td>
<td>Must commit a significant proportion of time to the program and demonstrate a pattern of productive scholarship by: • Assisting or taking the lead in preparation of competitive grants for external funding. • Peer-reviewed papers and presentations. • Dissertation on an original research study, must obtain approval, grant funding, prerequisites include several semesters of statistics.</td>
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<td><strong>Program Length</strong></td>
<td>BSN-DNP: Three calendar years, or 36 months of full-time study including summers or 4 years over traditional calendar (credits may vary). Post MSN: Minimum of 12 months of full-time study; or 3-4 years part-time; also culminates in a final project (dissertation or Capstone).</td>
<td>Post MSN: Four to five years or longer (full time), culminating in a dissertation defense of research study.</td>
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## References


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Advancing Excellence Campaign Focuses On Quality Improvement

The Advancing Excellence in America’s Nursing Homes Board of Directors consist of a broad range of stakeholders in quality long-term care that provide ongoing strategy development, guidance, and in-kind support for the Campaign.

The Advancing Excellence in America’s Nursing Homes Campaign continues its work on developing and updating the nine quality improvement goals for nursing homes. The focus of the work has been on developing tools and resources that can be utilized readily by nursing home staff to work on their quality improvement initiatives. GAPNA members have been actively involved with the Campaign through the pain and pressure ulcer workgroups and have been instrumental in developing these very helpful tools. The Campaign has developed a timeline and will be rolling out the first three goals in the Fall. The Advancing Excellence web site has been updated with a “preview tab” where all the most recent tools are being posted. Visit nhqualitycampaign.org/

APNs can register for the Campaign with a simple login and password which will provide access to all materials. APNs are encouraged to review the web site and discuss the quality opportunities with the leadership and staff at nursing homes.

If you have any questions or comments, please contact me.

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Health Affairs Committee Monitors Changing Health Care Landscape

As I transition off the GAPNA Board of Directors, I am excited about my new opportunity to lead the Health Affairs Committee with the essential support of seasoned Health Affairs Committee member Charlotte Kelley. It is not possible to fill the shoes of Anna Treinkman and Pat Kappas-Larson, but fortunately they will still be serving on the committee. The Health Affairs Committee is very active. Our members are responsible for monitoring the ever-changing landscape of health care, advanced nursing practice, and specifically the care of older adults. We have members assigned to monitor the Nurse Practitioner Roundtable, the APRN Working Group coordinated by ANA, the Nursing Community, Elder Workforce Alliance, and the Coalition of Geriatric Nursing Organizations. One of our members also serves on the Health Affairs Committee of the American Geriatrics Society. The committee maintains a grid of all of the letters we sign on to. That grid is available to GAPNA members under the Resources tab after logging in as a member on the GAPNA web site. Under the Resources tab, non-members can view the Health Affairs agenda as well as the application for the Health Affairs Scholarship. The board has challenged the committee to develop a more interactive communication on the web site, so look for that in the future.

It’s not too late to apply for the Health Affairs Scholarship. Applications are due by November 15, 2012. The scholarship provides the opportunity to attend the ACNP National Nurse Practitioner Health Policy Conference in Washington, DC, February 23-26, 2013. Registration and money for travel and room and food at the conference are provided up to $2,000. If health policy is your passion, we invite you to join our committee. Plan to get involved; it is a very active group.

Evelyn G. Duffy, DNP, G/ANP-BC, FAANP
Chairperson
exd4@case.edu
Understanding and Treating Hypertension in the Elderly

The elderly are the most rapidly growing population in the world. Those persons who are without hypertension at age 55 are more than 90% likely to develop it during their remaining lifespan. Blood pressure control is more difficult to achieve in elderly women due to menopause-related endothelial dysfunction, increased arterial stiffness, obesity, genetic factors, elevated total cholesterol, and low high-density lipoprotein cholesterol levels. Hypertension among Blacks is earlier in onset, more severe and harder to control, and contributes to the higher mortality rate of coronary artery disease, stroke, heart failure, and chronic kidney disease in the United States.

Increase in systolic blood pressure in elderly persons is related to age-associated increase in arterial stiffness, including changes in collagen, interstitial fibrosis, and degradation of elastin fibers. Baroreceptor sensitivity decreases with age. Elderly persons are more likely to develop orthostatic and postprandial hypotension when treated with antihypertensive medications.

The aging kidney is characterized by development of glomerulosclerosis and interstitial fibrosis, which leads to a decline in glomerular filtration rate and reduction of the renin-angiotensin-aldosterone system. Microvascular damage contributes to chronic kidney disease as reduced renal tubular mass provides fewer transport pathways for potassium excretion, making elderly hypertensive patients prone to hyperkalemia.

Thiazide diuretics are recommended for initiating therapy. These drugs can cause hypokalemia, hypomagnesemia, and hyponatremia, which can increase arrhythmias. Glucose intolerance, hyperuricemia, and dyslipidemia. Furosemide, a loop diuretic, can increase glucose and may cause headaches, fever, anemia, or electrolyte imbalances. It is often used for hypertension complicated by heart failure or chronic kidney disease. Mineralocorticoid antagonists, such as spironolactone, and epithelial sodium transport channel antagonists, such as triamterene, are useful in hypertension when combined with other agents. These drugs cause potassium retention. These drugs should be started at full dose.

Beta blockers may have a role in combination therapy. They are indicated in the treatment of elderly patients who have hypertension with coronary artery disease, heart failure, arrhythmias, migraine headaches, and senile tremor. Alpha blockers should not be considered as first-line therapy for hypertension in older adults because they cause orthostatic hypotension.

Calcium antagonists include phenylalkylamines, such as verapamil, benzoazepines, such as diltiazem, and dihydropyridines, such as nifedipine. Most adverse effects of dihydropyridines relate to vasodilation (ankle edema, headache, and postural hypotension). Postural hypotension is associated with an increased risk of dizziness and falls, which is a concern for elderly patients. Verapamil and diltiazem can precipitate heart block in elderly patients with underlying conduction defects.

Angiotensin converting enzyme inhibitors have side effects including hypotension, chronic dry cough, angioedema, and rash. In elderly hypertensive patients with diabetes mellitus, angiotensin receptor blockers are considered first-line therapy. There are some reports of delay in Alzheimer’s disease and dementia. Centrally acting agents, such as clonidine, are not first-line treatment in the elderly because of sedation and bradycardia. Abrupt discontinuation leads to elevated blood pressure and heart rate.

A goal of a systolic blood pressure less than 140 mm Hg is recommended for elderly patients. If the blood pressure response is inadequate after titrating the drug to “usual dose,” a second drug from another class should be added. If the blood pressure is not controlled after reaching usual doses of two drug classes, a third drug from another class should be added.

The goal of antihypertensive treatment in the elderly is to reduce the incidence of stroke and heart failure. Every intervention should be tailored to the patient considering associated diseases and personal history including compliance.

References

Lisa Parks, MS, RN, CNP
Hepatobiliary/Gastrointestinal Nurse Practitioner
James Cancer Hospital and Solove Research Institute
The Ohio State University Medical Center Columbus, OH
T he revised evidence-based CPG “Assessing Heart Failure in Long-term Care Facilities” has been added to the AHRQ National Guideline Clearinghouse. The revision updates a previously published guideline summary by Candace Harrington, DNP, A/GNP-BC, clinical assistant professor, A-GNP and FNP programs, College of Nursing, East Carolina University. The guideline can be accessed at guideline.gov/ content. aspx?f=rss&id=37694

**Forging the Future of Nurse Staffing Based On Evidence**

Poor nurse staffing impacts care, leading to costly adverse patient events, health care acquired infections, workplace stressors, and strain on nurse satisfaction.

“All these ill-effects and barriers to nurse staffing interfere with a pathway of excellence in patient safety and care delivery,” says Donna M. Nickitas, PhD, RN, NEA-BC, CNE. “The movement for staffing based on evidence will improve patient care, just as the movement toward clinical practice based on evidence did.”

*Nursing Economics*, The Journal for Health Care Leaders, examines staffing based on evidence and presents innovative approaches and models for nurse staffing in its special September/October 2012 issue. The research, pilot projects, and principles for nurse staffing presented in this issue illustrate how nurses have embraced an evidence-based approach towards better care, better health, and at lower costs.

The special issue contains articles that detail the framework for nurse staffing, information technology’s impact on the issue, nurse practitioner and operating room workforce management, and more. A comparison of three national surveys on the nursing workforce is also presented. The authors illustrate that nurse staffing is more than staffing ratios, midnight census, and the bottom line.

To read select articles from the special issue and to order a copy, visit nursingeconomics.net

**Clinicians Find Triggers and Algorithms in E-Prescribing Software Helpful in Avoiding Inappropriate Medications in Older Adults**

E-prescribing systems custom designed with various triggers and treatment options may help clinicians avoid potentially inappropriate medications (PIMs) in the elderly by making it easier for them to change decisions at the point of prescribing, researchers conclude. They also found primary care physicians welcome these triggers and evidence-based treatment algorithms provided they are efficient, trustworthy, and highly focused.

Pharmacists were first asked to review a list of 39 PIMs to identify those most frequently prescribed by their pharmacies. A final list of 15 PIMs was used for this study. In conjunction with an e-prescribing software vendor, the researchers developed treatment algorithms designed to help the primary care physician make alternative medication recommendations. Triggers and alerts were embedded into the e-prescribing system so that physicians did not have to push an extra button to receive PIM information and alternatives.

Overall, most physicians agreed that having such triggers and algorithms available to them in e-prescribing software would be useful in their daily practice. However, they requested that these must be carefully designed to be brief, highly focused, and able to be absorbed in 30 seconds or less. The physicians also complained about repetitive alerts or receiving triggers on content they already knew about. They also wanted the data be accurate, useful, and designed to promote efficient information retrieval.


**Risks High for Elderly Patients Receiving Angioplasty to Fix Narrowed Heart Artery**

Elderly patients represent 72.6% of patients who receive the percutaneous coronary intervention treatment for unprotected left main coronary artery stenosis (ULMCA) stenosis. Trend data, however, indicate the use of this procedure is slowly increasing, and is being used more often for lower-urgency procedures. Poor health outcomes in elderly ULMCA patients are common and are likely influenced by both patient and procedural factors, including the type of stent used. The study showed 40% of elderly patients die within the first 3 years of followup after the procedure.

Researchers concluded that clinical trials are needed to examine the safety and effectiveness of angioplasty in patients with ULMCA disease, with attention to best practices and the generalizability of trial populations.


**Several Risk Factors Point to the Use of High-Risk Medications in Older Veterans**

Certain medications are not appropriate for the elderly and may cause more harm than good. These include certain antihistamines, analgesics, muscle relaxants, psychotropics, and cardiac medications. A list of these medications has been established by the National Committee on Quality Assurance to be used as a benchmark by Medicare and other managed care plans. Although use of these high-risk medications showed a modest decline between 2003 and 2006, some medications rose in usage.

Researchers retrospectively looked at medication use by 1,567,467 veterans 65 years of age and older, who received care from 2003 to 2006 from outpatient clinics run by the Department of Veterans Affairs. The veterans’ exposure to these high-risk medications decreased from 13.1% in 2004 to 12.3% in 2006. Significant reductions were found for opioid pain relievers, muscle relaxants, psychotropics, endocrine medications, cardiac drugs, and vasodilator medications. However, relative increases were discovered for amphetamines (10.3%) and ketorolac (8%). A statistically significant increase in expo-
Drug Industry-Sponsored Patient Assistance Programs Are Seldom Used by Older Adults

Despite expanded drug coverage under Medicare Part D, gaps resulting in out-of-pocket expenses remain. This may force some seniors to ration their prescriptions, seek free samples from their physicians, and enroll in industry-sponsored patient assistance programs (PAPs). A new study found that while seniors take advantage of free samples, they do not take advantage of PAPs, which are strongly linked to doctor-patient communication about them.

Researchers analyzed data from a 2006 survey of a diverse group of 14,322 Medicare beneficiaries 65 years of age and older living in the community. In the survey, each senior was asked if he or she received free samples or participated in a PAP. Just over half (51.4%) of all seniors in the study group reported receiving at least one free sample in the last 12 months. Nearly 30% obtained samples more than once. Seniors with a regular doctor were more likely to report receiving free samples. In fact, seniors who discussed costs with their doctor had twice the odds of receiving free samples compared with patients who did not. Reported participation in a PAP, however, was dramatically low at only 1.3%. Those most likely to participate in a PAP had low incomes, lacked insurance coverage, and had less than a high school education. As with free drug samples, seniors who talked with their doctor about drug costs were more likely to use PAPs than those who did not.

For details, see Gellad et al. (2011). Use of prescription drug samples and patient assistance programs, and the role of doctor-patient communication. Journal of General Internal Medicine, 26(12), 1458-1464.

Study Results Argue Against Decisions About Screening Colonoscopy Based on Age Alone

The likely value of screening colonoscopy (SC) depends not just on the age and sex of the patient, but also on the number of co-morbidities a person has, according to a new study. Initial guidelines for cancer screening, including SC to detect early-stage colorectal cancer (CRC), did not recommend an upper age limit for screening. In 2008 the United States Preventive Services Task Force recommended against routine SC in patients 76-85 years old, and against any screening for CRC in patients older than 85. The task force based its recommendations on diminishing benefit of SC with increasing age.

Researchers in a new study found that taking into account the number of co-morbidities affected whether a patient was likely to benefit from SC, even after accounting for age. For both men and women aged 85-94 with no co-morbidities, SC is estimated to save around 100 life-years per 100,000 patients screened (65 life-years for men, 111 life-years for women). However, for men and women with at least three co-morbidities, there were no life-years saved for patients older than 74.


Key Treatments for High Blood Pressure and High Blood Lipids Do Not Reduce Elderly Patients’ Risk of Limited Mobility

Use of angiotensin-converting enzyme (ACE) inhibitors and statins do not reduce the risk of impaired mobility in older adults, a new study finds. Impairments in mobility are common in older adults, with 15% of older men and 23% of older women unable to walk two to three blocks. Chronic inflammation has been identified as a factor leading to a decline in functional status, including mobility. Both ACE inhibitors and statins may decrease systemic inflammation. In addition, ACE inhibitors may have a direct effect on muscle mass.

To see if these medications would indirectly have a positive impact on mobility, the researchers followed 3,055 healthy older adults, who had no mobility problems at baseline, for 6.5 years. At baseline, the participants were in their 70s and had no difficulty walking a quarter-mile, climbing 10 steps, or performing basic activities of daily living: 15.2% used ACE inhibitors and 12.9% used statins. By year 6, ACE inhibitor use increased to 25.6% and statin use to 28.6%.

At the end of the 6.5-year study, 49.8% of the remaining adults had developed mobility limitation. In separate multivariable models, neither ACE inhibitor use nor statin use was significantly associated with lower risk of mobility limitation.


Study Identifies Demographic and Clinical Factors Related to Fractures Among Older Americans

Most fracture incidence studies have focused on hip fractures among White women. A new study examined fractures at the hip and five other anatomical sites and included more population subgroups than prior studies. It found that Blacks had the lowest fracture rates for all sites except the ankle and tibia/fibula. Asian, African, and Hispanic Americans all had lower fracture rates than White Americans for all fracture sites. Hip and spine fracture rates were highest in the South, with other fracture rates being highest in the Northeast, according to a team of researchers from the University of Alabama at Birmingham.

Women experienced more fractures of each type than men, and older persons suffered more fractures than those who were younger. For each type of fracture, there was an inverse association with median household income. During the 6-year period of the study, hip fracture was the only type of fracture to decrease and spine fracture the only type of fracture to increase. Fall-related conditions and depressive illnesses were associated with each type of fracture; conditions treated with glucocorticoids were weakly associated with each type of fracture and more strongly with spine fractures; and diabetes was associated with ankle and humerus fractures. The study was based on claims data for 1.7 million Medicare beneficiaries from 2000 to 2005.

Kathryn M. Cacic, DNP, APNP, RN, ANP-BC, CCRN
Research and Clinical Project Poster Awards: continued from page 4
Excellence and Research Award Winners: continued from page 4

President’s Message

During this year’s Conference, we discussed current issues in the practice environment, such as taking after-hours calls in LTC settings, revisions to the Beers Criteria, transitions of care, and ethical issues (artificial hydration and nutrition in advanced disease and advanced directives). Lively discussions took place over the NP roles in ensuring safety and quality and new models of care delivery. Members shared their ongoing and completed research, addressed practice issues, and the Education Committee shared their Preceptor Toolkit (now available on the GAPNA web site). Finally, state of the art management strategies for common problems in older adults were addressed, including osteoporosis, Parkinsonism, delirium, psychiatric disorders, wounds, atrial fibrillation, and gynecological issues. The pre-conference workshops in Pharmacology, Leadership, and Research were well attended. For those who were not able to attend the Conference, most of the sessions are available on our Prolibraries site (prolibraries.com/gapna). We welcomed first-time attendees at the New Member Breakfast, and honored the achievements of our members’ work at the Awards Dinner. The Foundation’s Golf, Fun Run, and Bowling fundraisers were enjoyed by all, and we all had the opportunity to enhance our wardrobes with GAPNAF apparel and accessories.

It is always worthwhile to get together at the Annual Conference, but GAPNA is busy all year long. Our chapters meet regularly, some organizing entire continuing education conferences or other community service events during the year. The committees meet monthly and have been remarkably productive. The Education and Historical Committees’ products were mentioned previously, and the Health Affairs Committee monitors legislative actions that could potentially impact our practice. Research fosters the next generations of those who will advance development and translation of new evidence, and the Practice Committee keeps us up to date on clinical practice issues. Our Special Interest Groups (SIGs) – House Calls/Assisted Living, Long Term Care, Leadership, Hospice and Palliative Care, Transitional Care, and our newest, LGBT, all work hard to make sure GAPNA members have access to the latest knowledge and trends in these practice areas.

We have known for some time that demographic shifts are creating the largest population of older adults the United States has ever had, creating a need for the unique body of knowledge and skills of the gerontological advanced practice nurse. The changes on the horizon for the health care system as a whole will undoubtedly impact nurses and those we serve. It is up to us to be ready. Please consider getting involved. Go to the GAPNA web site, select “About GAPNA,” and scroll down the left margin to find the chapters and committees. If there is a chapter near you, contact the chapter president to stay informed about chapter activities. Consider volunteering for a committee or SIG; you can join at any time during the year. Each committee and SIG is working on projects for the coming year and would appreciate your participation.

Together, GAPNA is shaping up to have a spectacular year! I look forward to sharing our progress as we look ahead to our 32nd Annual Conference, September 18-21, 2013 in Chicago!

Marianne Shaughnessy, PhD, ANP-BC, GNP-BC
President
shaughne@son.umaryland.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 “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!

New Focus Group Formed

A group of GAPNA members formed a focus group at the 31st Annual Conference in Las Vegas to learn more about LGBT elders in order to provide the best health care for this often hidden group. The plan is to present a session at the 2013 Conference on issues surrounding health care of the LGBT community and to develop a resource list for the web site dealing with LGBT issues. The group welcomes input from members.

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Excellence and Research Award Winners

Research and Clinical Project Poster Awards: Kathryn M. Cacic, DNP, APNP, RN, ANP-BC, CCRN

Dr. Cacic received the Research and Clinical Project Poster Award for her project, “Advanced Clinical Decision Support Can Reduce Benzodiazepine Prescribing for Hospitalized Persons Aged 65 and Older.” This study implemented an age-triggered electronic order set whenever hypnotics were prescribed. This clinical decision support system recommended age-appropriate medication and a strong recommendation for non-pharmacological interventions. This project demonstrated a significant (p=0.062) reduction in benzodiazepine use and a reduction in total fall events.

Amy Imes, MSN, GNP-BC
Chair Elect, Awards Committee
amy_d_imes@uhc.com

President’s Message

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

2012-2013 Committee Chairs

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Volunteers Needed

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