Pursuing Initiatives to Advance the Care of Older Adults and Nursing Practice

Spring is here, for many of us anyway, and I am pleased to report that it has been an exceptionally productive winter for GAPNA. Each of the committees and special interest groups has been hard at work, meeting regularly and working toward providing value for all of our members. For a few examples, the Historical Committee is in the final stages of completing a beautiful monograph that reflects all their work toward preserving the history and evolution of the role of the GNP, a role that has now been merged with adult practice with the implementation of the Consensus Model. The Conference Planning and Research Committees have worked hard to line up expert speakers and content for our upcoming conference in Chicago this fall. The members can see the results of the Communications Committee’s efforts every time they go to the GAPNA website or receive a newsletter. The chapters are busy too, holding meetings and focusing on recruitment and retention of members. Please check the website for upcoming CE days and conferences sponsored by the local chapters.

continued on page 7

GAPNA Awards for Excellence Nominations Sought

GAPNA will recognize the outstanding contributions of APNs by conferring five National Awards for Excellence in Clinical Practice, Leadership, Research, Education, and Community Service.

We implore you to please take a moment to consider nominating an APN who demonstrates excellence in the care of older adults. These prestigious awards are open to GAPNA members, who may be nominated or may self-nominate for one or more categories. All application deadlines are June 1, 2013, and submission details can be found in the “About GAPNA” section of the website at www.gapna.org. Award recipients will be notified by July 15, 2013. All recipients will be recognized at the Awards Reception/Dinner on Friday evening September 20 during GAPNA’s Annual Conference, September 18-21, 2013, at the Sheraton Chicago Hotel & Towers. All recipients are encouraged to attend.

Thank you for taking the time to submit a brief letter about a deserving peer, employee, faculty member, student, or yourself. We look forward to hearing from you!

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

Board of Director’s Election: Vote!

GAPNA wants to hear from you! You will be seeing ballots for the 2013-2014 Board of Directors election soon. Election ballots will be arriving to your inbox on May 7 and voting will remain open until May 31, 2013.

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

We encourage your participation. Let your voice be heard!

New Education Poster Abstracts Sought

The GAPNA Education Committee has launched a new venue to showcase the efforts of those in the field of education. GAPNA is accepting a call for education poster abstracts to be presented at the 2013 Annual Conference.

Educational projects should showcase teaching innovations from NP faculty educators, preceptors or nurse practitioners providing patient, student, staff, or community education.

Selected posters projects may be published in the GAPNA Newsletter or Geriatric Nursing journal. Submission deadline is May 15, 2012.

Download the call for abstracts at http://tinyurl.com/dxupz9x

IN THIS ISSUE

Conference Preview ............ 2
Meet the Board ................. 3
Health Affairs Update .......... 4
Chapter News ................. 5
Tell Us About It! ............ 8
Clinical Research Corner ...... 10
Research Committee Offers Consults at Annual Conference

At the 32nd Annual Conference in Chicago, IL, on September 18-21, 2013, the GAPNA Research Committee members will once again provide one-on-one guidance to researchers.

To secure your consult, please provide the National Office (GAPNA@ajj.com) with your name, email, contact information, and a brief description of the research/project issue that you would like to discuss. A GAPNA member with experience in your research area will set up a time to discuss your research project with you. You will be contacted and given a time to meet with a committee member during Exhibit Hall or lunch on your own time.

Our Invisible Patients: Conference Session Will Address LGBT Issues

Did you know the number of lesbian, gay, bisexual, or transgender (LGBT) persons in the United States is approximately equal to the number of New Jersey residents? Do you know the health care needs of older LGBT persons? In your practice, have you encountered a LGBT older adult? You may have seen this person and not even known it. LGBT elders are largely invisible and come from all walks of life. Would you be alarmed if you knew a segment of the patients you see each day report feeling vulnerable, afraid, and hide their private lives from you simply because they are a LGBT person? At the upcoming 32nd Annual GAPNA Conference, September 18-21, 2013, in Chicago, the LGBT focus group will debut a special session on the needs and health management for older LGBT persons. Join us for Session #321 “Culturally Competent Advanced Nursing Care for Older Adults in the LGBT Community” on Saturday, September 21, to gain insights and skills on improving the health and well-being of the LGBT older adults you serve.

The Sheraton Chicago Hotel & Towers Welcomes GAPNA Guests

The Sheraton Chicago Hotel & Towers is the headquarters hotel for GAPNA’s 32nd Annual Conference, September 18-21, 2013. Located in the heart of downtown Chicago, the Sheraton Chicago Hotel & Towers, one of the finest hotels in Chicago, is ideally situated on the Chicago River, within walking distance of Navy Pier, Magnificent Mile shopping, Millennium Park, the Loop business district, and all of the other local favorites that make Chicago a one-of-a-kind destination.

Each of the hotel’s guest rooms and suites feature lake, river, and city skyline views and Sheraton’s ultra-comfortable Sweet SleeperSM bed. The hotel also features five distinctive restaurants and bars, including Shula’s Steak House, one of the Top 10 steak houses in America.

Hotel amenities include a modern decor lobby with wireless high-speed Internet access, a fully equipped Sheraton Fitness Center with a wide range of Life Fitness cardiovascular and weight training machines, an indoor heated pool, saunas, and massage services.

The Sheraton Chicago Hotel & Towers is ready to welcome GAPNA members for this exciting conference. Register for the conference and make your hotel reservation at the Sheraton by July 15, 2013, and you will be entered to win a 2-night weekend stay at the hotel!

Visit www.sheratonchicago.com for more information about this world-class venue. The Sheraton Chicago Hotel & Towers iPhone App is available for free at the Apple iTunes store.
Meet the Board

What influenced you to enter your gerontological practice area? When I was working as a RN in an inner-city hospital, almost every one of my patients was elderly. I really did enjoy working with them, hearing their stories, and meeting their families. I got to see firsthand how the medical residents would come and see these patients on rounds, and when they left, the patients would have no idea what the medical team was talking about. They would always ask me to explain what was going on with their health issues, as they knew I could tell them in a way they would easily understand. I felt this was an area where I could really make a difference – educating patients about their chronic conditions. If patients understand what is going on with their health, they will be more willing to make changes and be compliant with medications and treatments.

What are the biggest challenges and joys of your current position? My biggest issue is that working in long-term care is a challenge, as I feel like the patients we are caring for are sicker and more complex than ever. Also, the expectations of patients and families are higher (that they will get well) and that doesn’t always happen. The regulations are also very challenging, as I feel like the patients we are caring for are sick.

What professional accomplishments are you most proud of? I am proud to be a member of GAPNA, and I am really proud to be a Board member. This is such an opportunity!

What influenced you to become involved in GAPNA leadership? My chapter really did mentor me to become active in our organization, even when I had no experience. I also think GAPNA itself mentors people to take on leadership roles.

What do you look forward to most about serving on the Board of Directors? I want to make a difference in shaping APN practice and promoting the need for geriatric knowledge in APN practice.

Tell us a little about your personal life. I love to read (books, newspapers, magazines) and I exercise almost every day to work off my stress. I love to spend time with my husband, who is one of my greatest supporters.

What excites you the most about attending GAPNA’s Annual Conference? I love getting together every year with people who love geriatrics as much as I do. It is great to see old friends, and I think we are one of the friendliest organizations out there. We definitely make our new members feel welcome!

What professional accomplishments are you most proud of? In 2006 I was the first recipient of the Excellence in Education Award from GAPNA. The following year I was recognized as the American Association of Colleges of Nursing’s Geriatric Nursing Faculty Champion. I have been recognized as a fellow in three different organizations: Association of Gerontology in Higher Education, the American Academy of Nurse Practitioners, and the Gerontological Society of America. Along with Carolyn Auerhahan, we received an AJN Book of the Year Award for Integrating Gerontological Content into Advanced Practice Nursing Education.

What influenced you to become involved in GAPNA leadership? In 1992 I attended my first NCGNP (now GAPNA) Conference. Immediately I was not only welcomed, but encouraged to become involved in the organization. I first became the Chair of the Legislation Committee during a time when nurse practitioners were seeking direct reimbursement from Medicare despite geographical boundaries and practice settings. Later, in 1996, I became President-Elect of the organi-

continued on page 6
With the aging of our society as well as our world, there is increasing emphasis on care of older adults. The GAPNA Health Affairs Committee participates regularly with other professional organizations and advocacy groups. It’s a lot more than you might expect. Here is a list of groups we collaborate with and the sources of many of the documents that we endorse and support.

Center to Champion Nursing in America
This group is an initiative of AARP, AARP Foundation, and the Robert Wood Johnson Foundation. Their mission is: “To ensure all Americans have access to a highly-skilled nurse, when and where they need one.” Anna Treinkman follows this group and submitted this information as part of her report for April: The Center to Champion Nursing sponsored this show: “Removing Barriers to Practice & Care.” The Diane Rehm Show on National Public Radio featured a discussion of the role of nurse practitioners.

In 18 states and the District of Columbia, nurse practitioners (NPs) are allowed to treat patients and prescribe medications without a doctor’s involvement. Lawmakers in a number of other states are pushing for similar changes to existing laws that place unnecessary barriers in between NPs and patients. Last week, Diane Rehm hosted a discussion on the role of NPs on her nationally syndicated radio show. Can removing these barriers help NPs address the shortage of primary care physicians? Does a team-based approach including a medical doctor result in better care for patients? You can listen to the show at http://tinyurl.com/buxgd4d

Diane’s guests included Dr. Reid Blackwelder, family physician and president-elect of the American Academy of Family Physicians; Mary Agnes Carey, senior correspondent for Kaiser Health News; Ken Miller, NP, associate dean, The Catholic University of America School of Nursing, and president-elect of the American Association of Nurse Practitioners; and Sandra Nattina, NP, Columbia Medical Practice, Columbia, MD, and past president of the Nurse Practitioner Association of Maryland.

The Affordable Care Act
Now being implemented. Currently the insurance exchanges are being formed with some states opting not to form their own but to have the federal government do it. States are also deciding whether or not they want to take the federal money to expand Medicaid. Updates are available on the website: www.healthcare.gov

Graduate Nursing Education Demonstration
As part of the Affordable Care Act, five sites were funded to implement demonstration projects that would provide reimbursement to institutions that offered preceptorships for APRN students. Rush University was one of the lucky recipients and two GAPNA Health Affairs Committee members, Anna Treinkman and Theresa Golubski, work at Rush. The projects are just getting underway, but could change the way clinical sites are set up in the future.

American Geriatrics Society
Mary Dierich, PhD, is a member of the AGS Public Policy Committee. She keeps us informed of opportunities to partner with AGS to address policy issues that affect both of our memberships.

Eldercare Workforce Alliance (EWA)/Coalition of Geriatric Nursing Organizations (CGNO)
GAPNA is a member of EWA through CGNO. EWA (http://www.eldercareworkforce.org/) focuses on all the professionals as well as nonprofessionals who contribute to the care and well-being of older adults. CGNO has been supported by the Hartford Institute for Geriatric Nursing. The member organizations include the American Academy of Nursing, Nursing Expert Panel on Aging, American Assisted Living Nurses Association, American Association for Long Term Care Nursing, American Association of Nurse Assessment Coordination, The Hartford Institute for Geriatric Nursing, National Association of Directors of Nursing Administration in Long Term Care, and National Gerontological Nursing Association. For more information: http://hartfordign.org/advocacy/cgno/. This group addresses the spectrum of nursing care of older adults, with Sarah Berger leading the charge as executive director.

Nursing Community
This is a very active watch group with membership required and GAPNA is one of the 58 member organizations. The Nursing Community represents over 850,000 registered nurses, advanced practice registered nurses, nurse executives, nursing students, and nursing faculty. Letters to legislatures that come from the Nursing Community carry with them that strength in numbers. To learn more about the Nursing Community, visit http://www.thenursingcommunity.org

The Nurse Practitioner Roundtable
This is a group of five organizations that focus on issues affecting nurse practitioners. It includes GAPNA, American Association of Nurse Practitioners, National Association of Nurse Practitioners in Women’s Health, National Association of Pediatric Nurse Practitioners, and National Organization of Nurse Practitioner Faculties. The NPRt meets in a conference call weekly to discuss legislative issues that affect our members.

The Extended NPRt
This group meets twice a month by conference call and includes all of the members of the NPRt plus the American Nurses Association, American Association of Colleges of Nursing, and the American Academy of Nursing.

The Advanced Practice Registered Nurse Work Group
This group generally meets once a month by conference call and is coordinated by Frank Purcell, senior director, federal government affairs, American Association of Nurse Anesthetists. In addition to all of the members in the Extended NPRt, this group also includes the American Association of Nurse Anesthetists; Association of Women’s Health, Obstetric and Neonatal Nurses; American College of Nurse Midwives; and National Association of Clinical Nurse Specialists.

continued on page 8
New England

The New England Chapter continues to grow and generate excitement throughout the New England states! The Board has been busy planning events to best meet the needs of the membership, hosting meetings in Rhode Island, Massachusetts, and Connecticut. On March 5, 2013, an educational event, “Diabetic Education & Management,” was held for approximately 20 APRNs at Spumoni’s in Pawtucket, RI. Participants were provided numerous tools and resources to enhance patient and nursing staff education.

On April 3, 2013, 40 nurse practitioner students attended a student mentoring evening modeled after the Great Lakes Chapter’s work (Thank you Great Lakes!). Students from five colleges and universities were treated to excellent speakers, fabulous food, and lots of enthusiasm for the care of older adults. Following the program, students were offered the opportunity to join GAPNA and to be matched with a GAPNA member for a year-long mentoring opportunity. The chapter did receive some new members and we hope to continue the relationships with our graduating students during their first year out of school in an ongoing effort to promote GAPNA and its activities. Evaluations of the program were excellent and attendees expressed their appreciation. Some examples of the feedback were:

- “As an NP student graduating this upcoming May it is very encouraging to get advice from practicing NPs on the transition from student to NP.”
- “The tips on billing, scope of practice, collaborative agreements, and licensure and certification were very helpful and much appreciated.”
- “Great night of networking. Great food and great people. Thanks”

Special thanks to GAPNA members Pat Walker, Sonia Stewart, and Janet Groth for providing excellent presentations!

The year is not over yet. All New England Chapter members are invited to our upcoming programs:

- May 15, 2013, 5:00-9:00 p.m. Chateau Restaurant, Westboro, MA
  “Antipsychotics: Appropriate Use & Dose Reduction and Gerontological Nurse Practitioners: Consensus Model & Scope of Practice” – 2 contact hours
- May 22, 2013, 5:30-7:30 p.m. Quinipiac University, North Haven, CT
  “Osteoporosis: Identification, Prevention & Management” – contact hours pending

New England Chapter Board
Susan Mullaney, MS, APN, GNP-BC
susan_e_mullaney@uhc.com

Looking for a CHAPTER NEAR YOU?

GAPNA
Interested in Starting a Chapter?

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DELAWARE VALLEY
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Contact the GAPNA National Office
GAPNA@ajj.com • (866) 355-1392 • Fax (856) 589-7463

REVISED: May 2, 2013
Mara Aronson Named Assistant Newsletter Editor

Mara Aronson, MS, RN, GCNS-BC, FASCP, CPHQ, has been named assistant editor of the GAPNA Newsletter. She is a clinical nurse specialist with certifications in geriatrics and quality improvement, and is a fellow of the American Society of Consultant Pharmacists. She is the author of more than 60 articles that have appeared in peer-reviewed and trade journals, and on professional websites.

Ms. Aronson serves on the committees and boards of directors of several organizations serving professionals from medicine, pharmacy, nursing, and health care administration, and she is a peer reviewer for more than a dozen professional journals serving colleagues from all these disciplines. For GAPNA, Ms. Aronson is the chair-elect of the Research Committee. She works as an independent educator and consultant to health care organizations, and is the director of nursing, Spaulding Nursing and Therapy Center, Boston, MA, a 140-bed teaching facility affiliated with Partners Healthcare.

Ms. Aronson is also the founder and president of AGE, the Association for Gerontologic Education, which is dedicated to providing education to the general public, and to supporting health care providers to better meet the special needs of older adults.

She can be contacted at (603) 772-2244; email: mara@age-nurseconsultant.com; or www.age-nurseconsultant.com

GNP Student Scholarships Available!

GAPNA is excited to announce the availability of a new ANP/GNP Student Scholarship for 2013-2014. Scholarship amounts are at least $2,500, and may be awarded up to $5,000. Submission deadline is June 15, 2013.

Among other things, candidates must:
1. Be matriculated or matriculating into one of the following programs: Adult/Gerontological Primary Care Nurse Practitioner; Adult/Gerontological Acute Care Nurse Practitioner; or Adult/Gerontological Clinical Nurse Specialist for the 2013-2014 school year at a school of nursing in the United States.
2. Plan to continue in the field of nursing with a career interest in working with older adults upon completion of degree program.
3. Be a registered nurse and a United States citizen.
4. Agree that any Scholarship award monies will be used to defer the cost of tuition and other school-related fees (excluding: room, board, social, health insurance or athletic fees) in the degree-granting program and further understands that GAPNA will pay the awarded Scholarship jointly to the individual and the indicated school.
5. Be a member of GAPNA and in good standing.

Visit the GAPNA website for full requirements/eligibility for candidates and to obtain the scholarship application form.

Mary Dierich Reappointed to AGS Public Policy Committee

GAPNA member Mary Dierich, PhD, RN, C-GNP, was reappointed to serve on The American Geriatrics Society Public Policy Committee for another 3-year term from May 2013 through May 2016. Dr. Dierich is a clinical associate professor at the University of Minnesota, School of Nursing, and coordinator of the ANP/GNP program and has an active practice in assisted living with HealthPartners as her faculty practice. Dr. Dierich also serves as an active member of the GAPNA Health Affairs Committee. Please join us in congratulating Dr. Dierich!

Meet the Board

continued from page 3

zation and then President the following year. I have remained active, serving continuously on the Education Committee. Having just completed my term as Chair of the Education Committee, I felt the time was right to return to the Board of Directors. I have a great interest, as does the Board, to identify and promote the proficiencies of advanced practice gerontological nursing, nationally, and then later internationally.

What do you look forward to most about serving on the Board of Directors? I am so fortunate to be on the Board now with an amazing group of highly motivated engaged leaders who share the same professional passions as I do.

Tell us a little about your personal life. I am married to Chris Malone for now 20 years and mother to Brendan, 15, who attended his first NCGNP Conference in San Francisco when he was 3 months old! I love to travel and collecting points and miles towards travel is one of my favorite hobbies. One of my favorite books is I Don’t Know How She Does It by Allison Pearson. The book was recommended to me by former GAPNA President Evelyn Duffy. Evelyn had selected me to be a mentor as part of the Sigma Theta Tau Chiron program, not only because of my work as an educator but because of involvement in my child’s life. While reading I Don’t Know How She Does It I cringed (and laughed!) with recognition at some of the encounters the heroine in this tale of a working mom had, but realized that unlike the heroine, I have managed to remain in the workforce and happily involved in my son’s life, now as a drama mama, painting on the set of plays and musicals at Bishop McGuiness High School.

What excites you the most about attending GAPNA’s Annual Conference? Coming to GAPNA is coming home for me. I have grown up professionally with this organization. GAPNA has provided me with tremendous opportunities to represent the organization at national tables and supported my research of practice characteristics of gerontological nurse practitioners. There is always that excitement for me when I anticipate seeing former students from the University of North Carolina at Greensboro attending the conference and now stepping up to the plate to pursue leadership positions in the organization. Greeting colleagues I have been so fortunate to have known for over 20 years is the highlight of the conference. It is always hard to say goodbye when it is over.
GAPNA leadership has also been involved with other organizations in pursuing external initiatives that will advance the care of older adults and impact our practice. The Health Affairs Committee has been very active in tracking legislative issues that affect advanced nursing practice and access to care for older adults. GAPNA has also attended a face-to-face meeting of the LACE consortium and the National Council of State Boards of Nursing. The invitation to participate in a face-to-face meeting last November gave us the opportunity to address issues related to grandfathering and how APNs can move from state to state and retain their ability to practice. Many of you may recall receiving a short survey asking for your experiences with this issue. We were grateful that within 48 hours of that survey being released, we had over 100 responses – all members sharing their concerns, experiences, and barriers to practice. This allowed GAPNA to come to the LACE/National Council meeting with actual data to support our positions regarding the importance of careful consideration of state APRN licensure and portability issues.

In this case, and many others, members have demonstrated a willingness to share their perspectives, knowledge, and concerns. The GAPNA leadership gratefully acknowledges your willingness to participate in surveys; it is one of the primary methods we have for identifying ways to provide value for your membership dollars. Later this year, you will be receiving a postcard inviting you to participate in another survey that we plan to use to develop a consensus statement to define the Advanced Gerontologic Nursing Specialty – otherwise known as the specialty practice at the top of the Consensus Model Pyramid. The data we collect will provide the clearest current picture of what constitutes advanced nursing practice with older adults and will provide the foundation for establishing knowledge, skills, and competencies needed for advanced nursing practice with older adults. When this postcard arrives, please take the time to take this survey. Our membership is the largest group of APRNs working with older adults and we need your expertise and input. I hope we can count on your support on this important project.

In closing, if you haven’t been to GAPNA’s website lately, please log on and see what you have been missing. There are free contact hours available through the online library, an announcement about new student scholarships, and guidance for writing an abstract of your own, so that you can share your expertise with colleagues at the GAPNA Conference in Chicago. I look forward to seeing you there.

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

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 website 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 856-355-1392 or send your advertisement to GAPNA@ajj.com for a quick price quote!

The GAPNA Website: Ready for Mobile Devices

The GAPNA website has been redesigned in Responsive Web Design (RWD).* This new design applies a new strategy allowing the site to adjust layout and presentation based on the size of the screen being used – so mobile devices such as smartphones and iPads would see the content in a way better suited to them. It also rearranges content and navigation to maintain readability and ease of use (no more zooming and scrolling!).

The website will still look the same when viewed via traditional computer or laptop. The change will only be noticed when viewing via mobile devices.

Check it out!

*RWD is a web design approach aimed at crafting sites to provide an optimal viewing experience – easy reading and navigation with a minimum of resizing, panning, and scrolling – across a wide range of devices (from desktop computer monitors to mobile phones).
E very year, National Nurses Week focuses attention on the diverse ways America’s 3.1 million registered nurses work to save lives and to improve the health of millions of individuals. This year, the American Nurses Association (ANA) selected “Delivering Quality and Innovation in Patient Care” as the theme for 2013. The ANA supports and encourages National Nurses Week recognition programs through the state and district nurses associations, other specialty nursing organizations, educational facilities, and independent health care companies and institutions.

Annually, National Nurses Week begins on May 6, marked as RN Recognition Day, and ends on May 12, the birthday of Florence Nightingale, founder of nursing as a modern profession. Traditionally, National Nurses Week is devoted to highlighting the diverse ways in which registered nurses, who are the largest health care profession, are working to improve health care. From bedside nursing in hospitals and long-term care facilities to the halls of research institutions, state legislatures, and Congress, the depth and breadth of the nursing profession is meeting the expanding health care needs of American society.

For more about National Nurses Week, and for ideas of how to celebrate, visit http://nursingworld.org/NationalNursesWeek

Don’t Let GAPNA’s History Get Swept Away!

GAPNA’s Historical Committee is committed to preserving the history of our organization. Send us your stories so they may be saved for years to come. Many places in our country get hit with storms and we often don’t think about our memories and pictures getting lost. Help the Historical Committee collect your memories in a story format to be documented and protected.

Here are a few questions to think about for your submission.

• How did you get involved in GAPNA? When did you attend your first chapter meeting or national convention?
  Describe your experiences.
• How has GAPNA helped you professionally/socially?
• What has been your level of involvement in GAPNA, either direct or indirect?
• What has being a member meant to you?
• Do you have any amusing or inspiring stories related to our membership?
• What frustrations or controversies have you experienced?
• What keeps you involved in GAPNA?

We will be reviewing the stories and deciding how to compile them, some for the archives and some for newsletter, etc. We will ask for permission to reprint if we use your story.

Please send all submissions to Pat Hess at phess@sfsu.edu

Stacey O’Brien Eadie, CRNP
Historical Committee

New Free CNE Session Available on Online Library

GAPNA is pleased to offer a new free CNE session in our Online Library (www.gapna.org/library).

“Advances in the Treatment of Osteoporosis in the Gerontological Patient,” captured at GAPNA’s 2012 Annual Conference, offers 1 contact hour (which includes 1 contact hour of pharmacology credit).

Description: Osteoporosis results in significant morbidity, excess mortality, and often goes untreated. Age is the most important risk factor, and clinical factors, along with bone density, play an important role in fractures. Effective pharmacologic and non-pharmacologic interventions are available to prevent falls and fractures and maintain function and quality of life.

Visit the Online Library now to gain access. Remember, it’s only available until the end of May, so visit soon!

Tell Us About It!

GAPNA wants to hear about your latest news, items of interest, words of wisdom, and other interesting tidbits from the world of geriatric advanced practice nursing. Make it brief – 200 words or less (photos welcome) – and we’ll make it happen by publishing your news and views in the GAPNA Newsletter and/or on the website.

Received a promotion or award? Presented at a clinical meeting? Developed a practice pointer or innovation? Experienced a challenging or lighthearted moment with a patient? Need feedback from your colleagues about a clinical or professional situation? Visited a cool website or downloaded a helpful app? Tell us about it! Visit the GAPNA website for info.

Health Affairs Committee

continued from page 4

While there is some overlap in the work of these groups, they each come at issues from a unique and targeted perspective. As you can see, GAPNA collaborates with groups that either address the health needs of older adults or the profession of nursing and advanced practice nursing. The expertise of these groups is often sought by the Health Resources and Services Administration, Centers for Medicare & Medicaid Services, and even the White House. Our participation in these groups not only provides GAPNA with excellent resources, but we also contribute the important perspective of APRNs who care for older adults.

Members of the Health Affairs Committee are engaged in the process of health policy. We invite GAPNA members who would like to participate in this exciting work to join us.

Evelyn Duffy, DNP, GNP/ANP-BC, FAANP
Chairperson
evelyn.duffy@case.edu
The Robert Wood Johnson Foundation (RWJF) recently announced a new $3 million initiative to help states prepare the nursing profession to address our nation’s most pressing health care challenges – access, quality, and cost.

The Future of Nursing State Implementation Program will bolster efforts already underway in 50 states and the District of Columbia – the Future of Nursing: Campaign for Action – to transform health care through nursing and meet the challenges stemming from an aging and more diverse population. A joint initiative of AARP and the Robert Wood Johnson Foundation, the Campaign for Action is working to implement the Institute of Medicine’s (IOM) evidence-based recommendations on the future of nursing. The Campaign provides a voice and a vehicle for nurses at all levels to lead system change to improve health outcomes for patients and families by collaborating with business, consumer, and other health professional organizations.

“This program is designed to spur progress by supporting Action Coalitions, most of which are led by volunteers, that are doing promising work to implement the IOM recommendations,” said Susan B. Hassmiller, PhD, RN, FAAN, RWJF senior adviser for nursing and director of the Future of Nursing: Campaign for Action. “The foundation is committed to providing states with the support they need to build a more highly educated, diverse nursing workforce that will improve health outcomes for patients, families, and communities.”

The initiative will provide 2-year grants of up to $150,000 to 20 state-based Action Coalitions that have made substantial progress toward implementing the IOM recommendations. The grants call for states to obtain matching funds.

Grant recipients will work to implement programs that prepare nurses to lead system change, strengthen nursing education, expand access to care by maximizing the use of nurses, recruit and train a more diverse nursing workforce, and improve quality and coordination of health care.


The Center to Champion Nursing in America (CCNA), an initiative of AARP, the AARP Foundation, and the Robert Wood Johnson Foundation, serves as the national program office for the Future of Nursing State Implementation Program. “This new program will help Action Coalitions get the strategic and technical support required to advance their goals,” said Susan Reinhard, PhD, RN, FAAN, senior vice president of the AARP Public Policy Institute and CCNA chief strategist. “Our hope is that states will get the boost they need to be effective in achieving the triple aim of addressing cost, quality, and access.”

Learn more at www.campaignforaction.org.
Clinical Research Corner

Older Adults May Be Hesitant to Halt Cancer Screenings

A study from the Regenstrief Institute and the Indiana University Center for Aging Research has found many older adults are hesitant to halt cancer screenings even when the screenings may no longer be beneficial or may even be potentially harmful. The study is among the first to explore older adults’ perceptions of recommendations to halt screenings for breast, prostate, colon, and other cancers as they age.

The researchers reported many older adults feel a strong moral obligation to continue cancer screenings and that a physician’s recommendation to stop screening might threaten trust in the doctor or motivate the patient to seek a second opinion.

Participants, ranging in age from 63 to 90, were skeptical about hearing government panel recommendations and statistics that show older adults may not benefit from certain screening tests. Many expressed distrust of the government or felt statistics did not apply to them.

For more info, see Torke, A.M. et al. (2013). Older adults and forgoing cancer screening: “I think it would be strange.” JAMA Internal Medicine, 173(7), 526-531.

Depression, Falls, and Low Blood Sugar Affect Quality of Life as much as Diabetes Complications in Older Adults with Diabetes

Most diabetes care guidelines are based on research with middle-aged patients and focus on blood pressure, cholesterol, and glycemic control. However, the care and treatment of older adults with diabetes is more complex. These individuals are at increased risk for geriatric syndromes, such as depression and falls, as well as hypoglycemia resulting from drugs they are taking.

A new study reveals geriatric syndromes and hypoglycemia are associated with lower health-related quality of life (HRQL) as much as diabetes complications. No association was found between significantly lower mental HRQL and having a geriatric syndrome or diabetes complications in general. However, some conditions, such as depression and being underweight, resulted in lower mental HRQL. Amputation, CHF, falls, chronic pain, heart attack, depression, underweight, and hypoglycemia were more strongly associated with lower HRQL than diabetes-related factors, such as duration of diabetes and insulin use.


Prescription Drug Advertisements Can Inform and Mislead Seniors

Researchers examined 15 seniors’ perceptions of nine television ads to understand how the ads might help consumers make informed decisions about prescription drugs.

The researchers concluded there was some potential for benefit from direct-to-consumer advertising (DTCA), but there were also critical shortcomings of the current ad format. They identified several ways in which advertisements could be improved to better facilitate informed decision making, such as inclusion of the importance of lifestyle changes in the ads, and legislative action to improve utility of DTCA. They also recommended comprehensive counseling by health care providers prior to prescribing new drugs to patients to clarify any misperceptions.


Radiation Therapy Linked to Dry Mouth in Elderly Patients with Head and Neck Cancers

Head and neck cancer may be treated by a combination of radiation therapy (RT) and chemotherapy, in addition to surgery. A common side effect associated with RT for tumors arising in the head and neck region is xerostomia (dry mouth), a potentially serious post-treatment complication that can affect speech, chewing, and swallowing, and lead to gum infections, cavities, and loss of teeth.

New research shows elderly patients receiving RT either with or without chemotherapy had a higher cumulative incidence of developing xerostomia than those who had neither RT nor chemotherapy. The risk of xerostomia was regardless of tumor stage at presentation, anatomic primary tumor site, and whether primary cancer treatment included surgery. It was higher in some subgroups of patients, namely in women with distant stage disease or in those with poorly differentiated localized tumors. The risk of xerostomia was lower in patients 80 years or older with the anatomic tumor site at the salivary gland.


Care Processes in Nursing Home and Residential LTC Settings May Benefit People with Dementia

According to a new research review from the Agency for Healthcare Research and Quality (AHRQ), which compared characteristics and related outcomes of nursing homes and other residential long-term care settings for people with dementia, pleasant sensory stimulation, such as calm music, may reduce agitation for people with dementia. Also, while more research is necessary, some evidence suggests that protocols for individualized care, such as for showering and bathing, can reduce pain, discomfort, agitation, and aggression. Functional skill training may also improve physical function in basic activities of daily living.

To access this review, “Comparison of Characteristics of Nursing Homes and Other Residential Long-Term Care Settings for People With Dementia” and other materials that explore the effectiveness and risks of treatment options for various conditions, visit AHRQ’s Effective Health Care Program website: http://www.effectivehealthcare.ahrq.gov
Outcomes of Patients at Different Types of LTC Facilities Reviewed

A new research review from the Agency for Healthcare Research and Quality compares patient health outcomes when cared for at different types of long-term care (LTC) facilities. With over 11 million people in the United States requiring LTC, this important research looks at the differences between LTC settings and the effects they have on patients. When comparing outcomes in assisted living facilities with nursing homes over time, low-strength evidence suggested there were no differences in outcomes for physical function, cognitive health, mental health, or mortality in patients at both types of facilities.

When comparing outcomes of home and community-based services with nursing homes over time, low-strength evidence suggested home and community-based service recipients experienced higher rates of some types of harms, including accidents, injuries, abuse, or neglect. Nursing home residents experienced higher rates of other types of harms, such as having a feeding tube or having a pressure ulcer.

Details can be found in the evidence-based review “Long Term Care Strategies in Older Adults: A Review of Home and Community-based Services Versus Institutional Care” on the Effective Health Care Program website: www.effectivehealthcare.ahrq.gov

Medicare Part D Coverage Gap Reduces Antidepressant Use in the Elderly

The Medicare Part D prescription drug benefit includes a $265 deductible, an insured period during which the beneficiary pays 25% of drug costs from $265 to $2,400, and a coverage gap when the beneficiary pays 100% of drug costs until reaching the catastrophic limit of $3,850; then they pay 5%. A new study found elderly Medicare patients with depression enrolled in stand-alone Part D plans in 2007 reduced their use of antidepressants during the Medicare Part D coverage gap. In fact, a full gap in drug coverage resulted in a 12.1% reduction in antidepressant use, particularly for brand-name drugs.

For more info, see Zhang, Y. et al. (2012). Effects of Medicare Part D coverage gap on medication and medical treatment among elderly beneficiaries with depression. Archives of General Psychiatry, 69(7), 672-679.

Antipsychotic Choices in Nursing Homes Partly Influenced by Nursing Home’s Prescribing Culture

A new study reveals the majority of nursing homes favor treating patients with atypical antipsychotics. Using a variety of data sources, including Medicaid and Medicare data, the researchers identified 65,618 patients 65 years or older residing in nursing homes in 45 states. All had started treatment with an antipsychotic after their admission between 2001 and 2005. Nearly half of the nursing homes studied (45%) never prescribed a conventional antipsychotic medication. In fact, 91.2% of patients started treatment with an atypical medication. Of the 8.8% of patients treated with a conventional medication, the most frequently prescribed drugs were haloperidol (86%) and chlorpromazine (8%).


Being a Caregiver Linked to Poor Health Behaviors Among Baby Boomers

Baby boomers who are informal caregivers have greater odds of having behaviors that increase their health risk, according to a new study. Researchers compared the health behaviors of 5,688 California baby boomers who were informal caregivers to that of 12,941 non-caregiving boomers.

The caregivers were slightly older than the non-caregivers (by 0.5 years), more likely to be women (59.8% vs. 47.4%), more likely to be educated beyond high school, more likely to have higher family income, but less likely to be employed. After controlling for psychological distress, and for personal characteristics and social resources, the caregivers had 127% the odds of non-caregivers of poor overall health behaviors. Compared to non-caregivers, caregivers had 36% greater odds of being a current smoker, 41% greater odds of consuming soda at least 3.5 times weekly, and 17% greater odds of eating fast food at least once a week.


Elderly Patients with Colon Cancer at Risk for Various Treatment-Related Toxicities

Patients who receive surgery for stage III colon cancer can benefit from 5-fluorouracil (5-FU)-based chemotherapy. However, 5-FU-based chemotherapy is associated with increased risk of developing gastrointestinal, blood, and cardiac toxicities in elderly patients with colon cancer. These patients need to be monitored closely so that the benefits of chemotherapy can outweigh the risks, suggest the study authors.

In a study of 12,099 patients with stage III colon cancer, patients receiving chemotherapy were more likely to be younger, married, and have fewer coexisting conditions than the untreated group. This difference was most pronounced for age, with 88.2% of patients aged 65-69 initiating chemotherapy compared to just 18.1% of patients aged 85 and older. During 3 months after surgery, the cumulative incidence rate of toxicities was 9.1% in the chemotherapy group and 4.3% in the non-chemotherapy group. Common toxicities included volume depletion disorder, agranulocytosis, diarrhea, nausea, and vomiting. Women were 35% more likely to experience toxicities than men and Blacks were 35% less likely to develop toxicities than Whites. Chemotherapy was only slightly associated with the risk for developing heart disease.

For more info, see Hu, C-Y. et al. (2012). Adjuvant chemotherapy and risk of gastrointestinal, hematologic, and cardiac toxicities in elderly patients with stage III colon cancer. American Journal of Clinical Oncology, 35(3), 228-236.

What’s the ROI for Resolving the Nursing Faculty Shortage?

The nursing faculty shortage will have a fundamental impact on the ability to produce nurses. For most nursing schools and states, however, concerns about the relative merits of different solutions to the nursing faculty shortage are misplaced. Without significantly increased visibility and definition, accompanied by a clear public, private, and health care organization return on investment (ROI), proposing solutions to the nursing faculty shortage is at best premature and at worst irrelevant.

To learn more, see Kowalski, K., & Kelley, B.M. (2013). What’s the ROI for resolving the nursing faculty shortage? Nursing Economic$, 31(2), 70-76.
The Official Newsletter of the Gerontological Advanced Practice Nurses Association — Founded in 1981

**2012-2013 Committee Chairs**

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