President’s Message

Before You Leave for Vacation: Enter for a Chance to Win a Kindle or iPad Mini!

Summer has arrived and with that the opportunity to rest, relax, and regenerate with some type of vacation. Whether you are heading to the beach, the mountains, your dream vacation, or even a “staycation,” there is one thing I am asking you to do before you leave. GAPNA has undertaken a project this year to survey its members and non-member advanced practice nurses (APNs) who are caring for older adults in their practice in order to generate a consensus statement regarding the education, skills, and proficiencies needed to care for older adults. This is a unique moment in time, in that we have the greatest number of APNs who carry the gerontology specialty education and certification ever. Now is the time to capture how these practitioners are using their education and experience to provide care for older adults and preserve that information for the future, and to guide decision making and development of curricula and continuing education programs.

continued on page 6

Are You an APRN Caring for Older Adults? Your Input Is Needed!

As you are aware, the APRN Consensus Model has permanently merged the role of the gerontological advanced practice nurse with that of the adult advanced practice nurse. GAPNA has undertaken a unique project this year. We have created a survey for APNs working with older populations, with the intention to capture the knowledge, skills, and activities necessary for providing effective care to older adult clients across care settings.

If you have older adults in your clinical practice, please click here to take this survey. It should take no longer than 30 minutes, but will provide a wealth of knowledge to help us advocate for appropriate curricula and design future APN continuing education. If you complete the GAPNA APRN survey by August 15, 2013, you will be entered for a chance to win a Kindle Fire, an iPad mini, or one of 20 vouchers for the GAPNA Online Library. Your input is greatly appreciated.

GAPNA Newsletter Unveils Enhanced Features

GAPNA is excited to announce new, dynamic features for its newsletter. These enhancements, beginning with this Fall 2013 issue, are designed to enrich the reading experience for GAPNA members. You can use these new features to:

- Bookmark pages.
- Zoom in and enlarge pages.
- Easily share the newsletter with your colleagues via email, Facebook, Google+, Twitter, and more.
- Navigate the issue through thumbnails.
- Search the newsletter for key words.
- A PDF version will still be available to complement the enhanced version.
- Click on embedded web site and email links within the newsletter.

We hope these enhancements make your newsletter experience more engaging and informative!
GAPNA Conference Provides Tools for Improving Outcomes in Older Adults

GAPNA’s Annual Conference will provide advanced practice gerontological nurses with an exceptional format for learning and networking that will enhance their knowledge and practice. The Sheraton Chicago Hotel & Towers is the site of this dynamic program, September 18-21, 2013.

A wide variety of general and concurrent sessions will be offered including the free pre-conference workshop on the CO*RE Project. Other pre-conference workshops are designed to meet the needs of advanced practice nurses (APNs) with a range of practice experience. Conference participants can earn up to 26 contact hours and 14 pharmacology hours for the main conference and pre-conference workshops.

The keynote address will be delivered by Kathleen Potempa, PhD, RN, FAAN, Dean, University of Michigan School of Nursing, Ann Arbor, MI. She will explore the present and future changes set to take place under the Affordable Care Act with regard to care for the aging population and discuss how APNs can be prepared for the changing workforce needs affecting gerontological nursing practice.

Throughout the conference, peer-conducted research will be presented as interactive poster sessions and oral presentations. The popular Industry-Supported Product Theaters will give attendees a unique look at key products and services in gerontology. Of course, there will be valuable opportunities to network with colleagues from across the country. And plan to experience the culture, food, and excitement of Chicago!

Participants can expect an educational experience that will enlighten and enliven. Register today for GAPNA’s Annual Conference in Chicago and you will experience the latest clinical data and trends on enhancing access, promoting quality care, and improving outcomes for older adults.

Online Library & Paperless Conference!

Receive added educational value for your conference investment.
FREE access to the GAPNA Online Library!
www.prolibraries.com/gapna

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

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

Handouts Available Online
Approximately 2 weeks before the conference, redeem the conference code GAPNA13 in the Online Library (www.prolibraries.com/gapna) to access the session handouts.

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

GAPNA Research/Project Consults Available

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

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

GAPNA Research Committee members will have a booth in the Exhibit Hall where your consultation can take place. We’re reaching out to you; tell us how we can help you with your research/clinical project.
**GAPNA Foundations Hosts Exciting Events During Convention**

The GAPNA Foundation (GAPNAF) will host a dinner cruise and fun run/walk during GAPNA’s Annual Conference, September 18-21, 2013 in Chicago. By participating in these exciting events, you will not only have a great time with your friends and colleagues, but you will assist GAPNAF in its important efforts to provide financial grants to support scholarly research and provide educational opportunities for RNs and APNs working with older adults.

**Dinner Cruise — Thursday, September 19**

Enjoy a fun-filled evening experiencing the beautiful view of the Chicago skyline while cruising Lake Michigan. Your cruise includes buffet dinner, DJ, and dancing. A cash bar will be available. Space is limited. Register soon!

**Fun Run/Walk — Friday, September 20**

Get energized with a crisp morning exercise during a 2-mile walk or jog along scenic Lake Michigan.

Details and registration information for the GAPNAF events are available in the conference registration brochure at www.gapna.org

**Debra Bakerjian Named a Fellow Of the American Association Of Nurse Practitioners**

GAPNA member Debra Bakerjian, PhD, MSN, RN, FNP, was inducted as a Fellow of the American Association of Nurse Practitioners (FAANP) on Thursday, June 20, 2013 during the AANP national conference in Las Vegas, NV.

Deb Bakerjian, PhD, MSN, RN, FNP, FAANP, (center) is congratulated by Barbara Resnick, PhD, CRNP, FAAN, FAANP (left).

The FAANP program was established in 2000 to recognize nurse practitioner leaders who have made outstanding contributions to health care through clinical practice, research, education, or policy. Priority initiatives of AANP are the development of leadership and mentorship programs for nurse practitioners and nurse practitioner students. Fellows of the AANP are visionaries committed to the global advancement of nursing through the development of imaginative and creative future nurse practitioner leaders, and as such, hold an annual think tank to strategize about the future of nurse practitioners and health care outside the confines of traditional thinking. A limited number of nurse practitioners are selected for this highly coveted distinction each year.

Dr. Bakerjian will continue the tradition of contributing to the mission of the AANP and promoting the role of the nurse practitioner.

**GNP Role/GAPNA 30-Year History Now Available**

This monograph is a comprehensive review of the beginnings of gerontological nursing and geriatric advanced practice nursing, pre-1981; significant events of each decade of the geriatric APN role and of the NCGNP/GAPNA organization, 1981-1991, 1991-2001, and 2001-2011; and the future of geriatric APN role and the organization.

The publication is 50 pages, soft cover, and includes color photos and four reprinted Geriatric Nursing GAPNA section articles — all for only $25. Proceeds from the publication help fund the GAPNA archives to preserve our rich history for future generations of GAPNA.

The monograph is a great gift for GAPNA graduates, school libraries, chapter officers, and your personal documentation of the original GNP role. Order your copies at www.amazon.com; search “GAPNA”.

**You Have a New Friend Request from GAPNA!**

We love when GAPNA members “like” us on Facebook! Connect with GAPNA and other advanced practice gerontological nurses on our Facebook page: www.facebook.com/GAPNA.

When you join the conversation on Facebook, you’ll keep up with GAPNA news and opportunities, trends in gerontological nursing, and much more. It’s a great forum to share your insights and stories, network, and get in touch with GAPNA directly.

We encourage you to show off GAPNA pride and upload photos of you, your chapter, or your colleagues right to our Facebook page! Not sure how to upload directly to Facebook? No worries! Email your photos to erin@ajj.com and we’ll take care of it for you.
Supreme Court Rules on Marriage Equality: Will LGBT Older Adults Still Feel Vulnerable?

The two recent landmark rulings from the U.S. Supreme Court on marriage equality (Defense of Marriage Act and Proposition 8) will likely have a positive impact on the health of the lesbian, gay, bi-sexual, and transgender (LGBT) community by decreasing stigma and discrimination. But for many LGBT elders who have lived most of their lives hiding their sexual orientation, even these monumental Supreme Court decisions may not alleviate their fear of retaliation within the health care system completely. This stress around real and imagined retaliation and discrimination will continue to create health disparities for many LGBT older adults, especially those who are already experiencing financial hardship and social isolation. Many of these older adults have higher rates of depression, substance abuse, and suicide. They may be suffering the effects of poor insurance coverage, lack of health screenings, and inadequate preventive care. Advanced practice nurses have opportunities to change their practice patterns to better address the health care needs of LGBT elders and to help them enjoy the changing patterns of acceptance in our culture. Join us at the Annual GAPNA Conference in Chicago on Saturday, September 21, 2013 for Session #321, “Culturally Competent Advanced Nursing Care for Older Adults in the LGBT Community.” Learn strategies for enhancing your practice to improve the health of LGBT older adults.

Allyson Fisch, NP
LGBT Focus Group
Afisch33@comcast.net

Nurse in Washington Internship Provides Personal and Professional Rewards

I was recently chosen as the sole recipient of a GAPNA scholarship to attend the Nurse in Washington Internship (NIWI) held by the Nursing Organizations Alliance (The Alliance) in Washington, DC, March 17-19, 2013. GAPNA is a member of The Alliance, which is a coalition of nursing organizations united to create a strong voice for nurses, and provide a forum for identification, education, and collaboration, building on issues of common interest to advance the nursing profession.

This nursing-focused internship reinforced the fact that federal legislators view nurses as being very trustworthy, tenacious, reliable, and understanding the “big picture” of today’s health care issues. My participation in NIWI also made me more aware of the direct impact federal health care policymaking has on specific patient populations. I met face to face with senators, congressmen, and their legislative staff to discuss first-hand the difficulties and frustrations patients, and providers, are experiencing in the world of health care.

The NIWI experience also allowed for networking with other nurses across the nation and created a forum of education and collaboration. I met nurses from various specialties and backgrounds, but there was one common theme among us all – our patient population. We, as nurses, desire what is best for our patients and serve as an advocate for them in this complex world of health care. As a nurse practitioner, and an assistant professor of nursing in academia, participating in NIWI was a very valuable experience for me personally and professionally. I am looking forward to utilizing the knowledge I gained from this internship to further enhance my influence on health care legislation on state and federal levels, and to serve as a strong advocate for my patients who reside in the most rural parts of my state.

Mary Smith, DNP, FNP-BC, ONP-C
smith8135@me.com

Bigger and Better: Geriatric Nursing

I am thrilled to announce good news for the Geriatric Nursing journal:

• Geriatric Nursing’s 2012 impact factor increased.
• Because of font and format improvements, article content has increased 50%.
• Geriatric Nursing has three articles among Elsevier’s 25 top-selling articles in journals related to geriatric medicine.

Geriatric Nursing is dedicated to presenting new and innovative information focused on care of older adults to nurses and nurse researchers working across all levels of care. The journal is read by those working in long-term care settings, acute care hospitals, rehabilitation facilities, as well as those in the community and researchers interested in improving the care and lives of older adults internationally.

In addition to study and project outcome manuscripts, please consider submitting manuscripts focused on methods related to research when working with older adults as well as specific aspects of projects and research studies. This could include such topics as the theoretical support and description of an effective intervention, the development and testing of a new measure, or an innovative recruitment approach. We invite and encourage student work and will provide some level of guidance through the publication process. Please take the time to write and share your work with others so that we at Geriatric Nursing can help to improve the care and quality of life of our ever-growing number of older adults in the United States and internationally.

Barbara Resnick, PhD, CRNP, FAAN, FAANP
Editor
Florida Gulf Coast

The Florida Gulf Coast Chapter held its first symposium April 26-27, 2013. We received a lot of positive comments from attendees. The vendors reported participants visited their booths and were engaged. The symposium was financially profitable, and we were very pleased as our goal was not to end up owing money!

Several incentives for participants were incorporated into the symposium for marketing and promotion. A Kindle Fire HD was awarded to a lucky early registrant; a $100 Visa gift card was given to a registrant for making hotel reservations through the symposium’s room block; and a $200 Visa gift card was given to a registrant for making hotel reservations through the symposium’s room block; and a $200 Visa gift card was given to a registrant for making hotel reservations through the symposium’s room block; and a $200 Visa gift card was given to a registrant for making hotel reservations through the symposium’s room block; and a $200 Visa gift card was given to a registrant for making hotel reservations through the symposium’s room block. We also gave away gift baskets at the beginning of each session to facilitate a prompt start.

There were 15 exhibitors, including the Florida GAPNA Chapter. Three product theaters and a cocktail event with vendors were successful.

We had 46 attendees. Our goal was 100. So next time we will focus on how to have higher attendance. I already have ideas.

Our seven CE topics included “Management of Older Adults with Multiple Co-Morbidities,” “Improving Communication with Transition of Care,” “COPD Management in the Nursing Home,” “Health Care Reform,” “Monitoring Psychotropic Medications,” “Medication Reduction A to Z,” and “Legal Matters-Mock Deposition.”

I learned so much by being the chairman. It was an invaluable experience.

Peggy Jackson, FNP-BC, NP-C
Peggy_h_jackson@uhc.com

Northern California

The chapter hosted a successful student night on June 20. Students from two different schools attended. The event included mock interviews and presentations on licensing, national certification, obtaining NPI and DEA numbers, and developing scope of practice guidelines. There was also a presentation from the 2012 winner of our student scholarship, which provided $1,500 for the student to attend the 2012 GAPNA Conference. We will be awarding another scholarship to a deserving student to attend the 2013 conference in Chicago.

In February, the Northern California Chapter hosted its 8th annual continuing education event which provided 5.25 contact hours with 75 minutes of pharmacy credit. Topics included “Hypertension and Hyperlipidemia Therapies in Older Adults,” “Geriatric Depression,” “Wound Care and the Role of Biofilms,” and “Advanced Practice Nurses as Partners in Health Care Reform.” We are already planning our 9th annual CE event for February 2014.

Looking for a CHAPTER NEAR YOU?

GAPNA
Interested in Starting a Chapter?

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REVISED: August 2, 2013
GAPNA Member Addresses End-of-Life Discussions in New Book

As a seasoned geriatric nurse practitioner with over 20 years of experience in the medical industry, I deal a lot with family expectations and disputes. Some get very serious. I wish I could point to a single source of information but there was nothing out there. So I wrote a book called “Aging Bravely” to help address such issues.

This book is the first “how-to” guide and handbook for geriatric specialists and social workers to aid adult offspring in talking to their aging moms and dads about critical end-of-life issues. It provides easy-to-understand insight into advanced directives, living wills, DNR orders, and other complex health care issues with the aim of making those family discussions as painless as possible. Why not make your plans known to your loved ones beforehand?

The book is a very light read for this subject matter. It is available on Amazon to “sample” or purchase in book or Kindle form.

Dana Racinskas, RN, NP-C

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 web site.

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 web site or downloaded a helpful app? Tell us about it! Visit the GAPNA web site for info.

Call for Articles – Geriatric Nursing Journal

The GAPNA Communications Committee is soliciting submissions for the Geriatric Nursing journal. We are looking for short updates or articles on professional leadership activities, clinical issues, quality or safety, and/ or systems changes. Submissions should be between 800 and 2,000 words. All submissions should be sent to debra.bakerjian@ucdm.ucdavis.edu with a copy to Elizabeth Long at elizabeth.long@lamar.edu.

Specific author guidelines required of the journal can be found at http://www.gnjournal.com/authorinfo. We look forward to your submissions.

Volunteer to Serve on GAPNA’s Committees and/or SIGs

GAPNA’s Committees and Special Interest Groups (SIGs) are accepting applications for volunteers. Most of the Committees/SIGs meet approximately monthly via conference call. If you are interested in learning more about any one of GAPNA’s exciting Committees or SIGs, please click below to view descriptions. You can also sign up to serve on one or more of them by completing the “Commitment to Serve” form.

Committees
- Awards
- Conference Planning
- Communications
- Education
- Health Affairs
- Historical
- Practice
- Research

Special Interest Groups
- Hospice/Palliative
- House Calls
- Leadership
- LTC/Nursing Home
- Transitional Care
- LGBT Focus Group

Special Thanks to

for their continued support as a Platinum Corporate Member

as GAPNA’s Corporate Partners

President’s Message

continued from page 1

The survey is available online through August 15 and can be accessed by clicking here, or through the GAPNA web site. It will take about 15-30 minutes to complete, but will provide the data necessary to identify priorities for education and what should be included in future certification programs. And as a bonus, you can enter a raffle to win a Kindle Fire, iPad mini, or one of 20 vouchers good for $30 in the GAPNA online library. Please take time before your vacation to respond to the questions put forth in this survey. As the experts in the care of older adults, your important feedback is essential. Thank you in advance for your assistance.

Also, registration for the GAPNA Conference in Chicago is now open. We have a spectacular conference planned this year. So register soon and plan to join us in the Windy City September 18-21. Until then, have a great Summer!

Marianne Shaughnessy, PhD, AGPCNP-BC
President
shaughne@son.maryland.edu
Thank You for Supporting Student Projects!

I recently completed my Doctorate of Nursing Practice Scholarly Project entitled “Health Promotion for Older Adults: A Framework for Personalized Health Advice During Medicare Wellness Visits.” This project included the development of an evidence-based preventive care framework to guide personalized health advice given to older adults during Medicare wellness visits. A booklet was created which was intended to be a point-of-care resource for primary care providers working with older adults. This booklet was distributed along with an evaluation questionnaire to the GAPNA membership via “e-blast” in March 2013.

Over the course of just 9 days, I was thrilled to receive 60 questionnaire responses from GAPNA members, along with several requests for follow-up. This expert feedback was used to identify potential clinical applications and make revisions to the project. The framework and results of the evaluation have now been submitted for publication in *Geriatric Nursing*.

This project would not have been possible without GAPNA’s support, starting with the pre-conference learning session and insightful consults provided by the GAPNA Research Committee at the Annual Conference. I encourage all students and researchers to fully utilize the expertise and services offered by this generous organization. Thank you GAPNA for your commitment to supporting student research and clinical projects!

Lauren Land, DNP, BSN
University of Utah
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Make Plans Now to Attend!
Online registration and housing now open
www.gapna.org

GAPNA’s 32nd Annual Conference
September 18-21, 2013
Chicago, IL

Compared to May 2012, web site traffic has increased 70%. This trend of increasing activity has been consistent since November 2012, when the new goals were first introduced. There were 13,079 visits to the web site during May. These statistics support increased engagement in the web site, particularly as new resources and increased functionality become available. The Colorado Foundation for Medical Care, the administrators of the web site, anticipates continued growth in traffic as the functionality continues to expand with newly available data entry, data displays, and the final goals materials.

In addition to increased campaign registration and participation, Advancing Excellence has a growing list of ways to connect with nursing homes, family members, and residents. With monthly webinars and LANE calls and increased social media presence, Advancing Excellence has the ability to conduct more outreach than ever before. Sue Mullaney continues to represent GAPNA at the monthly Board Meetings and is interested in hearing your feedback and suggestions for the campaign. Please feel free to email Sue at susan_e_mullaney@optum.com

Adrienne Westcott
Susan E. Mullaney, MS, APRN, GNP-BC
susan_e_mullaney@optum.com
CDC’s Releases STEADI Tool Kit to Assist Elder Care

Researchers at the Centers for Disease Control Injury Center have created a tool kit expressly for health care providers who treat older adults who are at risk of falling or who may have fallen in the past. Falls are a serious threat to the health and well-being of older patients. One out of three people 65 and older falls each year, and over two million are treated in emergency departments annually for fall injuries. The STEADI (Stopping Elderly Accidents, Deaths, & Injuries) Tool Kit contains resources and tools that will help make fall prevention an integral part of clinical practice.

The STEADI Tool Kit is based on a simple algorithm (adapted from the American and British Geriatric Societies’ Clinical Practice Guideline). It includes basic information about falls, case studies, conversation starters, and standardized gait and balance assessment tests (with instructional videos). In addition, there are educational handouts about fall prevention specifically designed for patients and their friends and family.

We hope that the STEADI Tool Kit will help you incorporate fall risk assessment and fall prevention into your clinical practice, and enhance your efforts to help older adults stay healthy and independent.

Grant Baldwin, PhD, MPH
Director
CDC Division of Unintentional Injury Prevention
CDC National Center for Injury Prevention and Control

New Policy Brief Lays Out Ways to Tap the Full Skills and Experience of APRNs

A new policy brief from the Robert Wood Johnson Foundation (RWJF) highlights ways to clear barriers blocking advanced practice registered nurses (APRNs) from doing more to help meet the rising demand for health care services resulting from an aging population and the increased access to care called for by health care reform.

In its policy brief Improving Patient Access to High Quality Care: How to Fully Utilize the Skills, Knowledge, and Experience of Advanced Practice Registered Nurses, RWJF clearly and succinctly describes the current barriers preventing APRNs from practicing to the full extent of their training. The brief gives excellent examples of VA and academic programs that illustrate the benefits of eliminating those barriers in terms of improved quality of patient care and efficiency in health care delivery. It is an important tool APRNs can use to better understand the problem, and to start conversations with policymakers in their own locales to make change.

Deborah Dunn: New Dean of Graduate School at Madonna University

Deborah Dunn, EdD, MSN, GNP-BC, ACNS-BC, has accepted the position of Dean of the Graduate School at Madonna University (MU), Livonia, MI. Dr. Dunn has worked at MU since 1992 and has been involved in many different projects and initiatives, including serving as Chair of the Faculty Affairs Committee for a number of years. In addition to her bachelor’s and master’s degrees in nursing, Dr. Dunn earned an EdD in educational leadership from Eastern Michigan University. Dr. Dunn continues to maintain her practice as a gerontological nurse practitioner. She is an active member of the GAPNA Education and Research Committees, and is the President of the Great Lakes Chapter.

The GAPNA Web Site: 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 web site 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).
Clinical Research Corner

Demystifying State Health Marketplaces

Health care reform will impact nursing across the United States on many different levels. One example will be how insurance marketplaces change practice transparency, access to care, the design and delivery of health care services, availability of health information, and quality outcomes. In a comprehensive article in a recent issue of Nursing Economic$, researchers reveal the dynamics of how each model will operate within each state. Communication between nurses in all states should be an ongoing dialogue through specialty and state nursing organizations to ensure nursing is aware of both issues and best practices nationwide.

For more info, see Hahn et al. (2013). Demystifying state health insurance marketplaces. Nursing Economic$, 31(3), 119-127, 143.

Call to Action to Address Hospital Malnutrition

Affordable health care is one of America’s most pressing issues, but there is another area literally starving for attention: malnutrition of hospitalized patients.

In fact, according to a joint consensus paper recently published in MEDSURG Nursing Journal, as many as one-third of patients arrive at the hospital malnourished. If not treated, many will continue to decline nutritionally, have slower recoveries and a greater risk of complications and re-admissions.

It’s a widespread, costly, and extremely troubling issue for nurses, dieticians, physicians, and many other health care providers. That is why an interdisciplinary coalition, the Alliance to Advance Patient Nutrition formed recently with a stated goal to advance patient nutrition created this call to action to address nutrition in improving quality of care: An interdisciplinary call to action to address adult hospital malnutrition. MEDSURG Nursing, 22(3), 147-165.

Older Women with Breast Cancer Experience More Complications with Brachytherapy than Whole Breast Irradiation

Women with early breast cancer typically receive a lumpectomy followed by either whole breast irradiation (WBI) or brachytherapy. Compared with WBI, brachytherapy irradiates less breast tissue and requires a much shorter course of treatment. As many as 10% of older women with breast cancer are now treated with brachytherapy, and at least 50,000 have been treated to date in the United States. Older women receiving brachytherapy are more likely to have had a subsequent mastectomy, postoperative complications, and a higher incidence of breast pain, according to a new study. However, there was no difference in survival between the two groups of women.


Seasonal Influenza Has a Substantial Impact on Activities of Daily Living in Nursing Home Residents

Seasonal flu outbreaks cause a substantial decline in functioning among nursing home residents, particularly in their ability to carry out activities of daily living (ADL), according to a new study. Researchers identified 2,351 freestanding nursing homes in 122 cities where weekly influenza mortality data are tracked by the Centers for Disease Control and Prevention. They studied six influenza seasons from October 1999 to September 2005. They measured ADL-decline indicators, such as weight loss, new or worsening pressure ulcers, and infections, from a national nursing home patient database.

Physical function outcome measures, including ADL decline, mirrored the seasonal trends of influenza severity and mortality. There was a strong association between influenza mortality and high ADL decline, weight loss, and infections. No associations were found for restraint use, antipsychotic medications, or persistent pain — control measures of nursing home quality that were not expected to vary with seasonal influenza.

To learn more, see Gozalo et al. (2012). Effect of influenza on functional decline. Journal of the American Geriatric Society, 60(7), 1260-1267.

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) Effective Health Care Program comparing 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 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. Overall, outcomes for people with dementia do not differ between nursing homes and residential care/assisted living settings, except for people needing medical care, who may benefit more from a nursing home setting.

To access this review, visit AHRQ’s Effective Health Care Program web site at www.effectivehealthcare.ahrq.gov

Published an Article Recently?

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

continued on page 10
Self-Reported Vision Impairment Does Not Always Predict Disability in Older Adults

The impact of poor vision on disability among the elderly (age 65 and older) is substantially reduced or eliminated when other health factors are taken into account, according to a new study. Researchers found that when vision impairment did predict disability, it usually centered on doing highly visual activities at home, such as reading or watching television.

Greater proportions of persons reporting poor vision had problems with dressing, getting in and out of bed, and doing household chores compared to those with good vision. Nearly a third of those with poor vision (30.8%) reported being unable to attend social events. However, when other health conditions and variables were controlled in models, the effects of poor vision in reporting greater disability were reduced across all daily activities investigated. In fact, the effect of poor vision was completely eliminated for getting in and out of bed. The researchers do note, however, those with poor vision are more than twice as likely as those with good or better vision to move into the next level of disability when it comes to going to social events and managing money. Performing leisure activities at home is also significantly affected by poor vision. These individuals are five times more likely to have greater disability.

According to the researchers, vision rehabilitation interventions need to address multiple health dimensions, improve access to services, and establish connections with other agencies that serve the elderly.


Antipsychotic Use Among the Elderly Boosts Risk of Stroke

Warnings of increased risk of death and vascular adverse events associated with off-label use of antipsychotics among the elderly surfaced in 2002. These medications may boost the risk of stroke, suggests a new study. It found that the odds of stroke were 1.8 times higher during time exposed to antipsychotic medications than during time unexposed. This effect was greater among older veterans.

The researchers analyzed data from the Veterans Health Administration on inpatient hospitalizations for ischemic stroke between 2002 and 2007. The study included 511 stroke cases; 85% had taken antipsychotic medications in the 30 days prior to their stroke and 15% had taken them 90 to 120 days before their stroke. The researchers recommend antipsychotic therapy among the elderly be initiated only after alternative strategies of dealing with symptoms of behavioral and psychological symptoms of dementia have been investigated fully.


High-Risk Drugs Used by the Elderly Declined with Medicare Part D Coverage

Patients who moved from no drug coverage to Medicare Part D drug coverage increased their use of medications deemed Drugs to Avoid in the Elderly (DAE) from 15.72% to 17.61%. However, the proportion of DAE in overall drug use declined slightly from 3.01% to 1.98%, according to a new study. The proportion of drug-disease interactions remained stable.

Medicare Part D, implemented in 2006, brought drug coverage to 28 million beneficiaries who either lacked it previously or had higher out-of-pocket costs, increased prescription drug use, and resulted in greater adherence to drug treatment for chronic diseases. The researchers suggest that to maximize the potential for Part D to improve the quality of medication use among older adults, additional changes to pharmacy benefit design (e.g., cost sharing) and health professional education may be necessary.


Use of Antibiotics Is Common Among Older Adults and Varies Across Regions

The use of antibiotics among Medicare beneficiaries varies across regions, after controlling for differences in patient characteristics, reveals a new study. These regional differences did not seem to be explained simply by differences in the prevalence of underlying conditions, because regions with high use of antibiotics often had lower rates of bacterial pneumonia diagnosis. Antibiotic use rates were highest in the South (21.4% per quarter) and lowest in the West (17.4% per quarter).

For details to see Zhang et al. (2012). Geographic variation in outpatient antibiotic prescribing among older adults. *Archives of Internal Medicine*, 172(19), 1465-1471.

Clinical Tool Helps to Estimate Predicted Benefit from Radiation Therapy for Older Women with Breast Cancer

Although nearly half of breast cancers are diagnosed in women age 65 and older, the importance of radiation therapy (RT) after conservative surgery remains controversial for women in this age group.

A team of researchers has developed a clinically useful tool to predict the likelihood of long-term breast preservation with and without RT. The tool, known as a “nomogram,” gives scores to factors predictive of mastectomy, such as age, race, tumor size, estrogen receptor status (positive or negative), and receipt of RT to calculate a weighted total score useful for predicting 5- and 10-year mastectomy-free survival. The researchers believe that since indications for RT remain unclear and continue to be debated for older patients, their clinical tool will be useful to patients and physicians when evaluating adjuvant treatment options.

The nomogram is publically available on The University of Texas MD Anderson Cancer Center web site ([www.mdanderson.org/RadiationBenefitPredictor](http://www.mdanderson.org/RadiationBenefitPredictor)).

For more info see Albert et al. (2012). Nomogram to predict the benefit of radiation for older patients with breast cancer treated with conservative surgery. *Journal of Clinical Oncology*, 30(23), 2837-2843.
2012-2013 Committee Chairs

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