President’s Message

Meeting the Educational Needs for Practitioners Who Serve Our Senior Population

As the number of older adults is on the verge of exploding, this increase in longevity is creating a growing need for accessible, coordinated, and efficient care for our senior population. While many of our patients are relatively healthy, many others have multiple health problems, have some degree of decrease in function, and need age-appropriate care. Health care practitioners who care for elders must be prepared to manage these complex patients who may be culturally diverse, lending a bit more challenge in creating an appropriate plan of care. GAPNA has consistently been on the forefront of expertise in geriatric care. We must continue to reinforce the idea that geriatrics does care for a specific population and there is a need for health care providers who are experts in geriatric care. GAPNA is focused on defining geriatrics for the advanced practice health care practitioner. And GAPNA will continue to strive to be the resource for geriatric knowledge and work to meet the educational needs for practitioners who serve our senior population.

Editorial

You and GAPNA’s Newsletter

I have agreed to serve as the Editor for GAPNA’s Newsletter with a more than a little trepidation! My concern comes from the realization most GAPNA members are extraordinarily busy professionals. They are busy seeing patients, managing staff, developing organizational policies, lobbying legislators and regulators, implementing quality improvement efforts, executing research studies, and teaching future colleagues. This fact raises two major problems for any editor. First, what information can be offered here that will be of sufficient interest for these professionals to take time to read the newsletter? And second, is it possible to entice these same professionals to take the time to write for the newsletter to keep members informed of activities within GAPNA?

The purpose of GAPNA’s Newsletter is to inform members of the activities, plans, and accomplishments of GAPNA, its committees, its regional chapters, and its individual members. GAPNA has 10 committees (Awards, Communications, Conference Planning, Education, Health Affairs, Historical, Nominating, Chapter Leadership, Practice, and Research) and five special interest groups (Hospice/Palliative Care, House Calls, Leadership, LTC/Nursing Home, and Transitional Care). In addition,
Congratulations to the 2013 GAPNA Excellence Award Recipients

The GAPNA Awards Committee is pleased to announce the 2013 Excellence Award winners. GAPNA annually recognizes individuals who demonstrate clinical excellence through education, community service, leadership, and research while upholding the mission of the association. This year, the committee received 40 nominations for various awards and it was a pleasure to read about the magnificent work put forth by our colleagues! The Awards Committee continues to work towards strengthening the prestige and recognition of our Excellence Award winners, as it is a great tribute to our organization to highlight the amazing contributions of our members.

Chapter Excellence Award

Georgia Chapter

The Georgia Chapter has grown enormously in membership and programming. This chapter has provided annual local chapter awards to four members to attend GAPNA national conferences, provided volunteer services to older adults, and supported events of organizations that serve them. In addition, they have hosted four annual continuing education conferences in collaboration with a regional geriatric education center, including Jennie Chin Hansen, CEO, American Geriatrics Society, as a keynote speaker. Their work has resulted in a 300% increase in conference attendance. This dynamic chapter has remade itself in tune with the changing times and provided a stellar example of chapter excellence for 2013.

Special Interest Group (SIG) Excellence Award

LTC/Nursing Home SIG

The LTC/Nursing Home SIG is focused on assisting APNs working in long-term care. This SIG has 48 members and has consistent participation on the monthly conference calls. This group successfully updated numerous articles in the new Clinical Topics section of the GAPNA web site, which is currently under development, including articles on advanced directives, depression, and reducing polypharmacy, to name a few. The SIG also completed a protocol for urinary tract infection treatment and a lab monitoring protocol. Their second goal was to start a mentoring program for new APNs. Their final goal was to get involved in health affairs. They are now serving as a consultant to the Health Affairs Committee regarding all issues or legislation related to LTC or nursing homes. This SIG demonstrates cohesiveness and dedication to the completion of their goals with the overarching goal of helping current and future APNs practice to their highest ability in the care of the elderly.

Excellence in Clinical Practice

Linda Keilman, DNP, GNP-BC

Dr. Keilman is Assistant Professor at Michigan State University College of Nursing, where she provides leadership ensuring geriatric content is threaded throughout the curriculum. She has an extensive gerontological clinical faculty practice and utilizes her clinical expertise in a number of local clinical practices. Dr. Keilman is a recognized expert in urinary incontinence. She has published extensively on this subject and her writings are based on her clinical experience, extensive study, and her own research. She regularly consults with subacute rehabilitation units for her expertise in urinary incontinence, and for other areas of clinical expertise. Dr. Keilman has published and made numerous presentations on topics including incontinence, aging issues, parish nursing, sexuality, spirituality, and bereavement. She is an outstanding representation of excellence in clinical practice.

Excellence in Community Service

Irene Campbell, GNP

Irene Campbell’s expertise in the management of geriatric patients extends beyond her practice with United Healthcare to clinicians and educators in the field of nursing, through her association with the Massachusetts Senior Care Association. As a subject matter and clinical expert, Irene has developed and presented programs that promote and improve the quality of care to our elders. She has volunteered countless hours developing and implementing clinical programs to support and enhance the care being delivered to older adults. Irene embodies community service through her outreach to colleagues, educators, families, and legislators to extend the message of highly skilled, quality care to all aging adults.
Excellence in Education

Julie Stanik-Hutt, PhD, ACNP/GNP-BC, CCNS, FAANP, FAAN

Dr. Stanik-Hutt is an Associate Professor and Coordinator of the Adult/Gero Acute Care Nurse Practitioner and Critical Care CNS Specialist Program, Johns Hopkins University School of Nursing. She has led initiatives to improve educational programs and increase the number of APRNs prepared to serve older adults. In 2005, she and other GNP leaders led the American Nurses Credentialing Center to offer certified APNs, FNPs, and ACNPs the opportunity to qualify to complete the GNP examination. From 2009-2012, Dr. Stanik-Hutt served on two NP expert panels that worked to develop the Adult/Gerontologic Primary Care, and later the Adult/Gerontologic Acute Care Nurse Practitioner Competencies. She also led the Johns Hopkins faculty integration of gerontological content and experiences into the adult primary care and adult acute care NP and the adult health and adult critical care CNS curricula. Dr. Stanik-Hutt was invited to speak at a faculty preconference of the American Association of Critical Care Nurses Advanced Practice Institute, further facilitating dissemination of the new Adult/Gero APRN competencies and their integration into curricula. She is a tremendous asset to the APRN community with the focus on gerontological care.

Excellence in Research

Nancy Hodgson, PhD, RN

Dr. Hodgson is at the forefront of developing and testing the next generation of nonpharmacologic interventions to ease the suffering of elderly patients with dementia. She is a leader in the development and application of evidence-based interventions into geriatric nursing practice. Over the past 10 years, her research has focused on palliative care for older adults with complex health care needs. Her studies include a National Institutes of Health-funded career development award testing palliative, sensory-based interventions to ease neuroendocrine distress; and an American Cancer Society-funded study comparing the effectiveness of complementary therapy interventions in nursing home residents with cancer. She is well published in the field of palliative care with over 25 articles in refereed journals and over 50 presentations at national and international conferences. In 2002 Dr. Hodgson won the Archstone Foundation’s Award for Excellence in Clinical Innovation for her nursing home-based palliative care program, the first such program in the country. Dr. Hodgson is deeply committed to the science of geriatric nursing. Her research combines theoretical advancement in gerontology with a firm grounding in clinical care.

Excellence in Leadership

Pat Kappas-Larson, DNP, APN-C, FAAN

Pat Kappas-Larson is an exemplary leader in geriatric care and innovator in the design and execution of clinical practice and models of care that enhance the quality and efficient care of geriatric clients. She excels at leading change to improve quality of care and energizing others to promote geriatric care. Pat was a nurse practitioner with the Veterans Administration where she provided geriatric care and developed an Alzheimer’s program. She was the Senior Executive for Evercare/Ovations/UHC and designed innovative programs that were cost effective and provided high-quality care for Medicare and Medicaid recipients in all care settings. Nationally and internationally, she built strategic relationships with academia, engaged key foundations, and served on advisory panels for developing key competencies for APNs. Currently, Pat consults for health care organizations that provide services to individuals requiring long-term care. She is also currently Practice Administrator for Presbyterian Homes and Services where she has designed and implemented a Medicare-certified hospice, community case management service, and Primary Care House Call program led by nurse practitioners. Pat is a Hartford Scholar and a Fellow in the American Academy of Nursing. She is recognized as a Mentor in the Geriatric Leadership Academy for Hartford and Sigma Theta Tau. She served as a member of the John A. Hartford Center of Geriatric Nursing Excellence and was a consultant to the John A. Hartford Foundation for Advanced Practice Competency and Leadership Capacity. Her exemplary leadership skills have been appreciated by GAPNA as she has served as GAPNA President, Chair of the Leadership Special Interest Group, and Chair of the Health Policy Committee.

Amy Imes, GNP-BC
Chairperson, Awards Committee
amy_d_imes@uhc.com

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Click the logos to learn more.
GAPNA Foundation Recognizes Award Recipients at Annual Conference

The GAPNA Foundation presented awards and grants at GAPNA’s Annual Conference in Chicago in September. The awards highlight the Foundation’s commitment to provide financial grants to support scholarly research and projects related to gerontological nursing, and to provide educational opportunities for registered nurses and advanced practice nurses working with older adults.

**GAPNA Foundation Research/Clinical Project Grant(s)**

The Research Grant is a small grant to fund a proposed research or clinical project. Priority is given to proposals that generate new evidence to examine and/or provide support for decision making in clinical practice or outcomes based and designed to measure and improve health outcomes for older adults. Congratulations to:

- **Lisa M. Mailliard, APN, GCNS-C**
  “Use of a Decision Model to Improve Care Planning in Multimorbid Older Adult Patients”

- **Ju Young Shin, PhD**
  “Medication-Taking Behavior in People with Parkinson’s Disease”

**Dave Butler Spirit of GAPNA Award**

David H. Butler, Vice President for Johnson & Johnson USA, was a strong advocate and supporter of the goals and mission of GAPNA. The Dave Butler Spirit of GAPNA Award is given yearly to one member who demonstrates an outstanding commitment to the mission and goals of GAPNA. Congratulations to the 2013 recipient **Charlotte Kelley, MSN, GNP, ARNP**.

**AMDA Foundation Futures Educational Grant(s)**

The AMDA Foundation provides residents, fellows, and APNs who are interested in long-term care practice the opportunity to participate in the AMDA Foundation Futures Program. The Futures Program is held during the annual Long Term Care Medicine Conference. This intensive learning experience is designed to teach residents, fellows, and APNs to practice optimally in long-term care settings. All participants chosen for this competitive award receive admission to the AMDA Foundation Futures Program, registration to the LTC Medicine Annual Symposium, AMDA membership for 1 year, and access to an AMDA Mentoring Program. Congratulations to the 2013 grant recipients **Joanna Brightwater, RN, and Victoria Nalls, GNP-BC, CWS**.

**The GAPNA Web Site: Ready for Mobile Devices**

The GAPNA web site 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!

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* 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).
Conference Attendees Can Access and Share Educational Sessions!

GAPNA Conference attendees receive free access to all educational sessions from this meeting in GAPNA’s Online Library! Access includes multimedia streaming and downloading. With access to the Online Library you can “attend” any sessions you may have missed on site and earn additional CNE credits (processing fees apply). Content to conference sessions is now available. Additional CNE credit can be purchased after the evaluation process has closed.

GAPNA is also pleased to offer conference attendees the ability to share access to the educational sessions with your friends, staff, or colleagues. You can share access with up to three additional users. Simply log into www.gapna.org/library, watch the recorded sessions, click the link on the left hand side under “Your Account” that says “Share Your Content,” enter the name and email address of the person you wish to share the session with, then click “Invite.” The system will email that person instructions and a code that will allow him or her access to the sessions. Please note CNEs for sessions shared are not included but can be purchased separately. If you need help, contact the support people at PROLibraries.

Couldn’t attend GAPNA’s Annual Conference? Conference sessions will be available for purchase in mid-November. Attend the conference virtually! Go to the GAPNA Online Library to browse sessions!

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ANP/GNP Student Scholarship Winners Selected

On behalf of the Education Committee, it is my pleasure to announce the winners of GAPNA’s first 2013-2014 ANP/GNP Student Scholarship, supported by an unrestricted educational gift from the Brooklyn Home of Aged Men. Join me in extending congratulations to Emily Miller, BSN, of Scottsdale, AZ, and Elizabeth Cardenas, BSN, of North Salt Lake, UT.

Many applications were received from students who described their commitment to the care of older adults. We would like to thank all of these student applicants and the educators/clinicians who wrote heart-felt letters of recommendation.

Emily Miller has been a hospice nurse for Hospice of the Valley since 1999. She is currently completing the AGNP program leading to a DNP at Arizona State University. With a GPA of 4.0, strong letters of recommendations from faculty, and her plans to continue serving older adults in hospice as an AGNP, Emily was selected to receive the 2013-2014 ANP/GNP Student Scholarship.

Elizabeth Cardenas has been a home health nurse since 2006 and is a certified wound care nurse. She received the Excellence in Nursing Practice from the Gamma Rho Chapter of Sigma Theta Tau in 2010. She is currently completing the ANP/GNP program leading to a DNP at The University of Utah. With a GPA of 4.0, strong letters of recommendations from faculty, and her plans to continue serving homebound older adults as an AGNP, Elizabeth was selected to receive the 2013-2014 ANP/GNP Student Scholarship.

Barbara E. Harrison, PhD, APRN
Chair, Education Committee
bharriso@udel.edu

Clinical Project Award Recipients Announced at GAPNA Conference

This year, there were 24 research and quality improvement abstract submissions for the 2013 GAPNA Annual Conference; nine were selected for podium presentations.

The GAPNA Research Committee selects the best podium and best poster presentations for the Clinical Project Presentation Award and the Research and Clinical Project Poster Award, respectfully. The winners were announced at the Conference Awards Dinner in Chicago, IL.

Clinical Project Presentation Award

This award is presented for a study and clinical project that showcases new ideas and outcomes APNs are researching or implementing to further the care of older adults. Congratulations to:

Sherry Greenberg, PhD(c), MSN, GNP-BC
“Fear of Falling Among High-Risk, Urban, Community-Dwelling Older Adults”

Research and Clinical Project Poster Award

This award is presented to poster presenters who showcase new ideas and outcomes APNs are researching or implementing to further the care of older adults. The posters are among the research and clinical project posters featured during the poster viewing sessions. Congratulations to:

Abby Parish, Todd Monroe, and Lorraine Mion
“Nurses’ Perceptions of Pain in Long-Term Care Residents with Dementia: A Focus Group Study”

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.

GAPNA Conference attendees receive free access to all educational sessions from this meeting in GAPNA’s Online Library! Access includes multimedia streaming and downloading. With access to the Online Library you can “attend” any sessions you may have missed on site and earn additional CNE credits (processing fees apply). Content to conference sessions is now available. Additional CNE credit can be purchased after the evaluation process has closed.

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Have you ever considered stepping forward, accepting the challenge, and volunteering for a position on the GAPNA Board of Directors or Nominating Committee? Now is the time! The 2014 ballot for the positions of President-Elect, Secretary, Director-at-Large, and Nominating Committee is open. We are seeking members who are committed to serve, enthusiastic, energetic, and have strong leadership, organizational, and communication skills to continue to move our organization ahead. Don’t wait for someone to ask you. Step forward and ask what you can do for the organization. Nomination forms can be found on the GAPNA web site, including a nomination packet and consent to run. Click here to access the forms. Nomination forms must be submitted to the National Office by April 1, 2014.

President-Elect: The President-Elect serves as a member of the Board of Directors and performs the following functions: performs duties as assigned by the President; automatically assumes the office of the President at the end of the President’s term or in the event of a vacancy in the office of President; develops a thorough understanding of the bylaws and policies of the organization, and Robert’s Rules of Order, Newly Revised; works closely with the President; develops and prepares goals for upcoming term as President; establishes contact with the National Office staff for the operation of the organization; recognizes and advises of changing outside influences which may affect the decisions of the Board; participates in the development and implementation of the strategic plan; contributes articles to newsletter as required; completes other duties as assigned. Travel is required and expenses are reimbursed as set by GAPNA policy. (Three-year commitment; first year as President-Elect, second year as President, and third year as Immediate Past President)

Secretary: The Secretary serves as a member of the Board of Directors and performs the following functions: records the proceedings of all official meetings of GAPNA; notifies the GAPNA membership of the annual meeting and any other special meetings; accepts responsibilities and assignments as delegated by the President; participates in the development and implementation of the strategic plan; contributes articles to newsletter as required; and completes other duties as assigned. Travel is required and expenses are reimbursed as set by GAPNA policy. (Two-year commitment)

Director-at-Large: The GAPNA Director-at-Large serves as a member of the Board of Directors and performs the following functions: assumes responsibilities as delegated by the President and/or Board; participates in the development and implementation of the strategic plan; contributes articles to newsletter as required; assists to orient incoming Director-at-Large; completes other duties as assigned. Travel is required and expenses are reimbursed as set by GAPNA policy. (Two-year commitment)

Nominating Committee (Two positions): The Nominating Committee oversees the election process, solicits and screens applicants, and presents a slate of candidates to the membership for voting. The business of the Nominating Committee is conducted via conference calls; travel is not required. Nominating Committee members may not run for office during the time they are serving on the Nominating Committee. (The candidate receiving the most votes shall serve for two years, the second term as Chair of the Committee. The candidate receiving the second most votes will serve a one-year term.)

If you have any questions regarding the positions and are considering submitting your name for nomination, please contact:

Alice Early, MSN, ANP-BC
Chair, Nominating Committee
ame626@aol.com

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—about 200 words (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! Click here to get started.

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@ucdmc.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.
Meet Your New Board Treasurer

George Byron Smith, DNP, GNP-BC, CNE
Associate Professor and Director for Post Masters DNP Program
Brandman University, Marybelle and S. Paul Musco School of Nursing and Health Professions
Tampa, FL

What influenced you to enter your gerontological practice area? I have always enjoyed talking with and hanging out with my older neighbors and relatives. In my nursing practice, I first became interested in working with older persons on an inpatient geropsych unit. I was hooked. When deciding between a NP program in psychiatric-mental health or GNP, I selected GNP because I felt it would provide me with the most access to a diverse older population. I have been a GNP for nearly 15 years and have loved every minute of it.

What are the biggest challenges and joys of your current position? I currently have the best of both worlds. I teach and practice as a GNP – my two greatest passions. Many times I don't feel like my positions are work; I enjoy mentoring with students and positively influencing them on their perceptions on older people and on the fascinating work with geriatric patients and their families.

What professional accomplishments are you most proud? Being elected GAPNA Treasurer; Program Director with Brandman University; and Co-Chair, Florida Coalition of Nurse Practitioners.

What influenced you to become involved in GAPNA leadership? Many professional and academic mentors who have role modeled leadership and who are involved at all levels of the association and profession influenced me.

What do you look forward to most about serving on the Board of Directors? Participating at the national level on critical issues confronting older persons and the profession of gerontological advanced nursing practice.

Tell us a little about your life away from gerontological health care. I enjoy international traveling and swimming with my Jack Russell each day. Unfortunately, I am not much of a reader (except professional literature) but a book that has had a significant impact on my life is a little self-help book by Susan Jeffers, Feel the Fear and Do It Anyway. My partner of 7 years, Adriel, and I are going to be married on October 31 in New York City. He and I live in Tampa with our three kids (Grace [pug]; Samantha [Chihuahua mix]; Dexter [Jack Russell]).

What excites you the most about attending GAPNA’s Annual Conference? Interacting with colleagues who have the same passion for working with older people.

Contact info: gbsmith@southuniversity.edu

Call for Clinical Abstracts: 2014 Conference

The GAPNA Planning Committee is accepting clinical abstracts for presentations at the 2014 Annual Conference.

Presentation topics should be consistent with the theme of quality of life and quality of care and may address clinical best practices, innovative models of care, organizational change, unique strategies, and/or processes that improve outcomes and bridge gaps in care, analyses of current care, case studies, and be appropriate for presentation for APNs at an advanced level.

- APN roles and responsibilities
- Advanced clinical topics
- Chronic disease management
- Pain management
- Acute care of older adults
- Preventive health care in the older adult
- Mental health of the older adult
- Cost effectiveness of APNs
- Organizational issues and leadership
- Innovative clinical or practice projects
- Patient education programs
- New or adapted systems of care

Abstracts must be received in the National Office by December 5, 2013. Click here for more info.

Call for Research and Clinical Project Abstracts

The GAPNA Research Committee is accepting research project and clinical project abstracts for presentation at the 2014 Annual Conference.

The Research Committee’s goal is to facilitate GAPNA members who wish to present their research or innovative projects at the Annual Conference. Projects should enrich the APN’s knowledge and/or enhance the care of the older adult. Selected winning abstracts may be published in the GAPNA Newsletter or Geriatric Nursing journal.

Abstracts must be received in the National Office by May 15, 2014. For details, please click here.
**Georgia**

The Georgia Chapter has been very busy over the last several months. Efforts for our local annual conference are well underway. Our conference planning committee began their work at the close of the last conference in February. We are pleased to announce that our 5th annual CE day “Multidisciplinary Approaches Across the Palliative Care Continuum” will take place on March 22, 2014 at the historical Academy of Medicine in Atlanta. We are excited to have speakers from all over the country provide our attendees with the most updated information to influence their practice. Our keynote speaker, Dr. Linda Emanuel, is Director of the Buehler Center on Aging and the founder and principal of the National Education in Palliative and End-of-life Care Program and the Patient Safety Education Program. Our highlighted speaker is Dr. James Mittleberger who is the National Chief Medical Officer for Evercare Hospice and Palliative Care. Additional sessions will include symptom management at end of life, POLST updates, guardianship, and having difficult conversations at end of life. We invite advanced practice nurses, physicians, physician assistants, registered nurses, and social workers to attend.

Holly Brown (r) receives the George Chapter Excellence in Clinical Practice Award from Stacey Chapman.

We are delighted to announce the 4th winner of our annual state Excellence in Clinical Practice Award was Holly Brown, GNP-BC. She is currently Director of Clinical Practice for Ethica Health and Retirement Communities. In this role she provides clinical support, program development, education, and professional growth for 50 client centers serving over 4,000 clients. She serves as a mentor to over 30 nurses seeking geriatric certification, trainer for nursing geriatric physical assessment, and has been instrumental in leading the Interact program implementation at Ethica. Holly received the award at our August quarterly business meeting. In addition to her plaque, she will receive complimentary registration to next year’s GAPNA Conference.

With the holidays right around the corner, we are also planning for a large volunteer project where we will give back to low-income long-term care residents by providing basic necessities and holiday gifts. We are also working toward sponsoring our first student night in Spring 2014. Our next meeting will be a discussion on diabetes management in the elderly client on November 7 at the Capital Grille sponsored by Sanofi.
Health Affairs Committee to Advise and Support Chapters

The Health Affairs Committee is off to a great start after our energizing meeting at the recent GAPNA Conference. One of our goals for 2013-2014 is to be more involved in following state policy issues and working with our chapters to advise and support them at the local level. The American Academy of Nurse Practitioners will be a great resource for us as well. Julie Stanik-Hutt and Debra Bakerjian are the committee members who volunteered to take on that responsibility. Evelyn Duffy will continue to be the GAPNA representative to the Nurse Practitioner Roundtable. We have representatives involved in several other groups. Andrea Brown follows the Coalition of Geriatric Nursing Organizations/Eldercare Workforce Alliance, and Nikki Davis and Charlotte Kelley will be our participants on the Nursing Community calls. Mary Dierich agreed to participate on the calls of the Extended Nurse Practitioner Roundtable, and Margaret Wallhagen and Connie Carunchia will share the responsibility of monitoring the APRN Workgroup. Mary Dierich agreed to participate on the calls of the Extended Nurse Practitioner Roundtable, and Margaret Wallhagen and Connie Carunchia will share the responsibility of monitoring the APRN Workgroup. Anna Trienkman is our point person for the Graduate Nurse Education Demonstration Project and the Center to Champion Nursing in America. We have many members without specific assignments but they add their insights and input on our calls and help to guide our response to the many groups we monitor. We want to encourage anyone with an interest in policy to consider joining our committee. There are many opportunities to become involved. If you have a specific area of interest, there is most likely a way you can help us on the committee.

Remember, the deadline to apply for the Health Affairs Scholarship is November 15, 2013. The scholarship provides up to $1,500 for a GAPNA member interested in Health Affairs to attend the American Association of Nurse Practitioners Health Policy Summit in March in Washington, DC.

Evelyn G. Duffy, DNP, G/ANP-BC, FAANP
Chair, Health Affairs Committee
Exd4@case.edu

New to the LTC/Nursing Home Arena?

If you would like a mentor, GAPNA’s LTC/Nursing Home SIG volunteers would love to help. If interested, please contact Suzanne Ransehousen at suzyr107@yahoo.com

Meet the New Editor

Mara Aronson

Mara Aronson, MS, RN, GCNS-BC, FASCP, CPHQ, has been appointed Editor of the GAPNA Newsletter. Mara is a Clinical Nurse Specialist with certifications in geriatrics and quality improvement, and is a Fellow of the American Society of Consultant Pharmacists. She began working with older adults as a nursing assistant nearly 40 years ago – prior to the requirement for education and certification for that role. Mara earned the Louis Lowy Certificate of Gerontology concurrently with her BSN at Boston University in 1985. She worked in long-term care facilities for several years and continued to work while earning her MSN in 1993 in gerontologic nursing from the University of Massachusetts in Boston. In addition to her current certifications, Mara has previously been certified as a rehabilitation nurse and a specialist of continuing education and staff development.

Throughout her career, Mara has focused on efforts to improve the care of older adults. Under the business name of AGE: Association for Gerontologic Education, she offers consulting services, interim management, and education to health care organizations and their staff. Mara has been a presenter at local, regional, national, and international symposia and, under a previous name (Ferris), she has authored more than 60 articles which have appeared in peer-reviewed and trade journals, and on professional web sites. She is also a peer reviewer for more than a dozen professional journals serving health care professionals from medicine, pharmacy, nursing, and health care administration. Mara serves on the boards of directors and many committees of professional organizations which serve health care professionals from medicine, pharmacy, nursing, and health care administration.

Currently, Mara is the Director of Nursing of a 140-bed skilled nursing facility in Boston. Under her leadership, the facility has dramatically improved the reporting and remediation of medication events. The success of this effort has garnered national recognition with invitations to present at professional symposia across the country. In November, Mara will be presenting a session at the annual meeting of the American Society of Consultant Pharmacists intended to provide strategies to improve the collaboration between pharmacists and nurses in skilled nursing facilities.

For more information or to reach Mara, please go to www.age-nurseconsultant.com or email mara@age-nurseconsultant.com.
ANNUAL CONFERENCE HIGHLIGHTS
Chicago, IL • September 18-21, 2013

Enhancing Access, Promoting Quality Care & Improving Outcomes for Older Adults

Photos by Int’l Center for Documentary Arts, Chicago, Il.
Lesbian, gay, bisexual, and transgender (LGBT) elders have unique barriers to quality health care including higher rates of poverty, poor insurance coverage, distrust of medical professionals, and fragile support networks. These barriers lead to specific primary and long-term care needs. Advanced practice nurses are responsible for determining those needs and providing culturally competent care to this population. Unfortunately, there is little published data about health care interventions and outcomes in this group. However, there are a variety of informative online resources that can guide providers and LGBT elders in planning their care. Below are some links that you may find helpful to your practice.

<table>
<thead>
<tr>
<th>Services and Advocacy for Gay, Lesbian, Bisexual &amp; Transgender Elders (SAGE)</th>
<th><a href="http://www.sageusa.org">http://www.sageusa.org</a></th>
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</thead>
<tbody>
<tr>
<td>National Resource Center of LGBT Aging</td>
<td><a href="http://www.lgbtagingcenter.org">http://www.lgbtagingcenter.org</a></td>
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<tr>
<td>Medicare Interactive: A Resource From the Medicare Rights Center</td>
<td><a href="http://www.medicareinteractive.org">http://www.medicareinteractive.org</a></td>
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<tr>
<td>UCSF Center of Excellence for Transgender Health</td>
<td><a href="http://transhealth.ucsf.edu">http://transhealth.ucsf.edu</a></td>
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<tr>
<td>Project Health: Advancing Transgender Healthcare Rights</td>
<td><a href="http://project-health.org">http://project-health.org</a></td>
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<tr>
<td>Gay and Lesbian Medical Association</td>
<td><a href="http://www.glma.org">http://www.glma.org</a></td>
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<tr>
<td>Nurses Health Education About LGBT Elders (HEALE) Curriculum</td>
<td><a href="http://www.howardbrown.org/hb_services.asp?id=2224">http://www.howardbrown.org/hb_services.asp?id=2224</a></td>
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Three GAPNA Members Selected to American Academy of Nursing

The American Academy of Nursing selected 172 nurse leaders for induction as Fellows during the Academy’s 40th annual meeting on October 19, 2013, in Washington, DC. Three GAPNA members were part of this select group:

- **Mary Cadogan, DrPH, RN, GNP-BC**, University of California, Los Angeles
- **Pamela Z. Cacchione, PhD, RN, CRNP, BC**, University of Pennsylvania, Philadelphia
- **Linda Rounds, PhD, RN, FNP, FAANP**, University of Texas Medical Branch, Galveston

The Academy is composed of more than 2,000 nurse leaders in education, management, practice, policy, and research. The Academy Fellows include hospital and government administrators, college deans, and renowned scientific researchers. With this new class, Fellows represented all 50 states, the District of Columbia, and 19 countries.

Selection criteria include evidence of significant contributions to nursing and health care and sponsorship by two current Academy Fellows. Applicants are reviewed by a panel comprised of elected and appointed Fellows, and selection is based, in part, on the extent the nominee’s nursing careers influenced health policies and the health and well-being of all.

GAPNA Represented at National Adult Vaccination Summit

Traci Miller, President-Elect of the Maryland Chapter, represented GAPNA at the 2013 National Adult Vaccination Summit Program, August 22, 2013, in Washington, DC. The conference was attended by a cross section of leaders in the fields of immunology and adult/geriatric medicine. Keynote speakers discussed the current adult vaccination rates and social factors inhibiting the success of vaccination programs. Also addressed were strategies for improving participation in the adult population in accord with Healthy People 2020 goals.

During the afternoon session, participants were divided into three breakout groups. Each group was asked to identify strategies for developing champions to improve adult vaccination rates within the provider, public, and policy sectors. The brainstorming process began with gathering ideas that would improve overall buy-in from each of the individual sectors. These ideas were grouped into overarching strategies. These strategies were then ranked in order of potential impact. A plan of action was devised around the highest impacting strategies within each of the three sectors. These action plans will build on the 2012 Summit plans implemented over the last 12 months, as well as current national and state efforts.
Risk of Death Increases in Nursing Home Residents After Exposure to Typical Antipsychotics

Older antipsychotic medications, called typical antipsychotics, can cause a variety of central nervous system side effects. The newer, atypical agents are preferred by many due to their better side-effect profiles. Typical antipsychotics can increase the risk for mortality in the elderly, conclude researchers.

Researchers analyzed Medicare and Medicaid data on 3,609 typical antipsychotic users matched with 3,609 atypical antipsychotic users. Residents who used atypical antipsychotics had an unadjusted mortality rate of 18.42% compared with 24.06% for users of typical antipsychotics. On average, there was a 41% higher risk of death within 180 days of exposure to typical agents compared to treatment with atypical agents.

The researchers advise physicians to base their decisions to use antipsychotics in this population on individual risk factors as well as the acute and long-term risks of therapy. Since dual-eligible residents are particularly vulnerable, they should be monitored closely once antipsychotic treatment is started.

For more info, see Aparasu et al. (2012). Risk of death in dual-eligible nursing home residents using typical or atypical antipsychotic agents. Medical Care, 50(11), 961-968. doi:10.1097/MLR.0b013e31826ec185

Patient-Centered Medical Homes Improve Patient Experience and Quality of Care for Seniors

Older patients who received primary care at a patient-centered medical home (PCMH) reported significantly better experiences in shared decision making a year later, and in coordination of care and access to care both 12 and 24 months later than did similar patients at two control clinics, according to researchers.

Researchers found clinical quality on 22 measures improved for patients over 65 years old over baseline for the PCMH at 12 and 24 months, but did not differ significantly between the pilot clinic and the 19 control clinics. PCMH patients used more e-mail, phone, and specialist visits, but fewer emergency services and inpatient admissions for ambulatory care-sensitive conditions. At 1 and 2 years, the PCMH and control clinics did not differ significantly in overall costs.


Racial Disparities Shown in the Postsurgical Treatment of Elderly Women with Early-Stage Breast Cancer

Older Black women are less likely than older White women to receive chemotherapy or radiation therapy after having breast-conserving surgery (BCS) for early-stage breast cancer, according researchers. Previously, racial disparities in breast cancer mortality were attributed to Black women being diagnosed when the cancer was at a later stage, fewer physician recommendations for breast cancer screening, higher rates of obesity and hypertension, as well as nonclinical factors.

Researchers compared post-surgical treatment of Black and White women aged 65 or older diagnosed with early-stage breast cancer, who were treated by either BCS or mastectomy, and had close-in (proximal) lymph nodes checked for the presence of cancer cells. After adjusting their data for patient age, tumor characteristics, number of co-existing illnesses (and socioeconomic status in a second model), researchers found Black women were less likely than White women to receive chemotherapy (25% less if lymph node-positive and 17% less if node-negative).


Giving Flu Shots to Older Emergency Department Patients Is Cost Effective

Each year, there are approximately 40,000 deaths from influenza, mostly in the elderly. While vaccination is the main way to prevent cases and reduce complications, only 36% of adults 65 and older get a flu shot each year. Offering the flu shot to older patients seeking care from emergency departments (EDs) is a cost-effective strategy, particularly for patients older than 65 years, conclude researchers.

Three strategies were investigated: no vaccination, giving the flu shot to those over 50, and vaccinating patients older than 65. Vaccinating patients over 50 or over 65 were both cost effective compared to not vaccinating anyone in the ED. Individuals older than 50 getting the flu shot resulted in an incremental cost of $34,610 per life saved compared to no vaccination.


Combination Chemotherapy Increases the Risk for Adverse Events in Elderly Patients with Colorectal Cancer

About 70% of colorectal cancers (CRC) develop in patients over the age of 65. Treatment options in these elderly patients include the use of single-agent or combination-based chemotherapies. However, elderly patients are particularly vulnerable to side effects, especially when drugs are used in combination, according to researchers.

Medicare data were used to determine what types of chemotherapy, if any, these patients received. Patients who received chemotherapy tended to be younger, had more advanced cancers, and were more likely to be married compared to patients who did...
not get chemotherapy. All patients, whether receiving chemotherapy or not, had a high incidence of symptoms and laboratory test abnormalities, which increased after patients began receiving chemotherapy. Compared to patients on fluorouracil alone, those on an oxaliplatin-based regimen had higher rates of adverse events, including nausea and neuropathy. Those 70 years of age and older were more likely to experience certain adverse events such as infection, anemia, delirium, and heart disease.


**Quality Regulation of Nursing Homes Leads to Better Care Quality**

According to researchers in a new study, more stringent state regulation leads to better quality for four of seven measures of nursing home quality: certified nursing assistant staffing, licensed practical nurse staffing, risk-adjusted urinary incontinence, and decline in residents’ activities of daily living. Greater regulatory stringency did not affect either high-risk pressure sores or hotel expenditures (linens, laundry, housekeeping, and maintenance), and had a negative impact on registered nurse staffing by leading to fewer RNs.

Based on their cost-effectiveness estimates, researchers suggest increasing the stringency of regulation is an effective policy tool for improving quality in nursing homes.


**Nursing Home Residents with Dementia Have an Increased Risk of Adverse Events from Warfarin**

Many of the 1.6 million nursing home residents with dementia have multiple illnesses and take many potentially interacting medications. In a new study, researchers found nursing home residents with dementia who are being treated with warfarin to prevent blood clots due to other conditions are at higher risk of adverse warfarin events (AWEs) than are residents without dementia.

After adjusting for resident and facility characteristics, the researchers found residents with dementia had a significant 36% higher risk of a preventable or potential AWE than residents without dementia. Having more than the all-facility median for RN or LPN time available per resident reduced the risk of a preventable or potential AWE by a significant 34%.


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the LGBT Focus Group and the GNP Task Force actively serve GAPNA as well. There are 19 state and regional chapters serving members across the country. Each committee, special interest group, focus group, task force, and chapter is invited to send updates about their activities to be shared with the national membership here in this newsletter.

And finally, there is you! What are you doing professionally? Are you involved in an initiative within your organization to improve care of older adults? Lobbying legislators? Working with regulators? Educating the public? Developing a new practice model? Finding creative ways to introduce and excite student nurses considering careers in geriatrics? Writing for a trade or professional journal? Presenting at professional symposia? Please share your efforts and accomplishments with your colleagues. Your efforts and accomplishments may inspire and teach GAPNA members. So tell us what you’re up to!

*Mara Aronson, MS, RN, GCNS-BC, CPHQ, FASCP*

*Editor*

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**President’s Message continued from page 1**

The 2013 GAPNA Conference in Chicago was the largest ever with over 500 attendees. Our conferences are growing each year and the sessions this year offered a variety of education, innovative techniques for practice, and updates on legislative issues affecting care of the older adult. For those of you who were fortunate to attend, I know you enjoyed the conference as much as I did. For those who were unable to attend, I hope you will be able to make it to Orlando in 2014 where we plan to have an equally impressive conference, and hopefully an even greater attendance. We look forward to bringing you informative speakers who can share their expertise about practice, patient outcomes, education, and technology in health care.

I am excited about the coming year and look forward to serving as President of GAPNA. We, as the experts in geriatric care, will strive to define the role of the advanced practice nurse in care of older adults. GAPNA accomplished a phenomenal feat this past year; undertaking a survey which yielded information about practice from over 1,200 respondents and provided a wealth of knowledge about the nurse practitioner role in geriatric care. This information will be used by GAPNA’s Expert Consensus Panel to define the geriatric nurse practitioner specialty as well as help our special interest groups meet the needs of the membership by understanding their needs, interests, and assist in focusing plans for future projects. We encourage every member of GAPNA to invite a fellow practitioner to join GAPNA so we can increase our number and our voice. We appreciate all the active members who work with committees and special interest groups; these are the people who move the organization forward and make GAPNA what it is today. We encourage members to stay active or investigate the possibility of joining one of our committees or special interest groups to share your knowledge, learn from others, and to contribute to the profession.

Lisa Byrd, PhD, FNP-BC, GNP-BC, Gerontologist

President
drlbyrd@yahoo.com
This year, for the first time, the GAPNA Education Committee solicited abstracts for posters at the conference held in Chicago. Eight posters were presented. There was one interactive session that allowed for each presenter to briefly describe her/his curricular innovation to a circulating group of attendees. This format facilitated an exchange of creative ideas among those attending the session. Based on the positive response to the education poster session, click here to view the call for posters for the 2014 conference. A designated time for the presentations will be noted in the conference program. If you missed the poster presentation or there was a poster that captured your interest and you would like to review the information presented, check the GAPNA web site to find a link to the poster site.

The current issue of the International Journal of Nurse Practitioner Educators, an online journal http://libjournal.uncg.edu/index.php/ijnpe, features a number of articles written by GAPNA members who are nurse practitioner educators. Barbara Harrison, Natalie Baker, and Gail Prothe describe the development and the contents of the Adult-Gerontology APRN Preceptor toolkit that is available on the GAPNA web site. These GAPNA members served on the initial subcommittee that developed the toolkit. In her article, Pam Cacchione provides faculty guidance on ways to infuse geropsychiatric content into NP programs. Cathy Wollman, a member of the Transitional Care Special Interest Group, describes strategies for faculty to include transitional care models in the nurse practitioner curriculum. Given the abundance of applications available today for use in the clinical area, Evelyn Duffy reports on downloadable applications for tablets and phones, many specifically geriatric focused, that would be beneficial for students as well as practicing clinicians. Faculty who are interested in sharing innovative curriculum ideas are welcome to submit articles to the International Journal of Nurse Practitioner Educators. The journal is free; registration on the web site is all that is required.

The GAPNA Education Committee, led by Barbara Harrison, chair; Natalie Baker, chair-elect; and Gail Prothe, secretary, have a number of goals delineated on the GAPNA web site for the coming year that we hope to accomplish. We will continue to review the findings from the recently conducted faculty survey. We invite interested members to join this committee and participate on our monthly phone calls. The GAPNA Board of Directors recently voted unanimously to send Dr. Harrison to attend a special meeting convened by the National Organization of Nurse Practitioner Faculties (NONPF) to be held in November in Washington, DC. The board recognizes the role of specialty nursing organizations such as GAPNA in shaping advanced practice nursing education.

Laurie Kennedy-Malone, PhD, GNP-BC
Board Liaison to the Education Committee
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View GAPNA Newsletter’s New Enhanced Features

GAPNA’s new, dynamic features for its newsletter 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!

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
- Chapter Leadership
- Nominating
- Practice
- Research

Special Interest Groups
- Hospice/Palliative
- House Calls
- Leadership
- LTC/Nursing Home
- Transitional Care
- LGBT Focus Group
The Official Newsletter of the Gerontological Advanced Practice Nurses Association — Founded in 1981

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Notice Regarding Submissions

GAPNA encourages the submission of news items and photos of interest to GAPNA members. By virtue of your submission, you agree to the usage and editing of your submission for possible publication in GAPNA's newsletter, web site, social media, and other promotional and educational materials.

Volunteers Needed: Interested in serving on a GAPNA Committee? Learn more by contacting the GAPNA National Office at GAPNA@ajj.com or call 856-355-1392 and request a Call for Volunteers form.