President’s Message

2014 Will Bring Changes in Health Care

GAPNA is growing and changing as is the world around us. There is an unprecedented number of Americans nearing old age, and experts say the health care system will need tens of thousands more providers with training in geriatrics to handle this growing population’s increasingly complex needs. GAPNA’s membership of geriatric nurse practitioners and geriatric clinical nurse specialists is striving to provide that expertise and help meet the needs of these patients. GAPNA is working diligently on being the source of geriatric education and geriatric expertise for advanced practice nurses (APNs). We have an energetic and knowledgeable membership, which is focused on growing, because our voice is louder if our group is larger. We are working on marketing strategies and plan to expand our efforts geared toward APNs in many different fields who are caring for older adults. We plan to reach out to other organizations that would work well with GAPNA and who share the same goals of geriatric expertise.

continued on page 10

GAPNA Creates a Geropsych Focus Group

Aging baby boomers are rapidly expanding the population of older adults from 12% today to well over 20% by 2030. Of people age 55 years or older, 20% experience some type of mental health concern. However, only half of older adults with identified mental health problems are estimated to receive treatment and only 3% of those individuals receive specialty mental health services (American Association of Geriatric Psychiatry, 2013). With age comes increasing demand for specialized geropsychiatric services, and with expanding geriatric psychiatric populations comes increasing demand for educated, highly trained, and competent professionals to meet the special needs of these older adults and their families. Gerontologic APNs are well suited to help meet these demands.

At GAPNA’s 2013 Conference in Chicago, a group of members voiced the need for gerontological APNs and GAPNA to focus resources on and address the needs of older adults with psychiatric and mental health issues. GAPNA members interested in geropsych issues are invited to join this new focus group as we gather resources and plan programs for the 2014 Conference. Read more about the Geropsych Focus Group and/or joining the group online by clicking here.

George Peraza-Smith, DNP, ARNP, GNP-BC, CNE
Megan Sheppard, DNP, PMHNP-BC
Virginia Lee Cora, DSU, APRN-C, FAANP

Reference
If you have been waiting for someone to ask if you would like to run for a national Board of Director position – consider yourself asked! The Nominating Committee is inviting you to submit your name in nomination for the positions of President-Elect, Secretary, Director-at-Large, or Nominating Committee. Nomination forms are available on the GAPNA website https://www.gapna.org/call-elections. Time is running out! All nomination forms and packets need to be completed (this may be completed online) and submitted by April 1, 2014.

**President-Elect**
- Performs duties as assigned by the President.
- Automatically assumes the office of 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 Society, 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 Association.
- 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**
- 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.
- Completes other duties as assigned.

Travel is required and expenses are reimbursed as set by GAPNA policy. (Two-year commitment.)

**Director-at-Large**
- Assumes responsibilities 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 the 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 Members (Two positions)

The Nominating Committee oversees the elections 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 while serving on the Nominating Committee.

(The candidate receiving the most number of votes shall serve for two years, the second year of the term as Chair of the Nominating Committee.)

Those elected to office will assume responsibilities in September after the Annual Conference. Board members (President-Elect, Secretary, and Director-at-Large) will be transitioned into the role by attending the monthly Board of Directors’ conference calls beginning in June to familiarize themselves with the issues and roles of the office they will be assuming.

Alice Early, MSN, ANP-BC  
Chair, Nominating Committee  
am626@aol.com

---

### Research and Clinical Project Abstracts

The GAPNA Research Committee is accepting research and clinical project abstracts for podium and poster presentations at the 2014 GAPNA Annual Conference. Projects should be original work, not published or presented elsewhere, and can be completed or ongoing. Projects should enrich the advanced practice nurse’s knowledge and/or enhance the care of the older adult.

Abstracts must be received by midnight EST May 15, 2014. Visit www.gapna.org for abstract guidelines and online submission form.

---

### Special Thanks to

**Optum**

for their continued support as a Platinum Corporate Member

---

**Astellas**  
**Boehringer Ingelheim**  
**Endo Pharmaceuticals**  
**Avalon Health Care Group**

as GAPNA’s Corporate Partners

Click the logos to learn more.
Pamela Cacchione, PhD, CNRP, BC, FAAN
Associate Professor of Geropsychiatric Nursing
University of Pennsylvania School of Nursing and Living
Independently for Elders Program
Philadelphia, PA

What influenced you to enter your gerontological practice area? Working with older adults is my comfort zone. My grandmother, who lived to 102 years old, also had a big influence on me.

What are the biggest challenges and joys of your current position? Being able to follow LIFE Members over time, watching improvement in their mental health, and the simple joys of interacting with members with dementia.

What professional accomplishments are you most proud of? Receiving RO 1 funding for the I-SEE study, Individualized Sensory Enhancement for Elders. This is a 4-year study addressing vision and hearing deficits in long-term care elders to not only improve their sensory function but also cognitive performance, mood, and physical function.

What influenced you to become involved in GAPNA leadership? I was the Conference Planning Committee Program Chair for 2 years and felt I had more to offer to the organization and wanted to continue to increase the gerontological expertise of any advanced practice nurse taking care of older adults.

What do you look forward to most about serving on the Board of Directors? I look forward to continuing the mission of the organization and keeping care of older adults a respected and sought after NP/CNS career.

Tell us a little about your life away from gerontological health care. I just finished reading The Immortal Life of Henrietta Lacks by Rebecca Sklott. Excellent book and a must read for anyone in health care. I also read Lean In by Sheryl Sandberg which resonated with me as I continue to work on my leadership skills. I also read my husband’s first novel Carousel House, historical fiction. I am married with two children, Victoria and Anthony, and a goldendoodle named Bocci.

What excites you the most about attending GAPNA’s Annual Conference? The excellent presentations by colleagues and the opportunity to network with my peers. This conference is my “kindred spirit conference” where the participants and the speakers are all there to share the latest and the greatest to improve the lives of older adults and their families.

Contact info: pamelaca@nursing.upenn.edu

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 are available for purchase. Attend the conference virtually! Go to the GAPNA Online Library to browse sessions!

Call for Education Project Abstracts

The GAPNA Education Committee is accepting educational abstracts for poster presentation at the 2014 Annual Conference, September 17-20, 2014 in Orlando, FL.

The Education Committee’s goal is to improve care of older adults by having GAPNA members present posters on their innovative educational projects at the Annual Conference. Posters pertaining to curricular innovations in nurse practitioner (NP) and clinical nurse specialist (CNS) educational programs are encouraged. Projects should describe method(s) that enrich the advanced practice nurse’s gerontological knowledge and/or enhance the care of the older adult. Some abstracts selected for presentation may be published on the GAPNA website, in the Newsletter, or in the GAPNA Section of the Geriatric Nursing journal.

Submission Deadline

Abstracts must be received in the National Office by May 15, 2014.

Review and Acceptance

Abstracts are reviewed and selected by members of the GAPNA Education Committee.

Selection decisions will be based upon at least one of the following criterion:
• Relation to NP or CNS competence(s).
• Clarity of method that enriches students’ gerontological knowledge.
• Approach clearly enhances the quality of care for older adults.
• Use of innovative educational approach that can be replicated.
• ANCC standards for Disclosure and Commercial Support.

For more information, including submission guidelines and forms, please click here.
It’s that time of year! GAPNA is now accepting nominations for the 2014 Excellence Awards. These awards recognize individuals and groups who demonstrate an outstanding commitment to GAPNA’s mission, which is to promote high standards of health care for older adults through advanced gerontological nursing practice, education, and research. Please take a moment to review the award descriptions, determine who you would like to nominate for each award (self-nominations welcome and encouraged), and visit the GAPNA website for nomination forms. Deadline for nominations is June 1, 2014.

The Chapter Excellence Award honors a chapter that best promotes the goals of GAPNA through its member relationships, professional activities, and promotion of advanced practice gerontological nursing throughout the local, regional, and/or state during the past year. Only one application per chapter will be accepted and must be submitted by the chapter president or designee. Any chapter nomination forms submitted to the National Office by a chapter member will be forwarded to the chapter president for consideration. This change is necessary to promote a cohesive submission that incorporates as much evidence as possible so that chapters are judged evenly.

The Special Interest Group Excellence Award honors a SIG that best promotes the goals of GAPNA through its member involvement, professional activities, and promotion of gerontological advanced practice nursing during the past year. The award recognizes a SIG that promotes engagement of members in the area of special interest and in the advancement of gerontological nursing practice. Only one application per SIG will be accepted and must be submitted by the SIG chair or designee. Any SIG nomination forms submitted to the National Office by a SIG member will be forwarded to the SIG chair for consideration. This change is necessary to promote a cohesive submission that incorporates as much evidence as possible so that SIGs are judged evenly.

The award for Excellence in Clinical Practice should be for an individual who demonstrates, through the use of geriatric principles, outstanding geriatric care that goes well beyond the traditional service role of his or her profession. The award recipient must have a broad-based, continuing commitment to geriatric care as reflected in a variety of programs and initiatives that are responsive to medical and social needs of the geriatric population. This recipient should be active in furthering geriatric education at the local and regional levels through precepting, in-services, and educational presentations.

The award for Excellence in Community Service should be to an individual who demonstrates a commitment to service to the community. This commitment should be demonstrated through the development or participation in programs that go well beyond the traditional service role of his or her profession. The award highlights community service as an important element of the mission of nursing professionals and singles out individuals who serve as examples of social responsiveness on the part of the nursing community. The award recipient must have a broad-based, continuing commitment to community service that shows evidence of a true partnership with the community. This recipient may be active in volunteering service to local, national, geriatric, or specialty nursing groups which benefit the community in which they serve.

The award for Excellence in Education recognizes an individual involved in the teaching and/or design of gerontological nurse practitioner curriculum or course content. The faculty member will demonstrate knowledge of the care of older adults and the ability to translate that knowledge to enhance students’ understanding in innovative ways. In addition to excellence in teaching, the faculty member will exhibit excellence in practice and service to the community.

The Excellence in Leadership award should be for an individual who demonstrates the tenacity to advocate, through a variety of means, for geriatric education and care in a variety of settings that goes well beyond the traditional service role of their profession. This award highlights leadership as an important element of the mission of nursing professionals and singles out individuals who serve as examples of geriatric expertise. This recipient should be active in furthering geriatric knowledge at the local and regional levels through clinical care, education, research, and/or political involvement.

The award for Excellence in Research recognizes an individual who demonstrates a commitment to research in nursing that benefits the geriatric community. This commitment should be demonstrated through the development or participation in research projects that emphasize or go beyond the traditional service role of his or her profession. This recipient may be active in conducting research, mentoring other researchers, and contributing to ongoing research of other nursing scientists.

Consider an individual and/or group who you feel best exemplifies the spirit of each award. All nominations are due June 1, 2014. This is a terrific way to highlight the contributions of our members and pay tribute to our great organization. Please visit the About section of the GAPNA website at www.gapna.org for Awards & Scholarships information and for nomination forms. The strongest nominations incorporate a variety of examples to demonstrate excellence in a particular area. Please note: There is a 500-word limit on all nominations. All nominations are peer reviewed and winners are selected based on the criteria for demonstrating excellence.

Amy Imes, GNP-BC
Awards Committee Chair
amy.d.imes@optum.com

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@aji.com and we’ll take care of it for you.
A

nd the winner of the 2014 Health Affairs Scholarship is: Debi Onken, DNP, GNP-BC. This is not only an honor, but also an opportunity as Dr. Onken’s trip to Washington, DC, in March to attend the AANP Health Policy Conference will be supported by GAPNA. In exchange, Dr. Onken will be an invaluable member of the Health Affairs Committee and share the expertise she gains with the membership of GAPNA.

The Health Affairs Committee continues to be involved in multiple groups that inform us about actions both nationally and at the state level. As we enter 2014, there is much work to be done:

- Urge action on the Home Health Bills in the Senate and in the House the “Home Health Care Planning Improvement Act of 2013” (H.R. 2504, S.1332). Sponsors needed, contact your representatives.
- Contact your Congressional representative about H.R. 2817, “Protect Patient Access to Quality Health Professionals Act of 2013,” which would repeal Section 2706(a), Title XXVII of the Public Health Service Act that prohibits health plans from discriminating against qualified licensed health care professionals. This bill would discriminate against advanced practice registered nurses (APRNs) under the guise of preserving quality care.
- Support the Veterans Health Administration with its plan to allow APRNs to practice within their full scope.
- Push Congress to allow APRNs to perform the admission and monthly patient assessments for patients in skilled nursing facilities.

The Status of the Durable Medical Equipment Face-to-Face

On September 9, 2013, the Centers for Medicare & Medicaid Services (CMS) announced a delay until a time to be determined in 2014 of the new Medicare requirement a physician document that a nurse practitioner complete a face-to-face encounter with a patient before ordering certain durable medical equipment (DME). We urge GAPNA members to contact their representatives and encourage them to either permanently delay enforcement of these rules or limit the list of DME items that are covered.

Update on the Sustainable Growth Rate (SGR)

The SGR was enacted through the Balanced Budget Act of 1997. The goal was to control the growth in the cost of Medicare. If applied in January 2014, Medicare reimbursement would have been cut by 24%. The bipartisan agreement on the budget announced on December 10, 2013, included a 3-month delay of implementation of the SGR and actually gave providers a 0.5% increase in reimbursement. This 3-month delay is intended to provide the three committees (House Ways and Means, House Energy and Commerce, and Senate Budget Committee) that have come up with a permanent fix for the SGR to iron out the language. There is a great deal of optimism the flawed SGR formula will finally be corrected.

The 2014 Medicare Physician Fee Schedule

The CMS released the 2014 Physician Fee Schedule. Through our collaboration with other APRN groups, GAPNA submitted comments on the proposed fee schedule rule. We emphasized the need to allow nurse practitioners (NPs) to bill for chronic care management services and to require a modifier identifying the actual provider of the service under “incident-to” billing. CMS agreed to include NPs among the qualified professionals able to provide and bill for chronic care management services but they did not agree to require a modifier to identify the actual provider.

Are You Ready for ICD 10?

ICD 10 will become a reality on October 1, 2014. Are you ready? The CMS has resources available to help you prepare. A good first stop is the website, and two helpful webinars: The “Basics” at and “Navigating the ICD 10” at.

Are You Eligible to Participate in PQRS?

Nurse practitioners are eligible providers. The CMS Physician Quality Reporting System (PQRS) program encourages the reporting of quality information through incentive payments (through 2014) and payment adjustments (beginning in 2015). PQRS provides an incentive payment to practices with eligible professionals who satisfactorily report data on quality measures for covered professional services. Check the CMS website to see if you qualify.

Are You Recognized as a Provider in the Insurance Exchange Programs in Your State?

Please let us hear your stories. If you have experienced problems with state or federal laws that affect your practice or directly affect patient care, please share your stories and Tell Us About It!

Evelyn G. Duffy, DNP, G/ANP-BC, FAANP
Chair, Health Affairs Committee
exd4@case.edu

Online Library Gift Cards Now Available!

Looking for a neat gift idea? Buy your friends the gift of education! You can now purchase an Online Library gift card! To do so, log into your GAPNA Online Library account and click on “Purchase Gift Card” (under Your Account, on the left hand side of the page). Then, follow prompts and fill in a personalized email to your friend. Be sure you know your friend's email address. You'll need to provide it so that the gift card is sent to the right person! You will receive an emailed receipt.
Most advanced practice nurses (APNs) working in gerontology are well versed in discussing health care directives with their patients. But what happens when a lesbian, gay, bisexual, or transgender (LGBT) person becomes ill or is unable to make known his or her medical decisions? Are most APNs well versed in the legal specifications and limitations around health care that impact the LGBT community in their state? With such wide variations in the status of LGBT persons across the nation, knowing what rights these individuals may or may not have is difficult. The Advance Healthcare Directive enables any person to give instructions about his or her own health care and to name someone else to make health care decisions if he or she is unable to do so. Though all people have equal opportunities to complete a directive, the consequences of not completing the document can be disproportionately devastating for members of the LGBT community. As APNs, understanding the historical and legal challenges this population faces is important for ensuring their health care wishes are honored.

In the LGBT community, Advance Healthcare Directives are critical, especially because some health care facility policies and certain states’ laws do not recognize a same-sex partner or anyone other than a blood relative as the legal next of kin. Appointing a surrogate medical decision maker in an Advance Healthcare Directive or a Living Trust can ensure the chosen family of an LGBT person can participate in medical decision making and visit his or her loved one in the facility. Historically, visitation rights were limited to immediate family only, particularly at the end of life. LGBT partners did not fit this narrow definition of family and were often banned from the bedside, particularly if conflicts exist between the patient’s partner and the biological family members or next of kin. Denying visitation rights to same-sex partners can have tragic consequences.

**Case Examples**

In a landmark 1983 case, Karen Thompson was forbidden from seeing her partner, Sharon Kowalski, in the nursing home where she lived after sustaining a brain injury from a motor vehicle accident. Ms. Thompson’s father was appointed her guardian even though Ms. Kowalski and Ms. Thompson had a commitment ceremony and had been living together for 4 years. Ms. Thompson was not allowed to see her partner from 1985 until 1989, when she was granted visitation for only 2 weekends a month. After a long legal battle, the Minnesota Court of Appeals appointed Ms. Thompson as Ms. Kowalski’s legal guardian, and she eventually brought her partner home in 1991.

In 2007, Lisa Pond was rushed to a Miami, Florida hospital after collapsing at home. Her partner, Janice Langbehn, and three of their four children arrived at the hospital, where they were denied visitation rights. Ms. Langbehn had documentation that she was Ms. Pond’s Durable Power of Attorney for Healthcare. Ms. Langbehn and three of their young children were unable to visit Ms. Pond for 8 hours, during which time she died without her family by her side.

Following the events surrounding her partner’s death, Janice Langbehn went on to serve as an activist for the LGBT community. Her activism prompted President Barack Obama to enact legislation that forbids discrimination in health care facility visitation based on sexual orientation, gender identity, or family makeup in any facility that receives Medicare or Medicaid funds. By 2011, the Centers for Medicare & Medicaid Services regulations required facilities receiving federal funds to have nondiscrimination policies in place as part of the patients’ right to visitation. Facilities must inform patients of the right to receive visitors designated by the patient, “including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend.”

Because facility visitation laws vary by state, APNs need to understand the laws in their particular state of practice. Familiarity with the laws and their limitations can help APNs direct LGBT persons to designate legally a surrogate decision maker and document their health care wishes. Currently, 19 states and the District of Columbia recognize same-sex marriages or domestic partnerships, thereby allowing facility visitation. Wisconsin allows visits by means of a limited relationship recognition law. Five states (Kentucky, Nebraska, North Carolina, Virginia, and West Virginia) have designated visitor statutes, whereby a person may identify in writing who may visit them while hospitalized. In Georgia and South Carolina, a designated health care agent has visitation rights. Because of these state-to-state differences, members of the LGBT community need to carry their Advance Directive documents when traveling and APNs need to document these directives in the individual’s health record.

Though many LGBT elders may prefer to advocate informally for themselves and their chosen social and family circles, an important role of the APN serving this population is to ensure their health care needs and wishes are protected equally under the law. The following organizations provide up-to-date, state-specific information on legal issues around LGBT health advocacy, marriage, property ownership, taxes, and many other concerns. These organizations are valuable resources to APNs and their LGBT patients.


**LGBT Focus Group**

Trudy Keltz, RN, GNP, Chair

takgnp@aol.com
Geropsych Clinical Practice Pearls

The Iowa Geriatric Education Center’s website is a useful resource I have used in my geropsych practice. You can register for free, and once registered you have access to numerous pocket guides to print and use at no cost. The site includes information on useful algorithms, family/patient education, as well as a mobile app containing the pocket guides.

Megan Peyton Sheppard, DNP, PMHNP-BC
Chair, Geropsych Focus Group

For older agitated patients, I have used nature walks or even bringing them to a window to look outdoors. Also you can remove residents from an environment that is overly stimulating. Offer a snack. Provide patients 1 to 1 time and/or hold their hands. Give them a massage or a hug. Engage them in a conversation about their children and grandchildren.

Coleen Easy, MSN, GNP

When a resident with dementia suddenly becomes more unusually confused and agitated consider this change as being caused by delirium. Delirium many times is not recognized by staff or is overlooked as the resident just having a bad day. The first thing I do is look for possible causes of the increased confusion and agitation. In the majority of cases it has been due to three causes (in order from my experience): (1) pain, (2) UTI or other infection, and (3) sudden routine or environmental changes.

George Byron Peraza-Smith, DNP, GNP
Secretary, Geropsych Focus Group

When patients with dementia have anxiety and exhibit symptoms of repetitive worry about needing to pay for items or services in a long-term care center, I have had success with giving the patient a small change purse to use. For example, rather than telling patients they do not have to pay for a meal when they express worry, I have had better results telling them, “Your lunch costs one penny today,” and then allow them to pay for that meal from their change purse.

Megan Peyton Sheppard, DNP, PMHNP-BC
Chair, Geropsych Focus Group

The Geropsych Focus Group is looking for clinical solutions or pearls in three or four sentences that can be shared in the GAPNA Newsletter with your colleagues. Please share your expertise and wisdom. Send your pearls of wisdom to George Byron Peraza-Smith at gbsmith@southuniversity.edu

GAPNA Supports National PA/LTC Physician Competencies

GAPNA has joined other national organizations in supporting post-acute/long-term care (PA/LTC) attending physician competencies developed by AMDA – Dedicated to Long Term Care Medicine (AMDA). AMDA recently finalized these competencies, which are designed to provide attending physicians with an evidence-based framework for the unique set of knowledge and skills necessary to facilitate quality outcomes in this setting. GAPNA has agreed to support AMDA’s work with the competencies, including the development of an educational training curriculum.

The competencies address five areas: foundation (ethics, professionalism, and communication), medical care delivery process, systems, medical knowledge, and personal quality assurance and performance improvement. Development of competencies began in 2011 when AMDA convened a committee of 25 physicians who either practice exclusively in the nursing home setting or spend a significant portion of their time working in this setting. During the following year, the committee worked to finalize the list of competencies. The initial draft was finalized in March 2013 and evaluated via a survey distributed to over 5,000 AMDA members.

The survey feedback resulted in a second draft of the competencies, which was vetted by several stakeholder organizations: American Academy of Family Physicians, American College of Healthcare Administrators, American College of Physicians, American Geriatrics Society, American Health Care Association, American Society of Consultant Pharmacists, Leading Age, National Association of Directors of Nursing Administration, and Society of Hospital Medicine. Based on this feedback, the competencies were finalized.

To date, in addition to GAPNA, several other organizations have signed on with formal support: Advancing Excellence, American Academy of Family Physicians, American Academy of Home Care Physicians, American College of Healthcare Administrators, American Health Care Association, American Society of Consultant Pharmacists, Consumer Voice, Gerontological Advanced Practice Nurses Association, Leading Age, and National Association of Directors of Nursing Administration.

GNP Role/30-Year History Available Online!

Remember to order your personal copy of this epic monograph through Amazon at http://alturl.com/te8pt. Encourage your chapter to order copies for each NP program in your area so the history of our role will be preserved.

This exclusive publication is 50 pages and soft cover, including color photos and four articles reprinted from the Geriatric Nursing GAPNA section. It is the only comprehensive review of the beginnings of gerontological nursing and gero advanced practice nursing, pre-1981; significant events of each decade related to the gero APN role and of the NCGNP/GAPNA organization, 1981-1991, 1991-2001, and 2001-2011; and the future of gero APN role and the organization – all for only $25. Proceeds from the publication help fund the GAPNA archives to preserve our rich history for future generations of GAPNs.

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
Of course, we know Orlando as the world’s most popular family destination. But have you ever heard of Jernigan, its predecessor? Prior to the arrival of the first European settlers in 1837, the area now known as Orlando was occupied by the Seminole tribe of Native Americans. Orlando’s history can be traced back to 1838, when the United States Army built Fort Gatlin in an effort to prevent Indian attacks on area settlers. The area was known as Jernigan (after cattle farmer Aaron Jernigan, who helped establish the area’s first trading post) until 1856, when it was changed to Orlando.

Orlando’s rich history and traditions have certainly grown, and a few more things have been built since Mr. Jernigan’s trading post.

Today, with more than 55 million visitors annually, this central Florida city is the most visited tourist destination in the United States. From theme parks and sunshine to world-class cuisine, Orlando is the only destination where everyone in a travel party can do it all and enjoy it all together.

Despite the tremendous appeal of Orlando’s world-famous theme parks and sports facilities, one of the top-reported activities of all visitors is shopping. Within approximately 15 minutes, shoppers find major shopping malls and outlet centers complemented by numerous boutiques. No other city in the world offers such a choice of famous designer and brand labels in such a compact space.

With more than 5,000 restaurants, Orlando’s dining options read like a world map. Visitors from all over the world can find a taste of home here, with international cuisines ranging from African to Vietnamese. All flavors of American fare are represented as well, from Southern/Creole comfort foods and entertaining dinner theatres to trendy wine bars and restaurants owned by celebrity chefs.

Once the sun sets, the pulse quickens as Orlando’s thriving nightlife comes alive. From ultra-hip bars and high-energy dance clubs to laid-back pubs and multi-venue entertainment complexes, Orlando offers plenty of hot spots to live it up. Orlando’s nightlife options include bars and clubs in Downtown Orlando, Universal CityWalk, Downtown Disney, and “Restaurant Row” on Sand Lake Road and along International Drive.

Orlando always offers unique experiences for visitors whether they are traveling for business, pleasure, or both! An Orlando getaway is whatever you want it to be. Search VisitOrlando.com for theme parks, attractions, arts and culture, shopping, spas, golf, dining, outdoor adventures, and nightlife to build your perfect itinerary during GAPNA’s 2014 Annual Conference.
The Georgia Chapter, along with the Atlanta Regional Geriatric Education Center, will hold its 2014 Annual Conference “Multidisciplinary Approaches Across the Palliative Care Continuum” on Saturday, March 22, 2014, at the historic Academy of Medicine in Atlanta.

Linda Emanuel, MD, PhD, Buehler Professor of Geriatric Medicine, will present the keynote address “The Quiet Revolution of Palliative Care.” James Mittelberger, MD, MPH, CMD, FACP, Chief Medical Officer, Evercare Hospice and Palliative Care, will discuss “The ROI of Palliative Care (Better Care, No Increasing Costs).” Other clinical topics include “Next Steps for POLST in Georgia,” “Managing Distressing Symptoms Near the End of Life,” and “HIV and Successful Aging? They Are More Compatible Than You Think.”

The conference will include breakfast, exhibits, posters, working lunch, and industry-sponsored product theatre. For more info, visit www.georgiagapna.org

In an effort to meet one of the goals of the chapter, and GAPNA, MJ and other members have been visiting Michigan schools of nursing, addressing the many opportunities our chapter offers (annual conference, scholarships, student mentors, community involvement, etc.) that promote professional development. With the hope of creating a link with Great Lakes GAPNA members and other APRNs on “the other side of the state,” MJ’s presentation focused on the many benefits offered to APRNs, faculty, and students by being a member of a professional organization. MJ specifically highlighted the exceptional resources available through GAPNA (e.g., the premier APRN organization supporting the interests and care of older adults) and the website (e.g., Online Library, Gero NP Preceptor Tool Kit, Special Interest Group resources, etc.).

The day yielded heightened interest from both faculty and students, especially with the chapters’ annual NP Student Mentorship Program (now in its 4th year), scholarship and poster presentation opportunities, and questions of the availability of affiliate memberships to GAPNA for schools of nursing.

As a result of the day, MJ was asked to return in the spring to speak again and potentially open the door for presentation opportunities, and questions of the availability of another GAPNA chapter in Michigan.

Mary Jane (MJ) Favot, MSN, GNP-BC
mjfavot5347@gmail.com

continued on page 10
Northern California

The NorCal GAPNA Chapter has been active for decades in many important areas of education and practice. We’ve had nearly a decade of successful day-long educational conferences, and many members have gone on to hold positions at the national level, serving in a variety of roles. Yet the membership knew we needed to find creative methods of attracting new graduates, and potential leaders, to our active chapter. Two members, Deborah Wolff-Baker and Jan Dolan, volunteered to devise an effective way to make our organization known by graduating APN students (and in so doing, remind the faculties of local schools of nursing of our contributions and expertise in care of older adults). We believe our “dream team” has developed a model that could be adapted for use nationally.

This model supports many aspects of GAPNA’s strategic plan that includes:

- **Image and Visibility:** (1) Establish contact with local advance practice nursing programs, making the chapter and GAPNA known to faculty; (2) Address the students who already have interest in care of older adults, and possibly increase other students’ interest in geriatrics, and promote GAPNA.
- Our chapter also purchased a copy of “Evolution of the Gerontological Nurse Practitioner and the Gerontological Advanced Practice Nurses Association, 1981-2011” for each school library to enhance historical knowledge of APN caring for older adults.
- **Promotion of Education and Professional Development:** Promote our chapter members as possible preceptors for APN students.
- A desire for membership in an organization with a vibrant, engaged membership community: Encourage students to join GAPNA for encouragement and support in adapting to the new advanced practice role, and for the continuing education opportunities that keep them informed and up to date in their practice.

As this process enfolds, we hope to offer GAPNA members updates on the outcomes of these efforts.

Patricia Kenny, MS, GCNS, GNP-BC
Chapter President
patkenny88@yahoo.com

President’s Message
continued from page 1

GAPNA has assimilated a group of writing experts who are working on a white paper based on the results of our recent survey. The goal is to help communicate the gerontological nurse practitioner proficiencies that were agreed upon by an expert panel during a roundtable meeting in September 2013. The writing group is developing brief interpretive statements for each proficiency, describing the survey these statements were derived from, and outlining the process of validation of the proficiency statements. Once this paper is completed, it will be open for comments, and then endorsement by other APRN organizations.

GAPNA has been focused on offering educational opportunities on geriatric syndromes and common geriatric illnesses, as well as promoting healthy aging with our Annual Conference and online education through webinars. GAPNA had the largest attendance of any conference this past year and we are hoping to continue to grow and nurture our Annual Conferences. The education at these events is superb. Keeping up with issues occurring in health care that affect geriatric practice is important to stay current and informed, and the camaraderie is wonderful. We are planning a great conference in Florida in 2014 and hope you can attend. GAPNA understands not everyone can attend conference, so we are developing a plan to offer more educational opportunities with a particular emphasis on pharmacology. Stay tuned for more information.

GAPNA has many devoted members and committees who are very active, monitoring legislative issues affecting geriatric care and our membership, working to create toolkits and guidelines to stay updated on current practice as evidence-based outcomes are presented, and educating members on a variety of topics including cultural diversity. We look forward to moving GAPNA into 2014 and working diligently to meet the needs of geriatric practitioners and their patients.

Lisa Byrd, PhD, FNP-BC, GNP-BC, Gerontologist
President
drlbyrd@yahoo.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 website.

Received a promotion or award? Presented at a clinical meeting? Developed a practice pointer or innovation? Experienced a challenging or lighthearted moment with a patient? Need feedback from your colleagues about a clinical or professional situation? Visited a cool website or downloaded a helpful app? Tell us about it! [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 and deadlines required of the journal can be found at [http://www.gnpjournal.com/authorinfo](http://www.gnpjournal.com/authorinfo). We look forward to your submissions.
Dr. Fang Yu Receives NIA Grant to Study the Effect of Exercise on Cognition in Patients with Alzheimer’s Disease

Congratulations to GAPNA member Fang Yu, PhD, RN, GNP-BC, on receiving a $3.04 million grant from the National Institute of Health’s Institute of Aging to study “Aerobic Exercise in Alzheimer’s Disease: Cognition and Hippocampal Volume Effects.” Dr. Yu is Associate Director for Doctoral Recruitment and Career Development, Minnesota Hartford Center for Gerontological Nursing Excellence, Adult and Gerontological Health Cooperative, University of Minnesota School of Nursing; and Faculty, University of Minnesota Center on Aging. She and her colleagues will be conducting a 5-year trial of stationary cycling with community-dwelling older adults who have mild to moderate Alzheimer’s disease. Cognition and other symptoms will be assessed along with brain changes observed through structural magnetic resonance imaging at various time points over a 1-year period. Please click here to learn more.

Report on High-Priority Evidence Gaps for Clinical Preventive Services Focuses on Older Adults

The U.S. Preventive Services Task Force (USPSTF) has released its “Third Annual Report to Congress on High-Priority Evidence Gaps for Clinical Preventive Services.” In 2013, the USPSTF continued to fulfill its mission of improving the health of all Americans by making evidence-based recommendations about clinical preventive services, including screening tests, counseling about healthy behaviors, and preventive medications. These recommendations help primary care clinicians and patients to decide together whether a preventive service is right for each patient’s needs.

In this report, the USPSTF focused on the care of older adults, highlighting five high-priority evidence gaps that deserve further examination and that, if filled, are likely to result in important new recommendations. The USPSTF hopes that annually highlighting high-priority evidence gaps, as requested by Congress, will assist public and private researchers and research funders in targeting their efforts, ensuring a collaborative approach to improving preventive health and health care of all Americans.

Priorities for Improving the Health of Older Adults Through Research on Clinical Preventive Services

1. Screening for Cognitive Impairment and Dementia
2. Screening for Physical and Mental Well-Being of Older Adults
3. Preventing Falls and Fractures
4. Screening for Vision and Hearing Problems
5. Avoiding the Unintended Harms of Medical Procedures and Testing in Older Adults

Read the Executive Summary or access the full report here.

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
- Geropsych Focus Group

View Conference Poster Presentations

The 2013 GAPNA Conference poster presentation are now available to view online through the GAPNA website. Note the latest trends in the care, education, and research of the older adult population in these diverse and educational presentations.

Considering presenting a poster for the 2014 conference? Review some of the current posters now to get ideas for next year. Click here to view the posters.

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 website and email links within the newsletter.

We hope these enhancements make your newsletter experience more engaging and informative!
Medicaid Expansion: The Dynamic Health Care Policy Landscape

The Supreme Court decision of June 2012 left states free to decide on how to undertake Medicaid expansion without facing the substantial financial penalties envisioned by the Affordable Care Act. Currently, 25 states and the District of Columbia are moving forward with the expansion; 22 have decided not to move forward; and the remaining four are still debating the issue. The evidence to date suggests Medicaid expansion would have several benefits to states including improved population health from expanded coverage, improved financial positions of hospitals and other providers, and economic benefits such as increased employment and tax revenues. Because of these potential impacts of Medicaid expansion on patients and providers of health care, the nursing profession may wish to play an educational or advocacy role in the ongoing debate.

To learn more, see Hahn & Sheingold (2013). Medicaid expansion: The dynamic health care policy landscape. Nursing Economic$, 31(6), 267-272, 297.

Accommodation Quality, Not Clinical Care Quality, Affect Nursing Home Selections

The quality of clinical care has not been among the top factors in consumers’ choice of a nursing home for long-term care, whether for themselves or a family member, according to researchers. Before the Centers for Medicare & Medicaid Services began publishing Nursing Home Compare in 2002, visits by prospective residents or their families were the primary way consumers collected information to inform their choice.

The researchers used available data on nursing homes in four states as of 2001 to create their own scorecard of the care quality issues reported in Nursing Home Compare (decline in ADLs since admission, pressure sores, physical restraints, hotel quality, and other facility characteristics). None of the measures of clinical care quality were significantly associated with a facility’s probability of choice. The strongest predictor of choice for a nursing home was distance (closeness to prior residence), thus allowing continued interaction with friends and relatives.


Pharmacy-Based Program Improves Flu Immunization Rates Among Health Care Workers in LTC Settings

A new program using a pharmacy-based, voluntary health care worker influenza immunization approach is improving immunization rates in long-term care facilities, according to a new study. The approach uses a single, regional pharmacy to promote organizational change by having direct oversight and control over all immunization policies and processes in all facilities participating. Overall, immunization rates among health care workers rose from 58% to 76% in 5 years.


Gaps Reported in Nursing Staffing and Nursing Home Resident Needs

Trends in nurse staffing levels in nursing homes from 1997 to 2011 varied across the category of nurse and the type of nursing home. These gaps are important to consider because nurses may become overworked and this may negatively affect the quality of services and jeopardize resident safety. Nursing home administrators should consider improving staffing strategically. Staffing should be based not only on the number of resident days, but also allocated according to particular resident needs.

To learn more, see Zhang et al. (2013). Gaps in nurse staffing and nursing home resident needs. Nursing Economic$, 31(6), 289-297.

How Nurses Keep Patients Safe May Be Better Understood Through Risk Management Theory

Nurses working in hospitals keep their patients safe by risk management, suggests a new study. Interviews with RNs revealed nurses continually assess the clinical environment for possible risks of harm and use their knowledge of potential risks and knowledge of the patient to prevent harm. Successful risk management requires nurses to recognize risks before they reach the patient, constantly prioritize the identified risks, then act to prevent those that would cause the patient the most serious harm.

More details are in Groves et al. (2012). It’s always something: Hospital nurses managing risk. Clinical Nursing Research. [Epub ahead of print]

Nurses’ Perceptions of Pain Management in Older Adults Evaluated

Pain remains an issue facing nurses who care for older adults. Nurses were interviewed about their perceptions of pain management in older adults. The importance of education, effective communication, an individualized care plan, and recognizing perceptions are highlighted in this study.

For more info, see Gropelli & Sharer (2013). Nurses’ perceptions of pain management in older adults. MEDSURG Nursing, 22(6), 375-382.
Multicomponent Intervention Programs Are Effective in Preventing Delirium in Older Hospital Patients

Delirium affects between 14% and 56% of older hospitalized patients. It is linked to increased risk for death, postoperative complications, longer hospital and intensive care unit stays, and functional declines. To lessen or prevent the occurrence of delirium, hospitals have implemented multicomponent interventions. Most are effective in preventing the onset of delirium in at-risk patients in a hospital setting, according to a systematic review of 19 studies. Evidence from the review was insufficient to determine the benefit of such programs in palliative care or long-term care settings. In addition, the evidence was insufficient to identify which multicomponent interventions are most beneficial, and the studies do not address the question of which components within a program provided the most benefit for delirium prevention.


Links Found Between Nursing Homes and Hospitals in Spread of MRSA

Individual hospitals or hospital systems may not consider the role of patients who transfer in and out of the hospital from nursing homes when planning their infection control strategies. That may be a mistake, suggests a new study. It found the presence of nursing homes substantially increased the effects of a hospital outbreak of methicillin-resistant *Staphylococcus aureus* (MRSA). This led to a relative average increase of 46.2% above and beyond the impact of infection when only hospitals were considered in outbreak estimates in Orange County, CA.

A MRSA outbreak in the largest nursing home had effects on many Orange County hospitals. It boosted MRSA prevalence in directly connected hospitals by an average of 0.3% and in hospitals not directly connected through patient transfers by an average of 0.1% after 6 months. The researchers used a model to simulate MRSA outbreaks among all hospitals and nursing homes in Orange County.

For more info, see Lee et al. (2013). The importance of nursing homes in the spread of methicillin-resistant *Staphylococcus aureus* (MRSA) among hospitals. *Medical Care*, 51(3), 205-215. doi:10.1097/MLR.0b013e3182836dc2

Predicting Mortality Risk for Severely Injured Older Patients with Complications

Geriatric trauma patients experience poorer survival and greater complication rates when severely injured compared with younger patients with comparably severe injuries. In a national dataset of 285,000 hospitalized patients with moderate-to-severe traumatic injury, researchers found nearly all infections in the post-injury hospital course were associated with at least double the risk of death for older (65 and older) versus younger (18 to 64 years old) patients. These infections ranged from pneumonia, abscess, wound infection, urinary tract infections, and aspiration pneumonia. Certain noninfectious complications also were identified with greater mortality among older patients, including failure of reduction/fixation, pressure ulcer, deep venous thrombosis, pneumothorax, pulmonary embolism, and compartment syndrome.

To learn more, see Min et al. (2013). A simple clinical risk nomogram to predict mortality-associated geriatric complications in severely injured geriatric patients. *Journal of Trauma Acute Care Surgery*, 74(4), 1125-1132. doi:10.1097/TA.0b013e31828273a0

Contact Precautions Should Be Extended to All MRSA Carriers in a Nursing Home

A new study finds there can be substantial benefit when contact precautions are extended to all known methicillin-resistant *Staphylococcus aureus* (MRSA) carriers in nursing homes, not just those with evident infection. Researchers used a computational model that included virtual representations of 71 nursing homes and 29 hospitals to compare three strategies: not applying contact precautions to any nursing home residents, applying contact precautions to individuals with clinically apparent MRSA infections, and using contact precautions for all known MRSA carriers identified by hospital screening.

Implementing contact precautions for those with clinically apparent infection had a minimal effect of less than 1% on MRSA prevalence in hospitals, which continued 5 years after starting the practice. The strategy did result in a median 0.4% decrease in MRSA prevalence in nursing homes. Using contact precautions on all known MRSA carriers resulted in a 14.2% decrease in MRSA prevalence in nursing homes and a 2.3% decrease in hospitals 1 year after implementation.

According to the researchers, the findings support a more comprehensive approach to contain and prevent MRSA infection. They suggest that nursing homes include measures to help residents deal with the isolation requirement of contact precautions.

For more info, see Lee et al. (2013). The potential regional impact of contact precaution use in nursing homes to control methicillin-resistant *Staphylococcus aureus*. *Control and Infection Hospital Epidemiology*, 34(2), 151-160. doi:10.1086/669091

Significant Barriers to Health Information Technology in Nursing Homes

Each year, at least 8 million adverse events occur in nursing home settings. A recently published survey found several barriers to the use of health information technology (IT) to enhance incident reporting processes and reduce adverse events in nursing homes. The survey asked 399 nursing home administrators about the factors that either promote or prevent health IT for reporting adverse incidents.

Two of the top three most important barriers identified by nursing home administrators were related to fears of reporting. The three barriers were: (1) Lack of recognition that an adverse event had occurred; (2) Fear of liability, lawsuits, or sanctions; and (3) Fear of disciplinary action, which was tied to fear of being blamed. The researchers believe health IT structures can help improve incident reporting by minimizing staffs’ fear of reporting events.

Nurse Practitioner Faculty Seek Common Vision for Education

The leadership of the National Organization of Nurse Practitioner Faculties (NONPF) called a special meeting of nurse practitioner (NP) educators in Washington, DC, on November 8-9, 2013, to facilitate a dialogue on common vision for NP education and competency-based NP education.

GAPNA was represented by Barbara Harrison (Chair, Education Committee). Over the 2-day program, close to 200 NP faculty members identified concerns about clinical education (how are clinical hours measured) and described gaps in sustaining quality NP education. There were informal discussions and voting on proposed actions (e.g., 96% of the audience members identified a need for a definition of competency-based education for NPs). It was clear many different definitions existed which was leading to confusion on measurement. The faculty discussion during the conference provided the NONPF Board with input on what NP educators need to support their efforts to maintain quality NP programs and on how forthcoming editions of the Criteria for Evaluation of Nurse Practitioner Programs may need to evolve to support NP education models for the future. Read the Executive Summary here.

Continued discussions will occur at the National NONPF Annual Meeting in April. Work groups will present finished material and provide updates on other initiatives. The April 5th plenary session will feature the work group activities and focus on the future of NP education. The plenary session will allow audience dialogue and participation in another voting session. The NONPF Board wants to engage members more fully in delineating the future standards for NP education.

GAPNA educators want to support quality NP education that meets competencies for advanced practice in gerontology for all NP programs. Thus, we want a voice in any forthcoming editions of the Criteria for Evaluation of Nurse Practitioner Programs to ensure NP programs have educators who are prepared to develop, teach, and evaluate gerontological content. If you are planning to attend the NONPF Annual Meeting in April, please attend the plenary session and provide feedback on your concerns as a NP educator.

Barbara Harrison, PhD, APRN
Chair, Education Committee
bharrison@wcupa.edu

GAPNA’s
33rd Annual Conference
September 17-20, 2014
Buena Vista Palace Hotel & Spa
Orlando, FL

The GAPNA Website: Ready for Mobile Devices

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

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

* RWD is a web design approach aimed at crafting sites to provide an optimal viewing experience – easy reading and navigation with a minimum of resizing, panning, and scrolling – across a wide range of devices (from desktop computer monitors to mobile phones).
The Official Newsletter of the Gerontological Advanced Practice Nurses Association — Founded in 1981

2013-2014 Committee Chairs

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

Chapter Leadership
Jo Ann Fisher, MSN, FNP-C
jmfisher@cfl.com

Conference Planning
Dawn Marie Baylis, GNP-BC
dmbaylis523@gmail.com

Education
Barbara Harrison, PhD, APRN
bharrisso@udel.edu

Health Affairs
Evelyn Duffy, DNP, GNP/ANP-BC, FAANP
evelyn.duffy@case.edu

Historical
Kathleen Fletcher, MSN, RN, CS, GNP, FAAN
Krf8d@virginia.edu
Trudy Keltz, RN, GNP
takgnp@aol.com

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

Practice
Meghan Routt, MSN, ANP/GNP-BC, AOCNP
meghan.routt@osumc.edu

Research
Valerie Sabol, ACNP-BC, GNP-BC
valerie.sabol@duke.edu

Journal Section Editor
Deb Bakerjian, PhD, MSN, RN, FNP
debra_bakerjian@ucdmc.ucdavis.edu

Newsletter Editor
Mara Aronson, MS, RN, GCNS-BC, FASCP, CPHQ
mara@age-nurseconsultant.com

Website Editor
Carolyn Cleveenger, DNP, GNP-BC
ccleven@emory.edu

SPECIAL INTEREST GROUPS

Geropsych Focus Group
Megan Sheppard, DNP, PMHNP-BC
megan.p.sheppard@vanderbilt.edu

Hospice/Palliative Care
Caroline Duquette, DNP, APRN
caroline.duquette@wdhospital.com

House Calls
Phyllis Atkinson, GNP
patkinson@blackstonehc.com

Leadership
Pat Kappas-Larson, MPH, APN-C, FAAN
patlarson1@comcast.net

LGBT Focus Group
Trudy Keltz, RN, GNP
takgnp@aol.com
Colleen Wojciechowski, MSN, GNP-C
cwwojo@gmail.com

LTC/Nursing Home
Suzanne Ralsehousen, GNP-BC
suzyr107@yahoo.com

Transitional Care
Lauren Van Saders, GCNS-BC, APNC
lvanghe@msn.com

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.