President’s Message

Growing Opportunities for APNs to Improve Care of Older Adults

It has been an important and exciting year for GAPNA and for health care in America. The Affordable Care Act has been in the headlines and the topic of conversations. It aims to increase insurance coverage to the masses and to put consumers back in charge of their health care, giving the American people the stability and flexibility to choose the direction of their health care. For our clientele of older adults, Medicare is expanding to cover more low-income Americans and early retirees. An emphasis has been placed on wellness visits as well as offering more preventive health care initiatives, which means a more proactive approach to health care. This has the potential to significantly increase the number of older adults who need practitioners with the education and expertise to manage their health care needs.

We, as experts in geriatric care, have shown how we can improve outcomes and improve health care. Nurse practitioners and clinical nurse specialists with geriatric expertise have demonstrated improved outcomes in Medicare Advantage plans by targeting disease-specific management in their clinics. These nurses are working with defined groups of patients to educate them about self-management and proactively manage and coordinate care related to diabetes, wounds, congestive heart failure, hypertension, pulmonary disease, and coronary artery disease. A variety of other opportunities have contributed to improving care for older adults: advanced practice nurses (APNs) are providing care to older adults in their homes by focusing on health assessments and illness management as well as risk assessment; in hospice care APNs are decreasing hospital admissions, offering more disease-specific palliative care, and more efficient and economical care at the end of life; and APNs are participating in... continued on page 5

Awards Committee Accepting Nominations

Can you believe it’s that time of year? GAPNA Excellence Awards are right around the corner. The deadline for nominations is June 1, so gather your thoughts and nominate a deserving colleague, chapter, or special interest group (SIG) today!

As you prepare your nominations, here are some helpful tips:

➤ There is a 500-word limit on all nominations.
➤ This year we are only accepting one nomination per chapter and SIG.
➤ Be thoughtful in your essays and incorporate as many criteria as you can into each nomination.
➤ Most of all – nominate, nominate, nominate!

This is a great way to recognize and reward a deserving colleague and/or group. The criteria for each award are listed on the GAPNA Website under “About” and “Awards & Scholarships.” Please take a moment to review the descriptions to determine who you feel deserves these honors. We look forward to hearing from you.

Amy Imes, GNP-BC
Chair, Awards Committee
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This year’s annual conference will take place at the Buena Vista Palace Hotel & Spa in Lake Buena Vista (near Orlando), Florida, September 17-20, 2014. The GAPNA Foundation Board has planned an exciting slate of fundraising and networking activities for conference attendees. Even though we will not be in Las Vegas, the Foundation is planning a Casino Night as their main event! Casino Night will be Thursday evening, September 18. The cost is $80 per person and includes the evening’s entertainment, a cash bar, food, and casino “chips.” There will be a variety of casino games available including blackjack, roulette, and craps tables. A DJ and dancing will be available. If you want to attend, sign-up as part of the conference registration process on the GAPNA Website. As we do every year, the Foundation will also host the Fun Run/Walk on Friday morning at a cost of $25.00. We hope you will join us!

Golf is back! For those who love to golf, Florida is a fabulous destination! This year, our golf scramble event will be at the Falcon Fire Golf Club, which is located just 15 minutes away from the hotel. The championship course was designed by Rees Jones and features classic golf architecture with beautifully maintained grounds and year-round playing conditions. It has been voted as one of the best places to play golf by *Golf Digest Magazine*. Tee time is 1:00 p.m. on Wednesday, September 17, and the cost is $150 per golfer. Friends and family are welcome, so bring your spouse, children, and others to join us in this fun event! Remember, you don’t have to be a great golfer; you just need to bring your sense of humor and plan to have fun! Register for all GAPNA Foundation events on the conference registration form.

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The beautiful Buena Vista Palace Hotel & Spa, the headquarters hotel for GAPNA’s 33rd Annual Conference, is a contemporary haven offering totally refurbished accommodations and unsurpassed hospitality. Footsteps from the Downtown Disney area, guests can also enjoy complimentary transportation to all four Walt Disney World Theme Parks. Shop. Dine. Play. At check-in you will receive an exclusive guide for our guests, with discounts and specials for area dining, shopping, and entertainment. Plus, maps and bus schedules are available to make getting around easy!

The perfect place to relax and play, Buena Vista Palace offers something for everyone. Refresh with three heated swimming pools, jacuzzi and sauna, or indulge in the 10,000 square foot Kay Casperson Lifestyle Spa & Boutique. Revive aching muscles with an 80-minute deep-tissue massage and a soothing soak in the whirlpool. Hydrate and replenish your skin from head-to-toe with a Signature facial and body scrub. For the more adventurous, Buena Vista Palace offers a lighted tennis court, sand volleyball, kid’s playground, and two video arcades. Pleading every appetite is a breeze, with seven dining options, including Avu-Avu, their signature island-inspired restaurant. Sip a cocktail while admiring the water view from the Lobby Lounge, or cheer on your favorite team at one80 Sportgrill & Bar.

Downtown Disney®
Stroll across the street from your conference hotel for awe-inspiring attractions, tantalizing restaurants, large array of shops and eclectic stores, world-class entertainment, and vibrant nightlife of the Downtown Disney® Marketplace.

Here is a sample of the many exciting offerings at Downtown Disney.

Dining
Crossroads at House of Blues®, Wolfgang Puck® Grand Café, Bongos Cuban Café®, Planet Hollywood, Paradiso 37, Raglan Road™ Irish Pub and Restaurant, Portobello Country Italian Trattoria, Fulton’s Crab House, T-REX™, Rainforest Café®, Cap’n Jack’s Restaurant, Ghirardelli Ice Cream & Chocolate

Entertainment
La Nouba™ Cirque du Soleil®, DisneyQuest® Indoor Interactive Theme Park, House of Blues®, Spitsville Luxury Lanes™, AMC® Downtown Disney 24, various outdoor stages.

Shopping
Curl by Sammy Duvall, D Street, Dino-Store, Disney Design-a-Tee, Disney’s Days of Christmas, Disney’s Pin Traders, Goofy’s Candy Company, Hallelujah Art, Hoppoloi Gallery, LEGO Imagination Center, Marketplace Fun Finds, Once Up a Toy, Orlando Harley Davidson, Pop Gallery, Sosa Family Cigars, The Spice & Tea Exchange®, Sunglass Icon®, Tren-D, World of Disney Store®, and much more!

So plan to make your own point of impact while experiencing the hospitality of the Buena Vista Palace Hotel & Spa and the excitement of Downtown Disney and the Orlando area during GAPNA’s 33rd Annual Conference. Bring a friend and share the magic!

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

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

GAPNA Research Committee members will have a booth in the Exhibit Hall where your consultation can take place. We’re reaching out to you. Tell us how we can help you with your research/clinical project.
was delighted to be the recipient of this year’s Health Policy Scholarship, which afforded me the opportunity to attend the American Association of Nurse Practitioners (AANP) Health Policy Conference in Washington, DC. This was an opportunity to hear from our policy leaders and be a part of the grassroots advocacy to help move our professional issues forward. The conference was extremely well-planned and more than 200 nurse practitioners (NPs) from all over the country were in attendance. While there were many wonderful speakers, I will highlight just a few that I believe can help each of us as individuals lead from where we stand as part of our grassroots efforts to advance our profession.

Pam Fielding and Vlad Cartwright, of SevenTwenty Strategies, a public affairs agency, spoke to us on the “Power of Grassroots and Media.” They recapped the recent ad campaigns that ran across the country in various media as part of AANP’s effort to increase visibility of NPs. This highly successful campaign resulted in an increase from 1.3 million mentions of NP Week in the media to 3.5 million mentions! We learned the single most influential factor in a legislator’s decision making was visits from constituents, followed closely by personalized letters and email from constituents. The speakers made several key points about how we can make a difference: (a) like/tweet your legislators; (b) call the legislator (or staff) at their state offices and make an appointment to see them; (c) make yourself a resource on health care issues; (d) print pertinent articles, attach a note, and mail them; (e) attend town hall meetings; and (f) write letters to the editor. As we make ourselves more visible to our legislators, we will begin to have more of an impact and help take control of the dialogue.

Frank Sesno, former CNN Washington bureau chief and the director of the School of Media and Public Affairs at The George Washington University, spoke on “Health Care in the News.” Mr. Sesno gave an inspiring talk about what it takes to make a difference. He told us how to be passionate, be powerful, and be memorable” as we advocate for our patients and ourselves. He instructed us to use the credibility of our profession in approaching our congressional leaders and transfer that credibility to them as we “close the sale.” And finally, he admonished us to be persistent—don’t give up!

There were many more valuable and informative presentations. We were well prepared to spend our last day meeting with our legislators to educate them and promote NPs with particular emphasis on the Home Health bill (S1322/HR2504), the DME bill (HR3833), and on the VA full scope practice bill (HR1193). We were well prepared to spend our last day meeting with our legislators to educate them and promote NPs with particular emphasis on the Home Health bill (S1322/HR2504), the DME bill (HR3833), and on the VA full scope practice bill (HR1193). We were able to demonstrate that stories involve compelling characters trying to overcome obstacles to achieve an outcome. Finally, he taught us that as we think about our stories, we should think in bullet points and then rotate them, highlighting different elements of our story as we work to counter the prevailing narrative in traditional and social media. As we make ourselves more visible, we will become known as a resource in our areas of expertise.

We also heard from Tara Isa Koslov, deputy director of the Federal Trade Commission Office of Policy Planning, who explained how the exciting new policy perspectives paper released this March entitled “Competition and the Regulation of Advanced Practice Nurses” was developed. This policy paper will be a valuable tool in our advocacy efforts at state and national levels. If you haven’t read it, go to the FTC website and do so.

Finally, the Honorable Alan Wheat, former Congressman and now chairman of Polsinelli Public Policy practice, spoke about “Political Pressure on Congress: What You Don’t See in the News.” Mr. Wheat gave an inspiring talk about what it takes to make a difference. He told us how to be passionate, be powerful, and be memorable” as we advocate for our patients and ourselves. He instructed us to use the credibility of our profession in approaching our congressional leaders and transfer that credibility to them as we “close the sale.” And finally, he admonished us to be persistent—don’t give up!

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The GAPNA Board of Directors has approved a 3-year membership with the Nursing Community. This is a dramatic step forward for GAPNA Health Affairs to be recognized within the “beltway” for policy development and input from GAPNA regarding issues affecting the care of older adults.

The Nursing Community (NC) is a coalition of 60 national professional nursing membership associations that work toward a common advocacy agenda. This builds a consensus and the avocation of a wide spectrum of health care and nursing issues, including practice, education, and research. The work is coordinated by Suzanne Miyamoto, PhD, RN, director of government affairs and health policy at the American Association of Colleges of Nursing. Nursing organizations and all advance practice organizations of the Nurse Practitioner Round Table and Extended Advance Practice Committee are included. The Silver Membership includes GAPNA’s name at all NC-sponsored events (briefings, receptions).

Additionally, all NC-sponsored events are open to the organization’s membership. At the April meeting in Washington, DC, Evelyn Duffy, chair of the GAPNA Health Affairs Committee, was in attendance when Rebecca Spitzgo, associate administrator of the Bureau of Health Professions at the Health Resources and Services Administration (HRSA), and Mary Beth Bigley, new director of the division of nursing within the Bureau of Health Professions at HRSA, joined the meeting.

There is a monthly conference call and the GAPNA Health Affairs Liaison, Charlotte Kelley, attends as the member authorized by GAPNA, as signatory. Every week letters are written to promote the budget for Title 8 (nursing monies), “asks” for monies for education and research in nursing, and “Dear Colleague” letters to legislators who support advanced practice, lauding their position or asking them to consider their position if not amenable to advanced practice. All letters are available in the “Members Only” section of the GAPNA Website under “Legislative Issues.”

In summary, as outlined by the Nursing Community, GAPNA participates with 59 other nursing organizations in a common voice to:
1. Draft correspondence to the Congress or Administration.
2. Create policy documents on various issues related to the core principles.
3. Host events for the promotion of the Nursing Community’s advocacy agenda.
4. Visit congressional and administration representatives.
5. Initiate grassroots campaigns.
This is a welcomed addition to the advancement of advanced practice nursing visibility for the care of older adults through GAPNA’s participation in the Nursing Community at the Silver Level.

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President’s Message continued from page 1

Geriatric teams, co-managing the care of frail, elderly patients. There is a movement to increase the primary care workforce and strengthen the availability of primary care practitioners. New incentives are being offered to expand the number of primary care APNs through funding for scholarships and loan repayments for practitioners working in underserved areas. GAPNA is making our members aware of these opportunities. Watch the website for information as we receive it.

GAPNA is becoming widely recognized for its expertise in the field of geriatric care. We are being asked to weigh in on many care issues as well as on initiatives to advance health policy and practice. We have supported many legislative initiatives such as funding for geriatric education and legislative issues impacting geriatric care. Recently the U.S. Government Accountability Office asked GAPNA’s opinions and suggestions on the vital topic of reducing antipsychotic use in the older adult (read more about this interview on page 7). GAPNA has also aligned with the Centers for Medicare & Medicaid Services in efforts to increase awareness of antipsychotic use and ways to reduce use in long-term care settings (LTC). Alice Bonner has participated in several calls with GAPNA special interest groups and committees aimed at strategizing with GAPNA members in this effort. GAPNA will also be working with the American Medical Director’s Association to revise the guidelines for managing COPD in the LTC setting.

Moving into the future, we will be focusing more on information technology, a hot topic in health care and one that will be presented at GAPNA’s Annual Conference, September 17-20, 2014 in Orlando, FL. We are moving into the electronic age, seeing an emergence of programs to improve the efficiency of health care as well as allow communication between health care agencies through electronic health records. The aim is to have systems which develop and test measures of quality; identify the best ways to collect, compare, and communicate data on quality; and widely disseminate information about the most effective strategies for improving the quality of care as well as reduce medical errors. The Annual Conference promises to be an educational offering providing up-to-date information on best practices and ways to improve outcomes. It will also be an excellent opportunity to network with geriatric experts. Make plans to attend!

GAPNA has committed to growing our membership and increasing educational offerings. We are developing an annual mid-year conference specifically focused on pharmacology. The first conference is being planned for Spring 2015 and will be held in Philadelphia. Among the topics will be “Controlled Substance Prescribing in the Older Adult” and “Antipsychotic Use and Ways to Reduce It.” The agenda is still in the works. We are striving to meet the growing needs for pharmacology credits which will be required for certification renewals as well as for practice. We will bring you up-to-date information on medication use in older patients through such offerings.

GAPNA is also focused on improving communication and increasing our presence to geriatric advanced practice nurses. We have launched a new marketing plan that will include a presence on Twitter. Stay tuned for the Tweets! We are excited about all the ways our members contribute to geriatric care, geriatric education, geriatric research, and assist in molding the landscape of care through legislation affecting geriatric care. It is our members who define our organization, one of the leading organizations in geriatric health care. Thank you for all you do as GAPNA members. I look forward to seeing where we go in the future.

Lisa Byrd, PhD, RN, FNP-BC, GNP-BC, Gerontologist
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Health Affairs
Update and News

Sustainable Growth Rate (SGR)

What’s all this fuss about the SGR? The good news: Congress kicked the can down the road for another year. The SGR was enacted by the Balanced Budget Act of 1997. The purpose of the SGR was to control costs. It linked the payment to Medicare providers to the Gross Domestic Product (GDP). On March 1 of each year the adjustment to Medicare payments is supposed to be made based on the previous year’s actual expenditure and the target expenditures based on the growth in the GDP. If the Medicare expenditures exceed the target the next year, the reimbursement would be cut. If it is less than the target, the reimbursement would increase. However, the cost of health care in our country has consistently exceeded the growth in the GDP, so each year there is the threat of a decrease in Medicare reimbursement.

This year the decrease to the SGR would have been 24.4%. Congress has been grappling with a way to permanently fix the SGR, and came up with a resolution this year, HR 4105, but legislators have not agreed on a way to pay for this fix, which both houses require. So, at the last minute, they came up with a 1-year fix. The measure will continue current Medicare payment rates for 1 year and extend certain Medicare and Medicaid payment provisions and programs. However, next year it will need to be addressed again, and the constituency of the House and Senate could be very different after the November elections.

The home health bills, H.R. 2504 and S. 1332, have significant bipartisan support. The House bill is sponsored by Rep. Greg Walden (R-OR) and has 101 co-sponsors and the Senate bill is sponsored by Sen. Susan Collins (R-ME) and has 16 co-sponsors. The bill has not been scored by the Congressional Budget Office (CBO) and that is one of the limiting factors. The CBO score determines if the bill is a cost, budget neutral, or a savings. Several years ago the bill was evaluated by a private firm and determined to be a cost savings, but the American Nurses Association and American Academy of Nurse Practitioners felt that data needed to be updated and are taking the proposal to a private firm for a new score. If that estimate is consistent with what we had in the past, we hope we can push the CBO for a score. If these bills do not go before Congress this year, they will need to be reintroduced next year to the new Congress. To APRNs and many of our physician colleagues this bill is a great idea, unfortunately the impression of many in Washington is that if APRNs could certify and recertify for home health, the number of recipients would skyrocket and home health is already notorious for fraud. They don’t understand patients are already receiving the services, but not always in a timely fashion due to the restriction. According to AANP, there is not a push-back from physicians on this bill. Please continue to contact your representatives and encourage them to sign on as co-sponsors if they haven’t already, and if they did, thank them and urge them to work on getting a CBO score.

Speaking of cost containment and fraud, the Affordable Care Act included a provision that prior to ordering DME, the patient had to have a face-to-face visit within 6 months. This, in itself, is not a bad idea. If a patient has an illness or disability that requires medical equipment, seeing a provider twice a year seems reasonable. The challenge is twofold: (1) the face-to-face visit must be completely documented prior to the patient receiving the equipment. APRNs can complete the face-to-face exam but a physician must verify that they did it. (2) The list of equipment that is included is two pages long. It is not just big ticket items like wheelchairs, it includes glucometers, nebulizers, and oxygen. The law was supposed to have been implemented in January 2013 but has been postponed several times and is now slated to be implemented sometime this year. House Bill H.R. 3833 has been introduced by Rep. Jim McDermott (D-OR), a physician, and currently has three co-sponsors. This bill would remove the requirement that a physician verify the face-to-face was completed by the APRN. There is not currently a comparable bill in the Senate. This is another bill to encourage your representatives to co-sponsor.

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Durable Medical Equipment (DME)

Home Health

Each year GAPNA sponsors attendance at the American Association of Nurse Practitioners (AANP) (formerly ACNP) Health Policy Conference in Washington, DC. The chair of the Health Affairs Committee and the recipient of the Health Affairs scholarship attend on behalf of GAPNA. This year’s conference was held from March 30 to April 1. On April 1 those attending went to Capitol Hill to visit their senators and representatives. The “asks” that were priorities for 2014 included the home health and durable medical equipment bills.

The Hartford Institute/New York University College of Nursing is now accepting scholarship applications! To find out more about the 2014 Geriatric Nursing Research Scholars Program, visit the website below. Applications will be accepted July 28-August 1.

For an application and further information, visit: http://hartfordign.org/research/summer_scholars/ or call (212) 992-9416 or via e-mail at hartford.ign@nyu.edu

Need a Mentor in Long-Term Care?

GAPNA’s LTC/Nursing Home SIG members are eager to serve as mentors for new APN’s working in long-term care. If you are interested in being placed with a mentor, please contact Suzanne Ransehousen at suzyr107@yahoo.com and she will connect you with an APN from your area.
What factors contribute to the decision to prescribe antipsychotic drugs to older adult persons with dementia?

Determining whether an older adult with dementia is a candidate for an antipsychotic medication includes the evaluation of several factors including the presence of psychotic features and/or aggressive behaviors, age, co-morbid conditions, weight and health status, mobility, other medications, past history of medication use including use of antipsychotics, mood, and degree of behavioral problems the patient is experiencing. All attempts at nonpharmacological interventions have failed and the older adult is at risk of harming himself/herself or others.

Are there any institutional factors that might contribute to the inclination to prescribe antipsychotic drugs to patients with dementia? (for instance, patient mix, staffing, or nursing home bed size?)

Nursing homes with less use of antipsychotic medications tend to be those with greater nurse-to-patient ratios as well as specialized dementia care training. Also, homes whose medical directors and directors of nursing who are educated about appropriate use of antipsychotic medications and appropriate weaning strategies are more likely to have a lower use of antipsychotic medications.

To your knowledge, what consideration is given to modification of a patient’s prescription drug regimen upon admission to a nursing home? What additional considerations, if any, should factor into modification of a patient’s drug regimen?

Hospitalized older adults are at great risk for delirium which is frequently treated with antipsychotic medications. Unfortunately, once the delirium resolves, the antipsychotics are not always discontinued. When deemed an antipsychotic medication is necessary, prescription considerations should include:

- An appropriate indication for use for optimizing quality of life and for safety of the patient and/or other patients such as delineating target symptom.
- A specific and documented goal of therapy be included in the patient care plan.
- Ongoing monitoring of the resident to evaluate effectiveness in achieving the therapy goal and the development or presence of adverse effects from the medication.

- Consideration of laboratory values including liver functioning, Hgb A1C, cholesterol panels, and, when appropriate, EKG.
- Use of the medication only for the duration needed, and at the lowest effective dose.
- A plan for dose reduction education should be focused on in-hospital care prescribers and discontinuation of antipsychotics prior to discharge.

Besides FDA-approved indications, what other clinical guidance exists that frames the appropriate use of antipsychotic drug prescribing for the older adult?

Other areas of clinical guidance should include expert opinion and evidence-based outcomes. Those experts in the field of elder care of dementia patients as well as patients experiencing delirium and psychosis should be brought together in an expert panel to develop and disseminate:

- Best practice guidelines.
- Recommendations about optimal antipsychotic dosing.
- Guidelines for trial duration.
- Monitoring of treatment response (including use of defined standardized rating instruments and side effect tracking protocols).
- Switching considerations and strategies (Horn et al., 2012).

What is your impression with regards to how widely clinicians use informed consent when prescribing antipsychotic drugs? What policy or logistical considerations go into the decision to implement informed consent?

Use of an antipsychotic medication is often considered “treatment” and additional informed consent beyond the initial consent to treatment is usually not obtained. There may be issues in obtaining informed consent in the nursing home setting because generally, if a patient requires an antipsychotic medication, he/she is not able to provide consent due to the severity of his/her cognitive impairment. Instead, informed consent for the use of antipsychotics should be obtained from the responsible party and documented in the medical record of the older adult with dementia (Rabins & Lyketsos, 2005). Informed consent is the educating of the responsible party/family member on the pros and cons of the medication, the potential problems associated with its use,
**Performance Improvement**

### Asymptomatic Bacteriuria: Avoiding Unnecessary Specimen Collection and Treatment in Long-Term Care

**Purpose:** To establish an evidence-based policy and procedure that prevents unnecessary treatment and specimen collection for asymptomatic bacteriuria (AS), while accurately identifying long-term care (LTC) residents with urinary tract infection (UTI).

Compared to community-dwelling older adults, AS is increasingly present in older adults who reside in LTC. While the bladder is sterile, studies have shown there is no detrimental effect associated with untreated older adults with AS in LTC. In fact, Nicolle and colleagues (2006) and the U.S. Preventive Services Task Force (2012) do not recommend screening, testing, or treatment for AS. Despite such recommendations, this population is often treated in LTC. Inappropriate antimicrobial treatment is associated with multi-drug resistant organisms, adverse reactions such as *Clostridium difficile* diarrhea, allergic reactions, and increased cost. Furthermore, studies cite symptomatic bacteriuria (UTI) associated with bacteremia as rarely a cause of mortality (8%) compared to bacteremia caused by pneumonia (56%) (Mylotte, Tyara, & Goodnough as cited in Genao & Buhr, 2012).

Researchers suggest nursing and health care worker education can result in decreased inappropriate specimen collection, treatment, and decreased use of antibiotics with no increase in morbidity and mortality to the LTC population (Zabarsky, Sethi, & Donskey, 2008). An evidence-based policy and procedure was created for professional nursing staff at Burgess Square Health Care and Rehab Centre in Westmont, IL, by APN staff in consultation with an infectious disease physician. Implementation of the policy consisted of one-on-one review of the policy between nurses and APN or nurse managers.

Components of the policy, based on the Interact Decision Support Tool, encompassed assessments to include recognition of genitourinary symptoms and independent predictors of adverse outcomes. For neuropsychiatric symptoms alone, assessments for pain, cold, anxiety, or boredom were included. The physical exam included heart and lung sounds, a genitourinary exam, and vital signs. If criteria were met, an order would be obtained for urine culture and sensitivity. Procedure for proper technique when obtaining a specimen were reviewed.

Performance improvement criteria to be measured at 3 and 6 months are number of urine specimens collected, number of antibiotics dispensed for treatment, and number of hospital admissions for UTI complications. It is anticipated that fewer specimens will be collected and fewer patients will be treated with less adverse outcomes.

Anitta Alex, APN-BC
David Beezhold, MD
Patricia McCann, APN-BC

**References**

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**GeroPsych Clinical Practice Pearl: Using Photos**

Many times older adults with dementia and other mental health issues have regimented thinking patterns like what they wear on specific days, how they like their bed made, where treasured objects go in their room, etc. Not carrying out these desires often results in escalated behavior issues. Writing this information on the care plan is helpful. Taking a photo of known specificities and placing it in the room with instructions helps all caregivers keep the individual happy. A picture is worth a thousand words!

Linda J. Keilman, DNP, GNP-BC
*Michigan State University*

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**Foundation Plans**

*continued from page 2*

**GAPNA Foundation Awards**

Following our usual tradition, the GAPNA Foundation will be holding a series of fundraising events at the annual conference to raise money for the Foundation and its mission. Each year, the GAPNA Foundation provides scholarship awards to GAPNA members to fund their scholarly work. The Foundation has consistently awarded research and project scholarships for $2,000 each and $400 for the Research Committee to use for the poster and podium awards. Last year, we also offered an additional scholarship of $5,000 made possible by a generous donation from the UnitedHealth Group, Center for Nursing Advancement, which will be awarded again this next year. All current GAPNA members are eligible and nonmembers can apply as long as they apply for GAPNA membership at the same time. Members can only apply for one grant each year. Grant funds must be used strictly for research-related expenses and cannot include indirect costs. Once awarded, the grant must be used within the year. For more information, click here.

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The Leadership SIG Update on Activities

The Leadership Special Interest Group (SIG) is motivated to support the identification and development of leaders for our organization, the profession, and for local endeavors. The SIG’s purpose and activities have evolved over the past 4 years during regularly planned monthly and quarterly meetings. We have organized and presented GAPNA Annual Pre-Conference sessions which have moved from invited sessions to open session offerings. In 2012, the pre-conference session included a panel of distinguished leaders who reflected on their personal career journeys. Attendees also participated in guided discussion groups. In 2013, the pre-conference included a formal presentation with leadership concepts presented by three GAPNA leaders. Evaluation and feedback of these sessions has been positive; a key strength of the pre-conference is the personal attention that attendees receive. Given that leadership is the art of motivating a group of people to act, we continue our SIG work with plans to introduce a virtual toolbox accessible to all members through the GAPNA Website.

Leadership Toolbox

Regardless of title or role, nurse practitioners are leaders and need to assume responsibility for the development of self and other team members’ leadership potential. This toolbox will guide participants in leadership issues by assessing and designing a leadership development plan through an individual process. Components of this toolbox include a formal mentoring program relevant to GAPNA members, guidance in ethical dilemmas and legal matters, and a change management module focused on project management and readiness for change. It also includes execution planning and stakeholder analysis, and provides insights into techniques and tools to manage the challenges and opportunities that come with change.

Joan G. Carpenter, MN, CRNP, NP-C, GNP-BC, ACHPN
Leadership SIG Chair-Elect
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The Stranger

what stranger lies here in my bed
so weak of limb and gray of head?
whose legs are those that don’t belong
they should be lithe, and tanned and strong.

what mirror image do i see
that smiles and frowns and yet can’t be me?
when did that person move away
who used to laugh and dance and play?

who stole into my house one night
and sent the other me to flight?
a daylight vigil had been kept...
how dare it creep in as i slept?

what person lies here in my bed?
i want the other one instead

Note: The author is a self-described 93-year old artist, writer, poet, and curmudgeon.
The Delaware Valley GAPNA Chapter congratulates students Brittney Dimeglio and Rory Tedrick for their selection as Outstanding Advanced Practice Nursing Students in 2014. The students, both enrolled in adult-gerontology nurse practitioner programs, were selected for the award based on academic achievements and a personal statement.

Brittney Dimeglio is an RN and a John A. Hartford Scholar at The Pennsylvania State University where she is enrolled in the primary care adult-gerontology nurse practitioner program. She is a graduate assistant with Dr. Donna Fick, working on a National Institutes of Health funded research project titled “Early Nurse Detection of Delirium Superimposed on Dementia.” This assistantship allows her to work with the older adult population and learn research skills.

Rory Tedrick is an RN and a veteran who works with many older veterans as an emergency room nurse at the Wilmington Veterans Hospital. He is completing the primary care adult-gerontology nurse practitioner program at the University of Delaware. Rory provided examples of advocacy and creativity in his work with older veterans. For example, Rory serves on a fall prevention task force, arranged for the 78th U.S. Army Band to perform a holiday concert, arranged for pre-paid telephone cards to be donated through a veterans organization (VFW), and has provided musical performances (he plays bagpipes and guitar). Rory is also a recipient of a Health and Resource Service Administration traineeship because of his work with underserved populations.

The scholarship committee — Barbara Harrison McPherson, PhD, APRN; Theresa Holmes, Pamela Caccilione, PhD, CRNP-BC — recognized the students’ commitment to quality care for older adults and agreed that they were role models for excellence. Students were awarded $500 towards educational expenses and are invited speakers at chapter meetings in 2014.

Barbara Harrison McPherson, PhD, APRN
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continued on next page

Looking for a CHAPTER NEAR YOU?

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**Georgia**

The Georgia Chapter’s 5th Annual Conference, “Multi-disciplinary Approaches Across the Palliative Care Continuum,” held on March 22 at the historic Academy of Medicine in Atlanta, was a huge success! We drew 145 attendees from various disciplines including nurse practitioners, physicians, social workers, and students from a variety of schools and programs.

Our dynamic keynote speaker, Linda Emmanuel, MD, PhD, Buehler Professor of Geriatric Medicine at Northwestern University, opened the conference with a very informative discussion of her work with the EPEC Project, furthering palliative care programs across the country. The other sessions presented over the course of the day-long seminar included: “The ROI of Palliative Care,” “Managing Distressing Symptoms at the End of Life,” “Guardianship in Georgia,” “POLST Updates,” “HIV and Aging,” and “Ensuring Communication of Healthcare Wishes.”

The next quarterly business meeting for the chapter will be held in May. At that gathering, we will have the opportunity to get to know our candidates for the upcoming state elections. We will also be discussing the POLST conference and our student night planned for fall 2014.

One of our dedicated members and former officer, Penny Maynard, who was diagnosed with cancer last year, left us too soon on February 23, 2014. Penny had a true passion for advancing geriatrics and inspired many of us who are members of this chapter. The Georgia GAPNA Chapter is establishing a student scholarship in her name to continue her memory and her work; anyone wishing to contribute may do so at www.georgiagapna.org

Stacey A. Chapman, ANP-BC
stacey.a.chapman@optum.com

The Georgia Chapter’s 5th Annual Conference drew health care professionals from various disciplines.

**Great Lakes**

The 6th Annual Great Lakes Chapter (GLC) of GAPNA 2013 Conference, held on November 16, hit a highlight this year not only with an increase in attendance, but also with the speakers and the topics selected. A record 108 attendees participated in the event. We welcomed 18 exhibitors including 3 local universities, a professional organization, and 14 pharmaceutical companies. We received comments such as “Great engaging speakers” and “Excellent presentation with evidence-based approaches.” The GLC Planning Committee Co-Chairs, Alice Early and LeAnn Sabatini, along with committee members Diana LaBumbard, Mary Ann Nicholas, Wilma McKenzie, and Michelle Moccia, were instrumental in coordinating the event which was held at the Dearborn Inn in Dearborn, Michigan. Two other amazing women, MJ Favot (chapter secretary) and Tonya Harbison (chapter treasurer) were vital to the success of the conference through their coordination with registration and marketing efforts.

We were fortunate to hear from the following renowned speakers on timely topics: Barbara Zarowitz, PharmD, FCCP, FACP, BCPP, BCPPS, CGP, FASCP (who is a frequent contributor of topics in the Pharmacy column in *Geriatric Nursing*) began the conference with a session entitled “Pharmacological Considerations for Reducing Hospital Readmission in Geriatric Patients with Heart Failure.” The 90-minute session was filled with goals of therapy and pearls to reduce hospitalization in this vulnerable population. Needless to say, the session left us wanting more! Diane LaBumbard, MSN, RN, ACNP/GNP-BC, CWOCC, followed with a session on pain management strategies. Her session was critical to keeping the current aging population, who so often are the “silent warriors,” comfortable. Just before we took a break for lunch, Angela Lambing, MSN, ANP-c, GNP, shared with us her session entitled “What’s New in the World of Anticoagulation.” She unraveled the mystery of the clotting cascade, pharmacokinetics, and risk/benefit of these new novel agents.

Lunch was sponsored by AbbVie Pharmaceuticals and was not only delicious, but the speaker, Cynthia Rudert, MD, FACP, delivered a high-energy and thought-provoking critical message on “Exocrine Pancreatic Insufficiency Associated with Chronic Pancreatitis” that ended with a thunderous applause topped with a delicious chocolate mousse desert. Lynn Etters, NP-C, GNP-BC, and Angela Popoff, LMSW, touched on the sensitive subject of strategies to “Optimize Treatment and Care for People with Behavioral and Psychological Symptoms of Dementia.” Included in their presentation were specific approaches to this subset of older individuals. Cristie Rouch, DNP, GNP-BC, concluded the conference with her lighthearted, entertaining, and practical discussion on the identification and management of “Ear, Nose, and Throat” issues in the elderly patient. Her humorous delivery was appreciated at the end of the day!

GLC Awards and Scholarship winners were also announced. They included:
- Clinical Practice Poster – Linda Keilman, DNP, GNP-BC, “The Impact of Interprofessional Collaboration on Difficult Behaviors for Residents with Dementia.”
- GLC Student Poster – Tara Daniel
- GLC Nurse Practitioner Student Scholarship winners ($1,000 each) – Ryan Havens and Suzanne M. Lee
- GLC Clinical Excellence Award winner – J. Michelle Moccia, MSN, ANP-BC, CCRN, Great Lakes Chapter President
- GLC Leadership Award winner – MJ Favot, MSN, GNP-BC, Great Lakes Chapter Secretary

On the conference evaluation form we had a number of NPs who voiced interest in volunteering. They included the Wayne Hope Clinic; Alzheimer’s Camp Connection Program; assist a DNP student in Grand Rapids on her Capstone project “Medication Adherence in the Older Adult;” and volunteering to be part of the GLC Planning Committee for the 2014 Conference.

We are blessed to have a wonderful, engaging group of NPs.

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Chapter News
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We are looking forward to continuing the momentum on attendance and optimizing management on our older adult population delivering patient-centric care at our 7th Annual Gerontological Nursing Conference entitled “Advancing Excellence in Geriatric Care” to be held on Saturday, October 18, 2014, at the Dearborn Inn, in Dearborn, Michigan. Save the date! Visit our chapter website to view photos from the 2013 Conference, as well as information about our upcoming events https://glcgapna.enpnetwork.com/.

2014 Conference speakers, topics and highlights:
• Barbara Zarowitz, PharmD, FCCP, FCCP, BCPS, CGP, FASCP, presenting on “Current Areas of Treatment Controversy in Caring for Older Adults”
• Deborah Dunn, EdD, MSN, GNP-BC, presenting on “Frailty”
• Lisa Astalos-Chism, DNP, APRN, CNMP, presenting on “Sexual Health in Older Adult Women”
• Cathy Draus, MSN, ACNS-BC, CCRN, presenting on “Cardiology Potpourri”
• Susan Allen, MD, (board certified in geriatric medicine) presenting on “Delirium”
• AbbVie Pharmaceuticals sponsored lunch – topic to be determined

Two GLC members recently presented at the 2014 Michigan Council of Nurse Practitioners (MICNP) Annual State Conference. Michelle Moccia, current president, and Kathryn Gray, MSN, FNP, GNP, were both speakers at the prestigious Annual Advanced Practice Nursing Conference March 14-16 in Lansing, Michigan. Michelle presented on strategies to interpret 12/15 lead ECGs, showcasing cardiac angiography films and videos to enhance the learning environment. Kathryn Gray delivered a comprehensive review on the “Beers List Criterion: Safe Medication Prescribing for Elders.” Kathryn shared her expertise and strategies to improve care in this vulnerable population. Both sessions were filled to capacity.

MJ Favor, GNP-BC, GLC secretary and president-elect, along with Wilma MacKenzie, A/GNP-BC, provided information about GAPNA and the chapter including benefits of membership, opportunities for continuing education, and involvement as well as distributed “Save the Date” cards for the chapter’s upcoming 7th Annual Geriatric Nursing Conference in October 2014. The Great Lakes Chapter sponsored a booth at the conference for the 5th year in a row.

GLC Chapter has partnered with a number of universities via reciprocity agreements at various APRN recognition and educational functions.

Thank you GLC members for your dedication to GAPNA, along with your contributions to improving nursing practice and patient-centric care outcomes!

J. Michelle Moccia, MSN, ANP-BC, CCRN
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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.gnjournal.com/authorinfo. We look forward to your submissions.

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.

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

Make Plans Now to Attend!
Clinical Research Corner

Nursing Home Residents’ Risk for Potentially Avoidable Hospitalizations Linked to PCPs

Nursing home (NH) residents are at high risk of avoidable emergency department (ED) visits and hospitalizations. One reason is lack of availability of primary care providers (PCPs). For the 20% of primary care physicians who practice in NHs, NH care accounts for less than 10% of their overall work time. Studies in Europe and the United States have found that NHs whose physicians or advance practice nurses devote full time to NH residents have lower rates of hospitalizations and ED visits. A new U.S. study suggests the same. The researchers assessed whether NH residents whose primary care providers – whether physician, physician assistant, or advanced practice nurse – spent most of their clinical effort at NHs would have fewer avoidable hospitalizations and lower Medicare costs. They found that residents whose PCPs devoted less than 5% of their clinical effort to NH care were at 52% higher risk of potentially avoidable hospitalizations than those whose PCPs devoted 85% or more of their clinical effort to NHs. Those residents also had $2,179 higher annual Medicare spending, controlling for PCP discipline.

For more info, see Kuo et al. (2013). Association between proportion of provider clinical effort in nursing homes and potentially avoidable hospitalizations and medical costs of nursing home residents. Journal of the American Geriatric Society, 61, 1750-1757.

Staff Perception of Infection Prevention Safety Culture Varies Among Hospitals

A new study reveals front-line health care technicians perceive they are not as engaged in hospital infection improvement efforts compared to other staff. Similarly, front-line technicians had lower perceptions of the adequacy of staffing and resources than administration. Nevertheless, most safety culture items did not vary by staff role or experience. Instead, the safety culture related to infection control varies more by the hospital than by any particular staff position or the experience of individual employees. Therefore, the researchers concluded safety education and interventions need to be tailored to the needs of individual hospitals rather than the professional role or experience level for individual staff.

For details, see Braun et al. (2013). Does health care role and experience influence perception of safety culture related to preventing infections? American Journal of Infection Control, 41, 638-641.

Persistent Differences Found in Preventive Services Use within the U.S. Population

Large differences in adult use of preventive services persisted from 1996 through 2008 across population groups defined by poverty, race/ethnicity, insurance coverage, and geography. Researchers examined trends in five preventive services: general checkups, blood pressure screening, blood cholesterol screening, Pap smears, and mammograms.

Among the population of nonelderly adults (ages 19-64 years), the proportion of the population having a general checkup increased 1.1 percentage points from 1996/1998 to 2007/2008; the proportion of those with blood cholesterol screening within the prior 5 years increased by 8.2 percentage points. In contrast, the percentage of the population having blood pressure screening or mammograms (among women) increased modestly between the first pair of time points, but remained essentially constant thereafter. Finally, the percentage of women having Pap smears increased modestly (by 2.1 percentage points) from 1996/1998 to 2002/2003, but decreased by about a percentage point subsequently to the end of the study period.

More details are in Abdus & Selden. (2013). Preventive services for adults: How have differences across subgroups changed over the past decade? Medical Care, 51(11), 999-1007.

Older Patients and Caregivers Differ in Assessments of the Quality of Chronic Illness Care

Caregivers who often accompany patients to physician office visits are well-positioned to provide additional information on the quality of patients’ chronic illness care. A new study suggests older patients with chronic illnesses and their caregivers can differ in their assessments of the patient’s quality of care.

Researchers compared patients’ self-reports and their caregivers’ independent ratings of the quality of chronic illness care, and found the agreement between patients and caregivers was low. Patients who were following a more complex treatment plan (taking many medications) or having more difficulty following a treatment plan were less likely to agree with their caregiver about the quality of care. Patient-caregiver dyads had greater agreement on objective questions than on subjective questions.

The researchers believe that for some patient-caregiver dyads, the caregiver’s report may be more accurate than the patient’s report. This may be particularly true for caregivers who are providing substantial support in managing the patients’ health care or for patients with cognitive impairment.

To learn more, see Geovannetti et al. (2013). Do older patients and their family caregivers agree about the quality of chronic illness care? International Journal for Quality in Health Care, 25(5), 515-524.

Little Difference in Effectiveness of Drugs to Prevent Episodic Migraine in Adults

Migraine headaches affect 17% of women and 6% of men in the United States and fall into two classes: episodic migraines, defined as lasting less than 15 days per month, and chronic migraines that last at least 15 days per month for at least 3 months. Even episodic migraines can cause serious lifestyle limitations, requiring preventive medication. All four drugs approved by the U.S. Food and Drug Administration
for prevention of adult episodic migraine (the anti-epileptics, divalproex and topiramate, and the beta-blockers, timolol and propranolol) were found effective in a review of studies on the medications. These drugs were better than placebo in reducing monthly migraine frequency by at least 50% in 200-400 patients per 1,000 treated, according to a review of 215 randomized controlled trials and 76 nonrandomized studies. However, none of the approved drugs was significantly more beneficial than the others.

More details are in Shamliyan et al. (2013). Preventive pharmacologic treatments for episodic migraine in adults. Journal of General Internal Medicine, 28(9), 1225-1237.

**Methotrexate Recommended as First-Line Therapy for Early, Poor-Prognosis Rheumatoid Arthritis**

Most evidence-based guidelines call for methotrexate (MTX) by itself as first-line therapy for rheumatoid arthritis (RA). Recent trials, however, suggest that combination therapy may be better. Yet, a new study concludes MTX should be first-line therapy for patients with early rheumatoid arthritis even if they have poor prognostic features.

The researchers compared the results of initial MTX monotherapy with the option to step up to combination therapy with immediate initial combination therapy in patients with RA and an early poor prognosis. The results validated starting MTX monotherapy in these patients, since 28% did not need a step up to combination therapy, and those who did fared as well as those started on combinations from the outset.


**Workarounds to Procedures Embedded in Electronic Health Records Are Common, Even Among Early Adopters**

Using observation techniques initially developed in cultural anthropology, researchers found that staff in primary care outpatient clinics find it helpful to develop paper or computer workarounds to electronic health record (EHR) processes. Paper and computer workarounds to improve efficiency, memory, and awareness were found at all three health care institutions involved in the study, which were all leaders in the development and application of EHRs. Workarounds involving knowledge/skill/ease of use, task complexity, trust, and no correct path were each found at two of the institutions. Four more workaround categories were each observed within a single institution.

To learn more, see Flanagan et al. (2013). Paper- and computer-based workarounds to electronic health records use at three benchmark institutions. *Journal of the American Medical Informatics Association*, 20, e59-e66.

**Dementia Does Not Greatly Influence the Quality of Hospice Care**

Hospice patients with Alzheimer’s disease and other types of dementia find it more difficult to communicate with providers and caregivers than the patients with terminal cancer for which hospice care was originally conceived. However, this difference does not appear to affect the overall quality of their care, according to a new study. This is important because the proportion of hospice patients with Alzheimer’s disease or other forms of dementia has been increasing. Researchers found the majority of quality-of-care measures for individuals receiving hospice care differed little between patients with and without dementia.

Nonetheless, hospice patients with dementia were 2.6 times more likely to receive tube feeding than other hospice patients, despite findings that tube feeding is not associated with longer survival, better nutrition, fewer pressure ulcers, or reduced risk of aspiration pneumonia in individuals with advanced dementia.


**Patient Activation Level Affects Likelihood of 30-Day Rehospitalization**

Research suggests a successful post-hospital care transition depends on the patient’s ability to manage his or her discharge care plan upon returning home. The knowledge, skills, confidence, and inclination to assume responsibility for managing one’s health and health care needs is often referred to as “patient activation.” A new study found that patients with high activation levels had reduced likelihood of being rehospitalized within 30 days of hospital discharge. The researchers concluded that patients with a low level of activation are at risk for early, unplanned hospital use. They suggest hospitals can use the measurement of patient activation as a predictor of hospital reutilization to effectively target their efforts in preventing re-admission.

and alternative options for care. This can delay the treatment of the older adult with psychotic features due to some family members being difficult to reach by phone, may be older adults themselves and have problems comprehending, issues with hearing, or issues which may not be related over a phone call.

What drugs, if any, exist to treat dementia symptoms that are less risky than antipsychotic drugs?

Less-risky medications to treat dementia symptoms in the older patient include antidepressants such as selective serotonin re-uptake inhibitors (SSRIs), cholinesterase inhibitors, and NMDA receptor antagonists. Prescribers should be mindful that these are not approved uses for these medications. Cholinesterase inhibitors and memantine do not work quickly. It takes several weeks to see an effect and these medications are not effective for aggression or psychosis. However, one study suggested galantamine may be a safer alternative to antipsychotics (Freund-Levi et al., 2014). Consideration may also be given to treatment of undiagnosed pain (Ahn & Horgas, 2013; Husebo, Ballard, & Cohen-Mansfield, Seifert, & Aarsland, 2013).

What nonpharmacological approaches exist to managing dementia symptoms?

• Staffing education including counseling the caregiver about the nonintentional nature of the psychotic features and offering coping strategies.

• Environmental strategies such as “Greenhouse,” a home-like environment atmosphere in nursing home design, monitoring colors for soothing colors and patterns, easy-to-locate rooms and restrooms, etc.

• Re-direction and diversion techniques such as memory therapy including use of old family photos, pet therapy, exercise therapy, social engagement such as dance, bingo, etc.

• Positive-reinforcement strategies.

Are there any best practices that we should be aware of?

Greenhouse environmental settings such as nursing homes with greater numbers of RNs, as well as, homes with greater nurse-to-patient ratios, and nursing homes that educate the hands-on caregivers have better outcomes.

The Cochrane Collaboration (2011) examined specialized units for people with dementia and Alzheimer’s disease. The review found no randomized controlled trials that examined the effects of special care units on behavioral symptoms. From the identified evidence of nonrandomized controlled trials, there was no strong evidence of benefit from special care units. The authors recommended implementing best practice rather than providing a specialized care environment. Since nursing homes vary widely across the country, it is necessary to examine organizational characteristics, structures, and processes of care and their effect on outcomes (such as quality of life), so as to provide guidance to families as they seek LTC settings for their members with dementia.

A Cochrane Review published in 2013 focused on withdrawal versus continuation of chronic antipsychotic drugs for behavioral and psychological symptoms in older people with dementia. In seven out of nine studies, researchers were able to taper and discontinue antipsychotics, but in two studies, there was relapse of behavioral symptoms. The findings indicated that individuals who had more severe neuropsychological symptoms, psychotic symptoms, and/or aggression were least likely candidates for successful discontinuation (Declercq et al., 2013).

Advancing Excellence has developed a toolkit on Reducing Antipsychotic Use in Nursing homes.

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


Additional Readings


New – Just for Students!

Check out the new area on GAPNA’s Website – Just for Students! It contains information about available scholarships, foundation grants, GNP programs, how to locate a preceptor, career opportunities, and much more! Remember, we are here to help you succeed.

Visit Just for Students now
The Official Newsletter of the Gerontological Advanced Practice Nurses Association — Founded in 1981

2013-2014 Committee Chairs

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<td>Deb Bakerjian, PhD, MSN, RN, FNP</td>
<td>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, Website, social media, and other promotional and educational materials.</td>
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<tr>
<td><a href="mailto:deba_bakerjian@ucdmc.ucdavis.edu">deba_bakerjian@ucdmc.ucdavis.edu</a></td>
<td>Volunteers Needed: Interested in serving on a GAPNA Committee? Learn more by contacting the GAPNA National Office at <a href="mailto:GAPNA@ajj.com">GAPNA@ajj.com</a> or call 856-355-1392 and request a Call for Volunteers form.</td>
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