Unlocking Our Full Potential

Unlocking our full potential – that is what we strive to do on a daily basis in our lives, our work, and with GAPNA. As America’s population grays and seeks the expertise of our knowledgeable practitioners, GAPNA is diligently working to meet the membership’s educational needs, be a voice in the legislative battleground, and to form a network where geriatric experts can work together to learn from each other as well as work to meet our mutual needs. As the elderly population begins its explosion in numbers, climbing from 13.9% of the U.S. population in 2012 to an estimated 19% of the U.S. population by 2030, it may not be accurate to claim our country is a “young nation.” With the increase in life expectancy (an average of 78 years for an individual born in 2011) and the reduction in death rates of older adults, it is projected the old (those over 65) will outnumber the young (those under 14). This will change the dynamics of the health care market as well as available services, with a heavier focus on managing chronic disease. To meet these health care challenges, there will be a push to discover ways to locate more resources, create new approaches to health care delivery, and put a greater focus on wellness and prevention.

continued on page 6

Three GAPNA Members to Be Inducted as Fellows to American Academy of Nursing

The American Academy of Nursing has selected 168 nurse leaders for induction as fellows during the Academy’s 2014 Transforming Health, Driving Policy Conference on October 18, 2014, in Washington, DC. The Academy is comprised of more than 2,200 nurse leaders in education, management, practice, policy, and research. The Academy fellows include hospital and government administrators, college deans, and renowned researchers. The Academy fellows, with the addition of this newest class, represent all 50 states, the District of Columbia, and 24 countries.

Selection criteria include evidence of significant contributions to nursing and health care and sponsorship by two current Academy fellows. Applicants are reviewed by a panel of elected and appointed fellows, and selection is based, in part, on the extent the nominee’s nursing career has influenced health policies and the health and well-being of all. New fellows will be eligible to use the credentials FAAN (fellow of the American Academy of Nursing) after their induction in October.

Congratulations to this year’s fellows from GAPNA:

- Debra Bakerjian, PhD, MSN, RN, FNP, FAANP
- Dawn Bazarko, DNP, MPH, RN
- Marie Boltz, PhD, RN, GNP-BC

2014 Election Results

Congratulations to the newly elected members of the Board of Directors and Nominating Committee.

Board of Directors
President-Elect: Carolyn Clevenger
Secretary: Dawn Marie Baylis
Director-at-Large: Linda Keilman

Nominating Committee
Joan Carpenter (Chair)
Rhonda Lucas

A total of 219 (11.5%) members voted in this year’s election. Thanks to all who took the time to exercise their right and responsibility as a GAPNA member to vote!

Thanks also to the dedicated members of the Nominating Committee for their time and hard work this year: Suzanne Ransehousen and Margo Packheiser and BOD liaison George Peraza-Smith.

See page 5 for profiles of these new board and committee members.

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

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GAPNA’s 33rd Annual Conference promises to provide a format for learning and networking to assist gerontological advanced practice nurses in enhancing their knowledge and practice. Join your friends and colleagues at the Buena Vista Palace Hotel & Spa, September 17-20, 2014 for the outstanding education program “Four Points of Impact on Care of the Older Adult: Practice, Outcomes, Education, and Technology.”

You will experience relevant general and concurrent sessions designed to offer choice and variety for your learning engagement. Eighteen breakout sessions will be offered to target your learning needs. In addition, dynamic pre-conference workshops on research, education, and pharmacology will both enlighten and enliven you. In addition, new peer-conducted research will be presented as interactive poster sessions and oral presentations.

In addition to the clinical sessions, the always-popular exhibit hall will provide the opportunity to interact with leading industry representatives. Plus, industry-supported product theaters will educate you on the latest advances in elder care.

You can earn up to 24.5 contact hours and 12.5 pharmacology hours for the main conference and pre-conference workshops. And don’t forget about the Online Library access to event sessions post conference. Of course, there will also be plenty of time for networking with colleagues from across the country, and to enjoy the entertainment and excitement of Orlando!

Here is a sample of the state-of-the-art session topics to be presented at the 2014 Conference by expert gerontology clinicians and researchers:

- “Unlocking the Full Potential of Health IT Innovation for the Care of Older Adults”
- “Financial Abuse in the Elderly”
- “Medication Reduction at the End of Life”
- “Pain Pathways and Analgesia Outcomes”
- “ICD-10 Is Coming! The Benefits of Clinical Documentation Improvement Programs in Risk Adjustment”
- “Antibiotic Use in the Geriatric Population/Clinical Guidelines”
- “Aging and Obesity: Essentials for Your Practice”
- “JNC-8 Guidelines: Implications for Nurse Practitioners”
- Plus many more dynamic presentations including a special movie screening: “Gen Silent: The LGBT Aging Film” (see page 4)

All of these options and benefits, plus the fun events (golf outing, casino night, fun run/walk) supporting the GAPNA Foundation, will make this a rewarding, educational, and memorable GAPNA Conference.

Not registered yet? Go to www.gapna.org and complete your conference and hotel registrations today. GAPNA’s headquarters hotel, the beautiful Buena Vista Palace & Spa, is a relaxing, hospitable venue that will enhance your conference experience.

Online Library & Paperless Conference!

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

What Are the Benefits?

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

Content will be available approximately 3 weeks after the conference, so you can take advantage of this additional learning experience at your convenience.

(Additional CNE contact hours may be obtained for a separate fee.)

Handouts Available Online

Approximately 2 weeks before the conference, redeem the conference code GAPNA14 in the Online Library (www.gapna.org/library) to access the session handouts.

Paperless Online Evaluations and CNE Certificates

No need to worry about filling out paper forms and submitting them onsite. Simply complete the evaluation and print your CNE certificate at your convenience from home or work! Now you can focus on networking and enjoy the conference!
The GAPNA Research Committee has many activities planned for GAPNA’s Annual Conference, September 17-20, 2014 in Orlando, FL. Research content includes a pre-conference workshop, poster exhibits, clinical project and research presentations, a concurrent session on how to write abstracts and present posters, and an open individual research or clinical project consultation time during exhibit hall hours (see page 8). See the details below and we look forward to seeing you in Orlando!

Research Workshop: Research Beginner Level
Wednesday, September 17, 8:00 a.m. – 11:00 a.m.
Margaret T. Bowers, DNP, FNP-BC, AACC, CHFN
Valerie K. Sabol, PhD, ACNP-BC, GNP-BC
Andrew Todd, MLIS, BSN
Facilitators: Research Committee Members

This session will assist advanced practice nurses, DNP students, and graduates in developing evidence-based practice projects in clinical settings. Participants will learn to develop a practice question, critique the evidence, and translate evidence into practice (PET). They will identify and begin to formulate research questions related to the care of older adults using the PICOT format. They will learn how to conduct a search for evidence using a variety of databases. They will also begin to appraise the evidence by critiquing the strength and quality of currently published studies. Participants are asked to bring ideas for research topics and question formulation. The session will include instructional lecture, small group work, and interaction with professional researchers and faculty.

Recommended book to complement course: Johns Hopkins Nursing Evidence-Based Practice Model and Guidelines (2nd ed.). Workshop registrants may purchase this text at the discounted cost of $35 by choosing “Optional Research Book for Workshop” on the conference registration form.

Research and Clinical Project Abstracts I
(Concurrent Session 141)
Thursday, September 18, 1:15 p.m. – 2:15 p.m.
Several research or clinical projects will be presented that discuss the creative work APNs are doing to further the care of older adults.

Research and Clinical Project Abstracts II
(Concurrent Session 161)
Thursday, September 18, 3:45 p.m. – 4:45 p.m.
Several research or clinical projects will be presented that discuss the creative work APNs are doing to further the care of older adults.

Exhibits Open/Poster Viewing/Reception
Thursday, September 18, 4:45 p.m. – 6:15 p.m.
Poster are available for viewing during all exhibit hall times.

Abstracts and Poster Submissions: A Guide to the Process
(Concurrent Session 241)
Friday, September 19, 3:30 p.m. – 4:30 p.m.
Debra J. Hain, PhD, ARNP, ANP, GNP-BC
J. Michelle Moccia, MSN, ANP-BC, CCRN

Interested in submitting an abstract for oral or poster consideration? Have questions about the process? GAPNA recognizes your needs and wants to help. Learn how to navigate the process of abstract submission, how to write a successful abstract, and how to develop a winning poster

Marianne Shaughnessy, PhD, AGPCNP-BC
Immediate Past President
marianneshbaughnessy2@gmail.com

Pre-Conference Workshop Will Help Develop Your Education Skills

Are you considering a teaching role? Are you teaching now but want to know more about web-based resources and learning platforms? Are you transitioning from expert clinician to novice educator? The GAPNA Education Committee is offering a half-day pre-conference on Wednesday, September 17, 2014 at GAPNA’s Annual Conference designed for advanced practice nurses who are new to the educator role or want to improve their knowledge and skills as APRN educators.

This interactive workshop will include hands-on exploration of web-based programs developed for APRN programs with gerontological competencies. Conference attendees should bring their laptops/tablets (internet access for all attendees is free) to practice use of new technologies that will be demonstrated in real time. Other content will feature free web-based gerontological resources and discussion on issues in the academic environment. Taught by expert APRNs who now blend the roles of APRN and educator, the pre-conference will be held 8:00 a.m. to 11:00 a.m. at the Buena Vista Palace Hotel, Orlando, FL. Join us for this dynamic education workshop!

Cost is $95.00 for GAPNA members $135 for non-GAPNA members. Register today at www.gapna.org

Barbara Harrison, PhD, GNP-BC, FNP-BC
Education Committee Chair
behmcpersson@gmail.com

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.
Lesbian, gay, bisexual, and transgender (LGBT) persons in the United States are enjoying small, but steady steps toward equal care within the health care system. While the younger LGBT population may be comfortable in their attempts to seek equal insurance coverage and high-quality care, older LGBT persons may be less secure in advocating for their health care needs. After a lifetime of likely discrimination, elderly LGBT patients may be skeptical of health care services, an additional handicap when they have serious health care needs. Regardless of location, LGBT elders may be more vulnerable as they become more dependent on others for many of their daily needs and may not receive adequate care and support.

*Gen Silent*, a 2010 critically acclaimed documentary film, highlights the experiences of six LGBT seniors navigating the health care system over the course of a year in Boston, MA. The film captures the day-to-day lives of a diverse group of LGBT seniors who encounter health care and end-of-life issues: a gay older man searching for a nursing home where he can openly show affection to his partner, a transgender senior estranged from her family and having serious health problems, a lesbian couple who were pioneers for gay rights, and a man whose sexuality is revealed late in life when his partner becomes ill. *Gen Silent* reveals the reluctance of this population to ask for help when they need it most. Called to attention are the isolation and suffering that can result from care disparities, both for the patients and their chosen families, and how a community of compassionate people can come together to ease this late entry into the American health care system.

The film won the Audience Choice for Best Documentary in 2011 at Frameline, the San Francisco International LGBT Film Festival, an award given each year to a person or entity that has made a major contribution to LGBT representation in film, television, or the media arts. The director, Stu Maddux, is a passionate and effective activist for the LGBT community through his work as a filmmaker. His presentations at professional conferences, including the American Psychological Association and the American Society on Aging, have led to positive changes for the LGBT community. With his guidance, many medical schools are now including information on LGBT care in their curriculum, and health care professionals from many disciplines have enhanced their practice patterns to improve care for LGBT seniors and provide access to accurate information about their unique care needs. Commenting on his hopes for the film, Maddox stated, “All I want a viewer to do is think about this for the first time. The best thing for me is when somebody walks out and says, ‘I never thought of that before.’ I don’t need them to decide one way or the other. I just need them to consider that maybe these people deserve better” (Maddux, n.d., p. 6).

At GAPNA’s 33rd Annual Conference in Orlando, FL, the LGBT Focus Group is proud to sponsor a viewing of *Gen Silent* with Director Stu Maddox leading the discussion. The film will be presented at a pre-conference continuing education session on Wednesday, September 17, 2014 for 2.0 contact hours. The purpose of the session is to provide APRNs with the unique perspectives of LGBT older adults as they interact with the health care community in order to maximize their access to high-quality care. The APRN will learn about the discrimination LGBT older people face in eldercare facilities and about reducing these health disparities in clinical practice. Please consider joining the viewing of *Gen Silent* and discussion with Stu Maddox.

For more information about the film and director, please click the links below.

**Documentary ‘Gen Silent’ Raises Question: Do LGBT Seniors Need to Go Back in the Closet**

**The Silent Generation: Long-Term Care Is a Landmine for LGBT Seniors**

**Seniors Homes Can Be Intimidating for Gay Residents, Filmmaker Says**

**Transgender Issues: The Additional Challenges of LGBT Aging**

**Gen Silent: Stu Maddux and the ‘Greatest Gay Generation’**

**Aging and Gay, and Facing Prejudice in Twilight**

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**Don’t Miss the Award-Winning Documentary**

**Gen Silent: The LGBT Aging Film**

Wednesday, September 17, 2014
6:45 p.m. - 8:45 p.m.
GAPNA’s Annual Conference
Orlando, FL
Carolyn Clevenger, DNP, GNP-BC  
President-Elect

Dr. Clevenger earned her BSN from West Virginia University, MSN (Gerontology NP), and Post-Masters Certificate (Education) from Emory University, and Doctor of Nursing Practice from Medical College of Georgia. She completed a Special Fellowship in Advanced Geriatrics at the Birmingham/Atlanta VA Geriatric Research, Education, and Clinical Center.

She holds a number of leadership positions in nursing education and practice at the school of nursing and its clinical affiliate, the Atlanta VA Medical Center. In addition to her role as assistant dean, Dr. Clevenger is the director of the Fuld Palliative Care Fellowship program and lead for Student Training of the Atlanta Regional Geriatric Education Center.

She is the nurse faculty lead on interprofessional education collaboratives such as the Interprofessional Team Training Day(s) and Emory Senior Mentor program. At the Atlanta VA Medical Center, Dr. Clevenger is the associate program director of the Atlanta VA Quality Scholars Advanced Fellowship program. She is a past-president of the Georgia Chapter of GAPNA and website editor for the national organization.

Dawn Marie Baylis, GNP-BC  
Secretary

Dawn Marie Baylis completed her RN training at Delaware Technical and Community College in Newark, DE, in 1997, and BSN from Immaculata University in 2007. After deciding on a focus in geriatrics, she completed the geriatric nurse practitioner program and obtained a MS degree from the University of Maryland in December 2008. Dawn has been employed by Evercare, now Optum, since March of 2009. After providing care to older adults across a number of long-term care facilities, she was promoted to the role of clinical services manager in May 2013. In this role, she serves as a mentor and clinical expert to a team of seven other advanced practice nurses.

Dawn has been an active member of GAPNA since joining as a student member during her graduate studies. Specifically, in addition to attending and participating in all annual conferences since 2007, she was invited to be on the conference planning committee in 2010. She served as co-chair and presently serves as chair. Dawn has also served as treasurer for the Maryland Chapter of GAPNA since 2009.

In addition to her leadership roles within GAPNA and Optum, she has been recognized as a leader in her community and was invited to serve on the Transitional Care Consortium, at Christiana Care Hospital in Newark, DE. The consortium brings all disciplines, from the inpatient setting and the community, together to improve transitions of the geriatric population to and from the hospital.

Linda Keilman, DNP, MSN, GNP-BC  
Director-at-Large

Linda’s first career was education, graduating from Concordia Teachers College in River Forest, IL. As an elementary school teacher, lots of injuries and illness happened to the children and she always seemed to know what to do. Linda felt she was called to nursing and has never regretted the decision. She graduated from Lansing Community College with an associate’s degree in 1982, and Michigan State University in 1989 with an MSN. She passed the gerontological nurse practitioner exam in 1989 and has never looked back.

Linda has held positions in a variety of settings as a GNP including a geriatric assessment center, subsidized housing, parish nursing, home care-hospice/palliative care, internal medicine, and currently long-term care and sub-acute rehabilitation. She has always combined teaching with practice and has taught at Michigan State University for over 20 years in the graduate MSN program. She teaches advanced pathophysiology, aging across the continuum, and primary care for older adults. Linda advises MSN and DNP students and is active on many committees.

Linda has been a curriculum specialist with the Geriatric Education Center of Michigan since 1998. In 2010, she earned her DNP from Oakland University. She has been involved in a variety of university and federally funded research projects related to older adults and is a frequent speaker on aging topics. Linda has been a member of GAPNA since 1990 and is a member of the GeroPsych Focus Group. She has presented at GAPNA conferences and received the Clinical Excellence Award in 2013. She has served on boards, committees, and task forces for nursing and aging (community, state, national) and held a wide variety of leadership roles.

Joan Carpenter, MN, CRNP, NP-C, GNP-BC, ACHPN  
Nominating Committee Chair

Joan G. Carpenter is a PhD candidate at the University of Utah Hartford Center of Geriatric Nursing Excellence, a graduate of the Medical College of Georgia (MN) and Penn State University (BSN), and has worked as an advanced practice nurse since 2002.

She is an advanced certified hospice and palliative nurse and holds dual certification as a gerontological and family nurse practitioner. Ms. Carpenter was a 2011-13 National Hartford Center of Gerontological Nursing Excellence Archibald Scholar and is currently a cancer, aging, and end of life predoctoral research fellow at the University of Utah College of Nursing.

Her research focus is gerontological palliative care, particularly during care setting transitions. She practices as a nurse practitioner with Coastal Hospice and Palliative Care in Salisbury, MD, has authored peer-reviewed publications, and has presented her research at local, regional, and national conferences. Since 2007, Joan has been a member of GAPNA. In 2011, she joined the Leadership Special Interest Group.
Rhonda Lucas, AGNP-C
Nominating Committee Member

After working as a RN with an associate’s degree for 23 years, Rhonda returned to school and earned a BSN from Winston Salem State University. She graduated this past December from the University of North Carolina at Greensboro with an MSN and a concentration in adult/gerontology primary care. She is certified by AANP and licensed to practice in North Carolina. Rhonda is employed at Caswell Family Medical Center in Yanceyville, NC, and serves as the community provider for the center’s House Calls program.

Rhonda sees patients in their place of residence, whether that be homes, family care homes, assisted living, or skilled nursing facilities. She has been a member of GAPNA for a year, first as a student and now as a licensed NP. She immediately became involved in the Triad Chapter of GAPNA and served on the fall annual conference planning committee.

In addition, Rhonda attended last year’s national conference in Chicago and was instrumental in putting together her chapter’s raffle donation for the GAPNA Foundation.

President’s Message
continued from page 1

GAPNA is working to share the knowledge of experts in the geriatric field who are on the front lines of care, research, and education. We are striving to share their knowledge to those who are working with the older population on a daily basis as well as those who are preparing the geriatric workforce. GAPNA’s Annual Conference, September 17-29, 2014 in Orlando, has a theme of “Four Points of Care: Practice, Outcomes, Education, and Technology” or can be abbreviated as “POET.” This conference is similar to a poet who shares the ballads of his love. Our love is health care and we will attempt to enrich your knowledge regarding geriatric care and share different methods of geriatric care delivery. We hope you come to Orlando and learn from your peers as well as share your expertise.

We realize not everyone is able to travel to conference every year, so GAPNA is offering alternative ways to attain geriatric education and learn about innovative practices. We are offering a free CNE every month to our members, so please take advantage of this free educational offering. And GAPNA is finalizing the agenda for our new pharmacology mid-year conference which will debut March 2015 in Philadelphia. More information on this new educational offering will be available in September at our annual conference.

We are working on increasing GAPNA’s presence on social media through Facebook and soon on Twitter. We are excited about the kick-off of our Twitter presence and will be active during conference, so watch for the tweets. If you need assistance in delving into the Twitter world, we will have a booth at the conference in Orlando of tech experts to assist in adding Twitter to your cellphone. If you are already a Twitter follower, watch for the happenings during conference in September.

GAPNA is working to increase our membership because it is our size that makes our voice stronger in the legislative arena. We are offering a program for discounts to members who bring new members to our organization; watch for news on how to earn these opportunities. We also have a special focus on students who join GAPNA. The membership cost is discounted for new student members because we value new practitioners who are the future of our organization. There are multiple scholarship opportunities for student members which can be found on the student page of GAPNA’s website, so please share this information with any students you know.

We have a very active membership within GAPNA and many of the projects which have been taken on by our committees and special-interest groups have helped make GAPNA the leaders and “movers and shakers” of geriatric care. We are very proud of and thankful for the tireless efforts of so many of our members who have the knowledge and passion for care as well as the know-how to create change and put it into practice. Unlocking our potential, increasing our social presence, offering new educational opportunities, and growing our membership have been this year’s projects for GAPNA. We are excited about where we are as an organization and look forward to continued growth and presence in the geriatric health care arena.

Lisa Byrd, PhD, RN, FNP-BC, GNP-BC
President
drlbyrd@yahoo.com
The University of Virginia School of Nursing Eleanor Crowder Bjoring Center for Nursing Historical Inquiry announced the acquisition of the papers of the Gerontological Advanced Practice Nurses Association on April 16, 2014. GAPNA (formerly NCGNP) was founded in 1981 by a small group of geriatric nurse practitioners (GNPs) with the intention of offering continuing education conferences designed to specifically meet the needs of GNPs. The organization was originally called the Western Conference of GNPs.

The Historical Committee of GAPNA has been very active this past 5 years reviewing GAPNA materials collected over 30 years, soliciting members for additional materials, and determining what might be appropriate for the archives. The Historical Committee created a large display at the 30th GAPNA Conference in Washington, DC, in 2011. They published a monograph available through Amazon called the “Evolution of the GNP and the Gerontological Advanced Practice Nurses Association” in 2013 (see below).

On April 16, 2014, Kathleen Fletcher, co-chair of the GAPNA Historical Committee, delivered four banker boxes of GAPNA history to the University of Virginia (UVA) School of Nursing. In addition to original articles of incorporation and other invaluable papers, several films produced on the role of the GNP in the late 1970s, a copy of the 1979 text “Geriatric Clinical Protocols” written largely by the founding members of the organization, brochures of all the conferences since the first one in 1981 at Mount Angel Abbey in Oregon, and archives from the GAPNA Chicagoland Chapter were delivered. A beautiful reception followed remarks made by UVA and GAPNA and several local GNPs were in attendance.

The GAPNA Board of Directors selected the UVA School of Nursing site for archiving after reviewing several options. With a focus on the scholarly study of nursing history in the United States, the Eleanor Crowder Bjoring Center for Nursing Historical Inquiry preserves nursing’s past and encourages research and scholarly study. It is home to several APN organization archives including the National Association of Pediatric Nurse Associates and Practitioners (NAPNAP). It is a dynamic center where historical documents, photos, books, and artifacts are preserved and made available so they can be retrieved and studied by current and future generations. Dr. Arlene Keeling, director of the center, expressed much appreciation to GAPNA for selecting the UVA and indicated they will begin the process of preserving GAPNA materials this summer.

The Historical Committee is now working with GAPNA Chapters regarding archives and is continuing to preserve GAPNA history. Members who are interested in contributing to GAPNA history archives are encouraged to make a specific donation with their annual membership dues.

Kathleen Fletcher, DNP, RN, APRN-BC, GNP, FAAN
Historical Committee, Co-Chair
KRF8D@hscmail.mcc.virginia.edu

GAPNA History Archived at the University of Virginia

GAPNA’s Celebratory Cake

Dr. Fletcher celebrates the preservation of GAPNA historical documents at the University of Virginia School of Nursing.

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 the 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.
Congratulations to Excellence Awards Winners

On behalf of the GAPNA Awards Committee, it is my pleasure to announce the winners of this year’s Awards for Excellence campaign. Join me in extending congratulations to:

Great Lakes Chapter
Chapter Excellence Award

Patricia Walker
Excellence in Clinical Practice Award

Michelle Moccia
Excellence in Community Service Award

Deborah Dunn
Excellence in Education Award

Jennifer Kim
Excellence in Leadership Award

Debra Hain
Excellence in Research Award

Long Term Care
Special-Interest Group Excellence Award

We would like to thank all of those who nominated someone or submitted a self-nomination.

Special thanks to Awards Committee members: Amy Imes, chair; Lisa Byrd, board liaison; Alice Early; Rhonda Ligon; Barbara Phillips; and George Peraza-Smith

Additional volunteers for review of nominations were Sharon Bronner, Michelle DeBest, Lisa Flood, Cindy Gerstenlauer, and Abby Luck Parish.

See you in Orlando!

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

Help! GAPNA Students Need Preceptors

Please help GAPNA students by volunteering to act as a preceptor. Precepting is easy — let GAPNA show you how! Download GAPNA’s Adult/Gero APRN Preceptor Toolkit today to find out how you can make a difference in a student’s life. GAPNA’s Preceptor Toolkit is intended for use by clinicians or APRNs who are precepting nurse practitioner (NP) students in clinical sites with older adult populations.

The toolkit has two sections covering the following:

- Preceptor e-Sources and Guidelines
- Suggested Preceptor Preparation for Role
- Student Geriatric Clinical Site Examples
- National Standards for NP Competencies
- Rubric for Expected Professional Behaviors
- Health Care Resources that Promote Quality Care for Older Adult Populations
- Geriatric Assessment Resources
- Geriatric Mental Health/Dementia Resources
- Gero-Pharmacology Resources
- Legal Issues on Advanced Directives
- End-of-Life Issues
- Nursing Home Issues and Processes

Download your copy of GAPNA’s Adult/Gero APRN Preceptor Toolkit today!

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.
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 fine Committees or SIGs, please click below to view descriptions of Committees and Special-Interest Groups. You can also sign up to serve on one or more of them by completing the “commitment to serve” form.

Committees

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

Special-Interest Groups

- GeroPsych Focus Group
- Hospice/Palliative
- House Calls
- Leadership
- LGBT Focus Group
- LTC/Nursing Home
- Transitional Care

Looking for a CHAPTER NEAR YOU?

GAPNA Interested in Starting a Chapter?

ARIZONA (Sonoran)
Nasrin Jazayeri
nasrin.jazayeri@optum.com

CALIFORNIA (Northern)
Deborah Wolff-Baker
deborah.baker@ncmahealth.com

CALIFORNIA (Southern)
Mary Cadogan
mcadogan@sonnet.ucla.edu

CHICAGOLAND
Pat McCann
pate456@ameritech.net

DELAWARE VALLEY
Helen Kain
jkhain@comcast.net

FLORIDA (FL-GAPNA)
Marva Edwards-Marshall
medwardsmarshall@cfl.rr.com

FLORIDA GULF COAST
Peggy Jackson
peggy.h.jackson@optum.com

GEORGIA
Sheryl McManus
smcmanus@bellsouth.net

MARYLAND
Traci Miller
tmiller46@verizon.net

MICHIGAN (Great Lakes)
MJ Favor
mjfavor5347@gmail.com

NEW ENGLAND
Lynn Saphire
lynn.s.saphire@optum.com

NORTH CAROLINA (Triad)
Carroll Spinks
mc2spinks@roadrunner.com

OHIO
Meghan Routt
meghan.routt@osumc.edu

PENNSYLVANIA (Liberty)
Lisa Gill
lisagilllp@gmail.com

TENNESSEE (Mid-TN)
Kanah May
kanah.n.may@vanderbilt.edu

TENNESSEE (Mid-South)
Sue Piller
suepiller@yahoo.com

TEXAS (Gulf Coast)
Julie Grissett
wonderjul@aol.com

WISCONSIN (Southeast)
Karen Lim
karen_lim@optum.com

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

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Clinical Research Corner

**CARF-Accredited Facilities Demonstrate Better Quality Measures**

In 2010, there were 246 nursing homes accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), representing just 2% of all homes. CARF also accredits medical rehabilitation programs and dementia and stroke care specialty programs. A new study found CARF-accredited homes had better care quality than non-accredited homes for short-stay quality measures, such as percent of residents who got flu shots during flu season.

The 246 CARF-accredited nursing homes were compared with 15,393 non-accredited homes on the seven quality indicators used by CARF. The total nursing homes compared represents 97% of all nursing homes in the United States in 2010. In addition to flu vaccination, the care quality indicators included the percent of short-stay residents given the pneumonia vaccine, residents who have delirium, those who have moderate-to-severe pain, and those who have pressure sores. The other two measures were a 5-star quality measure score and 5-star health inspection score. These last two criteria provide an overall assessment of nursing home quality. CARF-accredited nursing homes differed significantly from the other homes when it came to national averages for six of the seven quality measures.

The researchers point out that lack of financial resources prevents many nursing homes from seeking voluntary CARF accreditation. They recommend financial incentives be provided to accredited facilities, similar to what is being done in Ontario, Canada.


**Catalyst for Change in Nurse Staffing: Position Paper Offers Landmark Model and Call to Action**

The health care world has shifted on its axis, taking nurse staffing with it. Traditional staffing models are no longer going to meet the needs as care models rapidly change. The result? Inefficiencies in many settings and gaps in patient care.

Leading the charge on a call to action is a group of the country’s top nursing leaders and staffing experts, who have developed a landmark staffing model and position paper that they hope will be the engine powering new research and innovative thinking about nurse staffing across all health care settings.

The group, The Institute for Staffing Excellence and Innovation, is a subsidiary of On Nursing Excellence, Inc. (ONE), a nonprofit organization dedicated to empowering and inspiring the health care workforce.

ONE has released a comprehensive position paper in *Nursing Economics*, a journal serving the country’s top nursing leaders. The paper, “Excellence and Evidence in Staffing: A Data-Driven Model for Excellence in Staffing,” beats the drum for change, challenging others to bridge the chasm between the current fee-for-service models of care to a new health care world driven by bold changes, prevention, and better value for patients, simply because it is the right thing to do.

The backbone of the Institute’s position paper is a new model created as the framework to lead best practices for nurse staffing across the continuum of care. The Data-Driven Model for Excellence in Staffing includes five core concepts:

1. Users and Patients of Health Care
2. Providers of Health Care
3. Environment of Care
4. Delivery of Care
5. Quality, Safety and Outcomes of Care

Each core concept is presented in the 34-page paper, which also includes an executive summary, introduction, glossary, recommendations on “Next Steps” for specific settings, and references. The paper is available for a small donation from the Institute (www.staffingexcellence.org).

**Nurses’ Perceptions of Pain Management in Older Adults**

Pain is an important issue facing nurses who care for older adults. In a recent study, nurses were interviewed about their perceptions of pain management in older adults. Nurses indicated effective pain management is possible and occurred most of the time. However, they also described perceptions and beliefs that could bias their ability to manage older adults’ pain. Obstacles to effective pain management for older adults seemed to be related to the nurses’ perceptions or lack of self-awareness. Development of successful pain management programs for older adults needs to focus first on nurses’ perceptions and biases.


**Reasons Older Women Do Not Seek Care for Urinary Incontinence**

Urinary incontinence (UI) is a reality for many older women and can have a significant impact on quality of life. However, rates of seeking care for UI are low. In this literature review, the author compiles current research examining themes related to care-seeking behavior of older adult community-dwelling women, identifies gaps in the recent literature, and provides suggestions for future research directions. It is crucial that policies, practice guidelines, and educational institutions prepare and support nurses in screening and providing appropriate treatment for UI.

**Stemming the Obesity Epidemic: Are Nurses Credible Coaches?**

Obesity has become a health crisis in the United States, leading to serious physical, social, and psychological outcomes. Nurses are obese in the same proportion as the general population, which may discredit them as role models of and educators for healthful living. In this continuing education article for contact hour credit, the author notes that nurses are more likely to teach patients healthful behavior when they personally embrace and value this lifestyle. She explains that nurses have been encouraged to assess every patient’s tobacco use, and advise the patient about health consequences of smoking and methods for quitting. Perhaps the same diligence should be applied to assessing and teaching patients who are overweight and obese.

To learn more, see Marchiondo. (2014). Stemming the obesity epidemic: Are nurses credible coaches? MEDSURG Nursing, 23(3), 155-158.

**Sleep Duration Related to Brain Structure and Cognitive Performance**

Researchers at Duke-NUS Graduate Medical School in Singapore found evidence that the less older adults sleep, the faster their brains age. These findings pave the way for future work on sleep loss and its contribution to cognitive decline, including dementia.

The researchers examined the data of 66 older Chinese adults, from the Singapore-Longitudinal Aging Brain Study. Participants underwent structural MRI brain scans measuring brain volume and neuropsychological assessments testing cognitive function every 2 years. Additionally, their sleep duration was recorded through a questionnaire. Those who slept fewer hours showed evidence of faster ventricle enlargement and decline in cognitive performance.

To learn more, see June et al. (2014). Sleep duration and age-related changes in brain structure and cognitive performance. SLEEP, 37(7).

**Antihypertensive Medications Related to Serious Fall Injuries in Older Adults**

Concerns have been raised about the risk of fall injuries in older adults taking antihypertensive medications. The low risk of fall injuries reported in clinical trials of healthy older adults may not reflect the risk in older adults with multiple chronic conditions, according to researchers in a new study. They sought to determine whether antihypertensive medication use was associated with experiencing a serious fall injury in a nationally representative sample of older adults.

Results indicated antihypertensive medications were associated with an increased risk of serious fall injuries, particularly among those with previous fall injuries. The authors recommend the potential harms vs. benefits of antihypertensive medications should be weighed in deciding to continue treatment with antihypertensive medications in older adults with multiple chronic conditions.

For details, see Tinetti et al. (2014). Antihypertensive medications and serious fall injuries in a nationally representative sample of older adults. JAMA Internal Medicine, 174(4), 588-595.

**2013-2014 NIH Alzheimer’s Disease Progress Report Available Online**

A new online report provides an easy-to-read overview of recent National Institutes of Health (NIH)-funded Alzheimer’s disease research advances and new initiatives. Issued by the National Institute on Aging at the NIH, the annual report – 2013-2014 Alzheimer’s Disease Progress Report: Insights and Challenges – discusses research momentum under the National Plan to Address Alzheimer’s Disease, describes new investments and research priorities, and summarizes research advances in several areas:

- Understanding the biology of Alzheimer’s and the aging brain.
- Identifying genetic influences on risk for late-onset Alzheimer’s, the most common form.
- Detecting the earliest Alzheimer’s-related brain changes, including further development of biomarkers to track the onset and progression of Alzheimer’s.
- Understanding gender and racial differences in the impact of Alzheimer’s.
- Stepping up translational research that enables the design and testing of new drugs.
- Testing in clinical trials potential new therapies to prevent, delay, or treat Alzheimer’s.
- Finding better ways to support caregivers.

For more info, visit the National Institute on Aging: www.nia.nih.gov

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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.
PRESIDENT
Lisa Byrd, PhD, RN, FNP-BC, GNP-BC
Lisa Byrd Healthcare Inc.
Bolton Family Clinic
Madison, MS
drlbyrd@yahoo.com

PRESIDENT-ELECT
Pam Cacchione, PhD, CRNP-BC, FAAN
University of Pennsylvania, SON
Philadelphia, PA
pamela1ca@nursing.upenn.edu

IMMEDIATE PAST PRESIDENT
Marianne Shaughnessy, PhD, AGPCNP-BC
Veterans Health Administration
Baltimore, MD
marianneshaughnessy2@gmail.com

SECRETARY
Jennifer Serafin, MSN, BSN, RN, GNP
Kaiser Permanente
San Francisco, CA
serafinjen@gmail.com

TREASURER
George Peraza-Smith, DNP, ARNP, GNP-BC, CNE
Brandman University
Tampa, FL
gbsmith@southuniversity.edu

DIRECTOR-AT-LARGE
Laurie Kennedy-Malone, PhD, GNP, FAAN
UNC Greensboro
School of Nursing
Jamestown, NC
clbmalone@northstate.net

DIRECTOR-AT-LARGE
Patty Kang, MSN, RN, GNP-BC
Fairfield, CA
poweroo@juno.com

NATIONAL OFFICE
Michael Brennan, CMP
Executive Director
michael.brennan@ajj.com

Jill Brett
Association Services Manager
jill.brett@ajj.com

East Holly Avenue/Box 56
Pitman, NJ 08071
Phone: 856-355-1392
Fax: 856-589-7463
GAPNA@ajj.com
gapna.org

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