President’s Message

Know How Important You Are!

This phrase has been implored to me several times over the years by my father. Now I want to implore you, members of GAPNA, to “Know how important you are!” We are well-educated, committed, advanced practice nurses caring for complex and often vulnerable older adults. We are dedicated to our patients’ and their families’ well-being. Our membership is made up of gerontological, adult, and adult-gerontological nurse practitioners; clinical nurse specialists (both acute and primary care); family NPs; students; and others. We all have joined this organization because we are committed to being experts in care of older adults. We need to know how important we are! And we have to share how important we are!

To that end, I want to thank several very important people who I have been fortunate to work with over the past year. I will greatly miss this outstanding group of outgoing board members who helped me tremendously as I became acclimated to the board as the president-elect. These members have invested in all of our futures through their efforts on the board. I thank Marianne Shaughnessy (past-president) for her mentorship and guidance over the last year, Jennifer Serafin for her work as the secretary and her enthusiasm for our communication efforts, and Laurie Kennedy-Malone for her energy and passion for this organization as a director at large. I know they will stay engaged in GAPNA locally and nationally. 

continued on page 13

2014-2015 GAPNA Board of Directors

(I to r) Carolyn Clevenger, President-Elect; Michael Brennan, Executive Director; Dawn Marie Roudybush, Secretary; Lisa Byrd, Immediate Past President; Pam Cacchione, President; George Peraza-Smith, Treasurer; Linda Keilman, Director-at-Large; Patty Kang, Director-at-Large

Member-Get-A-Member Campaign Launched

GAPNA has launched a new Member-Get-A-Member Campaign, and you play a key role in building a strong future for advanced practice nurses who care for older adults. Share the benefits of GAPNA membership with your colleagues through our Member-Get-a-Member Campaign and earn GAPNA rewards with each new recruit. The campaign runs through June 30, 2015. See page 2 for details.

Annual Conference Call for Abstracts!

GAPNA is pleased to announce the Call for Abstracts for its 2015 Annual Conference. Clinical abstracts may be submitted until December 5, 2014. Clinical project/research abstracts and education poster abstracts may be submitted until May 15, 2015. Submit your abstract today! Read the submission details here.

GAPNA Is Now on Twitter!

Be sure to get all the latest GAPNA news and updates by following us on Twitter @GAPNA_HQ.

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**Earn Rewards, Recruit New Members!**

GAPNA has launched a new Member-Get-A-Member Campaign, and you play a key role in building a strong future for advanced practice nurses who care for older adults. Share the benefits of GAPNA membership with your colleagues through our Member-Get-a-Member Campaign and earn GAPNA rewards with each new recruit. The campaign runs through June 30, 2015.

There is no better promoter of GAPNA membership than you. We even make it easy for you. Tell us who you would like to invite to join by completing the online Invite a Colleague to Join Form (You will be prompted to login to your GAPNA account), and we’ll send your colleagues an email that highlights GAPNA member benefits and encourages them to join. Click to view the email invitation your colleague will be sent by GAPNA on your behalf.

** Recruiter Rewards**
Recruit new members, and you earn rewards as we grow!

- Recruit 1-5 members – earn a $10 GAPNA reward for each recruitment*
- Recruit 6-10 members – earn a $20 GAPNA reward for each recruitment*
- Each additional recruitment past 10 – earn a $25 GAPNA reward*
- Bonus:
  - At the end of the campaign, the GAPNA member who recruits the most new members earns a $100 GAPNA reward.*

**How to Invite Colleagues to Join GAPNA**
- Complete the online Invite a Colleague to Join Form (You will be prompted to login to your GAPNA account).
- Download the printable membership application (PDF), fill in your name on the “MEMBER GET A MEMBER REFERRAL - referred by:” line, and start handing them out!
- Your colleagues can also join GAPNA by completing the online application. Make sure they fill in your name on the “MEMBER GET A MEMBER REFERRAL - referred by:” line.

**Tips for Recruiting New Members**
Recruiting new members is about sharing your membership experience with others. Here are some suggestions to help you reach out to potential members and encourage them to join GAPNA:
- Publish an article in your facility newsletter about why you belong to GAPNA.
- When new employees begin working at your facility, tell them how GAPNA can help them transition into their new role.
- Share the benefits of GAPNA membership.
- Forward GAPNA emails to your colleagues to let them know how much value they will get as a member.
- Invite a prospective member to attend the Annual Conference with you.
- Give a gift of GAPNA membership to your staff or colleague!

* Rewards are calculated on new memberships from August 1 through June 30 annually and given at the end of the campaign in July. GAPNA rewards are not given in cash. The rewards may be redeemed for conference registration fees or membership dues. To ensure you are eligible for rewards, we ask your colleagues to list your name in the “Who referred you to GAPNA?” section on the membership application.

**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 GAPNA Foundation’s mission is to promote leadership and scholarship in advanced practice nursing practice, education, and research in order to enhance health care for older adults. To accomplish this mission, the Foundation is dependent upon the generous support of GAPNA members who diligently participate in the Foundation’s fundraising events and the board is extremely grateful. Each year, the Foundation organizes a variety of “fun” fundraising events at conference. This year there was a golf event, a fun run, and a casino night, which ended up being highly entertaining with funny money for gambling, group dancing, and several cash prizes! Finally, we had the second annual, wildly popular raffle. Individual GAPNA member donations through support of our events are the mainstay of our fundraising, but we also want to give special recognition and thanks to the chapters and the GAPNA Board of Directors (BOD) for the gift baskets that were raffled this year. Arizona, Delaware, Florida, Georgia, Illinois, Maryland, Michigan, New England, Northern California, North Carolina, South Carolina, Northern Pennsylvania, and Wisconsin plus the GAPNA BOD provided gift baskets ranging from vacation trips to special gifts and products representative of the many regions of the chapters.

All of these activities allowed the Foundation board to provide $12,600 in research and project awards this year! Following is the list of members who were funded for their research work this year:

- Valerie Sabol, PhD, CRNP, was awarded $5,000 through an award supported by the Advancement for Nursing Science for her study entitled “Impact of Age on Outcomes Associated with Early Mobilization in MICU.”
- Melodee Harris, PhD, CRNP, was awarded the GAPNA Foundation Research/Project grant award of $2,000 for her study “PBAR-ICT Tool for Critical Geropsychiatric Situations.”
- Brenda Windemuth, DNP, CRNP, was also awarded $2,000 through the GAPNA Foundation Research/Project grant award for her study entitled “Influence of Treatment for Sleep Apnea of Elderly Patients.”
- Kanah May, CRNP, was awarded a $2,000 GAPNA Foundation scholarship to attend the 2014 AMDA conference.
- Joanne Miller, PhD, CRNP, was the 2014 Dave Butler Award for her outstanding support of GAPNA, which comes with a $1,000 cash award. Finally, the Foundation provides $400 to GAPNA for research podium and poster awards and an additional $200 for an education poster.

The Foundation board will now turn its efforts toward 2015 and San Antonio, TX, the site of next year’s conference. GAPNA members should look for an announcement early next year regarding the 2015 GAPNA Foundation awards. If you are developing a project or research and need funding, think about applying. Here are the requirements:

**Eligibility Requirements**

- Applicants must be a current GAPNA member. If you are not a current member, you may include a GAPNA membership application and fee with the grant application.
- Members may apply for more than one grant.
- Each award is limited to one per person per year.

**Grant Requirements**

- Each grant is time limited and must be used during the 12 months following award.
- Grant funds must be used strictly for expenses related to the proposed research. No indirect expenses will be covered.

*continued on page 13*
This was a fantastic year for the GAPNA Excellence Awards. We received 28 nominations for this year’s awards. GAPNA members make amazing contributions to the field of geriatrics and it is an honor to be a part in celebrating such great work.

This year’s made award recipients are an accomplished group of advanced practice nurses who represent the goals and mission of GAPNA so incredibly well. In addition to honoring this year’s Excellence Award winners, I would like to thank the GAPNA Awards Committee for their hard work and dedication to this process. They are Alice Early, Rhonda Ligon, George Peraza-Smith, and Barbara Phillips, along with Lisa Byrd, our board liaison. The following individuals graciously volunteered to help our committee review nominations this year: Sharon Bronner, Michelle DeBest, Lisa Flood, Cindy Gerstenlauer and Abby Luck Parish. Thank you to all who submitted nominations to recognize our colleagues. Congratulations award recipients!

Chapter Excellence Award
Great Lakes Chapter

The Great Lakes Chapter is extremely active and forward thinking. Their 6th annual local conference hit a highlight this year with 108 participants and 18 exhibitors. At this conference they hosted poster presentations with prizes given to the best NP and student NP submissions. Awards were also given for Clinical Excellence and Clinical Leadership and two $1,000 student NP scholarships were awarded. This chapter sponsored their 4th Annual NP Student Membership Night at which a record 38 students attended from six universities. Seventeen students signed up for their mentoring program. Members of this chapter have been involved in a number of community services, including the HOPE Medical Clinic for the uninsured, “Plan in a Can” to engage the community to be ready in case of an emergency, donations to local food banks and serving the homeless, a Senior Expo, and participated in National Health Care Decision Day. The chapter has been actively involved in supporting legislative activities to address policy issues. The SIG goals for the year 2014 were to continue to update clinical resources on the GAPNA website concerning LTC, collaborate with the Society of Urologic Nurses and Associates to develop urology approaches in LTC, continue to grow the LTC mentoring program, and collaborate with the Health Affairs Committee regarding issues impacting LTC. The SIG continues to edit and format clinical practice guidelines, which currently include 11 topics, and their mentoring program continues to grow with eight mentees enrolled. The group has collaborated with AMDA in the development of Clinical Practice Guidelines regarding COPD and CHF and a Collaborative Agreement. This collaboration strengthens the relationship between GAPNA and AMDA. The Centers for Medicare & Medicaid Services reached out to the SIG to increase participation in the Advancing Excellence initiative to decrease the use of antipsychotics in long-term care. The SIG gave valuable insight to CMS about how to get the word out about available resources. This special interest group is dedicated to being a resource to other organizations in addition to GAPNA on long-term care topics.

Excellence in Clinical Practice Award
Patricia Walker, FNP

Patricia Walker serves as a mentor/preceptor of future adult-gero NPs. She is a passionate spokesperson for the needs of geriatric clients and their families, and she is particularly astute at responding to cultural differences of older adults and their caregivers. Her accomplishments include serving as the coordinator of diversity support services, in which she provided one-on-one mentoring and academic support to enable students from educationally and economically disadvantaged backgrounds to succeed in the nursing program at the University of Massachusetts Lowell through a Nursing Workforce Diversity Grant entitled, “Bring Diversity to Nursing.” She also serves as a nursing advisory board member for the UMass Lowell School of Nursing. She demonstrated her entrepreneurial spirit by meeting the diverse needs of community-based adults and older adults requiring complex care needs across a variety of health care settings through the development of her house call NP independent practice. She established Ideal Healthcare Solutions, Inc., whose mission is to provide appropriate care in the most appropriate setting, with programs designed to benefit the frail, chronically ill, disadvantaged, and short-term rehabilitation patients. The goals of the program are to reduce acute care hospitalization, improve morbidity and mortality outcomes, and contain health care costs through the appropriate and timely management of acute and chronic conditions.

Special Interest Group Excellence Award
LTC/Nursing Home SIG

The LTC/Nursing Home SIG develops and accumulates resources for APNs practicing in long-term care to promote leadership and recognize policy issues. The SIG goals for the year 2014 were to continue to update clinical resources on the GAPNA website concerning LTC, collaborate with the Society of Urologic Nurses and Associates to develop urology approaches in LTC, continue to grow the LTC mentoring program, and collaborate with the Health Affairs Committee regarding issues impacting LTC. The SIG continues to edit and format clinical practice guidelines, which currently include 11 topics, and their mentoring program continues to grow with eight mentees enrolled. The group has collaborated with AMDA in the development of Clinical Practice Guidelines regarding COPD and CHF and a Collaborative Agreement. This collaboration strengthens the relationship between GAPNA and AMDA. The Centers for Medicare & Medicaid Services reached out to the SIG to increase participation in the Advancing Excellence initiative to decrease the use of antipsychotics in long-term care. The SIG gave valuable insight to CMS about how to get the word out about available resources. This special interest group is dedicated to being a resource to other organizations in addition to GAPNA on long-term care topics.
Michelle Moccia, DNP(c), ANP-BC, CCRN

Michelle has consistently exemplified a nurse practitioner who is committed to improving care to seniors in the community. Here are highlights of just some of her service activities. Michelle provides care to the poor and underserved as a volunteer nurse practitioner at the Hope Free Clinic. She assisted in an Alzheimer’s summer camp for children and families of adults with dementia, where she presented a virtual tour so they could experience what their loved ones are going through. Michelle started the “Safe Transition of All Residents for You and Me” group, which is focused on working with nursing facilities to improve transitions of care in both directions from the nursing facility and the emergency room. She also participated on the Southeast Michigan Care Transitions Coalition, which is a focus group to reduce 30 day re-admissions. Michelle developed a program called “Plan in a Can” with a just-in-case emergency card. This card contains patient information including comprehensive medication information, contact information, and the location of advanced directives. She worked with tennis facilities to save tennis ball cans and aluminum tabs. The cans were relabeled and over 2,000 have been distributed. Michelle visited senior facilities to talk about aluminum tabs. The cans were relabeled and over 2,000 have been distributed. Michelle visited senior facilities to talk about and distribute the cans. She then donated the aluminum tabs to the Ronald McDonald House.

Deborah S. Dunn, EdD, MSN, GNP-BC, ACNS-BC

Dr. Dunn is dean of the Graduate School at Madonna University in Detroit, MI. During her 22 years as a nursing professor, she has developed and enhanced curriculum at the undergraduate and graduate levels. She piloted an undergraduate geriatric nursing course and also founded dual adult/geriatric and palliative care nurse practitioner programs for both primary care and acute care students. She was a founding faculty member of Madonna’s DNP program, and in addition to coordinating DNP courses, she also served as a mentor for numerous DNP students. She remains active in scholarship by authoring journal articles and book chapters, writing grants, and presenting at conferences. She continues to practice clinically as an NP at a local skilled nursing facility where she also serves on the ethics committee. In her practice as an NP, she has precepted over 100 student NPs.
T he Lesbian, Gay, Bisexual and Transgender (LGBT) Focus Group hosted the documentary film titled Gen Silent during opening night of the 2014 GAPNA Annual Conference in Orlando, FL. The documentary showing was sponsored by VITAS. The documentary producer and director, Stu Maddux, moderated the event. Maddux shared his experience of producing the film and discussed the health care disparities experienced by LGBT older adults. The documentary was viewed by over 100 attendees and received many positive comments. Stu, in his opening remarks, asked the audience: “Would it surprise you to know that some of your patients are afraid of you?” He went on to explain that many LGBT seniors are afraid of being neglected and abused if they shared with you, their health care provider, their sexual orientation.

As the general population becomes older, the concerns of LGBT seniors grow more critical. Many older adults today grew up hiding their true selves in a negative, homophobic society. Many were pioneers in leading the cultural revolution for gay rights in this country. Four out of five LGBT elders say that they do not trust the health care system (The Fenway Institute, 2010). Many LGBT individuals live alone and are unable to adequately advocate for themselves. Fifty-percent of LGBT elders live alone compared to 33% of their counterparts in the general population.

The critically acclaimed documentary of Gen Silent follows the lives of six LGBT seniors as they face the challenges of aging in a homophobic health care system. They discuss their personal experiences and feelings as they face their own aging and health care concerns. These LGBT seniors share intimate moments in facing painful and personal decisions related to aging and health care. The core challenge addressed in the documentary is “Do these LGBT elders have to go back into the closet in order to not be discriminated against by health care workers?”

This was an impactful documentary that challenged all of us to become more sensitive to the health care concerns of all our patients, especially the vulnerable population of the aging LGBT community. Information on access and viewing of this timely documentary can be located on the Gen Silent website.

LGBT Focus Group Members

Reference

GAPNA Helps Recognize BHAM Scholarship Recipients

This Summer the GAPNA Education Committee served as the reviewers for the five $5,000 scholarships provided by the Brooklyn Home for Aged Men (BHAM) to gerontology focused advanced practice nursing (APN) students. We received applications from students all across the United States who described their commitment to the care of older adults. It was a difficult decision for the committee to choose only five winners!

One of the scholarships was granted to Amber Staedtler, described by her faculty as “highly motivated.” Amber, only 27 years old, is originally from South Dakota and moved to Scottsdale, AZ, where she has been an RN since 2010. She is currently completing the adult gerontological nurse practitioner (AGNP) program at Arizona State University and will finish her doctorate in nursing practice (DNP) in May 2015. Her research focuses on care of neuropsychiatric symptoms in patients with Alzheimer’s disease. Amber has been a volunteer with the Alzheimer’s Association, had strong letters of recommendation, and presented her evidence-based research at a Hartford Center for Geriatric Nursing Excellence conference this year.

Another scholarship was presented to Jen Ohman, a nurse since 2002, who is working as a graduate assistant on a National Institutes of Health grant (R-15) exploring features of wandering behaviors in patients with dementia. Jen is currently completing the AGNP program leading to a DNP in 2016 at Grand Valley State University in Michigan. Jen has a GPA of 3.96, strong letters of recommendations from faculty, and received an Outstanding Student Performance Award in 2013 from Sigma Theta Tau (Nursing Honor Society) and a Student Poster Award from the Gerontological Society of America in 2013. She plans to continue serving community-based older adults as an AGNP.

Ann Pedack, a DNP student at the University of Washington in Seattle graduating in 2015, was also awarded a scholarship. She has been an RN since 2008, and earned her master’s degree in an AGNP program in 2014 with a GPA of 3.96. She is working with Group Health on a project delivering primary care to homebound older adults. Her faculty describes her as “an exceptional student, very eager to learn” and that she was accepted for a NP traineeship at the Puget Sound Veteran’s Administration. Ann presented her DNP capstone project at the annual GAPNA Conference.

A fourth scholarship was awarded to Carolyn Le, an early-career nurse, who completed her BSN at the University of Maryland in 2011. Carolyn, age 25, recently started the DNP program at Rush University in Chicago, has a 4.0 GPA, and expects to graduate in 2016. Carolyn is an RN at the Rehabilitation Institute of Chicago. Previously, she worked at MedStar National Rehabilitation Hospital where she received an Everyday Hero Award for exceptional work performance with older adults. Her faculty comments included her “exemplary critical thinking skills” and motivation. After graduation, Carolyn plans to continue working with older adults who need rehabilitation services.

Stephanie Edwards, an RN since 2006, was awarded the fifth scholarship. Stephanie is a second-career nurse, having first earned a BS degree in institutional management, and will complete a master’s degree in the AGNP program in 2015 at the University of North Carolina, Greensboro. She works with older adults in homecare, has a GPA of 4.0, and graduated Magna Cum Laude from her BSN program. She has been an active student member of her GAPNA chapter. After graduation, Stephanie plans to pursue her DNP while providing community-based care to older adults who want to remain at home.

continued on page 10
Happy Fall! Several of our members attended the 33rd Annual GAPNA Conference in Orlando, FL. The Florida Chapter did an amazing job hosting this huge event. This was a great opportunity to gather with old friends and meet new ones from across the country.

Congratulations to new GAPNA President Pam Cacchione. We are here to support you Pam. There were many awards distributed including the Special Interest Group Excellence Award to Suzanne Ransenhousen. Suzanne will also chair the LTC/Nursing Home Special Interest Group. Shout out to Valerie Sabol for being the recipient of the Research Award.

It was also great to meet some of our colleagues from New Jersey. Olufumilayo Aiyeogbo (“Funmi”), you did an awesome job on your talk “Management of Atrial Fibrillation in the Long-Term Care Setting.” We are hoping you and Lisa Robinson consider creating a North Jersey Chapter. Dawn Marie Baylis, who will be GAPNA Secretary, got married and has the coolest last name. Congratulations Mrs. Roudybush!

Finally, The Walk to End Alzheimer’s was held in Wilmington, DE, on October 18. We are hoping that members and friends will continue to donate through our local GAPNA website. Alzheimer’s still has no cure and much has to be done through research.

Helen Kain, GN-BC
President
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Looking for a CHAPTER NEAR YOU?

GAPNA
Interested in Starting a Chapter?

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Adult Nurse Practitioner National Certification Examination to Be Retired

The American Academy of Nurse Practitioners Certification Program plans to retire the Adult Nurse Practitioner National Certification Examination by the end of December 2016 in order to comply with implementation of the APRN Consensus Model and meet the requirements of the model’s regulations for adult and gerontology population foci. Only the examination is being retired, not the ANP-C credential. For more information, visit the AANP Certification website to access the resource document.

Barbara Harrison, PhD, APN, FNP-BC, GNP-BC
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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.
Photo Highlights from GAPNA’s 33rd Annual Conference

September 17-20, 2014 Orlando, FL
“Four Points of Impact on Care of the Older Adult: Practice, Outcomes, Education, and Technology”

Photos by Jim Spelios Photographic Services, www.orlandoconventionphotographers.com
NIHSeniorHealth.gov, a website for older adults, is designed to make aging-related health information easily accessible for family members and friends seeking reliable, easy-to-understand online health information. The site was developed by the National Institute on Aging and the National Library of Medicine, both part of the National Institutes of Health (NIH).

NIHSeniorHealth features authoritative and up-to-date health information from institutes and centers at NIH. In addition, the American Geriatrics Society provides expert and independent review of some of the material found on this website. Health topics include general background information, open-captioned videos, quizzes, and frequently asked questions. New topics are added to the site on a regular basis.

The following is sample of the Frequently Asked Questions listed in the “Talking with Your Doctor” section.

If I’m Hospitalized, What Questions Should I Ask the Hospital Staff?

If you have to go to the hospital, knowing the hospital routine can make your stay more comfortable. Find out how much choice you have about your daily routine and express any preferences you have about your schedule. Doctors generally visit patients during specific times each day.

Here are questions you may want to ask your nurses or other medical staff in the hospital.

- How long do you think I will be in the hospital?
- What doctors and other medical staff will take care of my health?
- When will I see my doctor?
- What will be my daily schedule during my hospital stay?

In the hospital, your primary doctor and various medical specialists, as well as nurses and other health professionals, may examine you. Keep a pad and pen by your hospital bed to write down questions you want to ask them. For example:

- What will this test tell me? Why is it needed, and when will I know the results?
- What treatment is needed, and how long will it last?
- What are the benefits and risks of treatment?
- When can I go home?
- When I go home, will I have to change my regular activities or my diet?
- How often will I need checkups?
- Is any other follow-up needed?
- Who should I call if I have other questions?

Exercise and Fall Prevention Tips for Older Adults

Many older adults are not physically active because they are afraid of falling, but exercise can actually help prevent falls by strengthening legs and improving balance.

Watch “Be Physically Active” (video) and see exercises older adults can do to prevent falls.

For more information, check out “Preventing Falls,” a tip sheet from Go4Life®, the exercise and physical activity campaign from the National Institute on Aging.

The information on Falls and Older Adults was developed for NIHSeniorHealth by the National Institute on Aging at the National Institutes of Health.

BHAM Scholarship Recipients

This was the second year the BHAM scholarships were awarded through GAPNA. I’d like to express my appreciation to Scholarship Committee members Natalie Baker, Midge Bower, Penny Copper, Virginia Lee Cora, Vaunette Fay, Melodee Harris, M.J. Henderson, Laurie Kennedy-Malone, Melissa Kramps, Joanne Miller, and Gail Prothe.

Barbara E. Harrison, PhD, FNP-BC, GNP-BC
Chair, Education and Scholarship Committee
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Special Thanks to

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Click the logos to learn more.
**Clinical Research Corner**

**Frailty Associated with Higher Risk of Death in Older People Admitted to Acute Care Hospitals**

Predicting outcomes of frail older adults is complex, especially when they become seriously ill. GAPNA member Margaret Sayers and co-authors tested the measurement properties, especially the predictive validity, of a frailty index based on a comprehensive geriatric assessment (FI-CGA) in an acute care setting in relation to the risk of death, length of stay, and discharge destination.

Results indicated the risk of dying increased with each 0.01 increment in the FI-CGA. People who were discharged home had the lowest admitting mean FI-CGA compared with those who died, or were discharged to nursing home. Likewise, increasing FI-CGA values on admission were significantly associated with a longer length of hospital stay.

The authors concluded frailty, measured by the FI-CGA, was independently associated with a higher risk of death and other adverse outcomes in older people admitted to an acute care hospital. For details, see Evans et al. (2013). The risk of adverse outcomes in hospitalized older patients in relation to a frailty index based on a comprehensive geriatric assessment. *Age and Ageing, 43*(1), 127-132. doi:10.1093/ageing/aft156

**College Debt, Unemployment Challenge Recent Nursing Graduates**

Nurses are often viewed as heroes by their patients, thanks to their skills and compassion. For new nursing graduates, heroism may be needed early on in their careers when they are hit by the twin challenges of college debt and possible unemployment. An article in *Nursing Economic*$ breaks it all down, from loan burdens to a slightly improved job market.

The good news: Hiring new nursing grads appears to be improving in all regions of the country, with the south and central portions showing the best rates.

On the down side, only 55%-59% of BSN students reported being employed in the 4 years analyzed (2010-13). That’s better than the numbers reported by ADNs, which ranged from 42%-45%. As far as debt, for those same 4 years, approximately 70% of all graduate nurses report graduating with debt, versus about 27% with no debt.

For the full report, see Feeg & Mancino. (2014). Nursing student loan debt: A secondary analysis of the National Student Nurses’ Association annual survey of new graduates. *Nursing Economic*$, 32*(5), 231-239.

**Partnership for Patients Outlines Strategies**

The Partnership for Patients, launched in April 2011, is a national quality improvement initiative from the Department of Health and Human Services that has set ambitious goals for U.S. providers to improve patient safety and care transitions. In a recent paper, authors outlined the initiative’s measurement strategy, describing four measurement-related objectives: (a) to track national progress toward the program goals that U.S. hospitals reduce preventable adverse events by 40% and readmissions by 20%; (b) to support local quality improvement measurement in participating hospitals by providing the appropriate tools, training, and programmatic structure; (c) to obtain feedback on hospital and contractor progress, in close to real time, so the project can be managed effectively; and (d) to evaluate the program’s impact on adverse event and readmission rates.


**How Consumers Choose a Hospice Provider**

Despite the availability of endorsed quality measures and widespread use of hospice, hospice quality data are rarely available to consumers. Moreover, little is known about how consumers prioritize extant measures. This study drew on focus group and survey data collected in five metropolitan areas. Participants placed top priority on measures related to pain and symptom management. Relative to consumers with hospice experience, consumers without previous experience tended to place less value on spiritual support for patients and caregivers, emotional support for caregivers, and after-hours availability. The National Quality Forum-approved measures resonate well with consumers. Consumers also appear to be ready for access to data on the quality of hospice providers.

For details, see Smith et al. (2014, March). What consumers want to know about quality when choosing a hospice provider. *The American Journal of Hospice and Quality Care*. [Epub ahead of print]

**Antidepressant Use in Elders Skyrockets**

From 2000 to 2010, inflation-adjusted total expenses for antidepressants among people age 65 and older increased nearly 126%, and the number of antidepressants purchased increased by 122%, according to the Agency for Healthcare Research and Quality (AHRQ). The number of persons age 65 and older purchasing at least one antidepressant rose from 3.9 million (11.1% of the 34.8 million people age 65 and older in the 2000 total population) to 6.7 million people (16.2% of the 41.2 million people age 65 and older in the 2010 total population) — a 71.8% increase.


**New Patient Education Tool**

A new Agency for Healthcare Research and Quality (AHRQ) tool helps health professionals and others select educational materials that are easy for patients to understand and use. The tool is discussed in a recent journal article, co-authored by AHRQ’s Cindy Brach, “Development of the Patient Education Materials Assessment Tool (PEMAT): A New
Morbid Obesity Continues Steady Climb in the United States

Clinically severe or morbid obesity (BMI greater than 40 or 50 kg m⁻²) has far more serious health consequences than moderate obesity for patients, and creates additional challenges for providers. In this study, researchers studied time trends for extreme weight categories. Between 2000 and 2010, the prevalence of a BMI greater than 40 kg m⁻² (type III obesity), calculated from self-reported height and weight, increased by 70%, whereas the prevalence of BMI greater than 50 kg m⁻² increased even faster. The researchers estimated that in 2010, 15.5 million adult Americans or 6.6% of the population had an actual BMI greater than 40 kg m⁻². They noted the prevalence of clinically severe obesity continues to be increasing, although less rapidly in more recent years than prior to 2005.


Factors Related to Smart Infusion Pump Workarounds

Smart infusion pumps have a proven record of preventing adverse drug events. However, like with all technology, users may engage in workarounds that (intentionally or inadvertently) bypass the safety features of the equipment. In a qualitative study among nurses at three health systems, researchers identified several reasons why nurses used workarounds despite having an overall strong positive perception of smart pumps. Workarounds were more commonly attributed to nontechnical factors such as production pressures or inadequate training. To improve adherence to smart pump’s safety features, organizations will need to address both technical factors and issues related to nurses’ work environment.

For details, see Dunford et al. (2014, August). Organizational, cultural, and psychological determinants of smart infusion pump work arounds: A study of 3 U.S. health systems. Journal of Patient Safety. [Epub ahead of print]

Physical Impairment Linked with Nursing Home Admission for Older Adults in Disadvantaged But Not Other Neighborhoods

Aging adults face an increased risk of adverse health events as well as risk for a decrease in personal competencies across multiple domains. Characteristics associated with the likelihood of nursing home admission (NHA) for community-dwelling older adults were examined using data collected for 8.5 years from the University of Alabama Study of Aging. There was no direct link between living in a disadvantaged neighborhood environment and likelihood of NHA, but physical impairment was associated with NHA for older adults living in highly disadvantaged neighborhood environments in contrast to older adults living in less disadvantaged neighborhood environments.

To learn more, see Buys et al. (2013). Physical impairment is associated with nursing home admission for older adults in disadvantaged but not other neighborhoods: Results from the UAB study of aging. Gerontologist, 53(4), 641-653.

Depression and Diabetes Risk Linked in Older Adults

In studying the association between antidepressant use, diagnosed depression, and new-onset diabetes among elderly Medicare beneficiaries, researchers found Medicare beneficiaries with any depression were twice as likely as those without depression to develop diabetes. Depression independently increased the risk of developing diabetes in the Medicare population, although there was no evidence of an association between antidepressant use and new-onset diabetes. If replicated, say researchers, these results have significant clinical implications.


$5.7 Billion Drop in Hospital Uncompensated Care Costs Projected

A report released recently by the U.S. Department of Health and Human Services (HHS) projects hospitals will save $5.7 billion this year in uncompensated care costs because of the Affordable Care Act (ACA), with states that have expanded Medicaid seeing about 74% of the total savings nationally compared to states that have not expanded Medicaid.

HHS suggests hospitals in states that have expanded Medicaid under the ACA will see greater savings than hospitals in states that have not expanded Medicaid. Hospitals in states that have expanded Medicaid are projected to save up to $4.2 billion, which makes up about 74% of the total savings nationally this year. Hospitals in states that have opted not to expand Medicaid are projected to save up to $1.5 billion this year, and which is only 26% of the total savings nationally.

Read the full report here.

Make Plans to Attend!
President’s Message

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I am thrilled to be working with the following board members: Lisa Byrd, immediate past president; Carolyn Clevenger, president-elect; Dawn Marie Roudybush, secretary; George Peraza-Smith, treasurer; and Directors-at-Large Patty Kang and Linda Keilman. I am very lucky to work with such a committed board. I very much look forward to moving our strategic plan forward together. I know how important you are to the success of GAPNA.

Joining Kindred Spirits

I call GAPNA my “kindred spirit” organization because I feel at home with my colleagues who are committed to improving care of older adults. The annual conference each Fall is my favorite nursing conference. The latest updates on common and complex conditions are addressed. Pharmacology content targeted to the geriatric population is provided. This conference is tailored just for us! What could be better? This Fall we viewed the film Gen Silent, a poignant film about the aging LGBT community and the challenges of discrimination versus acceptance they face within our health care system. Some of the topics covered at the conference were psychoactive medications and herbal remedies, financial abuse, sleep disorders, atrial fibrillation, pain, reducing polypharmacy, JNC-8 and ICD-10, and dermatology. We had terrific posters, projects, and research presentations. All information that is applicable to our practice! We have committees and special interest groups open to members interested in contributing their time and talents to the efforts of GAPNA. Please visit our website to find out more.

We have recognized the challenge of ensuring advanced practice nurses caring for older adults have a voice in the policy arena. Our Health Affairs Committee is actively engaged and has a seat at essential policy tables to continue the work on making sure we can practice to the full extent of our scope of practice and improve the care of older adults. The Health Affairs Committee also works closely with nursing and medical associations to lend a voice to issues we care about. There is always more work to be done! We are committed to these efforts and fund a health policy scholarship to the American Academy of Nurse Practitioners’ Nurse Practitioner Summit in order to grow our experts in the health policy arena. “Know how important you are!” Please consider applying for this scholarship.

We recognized our members need pharmacology credits targeted toward care of the older adult! GAPNA knows how important you are; not only do we have loads of pharmacology content available to members through the ProLibraries resource, but we are having our first “Contemporary Pharmacology and Prescribing for Older Adults Conference” March 27-28, 2015 in Philadelphia. We heard you and we are delivering! Based on member feedback, a half-day of the conference will be devoted to opiate prescribing. Please join us in Philadelphia this Spring and earn pharmacology credits!

Building with a Strategic Plan

GAPNA’s strategic plan includes activities and goals to address our changing practice issues. Those of you who have been with us over the years have seen our work advocating for gerontological competencies in the adult and gerontological combined advanced practice degrees as well as suggested gerontological competencies in the family nurse practitioner programs and the psychiatric mental health nurse practitioner programs. The APRN Consensus Model has created some challenges for our members as well as opportunities for GAPNA to lead. Knowing how important we are, GAPNA has supported an amazing group of individuals to complete a survey of practicing advanced practice nurses and have used the results to write a white paper on the proficiencies needed for gerontological experts. This report is being finalized, so please keep your eyes on our website for its availability in the Spring. These proficiencies have the potential to guide the development of some form of recognition of advanced practice nurses’ expertise in care of older adults. With the support of the GAPNA Board of Directors, this effort is being led by Marianne Shaughnessy, Laurie Kennedy-Malone, Debra Dunn, and other outstanding leaders in advanced practice nursing.

Continued Growth

As I take on the role of president of GAPNA, I am humbled by all the work that has gone on before me. I look forward to continuing the growth of GAPNA’s membership and visibility as a premier nursing organization serving advanced practice nurses who care for older adults. I look forward to partnering with interdisciplinary groups who have similar missions and members caring for older adults as well. I look forward to getting to know as many of you as possible. I hope you follow us on Facebook and Twitter and encourage your colleagues to do so as well! We had a concerted effort at the annual conference to have a presence on social media. We will continue this throughout the year. Please keep us informed of what you are doing. Let us know how important you are!

Pamela Z. Cacchione, PhD, CRNP, BC, FAAN
President
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Awards for Research and Scholarships

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Proposal Requirements

The proposal must be relevant to the nursing care of older adults.

• Evidence based: examines and/or provides support for decision making in clinical practice.
• Outcomes based: designed to measure and improve health outcomes for older adults.

Review Criteria

The reviewers will evaluate the application using the following criteria:

• Overall impact
• Significance
• Investigator
• Innovation
• Approach
• Environment

The Foundation is looking forward to competitive applications for next year’s awards, so start working on your applications now!

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The Official Newsletter of the Gerontological Advanced Practice Nurses Association — Founded in 1981

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

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