President’s Message

2015 Will Be a Year of Firsts

Just as every year starts with promises to be more productive, 2015 should not be any different. The Gerontological Advanced Practice Nurses Association (GAPNA) will see several new initiatives come to fruition. The first is our first-ever pharmacology conference, which will be held March 27-28, 2015, in Philadelphia, PA. GAPNA members requested more pharmacology credits and we responded. You requested more controlled substances content, again we responded. Additional best practice content includes pharmacogenomics, lipid guidelines, pulmonary conditions, antibiotics, diabetes, addiction and pain management, and opioid prescribing. During this inaugural educational event, attendees can earn up to 11.5 CNE and pharmacology contact hours. Bring a colleague and plan to attend this first-ever conference. Registration and more conference information can be found here.

Pharmacology in Philadelphia!

Network with your colleagues in the City of Brotherly Love, and see why Philadelphia remains a hotbed of intellectual innovation well past Ben Franklin’s invention of the flexible urinary catheter. GAPNA is hosting its inaugural pharmacology conference March 27-28, 2015, Contemporary Pharmacology and Prescribing in Older Adults. The conference boasts 8 educational sessions offering 11.5 pharmacology hours, including 4 hours on prescribing controlled substances.

GAPNA is pleased to announce that Neil Stone, MD, MACP, FAHA, FACC, will be presenting “Medication Therapy for Hypercholesterolemia.” Dr. Stone, who is a professor in medicine-cardiology, Northwestern University Feinberg School of Medicine, chaired the task force that wrote the “2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines.” Dr. Stone will review the guidelines and explore, through case studies, the role of the nurse clinician in evaluating and treating patients with cardiovascular conditions.

The conference is being held at the beautiful Sheraton Philadelphia Downtown Hotel. We will be in the heart of this historic city with much to see and do. From the Liberty Bell to Constitution Hall, museums to trend-setting restaurants, you’ll receive an education in all things historic and contemporary during your free time! Don’t miss GAPNA’s first-ever pharmacology conference from the only association dedicated to advanced practice nurses caring for older adults. Registration is now open – visit www.gapna.org for more conference information, and www.visitphilly.com for Philly area info.

GNP Certification Dates Extended

The last application for the GNP examination will be accepted on December 31, 2015. Eligible applicants may take the examination until the final test administration on December 31, 2016. If you do not have practice hours, you can renew this certification with professional development activities plus testing (renewal option B and D). Applications to renew this certification using professional development activities plus testing (option B or D) will be accepted until December 31, 2015. Eligible applicants may take the exam to renew until the final test administration on December 31, 2016. Beginning January 2017, the credential may be renewed if professional development and practice hour requirements are met.

Annual Conference Call for Abstracts!

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.

IN THIS ISSUE

Award Nominations Sought . . . . . . 2
Committee News . . . . . . . . . . . . . 3-4
Chapter News . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 5-6
My Nursing Career . . . . . . . . . . . . . . . . . . . . . . . . . . . . 7
Conference Photo Highlights . . . . . . . 8-9
Clinical Research Corner . . . . . . . . . . . 11
The GAPNA Website: Ready for Mobile Devices

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

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

* RWD is a web design approach aimed at crafting sites to provide an optimal viewing experience – easy reading and navigation with a minimum of resizing, panning, and scrolling – across a wide range of devices (from desktop computer monitors to mobile phones).

GAPNA Awards Committee Accepting Nominations!

Did you know there are seven different ways to recognize an individual’s or group’s dedication and contribution to the care of older adults through the GAPNA Excellence Awards? The award categories include:

- Chapter Excellence
- SIG Excellence
- Excellence in Clinical Practice
- Excellence in Community Service
- Excellence in Education
- Excellence in Leadership
- Excellence in Research

Nominations are peer-reviewed and winners are selected based on the criteria for demonstrating excellence. Winners are announced at the GAPNA Annual Conference Awards Ceremony in September.

As you think about potential nominations, here are some helpful tips:

- The 500-word limit on all nominations has been increased to 1,000 to help you best describe your nominee’s contributions.
- Essays should incorporate as many criteria as possible into each nomination to increase chance of selection.
- The Awards Committee accepts only one nomination per chapter and SIG.
- Self-nominations are invited. Get recognized for your dedication and commitment to gerontological nursing. Don’t hesitate – nominate, nominate, nominate!

The criteria for each award are listed on pages 13 & 14 and on the GAPNA Website under the Awards & Scholarships section. Please take a moment to review the criteria for these honors.

The Awards Committee accepts award nominations from October through June 1 every year so get started early. Last year there were 28 nominations. We all are doing great work, let’s be recognized!

Elizabeth B. McGrath, APRN, MSN
elizabeth.b.mcgrath@hitchcock.org

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 15 for details.

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.

Special Thanks to

OPTUM™
for their continued support as a Platinum Corporate Member

GAPNA Foundation Awards and Grants Available

The primary goal of the GAPNA Foundation is to provide financial support for research and educational opportunities. The GAPNA Foundation offers three annual awards and three cash prizes.

Listed below are the GAPNA Foundation Awards and Grants:

- GAPNAF Research or Clinical Project Grants ($2,000 each) [Download Application]
- Center for Nursing Advancement: UnitedHealth Group Grant ($5,000) [Download Application]
- AMDA Foundation Futures Program Educational Grant ($1,000 paid to the AMDA Foundation) [Download Application]
- Dave Butler Spirit of GAPNA Award ($2,000) [Download Application]

Please submit completed application(s) by May 15, 2015 to barbresnick@gmail.com.

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.

Click here to get started.
The GAPNA Communications Committee consists of the editors and assistant editors of the *Geriatric Nursing* Journal, the *GAPNA Newsletter*, and the GAPNA Website, along with resource staff from the National Office. The members of the committee work very hard to ensure all the news from our organization is communicated effectively to our membership.

The *Geriatric Nursing* Journal is an official publication of our organization. The journal is peer reviewed and features articles reporting the latest developments in the management of acute and chronic illness in older adults. The journal has a GAPNA section, which contains articles written by our members. The editor of the GAPNA section, Deb Bakerjian, and assistant editor, Valerie Sabol, are actively searching for articles and clinical news from our membership. Please consider submitting articles for publication, as the journal is a great resource for information. The journal is published six times a year. To view past issues, submission deadlines, or to submit an article for publication, please click here for more information.

The *GAPNA Newsletter* is a quarterly publication for our membership, consisting mostly of chapter, committee, and SIG news. The editor of the *GAPNA Newsletter* is Carole Bartoo, and the assistant editor is Mara Aronson. It was not too many years ago that the newsletter was printed and mailed out to the membership, which limited the publication space, and made the article submission deadline very strict. Since the newsletter is now available on GAPNA’s Website, the submission process has become much easier. Chapters, committees, and SIGs are encouraged to contribute newsletter articles and photos, as this is a great way to let our membership know all of the good work that is going on in our organization. The newsletter is issued quarterly. To view past issues, locate submission deadlines, or to submit an article for publication, please click here for more information.

GAPNA Website content is updated regularly to meet the needs of our members. The GAPNA Website editor, Lacey Stevens, and assistant editor, Katherine Abraham Evans, review the website content to make sure it is accurate and up to date. The GAPNA Website was upgraded last year, so there have been some major content changes, especially with the Clinical Topics and Practice Links sections.

Social media have literally changed our world. Several years ago, GAPNA realized social media had become a major source of news and information for our membership. Therefore, we have added a social media component to the Communications Committee. GAPNA is involved in both Facebook, where we have over 1,200 followers, and Twitter. Both of these outlets provide members with current news and relevant information for geriatric APRNs. Encourage your colleagues to follow GAPNA on Facebook and Twitter.

The Communications Committee also receives support from the National Office. Ken Thomas helps edit and produce the newsletter, and Rosaria Mineo assists by posting our Twitter content. Jill Brett, Association Services Manager, posts for our Facebook account. If you or your chapter have any news that you would like posted on Facebook or Twitter, please email it to Jill (jill.brett@ajj.com).

Lastly, the Communications Committee is always looking for members willing to share their time and talent. I encourage anyone who is interested in GAPNA communications consider joining the committee. If you are interested, please email Jill Brett.

Jennifer Serafin, MS, GNP-C
Communications Committee Chair
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Education Committee Spearheads Resources for Improving Health of Older Adults

The GAPNA Education Committee meets monthly to discuss relevant resources that can strengthen curricula focused on improving the health of older adults. Through representation on national committees, our members disseminate information discussed by such organizations as the National Council of State Boards of Nursing, Licensure, Accreditation, Certification & Education (LACE), and the National Organization of Nurse Practitioner Faculties.

In early 2015, we will be reviewing and updating the Toolkit of Gerontology Resources for Advanced Practice Nurses. First published on GAPNA’s Website in 2012, this free Internet resource is updated annually so users have access to the most current evidence-based guidelines. Developed primarily as a resource for nurse practitioner preceptors, the toolkit is divided into two sections: health care resources and preceptor resources and guidelines.

The Education Committee has received permission from GAPNA’s Board of Directors to form a task force to evaluate preceptor requests and availability. Given the frequent requests received from nurse practitioner students seeking gerontology preceptors, the Education Committee, with input from board members, will establish a limited-focus task force to ascertain our members’ interest and availability in serving as a preceptor.

We look forward to scoring education poster abstracts for presentation at GAPNA’s Annual Conference, September 30-October 3, 2015, in San Antonio, TX. Posters that highlight innovative teaching strategies that enrich the learning opportunities of students in gerontological settings and enhance the lives of older adults are encouraged. Abstracts are due by May 15, 2015. Visit https://www.gapna.org/education for more info.

Natalie Baker, DNP, GNP-BC, ANP-BC
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President’s Message
continued from page 1

The second first for 2015 is in the spirit of giving back to the older adults in the communities where we hold our conferences. GAPNA will be partnering with charitable organizations to share our time and talents with older adults in the Philadelphia area during the Contemporary Pharmacology conference, and in the San Antonio, TX, area during the Annual Conference. The Twilight Wish Foundation, based in Doylestown, PA, was started in 2003 as a way to grant wishes to deserving older adults, age 68 and older, who earn less than 200% of the poverty level annually, or who live in a nursing facility. By treating the elderly with compassion, we restore their dignity and bring them hope. GAPNA is actively working to partner with Twilight Wish during the Contemporary Pharmacology conference. Stay tuned for details.

At this time the Twilight Wish Foundation does not have a chapter in San Antonio so we are reaching out to Second Wind Dreams, which is based in Georgia. This organization also grants wishes for older adults through crowd sourcing and volunteers, and has funded activities in Texas. GAPNA will be working with Second Wind dreams during our Annual Conference in San Antonio, September 30-October 3, 2015. I invite you to participate in these initiatives by contributing your time and talents.

Leadership SIG Focuses on Developing, Supporting, and Mentoring APRNs

The GAPNA Leadership Special Interest Group (SIG) is motivated to identify and support the development of leaders for our organization, the profession, and for local endeavors. The SIG’s purpose and activities have evolved over the past 5 years during regularly planned monthly meetings. Given that leadership is an art of motivating a group of people to act, we continue our work with plans to introduce a virtual toolbox accessible to all members through the GAPNA Website in 2015. In addition, the SIG will be surveying GAPNA chapter leaders on topics of importance to their own leadership development with the intent of adding relevant modules to the virtual toolbox.

Leadership Toolbox

Regardless of title or role, advanced practice nurses are leaders and need to assume responsibility for the development of self and other team members’ leadership potential. This toolbox will guide GAPNA members in leadership issues by assessing and designing a leadership development plan through an individual process. Initial components of this toolbox include guidance in ethical dilemmas and legal matters, and a change management module focused on project management and readiness for change. The toolbox includes strategies to assess readiness for change, execution planning and stakeholder analysis, and provides insights into techniques and tools to manage the challenges and opportunities that come with change. If you have questions about leadership development, SIG activities, or suggestions, please contact Joan Carpenter.

Joan Carpenter, MN, CRNP, NP-C, GNP-BC, ACHPN
Leadership SIG Chair
joan.g.carpenter@gmail.com

Please stay tuned for more details this summer as the conference draws closer.

One last first for 2015 will be the publishing of a White Paper based on a national survey of advanced practice nurses caring for older adults titled “Advanced Practice Nurses Managing the Care of Older Adults Practice Profile Questionnaire.” The White Paper, GAPNA Consensus Statement on the Proficiencies for the APRN Gerontological Specialist, is being finalized following an extensive analysis of the survey data and expert panel review of proficiency statements for APRNs caring for older adults. In this document, the difference between competencies and proficiencies are clearly developed and described, leading the way for the development of top-tier recognition as Gerontological Specialists on the APRN Consensus Model pyramid. As an organization, this is a tremendous undertaking to own our specialty. This is incredibly important for GAPNA and all advanced practice nurses caring for older adults.

We will continue to lead in providing a learning community which builds advanced practice nurses’ expertise in caring for complex older adults. GAPNA is committed to increasing advanced practice nurses’ knowledge and skill to care for older adults. The White Paper is one critical step in this direction.

Pamela Z. Cacchione, PhD, CRNP, BC, FAAN
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President
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The Chapter Leadership presidents and presidents-elect are on a roll to a successful year in each of their chapters. The group of high-energy president and presidents-elect are busy living the mission and vision of GAPNA. Besides regular chapter meetings and planning annual conferences, many of the chapters are supporting groups through such activities as sponsored walks, charitable donations, and many other “giving” undertakings!

Great Lakes Chapter (GLC) started out by assisting the Richmond, VA, group to begin a new “Central Virginia” chapter in their area. The new chapter representatives (Lynn Simpkins, president; Heather Mullen, president-elect; and Kathleen Anderson, treasurer) forwarded a list of questions prior to the conference call. Alice Early (Historical Committee) and MJ Favot (President) fielded the questions by the group. Michelle Moccia (GLC past-president) and current chair of the Chapter Leadership, moderated the session. In 60 minutes, Alice and MJ offered advice and fielded questions to help “Central Virginia” move closer to their quest of becoming a national chapter. (This list of questions has been added as a resource to the Chapter Leadership Resources section of the GAPNA Website. If there are other questions and answers you feel would contribute to the document, please e-mail the Chapter Leadership group at gapna_chapterpp@inurse.com.)

The first two Chapter Leadership meetings (October, November) solidified the mission, vision, and goals of Chapter Leadership along with getting to know each other. Each president and president-elect introduced themselves, gave their place of employment, and shared their passion. The GAPNA chapter map was shared with each chapter president’s name inserted into her state. This view was helpful as it showed the broad reach of GAPNA chapters across the United States. A new agenda item, “Around the U.S. in 20 Minutes,” is the time for each chapter leader to share news related to the chapter. This new agenda item, to everyone’s surprise, unleashed a number of agenda ideas for future conference calls. One item of interest was “Student Night Out.”

Three chapter presidents (Deborah Wolff-Baker, Northern California; Sheryl McManus, Georgia; and MJ Favot, Great Lakes) met on a separate call to discuss their Student Night activities that included popular date and time, advertisement, and content of the program. This information was shared on the December conference call (third meeting). Carroll Spinks (North Carolina) also added information on their chapter’s Student Night Out.

Web-x was used for this conference call. This format permitted the attendees to not only hear the information but watch a PowerPoint presentation related to Student Nights. (This information has been added to the Chapter Leadership Resources under the section “Hosting a Meeting or Conference.”) Moreover, during the Web-x, a tour of the GAPNA Website was conducted, showing location of committee meetings, chapter leadership resources, and the plethora of helpful information related to caring for our older adults. Thank you to everyone who posts these valuable resources.

I am very proud to help facilitate the Chapter Leadership meetings. The presidents and presidents-elect are outstanding individuals who are committed to the care of the older adult and their chapter membership. A shout out to Joanne Fisher (Past Chair) and Jennifer Serafin (Liaison) for their past 2-year continued on page 6
Delaware Valley Chapter members raised over $1,000 during the Walk to End Alzheimer’s in Wilmington, DE.

Many Delaware Valley GAPNA Chapter members walked at the Walk to End Alzheimer’s event on Saturday, October 18, 2014, in Wilmington, DE.

Approximately 120 teams participated that morning and our GAPNA team included Chapter President Helen Kain, President-Elect Theresa Holman, GAPNA Foundation member Suzanne Rausehousen, Barbara Harrison, Cynthia Jones, past chapter President Marie Lupone, and Sue Conley. The team also included Michael Brennan (GAPNA Executive Director) and Team Brennan (Nick and A.J.). It was a great walk for a good cause.

The chapter set a goal to raise awareness and raised $1,070 in donations! We thank the GAPNA members and friends who contributed to our success. This was our 3rd year participating in the walk and we look forward to making it an annual event. So consider joining us next year!

For more information, click here.

Barbara Harrison PhD, APN, FNP-BC, GNP-BC
behmcpherson@gmail.com

Great Lakes

Fifteen members from the Great Lakes Chapter (GLC) attended GAPNA’s 33rd Annual Conference in sunny Orlando, FL, in September 2014. Members were warmly greeted at the conference registration and received a special “welcome gift” from the GLC board. The delights continued throughout the conference as GLC members networked with colleagues and gained new knowledge to care for older adults throughout the informative week.

The Great Lakes members celebrated as their chapter received the Chapter Excellence Award. Also, two GLC members received Excellence Awards: Deborah Dunn, EdD, MSN, GNP-BC, ANP-BC, received the Excellence in Education Award and Michelle Moccia, DNP(c), ANP-BC, CCRN, received the Excellence in Community Service Award.

Moreover, Deborah Dunn was acknowledged for her unwavering commitment and zest in leading a team crafting a White Paper delineating proficiencies for the APRN gerontological specialist. As she received her certificate of appreciation, her GAPNA colleagues gave Deborah a standing ovation.

But wait there’s more! The GLC recently celebrated the success of its 7th Gerontological Annual Conference, “Advancing Excellence in Geriatric Care,” held October 18, 2014. A total of 101 attendees were present along with 18 vendors (pharmaceutical and nonpharmaceutical, and three universities). Six posters were submitted. Attendees were awarded 6.25 contact hours including 2.45 pharmacology hours and 0.5 for poster sessions. The Conference Planning Committee Co-Chairs Alice Early and Michelle Moccia (Past-President) provided leadership to planning committee members Mary Ann Nicholas, Wilma McKenzie (Chapter Secretary), Diana Burton, Lisa Starkey, Meg McCarthy, M. Favorott (Chapter President), and Tonya Harbison (Chapter Treasurer) who were instrumental in coordinating the events held at the historic Dearborn Inn, in Dearborn, MI. Items raffled during the conference netted approximately $400 toward future scholarships.

Conference topics ranged from “Controversies in Applying Consensus Guidelines” to “Care of Older Persons” delivered by Barbara J. Zarowitz, Pharm D, FCCP, BCPS, FCCM, CGP, FASCCP; “Delirium in the Elderly” by Susan Allen, MD; “Let’s Talk About Sexual Health Later in Life” by Lisa Astalos Chism DNP, APRN-BC, NCP, FAANP; “Cardiology Potpourri in the Older Adult” by Catherine Draus, MSN, RN, ACNS-BC, CCRN; followed by our Deborah Dunn, EdD, MSN, GNP-BC, ACNS-BC (Chapter President 2011-2013) addressing “Assessment and Management of Frailty in Older Adults.”

The day concluded with Stephanie Lusis honored with the Chapter Excellence Award in Clinical Practice and Deborah Dunn receiving the Chapter Excellence Award in Leadership. Alison Ryan and Mary Kuebrich were recipients of the 2014 Great Lakes Chapter NP student scholarships in the amount of $1,000 each. Additionally, there were two conference poster award recipients: Leslie Simons, winner for Best NP Clinical Practice Poster and Kristi Dipzinski for the Best NP Student Poster.

The planning committee is already planning for the 8th Annual Gerontological Nursing Conference. The attendees offered multiple suggestions for future speakers and topics. Can’t wait!

Michelle Moccia, DNP(c), ANP-BC, CCRN
Past President
michelle.moccia@stjoeshealth.org

Chapter Leadership News

continued from page 5

commitment to the group! Their leadership has been instrumental in keeping the group interconnected. Also, a big “thank you” to Jill Brett, Association Services Managers, who posts our resources and takes our minutes.

Look out 2015…here we come! Our meetings are the first Wednesday of every month at 8:00 p.m. EST.

Michelle Moccia, DNP(c), ANP-BC, CCRN
Chapter Leadership Chair
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Michelle Moccia, DNP(c), ANP-BC, CCRN
Past President
michelle.moccia@stjoeshealth.org
Remembering My Nursing Career

There is a time we all can remember – the moment we decided to become a nurse. I was 16 and was hospitalized for syncope. It turned out to be “hormonal imbalance” otherwise known as a “late bloomer.” Boy I could put any southern belle to shame with the various reasons I could pass out! Until then, my career choices changed every week. The range was archeology, spy, airplane stewardesses, etc. Then there I was, on the “med-surg” unit, which included pediatric to geriatric patients. I felt fine, so I walked up to the nurse’s station and asked if I could help with anything. They let me help pass the lunch trays but I wanted to help people! I watched the nurses in their white uniforms and caps and wanted to be just like them.

I graduated from high school and got a scholarship to a local hospital’s school of nursing diploma program. The director advised me a 4-year BSN was the better choice, but which was not a financial option for me. Our first year’s curriculum included local community college courses which we hated, but which I later thanked God for taking. I was married in 1969 at the start of my senior year and became an Air Force wife. Two reasons I do not regret joining the Air Force are my son and daughter. I may never have had them.

My first job paid about $3.50 an hour. I worked labor and delivery and post partum for 3 months then transferred to ICU-CCU. In those days, patients with chest pain were brought to the unit in a wheelchair. No oxygen, no nothing. One occasion, after the arrival of a new patient, I remember asking the male tech (yes, no nurse) “How long has he been gone?” Lucky for us, lifting the patient out of the wheelchair and probably half dropping him onto the floor, brought him around. Then there was the day a patient with frequent arrhythmia and I went alone to the recovery room to cardiovert him! He woke up and said, “My angel.” I think back and thank God he woke up!

After two children (1971-1974) and 5 years in England, I went back into ICU nursing. Well things had changed a lot and medical advances were amazing even in 1979. I found I was more interested in emergency nursing. I took many educational classes and obtained certifications galore, but with all of our moves it was impossible until 1981 to finish my associate’s degree. My bachelor’s degree took another 19 years with a 2-year Wednesday night commitment in University of Central Florida’s (UCF) AA to BA degree program.

Emergency Care Memories

Emergency nursing was my love however. Oh the memories! In the early days the hospital wasn’t always busy on evenings and one night a male tech and I entertained the “non-emergent” patients with some tap dancing while they impatiently awaited their labs. Trust me, they loved it! There was the older male who de- UAV. They trusted me and he survived a fractured spleen. Now they wouldn’t be in the middle of the night.” They trusted me and he survived a fractured spleen. I never regretted giving my opinion on that case. I remember the Christmas day that we had three bad pediatric cases. One was flown to Arnold Palmer, one was admitted, and one 2 year old didn’t get to go anywhere. The physician cried in my arms and when I finally got home, I walked right into my Dad’s arms and cried. I think that was the only time I did cry. Nursing can be tough and you have to hold it together. There was the older male who decided to strip and stand up on his stretcher. I flew around the counter to get to him and was fondled the entire time it took to get him back into a supine position! There was a young male who per the ER doc “was threatening him and the staff.” I talked to him and he cursed at me. I told him if he wouldn’t let us help him he would have to leave or I would call the police. He threatened me, advising he would come back with a machine gun. In retrospect, we probably should have called the police before he left. Either way, the ER was upgraded to bulletproof glass and security 24/7.

We always had too many patients in the waiting room and I was finally frustrated with the charge nurse role, so I graduated from UCF in May 1998 and started University of Florida’s MSN program 2 weeks later. I remember printing a paper at 6:00 a.m. and having to shower and dress to get to Gainesville in time for class (3.5 hour drive) and thinking I must be nuts!

No Regrets

I’ve never regretted obtaining my master’s, even at the age of 50. I practiced in a long-term care group for almost 15 years. I loved my residents and most of the families. We all know it is easier to care for our patient/resident than it is to care for the family. I’ve had the privilege of practicing in a very independent setting, with physician colleagues who were respectful and supportive. I felt I was treated as another health care professional, not a mid-level employee. I never regretted leaving the ER and learned to see older adults in a far different light. I learned how precious older adults are and realized why they deserve the best and most appropriate care possible.

I will treasure all of my memories of helping families hold onto hope or, when appropriate, to let go. Who gets to take care of a woman who was a baby on the Titanic? I loved the challenge of determining the correct diagnosis and treatment plan instead of just following orders. I always felt you could learn something new every day or at least solidify your current knowledge. Helping to support and educate nurses by sharing your knowledge is so important, as is reaching out and helping with community projects like Transitions of Care. I’m told by my colleagues that the residents really miss me and they and family members continue to ask about me. Well, as you can see, I will probably never forget them. I miss the caregiving, but I do not miss the electronic health record. If I hadn’t had a significant health issue myself, I would probably still be working. So, I guess I’ll volunteer in the community and keep up with the FL-GAPNA Chapter! I am so grateful to have been able to practice as a nurse practitioner and salute you all!

JoAnn Fisher, MSN, FNP-BC
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More Photo Highlights from GAPNA’s 33rd Annual Conference
September 17-20, 2014 Orlando, FL
Want to be in the picture? Make plans to attend GAPNA’s energizing educational events in 2015!

- Contemporary Pharmacology and Prescribing in Older Adults
  March 27-28, 2015
  Philadelphia, PA

- GAPNA’s 34th Annual Conference
  September 30-October 3, 2015
  San Antonio, TX

Photos by Jim Spelios Photographic Services, www.orlandoconventionphotographers.com
Helpful App for Clinical Practice

I like using electronic applications to stay up to date with my clinical practice and research. One application that I use frequently is called “Omnio,” released by Physicians Interactive Inc. The application can be customized so it is appropriate and applicable to your clinical preferences. I can catch up on the latest medical news, search for specific drugs, review guidelines, and even purchase resources through the store.

One tip I have for using an application is to schedule some time to become familiar with it before you start using the application clinically. I have talked with other providers who do not use electronic resources because they have not invested the time in becoming familiar with the application. Applications can be loaded on multiple devices; often it is as easy as downloading it, then signing in with your username and password. Using an application to assist you in your clinical practice is easier than you think, and the ease of having the most up-to-date information in one place is very beneficial.

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Editor’s Note: 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. “Tell Us About It” by clicking here.

Low Vision Info for Seniors

Low vision often affects older adults. Millions of Americans lose some of their vision every year. Irreversible vision loss is most common among people over age 65. NIHSeniorHealth answered frequently asked questions your patients may have regarding low vision in older adults.

1. What is low vision?
   Low vision is a visual impairment, not correctable by standard glasses, contact lenses, medicine, or surgery, which interferes with a person’s ability to perform everyday activities.

2. What causes low vision?
   Low vision can result from a variety of diseases, disorders, and injuries that affect the eye. Many people with low vision have age-related macular degeneration, cataracts, glaucoma, or diabetic retinopathy. Age-related macular degeneration accounts for almost 45% of all cases of low vision.

3. Who is at higher risk for low vision?
   People age 60 and older, as well as African Americans and Hispanics over age 45, are at higher risk. African Americans and Hispanics are at higher risk for low vision because they are at higher risk for developing diabetes and diabetic retinopathy, and African Americans are at a higher risk for developing glaucoma.

4. Is losing vision just a part of getting older?
   No. Some normal changes in our eyes and vision occur as we get older. However, these changes usually don’t lead to low vision.

5. How do I know if I have low vision?
   You may have low vision if, even with your regular glasses, you have trouble:
   • Recognizing faces of your family and friends.
   • Reading, cooking, fixing things.
   • Matching the color of your clothes.
   • Reading street and bus signs.

   For information for you and your patients regarding low vision, visit www.nihseniorhealth.gov/lowvision

NIHSeniorHealth.gov, the website for older adults, makes aging-related health information easily accessible for family members and friends seeking reliable, easy-to-understand online health information. This site was developed by the National Institute on Aging and the National Library of Medicine both part of the National Institutes of Health.

Geriatric Nursing Journal Submission Opportunity

Consider submitting your manuscripts on innovative research, clinical work, and projects relevant to the care of older adults to Geriatric Nursing. Reasons to submit to Geriatric Nursing:
• Impact Factor ranked specialty nursing journal
• Average first manuscript decision response time of 4 weeks
• Opportunity to be recognized in your area of specialization

Geriatric Nursing is disseminated widely to multiple association members including members of the Gerontological Advanced Practice Nurses Association, the National Gerontological Nurses Association, the American Assisted Living Nurses Association, NICHE, and the nursing members of the American Geriatrics Society. The journal’s editorial board invites and encourages doctor of nursing practice work, publications from dissertations, and those engaged in ongoing research activities/advanced clinical work.

For more info, click here.
New Research Review Looks at Effectiveness and Risks of Long-Term Opioid Treatment of Chronic Pain

A new research review from the Agency for Healthcare Research and Quality’s Effective Health Care Program found that while the evidence on the effectiveness and harms of opioid therapy for chronic pain treatment is limited, there is an increased risk of serious harm based on the opioid dose given. The research review assesses observational studies that suggest use of long-term opioids for chronic pain is associated with increased risk of abuse, overdose, fractures, and heart attack, when compared with patients who are not being prescribed opioids. The review noted more research is needed to understand the long-term benefits, risk of abuse and related outcomes, and effectiveness of different opioid prescribing methods and strategies. The review is titled, “The Effectiveness and Risks of Long-Term Opioid Treatment of Chronic Pain.”

Nursing Home Comparative Database Report Available

Results from the Agency for Healthcare Research and Quality’s Nursing Home Survey on Patient Safety Culture: 2014 Comparative Database Report are available for nursing homes that administered the survey to compare their patient safety culture with that of other participating U.S. nursing homes. Results from 263 U.S. nursing homes and 18,968 staff are reported. The report also presents results by various nursing home characteristics (size and ownership) and respondent characteristics (job titles, work areas, direct patient contact, shift worked, and tenure in nursing home). The report presents statistics, including averages, standard deviations, minimum and maximum scores and percentiles, on the patient safety culture composites and items from the survey. For more information, contact program representatives via email or phone, (888) 324-9790.

Nurses Key in Preventing, Diagnosing, and Treating Delirium

Delirium is an acute change in mental status typically caused by a medical condition. For patients over age 65 in the intensive care setting, the incidence of delirium is 87%. According to a report in MEDSURG Nursing, by identifying mental status changes early, the nurse is in a strategic position to prevent delirium in 30%-40% of at-risk patients. An interdisciplinary team approach can prevent, diagnose, and treat delirium to improve safety, reduce cost of care, and optimize patient outcomes. To learn more, see Fraught (2014). Delirium: The nurse’s role in prevention, diagnosis, and treatment. MEDSURG Nursing, 23(5), 301-305.

Conceptual Framework Proposed to Combat Workplace Bullying

Bullying in the nursing workplace can result in serious health-related outcomes for both nurses and patients who are under their care as well as the health care organizations. Bullying can erode the victim’s professional competence and reputation and challenge the victim to maintain and improve professional identity. Although bullying can occur among co-workers, the most common form of bullying involves the abuse of power by superiors against subordinates. According to researchers, building a conceptual framework of bullying specific to the nursing workplace is warranted to better understand bullying dynamics and its consequences while developing strategies to change the health care environment to a safer workplace for nurses.

For more info, see Lee et al. (2014). Bullying in the nursing workplace: Applying evidence using a conceptual framework. Nursing Economics $, 32(5), 255-267.

Guide to Real-World Evaluations of Primary Care Interventions Released

Effective evaluation can help determine the best ways to improve primary care health and cost outcomes as well as patient, clinician, and staff experiences. The Agency for Healthcare Research and Quality (AHRQ) released a new evaluation guide for designing real-world evaluations of interventions such as the patient-centered medical home and other models to improve primary care delivery. The guide presents practical steps for designing a primary care evaluation. It can be used by health care delivery systems, employers, practice-based research networks, local or regional insurers, and others who want to test an intervention in a relatively small number of primary care practices with limited resources. In addition to this guide, AHRQ has developed a number of resources for evaluators of primary care interventions like the patient-centered medical home.

Out-of-Pocket Health Spending Increases with Age

Nearly one in five people with health expenses paid more than $1,000 out-of-pocket in 2011 while 8.2% paid more than $2,000 out of pocket that same year. Overall, about 85% of the U.S. population had health care expenses in 2011, according to the Agency for Healthcare Research and Quality.

In 2011, an average of $703 was paid out of pocket for health care among people with some health care expenses. This average ranged from $283 for children under age 18 to $1,215 for the elderly age 65 and older. The overall average ($703) was substantially larger than the overall median ($237) because a small proportion of people had extremely large out-of-pocket expenses. Median out-of-pocket expenses were also substantially lower than averages across all age groups.

In 2011, 12.1% of people paid nothing out of pocket toward their health care expenses. However, this proportion decreased with age, ranging from 32.5% for children under 18 to 2.5% for people age 65 and older. Further, 14.4% of people age 65 and older had expenses greater than $2,000 vs. only 8.5% for younger adults and 3.1% for children under 18.

**Hospital-Acquired Conditions Decline 17% Over 3 Years**

The Department of Health and Human Services (HHS) estimated 50,000 fewer patients died in hospitals and approximately $12 billion in health care costs were saved as a result of a reduction in hospital-acquired conditions from 2010 to 2013. This progress toward a safer health care system occurred during a period of concerted attention by hospitals throughout the country to reduce adverse events. The efforts were due in part to provisions of the Affordable Care Act such as Medicare payment incentives to improve the quality of care and the HHS Partnership for Patients initiative. Preliminary estimates show that in total, hospital patients experienced 1.3 million fewer hospital-acquired conditions from 2010 to 2013. This translates to a 17% decline in hospital-acquired conditions over the 3-year period.


**Study Assesses Hospice Use In and Out of Nursing Homes and by Patients in Transition**

As hospice for nursing home patients grows dramatically, a new study from the Regenstrief Institute and the Indiana University Center for Aging Research compares the characteristics of hospice patients in nursing homes with hospice patients living in the community. The study also provides details on how hospice patients move in and out of these two settings.

The researchers found nursing home hospice patients were older, more likely to be women, more likely to be on both Medicare and Medicaid, and more likely to have dementia than individuals receiving hospice services outside a nursing home.

Nationally, an estimated 40% of Medicare recipients die with hospice. In the study, one in three Medicare recipients died with hospice. Cancer was the leading primary diagnosis for all hospice patients, although nursing home hospice patients were as likely to have a dementia diagnosis as a cancer diagnosis both nationally and in the study.

For details, see Unroe et al. (2014). Hospice use among nursing home and non-nursing home patients. *Journal of General Internal Medicine* [E-pub ahead of print].

**Most Nursing Home Residents with Advanced Dementia Get Medications With Questionable Benefits and Substantial Costs**

More than half of nursing home residents with advanced dementia continue to receive medications that may not help them, but incur substantial financial cost. An analysis of more than 5,400 residents at 460 facilities (using 2009-2010 data) found nearly 54% of residents received at least one medication of questionable benefit. The average 90-day expenditure for medications with questionable benefits was $816. This accounts for 35.2% of the total average 90-day medication costs for residents with advanced dementia who were prescribed common medications with questionable benefits.

To learn more, see Tjia et al. (2014). Use of medications of questionable benefit in advanced dementia. *JAMA Internal Medicine, 174*(11), 1763-1771.
Nominations for GAPNA Excellence Awards are accepted October 1 through June 1 every year. (Self-nominations are invited!) The application process is completely online through the GAPNA Website for your convenience. Descriptions of the awards follow. Good luck!

Chapter Excellence Award

The Chapter Excellence Award honors a chapter that best promotes the goals of the Gerontological Advanced Practice Nurses Association (GAPNA) through its member relationships, professional activities, and promotion of advanced practice gerontological nursing throughout the local, regional, and/or state during the past year.

The winning chapter will be awarded $100.00.

Eligibility Requirements:
- The chapter must be officially chartered by the GAPNA Board of Directors.
- The chapter must be in compliance with all chapter obligations and in good standing with the GAPNA National Office.
- The completed application must be received by the National Office by the given deadline.
- Please note: Only ONE application per chapter will be accepted and must be submitted by the Chapter President or designee. Any chapter nomination forms submitted to the National Office by a chapter member will be returned to the Chapter President.

Special Interest Group Excellence Award

The Special Interest Group (SIG) Excellence Award honors a SIG that best promotes the goals of GAPNA through its member involvement, professional activities, and promotion of advanced practice gerontological nursing during the past year.

The award recognizes a SIG that promotes engagement of members in the area of special interest and in the advancement of gerontological nursing practice.

Examples of the following are appropriate for consideration.
- Overall SIG organization, structure, and relationship to national organization.
- Evidence of member participation in the area of special interest.
- Position papers, white papers relative to the area of special interest and/or gerontological advanced practice nursing.
- Involvement and outcomes in practice issues.
- Involvement and outcomes in community service.
- Involvement and outcomes in legislative activities.
- Development of resources relative to the area of special interest.
- Development of evidence-based practice documents and best practices in the area of special interest.
- Development of activities promoting quality health care of older adults.
- Development of partnerships to encourage advanced nursing practice, policy, and research.

Eligibility Requirements:
- The SIG must be officially recognized by the GAPNA Board of Directors.
- The SIG must be current in all SIG obligations and in good standing with the GAPNA National Office.
- The completed application must be received by the National Office by the given deadline.
- Please note: Only ONE application per SIG will be accepted and must be submitted by the SIG Chair or designee. Any SIG nomination forms submitted to the National Office by a SIG member will be returned to the SIG Chair.

Excellence in Community Service Award

This award for outstanding community service should be to an individual who demonstrates a commitment to service to the community.

This commitment should be demonstrated through the development or participation in programs that go well beyond the traditional service role of their profession. The award highlights community service as an important element of the mission of nursing professionals and singles out individuals who serve as examples of geriatric expertise.

The award recipient must have a broad-based, continuing commitment to geriatric care as reflected in a variety of programs and initiatives that are responsive to medical and social needs of the geriatric population. This recipient should be active in furthering geriatric education at the local and regional levels through precepting, in-services, and educational presentations.

Examples of the types of experience appropriate for consideration include, but are not limited to, the following:
- Using geriatric principles to provide advanced practice nursing care.
- Acting as primary care provider, consultant, educator, coach, and advocate.
- Utilizing geriatric principles to provide care and treatment.
- Meeting multiple needs and requests of geriatric clients.
- Responding to cultural differences of older adults and their caregivers.
- Acting as an advocate for geriatric client.
- Applying a multidisciplinary approach in the care of an elder consulting other health care providers and additional agencies as required.
- Using current research to support decision making and to improve health care of older adults.

Excellence in Clinical Practice Award

This award for outstanding clinical practice should be to an individual who demonstrates a commitment to geriatric clinical practice.

This award should be for an individual who demonstrates, through the use of geriatric principles, outstanding geriatric care that goes well beyond the traditional service role of the profession. The award highlights clinical practice as an important element of the mission of nursing professionals and singles out individuals who serve as examples of geriatric expertise.

The award recipient must have a broad-based, continuing commitment to community service as reflected in a variety of programs and initiatives that are responsive to community and social needs and which show evidence of a true partnership with the community. This recipient may be active in volun-
tering service to local, national, geriatric, or specialty nursing groups that benefit the community in which they serve.

Examples of the types of programs appropriate for consideration include, but are not limited to, the following:

- Developing or being involved in innovative programs of patient care/service to disadvantaged communities or to the geriatric community.
- Participating in educational programs targeted at traditionally under-represented groups.
- Leading efforts to focus community resources responding to health needs such as prevention and health education, patient care, and social and supportive services.
- Providing educational experiences in under-served areas for nursing students to encourage eventual practice in such communities.
- Developing programs to meet the needs of isolated communities, geriatric communities, or communities which have a large geriatric population.
- Developing programs that use the unique assets and resources to address continuing educational, economic, and/or systemic community problems.

**Excellence in Education Award**

The award for excellence in education recognizes an individual involved in the teaching and/or design of gerontological nurse practitioner curriculum or course content.

The faculty member will demonstrate knowledge of the care of older adults and the ability to translate that knowledge to enhance students’ understanding in innovative ways. The faculty member will encourage and inspire advanced practice students to develop their excellence in gerontology. In addition to excellence in teaching, the faculty member will exhibit excellence in practice and service to the community.

Examples of programs appropriate for consideration include, but are not limited to, the following:

- Developing a program of recruitment of students into the ANP/GNP program of their school.
- Development of a new or revised ANP/GNP program.
- Implemented innovative teaching in an ANP/GNP course.
- Development of an academic practice.
- Formed a community partnership which met educational objectives while meeting the needs of the older adult community.

**Excellence in Leadership Award**

This award for outstanding leadership should be to an individual who demonstrates a commitment to geriatrics; through direct care, education, and/or research.

This award should be for an individual who demonstrates the tenacity to advocate, through a variety of means, for geriatric education and care in a variety of settings that goes beyond the traditional service role of their profession. The award highlights leadership as an important element of the mission of nursing professionals and singles out individuals who serve as examples of geriatric expertise.

The award recipient must have a broad-based, continuing commitment to geriatric care as reflected in a variety of programs and initiatives that are responsive to the geriatric nursing community. This recipient may be active in conducting research, mentoring other researchers, and contributing to ongoing research of other nursing scientists.

Examples of the types of programs appropriate for consideration include, but are not limited to, the following:

- Made outstanding contributions to the science of nursing through research, development of new knowledge in nursing, or to furthering nursing knowledge through research.
- Contributed to the development and testing of nursing interventions to improve geriatric nursing care.
- Completed research and scholarship that informs practice and advances geriatric education of advanced practice nurses.
- Provided information that can inform health care policy to improve the care to the geriatric community.
- Demonstrated leadership in research in geriatric nursing (conducting research, mentoring, participating in research projects, etc.).
- Demonstrated expertise in research through an earned doctorate or post-doctorate in research.

**Excellence in Research Award**

This award for research should be to an individual who demonstrates a commitment to research in nursing that benefits the geriatric community.

This commitment should be demonstrated through the development or participation in research projects that emphasize or go beyond the traditional service role of their profession. The award highlights research as an important element of the mission of nursing professionals and singles out individuals who serve as examples of nursing scientists within the nursing community.

The award recipient must have broad-based, continuing commitment to research as reflected in a variety of programs and initiatives that are responsive to the geriatric nursing community. This recipient may be active in conducting research, mentoring other researchers, and contributing to ongoing research of other nursing scientists.

Examples of the types of programs appropriate for consideration include, but are not limited to, the following:

- Contributed to the development and testing of nursing interventions to improve geriatric nursing care.
- Completed research and scholarship that informs practice and advances geriatric education of advanced practice nurses.
- Provided information that can inform health care policy to improve the care to the geriatric community.
- Demonstrated leadership in research in geriatric nursing (conducting research, mentoring, participating in research projects, etc.).
- Demonstrated expertise in research through an earned doctorate or post-doctorate in research.
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 colleague 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
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Notice Regarding Submissions

GAPNA encourages the submission of news items and photos of interest to GAPNA members. By virtue of your submission, you agree to the usage and editing of your submission for possible publication in GAPNA's newsletter, 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.

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