President’s Message

Thankful and Looking Forward to Creating a Culture of Excellence in the Care of Older Adults

A huge thank you to all who helped make GAPNA’s first annual Contemporary Pharmacology and Prescribing in Older Adults Conference a tremendous success. Over 320 attendees were present in Philadelphia for this inaugural 1.5-day event! This strong attendance clearly demonstrates a need for this type of educational offering. GAPNA will continue to present a mid-year gerontological pharmacology conference and will convene in Atlanta, GA, in 2016! We will use what we learned from this first conference to make the next pharmacology conference even better! More to come.

Thank you to the Planning Committee of the first annual pharmacology conference: Marianne Shaughnessy (Chairperson), Valerie Cotter, Lisa Gill, Laurie Kennedy-Malone, Ken Mitchell, Hazel Dennison, and Rosemarie Marmion. All of your efforts were terrific and greatly appreciated. Thank you also to GAPNA Board Member George Peraza-Smith who suggested holding this conference and to Michael Brennen, Executive Director, and Jill Brett, Association Services Manager, who kept us on the straight and narrow and encouraged our outreach to the Twilight Wish Foundation.

Speaking of the Twilight Wish Foundation, we could not have found a better organization to partner with for our inaugural event of “GAPNA Giving Back.” The foundation grants wishes and supports older adults, age 68 and older, who earn less than 200% of the poverty level or who live in a nursing facility. This was such a wonderful success due to GAPNA members’ generosity either individually or as a chapter. Fantastic job Great Lakes Chapter for sending a box of donations so heavy a dolly was necessary to move it! A large van full of items was collected for the Twilight Wish Foundation! This will greatly brighten the days of 60 older adults living in the Mercy Douglass Senior Apartments in West Philadelphia. Gift bags will be assembled by the Twilight Wish Foundation and delivered to the Mercy Douglass apartments in May for Older American’s Month with GAPNA members in attendance. We can’t wait to see what we can do in San Antonio, TX, for this year’s Annual Conference! Based on Pamela Z. Cacchione

Board of Directors Candidates and Election Set

The Nominating Committee would like to present to the GAPNA membership the 2015 candidates for the Board of Directors. When you receive your ballot on May 5, choose the candidates you feel will best serve GAPNA. We urge all members to vote and lend their voice to selecting the leadership of the organization. Our goal is for a high response rate from members and your votes will help us achieve that. A list of candidates for your review can be found on pages 2 and 3.

Suzanne Ransehousen, GNP-BC
Nominating Committee, Chair
suzyr107@yahoo.com

Your Vote Counts
Candidate Bios for the 2015 GAPNA Election

**PRESIDENT-ELECT**

Deborah Dunn, EdD, MSN, GNP-BC, ACNS-BC, is a Professor and Dean of The Graduate School, Madonna University, Livonia, MI. Prior to her appointment as Dean, Deborah was the Nurse Practitioner Program Director in the College of Nursing and Health, where she has been a faculty member for 23 years. She completed her MSN as an Adult Clinical Nurse Specialist with a minor in Nursing Education at Wayne State University in 1989, a post-masters Gerontological Nurse Practitioner certificate at the University of Michigan in 1997, and a Doctorate in Education at Eastern Michigan University in 2010. Deborah is the Chair of GAPNA’s Consensus Roundtable Writer’s Group and is a member of the Leadership Special Interest Group and Education Committee.

Katherine Evans, DNP, FNP-C, GNP-BC, ACHPN, is Doctor of Nursing Practice Program Coordinator, Georgia State University, Atlanta, GA. She is also a practicing Nurse Practitioner with Optum. Dr. Evans is a certified Family and Geriatric Nurse Practitioner as well as board certified in Hospice and Palliative Care. She has served GAPNA in many capacities including past Georgia Chapter President, and Chair of the Conference Planning Committee. She is a past chair of the national Nominating Committee, past member of the Chapter Leadership Committee, and is currently the Assistant Web Editor.

**TREASURER**

George Peraza-Smith, ARNP, GNP-BC, CNE, is a Gerontological Nurse Practitioner who specializes in gerontology primary care and gero-psychiatry. He is a graduate of the University of Texas Medical Branch, GNP Certificate from the University of South Florida, and DNP from Case Western Reserve University. He is an Associate Professor/Associate Dean of Academic Affairs in the College of Nursing at United States University where he teaches and mentors students. He also maintains a private practice in long-term care and a local community free clinic. He has served as National Treasurer, Florida Gulf Coast Chapter President, Co-Chair GNP Task Force, and Secretary of the GeroPsych Focus Group.

Michelle Pirc, ANP, GNP, is the Founder and Owner of Primary Nurse Practitioner, Inc. She earned her BSN from the University of Toledo in 1990 and MSN from Kent State University in 1997. In June 2007, she founded Primary Nurse Practitioner, Inc., an advanced practice nursing group specializing in geriatrics. To date, she has employed multiple APNs providing medical management in a number of nursing facilities located across Northeastern Ohio. She is a committee member for the annual Ohio GAPNA Statewide conference (2010-present); Ohio GAPNA representative for OAAPN APRN leadership group (2013-present); and member of the Health Affairs Committee (2014-present). She was the OAAPN Cleveland Regional Director 2012-2013 and continues to be an active member of OAAPN.

**DIRECTOR AT LARGE**

Marigold Packheiser, ANP/GNP-BC, earned an MSN as a Gerontological Clinical Specialist then pursued Gerontological Nurse Practitioner and finally an Adult Nurse Practitioner certification, all from the University of North Carolina at Greensboro. She currently works in the United HealthCare HouseCalls program providing clinical education and training to Nurse Practitioners as well as performing HouseCalls visits. Her GAPNA positions include the Nominating Committee in 2013, and currently the Health Affairs Committee. She has been particularly active in the North Carolina Triad Chapter as Chapter President, as well as serving on the Planning Committee, developing their chapter website, and volunteering at Groceries on Wheels.

Valerie Sabol, PhD, ACNP-BC, GNP-BC, has over 20 years of acute care experience and is dually certified as an Adult Acute Care and Geriatric Nurse Practitioner. Before being named Accelerated BSN Director at Duke, she served as the Director of the Adult-Gerontology Acute Care Nurse Practitioner specialty for 14 years at two different schools. She currently provides care to older Veterans in rural areas through telehealth access at the VA Medical Center (Durham) and also with the Duke University inpatient Endocrinology Service. She has been a member of GAPNA for 5 years and served as the Research Committee Chair for 3 years.

**NOMINATING COMMITTEE**

Michelle Debest, MSN, RN, APRN-BC, has 17 years of experience as an Adult Nurse Practitioner. The past 9 years she has worked for Evercare/Optum caring for the geriatric long-term nursing home patient population. For the past 6 years she has been Clinical Service Manager for Optum, managing a team of NPs, PAs, and RNs in skilled nursing facilities across Eastern Rhode Island. She is currently working on her DNP at Simmons College. Her area of interest for her Capstone Project is on barriers to effective end-of-life conversations. Last year she served on the GAPNA Awards Committee.

More Candidate Bios on next page
Medicare Payment System Revised

President Obama will soon be signing into law, HR 2, the Medicare Access and CHIP Re-authorization Act. This act was passed by the House on March 26, 2015 with a 392-37 bipartisan majority and by a historic 92-8 bipartisan vote in the Senate on April 14. This is a welcome change for the ongoing problems with the sustainable growth rate (SGR) since inception in 1997. This law permanently repeals SGR cuts and reforms Medicare payments. The measure includes replacing the SGR with an increase of 0.5% in Medicare physician reimbursement starting in July 2015 through December 2015, and then annual 0.5% increases lasting through 2019. In addition, the bill extends the Children’s Health Insurance Program for 2 years as well as funding for community health centers and the National Health Service Corps. Sen. Ron Wyden (D-OR) said the bill’s passage is “a milestone for the Medicare program, a lifeline for millions of older people. The Senate is voting to get rid of the outdated, ineffectiveness-rewarding, Medicare reimbursement system.”

Charlotte Kelley, MSN, GNP, ARNP
Health Affairs Committee
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Don’t Miss the GAPNA Research Pre-Conference Workshop!

Have you ever had a great idea for a research project – and even began reviewing the literature – but the project ended up languishing on your desktop? Do you want to be inspired to go the next step to moving your research idea forward? Attend the Pre-Conference Research Workshop on advanced project development and move your projects and ideas to the next level. The workshop will be held September 30, 2015 during GAPNA’s Annual Conference in San Antonio, TX.

Participants will network with experienced advanced practice researchers who will share their knowledge and experience in a small group setting to help you set your research ideas into motion. The content will cover developing evidence-based practice projects in clinical settings and participants will learn to develop a practice question, critique the evidence, and translate evidence into practice. Small group breakout sessions will offer one-to-one support on project development, strategies, implementation, evaluation, and dissemination. Don’t miss this year’s pre-conference to help put your ideas into action!

Ann Kriebel, DrNP, FNP-BC, GNP-BC
ann.kriebel@gmail.com

Congratulation to Barbara Resnick, PhD, CRNP, FAAN, FAANP, AGSF, past president of GAPNA and the American Geriatrics Society (AGS), who was honored with the Dennis W. Jahnigen Memorial Award. This award is given annually to an AGS member who has provided leadership to train students in geriatrics and has contributed significantly to the progress of geriatrics education in health professions schools. Teaching expertise as well as educational program development is valued in the selection of the recipient for this honor. Dr. Resnick “represents the epitome of these ideals,” according to the AGS.

Dr. Resnick is the Sonya Ziporkin Gershowitz Chair in Gerontology at the University of Maryland School of Nursing. She is a researcher, clinician, faculty member, and mentor to many. Dr. Resnick is an advocate of interprofessional research, education, and clinical practice. She promotes care for older adults that are based on current research evidence and clinical best practice standards. Exercise in older adults is a passion of Dr. Resnick and she sets an excellent example for us all. She will be leading the Fun Run/Walk at the GAPNA Conference in September and she invites everyone to join her.

According to AGS, Dennis W. Jahnigen, MD, (1947-1998) was acclaimed as an extraordinary teacher, receiving numerous awards from students and faculty. In 1998, AGS awarded him the Milo D. Leavitt Award to recognize his distinguished career in geriatrics education. Dr. Jahnigen’s clinical skills and heartfelt, compassionate concern for older adults continue to flourish in the many students who have benefited from his teaching and mentorship.
The nomination period for the 2015 GAPNA Excellence Awards is open through June 1. The Awards Committee is working hard to prepare for the enormous volume of nominations that we expect for this year! Please consider nominating your colleagues who exhibit the qualities associated with each award category.

**Chapter Excellence Award:** Honors a chapter that best promotes the goals of GAPNA. Please note only one application per chapter will be accepted and must be submitted by the chapter president or designee. The word limit for the Chapter Excellence Award has been raised to 1,000 words.

**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 gerontological advanced practice nursing during the past year.

**Excellence in Clinical Practice Award:** For an individual who demonstrates, through the use of geriatric principles, outstanding geriatric care that goes well beyond the traditional service role of their profession. This award highlights clinical practice as an important element of the mission of nursing professionals and honors individuals who serve as examples of geriatric expertise.

**Excellence in Community Service Award:** Recognizes an individual who demonstrates a commitment to service role of their profession. This award highlights community service as an important element of the mission of nursing professionals and honors individuals who serve as examples of social responsiveness on the part of the nursing community.

**Excellence in Education Award:** Recognizes an individual involved in the teaching and/or design of gerontological nurse practitioner curricula 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.

**Excellence in Leadership Award:** Recognizes an individual who demonstrates a commitment to geriatrics, through direct care, education, and/or research. The recipient must have a broad-based, continuing commitment to geriatric care as reflected in a variety of programs and initiatives which are responsive to medical and social needs of the geriatric population. This recipient should be active in furthering geriatric knowledge at the local and regional levels through clinical care, education, research, and/or political involvement.

**Excellence in Research Award:** Recognizes an individual who demonstrates a commitment to research in nursing that benefits the geriatric community. The award highlights research as an important element of the mission of nursing professionals and honors individuals who serve as examples of nursing scientists within the nursing community. This recipient may be active in conducting research, mentoring other researchers, and/or contributing to ongoing research of other nursing scientists.

The GAPNA Excellence Awards are an important way that we can highlight the enormous contributions that each of us make to the field of gerontological nursing. Now that you have the descriptions in front of you, it will be easy to determine who to nominate for each award. The complete award criteria are posted on the GAPNA website, along with the online nomination form. Please note there is a 500-word limit for each award, except for the chapter award, which now has a 1,000-word limit. *The Award Committee reviewers will stop reading at the word limit.* Also, please pay particular attention to the award criteria and use that as a guide to write your nomination. Each nomination for a particular award is evaluated on the same criteria. On behalf of the GAPNA Awards Committee, I thank you for your submissions and look forward to an exciting award season!

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

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**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.
Noted for its heavy Spanish influence, San Antonio was named for Saint Anthony of Padua by a 1691 Spanish expedition in that area. It is the seventh most populous city in the United States, second most populous in Texas, and host to GAPNA’s 34th Annual Conference, September 30–October 3, 2015.

The Marriott Rivercenter offers an ideal location and easy access to immerse yourself in this fascinating city. The hotel is just steps away from the world famous San Antonio River Walk, a premier shopping, dining, and entertainment destination. Featuring luxurious rooms and suites, guests will enjoy supreme comfort conveniently located near many area attractions.

You have a fiesta of options to explore when you visit San Antonio during GAPNA’s 2015 Annual Conference. Here is a taste.

Remember the Alamo
The Alamo (Mission San Antonio de Valero) was founded in 1718 as the first mission in San Antonio, serving as a way station between east Texas and Mexico. In 1836, decades after the mission had closed, the Alamo became an inspiration and a motivation for liberty during the Texas Revolution. For 13 days in 1836, close to 200 Texas defenders held the Alamo from over 1,000 of General Santa Anna’s troops from Mexico. The most famous of the defenders, William Travis, Jim Bowie, and Davy Crockett, died fighting overwhelming odds for freedom.

River Walk
The San Antonio River Walk is a verdant oasis of cypress-lined paved paths, arched stone bridges, and lush landscapes. It gently winds through the city center, providing millions of visitors each year with easy access to the city’s cultural hot spots, historic sites, restaurants, and other attractions.

Dining
San Antonio’s culinary palette derives from the influence of European and Mexican traditions of generations ago. New arrivals who settled here introduced the people to fragrant spices, cooking styles reflecting both heritage and innovation, and foods of exotic lands. Many of its acclaimed chefs who studied elsewhere bring their world-class training back to this culinary landscape. Talented new chefs are honing their skills every day at the prestigious Culinary Institute of America – San Antonio.

Shopping
A top shopping destination, according to Forbes.com, offers “options, ease and affordability.” Your shopping experience will show San Antonio features all of those assets and more, making it clear why Forbes placed San Antonio among the top ten best cities for shopping. Great western wear shops, unique boutiques, upscale department stores, incomparable malls, and regional outlet centers are just a few of the reasons San Antonio ranks high on the shopping list.

Local Art Scene
San Antonio has captivated people from cultures around the world since the city was first established in the early 1700s. Mexican, European, Asian, African, and Western traditions all blend together into a personality that’s uniquely San Antonio. You’ll find outdoor sculptures and artwork, art galleries, more than 25 museums, over 40 performing arts stages, and many cultural arts festivals. Together, these artistic attractions make San Antonio one of the top 25 cities for art in the United States.

Nightlife
When the stars come out over San Antonio, it’s time to head to the nightclubs and dance halls. Main Plaza, in the heart of downtown, has live music all year long. Two-step to a country-western band at Cowboys Dance Hall, or soak up Tejano’s Latin rhythms at Graham Central Station. San Antonio is home to the revered Jim Cullum Jazz Band (you may have heard their weekly radio show on NPR) and they play live at Bohanan’s Prime Steaks & Seafood. Whatever your mood, San Antonio offers a wide range of entertainment options when the sun goes down.

Experience the culture and history of this vibrant city during GAPNA’s 34th Annual Conference. To learn more about San Antonio and request a free visitors guide, visit www.visitsanantonio.com or www.sanantonio.gov/visitors.
GAPNA Chapter Presidents and President-Elects (CPPE) are busy, talented, and passionate individuals. This is so evident during our monthly agenda item: “Around the U.S. in 20 minutes or less.” During this time, each CPPE shares the latest news on their chapter activities. We all benefit as we listen how each chapter supports its members through educational evenings, half and full-day conferences, newsletters, ways to reach out to fellow NPs in other regions, student night out programs with mentor support and student scholarships, and how they work together to strengthen public and policymaker awareness of the role of the NP.

The CPPEs constantly seek ways to give back to the community, such as organizing fundraisers, feeding the homeless, assembling therapeutic kits for those who have dementia, assisting with senior programs, supporting Senior Olympics, and participating in National Healthcare Decision Day, which stresses the importance of having an advance directive.

Deborah Wolff-Baker (Northern CA Chapter) shared the success of an educational event showing the documentary “Alive Inside.” She also shared the information needed for CE approval, a PowerPoint presentation, and a newsletter article for other CPPEs wanting to replicate this successful and informative educational evening. The documentary shows how the capacity of music can reawaken someone’s soul. Check out Music & Memory. The DVD can be bought through Amazon.

We are pleased to announce Central Virginia is our newest chapter. Welcome Lynn Simpkins, Heather Mullen, and Kathleen Anderson! Also please welcome Amy Weber and her team of excited NPs in Kansas City. They are beginning their quest of starting a chapter. Also on the horizon, Elisa Martin is forming a chapter in Seattle.

Many of the CPPEs attended the successful pharmacology conference in Philadelphia. The CPPEs will be developing a “PEARLS” document to share important information from the sessions, Lisa Gill (Liberty Chapter, PA) was happy to share her beautiful city!

We look forward to voting in the upcoming GAPNA elections and having a voting night in May! We also look forward to a new member “Baby Stuparits” (Melissa, Georgia Chapter) who is due any day now. Congratulations Stuparits family!

See you in San Antonio, TX, in September at GAPNA’s Annual Conference!

Michelle Moccia, DNP(c), ANP-BC, CCRN
Chapter Leadership Chairperson
michelle.moccia@stjoeshealth.org

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.

Looking for a CHAPTER NEAR YOU?
GAPNA
Interested in Starting a Chapter?

ARIZONA (Sonoran)
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CALIFORNIA (Northern)
Deborah Wolff-Baker
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CALIFORNIA (Southern)
Gloria Craig
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Revised: May 1, 2015
Delaware Valley

The Delaware Valley Chapter hosted its first half-day conference titled “Issues and Trends in Geriatrics” on March 21, 2015. The venue was ideal at Neumann University in Aston, PA. Thirty people braved the snow and icy conditions that morning. The idea for this conference was first thought of by Catherine Wollman, DNP, about 8 years ago.

Special thanks to our committee: Susan Conley, Jeanne Schell, Teresa Holman, Katie Mitchell, and Barb Harrison-McPhearson. Mary Powell, Director of the Adult-Gero program at Neumann, was instrumental in coordinating this educational event.

Speakers included Dr. Ron Lewis, Dr. Angela Oates, Dr. Laura Finn, and Donna Thompson, CRNP. Topics included heart failure, C. Diff, transitions in care with medication, and urinary incontinence.

We are proud to report that our collection for a homeless shelter went well and the recipient was the Bernadine Center in Chester, PA. Thank you Katie and Teresa for coordinating this outreach program. In addition, we are fortunate to receive sponsorships from Janssen Pharmaceuticals, Pro-air Oxygen, Angel Companions, and Internal Medicine Associates of Jennersville.

Our hope is to continue this educational program and make it an annual event.

Helen B. Kain, GNP-BC
Chapter President
jkain@comcast.net

Great Lakes

2015 marks another exciting year for the Great Lakes Chapter (GLC) with new initiatives and directions for growth in providing education and guidance in the care of older adults and fostering leadership in the chapter.

One new initiative evolved from discussions with board members about the continued need to identify and mentor new leaders in the chapter, thus attracting and inviting new ideas and perspectives. This initiative involved the establishment of a “Student Director-at-Large” position, which was introduced at our December 2014 meeting and fully rolled out at our March meeting. Our chapter secretary was charged with reconciling chapter membership and identifying all students in order to invite these same students to consider this new board position. To date, chapter leadership has received two applications and is looking forward to the announcement of the candidate elect for the position during our June meeting.

In terms of education, the chapter’s first quarterly education and business meeting in March highlighted a presentation on the topic of “Prevnar 13” guidelines provided by Dr. Teena Chopra, MD, Department of Infectious Disease, Detroit Medical Center/Wayne State University School of Medicine, and was attended by over 25 members. Additionally, the Conference Planning Committee is actively engaged in planning our 8th Annual Gerontological Nursing Conference, “Advancing Excellence in Geriatric Care,” November 6-7, 2015.

The committee, chaired and coordinated by Alice Early, is planning (for the first time) to provide an “add on” educational offering the evening before the all-day Saturday conference. This will be an opportunity for attendees to enjoy an overnight stay at the historic Marriott Dearborn Inn or to come early on Friday and visit the historic Greenfield Village and Henry Ford Museum.

The chapter continues to have a presence and represent GAPNA at a variety of events. March was a busy month as the chapter celebrated its 5th year of support and presence at the 2015 Michigan Council of Nurse Practitioners Annual Conference in our state’s capitol, Lansing, MI. The GLC/GAPNA booth received much traffic and attention as members promoted the types of educational activities and events coming up in 2015, including the distribution of “Save the Date” cards for the GLC Annual Conference, advertising the GAPNA Conference in San Antonio, as well as promoting our NP Student Mentorship Night. Membership materials and benefit information were also available. Chapter member Michelle
Moccia presented a pre-conference workshop on 12/15 lead ECG attended by over 80 participants.

Also celebrated was the 5th year for participating in the Oakland University Annual Preceptor Appreciation and Network Night on March 5, during which many NP preceptors inquired about “where to go for continuing education r/t older adults.” You bet we directed them to our chapter and GAPNA. Our final event in March was the “5th Annual NP Student Mentorship Program/Night” in which 33 NP students from the University of Michigan, Madonna University, Wayne State University, and University of Detroit-Mercy attended. Thanks to the volunteer work of chapter members (student members as well), this event was another successful evening featuring “entry into practice issues” and providing an opportunity for student NPs to pair with experienced chapter NPs as mentors.

Already this year GLC members are giving back to the community. To date, the chapter has sponsored a senior “Basket of Love” through St. Mary Mercy Hospital in Livonia, MI, and contributed much-needed items for the Twilight Wish Foundation sponsored by GAPNA. Special thanks to our secretary, Tonya Harbison, for bundling up all the donated items and shipping them to Philadelphia for distribution during GAPNA’s Pharmacology Conference.

On the legislative front, Mary Jane Favot continues to represent the chapter on the APRN Coalition Task Force working on SB 68 which would open up the public health code and finally provide definitions of APRN roles, education, and remove some current barriers to practice in Michigan. Having attended three hearings in the Senate Health Policy Committee during March, she has been busy encouraging members to reach out to their legislators and to educate them about what APRNs do and how they impact the care of our population of older adults. A sister bill, HB 4027, has been introduced in the House Health Policy Committee. Currently, amendments to SB 68 are being considered.

Mary Jane Favot, MSN, GNP-BC
Chapter President
mjfavot5347@gmail.com

Kansas City

Several Kansas City area APRNs are in the early stages of planning a Kansas City Area GAPNA Chapter. If you would like to be involved and/or contacted for more information, please contact Amy Weber, MSN, APRN, ANP-BC at aweber2@kumc.edu or (913) 945-7663.

Liberty

The Liberty Chapter was proud to welcome the First Annual GAPNA Pharmacology Conference to its home state of Pennsylvania. Liberty had about 60 members from Pennsylvania attend, and many of those participated in a breakfast meet and greet. Five lucky attendees won a Philadelphia-themed gift.

On April 27, a chapter meeting was held with education provided by Novo-Nordisk at Maggianno’s in King of Prussia. Nominations are being accepted for president-elect and secretary.

On June 1, our final Chapter Meeting and Business Meeting for the year will be held at Chestnut Hill Hospital. Dinner will be catered and the guest speaker will be the Director of the Geropsych Unit. We will identify initiatives and goals for the coming year, and conclude voting for officers. Chapter President Lisa Gill will pass the baton to Kia Mellon, President-Elect.

Lisa Gill, CRNP
Chapter President
lisagillnp@gmail.com

Virginia

We have exciting news! A new chapter of GAPNA has just begun in the state of Virginia. We encourage you to become part of our newest chapter, and make new friends while you advance excellence in the care of older adults. If you would like to be involved, or attend the next meeting, please contact the Central Virginia chapter president, Lynn Simpkins, at lsimpkinsnp@gmail.com.

On-Demand Continuing Education Webinars Available for Nurses, Nurse Practitioners, and Nurse Educators

The Agency for Healthcare Research and Quality offers web-based continuing education for nurses, nurse practitioners, case managers, staff educators, and nurse practitioner faculty. Eligible professionals can view recorded webinars that highlight resources such as the National Guidelines Clearinghouse, the Electronic Preventive Services Selector, and the Improving Patient Safety in Long-Term Care Facilities training modules. The webinars offer practical insights on how these resources can be integrated into education and practice. Registration is open.
Over our lifetime, certain individuals enter into our lives for only a short time and often for unknown reasons. We do not know why or understand their presence at that time. However, later on in life we begin to realize the purpose of our paths crossing. This was the case with my dear friend, Dr. Paula Siciliano. Through my professional and personal relationship with her, I was blessed to have learned many lessons that stand today in making me a better man.

We met when I was invited to participate on the American Nurses Credential Center’s (ANCC) expert panel in gerontology. Once the newness wore off of collaborating on a national committee amidst persons I professionally idolized, I settled down and began the arduous tasks at hand. It was Paula’s gentle touch and encouraging words that gave me the courage and confidence to complete my work on this ANCC committee. Further, it was her confidence in me that has allowed me to hold other national and several international leadership positions in gerontology. Although I was unaware of it at the time, God brought her into my life at a very vulnerable time and allowed me to begin healing from the wounds of cancer, self-doubt, and despair. Her mentoring resulted in a very special friendship that grew and blossomed to something I will hold very close to my heart. Sadly, our profession and GAPNA lost one of its strongest advocates and members in November 2014. In the same manner in which she lived each day, Paula passed away at her home in Salt Lake City, UT – with great faith, style, and dignity. I pray that I am as fortunate when my time comes!

An Astute Clinician and Mentor

Paula was one the most astute clinicians I ever met. Whenever I was around her, I learned something new about geriatrics. As an educator, she constantly inspired me. As a mentor, she showed me we must take our roles seriously, this role is indefinite, and we are the foundation of our organization and profession. This was never more prevalent as we travelled throughout the country and around the world on various geriatric-related projects. Regardless of where we journeied and spoke, we always encountered another individual with whom Paula had taught, mentored, befriended. Each encounter always possessed the same commonality. The individual’s praise, gratitude, and love toward Paula for her never-ending devotion toward them and geriatrics. Through actions, not necessarily through words, Paula demonstrated the very core values of GAPNA and transcended the definition of mentoring. She repeatedly challenged me to step back and look at the entire picture of an event. She taught me how to embrace conflict and controversy in order to identify opposing views with the overall goal of increased knowledge and personal faith in God.

The success of APRNs and GAPNA throughout Utah is due in part to her active participation and advocacy efforts in geriatrics. Paula positively impacted her state in the same manner she touched everyone who knew her as she became one of Utah’s formidable leaders in geriatrics.

One of my fondest memories that will remain close to my heart occurred during one of our early visits to Washington, DC. Having never visited the National Cathedral and wanting to experience the cathedral’s splendor, I was overjoyed at playing tour guide one fall afternoon. As we approached the cathedral’s grounds, it quickly became evident this wonderful national treasure and all it represents was beginning to overtake Paula’s respiratory state. She fell to her knees and became very pale due to a restrictive airway. Yet through almost no air exchange mumbled to me in a barely audible tone: “rescue inhaler!” I jumped into action and feverishly began searching for the small device. With no success and knowing I only had a very limited time, I pounced on Paula and began ripping through her coat, dress, and undergarments. With little time left and people running toward me believing I was attacking her, I located the inhaler pinned to her bra strap! It took some time, but both Paula and I laughed at this experience. Yet, it served as a great example of the power GAPNA can play in each of our lives through mentoring. It was our shared love for geriatrics that first brought us together. However, it was GAPNA that sustained our friendship, which lasted until Paula passed away last fall.

A Lasting Legacy

Although GAPNA, geriatric nursing, and the University of Utah’s school of nursing lost one of their most devoted members, the miracle in all of this was what took place within me. I learned about the importance in mentoring our next generation of APRNs, the blessings GAPNA can provide in one’s professional and personal lives, and the importance of faith and believing. No one enters our lives by coincidence as there are always lessons to be learned, if we allow ourselves to learn them. I truly am a better man for having known my dear friend Paula and I am very thankful GAPNA brought us together. Although her life ended prematurely, the lessons I received in knowing Paula will last a lifetime. That is Dr. Paula Siciliano’s legacy.

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Connect with GAPNA and other advanced practice gerontological nurses on our Facebook page: www.facebook.com/GAPNA.
When you join the conversation on Facebook, you’ll keep up with GAPNA news and opportunities, trends in gerontological nursing, and much more. It’s a great forum to share your insights and stories, network, and get in touch with GAPNA directly.

We encourage you to show off GAPNA pride and upload photos of you, your chapter, or your colleagues right to our Facebook page! Not sure how to upload directly to Facebook? No worries! Email your photos to jill.brett@ajj.com and we’ll take care of it for you.
GAPNA’s first-ever conference devoted exclusively to pharmacology was a resounding success. Held in March in Philadelphia, the 1.5-day meeting offered attendees 11.5 pharmacology credits including 4 hours on prescribing controlled substances. Over 320 nurses attended sessions on:

- Pharmacogenomics
- Medication Therapy for Pulmonary Disease in Older Adults
- Medication Therapy for Hypercholesterolemia
- Medical Management of Heart Failure
- Antibiotic Prescribing in Older Adults in the Era of Antimicrobial Resistance
- An Update in Approaches to Glycemic Management for Older Patients with Type 2 Diabetes
- Alcohol and Substance Addiction in Later Years
- Pain Management and Opioid Prescribing
Diabetes

1. What is diabetes?

Diabetes means your blood glucose (often called blood sugar) is too high. Your blood always has some glucose in it because your body needs glucose for energy to keep you going. But too much glucose in the blood isn’t good for your health.

Glucose comes from the food you eat and is also made in your liver and muscles. Your blood carries the glucose to all of the cells in your body. Insulin is a chemical (a hormone) made by the pancreas. The pancreas releases insulin into the blood. Insulin helps the glucose from food get into your cells.

If your body does not make enough insulin or if the insulin doesn’t work the way it should, glucose can’t get into your cells. It stays in your blood instead. Your blood glucose level then gets too high, causing pre-diabetes or diabetes.

2. What causes diabetes?

Type 1 diabetes is an autoimmune disease. In an autoimmune reaction, antibodies, or immune cells, attach to the body’s own healthy tissues by mistake, signaling the body to attack them.

At present, scientists do not know exactly what causes the body’s immune system to attack the insulin-producing cells in the pancreas in people with Type 1 diabetes. However, many believe that both genetic factors and environmental factors are involved. Studies now are underway to identify these factors and prevent Type 1 diabetes in people at risk.

Type 2 diabetes – the most common form of diabetes – is caused by a combination of factors, including insulin resistance, a condition in which the body’s muscle, fat, and liver cells do not use insulin effectively. Type 2 diabetes develops when the body can no longer produce enough insulin to compensate for the impaired ability to use insulin.

3. How should I take care of my feet?

Foot care is very important for people with diabetes. High blood glucose levels and a reduced blood supply to the limbs cause nerve damage that reduces feeling in the feet. Someone with nerve damage may not feel a pebble inside his or her sock that is causing a sore. Or a blister caused by poorly fitting shoes may go unnoticed. Foot injuries such as these can cause ulcers, which may, if not cared for, ultimately lead to the need for amputation.

If you have diabetes:

- Check your feet every day and watch for any cuts, sores, red spots, swelling, and infected toenails.
- Report sores, blisters, breaks in the skin, infections, or buildup of calluses to a podiatrist or a family doctor.
- Never walk barefoot.
- Have your feet checked at every doctor visit.
- Take your shoes and socks off when you go into the examining room. This will remind the doctor or nurse practitioner to check your feet.

4. Why is exercise important in controlling diabetes?

Exercise is especially good for people with diabetes because it:

- Helps control weight.
- Helps insulin work better to lower blood glucose.
- Is good for your heart and lungs.
- Gives you more energy.

Before you begin exercising, talk with your health care provider to be sure you have no special problems. If you have high blood pressure or eye problems, some exercises may not be safe. Your health care team can help you find safe exercises.

5. Does Medicare help pay for services and supplies for people with diabetes?

Medicare helps pay for certain services and supplies for people with diabetes who have Medicare Part B. All require a doctor’s prescription. The diabetes-related services and supplies that are covered include:

- Blood sugar monitor and supplies.
- An A1C test, which is a lab test that measures how well your blood glucose has been controlled over the past 3 months.
- Dilated eye examinations to check for diabetic eye diseases.
- Glaucoma screening.
- Flu and pneumonia shots.
- Diabetes self-management training.
- Medical nutrition therapy services.

Your patients can get more information about the diabetes supplies and services covered by Medicare by clicking here. They can also contact the Centers for Medicare and Medicaid Services at (800) MEDICARE, or (800) 633-4227. TTY users can dial (877) 486-2048. For more patient FAQs about diabetes, click here.

Depression

1. What is depression?

Depression is a common problem among older adults, but it is not a normal part of aging. In fact, studies show most older adults feel satisfied with their lives, despite having more physical ailments. However, when older adults do suffer from depression, it may be overlooked because they may be less willing to talk about feelings of sadness or grief, or they may show different, less obvious symptoms, and health care professionals may be less likely to suspect or spot it.

Sometimes it can be difficult to distinguish grief from major depression. Grief after loss of a loved one is a normal reaction to the loss and generally does not require professional mental health treatment. However, grief that lasts for a very long time following a loss may require treatment.
3. What other conditions may co-exist with depression?

Depression often co-occurs with heart disease and stroke. It can also co-occur with diabetes, cancer, Parkinson’s disease, and other serious medical illnesses. Depression may make these conditions worse, and vice versa. Sometimes, medications taken for these illnesses can cause side effects that contribute to depression.

4. What are the symptoms of depression?

Symptoms of depression often vary depending upon the person. Common symptoms include:

- Feeling nervous or emotionally empty.
- Tiredness or a “slowed down” feeling.
- Feeling guilty or worthless.
- Restlessness and irritability.
- Feeling like life is not worth living.
- Sleep problems such as insomnia, oversleeping, or wakefulness in the middle of the night.
- Eating more or less than usual, usually with unplanned weight gain or loss.
- Having persistent headaches, stomachaches, or other chronic pain that does not go away when treated.
- Loss of interest in once pleasurable activities.
- Frequent crying.
- Difficulty focusing, remembering, or making decisions.
- Thoughts of death or suicide.

5. What should I do if I think I am depressed?

First, visit a health care professional. Talk to him or her about your symptoms, discuss any medications you are taking, and discuss any other medical conditions you may have. Certain medications taken for other medical conditions, a vitamin B12 deficiency, some viruses, or a thyroid disorder, can cause the same symptoms as depression.

6. I’ve heard St. John’s wort is used to treat depression. Does it work and is it safe?

A bushy, wild-growing plant with yellow flowers, St. John’s wort has been used for centuries in many folk and herbal remedies. It is commonly used in Europe to treat mild depression, and it is a top-seller in the United States as well.

In a study funded by the National Institutes of Health, the herb was no more effective than a placebo (sugar pill) in treating adults suffering from major depression.

Other research has shown St. John’s wort can interact unfavorably with other drugs. The herb interferes with certain drugs used to treat heart disease, depression, seizures, certain cancers, and organ transplant rejection. Because of these potential interactions, older adults should always consult with their healthcare professional before taking any herbal supplement.

For more FAQs about depression, visit NIHSeniorHealth.

President’s Message
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the success with the first “GAPNA Giving Back,” a committee to be led by the immediate past president has been created to organize this initiative with the National Office and the nearest local GAPNA Chapter to the location of the conference. This fall Lisa Byrd will be facilitating the initiative in San Antonio. If you have ideas of organizations or groups of older adults in San Antonio to assist, please share them with the National Office.

Creating a Culture of Excellence

The theme of GAPNA’s 34th Annual GAPNA Conference this year is “Creating a Culture of Excellence in the Care of Older Adults,” to be held September 30 to October 3, 2015, in San Antonio. There is still time to submit an abstract for a Clinical Project, Research Projects, or Education Posters. These abstracts are due May 15, 2015. We are looking forward to another exceptional Annual Conference. Thank you to all who completed evaluations of last year’s conference in Orlando and recommended topics for future conferences. These recommendations are used in identifying topic areas and potential speakers for the annual conference. We cannot wait to see all of you in beautiful San Antonio!

I am so thankful to be part of a wonderful national leadership team. The GAPNA Board of Directors is an amazing group of very dedicated advanced practice nurses (APRNs) who are passionate about older adults and the APRNs who care for them. We had our semi-annual board meeting just prior to the pharmacology conference in Philadelphia. Some highlights from this meeting include:

- GAPNA is fiscally sound and has recently updated our investments.
- Membership continues to grow, a positive trend compared to some other nursing organizations today. We are currently at 2,400 members, which is up 6% from last year! We are meeting a need for APRNs who are being challenged by the complex needs of older adults.
- Our social media campaigns are attracting many followers. If you are not already, please follow us on Facebook and Twitter!
- The White Paper on Gerontological Advanced Practice Proficiencies has been through a survey for validation of the proficiency statements and will be sent to professional organizations in the near future for endorsements.
- Guidelines for partnering or endorsing initiatives or statements are under development.
- A “train the trainer” model for improving the expertise of APRNs in care of the complex older adults is also under development.
- Elections will be held soon for new board members.
- Our award season is here! Awards available include Chapter Excellence, Special Interest Group Excellence, Excellence in Clinical Practice, Excellence in Community Service, Excellence in Education, and Excellence in Research.

The excitement among the board members on the future directions of GAPNA is palpable. These are very exciting times to be a GAPNA member and I am honored to serve as the President of GAPNA. I cannot wait to see where the future will lead us! First stop San Antonio, TX, September 30 to October 3, 2015.

Pamela Z. Cacchione, PhD, CRNP, BC, FAAN
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Clinical Research Corner

Comprehensive Functional Model of Care Improves Outcomes in Older Adults

Functional decline during hospitalization is an important clinical problem with potential long-lasting adverse outcomes in older adults. Approximately 50% of hospitalized older adults experience functional decline. The implementation of a comprehensive functional model of care for hospitalized older adults has had a positive impact on length of stay (LOS), 30-day readmission rate, and fall rate. Estimated savings associated with the 3-month post-intervention LOS was $200,000.


Hospital Nurse Staffing Increases Linked to Fewer Adverse Events, Lower Lengths of Stay

Increases in hospital nurse staffing levels are associated with reductions in adverse events and lengths of stay and do not lead to increased costs. Researchers also found that increasing the number of registered nurses, as opposed to other nursing positions, led to reduced costs. The findings suggest increased staffing of registered nurses can improve patient outcomes and efficiency.

To learn more, see Martsof et al. (2014). Examining the value of inpatient nurse staffing: An assessment of quality and patient care costs. Medical Care, 45(11), 982-988. Abstract.

Health Care Expenses Across Population Subgroups

Half of the U.S. population accounted for more than 97% of total health care expenses in 2012, while the other half of the population accounted for the remaining 3%, according to the Agency for Healthcare Research and Quality.

Individuals age 65 and older were characterized by substantially less concentrated levels of health care spending relative to their younger counterparts. Alternatively, the elderly had the highest mean levels of health care expenditures relative to younger population subgroups at the top quantiles of the expenditure distribution.

The top 5% of individuals with four or more chronic conditions accounted for 29.7% of health care expenditures for this subpopulation with an annual mean of $78,198. Based on chronic condition status, persons with four or more chronic conditions had the lowest concentrated levels of health care expenditures and higher annual mean expenses at the top quantiles of the expenditure distribution.


Voluntary Stopping of Eating and Drinking

During the past 30 years, moral progress has been made in expanding the patient’s right to control life-and-death decisions. Voluntary stopping of eating and drinking (VSED) is a legal and ethical option for patients whose underlying illness has become an intolerable affront to their personhood. To support the autonomy of patients, nurses need to understand the clinical management of VSED so they can educate patients and families of this option.


Depression and Anxiety in Older Adults Living in Public Housing

Anxiety and depression are common in older adult public housing residents and frequently co-occur. In public housing residents, late-life anxiety and depression symptoms were moderately correlated. Anxiety symptom severity correlates were largely consistent with those found for depression symptom severity. The broad distribution of correlates across demographic, social, medical, and behavioral domains suggests the context of late-life anxiety and depression symptomatology in public housing is complex and multidisciplinary collaborative care approaches may be warranted in future interventions.

For more info, see Simning et al. (2012). The characteristics of anxiety and depression symptom severity in older adults living in public housing. International Psychogeriatrics, 24(4), 614-623.

Therapies for Menopause Reassessed

A new comparative effectiveness review from the Agency for Healthcare Research and Quality examined the benefits and harms of treatments for menopause, including prescription, non-prescription, and complementary therapies. The report assesses treatments and therapies for the symptoms of menopause, specifically hot flashes, sleep disturbance, psychologic symptoms, urogenital atrophy, and sexual function. A number of treatments were evaluated, including the use of hormonal therapies (estrogen, alone or with progestogen or androgen), selective serotonin reuptake inhibitors, and eszopiclone. Both improvement in menopausal symptoms and adverse events were evaluated. The title of the review is “Menopausal Symptoms: Comparative Effectiveness of Therapies.”

Guidance for Elderly Cancer Survivors

Among elderly cancer survivors in 2011 who were covered by Medicare only, less than 25% reported their doctor had discussed in detail their need to make lifestyle changes after treatment.

- Two-thirds of cancer survivors between the ages of 18 and 64 reported their health care providers discussed their followup care in detail.
- A little more than half of the survivors in families with low income reported having a detailed discussion with their health care provider about followup and care after cancer treatment.
- Less than half of the elderly survivors with Medicare-only insurance reported having a detailed discussion with their health care provider about followup care.

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Clinical Research Corner
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- Among cancer survivors ages 18-64, less than 25% with private insurance reported their health care provider briefly discussed the side effects of the cancer treatment.
- Almost half of the elderly with Medicare-only insurance reported their health care providers didn’t discuss their social or emotional needs after the treatment at all.
- Less than 25% of elderly survivors with Medicare only reported their doctors discussed in detail the need for them to make lifestyle changes after cancer treatment.


Health Care Innovations Exchange Focuses on Supporting Caregivers of Patients with Dementia

A recent issue of the Agency for Healthcare Research and Quality’s *Health Care Innovations Exchange* features three programs that used innovative strategies to support caregivers of patients with dementia. One of the profiles describes a program that uses trained consultants throughout the state of North Dakota who conduct in-depth initial assessments with caregivers of patients with dementia. The assessments offer caregivers emotional support, education about the typical progression pattern for dementia, and referrals to local support services. The consultant and the caregiver then work together to develop a specific care plan that will help support the caregiver and the patient. Afterward, the consultant provides ongoing support through followup conversations. By alleviating the burden on caregivers, the program has reduced the need for costly medical services for patients and placement in long-term care facilities. These reductions have generated an estimated $40 million in savings across the state, primarily due to the reductions in likelihood of long-term care.

Earn Rewards, Recruit New Members!

The GAPNA Member-Get-A-Member Campaign allows you to 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**

Recurr 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.

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Special Thanks to

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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.