Cannot Wait to See You in San Antonio for ‘Creating a Culture of Excellence in the Care of Older Adults’

The year has flown by! I can’t believe it is time for GAPNA’s Annual Conference! San Antonio is the place to be for the 34th Annual GAPNA Conference, “Creating a Culture of Excellence in the Care of Older Adults,” September 30-October 3, 2015. We are looking forward to another exceptional Annual Conference. The Conference Planning Committee has been hard at work to make this year’s conference a wonderful learning experience. The conference is chock full of content with up to 25.25 contact hours available from the conference and pre-conferences, plus pharmacology hours are available for designated sessions. We also have secured Industry-Supported Product Theatres for additional learning opportunities. Our Awards Luncheon will be held on Saturday, October 3. I am looking forward to the updated clinical information and networking with all of you. A special thank you to the Planning Committee and GAPNA’s National Office Staff for creating this very exciting conference!

When you come to the conference in San Antonio, please be sure to join me in thanking the Planning Committee — Cathy Wollman, Midge Bowers, Kathy Daniel, Vanette Fay, Joanne Miller, Barbara Resnick, and Dawn Marie Roudybush who were assisted by Hazel Dennison and Rosemarie Marmon from the National Office — for the fabulous conference they planned for us!

Annual Conference Will Enhance Knowledge and Practice: Register Today!

Make plans now to join your friends and colleagues for “Creating a Culture of Excellence in the Care of Older Adults,” GAPNA’s 34th Annual Conference, September 30-October 3, 2015, Marriott Rivercenter, San Antonio, TX. Participants can earn up to 25.25 contact hours during the conference, and pharmacology hours are available for designated sessions. GAPNA Foundation events during the conference offer fun and entertaining ways to support nursing scholarships and research (see page 4). View the registration brochure at www.gapna.org/annual-conference.

GAPNA’s Annual Conference will provide a format for learning and networking that assists gerontological advanced practice nurses to enhance their knowledge and practice. During this energizing conference, participants can expect:

- Relevant general and concurrent sessions designed to offer choice and variety
- Breakout sessions to target your learning
- Educational interactions with leading industry representatives

We love when GAPNA members “like” us on Facebook!

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.
PRESIDENT-ELECT

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

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

Valerie Sabol, PhD, ACNP-BC, GNP-BC, CNE, FAANP, 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

Melodee Harris, PhD, APRN, GNP-BC, is an Assistant Professor, University of Arkansas for Medical Sciences (UAMS), Little Rock. She is a board certified Gerontological Nurse Practitioner in rural Arkansas nursing homes. She is the Specialty Coordinator for the Adult-Gerontology Primary Care Nurse Practitioner Program at UAMS. Dr. Harris is the Program Director for the Geropsychiatric Nursing Initiative. She is Co-Chair of the GAPNA GeroPsych Focus Group and active member of the GAPNA Research and Education Committees. Dr. Harris was the recipient of a 2014 GAPNA Foundation Award.

Marianne Shaughnessy, PhD, CRNP, received her BSN, MSN, and PhD at the University of Pennsylvania School of Nursing, Philadelphia. She is a Program Analyst for the Office of Geriatrics and Extended Care Services at the Veterans Health Administration. In this role she reviews data on geriatrics-based research, educational, and clinical initiatives to develop policy for the care of older Veterans nationwide. She has served in GAPNA national leadership positions as Chapter Leadership Committee Chair (2004-2006), Treasurer (2007-2010), President-elect (2011), President (2012), and Past President (2013). She has taken a leadership role in the Consensus Roundtable White Paper currently in development at GAPNA.

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.
Soon I will be completing my 4th year on the GAPNA Board of Directors, but it is also time to reflect on my experience in the GAPNA organization. I learned about this organization while I was a student at the University of California San Francisco (UCSF). The annual National Conference of Gerontological Nurse Practitioners (as it was known then) was being held in San Francisco in 1997 and several UCSF students were asked to “help” with the conference. This was the era where the National Office was actually located in someone’s house and there was no Anthony J. Jannetti, Inc. to coordinate and manage all the details involved with an annual conference. From then on, I have attended the yearly GAPNA national conferences (have missed two) and have been involved with the Northern California Chapter of GAPNA by holding various offices and being on the planning committee for many of the chapter’s educational offerings.

My involvement at the national level was pretty much propelled forward by becoming the first awardee of the Health Affairs Scholarship Award in 2009. I attended the American College of Nurse Practitioners (ACNP) Health Policy Summit in Washington, DC, in February 2010 (remember Snowmageddon?). That was my very first foray to Capitol Hill to meet with the staff of California’s two Senators (Feinstein and Boxer) and my local House representative (Garamendi). In those days, you had to make your own appointments, which was a bit daunting. Now, visits to the Hill by the attendees of the Health Policy Conference (formerly the ACNP Health Policy Summit) are arranged by American Association of Nurse Practitioners (AANP) staff. The AANP Health Policy Conference does an incredible job of preparing you for your visit to the Hill. You will receive background information and materials and given the essential talking points as you meet with your legislators or their staffs. During the Health Policy Conference you also will have the opportunity to network with many advanced practice registered nurses (APRNs) who have or are paving the way for all APRNs by educating legislators and physician colleagues about APRN practice, clarifying our scope of practice, and sharing how APRNs competently manage the health care needs of the many individuals who may lack access to much needed health care.

As an awardee of the Health Affairs scholarship, my “giving back” to the organization was to fulfill a 2-year commitment on the Health Affairs Committee and to write an article for the GAPNA Newsletter. My participation on the Health Affairs Committee has been almost 6 years. The contributions of committee members are extensive. They monitor and report on various national organizations and workgroups (e.g., Nursing Community, Nurse Practitioner Roundtable, Extended Nurse Practitioner Roundtable, the APRN workgroup, Coalition of Geriatric Nursing Organizations, Eldercare Workforce Alliance, American Geriatrics Society, and the SWOT team at AANP (for state issues). Committee members report to the Health Affairs Committee on monthly conference calls about issues and legislation related to APRN practice at both the national and state levels. Information about legislative bills/issues and sign-on letters are disseminated to GAPNA membership on the GAPNA website (sign-in to the GAPNA website, then look under the Resources tab, click on Health Affairs, then click on Legislative Issues). Updates are also shared on Facebook and Twitter and in e-blasts and newsletter articles. There is an Ask Health Affairs a Question feature on the GAPNA Website. We are also trying to collect personal stories of barriers your patients and/or you have experienced accessing health care or providing health care to the elderly population. Legislators want to hear these personal stories and use them to support to their legislation.

My experience on the Health Affairs Committee eventually led me to “giving back” in another way to the organization. When I made my decision to retire, I realized the transition from work into a life of retirement could be more interesting if I ran for a position on the GAPNA Board of Directors. You see, one thing begets another and once you open the door, there are many opportunities to “give back.” At GAPNA’s first Pharmacology Conference in Philadelphia this past March, the GAPNA Gives Back project was through the Twilight Wish Foundation. GAPNA donated 60 gift bags which were delivered to the residents living at the Mercy Douglas Residences. Plans for continued “giving back” projects in other communities are envisioned as a long-range goal for our organization.

For those of you who already have an interest in health policy or who want to learn more about health policy, consider applying for the Health Affairs Scholarship. Look at the criteria in the Awards & Scholarships section of the GAPNA Website under the Resources tab and, if you meet the criteria, please apply. The application form can be downloaded from the same area on the website (note the October 31 deadline).

Receiving this scholarship and participating on the Health Affairs Committee has broadened my understanding of health policy. I can’t say that I am an expert, but I am definitely better able to answer questions and state my case about APRN practice from my experience of three trips to Capitol Hill and for the work and resources that my colleagues on the Health Affairs Committee have brought forward to our organization. I would also like to thank each of you for the time and energy you have given to this organization.

Patty Kang, MSN, RN, GNP-BC, Retired
Director-at-Large
poweroo@juno.com
GAPNA Foundation Events

The goal of the Gerontological Advanced Practice Nurses Association Foundation, Inc. (GAPNAF) is to promote leadership and scholarship in advanced nursing practice, education, and research to enhance the health care for older adults through its administrative activities, scholarly activities, and resource development. GAPNAF provides financial grants to support scholarly research and projects related to gerontological nursing and educational opportunities for registered nurses and advanced practice nurses working with older adults. Help GAPNAF achieve this important mission by participating in their exciting events during the conference in San Antonio.

Scramble Golf Outing

Wednesday, September 30
Tee time: 1:00 p.m. (rain or shine)

Canyon Springs Golf Club, located in north central San Antonio at the edge of the beautiful Texas Hill Country, resides amidst the original Claussen Homestead. It was recently voted Best Overall Public Golf Club, as well as Reader’s Favorite. Canyon Springs Golf Club opened in 1998 and offers an 18-hole par 72 championship course taking full advantage of the natural terrain. Cost: $150 per person (includes electric cart with GPS, practice balls, and guaranteed fun!). Golf clubs available for rental at pro shop. Full bar and restaurant onsite. Bring your sense of humor!

Fun Run/Walk
Friday, October 2
6:00 a.m. – 7:00 a.m.

Get energized with an exhilarating morning run or walk in beautiful San Antonio! Enjoy morning exercise and, as an added bonus, earn contact hours for listening to a downloadable MP3 recording from the GAPNA Online Library*. Cost: $25 per person

* Downloadable MP3 recording provided at no extra charge to Fun/Run Walk attendees if registered for main conference or Friday daily rate.

“Texas Hoedown”
Friday, October 2
7:00 p.m.

Come join us for a fun-filled, spirited evening of great Texas food, country music, and dancing with your colleagues. Feel free to dress in your favorite jeans and boots. It’s going to be a fantastic time that you don’t want to miss.

Cost: $80 per person.
Cash bar available.

Cash donations also are accepted and all donations are tax deductible. Click here to register or to donate.

Care of Older Adults through QAPI,” and “Dealing with Difficult Situations in Advanced Directives.” Grand opening of the exhibit hall, poster viewing and reception, and seven concurrent sessions will also be presented.

On Friday, general sessions “Update on Vaccinations” and “Antimicrobial Therapy Review – Focus on Geriatrics” will be featured. In addition, six concurrent sessions, exhibits, posters, and committee meetings/special interest group meetings will provide excellent educational opportunities.

General sessions “Genomics” and “Herbal Medications and Drug Interactions” will be held on Saturday, followed by in-depth focus sessions “Innovative Projects,” “Differentiating Between Dementia, Encephalopathy, and Mood Disorders,” and “Urinary Incontinence: After the Diagnosis, Then What?” In addition, three concurrent sessions, awards luncheon, and membership meeting are included in this dynamic day.

As a bonus, participants receive added educational value for their conference investment with free access to GAPNA’s Online Library. Program materials, evaluations, and CNE certificates are paperless. Through GAPNA’s Online Library, participants receive these benefits:

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

Make plans now to attend GAPNA’s Annual Conference in San Antonio. The many rewarding educational opportunities and social and networking events will enliven and enhance your clinical practice. Full conference and registration details can be found at www.gapna.org/annual-conference.
GAPNA Gives Back with SCOOP in San Antonio

The GAPNA Gives Back initiative will be coming to San Antonio, TX, during GAPNA’s Annual Conference, September 30-October 3, 2015. GAPNA Gives Back was launched during our first pharmacology conference in Philadelphia last March. Working in conjunction with a local outreach foundation, GAPNA members attending the conference graciously donated items for older adults living in a senior apartment complex.

During this year’s Annual Conference, GAPNA will be partnering with SCOOP, Southeast Community Outreach for Older People, which assists people 60 years and older in San Antonio area.

SCOOP enables elders to maintain their independence and maximize their quality of life. SCOOP’s goals are:

- Promote and encourage independence for elders and those with disabilities.
- Promote a network of interfaith volunteers and institutions working as a ministry of faith in action.
- Establish and maintain a system of networking and mutual assistance for those in need.

How Can GAPNA Members Help and Give Back?

GAPNA members attending the Annual Conference in San Antonio can assist SCOOP in its mission by bringing donations to the conference. A few suggestions are:

- T-shirts, note pads, pens, anything that makes it easy to open items, pill boxes, stress relief balls, etc.
- Elders enjoy receiving gifts, no matter how small, just something that shows they are thought and cared about by someone.
- Birthday gifts (if wrapped, please include a note on the outside listing contents).

Thank you for your consideration of this worthy outreach program. We are excited to bring GAPNA Gives Back to San Antonio!

Lisa Byrd, PhD, RN, FNP-BC, GNP-BC
Immediate Past President
drlbyrd@yahoo.com

San Antonio Marriott Rivercenter: Headquarters for GAPNA’s Annual Conference

The San Antonio Marriott Rivercenter, a magnificent 38-story hotel in the heart of the excitement and culture of San Antonio, is the prime location for GAPNA’s 34th Annual Conference, September 30-October 3, 2015.

The San Antonio Marriott Rivercenter is just steps away from the world famous San Antonio Riverwalk, a premier shopping, dining, and entertainment destination. Featuring luxurious rooms and suites, guests will enjoy supreme comfort conveniently located near many area attractions, including Sea World, Six Flags Fiesta Texas, and the San Antonio Zoo. The Alamo, one of the nation’s most storied and revered landmarks, is within easy walking distance from the hotel.

A block of rooms has been secured for attendees at the special rate of $182 single/double. Rates are subject to applicable state and local taxes (currently at 16.75%). The special conference rate is available until Friday, September 4, 2015. Reservations received after this date will be accepted on a space and rate available basis. To make your reservations, call 800-648-4462 and refer to the GAPNA Conference, or make your reservations online at www.gapna.org.

Register Today

GAPNA Research/Project Consults Available

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

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

GAPNA Research Committee members will have a booth in the Exhibit Hall where your consultation can take place. We’re reaching out to you; tell us how we can help you with your research/clinical project.
A pproximately 3 years ago, I attended a doctor of nursing practice (DNP) tea at Madonna University, Livonia, MI. As I reviewed the DNP essentials, I knew immediately the program would help foster leadership growth, inspire confidence in shaping health care policy, offer strategies to address population health, and broaden proficiency in research methodology. I would then translate new knowledge as a clinician at the bedside and also as the Program Director of a senior emergency room (ER).

I also joined the GAPNA Research Committee to work alongside doctoral-prepared colleagues to reinforce understanding of research design, outcome measurement, and data analysis. Because nurses have a central role in patient safety and are involved in daily clinical decision making, it made sense to network and learn from colleagues sophisticated in research utilization.

I admit going back to school was a bit challenging due to the program rigor of a 20-hour weekly time commitment to reading, appraising articles, answering questions, and contributing to scholarly conversation. However, with each weekly assignment and stimulating dialogue online and in class, I was energized. My love for research blossomed. The DNP program opened a door to incredible websites, journals, books, research articles, videos, ethical discussions, data mining, and the Research Committee exposed me to analyzing abstracts, posters, and critiquing podium presentations.

Each week I experienced the art and science of nursing in a more meaningful way. I began to reflect on who I was as an advanced nurse practitioner (ANP), I began to question why we did the things. Was this the best and only way? Was our practice evidence based? What does the research show? I kept asking “why” and formulated PICO (population, intervention, comparison, outcomes) questions. I became an advocate to improve flawed transition of care in older adults residing in nursing care facilities transferred to the ER. A poor handover predisposed the older adult to unwanted or less care, unnecessary tests, and wrongful resuscitation. The DNP program provided me with tools to help develop a grassroots organization “STARForUM” (Safe Transition of All Residents For you and Me) (www.stmarymercy.org/starforum) and create a scholarly research project, “The Influence of an Emergency ‘Preflight Checklist’ on the Transfer of Aged-Care Facility Residents to the ER.”

I want to thank Madonna University professors (many who are GAPNA members) and the members of the Research Committee for fostering my growth in nursing practice and zest for research. I am looking forward to participating in the Pre-Conference Research Workshop at GAPNA’s Annual Conference in San Antonio, which is developed to assist APNs, DNP students, and graduates refine their scholarly projects.

So, I repeat the question again. ANP, ANP, what do you see? I see a DNP looking at me!

Michelle Moccia, DNP, ANP-BC, CCRN  
Chapter Leadership Chair  
michelle.moccia@stjoeshealth.org

---

**Patient Safety Primer on Alert Fatigue Asserts Increase in Electronic Alarms Might Harm Patients**

The rapidly increasing computerization of health care has produced benefits for clinicians and patients, yet the integration of technology into medicine has been anything but smooth, according to a new primer on alert fatigue posted on Agency for Healthcare Research and Quality’s Patient Safety Network. For instance, computerized provider order entry systems, smart intravenous infusion pumps, and cardiac monitoring devices provide auditory or visual warnings to clinicians to prevent or act on unsafe situations. In the highly computerized clinical environment, clinicians may experience dozens of warnings and alerts a day. The term alert fatigue describes how clinicians become desensitized to safety alerts, and as a result, ignore or fail to respond appropriately to such warnings. The phenomenon occurs because of the number of alerts. Most alerts are clinically inconsequential, and in most cases clinicians should ignore them. However, clinicians also ignore both clinically meaningless alarms and critical alerts that warn of impending serious patient harm. In essence, the primer stated, the proliferation of alerts intended to improve safety paradoxically increases the chance patients will be harmed.

---

**GNP Role/30-Year History Available!**

This epic monograph is now available as a member benefit on GAPNA’s Website. Encourage your chapter to download copies for each NP program in your area so the history of our role will be preserved.

This exclusive publication is 50 pages, including color photos and four articles reprinted from the Geriatric Nursing GAPNA section. It is the only comprehensive review of the beginnings of gerontological nursing and gero advanced practice nursing, pre-1981; significant events of each decade related to the gero APN role and of the NCGNP/GAPNA organization, 1981-1991, 1991-2001, and 2001-2011; and the future of gero APN role and the organization. Visit the “Members Only” section of the GAPNA Website and download your copy today!
In 2015, there has been a notable increase in social acceptance and equality for the Lesbian, Gay, Bisexual, and Transgender (LGBT) populations in the United States. Most notably, on June 26, 2015, the U.S. Supreme Court ruled that all states must allow marriage for same-sex couples, stating the right to marry is a fundamental freedom for all in this country. As this social shift evolves, more LGBT couples will have access to the spousal health care benefits that have historically only been offered to heterosexual married couples. With this expansion of health care benefits, advanced practice nurses are likely to encounter more LGBT patients in the health care setting. However, published research on the health care needs and barriers of this population remain sparse.

In February 2015, The American Geriatrics Society (AGS) Ethics Committee published a position statement addressing the vision of the AGS for the care of LGBT older adults. Titled “American Geriatrics Society Care of Lesbian, Gay, Bisexual, and Transgender Older Adults Position Statement,” the statement clearly establishes that equitable health care for LGBT elders will require active steps by organizations, institutions, advocacy groups, and health care professionals. This position statement has been endorsed by GAPNA and other organizations. Therefore, GAPNA members (both individually and collectively) have a professional obligation to incorporate the AGS recommendations into their individual practices and into the activities of the larger organization.

More specifically, the AGS Ethics Committee’s vision for care of the LGBT older adults includes:

- Creating and supporting policies for the equal treatment of LGBT elders.
- Prioritizing LGBT elder health training for health professionals.
- Supporting high-quality research that addresses LGBT health (of which very little exists).
- Providing a culture of support and respect in the care of LGBT elders (including consideration of chosen families and social justice).

The AGS recommendations for LGBT elder care align perfectly with the strategic plan and core values of GAPNA. Our organization’s stated mission is “to promote excellence in advanced practice nursing that enhances the well being of older adults.” The GAPNA Strategic Plan include six major goals with content that echoes the position statement from the AGS. These goals include:

- **Goal 1 - Image and Visibility:** GAPNA will be recognized as experts in advanced gerontological nursing. This includes the care of subsets of geriatric patients like LGBT elders.
- **Goal 2 - Membership Community:** Members will find value in GAPNA’s vibrant engaged, member community. Members can collaboratively support the creation of policies in treating the LGBT patient.
- **Goal 3 - Research/Knowledge:** GAPNA will excel at dissemination of evidence regarding best practices in the care of older adults. This includes pursuing much-needed research on LGBT elder health.
- **Goal 4 - Education/Professional Development:** GAPNA will be the premier resource for APNs seeking geriatric knowledge that will change practice. GAPNA has supported the efforts of the LGBT Focus Group to provide high-quality education about LGBT health disparities and health care needs.
- **Goal 5 - Advocacy/Legislative:** GAPNA will develop the capacity to shape policy affecting the health care of older adults. By supporting the professional statements of other geriatric care organizations (like AGS), GAPNA can impact the national landscape around LGBT health and social equality.
- **Goal 6 - Practice:** GAPNA will build capacity to serve as a resource for excellence in practice management across all gerontological settings (operational aspects of practice in addition to clinical management). As GAPNA addresses goals 1-5, the members of the organization will be well-versed in the unique needs of the LGBT elders in health care.

The alignment of the AGS statement and the GAPNA Core Values demonstrates the high quality of our professional nursing practice and the practice of our cohorts in geriatric care. The Annual Conference in San Antonio will offer opportunities for high-quality education and professional development around LGBT issues. Session 243 (“Make Your Practice Gender Neutral: Compassionate Care for Older LGBT Patients”) will take place on Friday, October 2 at 3:45 p.m. Please consider attending this session to learn how you can incorporate culturally competent care for the LGBT elder into your professional practice.

Allyson Fisch, GNP-BC, RD
LGBT Focus Group
Afisch33@comcast.net

---

**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).
Chapter Leadership

News

Recently some GAPNA chapters have had a change in leadership. We want to thank three Chapter Presidents – MJ Favot (Great Lakes), Helen Kain (Delaware Valley), and Carroll Spinks (North Carolina, Triad) – for their wonderful contributions as they move to Past President status. Thank you MJ Favot for assistance with Student Night Out information, helping create the Q & A bulletin for becoming a chapter, instituting a Student-at-Large Position, and stimulating conversation on creating a speaker’s bureau. Welcome Cynthia Gerstenlauer (Great Lakes), Suzanne Ransehousen (Delaware Valley, who is also the Chair of the Nominating Committee), and Suzanne Lowe (North Carolina, Triad) to the President position.

Amy Weber and her team continue to pursue a new Kansas City/Missouri/Nebraska Chapter. Amy has been on our monthly calls detailing their progress and posting information on the GAPNA Website. Elisa Martin also is in the beginning stages of creating a chapter in Seattle.

Special interest groups (SIG) were invited on the calls to share their work. Kanah May (Middle Tennessee) and Helen Kain (Delaware Valley) gave an overview on the Post Acute Care/Long Term Care SIG; Michelle Moccia, member of the Hospice/Palliative Care SIG (Caroline Duquette is chair), reported the team’s discussion on developing a pre-conference workshop in 2016; Joan Carpenter (Leadership SIG Chair) discussed their work on the online Leadership Toolkit Modules on Change Management and Ethical/Legal; and Pat Vermeersch (Research Committee Chair) outlined the pre-conference Research Workshop and their members’ active participation in critiquing research and clinical abstracts, posters, and screening GAPNA survey proposals.

Chapter Leadership did a pulse check on our current description, goals, and commitment and everyone agreed we are in alignment. Chapters are hosting annual conferences, student night out/fairs, exploring Skype and other ways to reach members, creating leadership councils in other regions, working on legislative full practice authority, growing future leaders with a student-at-large position, working on historical monographs, participating in senior events, and participating in multiple ways to give back such as joining in Alzheimer walks, collecting items for homeless shelters, and volunteering their services.

We look forward to meeting each other in person, networking with other members, and gaining knowledge at the 34th Annual Conference in San Antonio, along with seeing pictures of our new addition Baby Stuparits. See you in September!

Michelle Moccia, DNP, ANP-BC, CRNP
Chapter Leadership Chair
michele.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?

ABIZONA (Sonoran)
Tom Stoneking
tom.stoneking@optum.com

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

CALIFORNIA (Southern)
Mary Madogan
madogam@sonnet.ucla.edu

CHICAGOLAND
Beth Rochford
eroachford@onebox.com

DELWARE VALLEY
Teresa Holman
Botheresa@verizon.net

FLORIDA (FL-GAPNA)
Madetrich Wood
madetrich@hotmail.com

FLORIDA GULF COAST
Henry Rivera, Jr.
hrjr01@verizon.net

GEORGIA
Melissa Stuparits
ml.stuparits@gmail.com

MARYLAND
Kristy Duffy
Kristy.duffy@optum.com

MICHIGAN (Great Lakes)
Caroline Duquette
cgerstenlauer@comcast.net

NEW ENGLAND
Linda Barnard
barnardpj@comcast.net

NORTH CAROLINA (Triad)
Suzanne Lowe
suzanne_k_lowe@uhc.com

OHIO
Meghan Routt
meghan.routt@osumc.edu

Pennsylvania (Liberty)
Kia Mellon
kiamorleymellon@gmail.com

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

TENNESSEE (Mid-South)
Michael King
michaelkingdnp@gmail.com

TEXAS (Gulf Coast)
Elizabeth Godlove
elzgd@earthlink.net

VIRGINIA
Lynn Simpkins
lsimpkinsnp@gmail.com

WISCONSIN (Southeast)
Kristin McMillan
Krissymac2004@yahoo.com

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

Revised: August 20, 2015
Great Lakes

The Great Lakes Chapter (GLC) Conference Planning Committee, with the expertise of Alice Early (chair), has been on a roll putting the final touches on the 8th Annual Gerontological Nurses Conference “Advancing Excellence in Geriatric Care.” This will be the first time GLC will host a Friday evening event prior to the full-day conference. This will be a “members only” event beginning with a product theater and ending with a 2 contact hour program titled “Alive Inside.” Thank you to Deborah Wolff-Baker (Northern California Chapter) for sharing insight into a new tool to help reduce psychotropic drug use in patients with dementia. Moreover, another first for GLC is online registration. MJ Favot (Past President) was instrumental in providing this new feature!

Elections were held in late May. Cynthia Gerstenlauer was elected President, Stephanie Lusis Treasurer, and Donna Hamill President-Elect. The members thanked MJ Favot and Tonya Harbison for their contributions and commitment to the organization. The leadership team also recognized Donna Hamill and Michelle Moccia for achieving their doctor of nursing practice degrees!

June was a busy month for Alice Early, MJ Favot, and Cindy Gerstenlauer as they put together the 30-year historical monograph of the chapter for a September celebration. These three individuals have been working over the past 18 months logging in multiple hours and sleepless nights as they feverishly work to complete the planned publication of the monograph. Also in June, GLC members participated in the Healthy Aging Conference at a local hospital and sponsored “Ask the NP” booth; “Plan in a Can” and “Advance Directive” table; memory screening; and delivered two lectures: “Injury Prevention, Preparing Now” and “Preparing a Healthy Mind” to an audience of 125 older adults.

We look forward to seeing you at the Annual Conference in San Antonio.

Michelle Moccia, DNP, ANP-BC, CCRN
michelle.moccia@stjoeshealth.org

Central Virginia

The benefits of a local GAPNA Chapter were obvious to long-time member Lynn Simpkins, FNP, GNP, but the Central Virginia GAPNA Chapter had an unexpected start. When nurses interested in forming a local chapter of the National Gerontological Nurses Association (NGNA) sent out a survey to professional and personal contacts, there were 28 responses to the survey and 17 attended the September 2014 organizational meeting. Several who attended were members of both NGNA and GAPNA and expressed interest in beginning a local GAPNA Chapter in addition to the NGNA Chapter. There were enough volunteers to establish both chapters. Lynn volunteered to assume the office of President for the GAPNA Chapter and Cindy Massello, BSN, RN, became the President for the NGNA Chapter. Interests were similar enough that shared meeting times, locations, and speakers were planned. The first meeting provided an opportunity to share visions and mission.
President’s Message
continued from page 1

GAPNA Gives Back is alive and well. During GAPNA’s first-ever conference devoted exclusively to pharmacology held in Philadelphia last March, we successfully collaborated with Twilight Wish and provided gift bags to 60 residents of Mercy Douglass Apartments. We will embark on our next GAPNA Gives Back in San Antonio during the Annual Conference and partner with Southeast Community Outreach for Older People (SCOOP). We are thrilled to partner with SCOOP because they serve adults over 60 by providing services from minor home repairs to birthday gifts. Please see the article on page 5 from Lisa Byrd about the type of donations needed for San Antonio. I am grateful and proud to be part of such a generous organization that truly enjoys giving back to the community.

In other exciting news, the White Paper “GAPNA Consensus Statement on the Proficiencies for the APRN Gerontological Specialist” has been reviewed and the validation process has been completed. The White Paper is based on a national survey of advanced practice nurses caring for older adults. We hope to share more with you about the White Paper at the Annual Conference in San Antonio.

Please remind your friends and colleagues about the many benefits of being a member of GAPNA. It is always good to review these membership benefits from time to time so you don’t miss out! Student memberships are only $60.00 and Regular memberships are only $100 a year, with a discount for signing up for more than 1 year. We are at a critical time in advanced practice nursing. With the combined adult gerontological nurse practitioner designation, it is essential to have resources for expert clinical gerontological knowledge and expertise. GAPNA is your “kindred spirit” organization. Like you, excellence in the care of older adults is our focus. GAPNA is strong and growing and we strive to be a vital resource for all our members – nurse practitioners and clinical nurse specialists alike – who care for older adults regardless of their specialty. We can be a powerful force for older adults clinically and politically as our membership continues to grow; GAPNA membership grew 6% this year! Know how important you are!

Please don’t hesitate to let us know how we can continue to serve you as a member of GAPNA.

See you in San Antonio!

Pamela Z. Cacchione, PhD, CRNP, BC, FAAN
President
pamelaca@nursing.upenn.edu

GAPNA and Twilight Wish Gift Bags were delivered to residents of the Mercy Douglass Apartments in Philadelphia, PA

GAPNA member Nicole Blackwood delivered a gift bag to Mr. Waynes, a resident at Mercy Douglass Apartments

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 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.
**Dry Eye**

1. **What is dry eye?**

   Dry eye occurs when the eye does not produce tears properly, or when the tears are of poor quality and dry up quickly. The eyes need tears for overall eye health and clear vision.

   Dry eye can last a short time or it can be an ongoing condition. It can include a variety of symptoms, such as discomfort and pain. Your eyes may sting and burn and you may have redness and a sandy or gritty feeling, as if something is in your eye. You may have blurry vision and you may feel eye fatigue. Having dry eyes can make it harder to do some activities, such as using a computer or reading for a long period of time, and it can make it hard to be in dry places, such as on an airplane.

2. **What are the symptoms of dry eye?**

   Dry eye symptoms may include any of the following:
   - Stinging or burning of the eye
   - Sandy or gritty feeling as if something is in the eye
   - Episodes of excess tears following very dry eye periods
   - Stringy discharge from the eye
   - Pain and redness of the eye
   - Episodes of blurred vision
   - Heavy eyelids
   - Inability to cry when emotionally stressed
   - Uncomfortable contact lenses
   - Decreased ability to read, work on the computer, or do any activity that requires you to use your eyes for long periods of time
   - Eye fatigue

3. **What questions should I ask my eye care professional?**

   You can ask your eye care professional questions about your disease or condition, your treatment options, and your eye tests. Below are some sample questions to guide you.

   **Your disease or condition:**
   - What is my diagnosis?
   - What caused my condition?
   - Can my condition be treated?
   - How will this condition affect my vision now and in the future?
   - Should I watch for any particular symptoms or notify you if they occur?
   - Should I make any lifestyle changes?

   **Your treatment options:**
   - What is the treatment for my condition?
   - When will the treatment start, and how long will it last?
   - What are the benefits of this treatment, and how successful is it?
   - What are the risks and side effects associated with this treatment?
   - Are there foods, drugs, or activities I should avoid while I’m on this treatment?
   - Are other treatments available?

   **Your eye tests:**
   - What kinds of tests will I have?
   - What do you expect to find out from these tests?
   - When will I know the results?
   - Do I have to do anything special to prepare for any of the tests?
   - Do these tests have any side effects or risks?
   - Will I need more tests later?

4. **What can I do on my own to cope with dry eye?**

   - Try over-the-counter remedies such as artificial tears, gels, gel inserts, and ointments. They offer temporary relief and can provide an important replacement of naturally produced tears.

   - Avoid remedies containing preservatives if you need to apply them more than four times a day or preparations with chemicals that cause blood vessels to constrict.

   - Wearing glasses or sunglasses that fit close to the face (wrap around shades) or that have side shields can help slow tear evaporation from the eye surfaces.

   - Indoors, an air cleaner to filter dust and other particles can help your eyes feel more comfortable. A humidifier also may help by adding moisture to the air.

   - Avoid dry conditions.

   - Allow your eyes to rest when doing activities that require you to use your eyes for long periods of time. Use lubricating eye drops while performing these tasks.

   If symptoms of dry eye persist, consult an eye care professional to get an accurate diagnosis of the condition and begin treatment to avoid permanent damage.

---

**Stroke**

1. **What is stroke?**

   Some brain cells die because they stop getting the oxygen and nutrients they need to function. Other brain cells die because they are damaged by sudden bleeding into or around the brain.

   The brain cells that don’t die immediately remain at risk for death. These cells can linger in a compromised or weakened state for several hours. With timely treatment, these cells can be saved. Knowing stroke symptoms, calling 911 immediately, and getting to a hospital as quickly as possible are critical.

2. **Who gets stroke?**

   Stroke occurs in all age groups, in both sexes, and in all races in every country. It can even occur before birth, when the fetus is still in the womb. Studies show the risk of stroke doubles for each decade between the ages of 55 and 85. However, a recent study found stroke rates are on the rise for people under 55.

   **continued on page 14**
Clinical Research Corner

New Patient Safety Primer on Missed Nursing Care Highlights Importance of Nurses to Safety Culture

Although there is a well-established link between the adequacy of nurse staffing in hospitals and patient outcomes, the pathway connecting the two is less well understood. A new primer on missed nursing care, posted on the Agency for Healthcare Research and Quality’s (AHRQ) Patient Safety Network, highlights one of these pathways. Missed nursing care is a subset of the category known as error of omission. It refers to needed nursing care that is delayed, partially completed, or not completed at all. Missed nursing care is problematic because nurses coordinate, provide, and evaluate many interventions prescribed by others to treat illness in hospitalized patients. Nurses also plan, deliver, and evaluate nurse-initiated care to manage patients’ symptoms and responses to care. Thus, missed nursing care not only constitutes a form of medical error that may affect safety, but also has been deemed to be a unique type of medical underuse.

Characteristics Associated With Hospital Readmissions Identified

Three-quarters of patients readmitted to a hospital after being discharged return to the same hospital, according to a new AHRQ-funded study. Patients admitted for orthopedic conditions and patients who entered the hospital through the emergency department were the most likely to have a same-hospital readmission. Regarding readmissions overall, the highest rates were found in patients aged 65-84, though patients 45-64 who underwent spinal fusion had similar readmission rates. The condition most commonly associated with readmission was heart failure, and the conditions for which a readmission was least likely were hip and knee arthroplasty. Women made up a larger portion of readmissions across all conditions, except for heart attack. To learn more, see Henke et al. (2015). Patient factors contributing to variation in same-hospital readmission rate. Medical Care Research and Review, 72(3), 338-358. doi:10.1177/1077558715577478

An Incentive Pay Plan for Advanced Practice Registered Nurses

Advance practice registered nurses (APRNs) are integral to the provision of quality, cost-effective health care throughout the continuum of care. To promote job satisfaction and ultimately decrease turnover, an APRN incentive plan based on productivity and quality was formulated. Clinical productivity in the incentive plan was measured by national benchmarks for work relative value units for nonphysician providers. After the first year of implementation, APRNs were paid more for additional productivity and quality and the institution had an increase in patient visits and charges. The incentive plan is a win-win for hospitals that employ APRNs.


Outpatient Drug Expenses

Prescription drug expenses for adults totaled $267 billion nationwide in 2012. Of the leading classes of outpatient prescription drugs based on total expenses that year, metabolic drugs (used for conditions such as high cholesterol, diabetes, and weight control) were purchased by nearly one in four adults age 18 and older at an average of $104 per prescription. Meanwhile, cardiovascular drugs (used for conditions such as heart disease, blood clots, and other circulatory disorders) were purchased by 7 in 10 Medicare patients age 65 and older at an average of $28 per prescription.


Modest Improvements Seen in Patient-Provider Communication

Health providers are paying more attention to communicating more effectively with patients and their families about their care, although progress is occurring at a modest pace, according to findings from AHRQ’s newly released Chartbook on Patient- and Family-Centered Care. Of the 20 measures of patient-centered care collected in the report, 17 showed improvement and three showed no change. While none of the measures improved quickly, none showed worsening quality. One measure, communication between patients and hospital staff about getting discharged from the hospital, improved each year between 2009 and 2013. But certain groups reported worse quality of patient-centered care, including poor quality of care in hospital patients, Blacks compared with high-income patients, Blacks compared with Whites and Hispanics compared with Whites. AHRQ offers a variety of resources to improve engagement between clinicians and patients.

Medication Reconciliation Tool Effective in Outpatient Clinic for Elder Care

Use of a medication reconciliation tool was a feasible and effective method to identify errors of omission at an initial visit in an outpatient geriatric clinic, according to researchers. The Medication Reconciliation Review of Systems Subject (MR ROSS) tool was used to collect additional medication information to identify errors of omission at a community services program for elder care. A retrospective chart review of 40 patients newly enrolled in the program showed 31 (77.5%) had one or more errors of omission identified by MR ROSS. For details, see Vouri & Marcum (2013). Journal of the American Pharmacists Association, 53(6), 652-658.

Problematic Medication Use Still High Among Seniors, but Dropping

The use of potentially inappropriate medications among older people declined between 2006-2007 and 2009-
More Patients Want Medical Info Available Electronically

In 2013, more than half (54.9%) of patients said it was important they get their own medical information electronically, a jump from 2008, when 44.3% of patients said so, according to recent findings from AHRQ’s newly released Chartbook on Care Coordination. Having electronic access to their medical information mattered more to younger patients (18-34) than to patients 65 and older. However, having their doctors and other health providers share medical information electronically with each other is most important to older patients, followed by middle-aged (35–64) and younger patients. Patients across all ethnic groups and educational levels want their doctors and other health care providers to be able to share medical information electronically. From 2008 to 2013, the percentage of Black patients who said sharing medical information electronically was very important grew from 37.2% to 47.6%; among Whites, the percentage grew from 42.6% to 54.6%; and Hispanics, from 40.1% to 53.2%.

Coordinated Care Slowly Changing From Goal to Reality

Health providers are getting better at working with patients to make sure they get the care they need and understand their role in the process, according to AHRQ’s newly released Chartbook on Care Coordination. Progress was most significant (improved by more than 10% in 1 year) in one measure, which tracked hospital patients with heart failure who received complete, written discharge instructions when they left the hospital. No care coordination measures showed worsening quality, and no measure showed elimination or widening of disparities.

Measuring Patient-Reported Outcomes Can Help Identify Patients at Higher Risk for Hospital Readmission

Despite widespread efforts to accurately predict which patients are at greatest risk for being readmitted to the hospital within 30 days of discharge, patient-reported outcome measures are infrequently used in predictive models. To find out whether patients’ self-reported views of their health services can accurately predict readmission, a research team at Cook County Health and Hospital System in Chicago administered the Memorial Symptom Assessment Scale and the Patient Reported Outcomes Measurement Information System (PROMIS) Global Health short form to 196 patients at discharge. Patients also took the health assessment surveys at 30, 90, and 180 days after discharge. Patients who scored poorly on the PROMIS measures of general self-rated health and mental health were at greater risk of rehospitalization within 14 days of discharge. However, low scores by patients on the Memorial Symptom Assessment Scale and the PROMIS measures of global physical health were better able to predict readmission. Because the sample size of the population was relatively small, researchers acknowledged that the findings may be limited. They recommended that systems to obtain patient-reported outcomes be developed as a routine part of clinical care.

To learn more, see Hinami et al. (2015). When do patient-reported outcome measures inform readmission risk? Journal of Hospital Medicine, 10(5), 294-300. doi:10.1002/jhm.2366 abstract.

Better Drug Interaction Alerts Improve Patient Safety

Using consistent terms and definitions to indicate the potential seriousness of drug-drug interactions (DDI) and plainly identifying interacting drug pairs are among the recommendations to improve patient safety in an AHRQ-funded study. Researchers recommended increasing the usability and consistency of DDI decision support tools to help reduce “alert fatigue,” which can cause safety alerts to be ignored because they are triggered so often.


Nursing Homes with Pay-for-Performance Programs

Creating a reimbursement context that facilitates the collection and use of reliable local evidence is an important consideration for nursing home leaders contemplating pay-for-performance policies. Pay-for-performance programs are used in organizations aiming to improve the quality of care. Researchers explored ways in which data were collected and used as a result of participation in a pay-for-performance program. Interviews were conducted with 232 employees from 70 nursing homes that participated in pay-for-performance-sponsored quality improvement projects. Interviewees included supervisors, nurses and nursing assistants, therapists, other patient care staff, and administrators. Researchers found data and evidence played an important role in quality improvement project implementation. Nursing home staff discussed using data to identify problems, track progress, motivate employees, and increase the marketability of the organization.

Exercising with Osteoarthritis

The National Institute on Aging at the National Institutes of Health has added a new tip sheet, “Exercising with Osteoarthritis,” on its Go4Life website. Exercise is safe for almost everyone. In fact, studies show people with osteoarthritis benefit from regular exercise and physical activity.

For people with osteoarthritis, regular exercise can help:

- Maintain healthy and strong muscles
- Preserve joint mobility
- Maintain range of motion
- Improve sleep
- Reduce pain
- Keep a positive attitude
- Maintain a healthy body weight

Three types of exercise are best for those with osteoarthritis:

**Flexibility exercises** can help keep joints moving, relieve stiffness, and provide more freedom of movement for everyday activities. Examples of flexibility exercises include upper and lower-body stretching, yoga, and tai chi.

**Strengthening exercises** will help maintain or add to muscle strength. Strong muscles support and protect joints. Weight-bearing exercises, such as weight lifting, fall into this category. Water bottles or soup cans can be used in place of weights.

**Endurance exercises** make the heart and arteries healthier and may lessen swelling in some joints. Low-impact options include swimming and biking.

Patients should be reminded to talk with their health care provider before beginning any exercise program.

3. Is stroke preventable?

Yes. Stroke is preventable. A better understanding of the causes of stroke has helped people make lifestyle changes that have cut the stroke death rate nearly in half in the last 2 decades.

While family history of stroke plays a role in your risk, there are many risk factors you can control.

- If you have high blood pressure, work with your doctor to get it under control. Managing your high blood pressure is the most important thing you can do to avoid stroke.
- If you smoke, quit.
- If you have diabetes, learn how to manage it. Many people do not realize they have diabetes, which is a major risk factor for heart disease and stroke.
- If you are overweight, start maintaining a healthy diet and exercising regularly.
- If you have high cholesterol, work with your doctor to lower it. A high level of total cholesterol in the blood is a major risk factor for heart disease, which raises your risk of stroke.

4. Where can I find more information on stroke?

For more information on stroke, including research sponsored by the National Institute of Neurological Disorders and Stroke, call 1-800-352-9424 or visit www.ninds.nih.gov.
The Official Newsletter of the Gerontological Advanced Practice Nurses Association — Founded in 1981

**PRESIDENT**
Pamela Z. Cacchione, PhD, CRNP, BC, FAAN
University of Pennsylvania, SON
Philadelphia, PA
pamelaca@nursing.upenn.edu

**PRESIDENT-ELECT**
Carolyn Clevenger, DNP, GNP-BC, FAANP
Emory University
Lawrenceville, GA
cccleven@emory.edu

**IMMEDIATE PAST PRESIDENT**
Lisa Byrd, PhD, RN, FNP-BC, GNP-BC
Central Mississippi Medical Center
Madison, MS
drlbyrd@yahoo.com

**SECRETARY**
Dawn Marie Roudybush, GNP-BC
Optum Delaware
Elkton, MD
dmbaylis523@gmail.com

**TREASURER**
George Peraza-Smith, DNP, ARNP, GNP-BC, NP-C, CNE
United States University
Tampa, FL
gperazasmith@usuniversity.edu

**DIRECTOR-AT-LARGE**
Linda Keilman, DNP, MSN, GNP-BC
Michigan State University
East Lansing, MI
keilman@msu.edu

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

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

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

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

---

**2014-2015 Committee Chairs**

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

**Chapter Leadership**
Michelle Moccia, DNP, ANP-BC, CCRN
michellemoccia@stjoeshealth.org

**Communications**
Jennifer E. Serafin, MS, BSN, GNP-C
serafinjen@gmail.com

**Conference Planning**
Catherine Wollman, DNP, GNP-BC
mcwollman@comcast.net

**Education**
Natalie Baker, DNP, GNP-BC, ANP-BC
nrbaker@uab.edu

**Health Affairs**
Evelyn Duffy, DNP, GNP/ANP-BC, FAANP
evelyn.duffy@case.edu

**Historical**
Kathleen Fletcher, MSN, RN, CS, GNP, FAAN
kri06d@virginia.edu

Trudy Keitz, GNP-BC
takgnp@aol.com

**Nominating**
Suzanne Ränsehousen, GNP-BC
suzyr107@yahoo.com

**Practice**
Meghan Routt, MSN, ANP/GNP-BC, AOCNP
meghan.routt@osumc.edu

**Research**
Patricia Vermeersch, PhD, GNP-BC
pvermeer@kent.edu

**Journal Section Co-Editor**
Melissa Batchelor-Murphy, PhD, RN-BC, FNP-BC
mellisa.batchelor-murphy@duke.edu

**Journal Section Co-Editor**
Melissa Batchelor-Murphy, PhD, RN-BC, FNP-BC
mellisa.batchelor-murphy@duke.edu

**Newsletter Editor**
Carole Bartoo, MSN, RN, AGRN-BC
carole.bartoo@vanderbilt.edu

**Website Editor**
Lacey Stevens, NP
lacey.n.stevens@optum.com

**SPECIAL INTEREST GROUPS**

**Geropsych Focus Group**
Megan Simmons, DNP, PMHNP-BC
megan.simmons@vanderbilt.edu

**GNP Taskforce**
George Peraza-Smith, DNP, ARNP, GNP-BC, NP-C, CNE
gperazasmith@usuniversity.edu

**Hospice/Palliative Care**
Caroline Duquette, DNP, APRN
cduquette@gmail.com

**House Calls**
Phyllis Atkinson, GNP
patkinson@blackstonehc.com

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

**LGBT Focus Group**
Trudy Keitz, GNP-BC
takgnp@aol.com

Colleen Wojceichowski, MSN, GNP-C
cwojo@gmail.com

**Post Acute Care/LTC**
Kanah May Lewallen, MSN, AGNP-BC
kanah.n.may@vanderbilt.edu

**Transitional Care**
Lauren Van Saders, GCNS-BC, APNC

---

**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.