

Board of Directors:

President – Katherine Evans
Past President – Carolyn Clevenger
President-elect – Joan Michelle Moccia
Treasurer – Michele Pirc
Secretary – Natalie Baker
Member-at-Large – Deborah Dunn
Member-at-Large – Valerie Sabol

Committees with Chairs:

Awards Committee – Abby Parish
Conference Planning Committee – Kathryn Daniel
Communications Committee – Jennifer Serafin
Education Committee – Natalie Baker
Health Affairs Committee – Evelyn Duffy
Historical Committee – Cindy Gerstenlauer
Chapter Leadership Committee – Michelle Moccia
Nominating Committee – Joan Carpenter
Practice Committee – Suzanne Ransehausen
Research Committee – Ann Kriebel-Gasparro

SIGS with Chairs:

Hospice/Palliative Care SIG – Katy Lanz
House Calls SIG – Helen Horvath
Leadership SIG – Joan Carpenter
PAC/LTC SIG – Holly Brown
Transitional Care SIG – Stacey Chapman
Cross Cultural Care SIG – Kate Aldrich
GeroPsych Nursing SIG – Melodee Harris
Veterans Care SIG – Marianne Shaughnessy

GAPNA Award Winners:

Established Chapter Excellence Award – Georgia Chapter
Special Interest Group Excellence Award – GeroPsych SIG
Excellence in Clinical Practice – Suzanne Ransehausen
Excellence in Community Service – Marva Edwards-Marshall
Excellence in Education – Barbara Harrison
Excellence in Leadership Award – Sue Mullaney and Cindy Gerstenlauer
Excellence in Research Award – Valerie Sabol
Health Affairs Scholarship – Izabela Kazana



Year-In-Review 2016 - 2017

Foundation Board of Trustees:

Chair – Nancy Wilens
Vice Chair – Joanne Miller
Secretary – Anna Dowd
Treasurer – Suzanne Ranshousen
Resource Development – MJ Henderson
Resource Development – Nikki Davis
Administrative Affairs, Bylaws – Jennifer Serafin
Board Member Emeritus – Barbara Phillips
GAPNA Foundation Registered Agent – Erik Joh, Esq.

GAPNA Foundation Award Winners:

Research/Clinical Project Scholarship Award:

Katherine Puleo
Bada Kang

GAPNA Center for Clinician Advancement (United Health Group) Grant:

Courtney Holmes

AMDA Foundation Futures Program Educational Grant:

Lisa Marie McCusker

Dave Butler Spirit of GAPNA Award:

Kathleen Fletcher

National Office Staff:

Executive Director – Michael Brennan
Association Services Manager – Jill Brett
Director of Marketing – Jack Edelman
Registration Manager – Danielle Little
Conference Manager – Amy Valentine
Education Director – Rosemarie Marmion
Education Coordinator – Kristina Moran
Director of Online Learning and Innovation, Administrator of On-line Community, GAPNA Exchange – Celess Tyrell

Newsletter Editors:

Carol Bartoo, working with Ken Thomas, editor from AJJ

Platinum Strategic Partners:

Avanir pharmaceuticals
Eisai

Strategic Partners:

Acadia
Sunovion
Xeris pharmaceuticals

GAPNA Sponsors:

Merck, Sanofi, Janssen, Santyl,
Sunovion

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Annual Dues:

Member Category	Description	1 Year	2 Years	3 Years
Regular	(advanced practice nurse)	\$100.00	\$190.00	\$285.00
Associate	(interest in GAPNA)	\$100.00	\$190.00	\$285.00
Retired	(advanced practice nurse)	\$75.00	N/A	N/A
Student		\$60.00	N/A	N/A

Geriatric Nursing, GAPNA Section Editor(s):

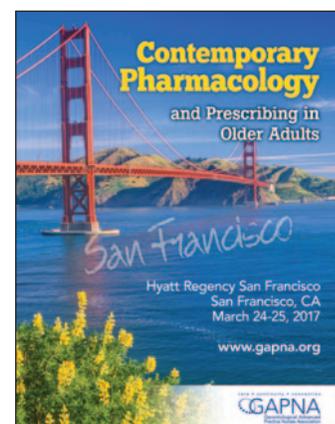
Valerie Sabol
Melissa Batchelor-Murphy

GAPNA Website Editor:

Lacey Stevens; Assistant editor Jennifer Kim

GAPNA Accomplishments:

- GAPNA's 36th Annual Conference at the Gaylord Opryland Resort and Convention Center, Nashville, TN, October 4-7, 2017.
 - 674 attendee's preconference; 627 regular conference (494 members, 133 non-members).
 - 21.25 credits available
 - GAPNA Gives Back: Fifty Forward in Nashville; GAPNA contributed 560 pairs of socks and \$210 in cash and gift cards for the Adult Day Services program for low-income seniors with cognitive decline and memory issues.
- 3rd Annual GAPNA Pharmacology Conference, *Contemporary Pharmacology and Prescribing in Older Adults*, Hyatt Regency San Francisco, March 24-25, 2017.
 - 345 attendees; 242 members, 103 non-members.
 - 11.5 CEUs offered.
 - GAPNA Gives Back: Mabuhay Health Center; donated funds, gift cards and toiletries.
 - The *GAPNA Consensus Statement on Proficiencies for the APRN Gerontological Specialist* currently has 22 endorsements, and continues to welcome endorsements by colleagues in other organizations and educational institutions who support the care of older adults.
- GAPNA's leadership team worked closely with AMDA: The Society for Post-Acute and Long-Term Care to develop a collaborative relationship. GAPNA members are now eligible for a significant AMDA membership discount. This will grow GAPNA membership alliances and promote interprofessional team care. GAPNA members can join or renew their AMDA membership at the rate of \$149 for 1 year.
- All conference sessions available on the GAPNA Online Library after the conference, to both attendees and non-attendees.



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- The Board started using video conferencing
- Updated the Online Gerontology Resources for APRN Preceptors and Students toolkit, 4th edition (2017 update) is to make geriatric and gerontological content accessible to those caring for older adults.
- Developed a new APRN Gerontology Certification Exam; pilot exam to be offered at the fall 2017 conference.
- *In Memoriam* column comes to the GAPNA Newsletter.
- GAPNA developed a health policy statement which focuses on home care for the website
- Reviewed Leadership Kit to help GAPNA develop new leadership and become more diverse.
- Revised Preceptor Kit.
- Membership Profile and Survey completed. As a result, a new acute care SIG will be formed after the 2017 fall conference.
- Endorsed the National Nurse Act of 2017 to designate a Chief Nurse Officer of the US Public Health Service as the National Nurse for Public Health.
- Signed on to CMS Arbitration letter.

GAPNA Committees at Work:

Awards Committee met four times to manage the ongoing GAPNA awards program. 15 members reviewed the 32 submissions for the established awards.

Conference Planning Committee continued to meet frequently in preparation for the national conference, coordinating topics and experts to promote the professional and clinical roles of the GAPNA membership.

Communications Committee made changes to the GAPNA website as able to improve function and determined a total redesign was pending.

Education Committee updated the Preceptor toolkit, located on GAPNA's website. Did a Pre-Con at the 2017 conference. Started work on a position statement regarding the appropriateness of APRN students doing clinical hours in LTC setting. With the Research Committee, developed new criteria for Call for Poster abstracts. Scored and chose abstracts for the fall conference. Answered emails from APRN students seeking preceptorships. Members served on and reported summaries of national APRN committees that influence gerontological APRN education (NCSBN, LACE, NONPF).

Health Affairs Committee met regularly. GAPNA's emphasis on health policy kept the team busy moving the organization forward with the development and dissemination of GAPNA's Policy Perspectives. This provided an avenue to improve and strengthen coordination with key national organizations, impacting national policy in nursing and care for the older adult.

Historical Committee continued to meet regularly to improve the documenting the history of GAPNA and archiving at UVA. The team was active in encouraging committees, special interest groups, and chapters to document and save materials important to the history of the organization.

Chapter Leadership Committee worked to improve communication and participation to all members utilizing other avenues of communication on social media. Submitted newsletter articles regularly. Guests on the monthly teleconferences included representatives from the Awards, Health Affairs, and Historical, Committees, and the Leadership SIG. Promoted March Member Madness. Added additional resources to Chapter Leadership online. Shared resources among chapter members.

Nominating Committee solicited volunteers to run for the 2017-2018 ballot. Presented a slate of candidates to the Board in April, the election was held in May. Election results were shared on June 1. Bylaws, policies, and procedures related to the nomination and election processes were reviewed with no recommended changes.

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Practice Committee met three times to share information and coordinate activities of the SIGS. Submitted a newsletter article re the SIGS.

Research Committee continued to meet regularly to coordinate activities to support the GAPNA membership for annual conference, including reviewing clinical projects and abstracts for presentation and awards. Facilitated "Cash Cab," the interactive question and answer booth that provided awards during the breaks at conference. Team members also coordinated with the Leadership and Educations committees to improve ongoing resources for GAPNA membership.

GAPNA SIGS at Work:

Hospice/Palliative Care; no report submitted.

House Calls SIG collaborated with Health Affairs committee on Home Healthcare Planning Improvement Act (HHPIA). Strengthened relationships with AAHCM. Began discussion about educational module for NP students about house calls.

Leadership SIG worked on toolkit and developed a conference session with Health Affairs committee about leadership.

PAC/LTC continued to collaborate with AMDA and other groups. Continued a mentoring program with those new to PA/LTC. Completed a bio form for each member to facilitate getting to know each other since it is a large group. Worked on and then put on hold clinical practice links due to crossover with other committees.

Transitional Care SIG worked on getting to know each other on the committee and having an article published in the GAPNA pages of GN. May need to retire due to poor attendance on the meeting calls.

Cross Cultural Care SIG developed an abstract and then a presentation for the national conference on older adults with lifelong intellectual and developmental disorders.

GeroPsych Nursing SIG completed a position paper on geropsychiatric nursing as a subspecialty, submitted an article to GN, wrote multiple newsletter articles, had an abstract accepted for conference 2017, and provided recommendations for a position paper on schizophrenia.

Veterans Care SIG members got to know each other, wrote goals, wrote newsletter articles and developed a symposium for the 2017 fall conference.

Acute Care Sig just formed in 2017 because of the membership survey. Will create a forum for those who practice or are certified in this area. Worked on short- and long-term goals.

Professional Development Task Force:

- Item writing occurred in April 2017
- A second writing group met in June
- Test questions were approved in August at headquarters to finalize the pilot exam. There were enough items to create two pilot test forms.
- Pilot exams to be offered at the national conference in Nashville, 2017.



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Health and APRN Influences:

- On December 14, 2016, the U.S. Department of Veterans Affairs (VA) published a final rule granting veterans direct access to care by nurse practitioners (NPs), certified nurse midwives (CNMs) and clinical nurse specialists (CNSs) who work in the VA health system. A landmark ruling from the VA allows these APRNs to practice to the fullest extent of their education, training, and certification.
- Texas (SB 919 85(R); effective June 1, 2017) now authorizes APRNs and physician assistants (PAs) to sign medical certifications on death certificates for their hospice and palliative care patients.
- Authorization to improve access to addiction treatment continues to increase throughout the country, with implementation of the federal CURES Act through adoption of new state regulations. Colorado has implemented a new pilot program authorizing NPs to administer medication-assisted treatment, including buprenorphine therapy, upon completion of required federal training. These pilot programs are intended to improve access to addiction treatment following passage of Public Act 226 effective May 22, 2017.

GAPNA Chapters: 21

