

Board of Directors:

President – Valerie Sabol,
Past President – Joan Michelle Moccia
President-elect – Deborah Dunn
Treasurer – Jennifer Kim
Secretary – Natalie Baker
Member-at-Large – Sharon Bronner
Member-at-Large – Sherry Greenberg

Committees with Chairs:

Awards Committee – Abby Parish
Conference Planning Committee – Linda Beucher
Communications Committee – Casey Fowler
Education Committee – Laurie Kennedy-Malone
Health Affairs Committee – Sue Mullaney, Carolyn Clevenger
Historical Committee – Cindy Gerstenlauer
Chapter Leadership Committee – Evelyn Jones-Talley
Nominating Committee – Barbara Harrison, Linda Keilman
Research Committee – Sharon Bronner

SIGS with Chairs:

Hospice/Palliative Care SIG – Ami Goodnough
House Calls SIG – Ron Ordon
PAC/LTC SIG – Christina Ramsey, Holly Brown
GeroPsych SIG – Linda Keilman
Veterans Care SIG – Izabela Kazana
Acute/Emergent Care SIG – Michele Talley

Gerontological Nursing Certification Commission:

George Peraza-Smith, President

GAPNA Leadership Institute:

Carolyn Clevenger, Institute Director

GAPNA Award Winners:

Established Chapter Excellence Award – Great Lakes Chapter
Emerging Chapter Excellence Award – Middle Tennessee Chapter
Special Interest Group Excellence Award – GeroPsych Sig
Excellence in Clinical Practice Award – Christina Ramsey
Excellence in Community Service Award – Linda Keilman
Excellence in Education Award – Kanah Lewallen



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Excellence in Leadership Award – Marianne Shaughnessy

Excellence in Research Award – Claudia Lai

Health Affairs Scholarship – Maureen Poe

GAPNA Board of Trustees:

Chair – Jennifer Serafin

Vice Chair – Joanne Miller

Secretary – Anna Dowd

Treasurer – Suzanne Ranshousen

Resource Development – MJ Henderson

Administrative Affairs – Nancy Wilens

Administrative Affairs – Catherine Wollman

Trustee Emeritus – Barbara Phillips

GAPNA Foundation Registered Agent – Erik Joh, Esq.

Community Liaison – vacant

Foundation Award Winners:

GAPNA Foundation Research/Clinical Project Grant Awards:

Research: Anna Boone

Clinical Project: Lori Weckesser

Dr. Virginia Lee Cora Research/Project Grant:

Lori Martin-Plank

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

Mariya Kovaleva

AMDA Foundation Futures Program Educational Grant:

Jessica Noggle Taylor

Dave Butler Spirit of GAPNA Award:

Susan Mullaney

National Office Staff:

Executive Director – Michael Brennan

Association Services Manager – Erin Macartney

Director of Marketing – Jack Edelman

Registration Manager – Danielle Little

Conference Manager – Jeri Hendrie

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, and Eisai

GAPNA 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):

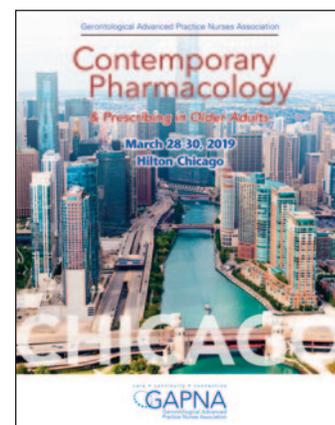
Benjamin A. Smallheer, Abby Luck Parish

GAPNA Website Editor:

Casey Fowler

GAPNA Accomplishments:

- 38th Annual Conference, October 3-5, 2019, Paris Las Vegas, Nevada
 - 498 registrants, 385 members, 113 non-members
 - Pre-cons, 236 registrants
 - 293 new members
 - 22 CEUs, including Pre-con; 10.75 pharmacology contact hours
 - 5 took the specialist exam, 54 GS-C to date
 - The first Dementia Care Specialist (DCS) Skills Clinical Training was offered as a Pre-Conference.
- 5th Annual Contemporary Pharmacology & Prescribing in Older Adults Conference, March 28-30, 2019, Chicago Hilton, IL,
 - 347 attended 235 members and 112 non-members
 - Precons: 212 attendees
 - 35 new members joined
 - 11.5 CEUs, same pharmacology credit
 - GAPNA Gives Back: Little Brothers – Friends of the Elderly
 - Gerontological Specialist Certification Exam offered; 6 took it



GAPNA Leadership Institute (GLI) fellowship was launched at the 2019 membership meeting to develop support and enrich skills of a select group of emerging advanced practice nurses to prepare for leadership roles. Applications for the first cohort opened in the summer 2019. All applicants must be GAPNA members for at least 2 years, and membership must be in good standing. Preference was given to individuals named as Rising Stars, Aspire nominee, Optum nominee, and GAPNA Foundation nominee. The first group of fellows starts in January 2020. It is a 9-month structured program, during which, an experienced and nationally recognized nurse leader facilitates the curriculum and leadership. Fellows work one-on-one with mentors, all of whom have held leadership positions within GAPNA. The GLI provides opportunities to: 1) gain an enhanced understanding of GAPNA's mission, organizational infrastructure, and strategic plan, 2) develop leadership skills to foster collaboration with stakeholders to improve healthcare of older adults through practice, education and advocacy

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3) study and understand leadership qualities needed to affect widespread change, 4) model the principles, qualities, and responsibilities of effective leadership and 5) develop communication strategies essential for all leaders. The 2019 GLI leaders included Carolyn Clevenger, Institute Director; Joan Carpenter, mentor; Deborah Dunn, mentor; Katherine Evans, mentor; Jenny Kim, mentor. GLI fellows included: Michelle Bolz; Ron Ordon; Brett Svensson and Amy Rose.

- GAPNA's Social Media helps members stay connected: Website, Facebook, Twitter, LinkedIn
- GAPNA recognized members who received distinguished honors: four from the Gerontological Society of America 2018 Fellows; three from the American Academy of Nursing Fellows, and 12 Distinguished Educators from the National Hartford Center of Gerontological Nursing Excellence.
- New Partnership with UnitedHealth Group (UHG). GAPNA leaders were invited to a meeting with UHG at their innovation center in Washington, DC in 2019 with the goal to discuss possible collaborative partnerships that would benefit the aging population and workforce. Since there were several areas of mutual interest, a partnership was developed to identify and address aging population needs, strengthen the national geriatric-focused workforce, educate legislators and regulators on the importance of geriatric-focused education to new and existing nurse practitioners, and address the shortage of NP faculty who lack geriatric expertise.
- GAPNA helped disseminate the results of United Health Foundation's *America's Health Rankings a Senior Report 2019*, a report that was created in partnership with GAPNA, and reflects how determinants of health (behaviors, community and environment, policy and clinical care) directly influence health outcomes.
- The *GAPNA Exchange* was launched in 2019 as an online community designed to help members connect, communicate, and collaborate with their gerontology-focused colleagues. It is a private, secure community for members to share ideas, ask questions, lend expertise, and network with peers. The community will feature both an Open Forum discussion area along with smaller, segmented communities. The GAPNA Open Forum is a discussion group that is not specific to specialty but designed to help you connect with all of your peers.
- GAPNA partnered with the UCLA Alzheimer's and Dementia Care (ADC) program and The John A Hartford Foundation to provide continuing professional development in dementia care and train advanced practice nurses as Dementia Care Specialists. In January 2019, four GAPNA advanced practice nurses (Carolyn Clevenger, Sherry Greenberg, Michelle Moccia, and Jennifer Serafin) flew to Los Angeles to learn more about the successful UCLA ADC program and plan how GAPNA will further its reach. The goals of the UCLA ADC program are to maximize patient function, independence, and dignity while minimizing caregiver strain and unnecessary costs. With the support of The John A. Hartford Foundation and GAPNA, the UCLA ADC program developed the *Dementia Care Specialist (DCS) Curriculum*. Dementia Care Specialist Modules (9.0 Contact Hours), were free until September 1, 2019. The *Dementia Care Specialist (DCS) Curriculum* contains 22 modules that provide basic knowledge for APRNs who are looking to advance their expertise in caring for individuals with dementia as well as their caregivers. This 22-module online curriculum provides a content base for APNs looking to advance their expertise in caring for older adults with dementia as well as their caregivers. The goal of this curriculum is to provide APNs with knowledge necessary to provide high-quality dementia care management. GAPNA, is housing the DCS curriculum in the GAPNA Online Library. The *Dementia Care Specialist (DCS) Curriculum* is currently available for free to GAPNA members until September 1, 2019. After this date, there will be a \$39.00 fee for GAPNA members and \$59.00 for non-members. See gapna.org/DCS for more information.

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- Get-a-Member Challenge-Strive for Five! Beginning May 2019 until December 2019, if a member recruited five new members to GAPNA, they received a free 1-year membership. GAPNA also held a monthly drawing and rewarded one recruiter (an individual who recruited a new member) a chance to win free CNE from the GAPNA Online Library. If a member recruited more than five members, they were entered into a drawing to win a Free conference registration.
- Military members get a 10% discount on membership.
- Two board members attended the LACE meeting. Ongoing concerns with limited clinical practice opportunities, license issues when moving, lack of gero trained faculty, and minimum gero clinical hours.
- Board approved joint CNE offering with AAACN, ANNA, AMSN, ANIA, and SUNA.
- *GAPNA Rising Star* criteria developed, and Chapter Presidents and Chair's encouraged to nominate.
- Website Redesign: Education Committee requests update and outdated resources be renewed. Broken links to be fixed. Communications Committee charge with oversight. A two-phase redesign proposal was approved, 4.5 to 6 months.

Gerontological Nursing Certification Commission (was Professional Development Task Force)

They offered the test to 46 candidates and there were 41 who passed so the total Geriatric Specialist – Certified were 64 in total. They worked on the infrastructure required to support the work of the commission and to develop test prep materials. In June, the APRN GSC Study Guide was completed; suggested price \$35/members and \$50 nonmembers.

GAPNA Committees at Work:

Awards Committee Besides reviewing the submissions, they discussed strategies for increasing the number of nominees and revised the tip sheet to help this process. Here were 18 nominations and 8 members were involved in reviewing them.

Conference Planning Committee They did a needs assessment for topics to cover and created a table of all presentations for the last 3 years to check for gaps. They reviewed abstracts for the upcoming conference, planned Pre-cons, keynote, concurrent sessions and In depth focus sessions as well as general sessions with a new focus on Acute/emergent issues to address these issues for older adults

Communications Committee:) They worked toward launching a new website. They monitor Social Media following which has been stable since January 2019

Education Committee: prepared a concurrent session and reviewed abstracts for the upcoming conference. Under their leadership the GNCC study guide was completed. A position paper was finalized on long term care as an appropriate NP student clinical site. They worked on digital learning modules and submitted an article for the newsletter.

Health Affairs Committee: no report submitted.

Historical Committee: Summarizing the reports of the various committees to ensure their work is captured. Communicate w/ the Archive to ensure the records are accessible to members and did fundraising to support the archiving. An addendum was added to the monograph and an article was in the newsletter about this. The historical panels were corrected, and the new panels printed in preparation for the next display at the 40th anniversary conference.

Chapter Leadership Committee: meet monthly and worked on increasing and maintaining current membership from the chapter leaders, improve communication between National and the chapters, collaborate w/ the SIGs and Committees and encourage chapters to place updates in the newsletters

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Nominating Committee: recruited candidates in person at the Annual and pharm conferences and through leadership calls, website, Exchange, Newsletters, social media, and emails to chapter presidents. Made a policy change, approved by Board: President-elect nominee requires a member to have served in GAPNA leadership within the preceding two years, attended at least one national conference, two letters of support from members in good standing.

Practice Committee: Board voted to eliminate September 2018 due to poor attendance.

Research Committee: They prepared a concurrent session for the upcoming conference. Abstracts reviewed for poster or podium presentations. They continued Ask the Expert booth and Cash Cab at the conference as well as to submit articles to the Newsletters. They continued work on a research needs assessment and toolkit

GAPNA SIGS at Work:

Hospice/Palliative Care SIG: No report submitted.

House Calls SIG: Developed an educational video about Home-Based Primary care and House Calls Prepared a Pre-Con workshop for the upcoming conference. Published articles in several publications and piloted a survey to generate stories of APP's in Gerontological practice. Approved associate membership with National Transitions of Care Coalition.

PAC/LTC SIG: Questionnaire provided at conference to identify goals and direction for the SIG. They provided educational sessions on the changing landscape of practice in this setting, continue to collaborate with other organizations and develop ways to work together to improve care.

Cross Cultural Care SIG: Disbanded due to low attendance.

GeroPsych SIG: Completed work on the *GAPNA Geropsychiatric Nursing Position Statement: Supporting Evidence for Geropsychiatric Nursing as a Subspecialty Of Gerontological Advanced Practice Nursing*. The position paper is available to the GAPNA membership and publicly available on the GAPNA website. It has been disseminated to multiple nursing organizations and has received numerous endorsements and is also available on the websites of these premier nursing organizations. They published an article in GN and had multiple submissions to the Newsletter. They have developed a concurrent session for the upcoming conference and submitted an abstract for the next GAPNA conference.

Veterans Care SIG: They accepted the SIG goals and worked on them with multiple calls during the year. They will present a poster at the upcoming conference.

Acute and Emergent Care SIG: They officially changed their name and added Emergent care. With many new members, they began revising the Resources and added nine additional topics. They worked on concurrent sessions for the upcoming conference with Acute/Emergency topics.

Transitional Care SIG No report submitted. They have joined the PAC/LTC SIG.

Leadership SIG Replaced by Leadership Institute. SIG members worked with GAPNA leadership to establish the GAPNA Leadership Institute.

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Health and APRN Influences:

- A major theme in the 2019 legislative and regulatory sessions is the continued focus on controlled substances (CSs) prescribing for all authorized healthcare providers.
- **Kentucky** has passed legislation requiring passage of a jurisprudence exam administered via the state's Board of Nursing (BON) as a condition for advanced practice registered nurse (APRN) licensure. It is likely that state BONs will monitor this requirement in consideration of future adoption.
- All but four states require passage of a national board certification exam to enter practice in 2019; national board certification exams do not address individual state regulatory requirements for practice and prescriptive authority. National certification is required for participation in Medicare and Medicaid regardless of state regulation
- The 2019 edition of the Annual Legislative Update highlights the state of Virginia for its advancement toward full-practice authority. Virginia marks the 13th state to enact practice authority following a transition to practice period in collaboration with a physician and/or another APRN.
- *Signature Authority*. Six states enacted legislation and/or regulatory amendments affecting partial and global signature recognition and authority, allowing designated APRNs to sign and/or certify certain documents related to healthcare within their defined SOP, including giving authority to designated APRNs to execute nonhospital orders not to resuscitate and orders for life-sustaining treatment.
- The National Council of State Boards of Nursing now shows 100% implementation of the APRN Consensus Model recommendations in 18 states. These states have adopted all national regulatory standards for APRN licensure, accreditation of APRN educational programs, national board certification in respective APRN roles, and educational program requirements.¹ This year, two states reported legislative advancement to full adoption in the areas of APRN title, licensure, and recognition, as well as accreditation of educational programs.
- **Florida** (Chapter No. 2018-106; effective October 1, 2018) has enacted a new law replacing "Advanced Registered Nurse Practitioner (ARNP)" with APRN and provides for APRN licensure by the BON. APRNs now include the CNP, CNM, certified registered nurse anesthetist (CRNA), and clinical nurse specialist (CNS) roles. CNSs are newly designated as APRNs with this new law.
- *Ordering home health services*. If the home health agency is Medicare- and/or Medicaid-certified, 42 Code of Federal Regulation 484.18(c) requires a physician signature to order home health services in all states except for Washington State's Medicaid program, although rules are in progress to change this. However, some states authorize home health agencies to accept orders from APRNs when patients are private-paying or non-Medicare/non-Medicaid recipients under state law. This year, seven additional state's survey respondents confirmed state statutory authorization to order home health. Three states confirmed state law does not prohibit ordering of home health services, and four additional states have confirmed there is no state statutory authority for NPs to order home health services
- The **Louisiana** State BON has adopted rule changes to Title 46, Professional and Occupational Standards, Part XLVII, Sections 4505 and 4513, authorizing the APRN's board-approved collaborating physician to delegate responsibility for consultation and collaboration to an alternate collaborating physician at designated practice sites when defined within the organizational policy. According to the BON, this regulatory update will allow for a streamlined approval process and improve the meaningfulness of the collaborating agreement.
- Six states have enacted statutory or regulatory changes to CE requirements pertaining to prescriptive authority and specifically to CS prescribing. **California** enacted Chapter 693, effective September 22, 2018, requiring addition of risks of addiction associated with the use of CS to be included in initial and CE pharmacology courses required for prescriptive authority. **Indiana's** NPs registered for CSs authority must complete 2 hours of CE during the previous 2 years addressing the topic of opioid prescribing and opioid abuse (Senate Enrolled Act 225; effective July 1, 2019).

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- **Maryland** prescribers authorized to prescribe controlled dangerous substances through state registration must complete 2 hours of CE and make an attestation of completion before initial registration or renewal of CSs registration (Chapter 213; approved April 24, 2018).
- **New Jersey** BON has implemented regulatory revision pertaining to educational requirements for APRN certification. Applicants must complete 6 contact hours related to controlled dangerous substances, including pharmacologic therapy and addiction prevention and management by an accredited college or university or organization approved by a credentialing agency (New Jersey Administrative Code 13:37-7.2). In **Washington**, a one-time, 4-hour CE course will be required if the ARNP prescribes opioids.

GAPNA Chapters: 21

