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GAPNA Section

## GAPNA 2018 conference and foundation awards

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As a national professional organization, the Gerontological Advanced Practice Nurses Association (GAPNA) provides multiple opportunities for research, clinical projects and education initiatives. Through its committee structure and local chapters, it also provides opportunities for individual and community leadership. At the GAPNA 36<sup>th</sup> Annual Conference in Washington, D.C. this past September 2018, many individuals and local chapters were recognized for their leadership and contributions towards the care of older adults. Many thanks to those who submitted abstracts and presented podium presentations and posters, and congratulations are extended to those for being selected as the best in their classification! The next conference will be held at the Paris Hotel in Las Vegas, NV from October 2 – 5, 2019.

Podium and poster abstracts for the 2019 conference will be accepted until March 15, 2019 (<https://www.gapna.org/annual-conference>). We look forward to seeing you in Las Vegas!

## Conference 2018 Podium and Poster Winners

## GAPNA Research and Education Committees

The Research and Education Committees were very active at the conference; 6 podium and 21 posters were presented to attendees. Congratulations are extended to the following award winners:

## Best Research/Clinical Projects Podium Presentation

*Project 1: Transition from SNF to Home: Patients' and Family Caregivers' Perspective*

Linda Beuscher, PhD, RN, GNP, FNAP

**Purpose:** The purpose of this qualitative study was to gain an understanding of the transition experience from Skilled Nursing

Facility (SNF) to home from the older persons' and/or their family caregivers' perspectives. This information will help identify areas for targeted interventions to improve transition processes.

**Rationale:** Nationally, 20% of the Medicare population is re-hospitalized within 30 days from hospital discharge, costing an estimated 15-17 billion dollars per year. In 2015, 1.7 million hospitalized older adults were discharged to SNFs. The average length of SNF stay was 20 days. From one CMS Innovation quality improvement program, 14% of the patients discharged from SNF to home were readmitted to the hospital within 30 days from the index hospitalization. Although these hospital readmission rates are high, few studies have inquired about the transition from SNF to home.

**Supporting framework:** Coleman & Boult's (2003) Four Pillars of Care Transition and Naylor & Keating (2008) Advance Practice Nurse-Led Transitional Care Model were the basis for interview question topics: communication between staff, the patient and family, medications, and medical self-management education.

**Methods:** Individual face-to-face semi-structured interviews with older adults (n = 15) and family caregivers (n = 3) were conducted and audiotaped in the home, one to two weeks after discharge from four SNFs. Field notes reported observations of home settings and interview sessions. Content analysis identified codes and recurrent themes of responses to interview questions and field notes.

**Results:** Discharge process, medication knowledge, support system, self-care, and barriers to adjustment were main categories of discussion. Subcategories included decision-makers, discharge information packet, medication changes, reasons for medications, dependence on others, home adaptation for safety, physical limitations, medical condition knowledge, pain, home circumstance changes, and resource accessibility.

**Applicability to APN practice:** APNs manage patients with complex care needs and should be involved in coordinating care transitioning across healthcare settings. Follow up communication with patient and family is needed within a week of SNF discharge to focus on medication review, support for patient's continuing recovery, and self-care management at home.

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## Best Research/Clinical Projects Poster

*P1: Proactive Nursing Management of Constipation in the Skilled Nursing Facility: A Quality Improvement Project Using “A Model for Change to Evidence-Based Practice”*

*Cecilia Nwogu, DNP, GNP-BC, PMHNP, Geriatric Nurse Practitioners, Adult Health Consultants of Atlanta, Conyers, GA*

**Purpose:** Constipation is a major health issue in the skilled nursing facility (SNF). The purpose of this quality improvement project was to improve the quality of care given to residents with constipation admitted to the post-acute care rehabilitation unit (PAC-RU) of the skilled nursing facility. The aims of the project were to increase documentation of the risk factors of residents developing constipation by 15% compared to the current documentation status in the unit, and to improve the nurses' knowledge of constipation by 15% also.

**Methods:** The project involved educating a core group of nurses on constipation and implementing a standardized evidence-based constipation risk assessment tool – the Norgine Risk Assessment Tool for Constipation – on the PAC-RU. The post-intervention analysis focused on determining if there was an improvement in the nurses' knowledge of constipation and in the use of the tool to assess and document residents' risks for developing constipation during their stay on this unit.

**Results:** Results from this project show that the admission nurse completed the tool on all 20 residents (100%) admitted into the unit during the project period. This demonstrated a significant improvement in the documentation of the risk factors for constipation in residents using the Norgine Risk Assessment Tool. The education program in this project improved participating nurses' knowledge of constipation by only 7%. This seemingly slight improvement can be attributed to the fact that the nurses had a high pre-education knowledge of constipation.

**Implications for practice:** The outcome of this project indicates that nursing documentation of constipation risk factors in SNF residents can be achieved using the Norgine Risk Assessment tool and by educating the nurses about constipation. The nurses will be able to promptly identify residents at risk for developing the catastrophic complications of constipation and plan proactive interventions to mitigate their negative impacts on residents, nurses, and healthcare.

## Best Education Poster

*E2: Infusing the Social Determinants of Health into Adult-Gerontology Primary Care Nurse Practitioner Curriculum*

*Laurie Kennedy-Malone, PhD, GNP-BC, FAANP, FGSA, Professor of Nursing, School of Nursing, University of North Carolina – Greensboro, Greensboro, NC*

**Introduction:** Given the diversity of our growing older adult population, nurse practitioner students need to be equipped with the knowledge, skills, and motivation to deliver care to patients challenged by the SDOH. Adult Gerontology Primary Care Nurse Practitioners (AGPCNPs) need to be prepared to enter the workforce as competent providers who can provide care to underserved older adults, taking these barriers into consideration. Thus, nurse practitioner educators are faced with the task of enhancing curriculum to address the needs of our rapidly aging, vulnerable older adults by offering competency-based education.

**Educational activity:** As part of the HRSA Advanced Nursing Education Workforce grant, cultural competence and SDOH content and experiences were threaded throughout the AGPCNP courses.

Curricular enhancements began in the first semester of the program in health promotion and advanced health assessment courses and continued in pharmacology and clinical management courses. Enhancements included online discussions, complex case studies, student assessment of cultural competence, online modules and toolkits, reflection paper of clinical encounters where SDOH barriers were not adequately assessed and may have negatively impacted the diagnosis or treatment plan, and webinars from government and nursing organizations on cultural competence and SDOH. Simulations with patient actors were enhanced to better assess health literacy. These educational activities meet the AGPCNP competencies of Technology & Information Literacy, Policy, Health Care Delivery System, Ethics, Independent Practice by enhancing standardized patient scenarios and adding more information about social determinants of health, cultural competency, and health literacy.

Future enhancements to the curriculum include videotaped scenarios with diverse patient actors for simulation, a student reflection section in SOAP notes that addresses cultural competency and SDOH patient barriers, and development of additional case studies to be used in clinical management classes that address these topics.

**Conclusion:** Infusing multifaceted educational innovations throughout the adult-gerontology primary care nurse practitioner program ensures competence.

## GAPNA 2018 Conference Podium Presentations

### Project 1: Transition from SNF to Home: Patients' and Family Caregivers' Perspective

*Linda Beuscher, PhD, RN, GNP, FNAP*

### Project 2: The Relationship between Frailty in the Hospitalized Older Adult and Recurrent Clostridium Difficile

*Anna Boone, PhD, ANP-BC*

### Project 3: Identifying and Staging Chronic Kidney Disease (CKD) in Patients with Hypertension and Diabetes in Primary Care through Pre-Visit Planning

*Monica McNeill Cades, DNP, CRNP*

### Project 4: Falls with Major Injury among Nursing Home Residents

*Soon Young Ha, PhD, RN*

### Project 5: A Retrospective Comparative Analysis of Two Treatment Options of Deep Tissue Pressure Injuries to Feet and Lower Legs

*Autumn Henson, DNP, GNP-BC, WCC*

### Project 6: Fall Risk Reduction among Urban, Community-Dwelling Older Adults

*Katherine Puleo, DNPc, RN*

## GAPNA 2018 Conference Posters

The following posters were presented at the conference. Many thanks to all who participated and shared their research, clinical and educational findings/expertise!

### Education Posters

#### E1: Dementia Simulation Toolkits

*Sarah E. Endicott, DNP, APNP, GNP-BC, Clinical Assistant Professor, University of Wisconsin-Madison, Madison, WI*

#### E2: Infusing the Social Determinants of Health into Adult-Gerontology Primary Care Nurse Practitioner Curriculum

*Laurie Kennedy-Malone, PhD, GNP-BC, FAANP, FGSA, Professor of Nursing, School of Nursing, University of North Carolina – Greensboro, Greensboro, NC*

## Research and Clinical Project Posters

**P1: Proactive Nursing Management of Constipation in the Selected Nursing Facility: A Quality Improvement Project Using “A Model for Change to Evidence-Based Practice”**

Cecilia Nwogu, DNP, GNP-BC, PMHNP, Geriatric Nurse Practitioners, Adult Health Consultants of Atlanta, Conyers, GA

**P2: Initiating the Loeb Criteria in Long-Term Care**

Janice Khaulender, DNPc, MSN, RN, NP-C, Nurse Practitioner, OptumCare, Greensboro, NC

**P3: Integrative Review: Nurse Burnout in Gerontological Nursing**

Suzanne Dutton, DNPc, MSN, GNP-BC, RN, Advanced Practice Geriatric Nurse, Sibley Memorial Hospital, Washington, DC

**P4: Quality Improvement of a Geriatric Chronic Care Management Program**

Courtney Holmes, DNP, APRN, ANP-BC, Practice Transformation Nurse Practitioner, UConn Health, Farmington, CT

Candace Pettigrew, BSN, RN, CCP, Chronic Case Manager, UConn Health, Farmington, CT

**P5: Relationships among Demographic and Disease-Specific Variables and Medications Taken in Older Adults with Parkinson's Disease**

Ju Young Shin, PhD, APRN, ANP-C, Associate Professor, School of Nursing, University of Delaware, Newark, DE

**P6: Behavioral Symptoms of Dementia, Interpersonal and Environmental Triggers, and Care Plans: A Qualitative Analysis**

Bada Kang, MS, ANP, PhD Student, School of Nursing, Duke University, Durham, NC

**P7: The UCLA Alzheimer's and Dementia Care Program: An Innovative Nurse Practitioner-Led Health System-Based Clinic**

Leslie Chang Evertson, MSN, GNP-BC, Nurse Practitioner III, Dementia Care Manager, Department of Geriatrics, UCLA Health System, Los Angeles, CA  
Kelsey Stander, MSN, BS, AGPCNP-BC, Nurse Practitioner and Dementia Care Manager, UCLA Health System, Los Angeles, CA

**P8: Using Simulation to Recognize and Treat Sepsis in the Primary Care Setting**

Heide Chaney, DNP, APRN, FNP-C, APRN, The University of Kansas Health System, Kansas City, KS

Carol Buller, DNP, APRN, Clinical Assistant Professor, School of Nursing, University of Kansas, Kansas City, KS

**P9: Early Identification and Treatment of Sepsis in a Post-Acute Setting**

Heide Chaney, DNP, APRN, FNP-C, APRN, The University of Kansas Health System, Kansas City, KS

Carol Buller, DNP, APRN, Clinical Assistant Professor, School of Nursing, University of Kansas, Kansas City, KS

**P10: The Effect of Video Gaming on Physical Activity among Nursing Home Residents**

Tomika Williams, PhD, AGPCNP-C, RN, Assistant Professor, East Carolina University, Greenville, NC

**P11: America's Health Rankings® Senior Report: Implications for Geriatric Providers**

Alyssa Malinski Erickson, BA, Vice President, External Affairs, UnitedHealth Group, Minnetonka, MN

Susan Mullaney, DNP, APRN, GNP-BC, Vice President, Center for Clinician Advancement, UnitedHealth Group, Minneapolis, MN

Anne Yau, MPP, Vice President, External Affairs, UnitedHealth Group, Minnetonka, MN

**P12: Reduction of Falls in an Assisted Living Facility**

Claire Cunningham, DNPc, BSN, RN, DNP Student, Adult Gerontology Primary Care Program, Rush University, Chicago, IL

**P13: Aging in China and USA: Lessons Learned from the Chicago-Shanghai International Geriatric Exchange**

Valerie Gruss, PhD, GNP-BC, Clinical Associate Professor, University of Illinois at Chicago, Chicago, IL

**P14: The Symptom Experience of Older Men with Heart Failure Who Are Receiving Palliative Care**

M. Janelle Culpis, PhD, RN, ANP, Director, Accelerated Second Bachelor of Science in Nursing (ASBSN) Program, California State University – Stanislaus, Stockton, CA

**P15: Effective Implementation of a Cardiac Patient Simulator across the Adult Gerontology Primary Care NP Curriculum**

Sara McCumber, DNP, APRN, CNP, CNS, Associate Professor and Adult Gerontology Primary Care NP Coordinator, The College of St. Scholastica, Duluth, MN

**P16: Transforming the Resident-Centered Care Team to Include Ancillary Staff: Creating Team A.W.A.R.E.**

Evelyn G. Duffy, DNP, AGPCNP-BC, FAANP, Associate Professor, Case Western Reserve University, Cleveland, OH

**P17: Education of Nursing Staff to Enhance the Identification of Lung Cancer Screening Candidates and Facilitate Smoking Cessation**

Jennifer Hartzband, MS, APRN, AGNP-BC, Nurse Practitioner, Inter-ventional Pulmonology, Lenox Hill Hospital, New York, NY

Melissa Kramps, DNP, GNP-BC, NP-C, Nurse Practitioner, Northwell Health, Lenox Hill Hospital, New York, NY

**P18: Toward a Conceptual Framework of Opioid Use in Older Adults: Prescribing Patterns and Health Outcomes**

Sharon Bronner, DNP, MSN, GNP-BC, ACHPN, End-of-Life Nursing Education Consortium (ELNEC) Trainer and Advanced Illness Trainer, Optum Care, New York, NY

Melodee Harris, PhD, APRN, AGPCNP-BC, GNPBC, Assistant Professor, University of Arkansas for Medical Sciences, Little Rock, AR

Susan Mullaney, DNP, APRN, GNP-BC, VP Center for Clinician Advancement, UnitedHealth Group, Minneapolis, MN

Marcia Walmer, DNP, RN, PMHNP-BC, LCSW, ACSW, School of Nursing and Health Sciences, University of Missouri Kansas City, Kansas City, MO

**P19: Impact of Medicare Home Health Regulations on Patient Access and Outcomes**

Evelyn G. Duffy, DNP, AGPCNP-BC, FAANP, Associate Professor, Case Western Reserve University, Cleveland, OH

J. Michelle Moccia, DNP, ANP-BC, CCRN, Program Director Senior ER, St. Mary Mercy Hospital, Livonia, MI

Susan Mullaney, DNP, APRN, GNP-BC, Vice President, Center for Clinician Advancement, UnitedHealth Group, Minneapolis, MN

Deborah Wolff-Baker, FNP, Northern California Medical Associates, Petaluma, CA

**GAPNA Foundation Grants and Awards**

Each year the GAPNA Foundation organizes fundraising events. This year the Foundation provided \$12,000 in funding for research, clinical projects and education! To apply for GAPNA Foundation Awards/Grants, please log on to <https://www.gapna.org/about/foundation/foundation-awards> for more information and an application. Please consider nominating individuals or groups for awards whom you consider most deserving of recognition!

Congratulations are extended to the 2018 Grant/Award recipients:

**Dave Butler Spirit of GAPNA Award**

David H. Butler, Vice President for Johnson & Johnson USA was a strong advocate and supporter of the goals and mission of GAPNA. The Dave Butler Spirit of GAPNA Award is given to one member who demonstrates an outstanding commitment to the mission and goals of GAPNA.

**Award Recipient:** Evelyn Duffy, DNP, AGPCNP-BC, FAANP, Associate Professor, Case Western Reserve University, Cleveland, OH

**Center for Nursing Advancement: UnitedHealth Group Grant**

This Center for Nursing Advancement Grant (United Health Group), is given to one GAPNA member to support research that focuses on advancing the science of nursing.

**Award Recipient:** Joan Carpenter, PhD, CRNP, NP-C, GNP-BC, ACHPN, FPCN, “Development and Initial Testing of a Primary Palliative Care Virtual Training Program for Geriatric Nurse Practitioners”

**Health Affairs Scholarship**

This scholarship is intended to provide assistance to a GAPNA member to attend the annual American Association of Nurse Practitioners (AANP) Health Policy Conference.

**Award Recipient:** Ronda Thompson, MSN, ANP-BC, GNP-BC

**The Research Project Grant Award**

This is a small grant to fund proposed research. The proposed research must be new aging research that is either in the planning stage or has not been implemented for more than six months.

**Award Recipient:** Malissa Mulkey, MSN, APRN, CCNS, CCRN, CNRN, “Methods of Identifying

Neurological Delirium (MIND)”

**The Clinical Project Grant Award**

This is a small grant to fund proposed clinical project. The proposed clinical project must be new aging research that is either in the planning stage or has not been implemented for more than six months.

**Award Recipient:** Stephanie De Santiago, MS, BSN, RN, CNRN, “Impact of Nurse Navigation on

Parkinson’s Disease Community Wellness”

**AMDA Futures Recipient**

The AMDA Foundation provides residents, fellows, and APN’s who are interested in long-term care practice with the opportunity to participate in the AMDA Futures Program. The Futures Program is held annually during the Long Term Care Medicine Conference. The GAPNA Foundation sponsors an APN new to gerontology or long term care to attend this program that is designed to teach APNs to practice optimally in long term care.

**Award Recipient:** Lori Steiger, AGNP-BC

**GAPNA Awards Excellence Winners**

**Excellence in Research Award**

This award honors an individual who demonstrates a commitment to research in nursing that benefits the geriatric community that go beyond the traditional service role of their profession. The recipient may be active in conducting research, mentoring other researchers and/or contributing to ongoing research of other nursing scientists.

**Award Recipient:** Melissa Batchelor-Murphy, PhD, RN-BC, FNP-BC, FGSA, FAAN

**Excellence in Education Award**

This award honors an individual who demonstrates excellence through teaching and/or design of gerontological content in nurse

practitioner curricula. The faculty member must demonstrate knowledge of the care of older adults and the ability to translate that knowledge to enhance students’ understanding in innovative ways.

**Award Recipient:** Valerie Gruss, PhD, APN, CNP-BC

**Excellence in Clinical Practice Award**

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

**Award Recipient:** Cynthia Gerstenlauer, ANP, GCNS-BC, CDE, CCD

**Excellence in Leadership Award**

This award honors an individual who demonstrates a commitment to geriatrics through direct care, education and/or research. This award is for an individual who exhibits excellence in leadership through the tenacity to advocate, through a variety of means, for geriatric education and care in a variety of settings that goes well beyond the traditional service role of their profession.

**Award Recipient:** Deborah Dunn, EdD, MSN, GNP-BC, ACNS-BC, GS-C

**Excellence in Community Service Award**

This award honors an individual who demonstrates a broad continuing commitment to community service as reflected in a variety of programs and initiatives which are responsive to community and social needs.

**Award Recipient:** Karen Tepper, MS, ANP-BC, LNHA

**Established Chapter Excellence Award**

The award honors an established GAPNA chapter that best promotes the goals of GAPNA through its member relationships, professional activities, and promotion of advanced practice gerontological nursing throughout the local, regional, and/or state area during the past year.

**Award Recipient:** Great Lakes Chapter

**Emerging Chapter Excellence Award**

The award honors a up and coming chapter that best promotes the goals of GAPNA through its member relationships, professional activities, and promotion of advanced practice gerontological nursing throughout the local, regional, and/or state during the past year.

**Award Recipient:** Heartland Chapter

**Special Interest Group (SIG) Excellence Award**

The award honors a GAPNA SIG that best promotes the goals of GAPNA through its member involvement, professional activities, and promotion of gerontological advanced practice nursing during the past year.

**Award Recipient:** Acute Care SIG