CGNA Canadian Gerontological Nursing Association

THE CANADIAN GERONTOLOGICAL NURSE

Winter 2018

WINTER 2018

A MESSAGE FROM THE CGNA PRESIDENT

Happy New Year!

Greetings CGNA members – sending best wishes to you and yours for a wonderful 2018. For years my 'real' new year was September (reflecting my own years of school and then of the many years of getting three sons set for school) and now that I manage Quality Improvement projects for Seniors Health through Alberta Health Services my focus has shifted to fiscal year (one more quarter to finish things up for this fiscal year!). That said, there is something 'fresh' about starting a new calendar year. Where will CGNA 'be' this time next year?

We have set two broad goals to support the provincial gerontological nursing associations that come together to make our national association: membership and education. At our board meetings, each province reports declining membership. Our associations' demographics are shifting, reflecting the general change of our nation's population (for the first time ever in Canada, we have more people in the over-65 age demographic than in the under-15 category). Many of our founding members are moving into retirement and we do not seem to be attracting newer Nurses to join our ranks.

Attracting newer (younger!) nurses. In January, I will host a virtual forum for participants who registered for the 2017 CGNA Conference as 'students' – asking how they would like to be supported to be gerontological nurses. Are they interested in attending face-to-face meetings (a common format for many local chapters across Canada)? How else can we use technology to connect with a newer generation of nurses interested in Gerontology with practitioners with much experience to share? What education formats do they prefer? There may be many of your reading this that are not 'new' nurses who have ideas or suggestions on how to freshen our local chapter face to face meeting format. Please feel free to send you thoughts and comments to me at the email address below.

Certification. Many local chapters of provincial associations have hosted study groups for nurses preparing to write the gerontological nursing certification exam through Canadian Nurses Association. To better support local efforts to host study groups, we are preparing resources that can be accessed on the CGNA members-only section of the webpage to benefit both groups and individuals to prepare for the exam. National experts have been asked to prepare 1-hour lections on the key study topics. A 12-week study guide has been prepared to ensure all the competencies listed in the revised exam blue print have been addressed. As the exam covers gerontological nursing practice in all settings (community, acute, continuing care), a study group of practitioners from a variety of settings helps everyone learn how various conditions 'present' at various stages. A guide of suggested steps to set up a local study group, the suggested curriculum for study, and the lectures will be posted on the certification preparation section of the CGNA webpage in the new year. If any of you have developed alternate approaches to supporting local nurses to become certified, please email me at the address below so we can add them to our list of suggested ways to host study groups.

In the next newsletter I will continue to share our plans for addressing our two key strategic directions related to memberships and education.

Mollie Cole, CGNA President 2017-19

president@cgna.net

Save the Dates! CGNA2019, May 2-4, 2019, Calgary, Alberta, Canada – stay tuned for details!

3Ds BPG Update

In July 2016, the Registered Nurses Association of Ontario (RNAO) published the updated Best Practice Guideline specific to **Delirium, Dementia and Depression (3Ds) in Older Adults: Assessment and Care.**
To date RNAO has developed over 50 best practice guidelines that are useful for influencing healthy public policy and promoting clinical excellence. The RNAO updated the 3Ds Best Practice Guideline (BPG) using a standardized, rigorous approach over a period of 18 months. An expert panel of members representing a range of perspective from different professions, settings and sectors completed the 3Ds BPGs review. The process also involved 94 stakeholder reviewers who provided feedback on the guideline prior to publication. The purpose of the 3Ds BPG is to support care of older people that is effective, evidence-based, compassionate, and dignified. The recommendations apply the foundational clinical care provided by nurses and other health-care providers in a range of community and health-care settings across the spectrum of care. In the discussions of evidence section of the guideline, details are provided, whenever possible, about how the recommendations apply to different settings. Recommendations are also provided using action oriented statements.

As with all other RNAO clinical guidelines, the 3Ds guideline has recommendations in three areas: **Practice** recommendations outlining what professionals **need to DO**; **Education** recommendations outlining what professionals **need to KNOW**; and Policy & organization recommendations outlining what organizations **need to provide to create and sustain an Evidence Based Culture**.

The updated 3Ds guideline emphasizes the vulnerabilities of older people with acute health challenges or chronic disease to experience any or all of the 3Ds due to the interconnectedness of delirium, dementia and depression. Professionals must be aware and vigilant of older people who require assessment and monitoring for features of the 3Ds during admissions to emergency departments, transfers to units and upon discharge home. In particular, the guideline focuses on the coexistence and overlapping symptoms that occur both individually and collectively with delirium, dementia, and/or depression. For example, a person experiencing delirium may also have underlying dementia and depression, or a person living with dementia may also be depressed with an underlying delirium. In addition to the potential for syndrome coexistence, delirium, dementia, and depression share common features with overlapping symptoms, which makes it a challenge to determine the correct diagnosis. For example, due to clinical similarities, hypoactive delirium can be mistaken for depression, hyperactive delirium can be mistaken for behavioral manifestations of dementia, dementia can be mistaken for dementia or, depression can be mistaken for dementia. The updated guideline includes a revised table comparing the 3Ds (Appendix D) which will assist professionals to differentiate between signs and symptoms of delirium, dementia and depression. The guideline also includes an updated listing of risk factors that exacerbate the likelihood that an older

person will experience more than one 3D condition. For example, older people living with cognitive impairment and depression have a higher risk of developing delirium, depression interacts with and may exacerbate cognitive impairment, and those with a diagnosis of dementia have a high prevalence of depressive symptoms.

Overall, the 3Ds BPG contains seven overarching recommendations that apply to delirium, dementia and depression. The recommendations reflect the critical importance of tailoring interventions according to the needs and preferences of the older person as well as involving family in assessments, care planning and care provision. Another key recommendation of the guideline is a section focused on cautious use of medications. This recommendation outlines specific risks and recommends actions for appropriate prescribing, administration, monitoring, and documentation of medication in older adults. Appendix F provides links to resources that address issues of polypharmacy, appropriate prescribing and medication reconciliation. Appropriate, evidence-based non-pharmacological approaches are described throughout the guideline for each of the 3Ds.

Delirium

Delirium core recommendations include: For older adults at risk for delirium we recommend you assess them for delirium at least once a day. In some settings (e.g. ICU), or in cases where people are unstable or acutely ill, it may be appropriate to assess for delirium more often than once a day. Organizations should choose an assessment tool or approach that is appropriate for their setting. Several delirium screening and assessment tools appear in the guideline. The CAM (confusion assessment method) is the most widely used tool but other tools or approaches may be suitable. Professionals are encouraged to pay special attention to hypoactive delirium because it is often overlooked. It is important to pay attention to the observations and experiences of family members or people who know the person well. For example, they might say something like: “she doesn’t seem herself today”. If an older person is symptomatic, refer them right away for assessment and diagnosis and identify what the contributing factors are. Remember that delirium is often multicausal so interventions are usually multicomponent. Effective pain management is one very important intervention. Remember that when delirium is part of an acute change in condition, it can be a medical emergency so it needs to be quickly identified and actively managed. Having family nearby can also be reassuring for the person; having family at the bedside can offer reassurance and reorientation for the person. Appendix G highlights the most common risk factors such as advanced age, depression, dementia and hip fracture and includes a table that outlines signs, changes and examples that indicate delirium.

Dementia

The guideline recommends that professionals assess for possible dementia whenever there are observations or reports that there are changes in the older person’s cognition, behavior, mood or function. A comprehensive assessment needs to be conducted using validated screening or assessment tools implemented by various members of the health care team, then carefully

discussed. The guideline recommends that professionals explore what the person's current abilities are, including physical, functional, and psychological status and how these may have changed and are affecting the person and family. The BPG emphasizes pain assessment and management, warranted because an older person living with dementia may not be able to communicate pain with words. Untreated pain may also trigger behaviours in the person. The guideline strongly recommends that the language used to describe symptoms or behaviours related to dementia be respectful. It is important for professionals to explore and understand the reasons behind the behavior in order to identify and remove triggers. The guideline provides a list and description of various tools that can support these assessments as well as the evidence-based non-pharmacological interventions deemed effective. The guideline recommends that professionals develop an individualized plan of care that incorporates a range of non-pharmacological approaches such as music therapy and sensory stimulation that are suitable and relevant to the older person's preferences, interests, and life story. The guideline includes a specific recommendation on preserving a person's abilities and promoting strategies to live well with dementia. For example, professionals are encouraged to promote exercise, strategies to support memory, meaningful activities and safety. The guideline includes a description of the specific verbal and nonverbal skills, attitudes and approaches professionals should use when caring for people living with dementia (Appendix K).

Depression

The 3Ds BPG recommends that all health-care providers know that depression is serious and is common in older people. It is often not recognized and in many cases left untreated. The guideline recommends that professionals assess for depression whenever risk factors are present or when a person has signs or symptoms of depression. Predisposing and precipitating risk factors, and signs and symptoms of depressions are outlined. The guideline cites SIGECAPS as an appropriate framework to assess for signs and symptoms of depression. Depression often shows up differently in older adults (compared to younger people). Older adults might not seem sad or state "I am depressed". Instead their depression may be expressed as feelings of guilt, difficulty concentrating (thus mistaken for dementia), aches and pains. In the guideline, various screening tools and assessments are described that can be used with older adults (e.g. Geriatric depression scale, Cornell scale for depression in people with dementia). It is recommended that the health-care organizations take the lead on determining which tools are appropriate for their own setting and then train staff how to use them. Older people with signs of depression need to be properly assessed and diagnosed by a trained professional. If there are indications of suicidal thoughts/ risk, this needs urgent attention. It is recommended that an individualized plan of care be developed that includes interventions selected based upon the person's clinical profile and their preferences. Overall, it is recommended to start with the *least invasive and most effective interventions*. Antidepressants are an important part of treatment for older adults with *severe or persistent depression* (less evidence for mild depression) and SSRIs are generally the antidepressant of choice. In the guideline, an extensive list of evidence-

informed non-pharmacological interventions is provided, for example, different psychotherapies, exercise, reminiscence and self-help. Overall, it is important to instill hope and collaborate with the person (and their family) to find the right mix of interventions that will help them respond with resilience because establishing the best interventions will take time and patience.

You can start by downloading the 3Ds BPG (it's free!). Identify which recommendations apply to your practice and workplace. Connect with others in your workplace and discuss areas in which you are doing well, then select 1-2 priorities that you can learn more about and update your practice. To download your copy go to: http://rnao.ca/bpg/guidelines/assessment-and-care-older-adults-delirium-dementia-and-depression

Trends & Issues Discussion - Summary

19th Biennial Conference of the Canadian Gerontological Nursing Association Ottawa, May 2017

On May 6, 2017, delegates at the 19th Biennial Conference were invited to attend a Trends & Issues session during the Anne C Beckingham Breakfast. Those in attendance were asked to select from five main topics, then sit at a table with others interested in that topic. A volunteer from each table scribed key points discussed during their 20-minute conversation and submitted to Mollie Cole right after the session. Overall, twenty submissions were received. These submissions were digitized, summarized, then reviewed by the CGNA Board of Directors. The topics were Student Issues (3 tables); Leveraging Experience/Wisdom of Retired Gerontological Nurses (1 table); Member Education and Resources (2 tables); Public Education (1 table); and Clinical Practice Issues - Community Care (1 table), Acute Care (2 tables), Chronic Continuing Care (2 tables). The findings were very interesting and suggested to the CGNA BOD that our organization has a significant role to play with respect to education and mentorship of students, current gerontological nurses and our members who are retiring or already retired.

Student Issues –

a. Not enough instructors with a gerontological focus in preparatory nursing courses. It was suggested that CGNA could develop a mini-gerontology course for faculty and instructors that could be developed and delivered online through the CGNA website.
b. Recruiting and keeping students as CGNA members. It was suggested that CGNA ensure that webinar content meet standards for acceptability for clinical hours and/or learning plans for undergraduate students and completion certificates could be made available for

download. It was suggested that CGNA experts could develop 'classroom' talks for 3rd and 4th year nursing students focused on important gerontological nursing topics, post these on the website for downloading with completion certificates.

Retired Members –

a. CGNA is not leveraging knowledge, skills and wisdom of retired members to maximize full potential. It was recommended that CGNA develop a mentor-mentee program that would see interested students/new gerontological nurses be matched with a retiree who could share experiences, recommend resources and provide guidance. It was recommended that retired members be recruited to provide leadership for political advocacy initiatives; retired members will no longer have workplace restrictions on political activities.
b. Bylaws may limit potential contributions. It was recommended that Bylaws and operational policy be reviewed to ensure that retired members can continue to make meaningful contributions to CGNA.

Member Education and Resources –

a. Webinars should be free for members, a fee for non-members.
b. Webinar topics should be expanded to include the following topics: i) addictions in the elderly, harm reduction and risk assessment procedures around alcohol, smoking and street drugs, ii) sharing across provinces of their best/special projects relevant to elder care, iii) build capacity on how to navigate the 'grey zone' of real world practice.

Public Education –

a. Strategies such as educational webinars should be offered to the public (and policy makers) of the needs and health care issues of an aging population. It was recommended that such education could include such topics as: i) end-of-life care and palliative care – what the family needs to know so you are not unprepared to make decisions at the bedside, ii) functional decline and what does this mean, iii) Navigating the system – who do I call and when. These issues could be addressed by FAQ documents, forums and media releases/presence.

Clinical Practice Issues –

a. Advocacy is required with respect to unacceptable patient-nurse ratios and increasing workloads related to multiple co-morbidities. It was recommended that CGNA advocate for healthy policy related to workload, care ratios and preparation to care for multiple co-morbidities across all sectors.
b. Continuing need for professional education in gerontological nursing. Topics recommended included: i) delirium recognition and prevention, ii) fall risk assessment

and prevention, iii) end-of-life care, iv) pain assessment and symptom management, v) antipsychotic reduction for dementia, vi) healthy workplace and professional self-care, vii) reduction of unnecessary transfer to acute care, viii) elder/dementia-friendly communities promotion and ix) mentorship/leadership across all sectors.

General Recommendations –

a. **Membership auto-renewal** via electronic format for CGNA membership;
b. **Virtual meetings** to build national network capacity and knowledge sharing between conferences using ZOOM, Yuja, Go-to-Meeting, or other reliable software programs;
c. **Research support and mentorship from CGNA researchers across the country to CGNA members** → webinars on program evaluation, research methodologies, potential research partners and how to find them, funding sources, tips & strategies, data analysis, how to publish, writing partners;
d. **Think Tank on national research questions for students/clinicians/researchers** to network;
e. **Strengthen CGNA website portal with resources**, virtual study groups, posted lectures, recommended references, dialogue/chat room for those seeking national certification.

CGNA BOD will incorporate recommendations into 2018-20 strategic planning.

Choosing Wisely

Gerontological Nursing Messages – Expected to be released in March 2018

Last spring, we made a call for members to participate in a working group to help develop selected Choosing Wisely messages for Gerontological Nursing practice in collaboration with C.N.A. 11 well-qualified CGNA members answered this call, representing our practice in Acute, Continuing, Community Care and Education and from west, central and eastern parts of Canada. They met regularly over the summer and fall and have developed a list of 6 statements of importance to our speciality. The messages have been vetted by the CGNA Board and once approved by the C.N.A. board (likely in March 2018), will be released to the public.

Our many thanks go to the following members who supported the development of 'our' list:

- Lindsay Thomas, NP in Facility Living – Alberta (co-chair with C.N.A. representative Karey Shuhendler)
- Shana Taylor, NP-PHC, MN-ANP, LTC, Ontario
  Melissa Roblin, RN BScN, Stroke resource nurse, acute care, Ontario
- Mychelle Blackwood, RN, Alberta
- Judy Smith, RN, BScN, MEd. (DE), ENC(C), GNC(C), CNS Acute: GEM/post op ortho. Ontario
- Susan Brown, CNS, Residential and Assisted living, BC
- Lorraine Thiemann, RN, BScN, GNC(C), LTC, Saskatchewan
- Patricia Roy, RPN RN BSN MN GNC(C), CNS in Community Health, BC
- Kristine Schellenberg, RN MN, GNC(C), CNS LTC, Manitoba
- Kathy Gillett, BN, MSN, BEd, GNC (C), CNE LTC, Outpost, PN instruction, IP&C NFL
- Cheryl Knight, MN, LTC consultant, Alberta

Many of our messages will be familiar (warning of the hazards of any form of restraint) and some will be less familiar reflecting evolving recognition of the hazards 'routine' care. The Choosing Wisely Champaign focuses on messages that advice AGAINST doing something (Don't use any form of restraint until alternatives have been tried). It may take some time to appreciate this 'angle' but our list joins MANY developed by various medical specialities and a growing list of inter-professional messages (see Choosing Wisely Canada).

These messages will be the topics of our upcoming Webinar series for 2018. Over this next year we will discuss at the CGNA Board of Directors various ways we can work together to support the implementation of these messages. Together we can change all of health care!

National Gerontological Nurses Association (NGNA) spurs new CGNA Associate Membership category for International Nurses

It was with a sad heart that I heard from the president of the NGNA, our sister association in the USA, of their decision to fold their association. Their structure is a bit different from ours, in that individuals join the national, and/or state chapter, as separate groups (CGNA is a conjoint association, meaning membership in a provincial association automatically entitles membership in our national association). To provide a venue for staying connected to the gerontological nursing community, we have created an associated membership for international nurses. This category of member will receive our newsletter and access to Perspectives and other membership resources posted on the webpage and discounted membership to the Biennial Conference. The Research Awards and Scholarships will be available only to full members. We welcome our colleagues from other countries to our association.

Greetings from Heidi Holmes, Director of Communications

Happy New Year! My name is Heidi Holmes and I am the new (and first!) Director of Communications for CGNA. I was elected to the position at the AGM last year and have been working since then to familiarize myself with all those members who volunteer their time and help produce our "lines of communication" with all of you! These communications include our social media presence, our website, our newsletter and our journal publication. Please make sure to friend/follow us on Social Media on the following sites:

Facebook: https://www.facebook.com/CdnGeroNursingAssoc/

Twitter: https://twitter.com/cgna_ca

CGNA Website: http://cgna.net/

My goal for 2018 will be to increase our presence on social media and to engage in more discussions about gerontological nursing.

My role as Director of Communication with CGNA includes: attendance of Executive and BOD meetings, development of processes for maximizing communications with members and

stakeholders, be the liaison between the CGNA BOD and Perspectives and Newsletter editors. I also work with our CGNA manager to ensure content is being communicated on our social media and web platforms.

If there are any questions, please feel free to connect with me by email: hholmes@conestogac.on.ca or maybe we can engage in an online conversation on Facebook/Twitter!

CGNA Partnership with Immunize Canada

At the CGNA conference last May, a survey was completed by many members, asking for their opinions and knowledge regarding CGNA partnerships and leadership in gerontological care and education. Many great ideas came out of that survey and a CGNA subcommittee will continue to work on developing our current partnerships as well as establishing new partnerships with like-minded agencies and organizations. One of our current partnerships is with Immunize Canada. A member of the CGNA Executive (currently Heidi Holmes) sits on a committee that meets regularly throughout the year to discuss immunization trends and information that affects Canadians. CGNA's role specifically is to provide input on the needs of Canadian seniors as well as help advocate for protecting this group when it comes to immunizations and education. Many great and knowledgeable members sit on this Immunize Canada committee, and it is an honour to provide input on behalf of CGNA. If you are interested in learning more about this partnership or possibly joining the committee as a CGNA member, please contact Heidi Holmes at: hholmes@conestogac.on.ca

Certification in Gerontology

Apply now to write your exam in May 2018.

Have you certified as a Gerontological Nurse? Now might be the best time ever to demonstrate your competence in this specialty field of nursing. Applications to write the May exam 'on-line' will open January 10 and close March 1. A study curriculum has been prepared to help guide your review and content experts across Canada are preparing 1 hour lectures on major topics that will be addressed on the exam. These resources will be posted on the CGNA webpage in the coming weeks.

There will be another exam in November 2018. Applications for this second writing will be accepted between June 1 and Sept 10.

Those with certifications expiring in 2018 are asked to renew their certification by either re-writing the exam or by submitting evidence of 100 Continuous Learning (CL) Hours over the past 5 years. You can submit your CL hours on line between Jan 10 and Nov 1, 2018. Please note that the deadline to apply for renewal by CL hours is earlier than in previous years. Did you know you earn 4 CL hours per year just for being a CGNA member? That's 20 hours if you have maintained your membership for the 5 years you have been certified! You can claim up to 25 additional CL hours by serving on a committee of your provincial gerontological association. Attend educational events sponsored by the provincial associations/local chapters and the National biennial CGNA Conference (next one May 2019 in Calgary) and you'll easily meet the required hours to maintain your gerontological specialty hours!

CGNA 2017 Research Award Winner, Melissa Northwood

Melissa is a PhD student and trainee, Aging, Community and Health Research Unit at McMaster University.

Her research project is a mixed methods research study to better understand the complexity of living with type 2 diabetes mellitus and urinary incontinence in older adults receiving home care services. A convergent parallel mixed methods design will be used, informed by a complexity conceptual model, to collect both qualitative and quantitative data. The converged data will be analyzed and synthesized to provide a deeper understanding of the problems and implications for provision of home care services to this population. This research is crucial to identify barriers and challenges and optimal strategies in managing the concordant chronic conditions of type 2 diabetes and urinary incontinence in the home care setting and improve health outcomes for this vulnerable population. Congratulations Melissa!!!

Congratulations to all of our award winners!!!

Ann C. Beckingham Scholarship

Robin Coatsworth-Puspoky (ON) | Lisa Garland Baird (PEI) | Anna Garnett (ON)
Tabitha Kellendonk (ON) | Jade Sol (BC)

Memorial Scholarship

Charlene Hopkins (NB) | Colin Macdonnell (PEI)

Calling all Researchers!!!

The 2018 cycle for research grants and scholarships is now underway. Consider applying.

Current Competition. Deadline for applications is January 31, 2018. For more information go to: http://cgna.net/Research_Awards.html

Calling all Students!!!

The CGNA is pleased to announce the 2018 Ann C Beckingham Scholarships and the Memorial Fund Scholarship. Deadline for application for one of these awards is March 31, 2018. For more information, scholarship criteria and to download an application form go to: http://cgna.net/Scholarships.html

Provincial Updates

Province	Association name	Board member name:	Report for period: May 2017-Sept 2017 **(BOD Meeting 26 Sept 2017) PROVINCIAL REPORT**
BC	GNABC	Catrin Brodie	**Membership**: 107 **Activities**: **Successes**: Great conference in prince George which recruited lots of members for that area. Provincial conference will be held in Nanaimo on Vancouver Island on April 12-14. **Challenges**: retention and recruitment. one chapter closed this year and last year two merged due to lack of members and executives. **Goals**:
AB	AGNA	Jason Woytas	**Membership**: 194 **Activities**: Currently looking at adding a membership director to provincial exec take over some responsibilities from the treasurer. Possible addition of educational director to help with conference planning and possible province wide educational sessions. Advocacy committee engaging in a survey of members to look at

			potential activities. **Successes**: Our membership numbers have been similar to previous years. We are seeing some success with bringing in some new members to help balance with those who are leaving due to retirement, changes in employment, etc. **Challenges**: A couple of our smaller forming chapters have been having difficulty with members coming forward to be a liaison between the chapter and provincial executive. **Goals**: We would like to continue to have our members engaged in the organization province wide. Some discussion around how to keep our retiring members engaged in the organization has been happening.
MB	MGNA	Poh Lin Lim	**Membership**: 86 **Activities**: Annual General Meeting held on, April 25, 2017 followed by education presentation, then recessed. General Meeting restarted and held on September 19, 2017. Some new executives confirmed for new terms (President- elect, education and membership) **Successes**: 2017 April AGM well attended and reported membership of 138. **Challenges**: Membership retention and recruitment. Membership reported in September is 86 despite local reminders to members. Stop of automatic renewal could be one factor. Will try to remind members again. **Goals**: Increase visibility of MGNA in the nursing networking community Increase membership. MGNA spring conference to be held April 16 2018 (AGM with one day conference focusing on mental health

			issues of the older adults with multiple local presenters)
ON	GNAO	Julie Rubel	**Membership**: 2,796 including 1,697 student members **Activities**: Quarterly newsletter emailed, active on social media **Successes**: Struck committee for Provincial conference to be held in Niagara Falls in April 2018 (our first since 2014) **Challenges**: Several chapters facing imminent leadership challenges requiring focus on chapter restructuring **Goals**: Concentrate efforts on providing value to members during these times of restructuring including ongoing educational opportunities.
NB	NBGNA	John MacDonald	*Report not available.*
NS	NSGNA	Julie Sutherland-Jotcham	**Membership**: 53 **Activities**: NSGNA AGM & Educational evening was held on Sept 18, 2017. **Successes**: Facebook group has increased awareness of NSGNA to a certain extent and engaged members. **Challenges**: Sustaining and increasing membership **Goals**: Increasing awareness of NSGNA
PEI	PEIGNA	Susan Clory (Eileen Larkin alternate)	**Membership:** 31 **Activities:** Sponsored the University of Prince Edward Island Research Day on May 26/2017. An information booth was on site for the Conference. Executive meeting held Sept 13. General meeting held on Sept 20. Plan to host an information booth at the "Making the Connection" Conference in October 2017, to promote the association. **Successes:** Increasing profile of the Association **Challenges:** Increasing/maintaining membership

			Goals: Continue to raise awareness of the Association and increase membership.
NL	NLGNA	Carla Wells	**Membership**: 44 **Activities**: Planning for Annual Education Conference Oct. 20, 2017 **Successes**: Increasing membership. New bylaws **Challenges**: Trying to accommodate for ARNNL rule regarding 80% of membership must be RNs to remain a Special Interest Group of ARNNL **Goals**: To continue to grow. Promote CGNA Conference 2019.

Your CGNA Board of Directors

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