



THE CANADIAN GERONTOLOGICAL NURSE

Fall
2018



Fall 2018

A MESSAGE FROM THE CGNA PRESIDENT



I hope you all had a wonderful relaxing summer. This year my mantra was “this is summer” – to remind myself to slow down and appreciate the most wonderful season in Canada: taking my morning coffee on the deck, stopping to feel the sun on my face, enjoying the ease of dressing in a sun-dress. And now it’s September – in Western Canada we are well into the cool weather. I hope you are feeling the invigoration of the cooling air and the possibilities that lay before us.

In the spring, the CGNA executive held a weekend of strategic planning – it was wonderful to take stock of where we are as an organization and map out our plans for the future. Many of our discussion topics are reflected in the various articles in this newsletter: Practical Nurse Certification exam; promotion of the Choosing Wisely statements for Gerontology; support for education for members through Webinars, Perspectives; communicating with our members through social media; partnership with Canadian Deprescribing Network, review of our standards, and of course, the biennial conference to be held May 2-4, 2019 here in Calgary! It will be wonderful to see y’all this coming spring!

Until then, I hope you find a way to connect with the gerontological nurses in your area (local chapter or provincial association). There are many ways we can support each other to keep promoting the best care possible for older adults.

Mollie Cole, CGNA President 2017-19

National Dementia Strategy

In May 2018 the Honourable Ginette Petitpas Taylor Minister of Health for Canada hosted a national dementia conference to help inform the national dementia strategy. The conference brought together approximately 200 participants from the six stakeholders groups identified in the National Strategy for Alzheimer’s Disease and Other Dementias Act: people living with dementia, caregivers, researchers, health professionals, advocacy groups and representatives from provincial and territorial governments. As president of CGNA I was invited to this two day event to discuss the development of a national dementia strategy. We participated in a number of workshops to help identify priorities for the strategy on topics such as: research into interventions that contribute to quality of life for people living with dementia and their family care partners; research on technology that can help in the care of those living with dementia; education for health care professionals; and the needs of special populations such as those from indigenous communities. I met a woman from Corrections Canada who spoke of the challenges in arranging care for prisoners who experience dementia. I sat with family care partners who shared stories of challenges living in communities where health and social services are not

adequate to meet their needs. I spoke with researchers who wonder how best to get evidence-based interventions into practice. At one of the display table I tried a virtual reality visit to a shore line – a possible application for those unable to participate in outings. Barb Shellian, the past president of C.N.A. is one of 15 people who will meet over the next year to advise on the development of this national strategy. Barb led the focus group on education for health care providers. To prepare for this part of the workshop, she asked for input from CGNA on the dementia curriculum available across Canada. The provincial presidents on the Board of CGNA identified PIECES Canada, Gentle Persuasive Approach (GPA) and Supportive Pathways.

We will post a link to the report of this conference on the CGNA webpage and keep in touch with Barb to seek ways to help inform this national work.

Mollie Cole, President CGNA 2017-19



CGNA President Mollie Cole is seen above with Barb Shellian, Past President of CNA

CGNA2019.ca
OLDER PERSONS CLIMBING MOUNTAINS:
JOURNEYS AND TRANSITIONS

CANADIAN GERONTOLOGICAL
NURSING ASSOCIATION
20TH BIENNIAL CONFERENCE
MAY 2 - 4, 2019
CALGARY | ALBERTA | CANADA

A wide-angle photograph of the Calgary skyline, showing various skyscrapers and buildings under a clear blue sky with some clouds. The foreground shows a green field.

MIP supports Nursing Certification

TWO awards for Gerontological Nurses in 2018.

[MIP](#) is a corporate sponsor of the C.N.A. certifications. Their core business is healthcare textile products (linens, towels, sheets, transfer aids, scrubs, mattresses, etc.) and laundry. In 2017 MIP offered CGNA a professional development scholarship to reimburse one of our members the application fee to obtain or renew their gerontology certification. Shirin Vellani from Ontario was chosen to receive the award by random draw from the list of those who obtained certification (or renewed) last year.



Shirin Vellani, Recipient of MIP Award

This year MIP has offered CGNA **TWO professional awards for members who certify**. The draw for these awards will be made by the Sponsorship committee in early 2019. You will be automatically added to the list if you are a CGNA member and obtain your certification through either of the exam sessions in 2018 (May or November) or by renewing your certification by November 1, 2018 (note the new renewal date). Our thanks go out to MIP for recognizing the importance of supporting gerontological nurse certification. Please stop by the MIP booth at the conference in Calgary in May 2019 to thank them for this professional award.

Practical Nurse Exam in Gerontology is Underway!

In June this year, the Canadian Nurses Association (C.N.A) passes a resolution at their Annual General Meeting (AGM) approving extending membership to all members of the professional nursing family. This change paved the way for C.N.A. to sponsor (and fund) the development of a Practical Nurse certification exam in gerontology. CGNA is working closely with C.N.A. to support the development of the exam. In July we put out a call to CGNA members who are Licensed or Registered Practical Nurses (LPN/RPN) asking for volunteers to serve on the various exam development committees. I have been so impressed with the enthusiasm and depth of experience of the individuals who have agreed to participate in this work:

I would be so honored to be part of this venture.

I am thrilled to hear about this and I would Love to put my name forth

I am so pleased to hear about the first national specialty certification exam for licensed practical nurse/registered practice nurse.

I believe this is a terrific opportunity for me to make an unique contribution to my profession. This will truly be one of the highlights of my nursing career.

In September, C.N.A. will invite a selection of those who volunteered to participate in one or more of the four exam development working groups in Ottawa. The first session will be to develop the blueprint for the exam, based on the CGNA competencies. Two more sessions will be held in February to develop exam questions and the fourth session will occur in May 2019 to review the exam. It will then be translated into French and is expected to be ready for Practical Nurses to write in November 2019.

The certification exam for the Registered Nurse will continue to be available as a separate exam. The Practical Nurse exam will be developed to reflect the practice of the LPN/RPN. We anticipate that Nurses preparing for either exam will be able to review much of the same gerontological nursing knowledge and consider how the knowledge is applied in the practice setting from the lens of each group's professional role.

We are so very pleased that gerontology was chosen as the first Practical Nurse Certification exam. It is good for our LPN/PRN members, our association and the older adults we serve!

Mollie Cole and Lori Schindel Martin

Deprescribing – A New Partnership with CaDeN

In the last few years, a new term has entered my vocabulary: deprescribing. In a nut shell, this is the process of discontinuing medications that may be resulting in more harm than good. Said another way, are all the medications used with older adults necessary and appropriate? As nurses, even though we don't write the medication orders, we have a role to play in this work. Often is it based on our observations that new medications are initiated: antipsychotics for responsive behaviours; sedatives for sleep; laxatives for constipation; analgesics for pain, etc. While these assessments and team discussions are important for the best health outcomes, we are beginning to recognize that there may be interventions that can decrease the reliance on pharmaceuticals. Gerontological nursing knowledge includes many interventions to help address the care needs of older adults that are known to reduce or eliminate the need for pharmacologic interventions. Fewer pills is better is the key message coming out of research on the impact of polypharmacy on older adults.

This past spring, CGNA began a partnership with the Canadian Deprescribing Network co-chairing a nursing sub-committee of the Health Professions Working group – one of three working groups formed by CaDeN (the other two working groups are looking at policy and public awareness). Some of the activities of this nursing sub-committee include writing a series articles for publication on the importance of decreasing the overall pill burden for older adults for nursing journals/professional newsletters across Canada. We are forming partnerships with the NP Association of Canada (NPAC) and [the Canadian Family Practice Nurses Association \(CFPNA\)](#) to extend the reach of these messages to Nurses who may not have a strong foundation in gerontological nursing.

So what can you do as a member of CGNA to raise awareness about the importance of ensuring appropriate medication use in older adults?

As a clinician, when you identify health concerns, encourage the older adult and/or the care team to implement non-pharmacologic interventions wherever possible: increase fluids and fiber and activity for constipation; behaviour mapping to seek the underlying causes of responsive behaviours; heat/cold applications and changing position for pain management; sleep log to seek solutions to barriers to good sleep. Reflect on how you communicate with the interprofessional team when sharing your observations – do the prescribers on the team assume you are seeking a medication to correct the health concern? Can we shift our communication from “we need something for Mr. Jones” to one of “we are trying this with Mr. Jones and will let you know how it works” – education family members about the many issues associated with multiple medications. The CaDeN has many resources to help support these conversations. During medication reviews, contribute to the conversation by sharing your knowledge of the individual and the success of non-pharmacologic nursing interventions.

As an educator, spend as much time talking about how to avoid the use of medications as you do talking about the medications commonly prescribed for various conditions. Encourage staff and students to begin thinking about not only of the benefits of medications, but the harm of using too many: Increased falls are associated with multiple medications ([see the evidence here](#)). As a

researcher, contribute to the evidence regarding effective interventions to decrease medication use in older adults, and on the effective strategies to move that knowledge into practice.

As administrators, implement processes to support regular, thoughtful interprofessional medication reviews that include the observations of the whole team: Health Care Aides (HCA) or Personal Support Workers (PSW) and Nurses from all shifts (including weekends!); staff involved in Recreational Therapy/Activities; Food Services staff; Allied Health, Pharmacists and of course the prescribers (NP/Medical Doctor) and the older adult, family/alternate decision maker. Build staffs' knowledge and abilities to implement non-pharmacologic interventions and to observe for the impact of medications (both positive and potentially negative impacts).

As nurses, we are in unique positions to influence many aspects of medication use in older adults. Let's work together with the whole interprofessional team to shift our focus toward using fewer medications with older adults.

Canadian Patient Safety Institute: The theme this year campaign (running Oct 29-Nov 2) is "not all meds get along." Go to the [CPSW webpage](#) to sign up for resources you can post in your work settings during CPSI. Seems everyone is talking about ways to decrease medication use in older adults.

As a chapter or provincial association here's something to try: Host a public forum to raise awareness on the importance of asking about medication appropriateness: partner with a pharmacist/physician in your area who has geriatric background. Partner with other local associations who have a similar objective (e.g. a provincial/chapter association on gerontology). Partner with a local seniors' organization.

Obtain a sample slide deck for the presentation by contacting: president@cgna.net. Order materials for the public from the CaDeN/[Deprescribing.org webpage](#) to handout at the session. Choose a focus (e.g. sleeping pills) or the general message of decreasing overall medication use. Encourage older adults/advocates to set an appointment with their primary physician/health care team to complete a comprehensive medication review.

Take notes about on what well and share your stories with us – together we can do so much!

Mollie Cole, chair of the CaDeN nursing sub-group

Third Act(ion) Film Festival: Celebrating Ageing and Older Adults

In June I attended an inaugural film festival in Calgary called [Third Act\(ion\)](#) and saw some pretty amazing films about older adults. [Lucky](#) was my favourite feature film – it's the story of a 90 year-old atheist who smokes and does yoga. Very thought provoking. My favourite short was "[My mom and the girl](#)" – Valerie Harper does an amazing job in the role of a retired jazz singer who has Alzheimer's – it's beautiful portrayal of the grace of an understanding caregiver. Next years' festival runs June 7 – 9, 2019 in Calgary. Maybe they'll do a preview of some of the films for us over the conference weekend in May!

Mollie Cole

CHOOSING WISELY – Gerontological Nursing Messages

The Canadian Nurses Association (CNA) and the Canadian Gerontological Nursing Association (CGNA) established its Choosing Wisely Canada nursing list by convening an 11-member nursing working group (NWG). The group consisted of gerontological nursing experts from across Canada, representing a broad range of geographical regions and practice settings. The working group was chaired by Lindsay Thomas, and included: Judy Smith, Kathy Gillett, Susan Brown, Mychelle Blackwood, Shana Taylor, Cheryl Knight, Patricia Roy, Kristine Schellenbe, Lorraine Thiemann, Melissa Roblin, with the support of Karey Shuhendler from Canadian Nurses Association. Our thanks go out to this group of dedicated gerontological nurses who developed our list of key messages!

The Choosing Wisely Campaign focused on identifying things that we ought NOT to – it's a bit of a twist on our usual 'do this' list of instructions. As you read the messages, think about WHY we are being asked to refrain from these activities. The rationale for each of the messages can be found on the [Choosing Wisely](#) webpage.

https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/six-things-nurses-and-patients-should-question_gerontology.pdf?la=en&hash=5CA6F36C8FF92F624F3BBA2DFC388904FE5795E9?

Over the coming months look out for webinars on each of the topics. What can you do to change practice in your area to support the implementation of these messages? Let us know what you are doing!

Lindsay Thomas, NP.

Quality Improvement & Best Practice, Facility Living

Alberta Health Service

Ann B. Beckingham Scholarship Winners - 2018

CGNA is pleased to announce the names of the four applicants who were awarded an Ann C. Beckingham Scholarship in May 2018.

- **Angela Jenkins, MN student – NP stream, University of Prince Edward Island**
- **Sonia Nobleza, MN student – course stream, Athabasca University**
- **Angel Wang, MN student – thesis stream, Ryerson University**
- **Marie-Lee Yous, MN student – thesis stream, McMaster University**

We will be profiling each of these students in upcoming issues. In this newsletter, we profile Ms. Marie-Lee Yous who just completed her master's program.

Marie-Lee Yous successfully defended her master's thesis, titled '*Nurses' experiences with responsive behaviours of dementia in acute care and perceptions of P.I.E.C.E.S. education*', on August 21, 2018. Marie-Lee completed her Master's degree at McMaster University under the supervision of Dr. Jenny Ploeg. Her committee members were Dr. Sharon Kaasalainen and Dr. Lori Schindel Martin.

The study used a qualitative interpretive description design and included in-person interviews with 15 healthcare professionals (i.e. nurses, a physiotherapist, a social worker, occupational therapists, and P.I.E.C.E.S. educators) who had experiences in interacting with or providing care for older adults living with responsive behaviors of dementia. The study was conducted in Southern Ontario.

The key findings of this study were that delivery of dementia care in an acute care setting is a complex undertaking, requiring nurses to navigate varying perspectives and multiple barriers. Sharing care practices through strong interprofessional collaboration and sustaining dementia education through frequent review of best practices are important strategies that organizations can implement.

Marie-Lee presented her research at the McMaster University Faculty of Health Sciences Research Plenary on May 30th, for which she was selected to receive an Excellence in Poster Presentation Award. Marie-Lee will begin doctoral studies at McMaster this September. Congratulations, Marie-Lee!]

Marie-Lee states that she has "a strong passion for gerontological nursing and hope to improve care for older adults living with dementia. I have been working as a charge nurse on a long-term care unit located within an acute care hospital in Hamilton, Ontario since graduating with a BScN from McMaster in 2010."

Research Summary

Approximately 56,000 individuals with dementia are admitted to hospitals annually and 75% experience responsive behaviours. Responsive behaviours are words/actions used to make one's needs known (e.g. wandering, yelling, hitting, and restlessness) and are perceived by healthcare professionals to be a challenging aspect of dementia care. The purpose of the study is to understand the perceptions of nurses about: (a) caring for older adults with dementia experiencing responsive behaviours in acute medical settings and (b) an educational intervention in dementia care called P.I.E.C.E.S. (Physical, Intellectual, Emotional, Capabilities, Environmental, and Social assessment). P.I.E.C.E.S. education promotes holistic care by incorporating multiple factors affecting an individual.

Thorne's interpretive description approach was used. Participants were recruited from acute medical settings in an urban hospital in Ontario. In-person, semi-structured interviews were conducted with 15 participants (i.e. nurses and allied health professionals). Experiential thematic analysis was used. Themes related to caring for individuals with responsive behaviours included the following: (a) the fast-paced environment focused on acute care issues made it challenging to care, (b) strong interprofessional collaboration and good continuity of care was a facilitator to caring, and (c) nurses used a variety of non-pharmacological strategies to support clients with responsive behaviours, but still resorted to pharmacological strategies. Nurses and allied health professionals found that P.I.E.C.E.S. education promoted holistic care and was practical. Despite its strengths, P.I.E.C.E.S. was not recently being used by providers due to barriers such as lack of time and heavy workload. Findings provide guidance for improved support for nurses who provide care for individuals experiencing responsive behaviours in acute medical settings. Participants provided recommendations to improve the impact of P.I.E.C.E.S. education and dementia care in hospital such as increasing staffing and providing educational reinforcements.

Submitted by Lori Schindel Martin, Chair, Scholarship Committee

It is CGNA Student Scholarship Application time!

Do you know a CGNA member who is studying for a degree in nursing at the undergraduate or post-graduate level? Encourage them to apply for a CGNA scholarship! Students must have been CGNA members for two years to be eligible to apply.

The Memorial Scholarship will be of special interest to Practical Nurses (LPNs or RPNs) who are working toward an undergraduate nursing degree. **The Ann C. Beckingham Scholarship** is targeted to CGNA members who are working on a graduate degree in nursing.

The application period opens December 1 2018 and closes on Friday, January 18, 2019. Access the CGNA web page for the application form <http://www.cgna.net/Scholarships.html>
Your complete application package should be received by Lori Schindel Martin (lori.schindelmartin@rverson.ca), President-elect, no later than Friday, January 18th at 10 pm.

CGNA Research Award Update

Unfortunately we were unable to award the research grant in 2018. Although we had two applicants, the reviewers were agreed that both grant applications did not contain adequate information for us to score them in the fundable range. Both projects could easily have been funded had they included a clear budget, paid close attention to the marking criteria and included enough information for reviewers to score them as fundable. Applicants for next year are encouraged to carefully read the marking directions, and marking criteria so that reviewers can clearly understand your research project. See below the marking criteria. All the best to future applicants.

Background and Research Problem

- Is the scope of the research problem/issue clearly established?
- Does the proposal address an issue of relevance to gerontological nursing?

Research Question

- Is the research question or hypothesis to be tested clearly articulated?
- Does the question/hypothesis flow logically from the research problem?

Methods

- Is study design described clearly?
- Is the design suitable for the question posed?
- Is the sample described? Are inclusion and exclusion criteria clear?
- Is the sampling plan and recruitment method described, suited to the design and reasonable?
- Is the plan for data analysis clearly described and suited to the design?

Ethical Concerns

- Are ethical considerations adequately addressed? (e.g. confidentiality, use of proxy consent if the study is to include persons with cognitive impairment)
- Is the process for Ethics Approval identified?

Researcher /Research Team Expertise

- Is the experience of the researcher/researcher team suited to the proposed method?
- If a student or novice researcher is principal investigator, do they have the support of experienced investigators?
- Do the investigators describe how this study links to development of a program of research?

Dr. Sherry Dahlke

Chair of the Research Committee

News from Provincial Associations



Alberta – Alberta Gerontological Nurses Association

www.agna.ca

Activities: Since our last board of directors meeting (BOD), we have had our annual conference / AGM on April 20, 2018 in Red Deer and while our attendance was down from previous years, we had a lot of positive feedback in terms of our programming. Calgary chapter is looking at starting up a CNA certification study group and our Edmonton, Calgary and Red Deer chapters have all had year-end events within their chapters.

Successes: Mollie Cole was named as an honorary member of AGNA at our AGM in April 2018. We have tried a number of people to volunteer to come forward for a variety of our new provincial executive positions.

Challenges: We're still searching for a new president-elect for this current year, competing time commitments remain an issue for our members. Low turnout rates are being seen at some AGNA chapter events in Edmonton. A number of our provincial executive are still seeing a number of email spoofing scams – will explore the possibility of removing executive names / emails from website to deter

Submitted by Jason Woytas



British Columbia - Gerontological Nurses Association of British Columbia

www.gnabc.com

Memberships: Our membership has decreased by approximately 28# in a period of five years. I am not certain whether this change should be partly attributed to nurses retiring or most RNS being replaced by LPNs in long term care facilities (LTC). While LTC facilities have staffed mostly LPNs there are less than 6% LPNs in our provincial membership.

Our registrar, at our teleconference on September 10, 2018, reported that we have 182 members of which 177 are full and 5 are associate members. This is an increase of 29% from last year's membership of 141.

Goals:

- 1) Restore / rejuvenate our provincial membership.
- 2) Provide opportunities to educate, and improve / increase members skills and knowledge in order to assist with responsible practice and thus provide care that meets professional standards of practice and out resident's / patient's needs.
- 3) GNABC to participate actively with CAN/ CGNA project working groups to collaboratively share knowledge and skills.

Activities:

- 1) Developed a membership campaign poster for distribution to long term care facilities by the Chapter Presidents or their designates. This poster invites nurses and particularly LPNs to join GNABC
- 2) Cathy Farrow (our new Media Chair) and I held a teleconference with Heidi Holmes in June 2018 to discuss social media. Cathy and I then worked together in writing a Social Media and Communication policy- draft for discussion at the GNABC Executive teleconference on 10/09/2018. This policy describes responsibilities and expectations for GNABC members using social media. The purpose of this policy is to offer guidance on how GNABC members can communicate in a professional manner that upholds the reputation of GNABC. We are hoping that we can increase our membership through the use of social media.
- 3) In April submitted to CGNA president information on dementia care BC initiatives received from I. Hung and I. Borza.
- 4) Submitted names of those who have expressed interest in participating in working groups. Supported endorsement of Traci Skaalrud to participate in the development of the LPN Certification Exam with CAN / CGNA working group.

Submitted by Lillian (Li) MacTaggart



Manitoba – Manitoba Gerontological Nurses' Association

Membership: Currently have 93 members.

Activities: Upcoming biannual conference October 5/18.

Successes: maintaining members in a difficult health care climate. Support upcoming research study

Challenges: Retaining executive to a 2 year term Most often we are seeing an annual turnaround.

Goals: Increase membership

Submitted by Tara McNaughton



New Brunswick – New Brunswick Gerontological Nursing Association

No report available



Newfoundland – Newfoundland & Labrador Gerontological Nurses Association www.nlgna.ca

Membership: 22 members

Activities: Several executive meetings held over the summer. Original goal was to host an educational conference this fall but this has been postponed to next fall.

Successes: Executive is working on plans for a virtual AGM.

Challenges: Executive is looking at ways to conduct voting by virtual means. Because it is impacted by currently by-laws, this may not occur until 2019.

Goals: to host an education session and AGM this fall via virtual medium

Submitted by Carla Wells



Nova Scotia – Nova Scotia Gerontological Nurses Association
www.nsgna.com

Membership: Numbers not available

Activities: As a group, NSGNA continues to have challenges recruiting members. We have had to cancel education events due to low registration numbers which made it unfeasible to continue. After postponing once, we carried on with our 34th Annual Education evening and AGM on Friday September 14, with 42 in attendance. Out of those numbers, only 10 were NSGNA members. We will continue to seek ways to encourage membership.

We also continue to be a small group of executive with open positions for President-Elect and Secretary as no nominations came forth during our AGM

Submitted by Julie Sutherland-Jotcham



Ontario – Gerontological Nursing Association Ontario
www.gnaontario.org

Membership: 2039 including 1144 student members.

Activities: GNAO has been working behind the scenes in preparation for events to be held in the fall. As well, GNAO will again work in partnership with Mt. Sinai and UHN in Toronto to promote the Geriatrics Update Course.

Successes: Continue to have an enthusiastic board who are keen to discover new ways to keep GNAO relevant to gerontological nurses across sectors.

Challenges: We will be recruiting three key positions in the coming year, President Elect, Communications Director and Treasurer, as well as working to revitalize the 4 active chapters.

Goals: To actively promote GNAO events over the fall to engage current and potential members. To re-commit to our communication channels, namely our newsletter and social media accounts

Submitted by Julie Rubel



Prince Edward Island – Prince Edward Island
Gerontological Nurses Association

Membership: 33. Membership remains steady with little changes

Activities: Executive meeting held on September 12 with a general meeting booked for September 19th. Supporting education session (“Making the Connection” in Summerside PEI) in an attempt to raise awareness of the Association.

Successes: Provided an education session in April with good attendance provincially.

Challenges: Continues to be challenged with growing the membership

Goals: 1) growing membership, 2) Provide education sessions to our membership and 3) Provide education to health care providers provincially

Submitted by Susan Clory

CGNA EXECUTIVE	
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**CANADIAN GERONTOLOGICAL NURSING ASSOCIATION
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