



THE CANADIAN GERONTOLOGICAL NURSE

Summer/Fall 2017



SUMMER/FALL 2017

President's Message



Hello CGNA! I'm so excited to be starting my tenure as the President of the Canadian Gerontological Nursing Association. I am very appreciative of the excellent orientation I've received from both Veronique Boscart (immediate past-president) and Lynn McCleary (previous past-president). We owe a debt of gratitude to them both for shepherding our organization through a series of changes in management companies and preparation of our bylaws to be compliant with new federal regulations for non-profit organizations. My hat go off to both Veronique and Lynn for their dedication and attention to our organization – thank you both so much. Our current Manager, Anthony Lombardo, provides us with excellent support through his many contributions including managing the website and membership database, tracking operating expenses and filing our required reports with various government agencies. Thank you, Anthony for your continued attention to these important matters. With these structural changes behind us, we can turn our attention to what I hope to be more energizing activities for the association!

I chose this gerontological nursing specialty soon after graduating from McMaster University in 1984 (as a classmate of Lynn McCleary's). During my Masters degree (University of Alberta, 1900) I focused my studies on "alternatives to reality orientation" in care of older adults with dementia and on family caregiver experiences. Since then I have held various roles as an advanced practice nurse in acute and continuing care settings in Alberta (with a short stint in north BC). Currently, I am a manager for a provincial Strategic Clinical Network in Alberta where, with a fabulous team of gerontological nurses, we have implemented a quality improvement initiative that has seen a 40% reduction in the use of antipsychotics in LTC in our province (check out the [AUA Toolkit](#) for more on the approach we took and resources any of you are welcome to use).

I have been a member of CGNA since the early 1990's, although like many of you, in my early years with CGNA, my connections were strongest to my local chapter and provincial association in Alberta. I served as President for the Alberta Gerontological Nurses Association (AGNA) in 2011-13 and during those years sat as a board member for CGNA. This association, AGNA/CGNA, has been my professional community of practice for almost as long as I've been a Nurse. I really LIKE gerontological nurses and always feel rejuvenated after spending time with you, my colleagues, at chapter meetings, provincial education sessions and national conferences. Some of you I only see every two years, but over the years, you have become part of the fabric of my life.

I have come to realize that the challenges that face my local chapter in Calgary, are similar in many other jurisdictions across the country. Membership is declining in many chapters and provincial associations as younger members are not replacing retiring members and finding volunteers to sit on executives is a wide-spread challenge. We may need to rethink how we 'do' CGNA as we move into the future.

Can we create a community of practice that relies less on formal structures and more on virtual connections that is more inviting to younger nurses? Can we rally around a common clinical issue and 'make a change' in our various roles and settings? Can we find a way to turn the message of our specialty knowledge outward to other groups who provide care to older adults in their specialty areas?

Over the next two years I look forward to working with our CGNA executive, our president-elect Lori Schindel Martin, the CGNA Board of Directors and with you, the members, to explore what is possible for this amazing specialty nursing association. Let the fun begin!

Mollie Cole, CGNA President

Thank you to all who participated in our successful 2017 CGNA Biennial Conference: Gerontological Nursing: Shaping Healthcare for those who Shaped Canada!

The biennial conference was held in Ottawa Ontario, May 4th – 6th. Overall, approximately 300 attended the Conference, taking in two pre-conference sessions, 140 poster and paper presentations as well as keynote speakers and the CGNA AGM. Attendance was up as well as the number of exhibitors and sponsors. So our budget was well covered, allowing us to support the ongoing costs of our national organization.

We were also able to raise \$3,200.00 for the Scholarship Fund through the two quilts that were made by generous and gifted CGNA nurses from across Canada and from proceeds from the Silent Auction held at the Gala Dinner. Thank you to all who provided generous donations to the auction and to those who attended the gala and bid on items.

This was the first national conference planned by our own CGNA National Conference Planning Committee volunteer members (thank you to all of you) and while there were a few hiccups, overall it ran smoothly. We received evaluation responses from a third of the attendees – well done, in research we'd love to have that kind of response rate! We will be using our lessons learned and the evaluation feedback in planning the 2019 conference which is to be held in Alberta – more news to share on that event in the next Newsletter!

Highlights from the conference included:

Two inspiring Keynote Speakers.

Dr. Karima Veiji spoke on: "Will you be there when I am old? Unleashing the power of Elders and Nurses to shape healthcare."

Dr. Lynne Mitchell Pederson spoke on: "How Would I Know What to Ask?"

Two Pre-Conference Workshops

CASN held a workshop on the Gerontological Competencies for graduating baccalaureate nurses.

RNAO provided an update on the new edition of the best practice guidelines for the 3D's.

Posters and Oral presentations

The excellent quality of posters and oral presentations provided a robust sharing of clinical and research topics that were exceptional. We encourage all who presented via poster or oral presentation to consider completing your work and submitting a manuscript to Perspectives, CGNA's peer reviewed journal. You are already well on your way!

http://www.cgna.net/Perspectives_Journal.html

Start thinking ahead to 2019, our 20th Biennial conference will be held in Alberta – the plans for that have already begun! Plan now to attend!

Sincerely,

Carla Wells at: cwells@grenfell.mun.ca and Diane Buchanan at: diane.buchanan@queensu.ca





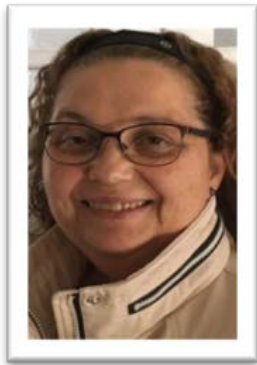
Some photos from the 2017 CGNA Conference, Ottawa

Top left: Conference Co-Chairs, Carla Wells and Diane Buchanan with beautiful quilt that was auctioned off at conference. Each square represented each province / territory.

Top right: Diane Buchanan who has spent countless hours engaged in CGNA activities receives life time membership status from CGNA Past President Veronique Boscart.

Bottom left: Future, present and past CGNA Presidents, Lori Schindel Martin, Mollie Cole and Veronique Boscart.

Bottom right: Carla Wells, Julie Rubel (Ontario President), Veronique Boscart and Diane Buchanan with provincial flags.

INTRODUCING:**CHARLENE HOPKINS RN, RECIPIENT OF THE CGNA MEMORIAL SCHOLARSHIP****Melatonin & Aging**

The current research into the relationship between melatonin and the aging process is quite fascinating. Although many theories attempt to explain the physiological changes associated with aging, no single theory can comprehensively explain all of these age-related changes. This suggests that a more plausible explanation can be best explained through a combination of existing aging theories. Melatonin is a molecule that is capable of varied functions which allow it to be considered in its application to several of these existing theories of aging. The heterogenic nature of this hormone may be intertwined between the Endocrine and Immunological theories as well as the Free Radical theory.

Programmed theories support that belief that the physiological changes typically associated with aging follow a biological time table (Jin, 2010). The 3 subdivisions of Programmed theory include the Immune, Endocrine, & Programmed Longevity theories. Damage Error theories support the belief that long-term cumulative damage occurs at different organizational levels ultimately culminating in the cessation of function. The Free Radical theory, one example of a Damage Error theory, proposes damaging changes at the cellular level are the result of the accumulation of such free radicals as superoxide (Jin, 2010).

Melatonin, a hormone, is secreted in substantial amounts by the pineal gland which is located in the third ventricle of the brain (Marieb, 2012). The nocturnal melatonin synthesis by the pineal gland is regulated by the release of norepinephrine (Borjigin, Zhang, & Calinescu, 2012). Ultimately, it is the hypothalamus that signals for the release of norepinephrine which then targets the pineal gland. Several other tissues are capable of producing lesser amounts of melatonin, including the retina, lymphocytes, gastrointestinal tract, bone marrow, membranous cochlea, and Harderian gland (Pandi-Perumal et al., 2013). Melatonin levels are highest during childhood and decrease substantially with the aging process (Dong et al., 2010).

Melatonin has many physiological functions including the maintenance of circadian rhythms, free radical scavenging, and enhanced immunity (Dong et al., 2010). Melatonin contributes to the total antioxidant capacity. The loss of this potent antioxidant may partly explain the incidence of sleep disorders, immunological disorders, and other age-related diseases (Dong et al., 2010). Studies have also shown that melatonin enhanced growth hormone production and decreased somatostatin (Hardeland, 2013). Melatonin is truly a multipurpose molecule.

The reasons as to why melatonin is a hormone which decreases with increased age while other hormones remain unchanged in somatic concentrations are unclear. The minimal available information on the hormonal effects of melatonin and the actions of the pineal gland are also intriguing. The reasons for the diminished secretion of melatonin by the immunological

lymphocytes also remains a mystery. There is always new research being conducted to improve healthcare practices and elucidate the human physiological responses. With the current interest of researchers for melatonin, and additional experimentation being generated on melatonin benefits and applications, hopefully this knowledge may be used to support an informed individual and a healthy aging process for everyone.

References

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INTRODUCING:

The recipients of the Ann C. Beckingham Scholarships:

Tabitha Kellendonk
Lisa Garland Baird
Anna Garnett
Robin Coatsworth-Puspoky

Tabitha Kellendonk



My name is Tabitha Kellendonk and I am a Registered Nurse, currently attending the University of Western Ontario. I am taking the Master of Nursing- Advanced Nursing Practice (MN-ANP) program, in the health promotion and leadership stream. Prior to beginning the Master's program, I worked on an inpatient surgical unit at Guelph General Hospital and in LTC at St. Joseph's Health Centre in Guelph.

Since a young age, I have always had immense respect for the elder population and have always enjoyed working with this group of diverse

individuals. My mother continues to work with older adults and has done so since she was a teenager. Seeing my mother work with seniors and to witness how meaningful her role was to the seniors she cared for was truly inspiring. My mother's passion soon turned into my own and even before I started by BScN 5 years ago I knew that I would pursue a Master's degree.

I hope to become a Geriatric Emergency Management (GEM) nurse upon graduation and a Clinical Nurse Specialist (CNS) in gerontology later down the road. I have always felt strongly that our seniors deserve the best care we can provide. My grandparents and parents continue to age and one day I will face old age as well. I want to ensure that the care my family and I will receive, will be not just good- but exceptional! I look forward to the rest of this journey through school, and in becoming a future nurse leader in gerontology.

Lisa Garland Baird RN PhD(c)



Home Care Case Manager's Integrated Care of Older Adults with Multiple Chronic Conditions: My doctoral research focuses on Home Care Case Manager's Integrated Care of Older Adults with Multiple Chronic Conditions in PEI and Alberta. Specifically, I will be identifying the contextual influences, barriers and facilitators of providing home care services to older adults with MCC as described by home care case managers (HCCM). My findings will provide recommendations and strategies for provincial decision makers, policy planners and HCCM to develop and potentially improve integrated home care services, programs and policies for older adults with MCC.

Background: In Canada, the number of older adults aged 65 and over with multiple chronic conditions (MMC) is rising. This population represent 33% of community living older adults, with one in six receiving home care. MCC is an independent predictor of decreased quality of life, disability, premature mortality and increased health care costs. Caring for this population is challenging due to inadequate health system structures. To date the majority of research related to older adults with MCC receiving home care focuses on single chronic illness trajectories and treatments and does not focus on the complex health and social implications of MCC. In practice, home care remains fragmented and chronic care treatment guidelines address single diseases.

Aim: The aim of my study is to identify or "map" how HCCM work is organized and how this organization impacts upon the health outcomes of older adults with MCC. My proposed research plan will use the qualitative approach of Institutional Ethnography to address the following research objectives: a) identify the organizational influences on HCCM care of older adults with MCC in Prince Edward Island (PEI) and Alberta; b) explore and map how home care programs, policies and practices organize the work of HCCM when caring for older adults with MCC; c)

explore how the organization of HCCM work contributes to the health outcomes of older adults with MCC; and d) identify recommendations and strategies to assist home care decision makers, policy planners and HCCM to improve, develop and increase the use of integrated home care services for older adults with MCC.

Methods: Institutional ethnography (IE) inquiry starts with a concern within the experiences and perspectives of people in their work, and traces these concerns back to social relations that shape their activities and coordinate their work. Through observation, document analysis and semi structured interviews with HCCM in PEI and secondary data analysis of Alberta HCCM data, I will examine how health home care organization's programs, policies and their related texts influence and organize the local work of HCCM when caring for older adults with MCC. From this, I will be able to create 'maps' of the institutional arrangements coordinating HCCM activities for those caring for this population. Making these practices visible will provide a more complete view of how home care decision makers, policy planners and HCCM can improve, develop and increase the use of integrated home care services for older adults with MCC.

Expected Outcomes: I will use the IE approach described above to advance home care services for older adults with MCC in PEI and Alberta, a vulnerable population requiring attention. I will be identifying the contextual influences, barriers and facilitators of providing home care services to older adults with MCC as described by HCCM. The aim of the study is to identify or "map" how HCCM work is organized and how this organization impacts upon the health outcomes of older adults with MCC. Recommendations and strategies for provincial decision makers, policy planners and HCCM to improve and develop integrated home care services for older adults with MCC will be developed, thereby increasing this population's access to integrated health services and improving their overall health outcomes.

Anna Garnett, RN, MSc, PhD(c)



As a fourth year PhD student in the School of Nursing at McMaster University I am completing my dissertation on the use of formal health and social services by caregivers of community dwelling stroke survivors under the supervision of Dr. Jenny Ploeg. My clinical background is situated in community nursing, with experience in visiting nursing, palliative care and as a care coordinator for the Hamilton Niagara Haldimand Brant Community Access Centre.

My dissertation topic on the formal health and social service use by stroke caregivers arose out of my interest in learning how to better meet the needs and provide support to community dwelling older adults and their families who are residing at home while managing chronic conditions. Building on the quantitative skills I developed through my MSc research, which also focused on health and social service use and was recently published, my

dissertation will use qualitative methods thereby enabling me to attain a well-rounded skill set in research methodology.

During the PhD program I have also written manuscripts with a specific focus on older adults with multiple chronic conditions. These papers are titled: *A Concept Analysis of Self-management in Community Dwelling Older Adults with Multiple Chronic Conditions* and *A Review of Psychometric Properties and Feasibility for Community Dwelling Older Adults with Multiple Chronic Conditions* and are currently being prepared for submission to journals.

In addition to preparing the above mentioned papers I am also working with my supervisor, Dr. Ploeg to write a manuscript on a qualitative study of caregivers of older adults with multiple chronic conditions. As a trainee in the Aging, Community and Health Research Unit (ACHRU) at McMaster University I have had the opportunity to work with top researchers and students, while travelling to conferences, attending workshops and participating in research meetings in the field of gerontological research. The generous support from the Canadian Gerontological Nursing Association will enable me to attend educational workshops and to present my research at conferences thereby giving me the opportunity build valuable relationships and experience further knowledge growth and development.

Robin Coatsworth-Puspoky, MScN, RN



My clinical practice in geriatric mental health and my family's experience with my father underpins my interest in improving transitional care practices for older people with cognitive challenges (OPWCC) and their family caregivers (FCG). As a nurse and daughter, I have witnessed and experienced the negative outcomes on the health and well-being of the OPWCC and their families, and on my own family; a process that I hope to influence through research. Through my PhD coursework, I broadened my academic competencies and knowledge related to transitional care, older persons with cognitive challenges (OPWCC), and their families. For example, I explored the history, evolution, and expansion of Naylor's Transitional Care Model (TCM) with older people (OP), their family caregivers (FCG), and the influence of Advanced Practice Nurses (APN). Using substruction, I examined the congruence between the theoretical and operational systems of Naylor's TCM and by developing a scoping protocol, I examined different aspects of the TCM and the effect of APN (Master's prepared nurses) on FCG of OP's levels of stress, strain, and burden. Combined, this knowledge is the foundation for my dissertation research project, future research, and career goals of being a nurse scientist in gerontology. By exploring the perceptions of OPWCC and their FCG at specific transitions in care, readmission, through hospitalization, and then at discharge home to the community, I hope to discover, understand and describe barriers, facilitators, and practices that contribute to positive and negative transitions between health care settings and impact health outcomes for OPWCC and FCG. The knowledge gained from the

experiences of OPWCC and FCG is important to for leaders and practitioners to not only understand the effect of discharge and readmission on the health and well-being of OPWCC and FCG, but also to aid in improving discharge practices, reducing readmissions, and providing insights into the allocation of resources, policies, and interventions related to families going through transitions in health care settings. These findings may influence discussion between hospital and community leaders to change and evaluate policies and practices related to discharge and readmission, reducing the numbers of transitions in health care settings for OPWCC and FCG. Theoretically, these findings may clarify or validate concepts associated with transitions, Transitions theory, and transitional care models. The perspectives of the OPWCC and FCG are important contributions to the further evolution of Transitions theory and perhaps the development of a theory of transitional care to promote the health, well-being, and safety for OPWCC and family caregivers (FCG) through the transition from hospital to community settings.

Choosing Wisely – Gerontological Nursing Statements

Have you heard of the Choosing Wisely campaign? They are the ‘do not’ statements of our health care system – identifying practices and interventions that have NOT stood the test of time. Practices that are now thought to even potentially cause harm, and in many cases, contribute to our high cost of health care. The campaign started in the USA – focused on medical care and public messages. The American Geriatric Society’s [lists](#) discourage the use of feeding tubes at end of life, antipsychotics to manage behaviours associated with dementia, and tight control of blood sugars in older adults, among other sage advice. The [Canadian campaign](#) adds similar suggestions from a broad array of specialties including 5 messages from the [Canadian Geriatrics Society](#) and the recently added list from the [Medical Directors of Long Term Care](#). Nursing statements have been created by both the [American Academy of Nursing](#) and the [Canadian Nurses Association](#).

This winter the Canadian Nurses Association indicated they would like to support two specialty nursing practice groups to develop specific choosing wisely lists. CGNA has been chosen to be one of these first two specialty associations! Twelve CGNA members answered the call to participate in the working group. These members represent a breadth of practice areas (acute, community and continuing care) and geography (east and west coasts, central Canada, rural and urban settings). They bring a wealth of experience in various clinical roles: staff nurses, educators, advanced practice nurses/NPs. The first meeting of this working group is set for April 2017 with the recommended list anticipated to be completed by the end of this calendar year.

Once complete, this list could form the basis of some might impressive focused quality improvement work by our members. What does it take to change practice? What can you do as an individual to change practice? A leader (formal or informal)? An educator? A researcher? What could we do together as an organization to see a measurable improvement

in the care of older adults? Together with other like-minded associations? I have great hopes that this list could be the beginning of some pretty significant change.

So, what would you recommend be considered for our Gerontological Nursing Choosing Wisely List? What practices do you see as futile or even harmful when carried out for older adults? Send me your ideas and we'll pass them along to the working group – mollie.e.c62@gmail.com. I'm so excited!

Mollie Cole, President

RNAO's Long-Term Care Best Practices Program: Engaging Long-Term Care Homes in Implementing Clinical and Healthy Work Environment Best Practice Guidelines

Submitted by: Suman Iqbal, RN, MSN/MHA, GNC(C), Long-Term Care Best Practice Co-ordinator, Provincial Projects. For further information you can send an email to LTCBPP@RNAO.ca

The [Long-Term Care Best Practices Program's](#) mission is to enhance the quality of care for residents by engaging Ontario Long-Term Care (LTC) homes in creating a culture of evidence-based practices. In Ontario fifteen LTC Best Practice -Co-ordinators expert in knowledge translation and transfer are located across the province. The Program has been consistently funded by the Ontario Ministry of Health and Long-Term Care (MOHLTC) to foster the development of evidence-based practice cultures in LTC home using RNAO's clinical and healthy work environment (HWE) best practice guidelines (BPG) and other evidence-based resources.

Resources that Support Evidence-based Practice in LTC

- [Clinical and HWE BPGs](#) Since 1999 RNAO has been funded by the MOHLTC to develop and disseminate clinical and HWE BPGs and related implementation resources such as fact sheets, tips and tools and e-learnings. Currently there are over 50 BPGs published on a wide-range of topics that support nurses, interprofessional teams and organizations in providing consistent approaches to evidence-informed care.
- [Toolkit: Implementation of Best Practice Guidelines, 2nd Ed](#) is designed to assist health care organizations in maximizing the potential in using RNAO clinical and HWE BPGs through a systematic and well-planned approach to guideline implementation.
- [Long-Term Care Best Practices Toolkit, second edition](#) is a free online repository of evidence-based resources that support BPG implementation and program planning and evaluation. Each of the eleven clinical and three HWE toolkit topics provide access to RNAO BPGs and evidence-based resources and tools selected from regulatory, legislative and professional sources. The LTC toolkit, second edition is designed to help LTC homes use relevant provincial legislation, performance improvement, and other health-care initiatives to integrate BPGs and enhance the quality of resident care. The LTC Toolkit provides leaders

and point-of-care staff with resources and tools that reflect applicable legislation, regulatory requirements, are evidence-based and consistent with the BPG recommendations to assist in developing and evaluating programs.

- [Nursing Orientation e-Resource for LTC](#) (e-Resource) is designed to enhance LTC nursing orientation programs. The e-Resource is organized into four knowledge domains – professional, role, clinical and organizational and includes access to resources from reputable regulatory, legislative and professional sources, including RNAO BPGs. It provides these nurses access to evidence-based resources and activities to help ease their transition into long-term care, and enhance existing organizational orientation programs and contribute to a HWE. The e-Resource provides direct links to external websites and resources thereby introducing learners to information sources that can influence and shape their current and future practice. The four knowledge domains – professional, role, clinical and organizational offer users:
 - self-directed learning that takes into account prior knowledge and organizational needs
 - a flexible approach that can be tracked through an integrated planning tool and checklist
 - easy access to regulatory and legislative requirements and select RNAO clinical and HWE best practice guidelines
 - access to credible resources from leading provincial and national organizations impacting LTC

You must register to use the site and we invite you to share the e-Resource with nurses in your LTC organization.

- [Get involved as a BPG stakeholder reviewer](#) feedback from stakeholders is an important component of RNAO's BPG development process. Stakeholder reviewers, including nurses and other health professionals, can select the BPG they wish to review. They then volunteer a few hours of their time to review and provide written feedback, within two to three weeks of receiving a confidential draft copy. Two BPGs currently under revision that support evidence-based practices in LTC are guidelines about the prevention of falls and fall injuries, and end-of-life care. Requirements for falls prevention and management program are supported by the practice, education, and policy recommendations included in this BPG. Although not a required program, end-of-life care is an important component of care for residents in LTC homes. After recent changes to medical assistance in dying legislation this BPG is currently being revised to include up-to-date practice recommendations related to assessment, decision support, care and management, education and policy.

- **RNAO's BPG development team published the following guidelines in 2016-17:**
 - *Assessment and management of pressure injuries for the interprofessional team*, 3rd edition (May 2016). The guideline features recommendations to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.
 - *Practice Education in Nursing* (May 2016) provides evidence-based recommendations for nursing students to apply knowledge to their practice in all clinical settings. The recommendations support the College of Nurses of Ontario's entry-to-practice competencies for RNs, RPNs and NPs, as well as the *supporting learners* practice guideline.
 - *Intra-professional collaborative practice among nurses*, 2nd edition (June 2016). Effective collaborative practice is an essential part of working in health-care organizations, and the goal of this BPG is to strengthen collaborative practice among nurses.
 - *Delirium, dementia, and depression in older adults: Assessment and care* (July 2016). It includes screening protocols for the 3Ds, assessment, interventions and approaches to care.
 - *Developing and sustaining safe, effective staffing and workload practices*, 2nd edition (January 2017) provides recommendations for the structures and supports to maximize the work of nurses and provide the best possible care for residents. This BPG helps nurse leaders and management teams address workload within their unique health organizations, and recommends staffing models to achieve positive outcomes.

Certification – one lucky person from CGNA could win!

The Canadian Nurses Foundation (CNF) will reimburse the fees of the certification exam, certification renewal exam or renewal by continuous learning **for at least one nurse** in each of the 20 specialties/areas of nursing practice.

Deadline for submission of applications: November 30 2017 at: <https://cnf-certifications.fluidreview.com/>

Eligibility Criteria

1. Canadian citizen or permanent resident
2. Must be writing the 2017 CNA certification exam, certification renewal exam, or certification by continuous learning
3. Not be receiving financial support from any other source to pay for the exam fees.

Please note that if awarded, funding is contingent on success in the 2017 certification exam, certification renewal exam, or certification by continuous learning.

Award value: Full reimbursement of the certification exam, certification renewal exam or certification by continuous learning fees, excluding tax and test centre fee

CGNA Facebook & Twitter

Thank you to all who have 'Liked' us on [Facebook](#)! Remember when you are on Facebook that you can post comments and questions, respond to comments and questions, and dialogue!

News from Provincial Associations



Alberta – Alberta Gerontological Nurses Association

Alberta BOD Provincial Report for February – April 2017

Provincial Association: Alberta Gerontological Nurses Association
Director Reporting: Terri Woytkiw
Contact Information: president@agna.ca

Current Issues facing the provincial gerontological nursing association:

The focus of AGNAs work in this reporting period has been

- the revision of our bylaws to better align with CGNA's membership categories, and to simplify our membership structure,
- a decision to offer free membership to undergraduate and full time graduate students
- planning our Annual Education Day.
- finalizing 3 proposed provincial director positions to be trialed in the coming membership year. Two new roles will focus on Membership, Education and third will be a student director.

Activities during this period (e.g., educational sessions, participation in provincial policy development):

- This year's Annual education day theme is "Home is Where the Heart is". Presentations will address an aging in place housing option developed by a University of Calgary Architect, Palliative care and advance care planning in the community, an EMS Urgent response team intended to keep people out of emergency when it is appropriate to support at home, and the role of the transition coordinator. The day will close with a panel presentation on mentorship in gerontological nursing.

Additional notes and items to report:

We are watching membership renewal closely to determine if there is an impact from the cessation of the auto renew process formerly in place.

AGNA members have been invited to take part in a Town Hall style meeting with incoming CARNA President Jerry McDonald in May

AGNA's membership has continued to gradually increase. Our membership as of March 31 2017 is 255, compared to 203 at March 31 2015, and 228 at March 2016.



British Columbia - Gerontological Nurses Association of British Columbia

British Columbia BOD Provincial Report for February – April 2017

Provincial Association: GNABC

Director Reporting: Catrin Brodie

Contact Information: catrinbrodie@shaw.ca

Current Issues facing the provincial gerontological nursing association:

Recruitment and retention remain the greatest challenge. Mountainside chapter has closed due to no interest in meetings or executive leadership. Three provincial executive positions have had the same members take these rolls for 3 terms. Vote was held at AGM with no new nominations nor anyone showing an interest. I have concern with burnout of executive leadership.

Activities during this period (e.g., educational sessions, participation in provincial policy development):

Annual provincial conference held in Prince George with topics of education: Continence care and the older adult, Healthy aging in later life, who makes the health care decisions in the aging context, the power of storytelling, the current status of medical assistance in dying in Canada.

Additional notes and items to report:

Provincial conference in 2018 will be held in Nanaimo with the central/North Island chapter facilitating. They have already started conference planning. Tentative dates April 20-21 and topic what is it you want? AGM was held on April 1st with new bylaws voted on. I will send these to the society's act in the next few weeks. GNABC education award was presented.



Manitoba – Manitoba Gerontological Nurses' Association

Manitoba BOD Provincial Report for February 2017 –April 2017

Provincial Association: MGNA
 Director Reporting: Poh-Lin Lim
 Contact Information: plim@vgh.mb.ca

Current Issues facing the provincial gerontological nursing association:

Membership recruitment (on going)
 Promote electronic membership renewal at our new MGNA website <http://www.mgna.ca> that leads to CGNA membership link: <http://membership.cgna.net/mb>
 Promote and enhance MGNA's presence to reach colleagues and partners interested in care for older people. MGNA new website up and running. Visit us at: <http://www.mgna.ca>

Activities during this period (e.g., educational sessions, participation in provincial policy development):

General meeting held on February 21, 2017 followed by education presentation entitled "It's Not Right: Elder Abuse Prevention"-Presented by Poh Lin Lim and Lois Stewart-Archer
 2017-2018 MGNA Annual General Meeting with education day will be held Tuesday April 25, 2017.
 Call for Nomination for MGNA distinction award.
 Call for MGNA and CGNA committees nominations
 MGNA Sponsored Dementia Care 2017 Alzheimer Society of Manitoba Conference attended by over 600 participants. Goal: To make MGNA known to the networks and liaise



New Brunswick – New Brunswick Gerontological Nursing Association

New Brunswick Gerontological Nursing Association Report for February – April 2017

Name and Position/Committee: John MacDonald, Acting President NBGNA

Activities during this period:

The AGM for New Brunswick will be held April 21, 2017 in Moncton, New Brunswick. Since our last meeting on December 2, 2016, we have been looking at solutions for some of the issues facing our provincial organization. This will culminate in a strategic plan developed at the AGM. Items included whether we will develop a Facebook page for our province, mechanisms for reaching out to those who have to travel from the northern part of the province to attend, and member recruitment. Of course identifying and reaching out to other like-minded groups is a priority.

Additional notes and items to report:

Any recommendations for companies you deal with for web based conferencing or telephone based voice or video conferencing would be appreciated



Newfoundland – Newfoundland & Labrador
Gerontological Nurses

Newfoundland BOD Provincial Report for February – April 2017

Provincial Association: NLGNA

Director Reporting: Sue Ann Mandville-Anstey

Contact Information: sueann.mandville.anstey@mun.ca

Current Issues facing the provincial gerontological nursing association:

Recruitment and Membership

Activities during this period (e.g., educational sessions, participation in provincial policy development):

We have been planning for our Education Day and AGM in October 2017

Member of our Executive (Carla Wells) has been making connections with our Website developers to make changes to and improve our Website. We have been having difficulty with the website IT support and we are making improving our Website a priority this spring
A New Facebook page has been developed with updated information.

We have a volunteer working with our executive who has a keen interest in assisting us with recruitment and membership.



Nova Scotia – Nova Scotia Gerontological Nurses Association

Nova Scotia BOD Provincial Report for February – April 2017

Provincial Association: Nova Scotia Gerontological Nurses Association

Director Reporting: Jennifer Hayes

Contact Information: Jennifer.Hayes@nshealth.ca

Current Issues facing the provincial gerontological nursing association:

Maintaining membership as well as attracting new members.

Providing members with information about education events within the province as well as online resources.

Activities during this period (e.g., educational sessions, participation in provincial policy development):

The executive have focused on planning for our 33rd Annual AGM and Education Session scheduled for mid-May.

Members have been encouraged to consider attending CGNA 2017 and been provided with information about various education opportunities and online resources.



Ontario – Gerontological Nursing Association Ontario

Ontario BOD Provincial Report for February – April 2017

Provincial Association, Gerontological Nursing Association of Ontario

Director Reporting: Julie Rubel, President

Contact Information: julie.rubel@gmail.com

Current Issues facing the provincial gerontological nursing association:

Activities during this period (e.g., educational sessions, participation in provincial policy development):

- GNAO is represented on the 2017 CGNA Biennial Conference planning committee.
- Each of GNAO's 11 chapters plan or promote local events throughout the year. GNAO education events vary in their format (webinar, in-person) as well as in their audience (some

chapters now opening events to the public). Events are listed on the GNAO website <http://gnaontario.org/gnao2013/education/>. An example of such education was included in the March edition of our newsletter; the event focused on palliative care and available resources for those working at the point of care.

- Work continues on GNAO's Board Orientation Manual and Policy Manual.

Additional notes and items to report:

GNAO will be hosting our AGM in Toronto at Villa Colombo on April 24, 2017. The night will feature a panel presentation reflecting nursing roles as older adults' transition between health care sectors. We will again offer 'Dinner with a Mentor' which seeks to connect students or new graduates with a GNAO member by offering to fund the AGM attendance cost and creating opportunities for networking. Details on the AGM are available at <http://gnaontario.org/gnao2013/education/>.



Prince Edward Island – Prince Edward Island Gerontological Nurses Association

Prince Edward Island BOD Provincial Report for February– April 2017

Provincial Association: PEIGNA

Director Reporting: Jennifer Pitre

Contact Information: 902-316-3266/jpitre@andrewsofpei.com

Current Issues facing the provincial gerontological nursing association:

Membership attendance at general meetings

Activities during this period (e.g., educational sessions, participation in provincial policy development):

General meeting held in February with discussion of new website development and integration of social media accounts to facilitate public exposure.

Committee planning of upcoming education day in April.

Your CGNA Board of Directors

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Secretary: Joyce Taekema	taekema@shaw.ca
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