Advanced Practice Registered Nurses (APRNs)
2002 SURVEY

Vermont Department of Health
Agency of Human Services

OUTLINE

OVERVIEW
Survey Description
Response Rate
Key Findings

SURVEY QUESTION ANALYSIS
Demographics
Education and Training
Practice Characteristics
Comparisons to 2000 Survey

OVERVIEW
SURVEY DESCRIPTION

Mailed to active APRNs with follow-up mailings and phone calls to:

Assess the distribution of APRN resources

Assist in the recruitment and retention efforts

The final response rate was 99%.

OVERVIEW
KEY FINDINGS

There were 354 APRNs working in VT as:

Nurse Practitioners   253 (71%)

Certified Nurse Midwife   42 (12%)

Clinical Nurse Specialist   41 (12%)

Certified RN Anesthetist   34 (10%)

(Each APRN may report more than one type.)

OVERVIEW
KEY FINDINGS (continued)

63% practiced in primary care.

37% practiced in specialty care.

Ages ranged from 27 to 81 with a median
   of 48.

91% were female.

72% have MSN degrees and an additional 2% have
   a PhD.

33% worked 40 or more patient care hours per week.

37% worked mainly in Chittenden County.

63% practiced as APRNs in VT less than 10
   years.

SURVEY QUESTION ANALYSIS

TYPE OF APRN
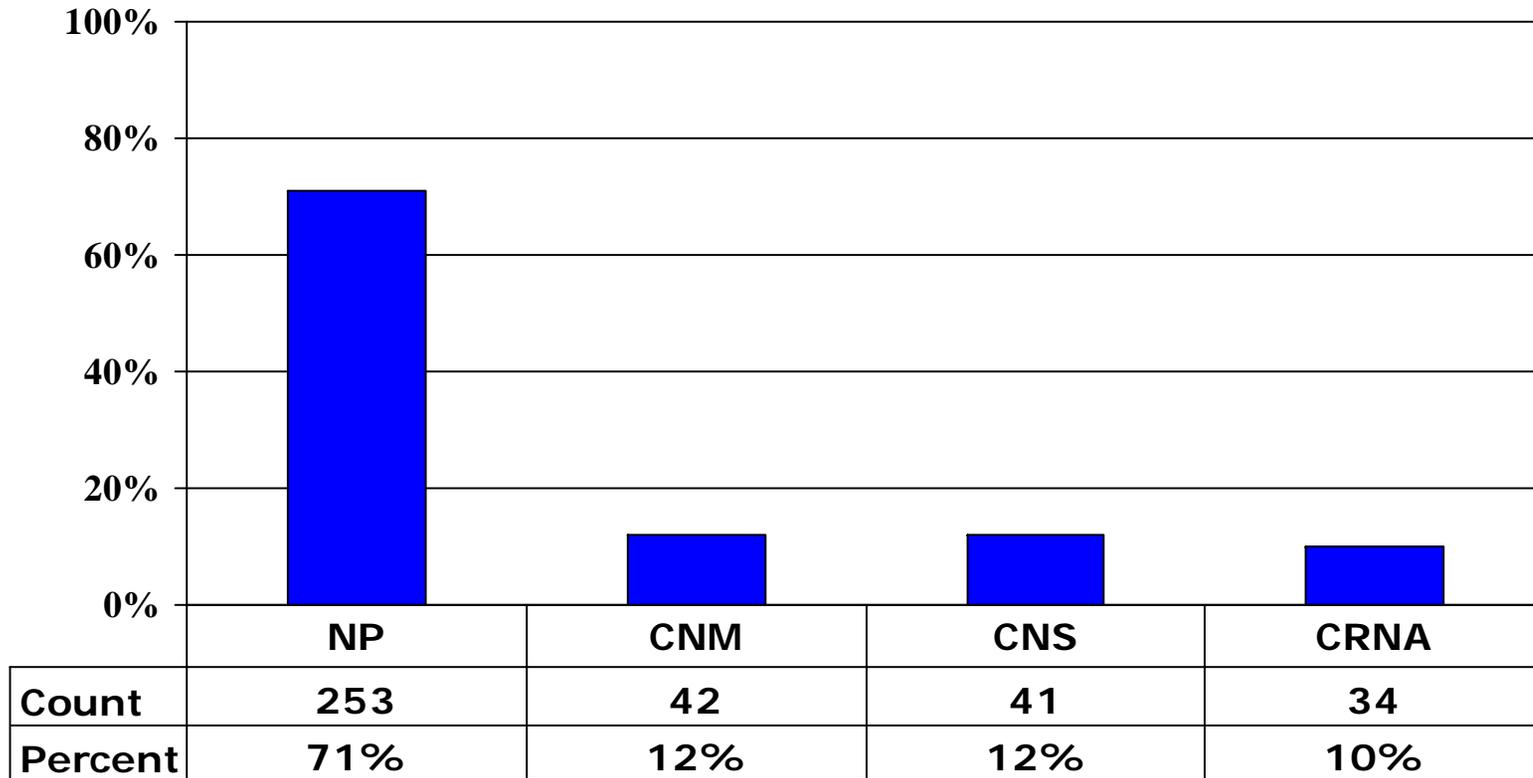
|	NP	CNM	CNS	CRNA
Count	253	42	41	34
Percent	71%	12%	12%	10%

NP - Nurse Practitioner, CNM - Certified Nurse Midwife, CNS - Clinical Nurse Specialist
CRNA - Certified RN Anesthetist
NOTE: Each APRN may report more than one type so the total percent is > 100%.

APRN PRIMARY CARE SPECIALTIES

	Adult	Family	Gerontology	Midwife	Ob/Gyn	Pediatrics
Count	52	72	4	28	46	22
Percent	15%	20%	1%	8%	13%	6%
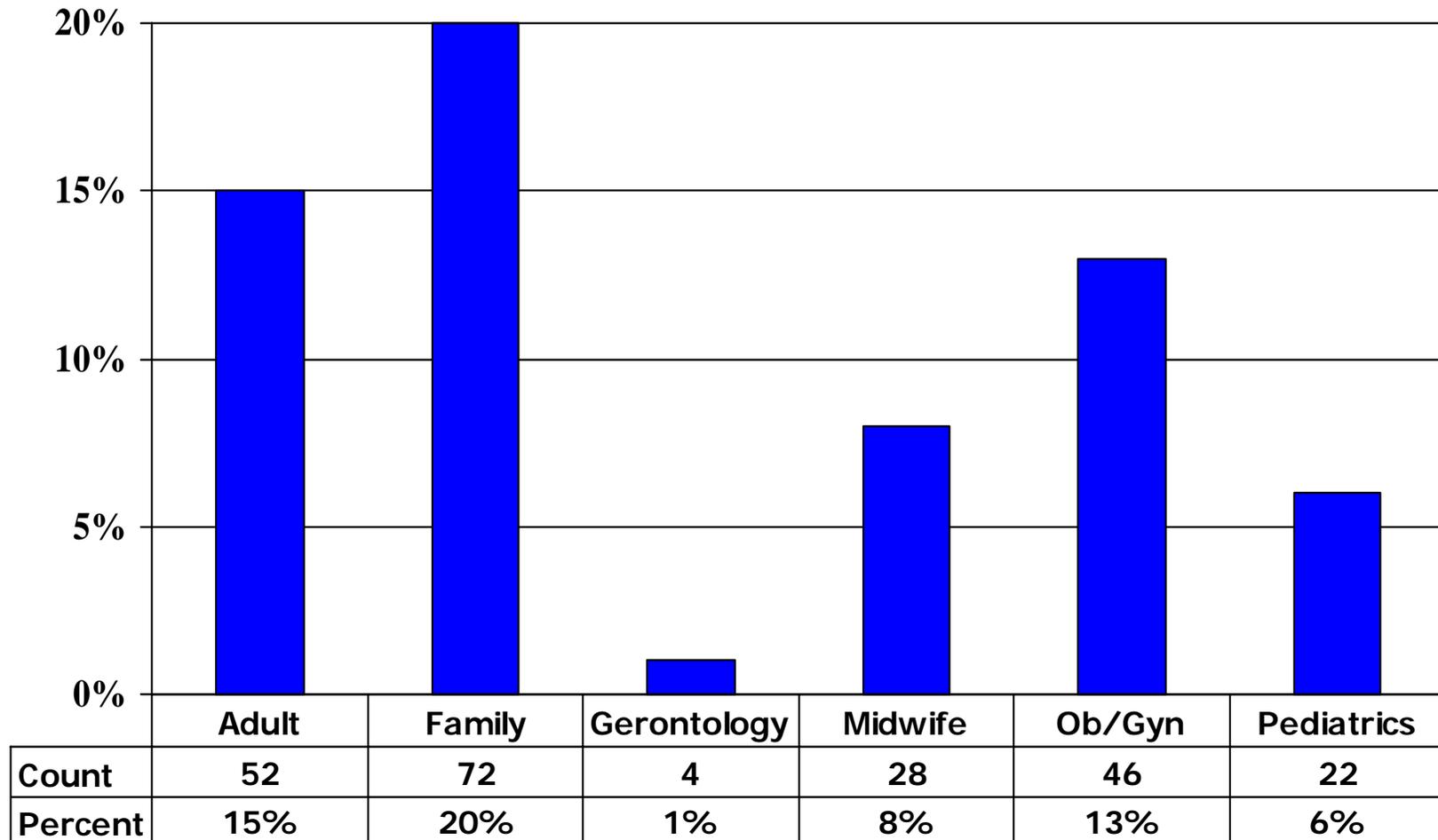
NOTE: Primary care accounts for 63% of all APRNs

APRN SPECIALTIES
(Non-Primary Care)

	Acute Care	Anesth	Med/Surg	Mental Health	School	Other
Count	9	34	4	37	5	41
Percent	3%	10%	1%	11%	1%	12%
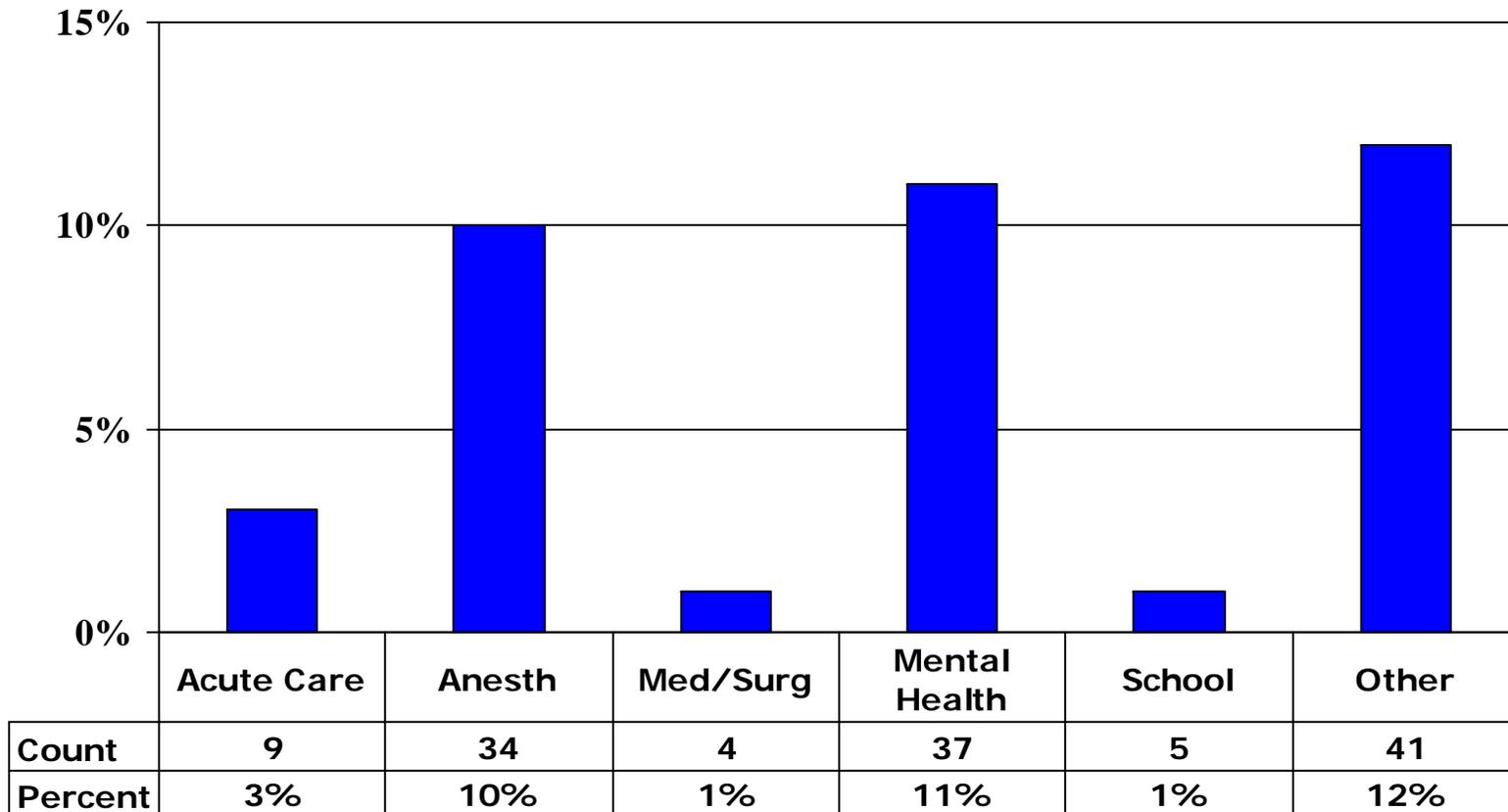
NOTE: Specialty care accounts for 37% of all APRNs.

GENDER
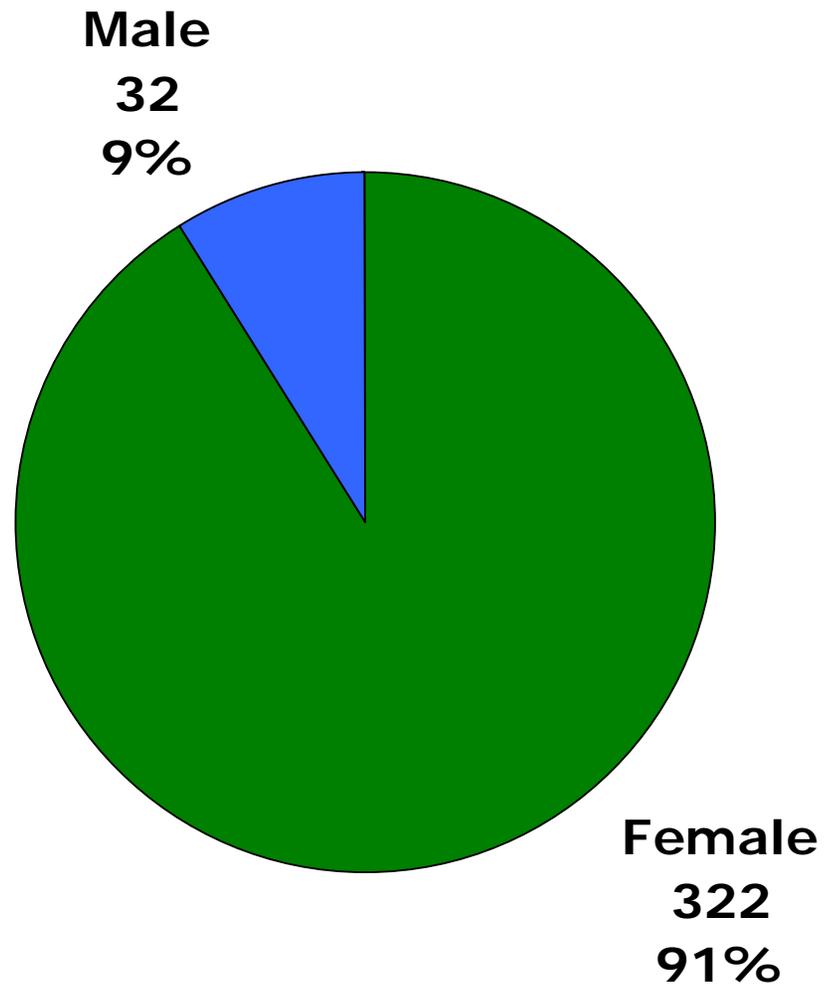
Male
32
9%

Female
322
91%

TYPE OF APRN BY GENDER
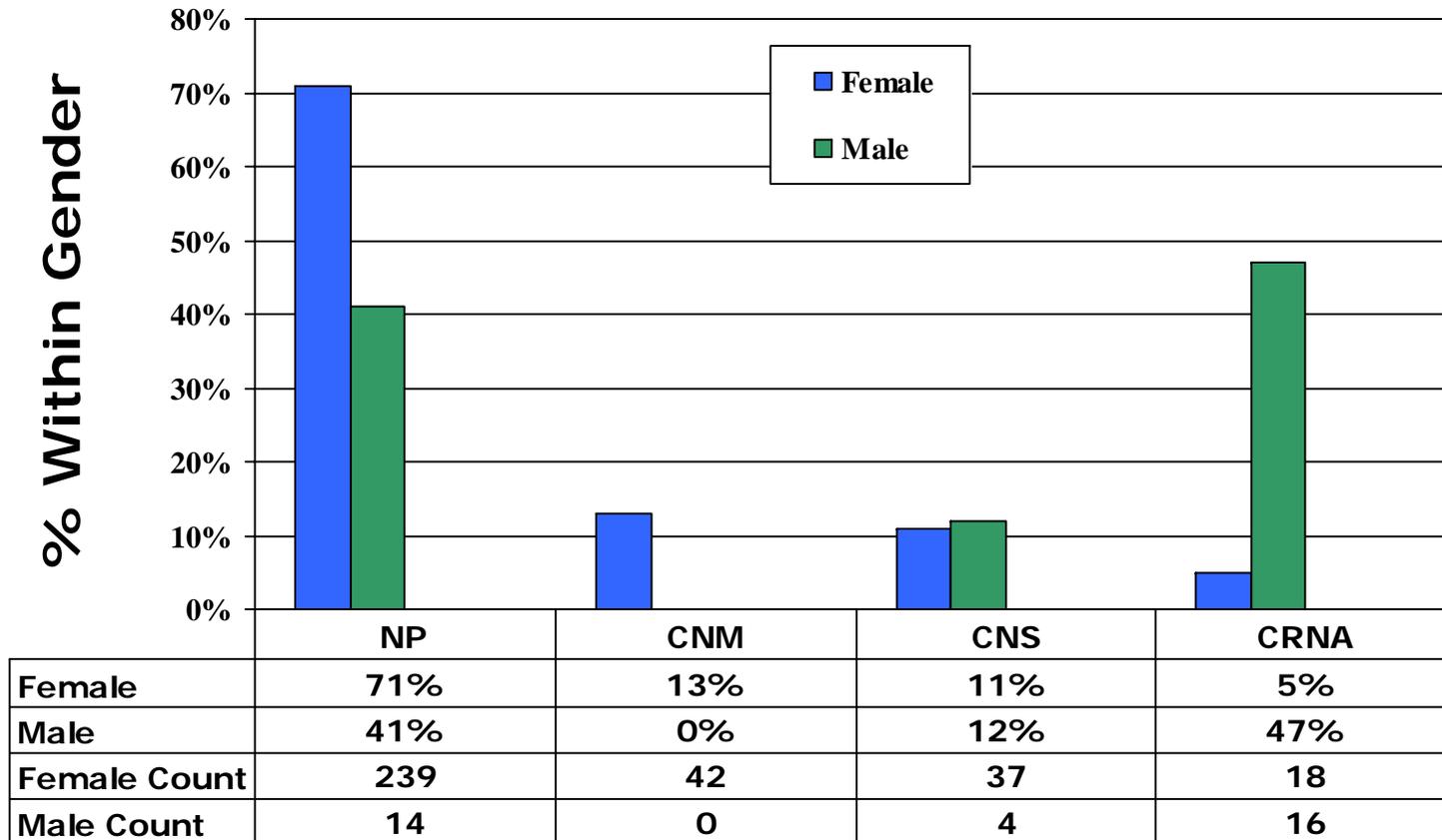
|	NP	CNM	CNS	CRNA
Female	71%	13%	11%	5%
Male	41%	0%	12%	47%
Female Count	239	42	37	18
Male Count	14	0	4	16

NP - Nurse Practitioner, CNM - Certified Nurse Midwife, CNS - Clinical Nurse Specialist
CRNA - Certified RN Anesthetist
Each APRN may report more than one type and be counted in more than one column.

AGE DISTRIBUTION OF APRNs BY GENDER

	< 35	35-44	45-54	55-59	60-64	65+
Total	28	75	193	36	13	8
■ Female	25	71	174	32	12	7
■ Male	3	4	19	4	1	1
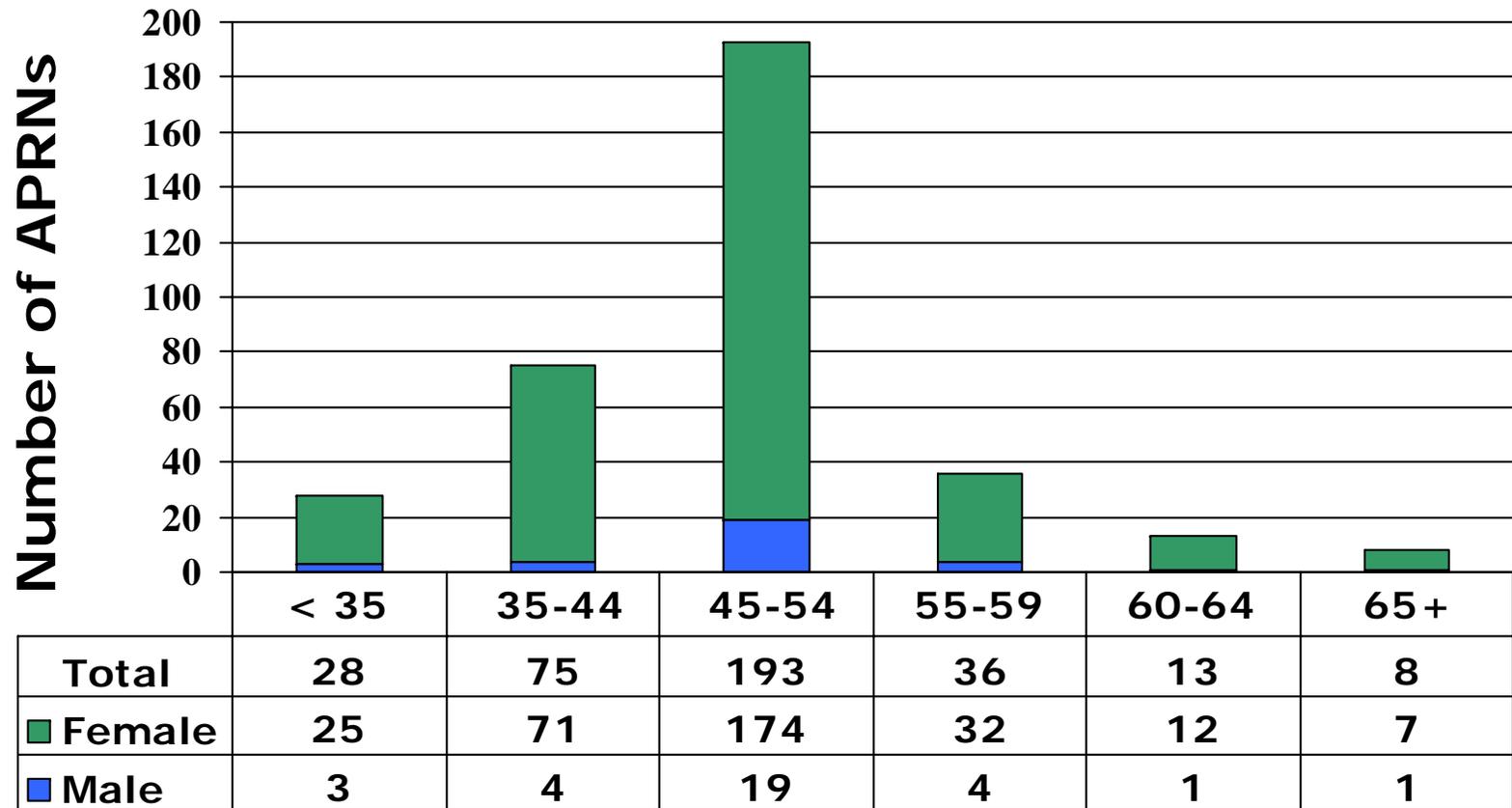
There was one provider with unknown age.

2002 APRN Survey - VT Dept. of Health

SPECIALTIES OF APRNs BY GENDER

	Adult	Family	Geront.	Midwife	Ob/Gyn	Pediat	Acute Care	Anesth	Med Surg	Mental Health	School	Other
Female	50	68	4	28	46	21	8	18	4	33	5	37
Male	2	4	0	0	0	1	1	16	0	4	0	4

Primary Care	Specialty Care
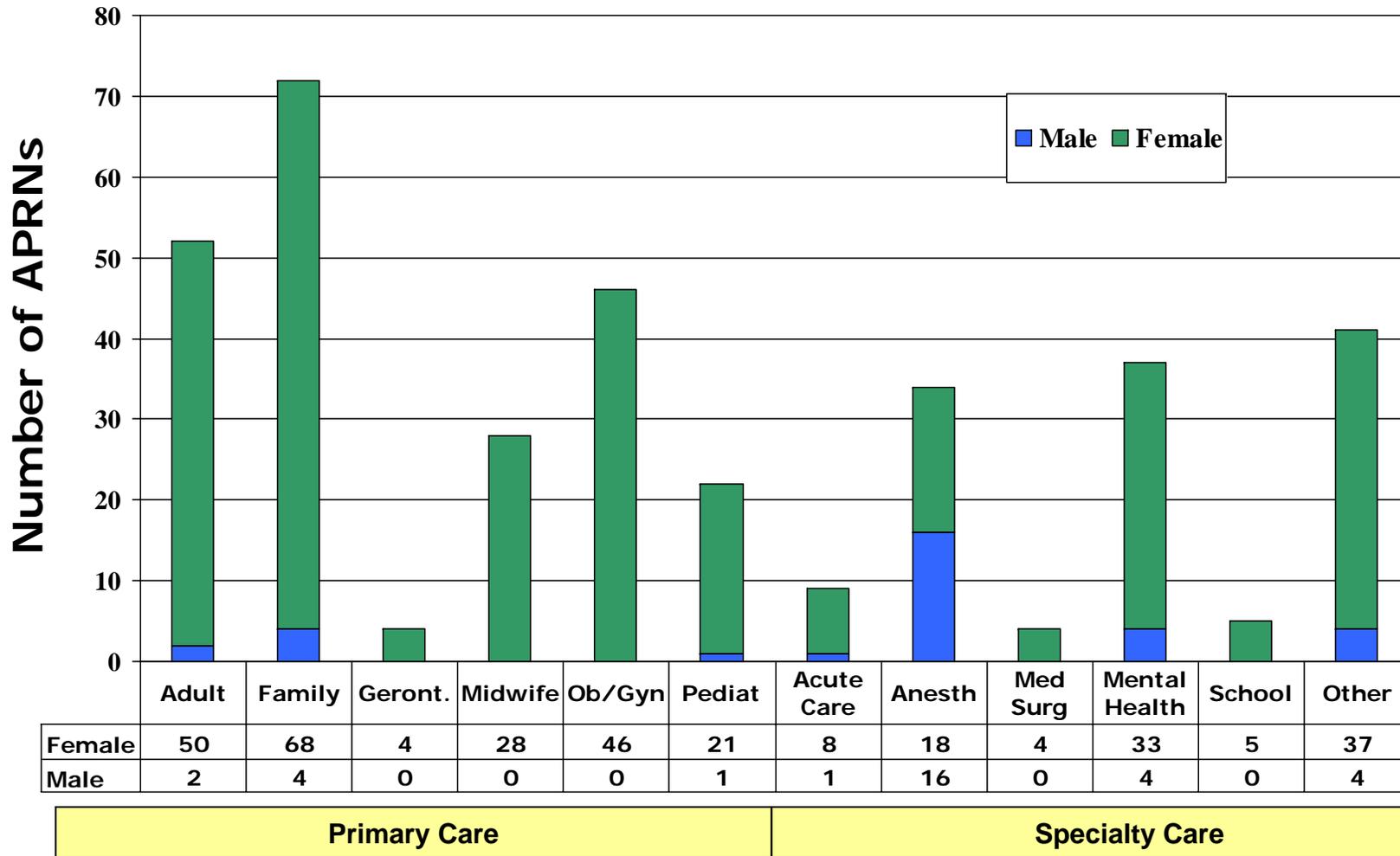
APRNs
BY AGE GROUP AND COUNTY
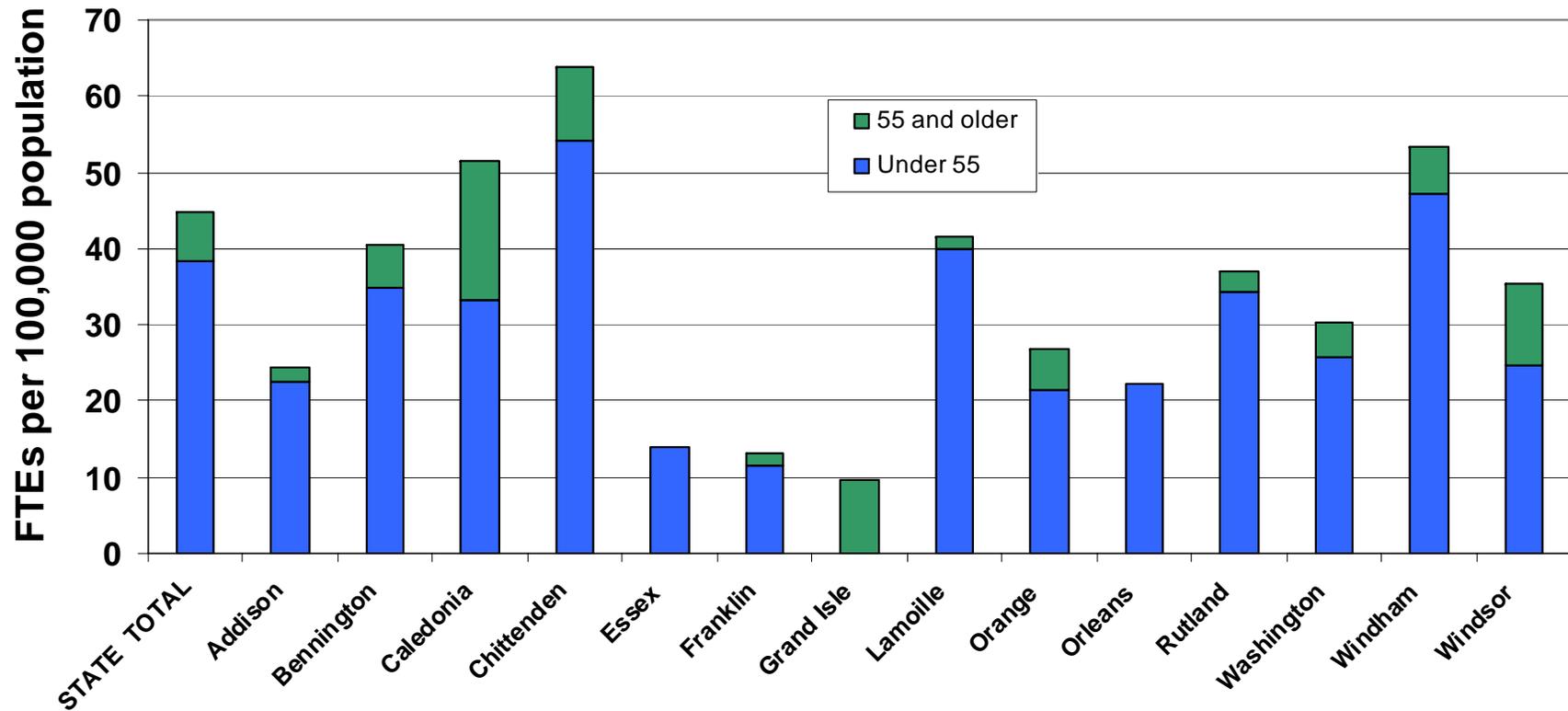
APRN NURSING EDUCATION LEVELS

	Diploma	A D N	BSN	MSN	PhD	Other	Unknown
Count	14	17	37	198	5	5	78
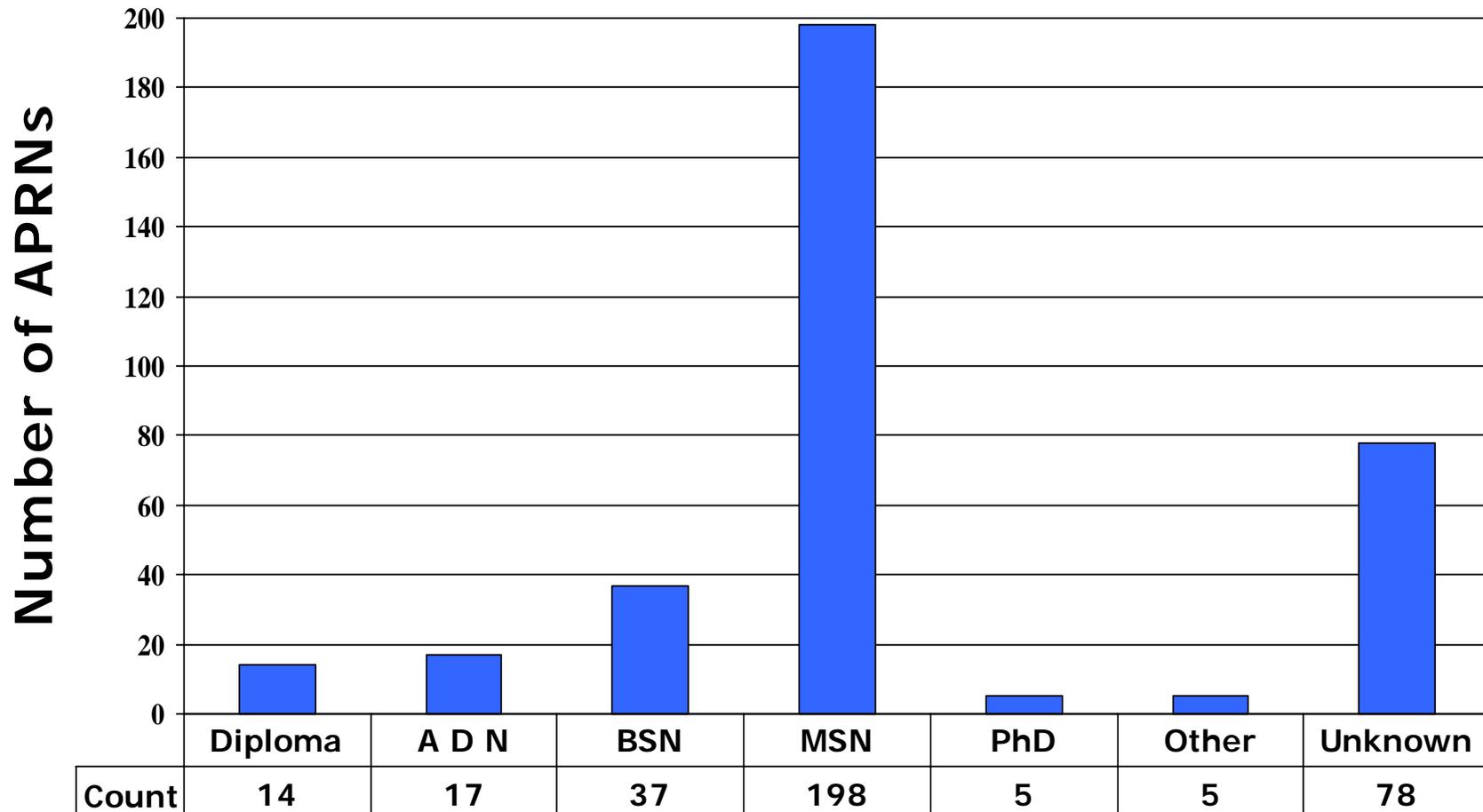
Additional non-nursing degrees:BA-75, MPH-11, MA/MS-30, PhD-7, Other-8, None Reported-239
An APRN may have more than one non-nursing degree.

APRN NURSING PREPARATION

| Count	Certificate	MSN	Other	Unknown
	7	197	5	78
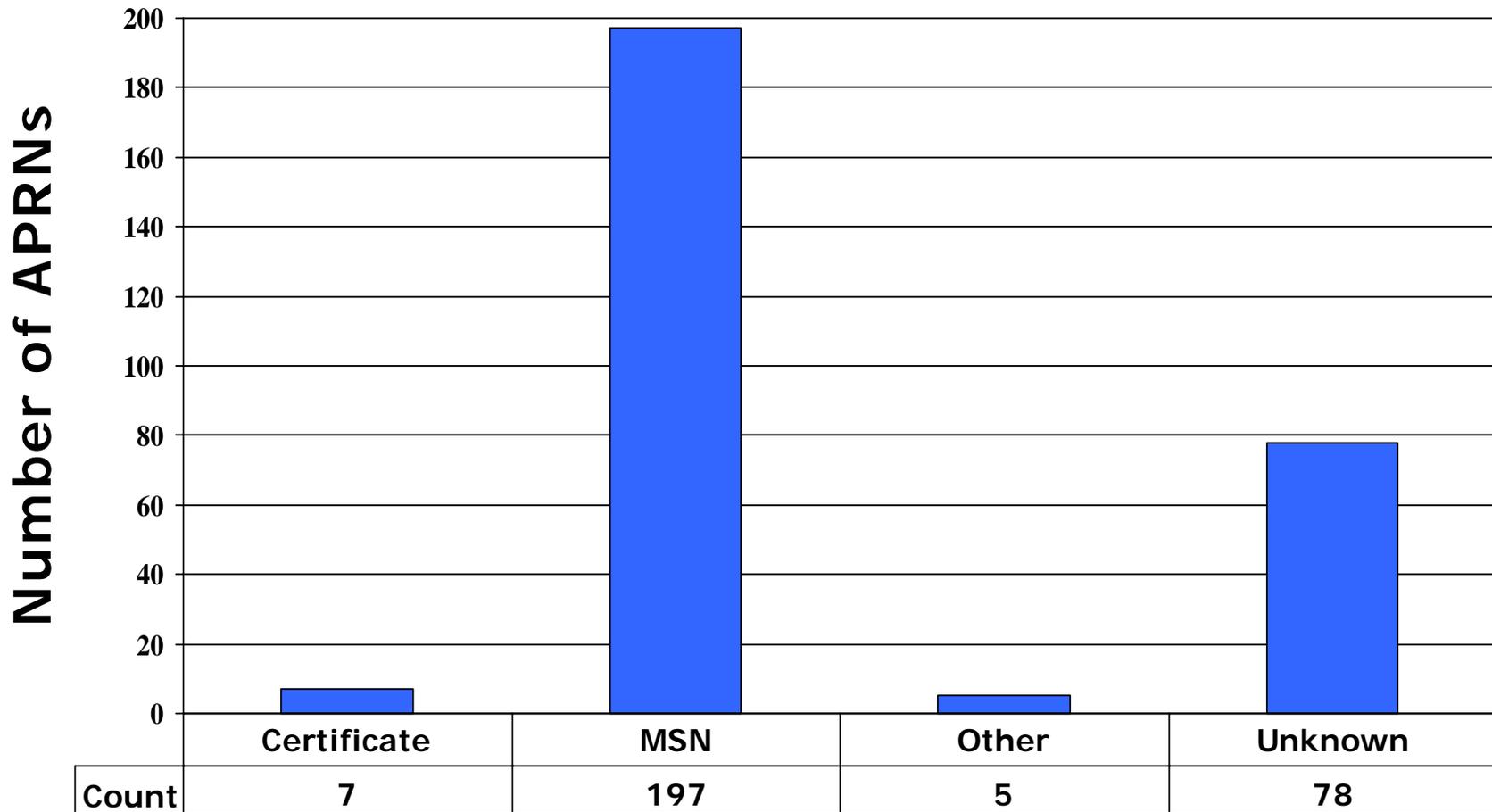
APRNs BY HOURS WORKED PER WEEK

	< 20 hrs.	20 to <30 hrs.	30 to <40 hrs.	40 + hrs.
Count	86	66	84	118
Percent	24%	19%	24%	33%
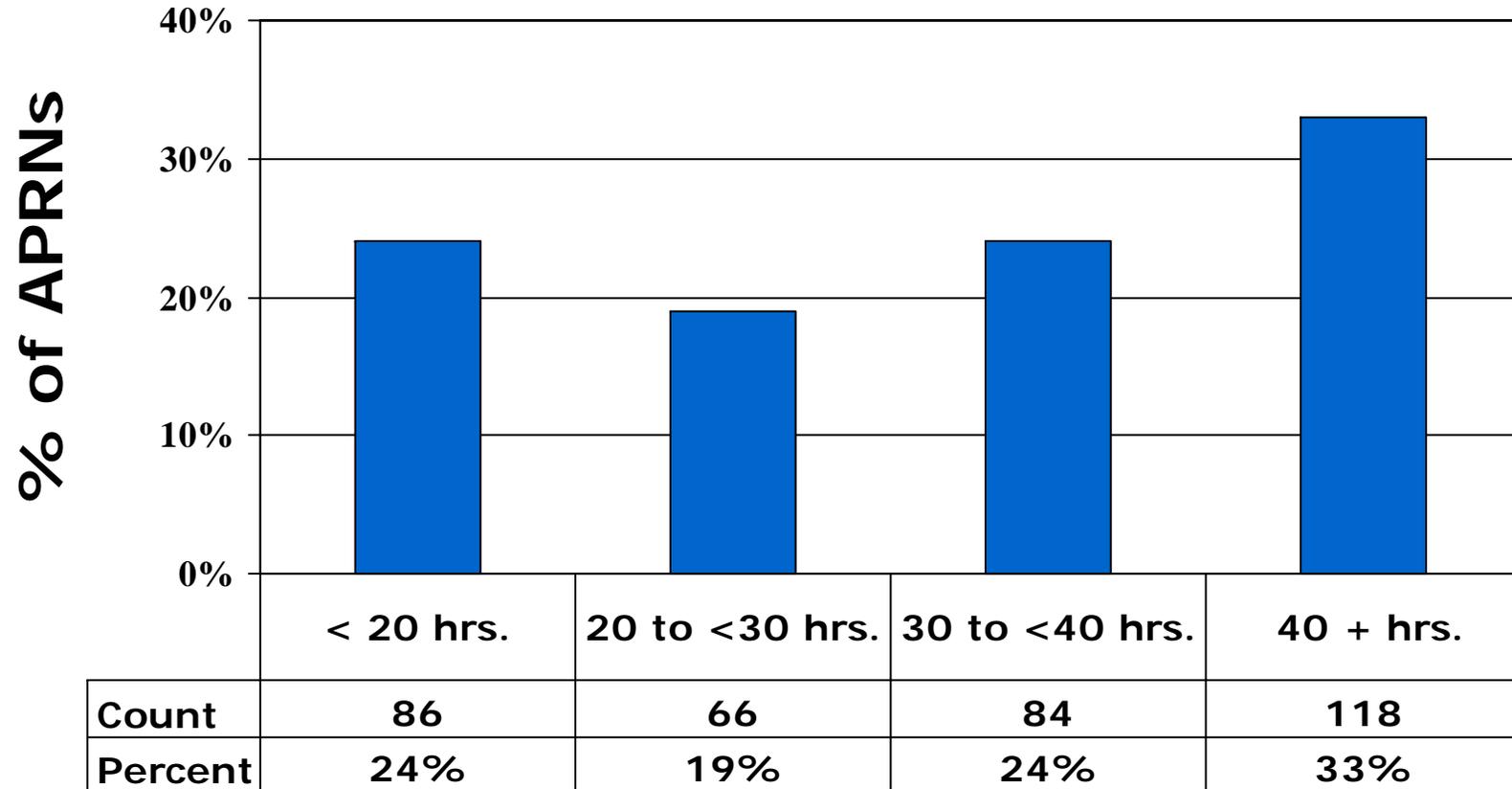
33% of the APRNs work full time (40 or more hours per week).

NUMBER OF FULL TIME EQUIVALENTS BY COUNTY

	ADD	BEN	CAL	CHI	ESS	FRA	GI	LAM	ORA	ORL	RUT	WAS	WDM	WDR
Specialty Care	3.5	6.8	5.6	50.8	0	2.9	0.2	1.4	0.8	1	10	6.1	5	6.1
Primary Care	5.4	8.2	9.8	43.9	0.9	3.2	0.5	8.5	6.9	4.9	13.5	11.6	18.9	14.5
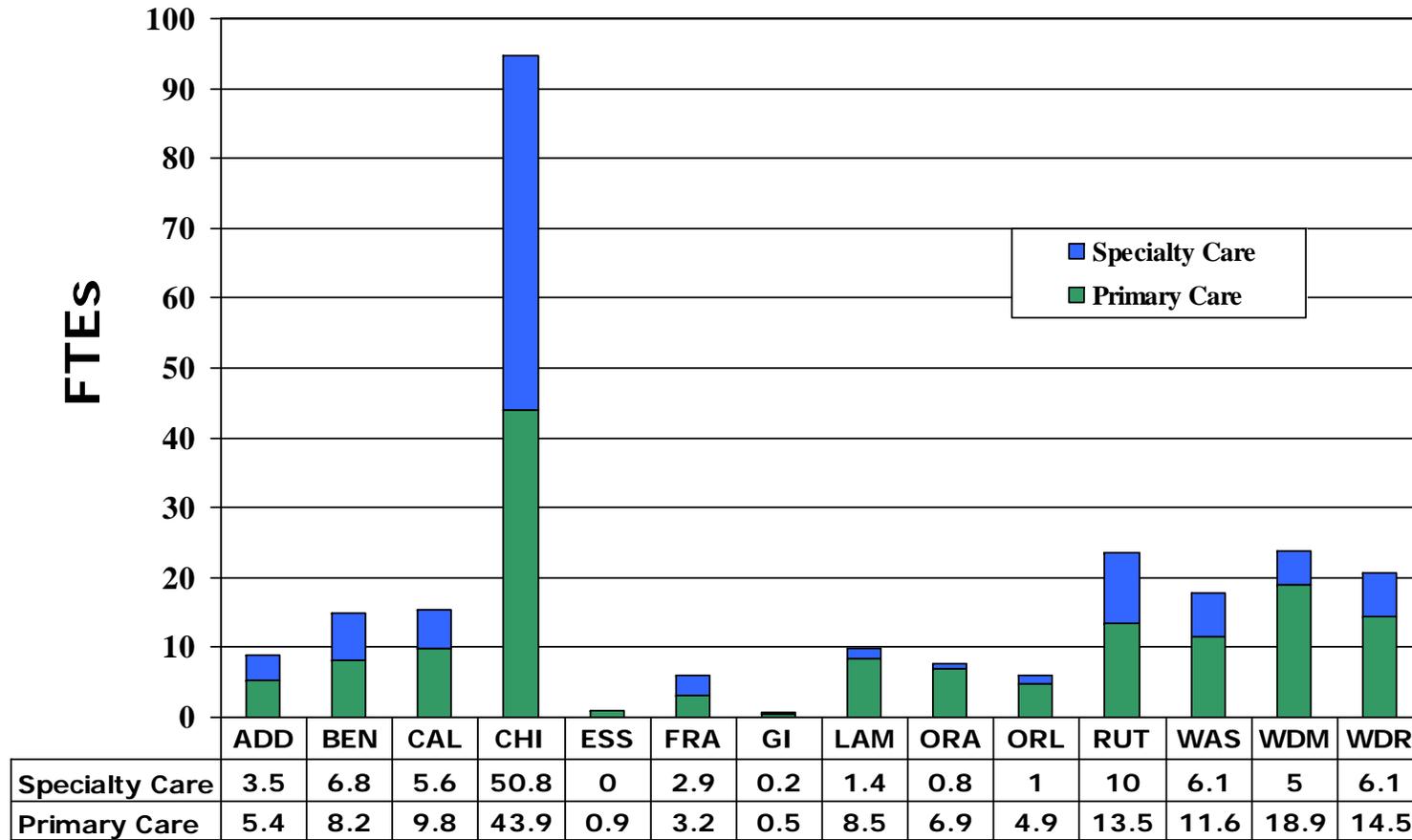
Providers may be counted more than once.
All provider work sites are counted in this graph.
One FTE is defined as 40 (or more) hours per week.

2002 APRN Survey - VT Dept. of Health

PRIMARY CARE FTE APRNs BY COUNTY PER 100,000 POPULATION

	ADD	BEN	CAL	CHI	ESS	FRA	GI	LAM	ORA	ORL	RUT	WAS	WDM	WDR
Per 100,000	14.9	22.1	32.6	29.6	13.9	6.87	6.51	35.7	24.2	18.4	21.3	20	42.4	25
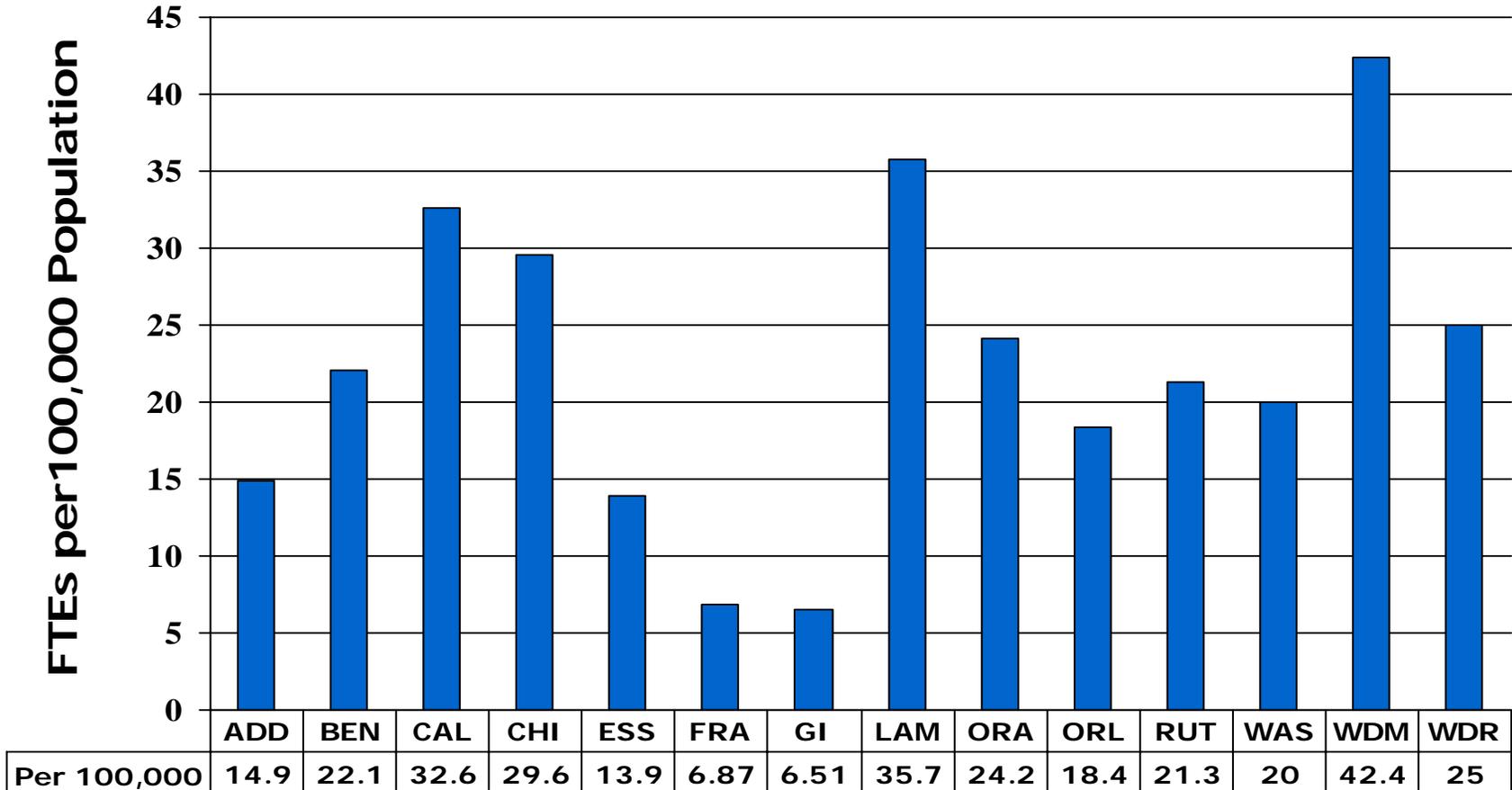
Data is based on population estimates for 2002 from Claritas, Inc.
One FTE is defined as 40 (or more) hours per week.

APRNs BY WORK PLACE SETTING

	Solo Practice	APRN Practice Group	Physician APRN Practice	Comm Health Center	School College	Business Worksite	Extended Care	Home Health Agency	Hospital Based
Count	20	9	121	61	21	4	1	1	116
Percent	6%	3%	34%	17%	6%	1%	0%	0%	33%
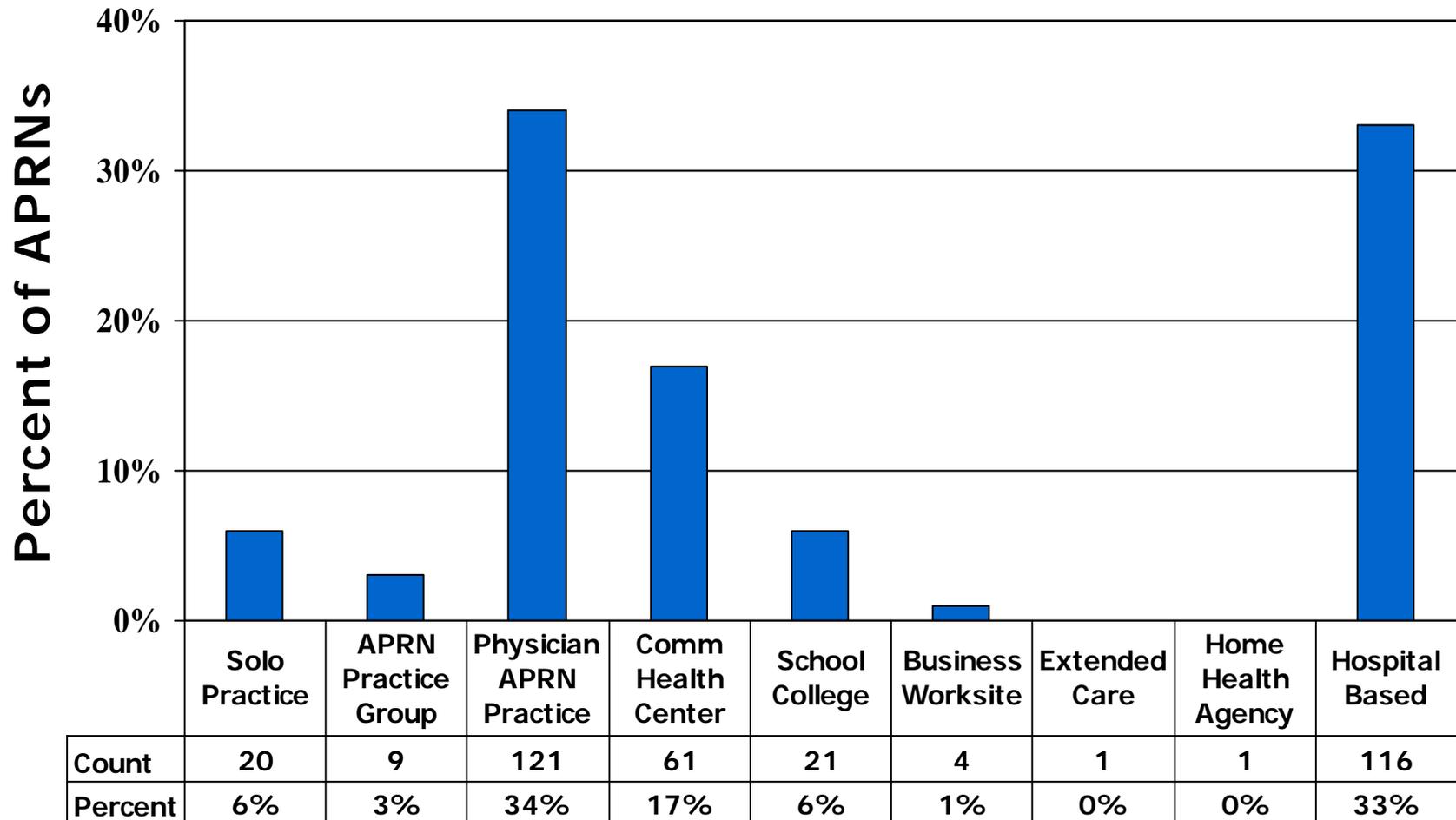
Each provider is counted once in this table in their main practice setting.

APRN WORK PLACE SETTING BY GENDER

	Solo Practice	APRN Practice Group	Physician APRN Practice	Comm Health Center	School College	Business Worksite	Extended Care	Home Health Agency	Hospital Based
Female	5%	2%	35%	18%	6%	1%	0%	0%	31%
Male	9%	3%	22%	6%	3%	0%	3%	0%	53%
Female Count	17	8	114	59	20	4	0	1	99
Male Count	3	1	7	2	1	0	1	0	17
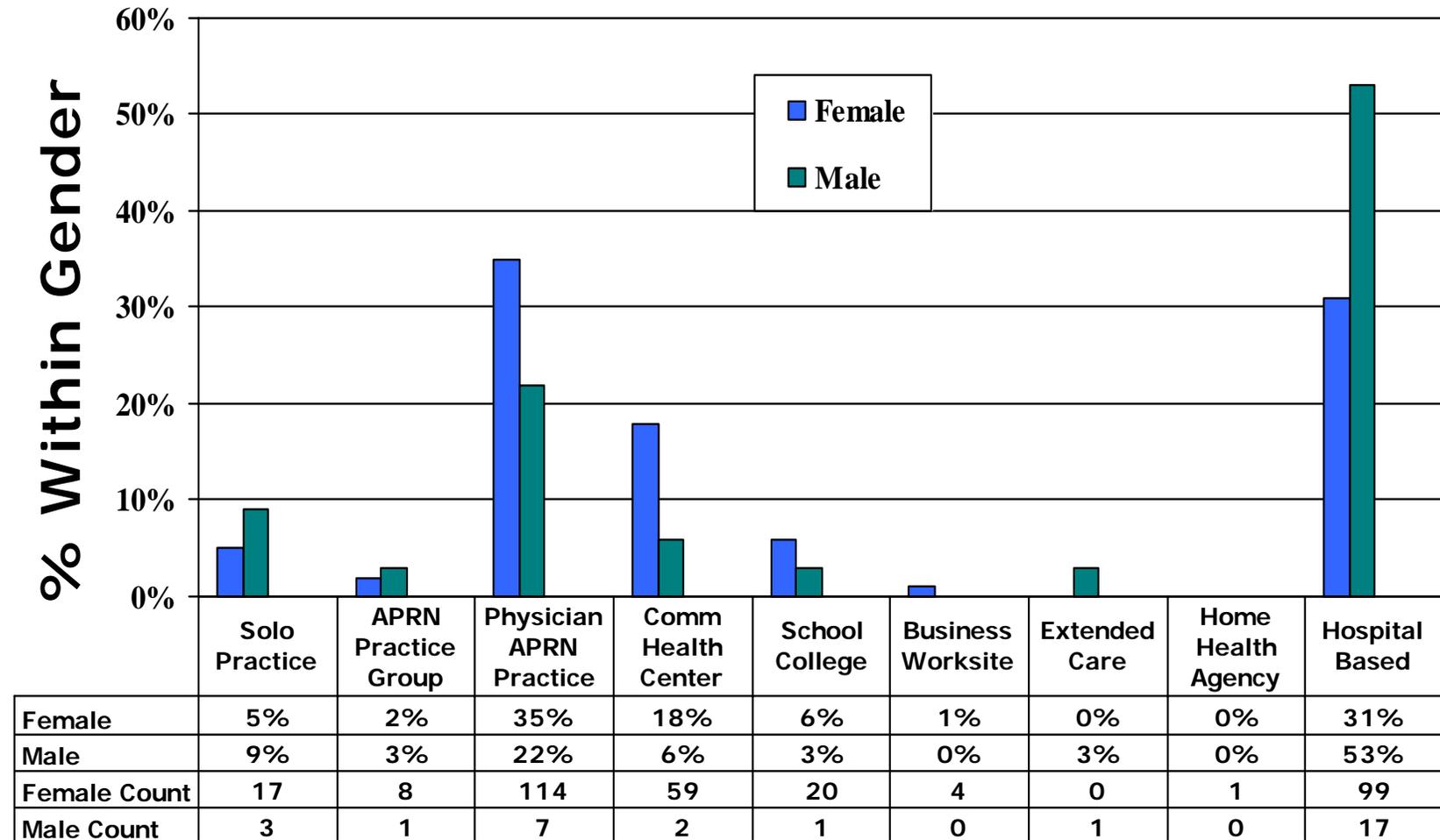
Row percentages are based on gender totals (female 322, male 32).

2002 APRN Survey - VT Dept. of Health

YEARS WORKED IN VERMONT

	<1 year	1-2 yrs	3-4 yrs	5-9 yrs	10-14 yrs	15-19 yrs	20+ yrs
Count	17	43	47	85	34	29	48
Percent	6%	14%	15%	28%	11%	10%	16%
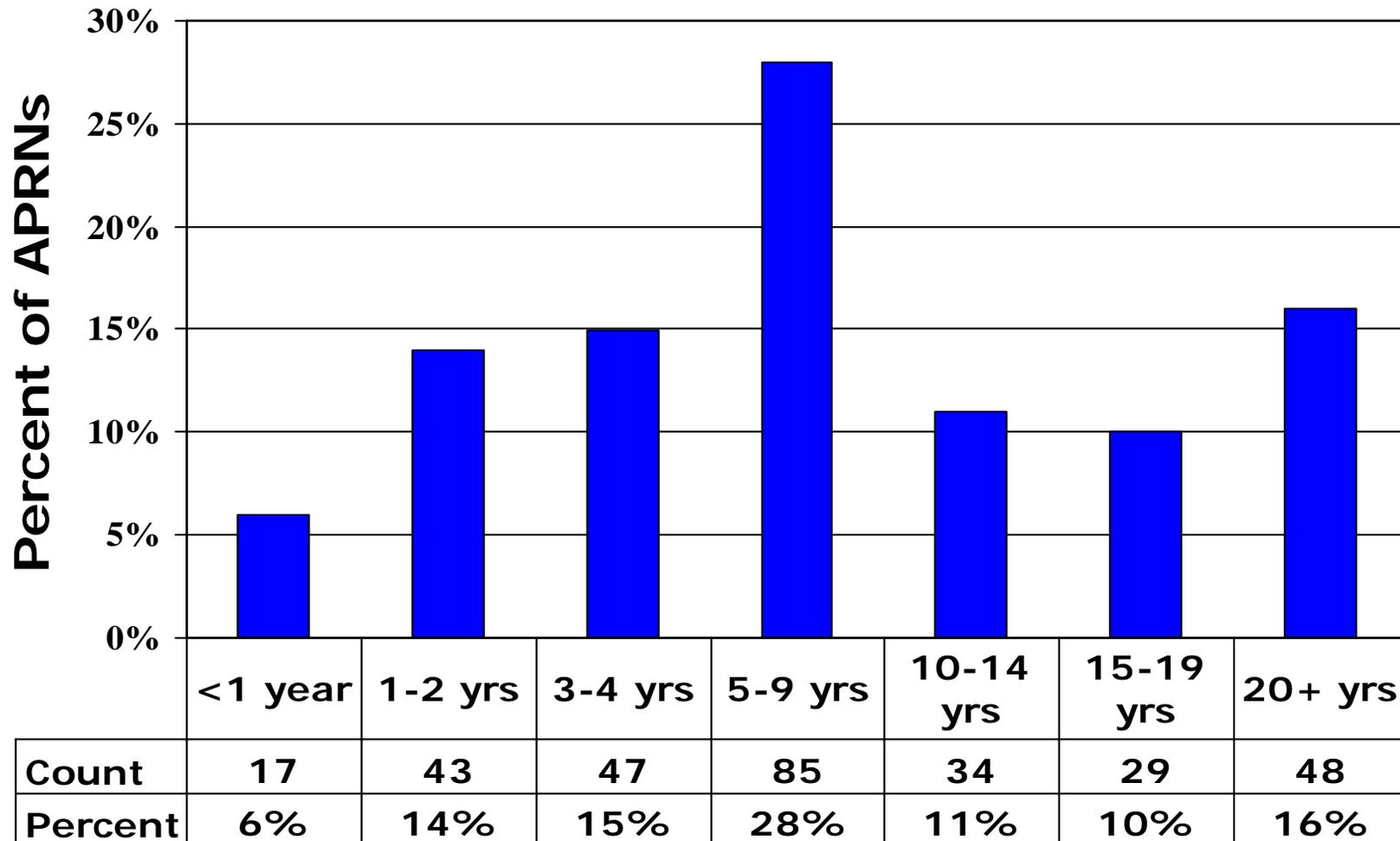
16% of the APRNs surveyed had worked in Vermont for 20 or more years.
51 APRNs had unknown Vermont years worked (Not in percentages).

APRN 2000 SURVEY VS 2002 SURVEY

APRN 2000 SURVEY VS 2002 SURVEY KEY FINDINGS

The number of APRNs increased by 16 (5%).

In 2002, there were 23 more APRNs in the 45-54 age group than in 2000. The 35-44 age group declined by 16.

The median age increased from 47 to 48.

Specialty Care gained 13 APRNs and Primary Care gained 3 APRNs.

APRNs BY TYPE

TYPE	2000	2002	CHANGE
NP	241	253	+12
CNM	36	42	+ 6
CNS	40	41	+ 1
CRNA	36	34	- 2

NP - Nurse Practitioner, CNM - Certified Nurse Midwife, CNS - Clinical Nurse Specialist
CRNA - Certified RN Anesthetist
NOTE: Each APRN may report more than one type and would be counted in multiple types

APRNs BY AGE

AGE	2000	2002	CHANGE
<35	26	28	+ 2
35-44	91	75	-16
45-54	170	193	+23
55-64	40	49	+9
65 +	7	8	+1

Ages of 4 APRNs are unknown in the 2000 survey.
There was one unknown age in the 2002 survey.

APRNs BY GENDER

GENDER	2000	2002	CHANGE
MALE	33	32	- 1
FEMALE	305	322	+17

APRNs BY PATIENT CARE HOURS

HOURS/ WEEK	2000	2002	CHANGE
< 20	92	86	- 6
20 to <30	75	66	- 9
30 to <40	70	84	+ 14
40 +	101	118	+17

APRNs BY PRIMARY CARE SPECIALTY

SPECIALTY	2000	2002	CHANGE
Adult	59	52	- 7
Family	63	72	+ 9
Gerontology	8	4	- 4
Midwifery	27	28	+ 1
Ob/Gyn	39	46	+ 7
Pediatrics	25	22	- 3
TOTAL	221	224	+ 3

APRNs BY SPECIALTY
(Non-Primary Care)

SPECIALTY	2000	2002	CHANGE
Acute Care	7	9	+ 2
Anesthesiology	36	34	- 2
Medical/ Surgical	7	4	- 3
Mental Health	38	37	- 1
School	2	5	+ 3
Other	27	41	+ 14
TOTAL	117	130	+ 13

NUMBER OF PRIMARY CARE
FULL TIME EQUIVALENTS BY COUNTY
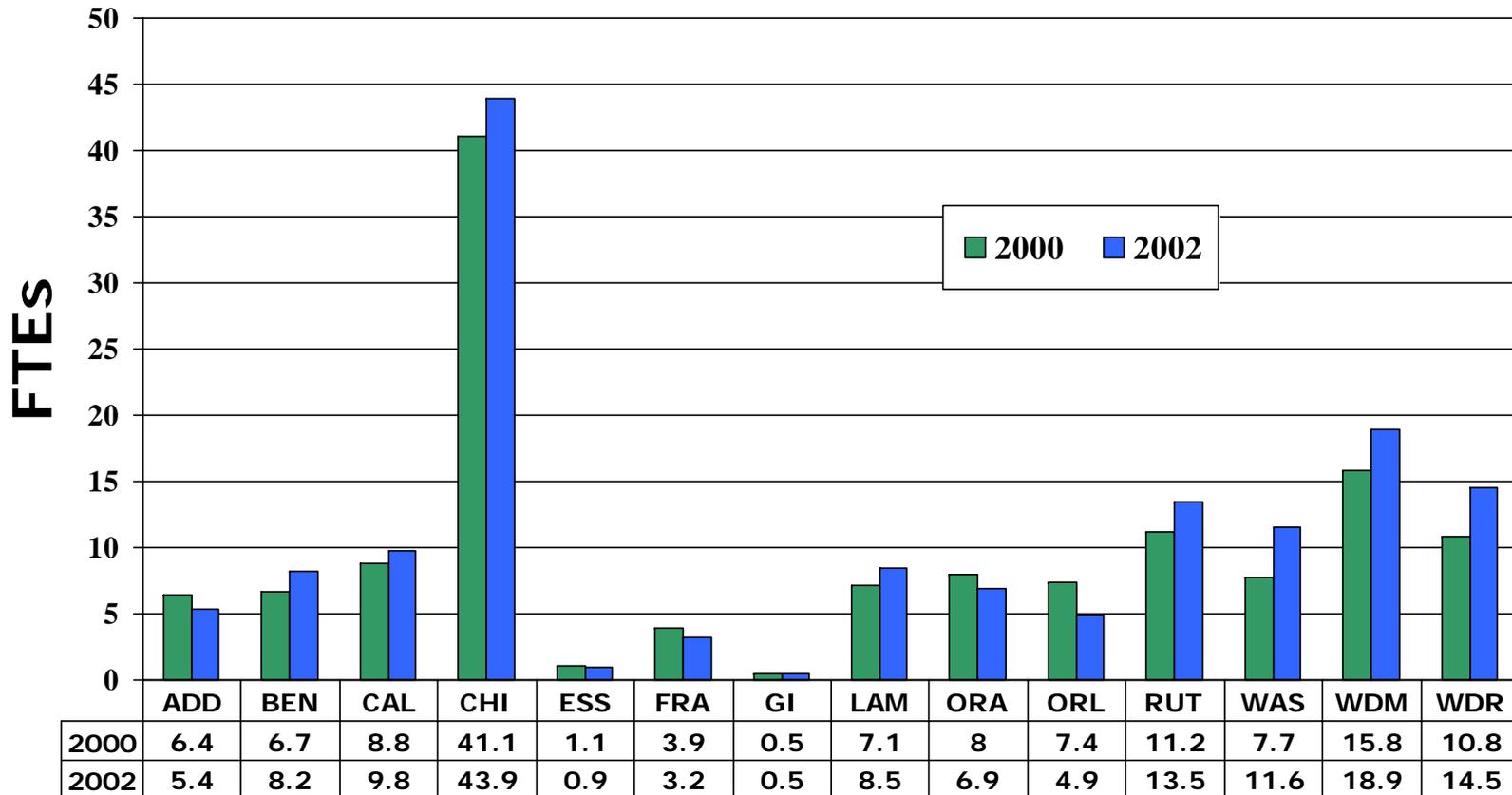
	ADD	BEN	CAL	CHI	ESS	FRA	GI	LAM	ORA	ORL	RUT	WAS	WDM	WDR
2000	6.4	6.7	8.8	41.1	1.1	3.9	0.5	7.1	8	7.4	11.2	7.7	15.8	10.8
2002	5.4	8.2	9.8	43.9	0.9	3.2	0.5	8.5	6.9	4.9	13.5	11.6	18.9	14.5

All provider work sites are counted in this graph.
One FTE is defined as 40 (or more) hours per week.

2002 APRN Survey - VT Dept. of Health

NUMBER OF SPECIALTY CARE
FULL TIME EQUIVALENTS BY COUNTY

	ADD	BEN	CAL	CHI	ESS	FRA	GI	LAM	ORA	ORL	RUT	WAS	WDM	WDR
2000	4.5	6.8	4.6	37.8	0	1.4	0.1	1.1	2	1	9.2	5.9	9.9	5.2
2002	3.5	6.8	5.6	50.8	0	2.9	0.2	1.4	0.8	1	10	6.1	5	6.1

All provider work sites are counted in this graph.
One FTE is defined as 40 (or more) hours per week.

VERMONT DEPARTMENT OF HEALTH
Advanced Practice Nursing Survey 2002

This survey is designed to assess the distribution of advanced practice nursing resources throughout the state and assist in recruitment and retention efforts. Please answer all questions completely. If you have any questions, please contact the Department of Health at (802) 863-7300 or (800) 869-2871. Thank you for your cooperation.

30203

1

(Please print legibly using a dark blue or black pen and uppercase letters; fill in small check boxes entirely)

VermontLicenseNumber: `1` `0` `1` - `0` `0` ☐☐☐☐☐

Gender: ☐ Male   ☐ Female

Date of Birth: Month ☐☐ / Day ☐☐ / Year ☐☐

FirstName: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Middle Name: ☐☐☐☐☐☐☐☐☐☐☐

LastName: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Daytime Phone Number: ☐☐☐ - ☐☐☐ - ☐☐☐☐

(Please fill in check boxes completely using a blue or black pen)

1. Choose all of the activities that describe your practice as an Advanced Practice Nurse:
   (Please fill in all the boxes below that apply)

   ☐ Provide patient care in Advanced Practice Nursing in Vermont
   ☐ Provide patient care in Advanced Practice Nursing outside Vermont ....
   ☐ Provide patient care in another nursing role in Vermont ....
   ☐ Retired from advanced practice nursing ....

   IF YOU DO NOT PROVIDE PATIENT CARE IN ADVANCED PRACTICE NURSING IN VERMONT, PLEASE STOP HERE AND RETURN SURVEY

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2. What is the highest level of <u>nursing</u> education that you have completed? (Please fill in one box)

   ☐ Diploma
   ☐ ADN (Associate Degree in Nursing)
   ☐ BSN (Bachelor of Science in Nursing)
   ☐ MSN (Master of Science in Nursing)
   ☐ Doctoral Degree in Nursing
   ☐ Other:_____

3. Do you have another (non-nursing) degree(s)? (Please fill in all that apply)

   ☐ Master of Public Health
   ☐ Master of Science (non-nursing)
   ☐ Master of Arts or Science
   ☐ Bachelor of Arts or Science
   ☐ Doctoral Degree (non-nursing)
   ☐ Other:_____

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4. What is your Advanced Practice Nursing preparation? (Please fill in one box)

   ☐ Certificate
   ☐ MSN
   ☐ Other:_____

5. What type of Advanced Practice Nurse are you? (Please fill in all that apply)

   ☐ Nurse Practitioner (NP)
   ☐ Certified Nurse Midwife (CNM)
   ☐ Clinical Nurse Specialist (CNS)
   ☐ Certified RN Anesthetist (CRNA)

6. In what areas do you hold credentials as an Advanced Practice Nurse? (Please fill in all that apply)

   PrimaryCare
   ☐ Adult
   ☐ Family
   ☐ Gerontology
   ☐ Midwifery
   ☐ Ob/Gyn (Women's Health)
   ☐ Pediatrics
   ☐ Other:_____

   SpecialtyCare
   ☐ Acute or Emergency Care
   ☐ Anesthesiology
   ☐ Medical/Surgical
   ☐ Psych/Mental Health
   ☐ School
   ☐ Other:_____

30203

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Vermont License Number

| 1 | 0 | 1 | - | 0 | 0 | | | | | (Please re-enter your license number for scanning purposes)

7. What month/year did you start working as an advanced practice nurse?

Month   Year

8. What month/year did you start working as an advanced practice nurse in Vermont?

Month   Year

9. Do you plan to retire or reduce your hours in the next 12 months?   ☐ Yes ☐ No

10. Do you have hospital admitting privileges (under your own name) in Vermont?   ☐ Yes ☐ No

11. Do you have prescriptive authority in Vermont?   ☐ Yes   ☐ No

12. Do you work on-call hours evening and/or weekends?   ☐ Yes   ☐ No

For each Vermont setting where you provide patient care, enter the name of the town, one practice setting, up to two specialties, the weeks per year and the average hours per working week you provide DIRECT PATIENT CARE within each specialty. Include both ambulatory care and hospital care of patients who originate from this site. Exclude on-call hours and hours spent reviewing patient management with a physician(s). Please answer the questions concerning your plans to continue at this site, locum tenens, on-call hours and new patients.

SITE ONE - (Enter Vermont town name, not a mailing address)

| | | | | | | | | | | | | | | | | | | | | | |

Please fill in one practice setting box:

☐ Solo APRN Practice

☐ APRN Practice Group

☐ Physician/APRNPractice

☐ Community Health Center/Clinic

☐ School or College Health Center

☐ Business or Work Site

☐ Extended Care/Nursing Home

☐ Home Health Agency

☐ Hospital-basedpractice
  (ER, inpatient, outpatient, etc)

Please enter one or two specialties from the list on the right, the **weeks per year** and the **average hours per work week** you spend providing DIRECT PATIENT CARE within each specialty. (**Exclude** hours spent reviewing patient management with a physician(s); **exclude** on-call hours.)

Specialty 1 ☐☐   **Specialty 2** ☐☐

(We consider 48 weeks per year to be full time.)

Weeks 1 ☐☐   **Weeks 2** ☐☐

Hours/week ☐☐   **Hours/week** ☐☐

Primary Care Codes
01=Adult
02=Family
03=Gerontology
04=Midwifery
05=Ob/Gyn (Women's Health)
06=Pediatric
07=Other_____

Specialty Care Codes
08=Acute or Emergency
09=Anesthesiology
10=Medical/Surgical
11=Psych/Mental Health
12=School
13=Other_____

Please fill in the 'Yes' or 'No' box for all six questions:

☐ Yes ☐ No   I will accept new patients at this site   ☐ Yes ☐ No   I participate in Medicare at this site

☐ Yes ☐ No   I participate in Medicaid at this site   ☐ Yes ☐ No   I will accept new Medicare patients at this site

☐ Yes ☐ No   I will accept new Medicaid patients at this site   ☐ Yes ☐ No   I work as a locum tenens at this site

VERMONT DEPARTMENT OF HEALTH
Advanced Practice Nursing Survey 2002

Vermont License Number

| 1 | 0 | 1 | – | 0 | 0 | | | | |

(Please re-enter your license number for scanning purposes)

SITE TWO - (Enter Vermont town name, not a mailing address)

| | | | | | | | | | | | | | | | | | | | | | | | |

Please fill in one practice setting box:

- ☐ Solo APRN Practice
- ☐ APRN Practice Group
- ☐ Physician/APRNPractice
- ☐ Community Health Center/Clinic
- ☐ School or College Health Center
- ☐ Business or Work Site
- ☐ Extended Care/Nursing Home
- ☐ Home Health Agency
- ☐ Hospital-basedpractice
  (ER, inpatient, outpatient, etc)

Please enter one or two specialties from the list on the right, **weeks per year** and the **average hours per work week** you spend providing DIRECT PATIENT CARE within each specialty. (**Exclude** hours spent reviewing patient management with a physician(s); **exclude** on-call hours.)

Specialty 1 ☐☐   **Specialty 2** ☐☐

(We consider 48 weeks per year to be full time.)

Weeks 1 ☐☐   **Weeks 2** ☐☐

Hours/week ☐☐   **Hours/week** ☐☐

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07=Other_____

Specialty Care Codes
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09=Anesthesiology
10=Medical/Surgical
11=Psych/Mental Health
12=School
13=Other_____

Please fill in the 'Yes' or 'No' box for all six questions:

- ☐ Yes ☐ No I will accept new patients at this site
- ☐ Yes ☐ No I participate in Medicaid at this site
- ☐ Yes ☐ No I will accept new Medicaid patients at this site
- ☐ Yes ☐ No I participate in Medicare at this site
- ☐ Yes ☐ No I will accept new Medicare patients at this site
- ☐ Yes ☐ No I work as a locum tenens at this site

SITE THREE - (Enter Vermont town name, not a mailing address)

| | | | | | | | | | | | | | | | | | | | | | | | |

Please fill in one practice setting box:

- ☐ Solo APRN Practice
- ☐ APRN Practice Group
- ☐ Physician/APRNPractice
- ☐ Community Health Center/Clinic
- ☐ School or College Health Center
- ☐ Business or Work Site
- ☐ Extended Care/Nursing Home
- ☐ Home Health Agency
- ☐ Hospital-basedpractice
  (ER, inpatient, outpatient, etc)

Please enter one or two specialties from the list on the right, **weeks per year** and the **average hours per work week** you spend providing DIRECT PATIENT CARE within each specialty. (**Exclude** hours spent reviewing patient management with a physician(s); **exclude** on-call hours.)

Specialty 1 ☐☐   **Specialty 2** ☐☐

(We consider 48 weeks per year to be full time.)

Weeks 1 ☐☐   **Weeks 2** ☐☐

Hours/week ☐☐   **Hours/week** ☐☐

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13=Other_____

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- ☐ Yes ☐ No I will accept new Medicaid patients at this site
- ☐ Yes ☐ No I participate in Medicare at this site
- ☐ Yes ☐ No I will accept new Medicare patients at this site
- ☐ Yes ☐ No I work as a locum tenens at this site

Please return all 3 pages, even if blank