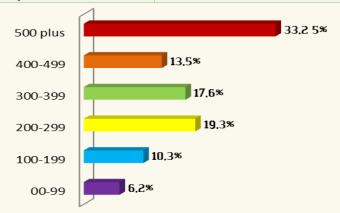
# FACT SHEET Survey conducted January 2016—February 2016

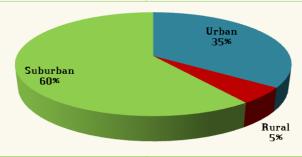
### LIMITATIONS IN PRACTICE FOR ADVANCED PRACTICE NURSES IN HOSPITAL SETTINGS

#### HOSPITAL CHARACTERISTICS

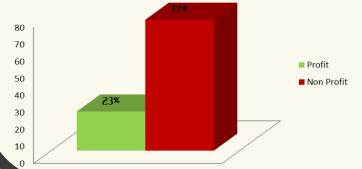
HOSPITAL STAFFED BEDS	N
00-99	15
100-199	25
200-299	47
300·3 <b>99</b>	43
400-499	33
500 plus	81



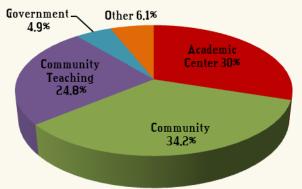
HOSPITAL LOCATION	N
Urban	86
Rural	13
Suburban	149



Profit or Non Profit	N
Profit	<b>57</b>
Non Profit	192



TYPE OF HOSPITAL	N
Academic Center	74
Community	84
Community Teaching	61
Government	12
<b>O</b> ther	15



#### **CURRENT HOSPPITAL PRATICE LIMITATIONS**

- $\Rightarrow$  98% (n=248) of hospitals hire APNs.
- $\Rightarrow$  65.2% (n=159) do not have admitting privileges
- $\Rightarrow$  23% (n=57) require orders to be co-signed
- ⇒ 66% (n=157) not represented on Medical Executive Committee
- ⇒ 87% (n=168) of APNs from a nurse-owned practice cannot obtain admitting privileges at the hospital.
- ⇒ 62% (n=137) of APNs from a physician-owned practice cannot obtain admitting privileges at the hospital.

## ADDITIONAL LIMITATIONS IDENTIFIED IN PRACTICE(COMMENTS SECTION)

- ⇒ Discharge orders and summaries require MD
- ⇒ Home Health and Hospice orders require MD
- ⇒ DNR orders, pronouncements, POLST or changes of status orders require MD
- ⇒ Commitment for Psych-cannot testify or sign papers
- ⇒ Cannot be certified to prescribe subutex or subexone needed for drug addition
- ⇒ H&Ps must be co-signed
- ⇒ NP cannot see new consults only existing patients
- ⇒ Cannot be privileged in Operating Room
- ⇒ Cannot order controlled substance
- ⇒ Diagnostic tests need MD name
- ⇒ PT/OT needs MD orders
- ⇒ Lack of voting rights on Medical Executive Committee or credentialing committee.

