Pathway to Excellence® Program Organization Demographic Form (ODF) Instructions

INTRODUCTION

The Pathway to Excellence Organization Demographic Form (ODF) collects organizational and unit-level demographic data to be used in conjunction with the organizational documents described in the *2016 Pathway to Excellence® Application Manual*. Together, these organizational documents provide reviewers context for understanding the evidence submitted by applicants. In addition, organizations that achieve Pathway to Excellence designation are required to submit an updated ODF on an annual basis as part of their interim monitoring requirements.

Submission: For organizations that submitted documents on or after November 2016, please upload completed ODF reports to the Pathway portal. For organizations that submitted documents prior to November 2016, please submit the completed PTE ODF reports to pathwayinfo@ana.org. Do not convert the PTE ODF to a PDF file.

INSTRUCTIONS FORMAT

The ODF file has five separate worksheets marked by tabs at the bottom of the spreadsheet window; Sections A, B, C, D and E. The instructions that follow are organized according to these sections:

> Section A — Organization-level information
> Section B — Unit-level information
> Section C — Calculations derived from Section B
> Section D — Comments
> Section E — Year-to-Year Comparison
> Glossary

Sections A and B-- The instructions given below specify the data to be entered in Sections A and B of the ODF. The third part describes calculations that will appear in **Section C** as Section B is completed. Do not enter data in Section C.

Section D -- Comments
If necessary, organizations may include explanatory comments about the data supplied in Sections A and B. All comments entered in Section D should identify the section and cell entry to which they refer. e.g. Section B25K.

Section E -- Year-to-Year Calculated Results
Section E allows organizations to copy total results from current and previous ODF reports for year-to-year comparison.

Glossary
Terms defined in the glossary are shown in boldface type throughout the instructions.

Questions
Contact pathwayinfo@ana.org or Maggie McCright at 301.628.5198 if you have questions.

DO NOT ADD NEW COLUMNS, ROWS, OR CELLS TO THE ODF SPREADSHEET.

Row Instructions

2. **Healthcare Organization name**
   Enter the current, formal name of the organization.   Please do not use abbreviations.

3. **Enter 10-digit PTE number**
   Enter the organization's 9-digit PTE number assigned by the Pathway to Excellence program office.

4. **Identify type of ODF report**
   Enter one of 3 options to identify ODF type: Initial Application, Interim Report, or Redesignation Application.

5. **Rural location**
   Enter yes if located in a rural area.

6. **Healthcare Organization street address**
   Enter street address. Please do not use a P.O. box.

7. **City**
   Enter city name.

8. **State or Province**
   Enter 2-letter abbreviation for state or province name.

9. **Country**
   Enter country name. For United States, enter U.S.

10. **Zip**
    Enter zip code if applicable.

11. **Is this facility part of a hospital system? (yes/no)**
    Enter yes or no.

12. **If yes, hospital system name**
    If yes, enter formal name of the *hospital system*.

13. **Medicare provider number**
    Enter provider number from the Centers for Medicare & Medicaid Services, if any.

14. **AHA hospital number**
    Enter identification number from the American Hospital Association, if any.

15. **Date CNO assumed CNO role at this facility (mm/dd/yyyy)**
    Enter date the CNO assumed the CNO role for the organization. CNO defined: The highest-level nurse with ultimate responsibility for all nursing practice within the organization.

16. **Is the nursing staff organized for collective bargaining? (yes/no)**
    Answer yes or no according to whether the nursing staff is organized for collective bargaining by a union.

17. **12-month reporting period - beginning date (mm/dd/yyyy)**
    Enter beginning date of the reporting period. Data submitted in the ODF should represent a consecutive 12-month period. Use calendar year, fiscal year, or another beginning and ending date according to how the organization typically aggregates and reports data. Applicants should submit data for the most recently completed 12-month period. For interim reporting, Pathway-designated organizations should submit annual data for the next 12-month reporting period subsequent to their previous ODF submission.

18. **12-month reporting period - ending date (mm/dd/yyyy)**
    Enter ending date of the reporting period. For example, if data are reported on a cycle beginning October 1, 2017, the ending date of the reporting period would be September 30, 2018.

19. **Number of inpatient licensed beds — acute care**
    Enter the total number of inpatient acute care beds that the organization holds a license to operate.

20. **Number of inpatient licensed beds — long term care**
    Enter the total number of inpatient long term care beds that the organization holds a license to operate.

21. **Average daily census for the reporting period**
    Enter average daily census for the 12 months in the reporting period. Average daily census is determined by the time set by each organization.

See glossary for definition of terms in bold type.   2

Row Instructions

22. **Medicare patients – Average length of stay**
    Enter the average *length of stay* for Medicare patients for the 12 months in the reporting period. Average *length of stay* is determined by the time set by each organization.

23. **Medicare patients – Case mix index**
    Enter the *case mix index* (CMI) for Medicare patients. CMI is collected for the organization as a whole to provide reviewers with a global indicator of patient acuity.

24. **Medicare patients – Average length of stay case mix adjusted**
    Do not enter data. This cell will calculate the case-mix adjusted average *length of stay* for Medicare patients.

25. **All payors – Average length of stay**
    Enter the average *length of stay* for all payors for the 12 months in the reporting period. Average *length of stay* is determined by the time set by each organization.

26. **All payors – Case mix index**
    Enter the *case mix index* (CMI) for all payors. CMI is collected for the organization as a whole to provide reviewers with a global indicator of patient acuity.

27. **All payors – Average length of stay case mix adjusted**
    Do not enter data. This cell will calculate the case-mix adjusted average *length of stay* for all payors.

28. **For ambulatory settings, annual total number of patient visits**
    If applicable, enter the total number of outpatient visits the organization receives annually.

SECTION B — UNIT-LEVEL INFORMATION

General Instructions – Unit Types

Columns B through S in ODF Section B specify the following 17 main **unit types**. See the glossary for a definition of each type. Total values will calculate automatically in Column T.

Unit Types

1. Medical and Surgical
2. Step Down
3. Critical Care
4. Labor & Delivery
5. Ante/Post Partum
6. NICU/PICU
7. Pediatrics
8. Operating Room(s)
9. PACU
10. Psychiatric
11. Rehabilitation
12. Ambulatory Care
13. Emergency Department
14. Specialty Practice
15. Home Health/Hospice
16. Long Term Care
17. All Others

Leave columns blank if the organization does not have a type of unit or does not use a category of personnel represented by any of the main unit types.

Multiple Units of Same Type. To report data for multiple units of the same type, sum the data across units. For example, if the organization has two critical care units:
- Enter the number 100 if one unit has 60 *beds* and the other unit has 40 staffed *beds*.
- Enter 65.5 if one unit has 35.5 and the other unit has 30.0 average monthly RN FTEs.

Dissimilar or Combined Unit Types. If the organization has a unit that is more dissimilar than similar to a main unit type category, report data for that unit in the All Others column (Column S). If the organization has two main unit types combined into a single unit, enter the data for that unit under the unit type that accounts for the greater proportion of patients in the unit.

All Others Column. Use the All Others column to report data for all units in the organization that do not fit a main unit type category. The data for multiple units reported in Column R should be summed across units.

See glossary for definition of terms in bold type. 3

General Instructions – FTEs

Calculate a **full-time equivalent (FTE)** as being available for work 2,080 hours per year. Calculate the annual average number of FTEs by taking the average of the number of FTEs employed during each month of that year.

Row Instructions

3. **Number of units**
   Enter the number of units of the same type for which data are reported in the column.

4. **Number of beds staffed by units**
   Enter the number of *beds* for which staff is available. For each unit, provide the average for the 12-month reporting period and sum across multiple units of the same type.

5. **Number of patient visits in ambulatory clinics**
   If applicable, report the data available to the organization in the relevant columns.

6. **Registered Nurses (RN) - Staff utilization**
   In this section (rows 7–28), include all regularly employed full-time and part-time *registered nurses*. E.g. Part time may be counted as .5 FTE.

7. **RN FTEs budgeted**
   Report average monthly RN FTEs budgeted for the reporting period. Budgeted FTEs are those organization anticipated needing; this is the hiring goal. Sum average monthly FTEs across multiple units of the same type.

8. **RN FTEs employed (actual)**
   Report average monthly RN FTEs actually employed for the reporting period. Actual FTEs are FTEs on staff to fill the budgeted positions. Include FTEs for per diem and float pool RNs if their familiarity with the unit type is high. Sum average monthly FTEs across multiple units of the same type. Explanatory comments may be provided in Section D if a strong trend related to opening or closing beds occurred during the year. See the instruction on page 1 for adding comments.

9. **RN per diem/float pool FTEs employed not included above**
   If applicable, report in this row the average monthly FTEs for per diem and float pool RNs who move across many unit types and are not reflected in the RN FTEs reported on Row 8. If per diem/float pool FTEs are regularly assigned to a unit, include the per diem/float pool FTEs with the RN FTEs for that unit type.

10. **RN FTEs resigned or terminated**
    Indicate the total RN FTEs who left their positions during the reporting period due to *terminations*, **resignations/controllable**, or **resignation/uncontrollable**. Do not count unit-to-unit turnover within the organization. See glossary.

11. **Registered Nurses – Role**
    In this section (rows 12-14), include all regularly employed full-time and part-time *registered nurses*.

12. **RN FTEs assigned to direct patient care**
    Report average monthly RN FTEs for *direct-care nurses*. Sum across multiple units of the same type.

13. **RN FTEs in advanced practice nurse roles**
    Report average monthly RN FTEs in **advanced practice nurse** roles. Reflect APRN FTEs under **specialty practice** or other main unit types as appropriate.

14. **RN FTEs in nurse manager/administrator roles**
    Report average monthly RN FTEs in **nurse manager** or administrator roles. Sum across multiple units of the same type.

15. **RN FTEs in other clinical support roles**
    Report average monthly RN FTEs in **other clinical support** roles. Sum across multiple units of the same type.

16. **Calculated sum should equal row 8 above (RN FTEs employed)**
    Values in this row calculate automatically to sum the RN FTEs by role reported in rows 12-14.

See glossary for definition of terms in bold type.   4

Row Instructions

17. **Calculated difference between rows 8 and 15 should be zero**
Values in this row calculate automatically to show the difference between row 8 and row 15. Non-zero values indicate that the FTEs reported by role (rows 12-14) have either been undercounted or double counted.

18. **Registered Nurses –** Highest Educational Degree
In this section (rows 18-21), report only the highest degree for any individual RN. For example, for RNs holding both BSN and MSN degrees, report only the MSN degrees.

19. RN **FTEs** with doctoral degree
Report RN FTEs with a doctoral degree as the highest degree.

20. RN **FTEs** with master's degree, nursing
Report RN FTEs with the master's degree in nursing as the highest degree.

21. RN **FTEs** with bachelor's degree, nursing
Report RN FTEs with the bachelor's degrees in nursing as the highest degree.

22. RN **FTEs** with associate degree or diploma
Report RN FTEs with either the associate degree or diploma as the highest degree.

23. **Calculated sum cannot exceed row 8 (RN FTEs employed).**
Values in this row calculate automatically to sum the RN FTEs by education level reported in rows 18-21.

24. **Calculated difference between rows 8 and 22 should not be a negative number.**
Values in this row calculate automatically to show the difference between row 8 and row 22. Negative numbers indicate that some FTEs reported by education level (rows 18-21) have been double counted. Count only the highest educational degree for any individual RN to report FTEs by education level.

25. **Registered Nurses –** National **Certification**
In this section (rows 25-26), include all regularly employed full-time and part-time *registered nurses*.

26. RN **FTEs** with national **certification, advanced practice**
Report *advanced practice nurse* FTEs certified as nurse practitioners, nurse midwives, clinical nurse specialists, or *registered nurse* anesthetists.

27. RN **FTEs** with national **certification, all RN's excluding advanced practice**
Report RN FTEs for direct care nurses and nurse managers with *certification* if the certification is relevant to current position. For RNs with multiple *certification*s, report only the most relevant *certification.*

28. **Calculated sum cannot exceed row 8 (RN FTEs employed).**
Values in this row calculate automatically to sum the RN FTEs with certification reported in rows 25-26.

29. **Calculated difference between rows 8 and 27 should not be a negative number.**
Values in this row calculate automatically to show the difference between row 8 and row 27. Negative numbers indicate that some FTEs reported with certification (rows 25-26) have been double counted. Count no more than one, most relevant certification for any individual RN to report FTEs with certification.

30. **Licensed Practical Nurses**
In this section (rows 30–32), include all employed full-time and part-time **licensed practical nurses**.

31. LPN **FTEs** budgeted
Report average monthly LPN FTEs budgeted. Sum across multiple units of the same type.

32. LPN **FTEs** actual (employed)
Report average monthly LPN FTEs actually employed for the reporting period. Sum average monthly FTEs across multiple units of the same type.

33. LPN **FTEs** resigned or terminated
Indicate the total LPN FTEs who left their positions during the reporting period due to **terminations**, *resignations/controllable*, or *resignation/uncontrollable*.

34. **Unlicensed Assistive Personnel** (UAP)
In rows 34–36, include all employed full-time and part-time **unlicensed assistive personnel**.

See glossary for definition of terms in bold type.   5

SECTION B — UNIT-LEVEL INFORMATION

Row Instructions

35. **UAP FTEs budgeted**
    Report average monthly UAP FTEs budgeted. Sum across multiple units of the same type.

36. **UAP FTEs actual (employed)**
    Report average monthly UAP FTEs actually employed. Sum across multiple units of the same type.

37. **UAP FTEs resigned or terminated**
    Indicate the total UAP FTEs who left their positions during the reporting period due to **terminations**, **resignations/controllable**, or **resignation/uncontrollabl**e. Note in Section D if data are unavailable.

38. **Contract/Agency Nurses**
    In this section, include all supplemental and temporary staffing.

39. **Average actual RN (or equivalent) FTEs used**
    Report average monthly **contract or agency** RN FTEs. Sum across multiple units of the same type.

SECTION C — CALCULATIONS DERIVED FROM SECTION B

Row Descriptions

3. **RN vacancy percent**
   Calculated as (1 – (RN FTEs employed divided by RN FTEs budgeted)) X 100.

4. **RN turnover percent**
   Calculated as (RN FTEs resigned or terminated divided by RN FTEs employed) X 100.

5. **Skill mix (percent RN)**
   Calculated as (RN FTEs divided by (RN FTEs + LPN FTEs + UAP FTEs)) X 100.

6. **Percent RN direct patient care**
   Calculated as (RN FTEs assigned to direct patient care divided by RN FTEs employed) X 100.

7. **Percent RN with BSN or higher**
   Calculated as (RN FTEs with bachelor's, master's, or doctorate in nursing divided by RN FTEs employed) X 100.

8. **Percent RN certified, direct care nurses and nurse managers**
   Calculated as (RN FTEs with certification, direct care nurses and nurse managers divided by RN FTEs employed) X 100.

9. **LPN vacancy percent**
   Calculated as (1 – (LPN FTEs employed divided by LPN FTEs budgeted)) X 100.

10. **LPN turnover percent**
    Calculated as (LPN FTEs resigned or terminated divided by LPN FTEs employed) X 100.

11. **UAP vacancy percent**
    Calculated as (1 – (UAP FTEs employed divided by UAP FTEs budgeted)) X 100.

12. **UAP turnover percent**
    Calculated as (UAP FTEs resigned or terminated divided by UAP FTEs employed) X 100.

SECTION D — COMMENTS

When necessary, provide explanatory comments regarding data in Sections A and B. Identify the cell entry to which they refer.

SECTION E — YEAR-TO-YEAR CALCULATED RESULTS

The Pathway program encourages organizations to complete and utilize Section E for year to year comparison. Copy the totals from Section C, column S of the current and previous ODF reports, then paste in the appropriate column in section E. To paste using Excel, right click, select 'Paste Special', click the 'Values" option and then click 'Okay'.

See glossary for definition of terms in bold type.   6

GLOSSARY

advanced practice nurse (APRN). A registered nurse who has met advanced educational and clinical practice requirements beyond the 2–4 years of basic nursing education required of all RNs. Under this umbrella are four major types of APRNs: nurse practitioners, certified nurse midwives, clinical nurse specialists, and certified registered nurse anesthetists.

beds. Operating beds for the care of patients staying 24 hours or more. The category does not include bassinets.

case mix index. A numerical score used in the United States as a descriptor at the organization level of the relative resource use for the average patient. This use is computed using data on the characteristics and clinical needs of the patients served by the organization.

certification. A process by which a nongovernmental agency or association certifies that an individual licensed to practice a profession has met certain predetermined standards specified by that profession for specialty practice. Its purpose is to ensure various publics that an individual has mastered a body of knowledge and acquired skills in a particular specialty (American Nurses Association, 1979, p. 67). Certifications for ability to perform clinical interventions (e.g., Advanced Cardiac Life Support [ACLS], Basic Life Support [BLS], Neonatal Resuscitation Program [NRP], Pediatric Advanced Life Support [PALS]) are not included.

contract or agency. This includes temporary nursing staff who are:
1. Not employed by the facility but are hired on a contractual basis to fill staffing needs for a designated shift or for a short-term contracted basis,
2. Registry staff from outside the facility (e.g., not floating staff from within the facility), or
3. Traveling nurse staff contracted to the facility for a designated period of time.

direct care nurse. The nurse providing care directly to patients, excluding the nurse manager and nurse executive. (However, in some settings, the nurse manager does spend a portion of her or his work hours providing direct patient care.) Direct care activities can be reflected as partial full-time equivalents (FTEs).

direct patient care. Direct patient care responsibilities are PATIENT CENTERED nursing activities carried out in the PRESENCE OF THE PATIENT (e.g., admission/transfer/discharge, patient teaching, patient communication). This category includes nursing staff who are:
1. counted in the staffing matrix, or
2. assigned greater than 50 percent to direct care responsibilities, or
3. replaced during a shift if they call in sick.

full-time equivalent (FTE). Number of hours (worked or budgeted) expressed as a single full-time employee, usually 2,080 hours per year. In countries other than the United States, WTE (work-time equivalent) is used.

hospital system. The American Hospital Association (2013) defines system as "either a multihospital or a diversified single hospital system. A multihospital system is two or more hospitals owned, leased, sponsored, or contract managed by a central organization. Single, freestanding hospitals may be categorized as a system by bringing into membership three or more, and at least 25%, of their owned or leased non-hospital preacute or postacute healthcare organizations. System affiliation does not preclude network participation."

length of stay. The length of time that is reported on the discharge abstract.

licensed practical nurse (LPN). In the United States, an LPN is a nurse who holds state board licensure as a licensed practical nurse and is employed by a healthcare organization with responsibilities of an LPN. In other countries this level of nurse is sometimes referred to as an "enrolled" nurse.

nurse manager/administrator. The nurse who manages one or more defined areas within organized nursing services. His or her primary domains of activity are planning, organizing, leading, and evaluating.

other clinical support. Nurses in other clinical support roles may include specialists such as case managers, informatics nurses, infection control nurses, nurse educators, nurse researchers, occupational health nurses, quality/risk managers, wound care ostomy nurses, and others.

See glossary for definition of terms in bold type.   7

GLOSSARY

registered nurse (RN). A nurse in the United States who holds state board licensure as a registered nurse or any new graduate or foreign nurse graduate who is awaiting state board examination results and is employed by a healthcare organization with the responsibilities of an RN. In other countries, this individual will have registered with the appropriate regulatory body.

resignations, controllable. A resignation of an employee that results from an issue or environmental feature or trait that is under the control of the employer. Examples of "controllable resignations" would be those occurring as a result of pay status, ability to advance, perceived lack of respect, or job injuries covered.

resignations, uncontrollable. A resignation of an employee that does not result from an issue or environmental feature or trait that is under the control of the employer. Examples of "uncontrollable resignations" would be those occurring as a result of the nurse's spouse's relocation, a family illness, or retirement secondary to age.

termination. Cessation of employment effected by the organization, irrespective of the preference of the employee.

unit types.

all others. Enter data here for other units that cannot be categorized into one of the 17 unit types listed below.

ambulatory care. An outpatient area accommodating provider visits and related support services such as patient education. Inpatients may be seen. In this column, report all ambulatory care settings that are included in the Pathway application. Examples include but are not limited to:
- same day procedures
- specialty clinics
- free-standing clinics
- urgent care

ante/post partum. A unit serving antepartum and/or postpartum patients.

critical care. A unit serving predominantly adult populations requiring a higher level of service than that provided in step down units.

emergency department. A unit serving patients with emergent and/or urgent conditions.

home health/hospice. Health care or supportive care provided in the patient's home by healthcare professionals and/or a unit or type of care serving the physical and emotional needs of dying patients in their home or in a healthcare facility.

labor & delivery. A unit serving intrapartum patients.

long term care. A unit serving both the medical and non-medical needs of people with a chronic illness or disability who cannot care for themselves for long periods of time.

medical and surgical. A unit serving predominantly adult populations requiring either medical or surgical services.

NICU/PICU. A unit serving the highest level of service to neonates and/or to patients outside of the neonatal period but less than 18 years of age.

operating room. An area in which intraoperative care is provided.

PACU. A unit serving patients recovering from anesthesia.

pediatrics. A unit serving medical-surgical patients outside of the neonatal period but less than 18 years of age.

psychiatric. A unit serving predominantly adult populations requiring psychiatric services.

rehabilitation. A unit serving predominantly adult populations requiring rehabilitative services.

unit types continued.

specialty practice. A unit/practice providing a higher level of intensity of nursing practice than that seen in a typical ambulatory clinic supporting provider visits. By analogy, medical-surgical is to critical care as ambulatory is to specialty practice. Wound-care-ostomy, diabetic education, interventional radiology, cardiac catheterization lab, etc. fit in this unit type.

step down. A unit serving predominantly adult populations requiring a higher level of service than that provided in medical and/or surgical units but a lower level of service than that provided in critical care units.

unlicensed assistive personnel (UAP). Unlicensed assistive personnel are trained to function in an assistive role to nurses in the provision of patient care activities as delegated by and under the supervision of the registered nurse. It includes nursing assistants, orderlies, patient care technicians, or technicians. It does NOT include positions such as Physical Therapy, Occupational Therapy or Masters of Social Work. Unlicensed assistive personnel includes certified nursing assistants, technicians, and other types of personnel who perform patient care functions as delegated by registered nurses.

Glossary References

American Hospital Association. (2013). *Fast facts on US hospitals* [last updated January 3, 2013]. http://www.aha.org/aha/resource-center/Statistics-and-Studies/fast-facts.shtml. Accessed December 14, 2016.

American Nurses Association. (1979). The study of credentialing in nursing: A new approach (Vol. I, Report of the Committee). Kansas City, MO: Author.