

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

## INTRODUCTION

The Pathway to Excellence Organization Demographic Form (ODF) collects organizational 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 2 years from the date of document submission as part of their interim monitoring requirements.

**Submission:** Please submit the completed PTE ODF report to [pathwayinfo@ana.org](mailto: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 Information  
**Section B** — Staff Information  
**Section C** — Calculations Derived from Section B  
**Section D** — Comments  
**Section E** — Year-to-Year Calculated Results  
Glossary

### Sections A and B — Organization and Staff Information

The instructions given below specify the data to be entered in Sections A and B of the ODF.

### Section C — Calculations Derived from Section B (Do not enter data in Section C.)

The instructions describe calculations that will appear in Section C as Section B is completed.

### 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 row number to which they refer, for example, Section B Row 26.

### 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 *italicized and blue* throughout the instructions.

### Questions

Contact [pathwayinfo@ana.org](mailto: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.**

## SECTION A — ORGANIZATION INFORMATION

### Row Instructions

3. **Healthcare organization name**  
Enter the current, formal name of the organization. Please do not use abbreviations.
4. **Enter 10-digit PTE number**  
Enter the organization's 10-digit PTE number assigned by the Pathway to Excellence program office.
5. **Identify type of ODF report**  
Enter one of the following 3 options to identify ODF type: Initial Application, Interim Report, or Redesignation Application.
6. **Located in rural location (yes/no)**  
Enter yes if located in a rural area. Enter no if not located in a rural area.
7. **Healthcare facility street address**  
Enter street address. Please do not use a P.O. box.
8. **City**  
Enter city name.
9. **State (2-letter abbreviation) or Province**  
Enter 2-letter abbreviation for state or full province name.
10. **Country**  
Enter country name. For United States, enter U.S.
11. **ZIP**  
Enter ZIP code. Leave blank if not applicable.
12. **Is this facility part of a hospital system? (yes/no)**  
Enter yes or no.
13. **If yes, hospital system name**  
If you answered yes to row 12, enter the formal name of the hospital system. If not applicable, leave blank.
14. **Medicare Provider Number**  
Enter the provider number from the Centers for Medicare & Medicaid Services. If not applicable, leave blank.
15. **AHA Hospital Number**  
Enter the identification number from the American Hospital Association. If not applicable, leave blank.
16. **Date CNO assumed CNO role at this facility (mm/dd/yyyy)**  
Enter date the CNO assumed the CNO role for the organization. Chief Nursing Officer (CNO) defined: The highest-level nurse with ultimate responsibility for all nursing practice within the organization.
17. **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.
18. **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. Submit data for the most recently completed 12-month period. For interim reporting, Pathway-designated organizations should submit an updated ODF 2 years from the date of document submission, using data for the most recently completed 12-month period.
19. **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.
20. **Number of inpatient licensed beds – acute care**  
Enter the total number of inpatient acute care *beds* that the organization holds a license to operate.
21. **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.
22. **Average daily census for the reporting period**  
Enter the average daily census for the 12-month reporting period. Average daily census is determined by the time set by each organization.

## SECTION A — ORGANIZATION INFORMATION, CONTINUED

### Row Instructions

23. **Medicare patients – Average length of stay**  
Enter the average *length of stay* for Medicare patients for the 12-month reporting period. Average length of stay is determined by the time set by each organization.
24. **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.
25. **Medicare patients – Average length of stay case mix adjusted (Calculated cell. Do not enter data.)**  
This cell will calculate the case-mix adjusted average *length of stay* for Medicare patients.
26. **All payors – Average length of stay**  
Enter the average *length of stay* for all payors for the 12-month reporting period. Average length of stay is determined by the time set by each organization.
27. **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.
28. **All payors – Average length of stay case mix adjusted (Calculated cell. Do not enter data.)**  
This cell will calculate the case-mix adjusted average *length of stay* for all payors.
29. **For ambulatory settings, annual total number of patient visits**  
Enter the total number of patient visits the organization receives for the 12-month reporting period. If not applicable, leave blank.

## SECTION B — STAFF INFORMATION

### 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 beds staffed**  
Enter the total number of *beds* for which staff is available.
4. **Number of patient visits in ambulatory settings**  
Enter the total number of patient visits in ambulatory settings for the 12-month reporting period. If not applicable, leave blank.
5. **Registered Nurses (RN) - Staff Utilization**  
*In this section (rows 6-9), include all regularly employed full-time and part-time registered nurses. For example, part time may be counted as 0.5 full-time equivalent (FTE).*
6. **RN FTEs budgeted**  
Report the average monthly number of RN *FTEs* budgeted for the 12-month reporting period. Budgeted FTEs are positions that the organization anticipated needing; this is the hiring goal.
7. **RN FTEs employed (actual)**  
Report the average monthly number of RN *FTEs* actually employed for the 12-month 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. 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.
8. **RN per diem/float pool FTEs employed not included above**  
Report the average monthly number of *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 7. Leave blank if not applicable.
9. **RN FTEs resigned or terminated**  
Report the total number of RN *FTEs* who left their positions during the 12-month reporting period due to *terminations, resignations/controllable, or resignation/uncontrollable*. Do not count unit-to-unit turnover within the organization. See glossary.

## SECTION B — STAFF INFORMATION, CONTINUED

### Row Instructions

#### 10. Registered Nurses – Role

*In this section (rows 11-16), include all regularly employed full-time and part-time **registered nurses**.*

#### 11. RN FTEs assigned to **direct patient care**

Report the average monthly number of RN **FTEs** for **direct-care nurses**.

#### 12. RN FTEs in advanced practice roles

Report the average monthly number of RN **FTEs** in **advanced practice nurse** roles.

#### 13. RN FTEs in nurse manager/administrator roles

Report the average monthly number of RN **FTEs** in **nurse manager or administrator** roles.

#### 14. RN FTEs in other clinical support roles

Report the average monthly number of RN **FTEs** in **other clinical support** roles.

#### 15. Calculated sum should equal row 7 above (RN FTEs employed). (Calculated cell. Do not enter data.)

Values in this row calculate automatically to sum the RN **FTEs** by role reported in rows 11-14.

#### 16. Calculated difference between rows 7 and 15 should be zero (Calculated cell. Do not enter data.)

Values in this row calculate automatically to show the difference between row 7 and row 15. Non-zero values indicate that the **FTEs** reported by role (rows 11-14) have either been undercounted or double counted.

#### 17. Registered Nurses - Highest Educational Degree

*In this section (rows 18-23), report only the highest degree for any individual **registered nurse (RN)**. For example, for RNs holding both a Bachelor of Science in nursing (BSN) and a Master of Science in Nursing (MSN) degree, report only the MSN degree.*

#### 18. RN FTEs with doctoral degree

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

#### 19. RN FTEs with master's degree, nursing

Report the number of RN **FTEs** with a master's degree in nursing as the highest degree.

#### 20. RN FTEs with bachelor's degree, nursing

Report the number of RN **FTEs** with a bachelor's degrees in nursing as the highest degree.

#### 21. RN FTEs with associate degree or diploma

Report the number of RN **FTEs** with either an associate degree or diploma as the highest degree.

#### 22. Calculated sum cannot exceed row 7 (RN FTEs employed). (Calculated cell. Do not enter data.)

Values in this row calculate automatically to sum the RN **FTEs** by education level reported in rows 18-21.

#### 23. Calculated difference between rows 7 and 22 should not be a negative number. (Calculated cell. Do not enter data.)

Values in this row calculate automatically to show the difference between row 7 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 when reporting **FTEs** by education level.

#### 24. Registered Nurses – National Certification

*In this section (rows 25-28), include all regularly employed full-time and part-time **registered nurses**. See glossary for definition of **certification**. Do not count BLS or ACLS. When an RN holds multiple certifications, only one can be counted. Count only specialty certifications that are relevant to the role.*

#### 25. RN FTEs with national certification, advanced practice

Report the number of **advanced practice nurse FTEs** certified as nurse practitioners, nurse midwives, clinical nurse specialists, or **registered nurse anesthetists**.

#### 26. RN FTEs with national certification, all RNs excluding advanced practice

Report the total number of RN **FTEs** for all RNs excluding advanced practice with **certification** if the certification is relevant to the current position. For RNs with multiple certifications, report only the most relevant certification.

## SECTION B — STAFF INFORMATION, CONTINUED

### Row Instructions

27. **Calculated sum cannot exceed row 7 (RN FTEs employed). Count only one certification for each RN.** (Calculated cell. Do not enter data.)  
Values in this row calculate automatically to sum the RN *FTEs* with *certification* reported in rows 25-26.
28. **Calculated difference between rows 7 and 27 should not be a negative number.** (Calculated cell. Do not enter data.)  
Values in this row calculate automatically to show the difference between row 7 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.
29. **Licensed Practical Nurses (LPN)**  
*In this section (rows 30–32), include all employed full-time and part-time licensed practical nurses (LPNs).*
30. **LPN FTEs budgeted**  
Report the average monthly number of *LPN FTEs* budgeted for the 12-month reporting period.
31. **LPN FTEs employed (actual)**  
Report the average monthly number of *LPN FTEs* actually employed for the 12-month reporting period.
32. **LPN FTEs resigned or terminated**  
Report the total number of *LPN FTEs* who left their positions during the 12-month reporting period due to *terminations*, *resignations/controllable*, or *resignations/uncontrollable*.
33. **Unlicensed Assistive Personnel (UAP)**  
*In this section (rows 34–36), include all employed full-time and part-time unlicensed assistive personnel.*
34. **UAP FTEs budgeted**  
Report the average monthly number of *UAP FTEs* budgeted.
35. **UAP FTEs employed (actual)**  
Report the average monthly number of *UAP FTEs* actually employed.
36. **UAP FTEs resigned or terminated**  
Indicate the total *UAP FTEs* who left their positions during the reporting period due to *terminations*, *resignations/controllable*, or *resignations/uncontrollable*. Note in Section D if data are unavailable.
37. **Contract/Agency Nurses**  
*In this section (row 38), include all temporary nursing staffing as defined in the glossary under contract or agency.*
38. **Average actual RN (or equivalent) FTEs used**  
Report the average monthly number of *contract or agency* RN FTEs.

## SECTION C — CALCULATIONS DERIVED FROM SECTION B

This section (rows 3-12) describes the calculations that will appear in Section C as Section B is completed.

*Note: Do not enter data in Section C. All cells are calculated automatically.*

### Row Descriptions

3. **RN vacancy percent**  
Calculated as  $(1 - (\text{RN FTEs employed} / \text{RN FTEs budgeted})) \times 100$ .
4. **RN turnover percent**  
Calculated as  $(\text{RN FTEs resigned or terminated} / \text{RN FTEs employed}) \times 100$ .
5. **Skill mix (percent RN FTE of RN+LPN+UAP FTE)**  
Calculated as  $(\text{RN FTEs} / (\text{RN FTEs} + \text{LPN FTEs} + \text{UAP FTEs})) \times 100$ .
6. **Percent RN direct patient care**  
Calculated as  $(\text{RN FTEs assigned to direct patient care} / \text{RN FTEs employed}) \times 100$ .
7. **Percent RN with BSN or higher**  
Calculated as  $(\text{RN FTEs with bachelor's, master's, or doctorate in nursing} / \text{RN FTEs employed}) \times 100$ .
8. **Percent RN certified, all RNs excluding advanced practice**  
Calculated as  $(\text{RN FTEs with certification, excluding advanced practice} / \text{RN FTEs employed}) \times 100$ .
9. **LPN vacancy percent**  
Calculated as  $(1 - (\text{LPN FTEs employed} / \text{LPN FTEs budgeted})) \times 100$ .
10. **LPN turnover percent**  
Calculated as  $(\text{LPN FTEs resigned or terminated} / \text{LPN FTEs employed}) \times 100$ .
11. **UAP vacancy percent**  
Calculated as  $(1 - (\text{UAP FTEs employed} / \text{UAP FTEs budgeted})) \times 100$ .
12. **UAP turnover percent**  
Calculated as  $(\text{UAP FTEs resigned or terminated} / \text{UAP FTEs employed}) \times 100$ .

## SECTION D — COMMENTS

When necessary, provide explanatory comments regarding data in Sections A and B. Identify the section and the row number to which the comments refer. For example, "Section A, Row 23" would refer to "Medicare patients – Average length of stay."

## SECTION E — YEAR-TO-YEAR CALCULATED RESULTS

*The Pathway program encourages organizations to complete and utilize Section E for year-to-year comparison.*

- For ODF reports that use version 5 or earlier versions of the form, copy the totals from Section C, Column S.
- For ODF reports that use version 6 of the form, copy the totals from Section C, Column B.
- Paste the copied data into the appropriate column in Section E of the current ODF.
- To paste using Excel, right click, select 'Paste Special', click the 'Values' option and then click 'Okay'.

## 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 (CMI).** 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.

**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.

**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.

## GLOSSARY

**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.

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