

Pathway to Excellence in Long Term Care® Organization Demographic Form (ODF) Instructions

INTRODUCTION

The Pathway to Excellence in Long Term Care Organization Demographic Form (PTE-LTC ODF) collects organizational and unit-level demographic data to be used in conjunction with the organizational documents described in the *2017 Pathway to Excellence in Long Term Care® Application Manual*. Together, these organizational documents provide a context for understanding the evidence submitted by applicants to the program. In addition, organizations that achieve Pathway to Excellence in Long Term Care designation are required to submit an updated PTE-LTC 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-LTC ODF reports to pathwayinfo@ana.org. Do not convert the PTE-LTC ODF to a PDF file.

INSTRUCTIONS FORMAT

The PTE-LTC 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 PTE-LTC 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 B20K.

Section E -- Year-to-Year Calculated Results

Section E allows organizations to copy total results from current and previous PTE-LTC ODF reports for year-to-year comparison.

Glossary

Terms defined in the glossary are shown in italicized type throughout the instructions.

Questions

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

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

SECTION A — ORGANIZATION-LEVEL INFORMATION

Row Instructions

2. **Long Term Care 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 LTC ODF report**
Enter one of 3 options to identify PTE-LTC ODF type: Initial Application, Interim Report, or Redesignation Application.
5. **Rural location**
Enter yes if located in a rural area.
6. **Long Term Care 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. **Ownership Type**
Enter For Profit, Nonprofit, or Government.
12. **If this Long Term Care facility part of a chain? (yes/no)**
Enter yes or no.
13. **If yes, what is the name of the chain?**
If yes, enter formal name of the chain. Do not use abbreviations.
14. **Certification Type**
Enter Medicare Only, Medicaid Only, Dually Certified, or other.
15. **Medicare Provider Number**
Enter provider number from the Centers for Medicare & Medicaid Services, if any.
16. **Medicaid Provider Number**
Enter provider number from the Centers for Medicare & Medicaid Services, if any.
17. **Date Director of Nursing assumed DON role at this facility (mm/dd/yyyy)**
Enter date the DON assumed that role for this facility.
18. **Is the nursing staff organized for collective bargaining? (yes/no)**
Answer yes or no whether the nursing staff is organized for collective bargaining by a union.
19. **12-month reporting period – beginning date (mm/dd/yyyy)**
Enter beginning date of the reporting period. Data submitted in the PTE-LTC 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 PTE-LTC ODF submission.
20. **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 end date of the reporting period would be September 30, 2018.
21. **Total number of resident *beds***
Enter the total number of occupied and unoccupied resident *beds* which the organization holds a license to operate.

SECTION A — ORGANIZATION-LEVEL INFORMATION, CONTINUED

Row Instructions

22. **Number of resident beds not certified by Medicare or Medicaid.**
Enter the total number of resident *beds* not certified by Medicare or Medicaid which the organization holds a license to operate.
23. **Total number of current residents**
Enter number of current residents. You may use average daily census for the 12 months in the reporting period. Average daily census is determined by the time set by each organization.
24. **Payor Mix**
Percentage of Medicare residents.
25. **Medicare residents – *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 resident acuity.
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 resident acuity.

SECTION B — UNIT-LEVEL INFORMATION

General Instructions – Unit Types

Columns B through L in PTE-LTC ODF Section B collect data by unit type. Column B applies if an organization does not differentiate special care units. Columns C through L apply when special care units exist. The values in the Total columns (Column M) will calculate automatically. Please do not attempt to enter numbers into Column M.

Unit Types

- B No special care units (if no units are differentiated by specialty)
- C Dementia
- D Behavior unit (non-Alzheimer's)
- E Disease-specific
- F Children (with disabilities, mentally retarded/developmentally disabled)
- G Hospice
- H Rehabilitation
- I Respite care
- J Subacute care
- K Ventilator/pulmonary
- L 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.

No Special Care Units. If the organization does not differentiate special care units, use Column B to enter all data. The paragraph on multiple units below describes how to aggregate data across units.

Types of Units. If the organization has units of various types, enter data into the correct column, C through K, by type.

All Others. Use the "All Others" column (Column L) to report data for specific unit types that are not listed in columns C through K and do not fit a unit type category.

Combined Types. If the organization has two indicated unit types combined into a single unit, enter the data for that unit under the unit type that accounts for the greater proportion of residents in the unit.

Multiple Units. To report data for multiple units of the same type, aggregate the data across unit. Unless otherwise specified, the data for more than one unit in a single unit type category should be summed. For example, if the organization has two dementia 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*.

SECTION B — UNIT-LEVEL 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 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. *Registered Nurses – Staff utilization***
In this section (rows 6-26), include all regularly employed full-time and part-time *Registered Nurses*.
- 6. *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.
- 7. *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.
- 8. *RN per diem/float pool FTEs employed not included above***
If applicable, report 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 7. 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.
- 9. *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.
- 10. *Registered Nurses – Role***
In this section (rows 11-14), include all regularly employed full-time and part-time *registered nurses*.
- 11. *RN FTEs assigned to direct resident care***
Report average monthly *RN FTEs* for *direct resident care*. Sum across multiple units of the same type.
- 12. *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.
- 13. *RN FTEs in nurse manager/administrator roles***
Report average monthly *RN FTEs* in *nurse manager* roles. Sum across multiple units of the same type.
- 14. *RN FTEs in other clinical support roles***
Report average monthly *RN FTEs* in *manager/administrator* roles. Sum across multiple units of the same type.
- 15. Calculated sum should equal row 7 above (*RN FTEs employed*)**
Values in this row calculate automatically to sum the *RN FTEs* by role reported in rows 11-14.

SECTION B — UNIT-LEVEL INFORMATION

Row Instructions

16. **Calculated difference between rows 7 and 15 should be zero**
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 18-21), report only the highest degree for any individual RN. For example, for RNs holding both BSN and MSN degrees, report only the MSN degrees.
18. **RN FTEs with doctoral degree**
Report RN FTEs with a doctoral degree as the highest degree.
19. **RN FTEs with master’s degree, nursing**
Report RN FTEs with the master’s degree in nursing as the highest degree.
20. **RN FTEs with bachelor’s degree, nursing**
Report RN FTEs with the bachelor’s degrees in nursing as the highest degree.
21. **RN FTEs with associate degree or diploma**
Report RN FTEs with either the associate degree or diploma as the highest degree.
22. **Calculated sum cannot exceed row 7 (RN FTEs employed).**
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.**
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 to report FTEs by education level.
24. **Registered Nurses – National Certification**
In this section (rows 25-26), include all regularly employed full-time and part-time *registered nurses*.
25. **RN FTEs with RN national certification, advanced practice**
Report *advanced practice nurse* FTEs certified as nurse practitioners, nurse midwives, clinical nurse specialists, or *registered nurse anesthetists*.
26. **RN FTEs with RN national certification, non-advanced practice**
Report RN FTEs for *non-advanced practice certification* if relevant to current position. For RNs with multiple *certifications*, report only the most relevant *certification* to current position.
27. **Calculated sum cannot exceed row 7 (RN FTEs employed).**
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.**
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/LVN) – Staff Utilization**
In this section (rows 30–34), include all employed full-time and part-time **Licensed Practical Nurses**.
30. **LPN/LVN FTEs budgeted**
Report average monthly LPN FTEs budgeted. Sum across multiple units of the same type.
31. **LPN/LVN FTEs employed (actual)**
Report average monthly LPN FTEs actually employed. Sum across multiple units of the same type.
32. **LPN/LVN FTEs resigned or terminated**
Indicate the total LPN FTEs who left their positions during the reporting period due to *resignations/controllable, resignation/uncontrollable, or terminations*.
33. **LPN/LVN FTEs assigned to direct resident care**
Report average monthly LPN FTEs assigned to *direct resident care*. Sum across multiple units of the same type.

SECTION B — UNIT-LEVEL INFORMATION

Row Instructions

34. ***LPN/LVN FTEs in nurse manager/administrator roles***
Report average monthly LPN FTEs in *nurse manager* roles. Sum across multiple units of the same type.
35. ***Nurse Aides (non-certified and certified)***
In rows 36–38, include all employed full-time and part-time *Nurse Aides*.
36. ***NAs FTEs budgeted***
Report average monthly CNA FTEs budgeted. Sum across multiple units of the same type.
37. ***NAs FTEs employed (actual)***
Report average monthly CNA FTEs actually employed. Sum across multiple units of the same type.
38. ***NAs FTEs resigned or terminated***
Indicate the total CNA FTEs who left their positions during the reporting period due to *resignations/controllable, resignation/uncontrollable, or terminations*.
39. ***Contract/Agency Nurses***
In this section, include all supplemental and temporary staffing.
40. **Average actual RN (or equivalent) FTEs used**
Report average monthly *contract or agency* RN FTEs. Sum across multiple units of the same type.
41. **Average actual LPN/LVN (or equivalent) FTEs used**
Report average monthly *contract or agency* RN FTEs. Sum across multiple units of the same type.
42. **Average actual NA (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 $(1 - (\text{RN FTEs employed} / \text{RN FTEs budgeted})) \times 100$.
4. **RN turnover percent**
Calculated as $(\text{RN FTEs resigned or terminated} / \text{RN FTEs employed}) \times 100$.
5. **Skill mix (percent RN)**
Calculated as $(\text{RN FTEs} / (\text{RN FTEs} + \text{LPN FTEs} + \text{NA FTEs})) \times 100$.
6. **Percent RN direct resident care**
Calculated as $(\text{RN FTEs assigned to direct resident care} / \text{RN FTEs employed}) \times 100$.
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 with national certification, excluding advanced practice**
Calculated as $(\text{RN FTEs with certification, non-advanced practice} / \text{RN FTEs employed}) \times 100$.
9. **LPN/LVN vacancy percent**
Calculated as $(1 - (\text{LPN FTEs employed} / \text{LPN FTEs budgeted})) \times 100$.
10. **LPN/LVN turnover percent**
Calculated as $(\text{LPN FTEs resigned or terminated} / \text{LPN FTEs employed}) \times 100$.
11. **Percent LPN/LVN direct resident care**
Calculated as $(\text{LPN FTEs assigned to direct resident care} / \text{LPN FTEs employed}) \times 100$.
12. **NA vacancy percent**
Calculated as $(1 - (\text{UAP FTEs employed} / \text{NA FTEs budgeted})) \times 100$.

13. NA turnover percent

Calculated as (UAPFTEs resigned or terminated divided by NAFTEs 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 LTC program encourages organizations to complete and utilize Section E for year to year comparison. Copy the totals from Section C, column M of the current and previous PTE-LTC 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'.

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 residents 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 resident. This use is computed using data on the characteristics and clinical needs of the residents served by the organization.

certification. See "RN" national certification."

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 residents, excluding the nurse manager and the Director of Nursing. Direct-care activities can be reflected as partial full-time equivalents (FTEs).

direct resident care. Direct resident care responsibilities are resident- centered nursing activities carried out in the presence of the resident. This definition includes nursing staff who are assigned greater than 50 percent to direct care responsibilities.

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.

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 aide. Nurse aides provide care on a 24-hour basis. They work under the direction of a licensed nurse to assist residents with activities of daily living, (i.e., eating, grooming, hygiene, dressing, transferring, and toileting). If they are certified, they have completed a competency evaluation program or nurse assistant training, and must pursue continuing education every year.

nurse manager. 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.

GLOSSARY

other clinical support. Nurses in other clinical support roles may include but not limited to 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.

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.

RN national certification. A process by which a nongovernmental agency of 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.

specialty practice. Specialty practice refers to nurses who are not assigned to a specific specialty unit, but have a specialty practice such as diabetic clinical nurse specialist, neurology clinical nurse specialist, enterostomal therapy nurses, advanced practice nurses, etc.

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

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.