Pathway to Excellence®: 2016 Manual Clarifications
Pathway to Excellence in Long-Term Care®: 2017 Manual Clarifications
Update 2 Issued: May 1, 2018
Update 1 Issued: July 1, 2017

The following information serves as an update to the 2016 Pathway to Excellence® (PTE) and 2017 Pathway to Excellence in Long-Term Care® (PTE-LTC) Application Manuals.

The 2016 PTE and 2017 PTE-LTC Application Manuals have undergone positive enhancements. During the application, preparation, and document submission, please refer to the "Revised Wording" column to replace what is printed in outdated versions of the manuals. The most current 2016 PTE and 2017 PTE-LTC Application Manuals reflect the revisions outlined below.

Note: When completing your documentation, please be certain to include all 64 Elements of Performance (66 for PTE-LTC). Information pertinent to PTE-LTC are highlighted in blue.

CHAPTER 1: SEEKING PATHWAY DESIGNATION		
Page Number & Edit Type	**Original Wording** 2016 Application Manual Version 1	**Revised Wording** 2016 Application Manual Version 3; Released May 1, 2018
Page 5	The CNO must have a bachelor's degree or higher in nursing (i.e., BSN, MSN, MN, PhD, DNSc, DNP).	The applicant organization must designate one individual as the chief nursing officer (CNO) who is ultimately accountable for the standards of nursing practice throughout the organization. The CNO is responsible for all nursing practice; therefore, all areas and campuses under the CNO's accountability where nursing is present must be included in the application, regardless of reporting relationships. The CNO, as part of the organization's highest governing, decision-making, and strategic-planning body, advocates for nursing to the Board of Directors. The CNO must hold, at a minimum, a baccalaureate degree in nursing at the time of application. All requirements must be maintained through the application phase, the review phase, and designation as a Pathway to Excellence organization. Appointees as interim CNOs and subsequent CNOs, must also comply with all requirements. • *For LTC, DON instead of CNO.*
Page 5	A multihospital system cannot apply as a whole. However, individual organizations within the system may apply. The applicant organization	Organizational Structure: Individual organizations within the system may apply; however, a multihospital healthcare system cannot

	may contact the Pathway Program Office for guidance.	apply as a whole. *For those with campuses, please refer to the campus definition in the margin.
Page 5	New glossary item: campus	For Pathway purposes, campuses are remote care sites of an applicant organization. The CNO of the applicant organization is accountable for nursing practice at the remote sites. In acute care, campuses typically provide services to augment the full set of services offered at the primary site. • *For LTC, DON instead of CNO.*

	CHAPTER 2: PATHWAY TO EXCELLENCE APPLICATION SUBMISSION

Page 11	New language added regarding: • Pay by check option on the Pathway online portal • Remittance address • Application and document submission window. All application materials must be received at least four months before the requested date of document submission.	The non-refundable application fee must be paid when online application is submitted via the Pathway online application portal www.pteapplication.org. Organizations may choose to pay using credit card or check. If paying by check, please make sure to click "pay by check" option in the Pathway portal and mail payment to: ANCC Pathway P.O. Box 505012 St. Louis, MO 63150-5012 Application will only be processed once payment and all application documents are received. All application materials must be received at least <mark>eight</mark> months before the requested date of document submission.

	CHAPTER 3: PATHWAY TO EXCELLENCE DOCUMENT PREPARATION GUIDELINES

Page 13	For clarity of language, "EOP narratives" were changed to "EOP responses."	EOP responses

	CHAPTER 4: PATHWAY TO EXCELLENCE EVALUATION PROCESSES

Page 16	To address frequently asked questions regarding nurse survey: • A minimum of 60 percent of all eligible respondents must complete the Pathway Nurse Survey. • A minimum of a 75 percent favorable	 • 60% of all eligible nurses must finish the survey. • 50% of nurse respondents must respond strongly agree or agree on ALL 28 survey questions.

	score is required on three-quarters of the opinion items. Please note that a score of less than 50 percent on any opinion item in the Pathway Nurse Survey will result in an unfavorable survey finding, and the application will be unsuccessful.	• 75% of nurse respondents must respond strongly agree or agree on at least 21 out of the 28 survey questions. Important: A score of less than 50% on any of the 28 survey questions on the Pathway Nurse Survey will result in an unsuccessful Pathway application. • *For LTC, nursing staff instead of nurses because nursing assistants are included in the nursing survey.*

CHAPTER 5: PATHWAY TO EXCELLENCE PRACTICE STANDARDS

Section: Organizational Overview

Page 17	4. Provide a table that includes: • a list of all nursing (RN and LPN) job titles, • a description of each role, and • the percentage of time spent in direct patient care for each role.	4. Provide a table that includes: • a list of all nursing (RN, LPN and APRN) job titles, • a description of each role, and the percentage of time spent in direct patient care for each role.
Page 18 *Page 17 for LTC*	5. Provide a table of all facility committees that have nursing representation. The table should include: • the name of the committee, • the function of the committee, • nurse representation by title, and • the percentage of time each nurse representative spends in direct patient care.	5. Provide a table of all facility committees referenced in the Pathway Standards Document that have nursing representation. The table should include: • the name of the committee, • the function of the committee, • nurse representation by title, and • the percentage of time each nurse representative spends in direct patient care. • *For LTC, includes CNA.*

Section: Standard 2

Page 25 *Page 24 for LTC*	Added 2.11b to the call out box.	For **EOP 2.10b and EOP 2.11b**, the nurses must clearly convey that they are the authors of the narrative. To meet the narrative requirements: for **EOP 2.10b** and **EOP 2.11b**, the nurse authors must: Write the narrative in the first person (i.e., writing from the "I" point of view) OR Include a statement at the end of the narrative stating "submitted by (direct care nurse's name and title)" with their signature.

		• *For LTC, nursing staff member instead of direct care nurses.*

Section: Standard 4		
Page 28 *Page 27 for LTC*	EOP 4.3 Describe how the organization uses interprofessional collaboration to meet organization-wide quality initiatives. Include: AND a. A narrative written by a **direct care nurse** describing the contribution of an interprofessional team member from a discipline other than nursing. AND b. A narrative written by an **interprofessional team member** from a discipline other than nursing describing the contribution of a direct care nurse.	EOP 4.3 a. Describe how the organization uses interprofessional collaboration to meet organization-wide quality initiatives. AND b. Provide a narrative written by a **direct care nurse** describing the contribution of a <mark>specific</mark> interprofessional team member from a discipline other than nursing. AND c. Provide a narrative written by an **interprofessional team member** from a discipline other than nursing describing the contribution of a direct care nurse. * Associated call-out box now states that the authors of the narratives for 4.3b and 4.3c must write in first person or include "written by" statement. • *For LTC, nursing staff member instead of direct care nurse*

Section: Standard 5		

Page 33	EOP 5.6
	
	a. Describe how the organization recognizes **nurse-driven activities** to benefit patients within a defined population. AND
	b. Provide one example of **a specific nurse** who was recognized. Include:
	    ➢ the type of recognition,
	    ➢ a description of the nurse-driven activity, **and**
	    ➢ how the nurse-driven activity benefited that specific patient population.
		EOP 5.6
		
		a. Describe how the organization recognizes **nurse-driven activities** to benefit patients.
		    AND
		b. Provide one example of **a specific nurse** who was recognized for a nurse-driven activity to benefit patients within a defined population. Include:
		    ➢ the type of recognition,
		    ➢ a description of the nurse-driven activity, **and**
		    ➢ how the nurse-driven activity benefited that specific patient population.
		
		• *For LTC, residents instead of patients.*

Section: Standard 6

Page 36	Added call out box	
Page 35 for LTC		For EOP 6.3, a copy of the current certificate of accreditation awarded by a nationally accredited program (e.g. ANCC Practice Transition Accreditation Program (PTAP™) or Commission on Collegiate Nursing Education (CCNE) Nurse Residency Program) is sufficient evidence to meet this EOP in lieu of a description.
Page 37	Added call out box	
Page 36 for LTC		For EOP 6.9a, a copy of the current contract of a certification program (e.g. Success Pays™ OR FailSafe) is sufficient evidence to meet EOP 6.9a in lieu of a description.
Page 37	EOP 6.9	EOP 6.9
Page 36 for LTC	a. Describe how the organization supports direct care nurses to pursue specialty certification. AND b. Provide evidence demonstrating that nurses obtained specialty certification.	a. Describe how the organization supports direct care nurses to pursue specialty certification. AND b. Provide evidence demonstrating that nurse(s) obtained specialty certification while employed at the organization.
Page 37	EOP 6.12	6.12
Page 38 for LTC	a. Describe how the organization empowers direct care nurses in his or her role as an **emerging nurse leader(s)** within or outside of the organization. AND b. Provide an example of how the organization empowered a direct care nurse(s) in his or her role as an emerging nurse leader(s) within or outside of the organization.	a. Describe how the organization empowers direct care nurses as emerging nurse leaders within or outside of the organization. AND b. Provide an example of how the organization empowered a direct care nurse in his or her role as an **emerging nurse leader** within or outside of the organization.

CHAPTER 6: PATHWAY TO EXCELLENCE NURSE SURVEY		
Page 38	**PLANNING THE PATHWAY NURSE SURVEY**	**PLANNING THE PATHWAY NURSE SURVEY**
Page 39 for LTC	All eligible nurses must be invited to participate in the Pathway Nurse Survey; "eligible nurses" refers to all RNs and LPNs at each level of the applicant organization, and includes direct care and non-direct care nurses; those who work full time, part time, per diem, or float pool; and contract or agency nurses. Advanced practice registered nurses may be eligible.	The purpose of the Eligible Respondents Report (ERR) is for Pathway to Excellence® applicant organizations (advancing to the Pathway Nurse Survey phase), to provide ANCC with a count of the total possible number of nurses from your organization who could respond to the Pathway Survey. All eligible nurses must be invited by the CNO to participate in the Pathway to Excellence® Survey. Any nurse (RN, LPN, APRN) in the organization, whose nursing practice is under the CNO's oversight is eligible to take the survey, regardless of the nurse's reporting relationships, except as noted in the chart below. An RN (Registered Nurse) or LPN (licensed Practical

Nurse) is a nurse who holds state board licensure in the United States, or the equivalent thereof outside the United States, or any new graduate or foreign nurse graduate with a temporary license and the responsibilities of an RN or LPN.

APRNs (Advanced Practice Registered Nurses) include but are not limited to: certified registered nurse anesthetists, certified nurse-midwives, clinical nurse specialists and nurse practitioners. Eligible APRNs' nursing practice must be under the CNO's oversight.

Any nurse (Registered Nurse, Licensed Practical Nurse, Advanced Practice Registered Nurse) in the organization, whose nursing practice is under the CNO's oversight is eligible to take the survey, regardless of the nurse's reporting relationships. Nurses in the agency categories are eligible to take the survey if they:

a. are contracted to your organization to work more than half-time AND
b. have worked at your organization (as an agency nurse) for more than 90 days AND
c. the contracted agency nurse is evaluated by your organization.

> Nurses who work in outsourced services are ineligible to take the survey.

Upon successful Pathway Standards Document review, and in preparation for the Pathway Survey, applicant organizations are required to provide a count of their eligible nurses for each category listed above in the Pathway Portal (https://www.pteapplication.org). The Eligible Respondents report (ERR) count in the Pathway Portal must be completed within 5 business days after the organization receives the Nurse Survey Stage notification. See Pathway to Excellence Nurse Survey Preparation on the Pathway Portal for further instruction before scheduling survey launch date.

Pathway Survey Threshold:
The minimum performance outcomes required for a successful Pathway Nurse Survey:
60% of all eligible nurses must finish the survey.
50% of nurse respondents must respond strongly agree or agree on ALL 28 survey questions.
75% of nurse respondents must respond strongly agree or agree on at least 21 out of the 28 survey questions.

Important: A score of less than 50% on any of the 28 survey questions on the Pathway Nurse Survey will result in an unsuccessful Pathway application.

- *For LTC, DON instead of CNO and survey*

		includes Unlicensed Assistive Personnel (nursing assistants, CNAs).
Page 39 *Page 40 for LTC*	**ADMINISTERING THE PATHWAY NURSE SURVEY** While the Pathway Nurse Survey is active, applicant organizations receive weekly progress reports. Individual survey responses are held in strict confidence. After the Pathway Nurse Survey is closed, the Commission on Pathway Pathway to Excellence convenes to determine the outcome of the application. Final Pathway Nurse Survey results in aggregate are shared with the applicant after the decision.	**ADMINISTERING THE PATHWAY NURSE SURVEY** ==(3rd paragraph)== While the Pathway Nurse Survey is active, applicant organizations can access weekly progress reports in the Pathway portal for the first three weeks of the survey. Individual survey responses are held in strict confidence. After the Pathway Nurse Survey is closed, the Commission on Pathway to Excellence convenes to determine the outcome of the application. After the designation decision, final Pathway Nurse Survey Summary Report is shared with the applicant organization.

| **GLOSSARY** |||

Glossary	New definitions	**campus** For Pathway purposes, campuses are remote care sites of an applicant organization. The CNO of the applicant organization is accountable for nursing practice at the remote sites. In acute care, campuses typically provide services to augment the full set of services offered at the primary site. • *For LTC, DON instead of CNO.*

| **Manual Clarification: 2016 Application Manual Version 2, Released March 22, 2017** |||

Page 13	Many of the EOPs request specific examples. Provide sufficient examples from different departments or units that represent a variety of specialties and nursing leadership. Although not every unit or clinical area must be represented in the selected examples, providing a variety of examples will better illustrate the structures and processes essential for an optimal practice environment. Recent examples best reflect the current culture. All examples must include the month and year they occurred. Only provide the specific number of examples requested in each EOP. Additional examples will not be evaluated.	Many of the EOPs request specific examples. Provide sufficient examples from different departments or units that represent a variety of specialties and nursing leadership. Although not every unit or clinical area must be represented in the selected examples, providing a variety of examples will better illustrate the structures and processes essential for an optimal practice environment. ➢ Recent examples best reflect the current culture. ➢ ==When an EOP asks for a description of a process, the corresponding example must refer to the process described.== ➢ All examples must include the month and year they occurred. ➢ Only provide the specific number of examples

		requested in each EOP. Additional examples will not be evaluated.

CHAPTER 5: PATHWAY TO EXCELLENCE PRACTICE STANDARDS		

NOTE: The manual was revised to include the following statement: When an EOP asks for a description of a process, the corresponding example must refer to the process described. (pg. 13). In reflection of this overarching clarification, EOPs 1.1, 2.11, 3.4, 3.6, 3.7 and 6.6 were edited to delete verbiage referring to the description of the process from each individual EOP. See edits below.

Section: Standard 1		
Page Number	**Original Wording** **2016 Application Manual Version 1**	**Revised Wording** **2016 Application Manual Version 2; Released March 22, 2017**
Page 18	EOP 1.1 a. Describe how the organization promotes a culture of **interprofessional** decision-making. AND b. Provide one example of how that demonstrates the culture of interprofessional decision-making as described in EOP 1.1a.	EOP 1.1 a. Describe how the organization promotes a culture of **interprofessional** decision-making AND b. Provide one example that demonstrates the culture of interprofessional decision-making.
Section: Standard 2		
Page 24	EOP 2.11 a. Describe how the organization fosters leadership **succession planning**. AND b. Provide one example of a nurse who benefited from the leadership succession planning as described in EOP 2.11a.	EOP 2.11 a. Describe how the organization fosters leadership **succession planning**. AND b. Provide a narrative written by a nurse who benefited from the leadership succession planning.
Section: Standard 3		
Page 25	EOP 3.4 a. Describe the process(es) used by the organization to monitor concerns regarding professional practice behaviors. AND b. Provide one example of a trend regarding professional practice behaviors that was identified using the process(es) described in EOP	EOP 3.4 a. Describe the process(es) used by the organization to monitor concerns regarding professional practice behaviors. AND b. Provide one example of a trend regarding professional practice behaviors that was identified using the process(es) described and the actions taken to address

	3.4a and the actions taken to address this trend.	this trend.
Page 26	EOP 3.6 a. Describe the process followed when a direct care nurse sustains a **safety-related event** at work. AND b. Provide one example when the process described in EOP 3.6a was followed when a direct care nurse sustained a safety-related event at work. Include the end result and relevant follow-up provided to the direct care nurse.	EOP 3.6 a. Describe the process followed when a direct care nurse sustains a **safety-related event** at work. AND b. Provide one example when the process described was followed when a direct care nurse sustained a safety-related event at work. Include the end result and relevant follow-up provided to the direct care nurse.
Page 26	EOP 3.7 a. Describe the security measures in the organization designed to protect patients, family, or staff from potential violence in the workplace. AND b. Provide one example of how one of the security measures described in EOP 3.7a protected patients, family, or staff from a violent incident in the facility.	EOP 3.7 a. Describe the security measures in the organization designed to protect patients, family, or staff from potential violence in the workplace. AND b. Provide one example of how one of the security measures described protected patients, family, or staff from a violent incident in the facility.
Section: Standard 5		
Page 33	EOP 5.8 a. Describe how the organization provides a **professional development** opportunities to nurses in recognition of contributions the organization deemed exemplary. AND b. Provide one example of a professional development opportunity provided to a nurse(s) in recognition of contributions the organization deemed exemplary.	EOP 5.8 a. Describe how the organization provides **professional development** opportunities to nurses in recognition of contributions the organization deemed exemplary. AND b. Provide one example of a professional development opportunity provided to a nurse(s) in recognition of contributions the organization deemed exemplary.
Section: Standard 6		
Page 26	EOP 6.6 a. Describe how direct care nurses have input into the selection of the educational offerings provided.	EOP 6.6 a. Describe how direct care nurses have input into the selection of the educational offerings provided. AND

	AND b. Using the description <mark>from EOP 6.6a</mark>, provide one example of direct care nurse input that has resulted in the selection of a nonmandatory educational offering.	b. Using the description, provide one example of direct care nurse input that has resulted in the selection of a nonmandatory educational offering.
GLOSSARY		
Glossary	**Personal Well-being** "Well-being does not necessarily mean attaining perfect health. Instead, it is defined as having the capacity and the opportunities to live as healthy a life as possible" (Robert Wood Johnson Foundation 2016).	**Personal Well-being** "In simple terms, well-being can be described as judging life positively and feeling good. For public health purposes, physical well-being (e.g., feeling very health and full of energy) is also viewed as critical to overall well-being. Researchers from different disciplines have examined different aspects of well-being that include the following: physical well-being; economic well-being; social well-being; development and activity; emotional well-being; psychological well-being; life satisfaction; domain specific satisfaction; and engaging activities and work" (Centers for Disease Control and Prevention 2016).
Glossary Addition: **Unforeseen Event**	*No defined glossary term*	**Unforeseen Event** "An event or incident that is not anticipated or predicted and has the tendency or potential to cause mass casualties or harm to patients, families, or staff. Unforeseen events are managed through emergency preparedness protocols versus standard precautionary patient care protocols, such as nurse-sensitive and patient safety indicators (e.g. CLABSI, CAUTI, falls, etc.).