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Pathway to Excellence™ Program

Organization Demographic Form (ODF)¹

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 itemized on page 13 of the *Pathway to Excellence™ Application Manual 2009*. Together, these organizational documents provide reviewers with a context for understanding the evidence submitted by applicants to the program. In addition, organizations that achieve Pathway to Excellence designation are required to submit an updated Organization Demographic Form on an annual basis as part of their interim monitoring requirements.

Instructions Format

The ODF file has four separate worksheets marked by the tabs for Sections A, B, C, and D at the bottom of the spreadsheet window. The instructions that follow are organized in five parts:

- Section A — Organization-level information
- Section B — Unit-level information
- Section C — Calculations derived from Section B
- Section D — Comments
- Glossary

The first two parts of instructions specify the data organizations provide in Sections A and B of the ODF. The third part describes calculations that will appear in Section C once data are entered in Section B. No data entries are required for Section C.

Comments

If necessary, organizations may include explanatory comments about the data supplied in Sections A and B. All comments should identify the cell entry to which they refer.

Glossary

Terms for which a definition is provided in the glossary are italicized throughout the instructions.

Questions

Contact pathwayinfo@ana.org or Leigh Hume at 301-628-5221 if you have questions.

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

¹ Formerly Healthcare Organization Information Sheet

SECTION A — Organization-level Information

Row Instructions

2. Healthcare Organization name

Enter the formal name of the organization. Please do not use abbreviations.

3. Healthcare Organization street address 1

Enter street address. Please do not use P.O. Box.

4. Healthcare Organization street address 2

Enter suite or building location, if any.

5. City

Enter city.

6. State

Enter 2-letter abbreviation for state.

7. Zip

Enter 5-digit zip code or zip+4.

8. Healthcare Organization telephone number (XXX) XXX-XXXX

Enter organization telephone number including area code.

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

Enter yes or no.

10. If yes, *Hospital System name*

If yes, enter formal name of the *hospital system*.
Please do not use abbreviations.

See glossary for additional
information on italicized terms.

11. Medicare Provider Number

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

12. AHA Hospital Number

Enter identification number from the American Hospital Association, if any.

13. Date CNO assumed CNO role at this facility (mm/dd/yyyy)

Enter date the CNO or CNE assumed that role for the organization.

14. 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.

15. Reporting period - beginning date (mm/dd/yyyy)

Data submitted in the ODF should represent a 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. Pathway-designated organizations should submit annual report data for the next subsequent 12-month period following their previous ODF submission.

16. 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, 2007, the ending date of the reporting period would be September 30, 2008.

SECTION A — Organization-level Information, continued

Row Instructions

17. Number of inpatient licensed *beds* - acute care

Enter the total number of inpatient acute care beds for which the organization holds a license to operate.

18. Number of inpatient licensed *beds* - long term care

Enter the total number of inpatient long term care beds for which the organization holds a license to operate.

19. 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.

20. Medicare patients - Average *length of stay*

Enter 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.

21. 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.

22. 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.

See glossary for additional information on italicized terms.

23. All payors - Average *length of stay*

Enter 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.

24. 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.

25. 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.

26. For outpatient settings, average daily patient encounters

If applicable, enter the average number of daily outpatient encounters the organization is staffed to accommodate per day. Report the data available to the organization. Information on outpatient encounters is collected as global indicators of outpatient activity.

27. For outpatient settings, annual total number of patient encounters

If applicable, enter the total number of outpatient encounters the organization incurs annually.

SECTION B — Unit-level Information

General Instructions – Unit Types

Columns B through V in the ODF Section B specify the following twenty main unit types plus one "All Others" summary column. The values in the Totals column (Column W) will calculate automatically. Please do not attempt to enter numbers into Column W.

Unit Types	Notes
1. Medical	
2. Surgical	
3. Med-Surg	
4. Oncology	
5. Step Down	Step Down includes telemetry
6. Critical Care	Critical care is adult critical care
7. Labor & Delivery	
8. Ante/Post Partum	
9. NICU	
10. Pediatrics	Pediatrics includes pediatric med-surg
11. PICU	
12. Operating Room(s)	
13. PACU	
14. Ambulatory Procedure Units	
15. Psychiatric	
16. Rehabilitation	
17. Ambulatory	
18. Emergency Department	
19. <i>Specialty Practice</i>	
20. Acuity Adaptable	
21. All Others	

See italicized glossary items for additional detail.

Main unit types

If the organization does not have a type of unit or does not use a category of personnel lists represented by the main unit types, do not enter data in that column.

All others

Use the All Others column (Column V) to report data for all units in the organization that do not fit a main unit type category. Unless otherwise indicated, the data for multiple units reported in Column V should be summed across units.

Similar types

If the organization has a unit that is more dissimilar to a main unit type category than it is similar, report data for that unit in the All Others column (Column V).

Combined types

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.

Multiple units

To report data for multiple units of the same type, aggregate the data across units. Unless otherwise specified, the data for like units in a single main unit type category should be summed. For example, if the organization has two medical units:

- enter the number 100 if one unit has 60 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, continued

General Instructions – FTEs

Calculate a *full-time equivalent (FTE)* as being available for work 2080 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.

See glossary for additional information on italicized terms.

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 patient visits in ambulatory clinics

If applicable, report the data available to the organization in the relevant columns.

6. Registered Nurses - Staff Utilization

In this section (rows 7-22), include all regularly employed full-time and part-time *Registered Nurses*.

7. RN FTEs budgeted

Report average monthly RN FTEs budgeted for the reporting period. Budgeted FTEs are those the organization anticipated needing; it 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 if a strong trend related to opening or closing beds occurred during the year. See the instruction for adding comments on page 1.

9. 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 8.

10. RN FTEs resigned or terminated

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

11. Average length of RN employment

Report the average length of employment at the organization (rounded to tenths) among RNs. For multiple units of the same type, average this value across units.

SECTION B — Unit-level Information, continued

Row Instructions

12. Average RN nursing care *hours per patient day*

Calculate average RN nursing care *hours per patient day* as the total number of direct RN nursing care hours divided by the patient census for the same period and provide the average for the year. For multiple units of the same type, average this value across units.

13. RN FTEs assigned to *direct patient care*

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

14. RN FTEs in advanced practice roles

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

See glossary for additional information on italicized terms.

15. RN FTEs in manager roles

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

16. Registered Nurses - Educational Preparation

In this section (rows 17-22), report only the highest degree or most relevant certification for any individual RN. For example, for RNs holding both BSN and MSN degrees, report only the MSN degrees. For RNs with more than one *national certification*, report only the certifications relevant to current position. Certifications NOT relevant to current position should not be reported.

17. RN FTEs with PhD degree

Report RN FTEs with PhD as the highest degree.

18. RN FTEs with masters degree, nursing

Report RN FTEs with the masters degree in nursing as the highest degree.

19. RN FTEs with bachelors degree, nursing

Report RN FTEs with the bachelors degrees in nursing as the highest degree.

20. RN FTEs with associate degree or diploma

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

21. RN FTEs with national *certification*, advanced practice

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

22. RN FTEs with national *certification*, non-advanced practice

Report RN FTEs with non-advanced practice *certification* if relevant to current position. In the case of an individual RNs with multiple *certifications*, select only the *certification* most relevant to current position for reporting.

23. Licensed Practical Nurses

In rows 24-28, include all employed full-time and part-time *Licensed Practical Nurses*.

24. LPN FTEs budgeted

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

SECTION B — Unit-level Information, continued

Row Instructions

25. LPN FTEs actual (employed)

Report average monthly LPN FTEs actually employed. Sum across multiple units of the same type.

26. LPN 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*.

27. Average length of LPN employment

Report the average length of employment at the organization (rounded to tenths) among LPNs. For multiple units of the same type, average this value across units.

28. Average LPN nursing care hours per patient day

Calculate as total number of direct LPN nursing care hours divided by the patient census for the same period and provide the average for the year. Average across multiple units.

29. Unlicensed Assistive Personnel

In rows 30-32, include all employed full-time and part-time *Unlicensed Assistive Personnel*.

30. UAP FTEs budgeted

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

31. UAP FTEs actual (employed)

Report average monthly UAP FTEs actually employed. Sum across multiple units of the same type.

See glossary for additional information on italicized terms.

32. UAP FTEs resigned or terminated

Indicate the total UAP FTEs who left their positions during the reporting period due to *resignations/controllable*, *resignation/uncontrollable*, or *terminations*. Please note in the comments section (Section D) if such data are unavailable.

33. Unit clerk, secretary, or manager

In rows 34-35, include employed full-time and part-time unit clerks, secretaries, or managers.

34. Unit clerk, secretary, or manager FTEs budgeted

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

35. Unit clerk, secretary, or manager FTEs actual (employed)

Report average monthly FTEs actually employed. Sum across multiple units of the same type.

36. Unit clerk, secretary, or manager FTEs resigned or terminated

Indicate the total Unit clerk, secretary, or manager FTEs who left their positions during the reporting period due to *resignations/controllable*, *resignation/uncontrollable*, or *terminations*. Please note in the comments section (Section D) if such data are unavailable.

37. Contract/Agency Nurses

In row 38, include all supplemental and temporary staffing.

38. 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

2. RN vacancy rate

Calculated as $1 - (\text{RN FTEs employed} / \text{RN FTEs budgeted})$.

3. RN turnover rate

Calculated as $\text{RN FTEs resigned or terminated} / \text{RN FTEs employed}$.

4. Skill mix (percent RN)

Calculated as $(\text{RN FTEs} / (\text{RN FTEs} + \text{LPN FTEs} + \text{UAP FTEs})) \times 100$.

5. Percent RN direct patient care

Calculated as $(\text{RN FTEs assigned to direct patient care} / \text{RN FTEs employed}) \times 100$.

6. Percent RN with BSN

Calculated as $(\text{RN FTEs with bachelors, nursing} / \text{RN FTEs employed}) \times 100$.

7. Percent RN certified

Calculated as $((\text{RN FTEs with advanced practice certification} + \text{RN FTEs with non-advanced practice certification}) / \text{RN FTEs employed}) \times 100$.

8. LPN vacancy rate

Calculated as $1 - (\text{LPN FTEs employed} / \text{LPN FTEs budgeted})$.

9. LPN turnover rate

Calculated as $\text{LPN FTEs resigned or terminated} / \text{LPN FTEs employed}$.

10. UAP vacancy rate

Calculated as $1 - (\text{UAP FTEs employed} / \text{UAP FTEs budgeted})$.

11. UAP turnover rate

Calculated as $\text{UAP FTEs resigned or terminated} / \text{UAP FTEs employed}$.

12. Unit clerk, secretary, manager vacancy rate

Calculated as $1 - (\text{Unit clerk/secretary/manager FTEs employed} / \text{Unit clerk/secretary/manager FTEs budgeted})$.

13. Unit clerk, secretary, manager turnover rate

Calculated as $\text{Unit clerk/secretary/manager FTEs resigned or terminated} / \text{Unit clerk/secretary/manager FTEs employed}$.

SECTION D — Comments

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

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, or
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 (2007) 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” (emphasis added).

hours per patient day (HPPD). These are direct hours of nursing care that are PATIENT RELATED, including nursing activities that occur away from the patient (e.g. care coordination, documentation time, treatment planning). This category does NOT include indirect hours, non-productive time, or all paid hours (e.g. vacation, sick time, orientation, education leave). It also

does NOT include committee time if the staff person is replaced by another direct care giver. HPPD is calculated by the total number of direct RN nursing care hours divided by the patient/resident/client census for the same period.

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. 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.

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 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.

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.

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. (2007). *Fast facts on US hospitals* [last updated October 23, 2007]. Last accessed April 7, 2000, from <http://www.aha.org/aha/resource-center/Statistics-and-Studies/fast-facts.html>.

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