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Pathway to Excellence in Long Term Care™

Organization Demographic Form 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 *Pathway to Excellence in Long Term Care™* supplement to the *Pathway to Excellence® Program Application Manual 2009.* 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.

Instructions Format

The PTE-LTC 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 PTE-LTC 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 Patricia Deyo at 301-628-5222 if you have questions.

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

SECTION A — Organization-level Information

Row Instructions

2. **Long Term Care Organization name**
   Enter the formal name of the organization. Please do not use abbreviations.

3. **Long Term Care Organization street address 1**
   Enter street address. Please do not use P.O. Box.

4. **Long Term Care 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. **Long Term Care Organization telephone number (XXX) XXX-XXXX**
   Enter organization telephone number including area code.

9. **Long Term Care Organization Ownership Type**
   Click in the cell to bring up the dropdown arrow. Select For Profit, Nonprofit, or Government.

10. **Is this Long Term Care facility part of a chain? (yes/no)**
    Enter yes or no.

11. **If YES, what is the name of the chain?**
    If yes, enter name of chain. Do not use abbreviations.

See glossary for additional information on italicized terms.

12. **Certification Type**
    Click in the cell to bring up the dropdown arrow. Select Medicare Only, Medicaid Only, Dually Certified, or other.

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

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

15. **Date Director of Nursing assumed DON role at this facility (mm/dd/yyyy)**
    Enter date the DON assumed that role for this facility.

16. **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.

17. **Reporting period - beginning date (mm/dd/yyyy)**
    Data submitted in the PTE-LTC 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 to Excellence in Long Term Care designated organizations should submit annual report data for the next subsequent 12-month period following their previous PTE-LTC ODF submission.

SECTION A — Organization-level Information, continued

Row Instructions

18. **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.

19. **Total number of resident beds.**
    Enter the total number of occupied and unoccupied resident beds which the organization holds a license to operate.

20. **Number of licensed 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.

21. **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.

22. **Payor Mix**
    Percentage of Medicare residents.

23. **Medicare residents - Case Mix Index**
    Enter the case mix index (CMI) for Medicare residents. CMI is collected for the organization as a whole to provide reviewers with a global indicator of resident acuity.

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 resident acuity.

See glossary for additional information on italicized terms.

SECTION B — Unit-level Information

General Instructions – Unit Types

Columns B through L in the 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 Totals column (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

See italicized glossary items for additional detail.

SECTION B — Unit-level Information, continued

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 units. 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 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

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 for which data are reported in the columns.

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

***Registered Nurses* - Staff Utilization**
In this section (rows 6-14), 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 the organization anticipated needing; it is the hiring goal. Sum average monthly *FTEs* across multiple units of the same type.

SECTION B — Unit-level Information, continued

Row Instructions

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 if a strong trend related to opening or closing beds occurred during the year. See the instruction for adding comments on page 1.

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.

9. ***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*.

10. **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.

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

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

13. ***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.

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

***Registered Nurses* - Educational Preparation**

In this section (rows 16-21), 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 degree. For *RNs* with more than one *RN national certification*, report only the certifications relevant to current position. Certifications NOT relevant to current position should not be reported.

16. ***RN FTEs* with PhD degree**
    Report *RN FTEs* with PhD as the highest degree.

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

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

SECTION B — Unit-level Information, continued

Row Instructions

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

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

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

***Licensed Practical Nurses (LPNs)* – Staff Utilization**
In rows 23-29, include all employed full-time and part-time *Licensed Practical Nurses*.

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

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

25. *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*.

26. 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.

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

28. *LPN FTEs* assigned to *direct resident care*
Report average monthly *LPN FTEs* assigned to *direct resident care*. Sum across multiple units of the same type.

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

***Nurse Aides (NAs, certified and not certified)* – Staff Utilization**
In rows 31-35, include all employed full-time and part-time *Nurse Aides*.

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

SECTION B — Unit-level Information, continued

Row Instructions

See glossary for additional information on italicized terms.

32. *Nurse Aide FTEs* actual (employed)
Report average monthly *Nurse Aide FTEs* actually employed. Sum across multiple units of the same type.

33. *Nurse Aide FTEs* resigned or terminated
Indicate the total *Nurse Aide 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.

34. Average length of *Nurse Aide* employment
Report the average length of employment at the organization (rounded to tenths) among *Nurse Aides*. For multiple units of the same type, average this value across units.

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

Unit Clerk, Secretary, or Manager – Staff Utilization
In rows 37-39, include all employed full-time and part-time unit clerks, secretaries, and managers.

37. Unit clerk, secretary, or manager *FTEs* budgeted
Report average monthly unit clerk, secretary, and manager *FTEs* budgeted. Sum across multiple units of the same type.

38. Unit clerk, secretary, and manager *FTEs* actual (employed)
Report average monthly unit clerk, secretary, and manager *FTEs* actually employed. Sum across multiple units of the same type.

39. Unit clerk, secretary, and manager *FTEs* resigned or terminated
Indicate the total unit clerk, secretary, and 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.

***Contract/Agency* Nurses**
In rows 41 - 43, include all supplemental and temporary staffing.

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

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

43. Average actual *Nurse Aides* (or equivalent) *FTEs* used
Report average monthly *contract or agency Nurse Aides* (or equivalent) *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 – (RN FTEs employed divided by RN FTEs budgeted).

3. **RN turnover rate**
   Calculated as RN FTEs resigned or terminated divided by RN FTEs employed.

4. **Skill mix (percent RN)**
   Calculated as (RN FTEs divided by (RN FTEs + LPN FTEs + Nurse Aide FTEs)) X 100.

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

6. **Percent RN with BSN**
   Calculated as (RN FTEs with bachelors, nursing divided by RN FTEs employed) X 100.

7. **Percent RN with national certification**
   Calculated as ((RN FTEs with advanced practice certification + RN FTEs with non-advanced practice certification) divided by RN FTEs employed) X 100.

8. **LPN vacancy rate**
   Calculated as 1 – (LPN FTEs employed divided by LPN FTEs budgeted).

9. **LPN turnover rate**
   Calculated as LPN FTEs resigned or terminated divided by LPN FTEs employed.

10. **Percent LPN direct resident care**
    Calculated as (LPN FTEs assigned to direct resident care divided by LPN FTEs employed) X 100.

11. **Nurse Aide vacancy rate**
    Calculated as 1 – (Nurse Aide FTEs employed divided by Nurse Aide FTEs budgeted).

12. **Nurse Aide turnover rate**
    Calculated as Nurse Aide FTEs resigned or terminated divided by Nurse Aide FTEs employed.

13. **Unit clerk, secretary, manager vacancy rate**
    Calculated as 1 – (Unit clerk/secretary/manager FTEs employed divided by Unit clerk/secretary/manager FTEs budgeted).

14. **Unit clerk, secretary, manager turnover rate**
    Calculated as Unit clerk/secretary/manager FTEs resigned or terminated divided by 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 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, 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 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.

hours per resident day (HPRD). These are direct hours of nursing care that are RESIDENT RELATED, including nursing activities that occur away from the resident (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). HPRD is calculated by the total number of direct nursing care hours divided by the resident census for the same period.

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.

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.

RN national 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.

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, advance 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.