

Pathway to Excellence® Program Organizational Demographic Form (ODF) Instructions

The Pathway to Excellence Organizational Demographic Form (ODF) collects organizational nursing data to trend demographic indicators such as vacancy and turnover that may identify areas of continuous improvement efforts. The ODF is submitted with the Pathway Standards Document (PSD) as described in the *2024 Pathway to Excellence®* and *Pathway to Excellence in Long-Term Care® Application Manual*. In addition, organizations that achieve Pathway to Excellence designation are required to submit an updated ODF 2 years from the date of document submission as part of their interim monitoring requirements (IMR).

Submission: Please submit the completed PTE ODF report to pathwayinfo@ana.org. Do not convert the PTE ODF to a PDF file or upload to the Pathway online portal.

INSTRUCTIONS FORMAT

The ODF file has five separate worksheets marked by tabs at the bottom of the spreadsheet window: Sections A, B, C, D, and E. The instructions that follow are organized according to these sections:

[Section A](#) — Organization Information
[Section B](#) — Staff Information
[Section C](#) — Calculations Derived from Section B
[Section D](#) — Comments
[Section E](#) — Trending Calculated Results
[Glossary](#)

Sections A and B — Organization and Staff Information

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

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

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

Section D — Comments

As necessary, organizations may include explanatory comments about the data supplied in Sections A and B. All comments entered in Section D should identify the section and row number to which they refer, for example, Section B Row 26.

Section E — Trending Calculated Results

Section E allows organizations to copy total results (Section C) from initial PSD ODF and IMR ODF for trending year-to-year comparison. Data from Section C totals column should be entered under the aligned calendar year to trend and identify positive or negative changes.

Glossary

Terms defined in the glossary are *italicized and blue* throughout the instructions.

Questions

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

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

SECTION A — ORGANIZATION INFORMATION

Row Instructions

3. **Healthcare organization name**
Enter the current, formal name of the organization. Please do not use abbreviations.
4. **Enter 10-digit PTE number**
Enter the organization's 10-digit PTE number assigned by the Pathway to Excellence program office.
5. **Identify type of ODF report**
Enter one of the following 3 options to identify ODF type: **Initial Application, Interim Report, or Redesignation Application.**
6. **Located in rural location (yes/no)**
Enter yes if located in a rural area. Enter no if not located in a rural area.
7. **Healthcare facility street address**
Enter street address. Please do not use a P.O. box.
8. **City**
Enter city name.
9. **State (2-letter abbreviation) or Province**
Enter 2-letter abbreviation for state or full province name.
10. **Country**
Enter country name. For United States, enter U.S.
11. **ZIP**
Enter ZIP code. Leave blank if not applicable.
12. **Is this facility part of a hospital system? (yes/no)**
Enter yes or no.
13. **If yes, hospital system name**
If you answered yes to row 12, enter the formal name of the hospital system. If not applicable, leave blank.
14. **Medicare Provider Number**
Enter the provider number from the Centers for Medicare & Medicaid Services. If not applicable (international organizations), leave blank.
15. **AHA Hospital Number**
Enter the identification number from the American Hospital Association. You can search by hospital's name: <https://www.aha-hospital-lookup> If not applicable (international organizations), leave blank.
16. **Date CNO assumed CNO role at this facility (mm/dd/yyyy)**
Enter date the CNO assumed the CNO role for the organization. Chief Nursing Officer (CNO) defined: The highest-level nurse with ultimate responsibility for all nursing practice within the organization.
17. **Is the nursing staff organized for collective bargaining? (yes/no)**
Answer yes or no according to whether the nursing staff is organized for collective bargaining by a union.
18. **12-month reporting period - beginning date (mm/dd/yyyy)**
Enter beginning date of the reporting period. Data submitted in the ODF should represent a consecutive 12-month period. Use **calendar year, fiscal year, or another beginning and ending date** according to how the organization typically aggregates and reports data. Submit data for the most recently completed 12-month period. For interim reporting, Pathway-designated organizations should submit an updated ODF 2 years from the date of document submission, using data for the most recently completed 12-month period.
19. **12-month reporting period - ending date (mm/dd/yyyy)**
Enter ending date of the reporting period. For example, if data are reported on a cycle beginning October 1, 2023, the ending date of the reporting period would be September 30, 2024.
20. **Number of inpatient licensed beds – acute care**
Enter the total number of inpatient acute care *beds* that the organization holds a license to operate.
21. **Number of inpatient licensed beds – long term care**
Enter the total number of inpatient long-term care *beds* that the organization holds a license to operate.
22. **Average daily census for the reporting period**
Enter the average daily census for the 12-month reporting period. Average daily census is the average number of inpatients during the reporting period (365 days).

SECTION A — ORGANIZATION INFORMATION, CONTINUED

Row Instructions

23. **Medicare patients – Average length of stay**
Enter the average *length of stay* for Medicare patients for the 12-month reporting period. Average length of stay is determined by the time set by each organization.
24. **Medicare patients – Case mix index**
Enter the *case mix index (CMI)* for Medicare patients. CMI is collected for the organization as a whole to provide reviewers with a global indicator of patient acuity.
25. **Medicare patients – Average length of stay case mix adjusted** (Calculated cell. Do not enter data.)
This cell will calculate the case-mix adjusted average *length of stay* for Medicare patients.
26. **All payors – Average length of stay**
Enter the average *length of stay* for all payors for the 12-month reporting period. Average length of stay is determined by the time set by each organization.
27. **All payors – Case mix index**
Enter the *case mix index (CMI)* for all payors. CMI is collected for the organization as a whole to provide reviewers with a global indicator of patient acuity.
28. **All payors – Average length of stay case mix adjusted** (Calculated cell. Do not enter data.)
This cell will calculate the case-mix adjusted average *length of stay* for all payors.
29. **For ambulatory settings, annual total number of patient visits**
Enter the total number of patient visits the organization receives for the 12-month reporting period. That includes nonbedded areas that are supported by nursing. Please see glossary for *ambulatory settings*.

SECTION B — STAFF INFORMATION

General Instructions – FTEs

Calculate a *full-time equivalent (FTE)* as being available for work 2,080 hours per year. Calculate the annual average number of FTEs by taking the average of the number of FTEs employed during each month of that year.

Row Instructions

3. **Number of beds staffed**
Enter the total number of *beds* for which staff is available. This may be different from the number of licensed beds.
4. **Number of patient visits in ambulatory settings**
Enter the total number of patient visits in ambulatory settings for the 12-month reporting period. This should be the same as Section A, row 29.
5. **Registered Nurses (RN) - Staff Utilization**
In this section (rows 6-9), include all regularly employed full-time and part-time registered nurses. For example, part time may be counted as 0.5 full-time equivalent (FTE).
6. **RN FTEs budgeted**
Report the average monthly number of RN *FTEs* budgeted for the 12-month reporting period. Budgeted FTEs are positions that the organization anticipated needing; this is the hiring goal.
7. **RN FTEs employed (actual)**
Report the average monthly number of RN *FTEs* actually employed for the 12-month reporting period. Actual FTEs are FTEs on staff to fill the budgeted positions. Include FTEs for per diem and float pool RNs if you want to include their role, education level, and certification in the following rows. Explanatory comments may be provided in Section D if a large variance related to opening or closing beds occurred during the year. See the instructions on page 1 for adding comments.
8. **RN per diem/float pool FTEs employed not included above**
Report the average monthly number of *FTEs* for per diem and float pool RNs who move across many unit types and are not reflected in the RN FTEs reported on Row 7. Leave blank if not applicable.
9. **RN FTEs resigned or terminated**
Report the total number of RN *FTEs* who left their positions during the 12-month reporting period due to *terminations*, *resignations/controllable*, or *resignation/uncontrollable*. Do not count unit-to-unit turnover within the organization. See glossary.

SECTION B — STAFF INFORMATION, CONTINUED

Row Instructions

10. Registered Nurses – Role

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

11. RN FTEs assigned to *direct patient care*

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

12. RN FTEs in advanced practice roles

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

13. RN FTEs in nurse manager/administrator roles

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

14. RN FTEs in other clinical support roles

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

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

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

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

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

17. Registered Nurses - Highest Educational Degree

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

18. RN FTEs with doctoral degree

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

19. RN FTEs with master's degree, nursing

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

20. RN FTEs with bachelor's degree, nursing

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

21. RN FTEs with associate degree or diploma

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

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

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

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

Values in this row calculate automatically to show the difference between row 7 and row 22. Negative numbers indicate that some *FTEs* reported by education level (rows 18-21) have been double counted. Count only the highest educational degree for any individual RN when reporting *FTEs* by education level.

24. Registered Nurses – Certification

In this section (rows 25-28), include all regularly employed full-time and part-time registered nurses. See glossary for definition of certification. Do not count BLS or ACLS. When an RN holds multiple certifications, only one can be counted. Count only specialty certifications that are relevant to the role. International organizations, please see additional guidance for specialty certifications on <https://nursingworld.org/organizational-programs/pathway/resources/> under International - Interpretation of Terms: Specialty Certification.

25. RN FTEs with national certification, advanced practice

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

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

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

SECTION B — STAFF INFORMATION, CONTINUED

Row Instructions

27. **Calculated sum cannot exceed row 7 (RN FTEs employed). Count only one certification for each RN.** (Calculated cell. Do not enter data.)
Values in this row calculate automatically to sum the RN *FTEs* with *certification* reported in rows 25-26.
28. **Calculated difference between rows 7 and 27 should not be a negative number.** (Calculated cell. Do not enter data.)
Values in this row calculate automatically to show the difference between row 7 and row 27. Negative numbers indicate that some *FTEs* reported with *certification* (rows 25-26) have been double counted. Count no more than one, most relevant certification for any individual RN to report FTEs with certification.
29. **Non-Nurse Midwives**
In this section (rows 30–32), include all employed full-time and part-time non-nurse midwives.
30. **Non-Nurse Midwife FTEs budgeted**
Report the average monthly number of *non-nurse midwives* budgeted for the 12-month reporting period.
31. **Non-Nurse Midwife FTEs employed (actual)**
Report the average monthly number of *non-nurse midwives* actually employed for the 12-month reporting period.
32. **Non-Nurse Midwife FTEs resigned or terminated**
Report the total number of *non-nurse midwives* who left their positions during the 12-month reporting period due to *terminations*, *resignations/controllable*, or *resignations/uncontrollable*.
33. **Licensed Practical Nurses (LPN/LVN)**
In this section (rows 34–36), include all employed full-time and part-time licensed practical nurses (LPN/LVNs).
34. **LPN/LVN FTEs budgeted**
Report the average monthly number of *LPN/LVN FTEs* budgeted for the 12-month reporting period.
35. **LPN/LVN FTEs employed (actual)**
Report the average monthly number of *LPN/LVN FTEs* actually employed for the 12-month reporting period.
36. **LPN/LVN FTEs resigned or terminated**
Report the total number of *LPN/LVN FTEs* who left their positions during the 12-month reporting period due to *terminations*, *resignations/controllable*, or *resignations/uncontrollable*.
37. **Unlicensed Assistive Personnel (UAP)**
In this section (rows 38–40), include all employed full-time and part-time unlicensed assistive personnel that fall under the delegation of nursing.
38. **UAP FTEs budgeted**
Report the average monthly number of *UAP FTEs* budgeted.
39. **UAP FTEs employed (actual)**
Report the average monthly number of *UAP FTEs* actually employed.
40. **UAP FTEs resigned or terminated**
Indicate the total *UAP FTEs* who left their positions during the reporting period due to *terminations*, *resignations/controllable*, or *resignations/uncontrollable*. Note in Section D if data is unavailable.
41. **Contract/Agency Nurses**
In this section (row 42), include all temporary nursing staffing as defined in the glossary under contract or agency.
42. **Average actual RN (or equivalent) FTEs used**
Report the average monthly number of *contract or agency* RN FTEs.

SECTION C — CALCULATIONS DERIVED FROM SECTION B

This section (rows 3-14) describes the calculations that will appear in Section C as Section B is completed.

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

Row Descriptions

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

SECTION D — COMMENTS

As necessary, provide explanatory comments regarding variance(s) or specific information regarding the collection of data in Sections A and B. Identify the section and the row number to which the comments refer. For example, "Section A, Row 23" would refer to "Medicare patients – Average length of stay."

SECTION E — TRENDING CALCULATED RESULTS

The Pathway program encourages organizations to complete and utilize Section E for initial ODF & IMR ODF comparison.

- For the initial or redesignation ODF please copy Section C Total column data and paste/insert under the closest aligned calendar year in Section E.
- For the IMR ODF please copy Section C Total column data and paste/insert under the closest aligned calendar year in Section E.
- Compare data to identify positive or negative trends related to these nursing demographic indicators. This information can be used to show alignment with your Pathway journey and/or identify areas for continuous improvement efforts.

GLOSSARY

advanced practice nurse (APRN). A registered nurse who has completed an accredited graduate program and is licensed and certified to practice in one of the four recognized APRN roles. Under this umbrella are four types of APRNs: certified nurse practitioners, certified nurse midwives, clinical nurse specialists, and certified registered nurse anesthetists.

ambulatory settings. A non-bedded area or outpatient area accommodating provider visits and related support services. Inpatients may be seen. Examples include but are not limited to emergency department, same day procedures, specialty clinics, free-standing clinics, urgent care.

beds. Operating beds for the care of patients staying 24 hours or more. The category does not include bassinets.

case mix index (CMI). A numerical score used in the United States as a descriptor at the organization level of the relative resource use for the average patient. This use is computed using data on the characteristics and clinical needs of the patients served by the organization.

certification. “A non-governmental 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 assure various publics that an individual has mastered a body of knowledge and acquired skills in a particular specialty” (American Nurses Association, 1979, p. 67). Certifications for ability to perform clinical interventions (e.g., Advanced Cardiac Life Support [ACLS], Basic Life Support [BLS], Neonatal Resuscitation Program [NRP], Pediatric Advanced Life Support [PALS]) are not included.

contract or agency. This includes temporary nursing staff who are:

1. Not employed by the facility but are hired on a contractual basis to fill staffing needs for a designated shift or for a short-term contracted basis,
2. Registry staff from outside the facility (e.g., not floating staff from within the facility), or
3. Traveling nurse staff contracted to the facility for a designated period of time.

direct care nurse. A nurse whose primary responsibility is the provision of direct patient care. Direct care may involve direct physical contact or care provided remotely. This includes nurses at every level who provide direct patient care at least 50% of the time.

direct patient care. Direct patient care responsibilities are PATIENT-CENTERED nursing activities carried out in the PRESENCE OF THE PATIENT (e.g., patient assignment, clinical care provided, patient teaching). This category includes nursing staff who are:

1. counted in the staffing matrix, or
2. assigned greater than 50 percent to direct care responsibilities, or
3. replaced during a shift if they call in sick.

full-time equivalent (FTE). Number of hours (worked or budgeted) expressed as a single full-time employee, usually 2,080 hours per year. In countries other than the United States, WTE (work-time equivalent) is used.

length of stay. The length of time that is reported on the discharge abstract.

licensed practical nurse/licensed vocational nurse (LPN/LVN). 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 LPN/LVN.

non-nurse midwife. A non-nurse midwife is a person who has successfully completed a midwifery education [program] based on the [International Confederation of Midwives (ICM)] Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education and is recognized in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’; and who demonstrates competency in the practice of midwifery” (International Confederation of Midwives, 2017).

GLOSSARY

nurse manager/administrator. A registered nurse with the accountability and supervision of all registered nurses and other health care providers who deliver nursing care in an inpatient or ambulatory care setting. The nurse manager is typically responsible for recruitment and retention, performance review, and professional development; is involved in the budget formulation process and quality outcomes; and helps plan for, organize, and lead the delivery of nursing care for a designated patient care area. The term “nurse manager” is not synonymous with the chief nursing officer or director of nursing. The nurse manager role may have a different title. The nurse administrator manages one or more defined areas within the organized nursing services.

other clinical support. Nurses in other clinical support roles may include specialists such as case managers, informatics nurses, infection control nurses, nurse educators, nurse researchers, occupational health nurses, quality/risk managers, wound care ostomy nurses, and others.

registered nurse (RN). A nurse 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 a RN.

resignations, controllable. A resignation of an employee that results from an issue or environmental feature or trait that is under the control of the employer. Examples of “controllable resignations” would be those occurring as a result of pay status, ability to advance, perceived lack of respect, or job injuries covered.

resignations, uncontrollable. A resignation of an employee that does not result from an issue or environmental feature or trait that is under the control of the employer. Examples of “uncontrollable resignations” would be those occurring as a result of the nurse’s spouse’s relocation, a family illness, or retirement secondary to age.

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

unlicensed assistive personnel (UAP). Unlicensed assistive personnel are trained to function in an assistive role to nurses in the provision of patient care activities as delegated by and under the supervision of the registered nurse. It includes nursing assistants, orderlies, patient care technicians, or technicians.

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.

International Confederation of Midwives. (2017). Core document: International definition of the midwife. Retrieved from https://www.internationalmidwives.org/assets/files/definitions-files/2018/06/eng-definition_of_the_midwife-2017.pdf

Merriam-Webster. (n.d.). *Merriam-Webster’s dictionary*. Retrieved from <https://www.merriam-webster.com>