

Pathway to Excellence in Long-Term Care® Organizational Demographic Form (LTC ODF) Instructions

The Pathway to Excellence in Long-Term Care Organizational Demographic Form (LTC ODF) collects organizational nursing data to trend demographic indicators such as vacancy and turnover that may identify areas of continuous improvement efforts. The LTC 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 in Long-Term Care designation are required to submit an updated LTC ODF 2 years from the date of document submission as part of their interim monitoring requirements.

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

INSTRUCTIONS FORMAT

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

[Section A](#) — Organization 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 LTC 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

If necessary, organizations may include explanatory comments about the data supplied in Sections A and B. All comments entered in Section D should identify the section and 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 LTC ODF and IMR LTC 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 PTE-LTC ODF SPREADSHEET.

SECTION A — ORGANIZATION INFORMATION

Row Instructions

3. **Long-Term Care 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 PTE-LTC ODF report**
Enter one of the following 3 options to identify LTC 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. **Long-Term Care 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. **Ownership Type**
Enter For Profit, Nonprofit, or Government.
13. **Is this Long-Term Care facility part of a company? (yes/no)**
Enter yes or no.
14. **If yes, enter full name of the company.**
If you answered yes to row 13, enter the formal name of the company. If not applicable, leave blank.
15. **Certification Type**
Enter Medicare Only, Medicaid Only, Dually Certified, or other.
16. **Medicare Provider Number**
Enter the provider number from the Centers for Medicare & Medicaid Services. If not applicable (international organizations), leave blank.
17. **Medicaid Provider Number**
Enter the provider number from the Centers for Medicare & Medicaid Services. If not applicable (international organizations), leave blank.
18. **Date Director of Nursing assumed DON role at this facility (mm/dd/yyyy)**
Enter date the *Director of Nursing (DON)* assumed the DON role for the organization.
19. **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.
20. **12-month reporting period - beginning date (mm/dd/yyyy)**
Enter beginning date of the reporting period. Data submitted in the LTC ODF should represent a consecutive 12-month period. Use **calendar year, fiscal year, or another beginning and ending date** according to how the organization typically aggregates and reports data. Submit data for the most recently completed 12-month period. For interim reporting, Pathway-designated organizations should submit an updated LTC ODF 2 years from the date of document submission, using data for the most recently completed 12-month period.
21. **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.
22. **Total number of resident beds**
Enter the total number of occupied and unoccupied resident *beds* that the organization holds a license to operate.

SECTION A — ORGANIZATION INFORMATION, CONTINUED

Row Instructions

23. **Total number of resident beds not certified by Medicare or Medicaid**
Enter the total number of occupied and unoccupied resident *beds* that the organization holds a license to operate.
24. **Total number of current residents**
Enter the total number of current residents. You may use average daily census for the 12-month reporting period. Average daily census is determined by the time set by each organization.
25. **Payor Mix**
Percentage of Medicare residents.
26. **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.
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 resident acuity.

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. **Registered Nurses (RN) - Staff Utilization**
*In this section (rows 5-8), 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)*.*
5. **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.
6. **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 instruction on page 1 for adding comments.
7. **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 6. Leave blank if not applicable.
8. **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 *resignations/uncontrollable*. Do not count unit-to-unit turnover within the organization. See glossary.
9. **Registered Nurses – Role**
*In this section (rows 10-15), include all regularly employed full-time and part-time *registered nurses*.*
10. **RN FTEs assigned to *direct resident care***
Report the average monthly number of RN *FTEs* assigned for *direct care nurses*.
11. **RN FTEs in advanced practice roles**
Report the average monthly number of RN *FTEs* in *advanced practice nurse* roles.

SECTION B — STAFF INFORMATION, CONTINUED

Row Instructions

12. **RN FTEs in nurse manager/administrator roles**
Report the average monthly number of RN *FTEs* in *nurse manager/administrator* roles.
13. **RN FTEs in other clinical support roles**
Report the average monthly number of RN *FTEs* in *other clinical support* roles.
14. **Calculated sum should equal row 6 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 10-13.
15. **Calculated difference between rows 6 and 14 should be zero** (Calculated cell. Do not enter data.)
Values in this row calculate automatically to show the difference between row 6 and row 14. Non-zero values indicate that the *FTEs* reported by role (rows 10-13) have either been undercounted or double counted.
16. **Registered Nurses - Highest Educational Degree**
In this section (rows 17-22), 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.
17. **RN FTEs with doctoral degree**
Report the number of RN *FTEs* with a doctoral degree as the highest degree.
18. **RN FTEs with master's degree, nursing**
Report the number of RN *FTEs* with a master's degree in nursing as the highest degree.
19. **RN FTEs with bachelor's degree, nursing**
Report the number of RN *FTEs* with a bachelor's degrees in nursing as the highest degree.
20. **RN FTEs with associate degree or diploma**
Report the number of RN *FTEs* with either an associate in nursing degree or diploma as the highest degree.
21. **Calculated sum cannot exceed row 6 (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 17-20.
22. **Calculated difference between rows 6 and 21 should not be a negative number.** (Calculated cell. Do not enter data.)
Values in this row calculate automatically to show the difference between row 6 and row 21. Negative numbers indicate that some *FTEs* reported by education level (rows 17-20) have been double counted. Count only the highest educational degree for any individual RN when reporting *FTEs* by education level.
23. **Registered Nurses – Certification**
In this section (rows 24-27), 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.
24. **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.
25. **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.
26. **Calculated sum cannot exceed row 6 (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 24-25.
27. **Calculated difference between rows 6 and 26 should not be a negative number.** (Calculated cell. Do not enter data.)
Values in this row calculate automatically to show the difference between row 6 and row 26. Negative numbers indicate that some *FTEs* reported with *certification* (rows 24-25) have been double counted. Count no more than one, most relevant certification for any individual RN to report *FTEs* with certification.

SECTION B — STAFF INFORMATION, CONTINUED

Row Instructions

28. Licensed Practical Nurses (LPN/LVN)

In this section (rows 29–33), include all employed full-time and part-time licensed practical nurses (LPNs).

29. LPN/LVN FTEs budgeted

Report the average monthly number of *LPN FTEs* budgeted for the 12-month reporting period.

30. LPN/LVN FTEs employed (actual)

Report the average monthly number of *LPN FTEs* actually employed for the 12-month reporting period.

31. LPN/LVN FTEs resigned or terminated

Report the total number of *LPN FTEs* who left their positions during the 12-month reporting period due to *terminations*, *resignations/controllable*, or *resignations/uncontrollable*.

32. LPN/LVN FTEs assigned to direct resident care

Report the average monthly number of *LPN FTEs* assigned to *direct resident care*.

33. LPN/LVN FTEs in nurse manager roles

Report the average monthly number of *LPN FTEs* in *nurse manager* roles.

34. CNA/Nurse Aides (certified and not certified)

In this section (rows 35–37), include all employed full-time and part-time nurse aids.

35. Nurse aide FTEs budgeted

Report the average monthly number of *nurse aide FTEs* budgeted.

36. Nurse aide FTEs employed (actual)

Report the average monthly number of *nurse aide FTEs* actually employed.

37. Nurse aide FTEs resigned or terminated

Report the total number of *nurse aide FTEs* who left their positions during the reporting period due to *terminations*, *resignations/controllable*, or *resignations/uncontrollable*. Note in Section D if data are unavailable.

38. Contract/Agency Nurses

In this section (rows 39–41), include all temporary nursing staffing as defined in the glossary under contract or agency.

39. Average actual RN (or equivalent) FTEs used

Report the average monthly number of *contract or agency RN* (or equivalent) *FTEs*.

40. Average actual LPN/LVN (or equivalent) FTEs used

Report the average monthly number of *contract or agency LPN/LVN* (or equivalent) *FTEs*.

41. Average actual CNA/nurse aide (or equivalent) FTEs used

Report the average monthly number of *contract or agency nurse aide* (or equivalent) *FTEs*.

SECTION C — CALCULATIONS DERIVED FROM SECTION B

This section (rows 3-13) 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+nurse aide FTE)**
Calculated as $(\text{RN FTEs} / (\text{RN FTEs} + \text{LPN FTEs} + \text{nurse aide FTEs})) \times 100$.
6. **Percent RN direct resident care**
Calculated as $(\text{RN FTEs assigned to direct resident care} / \text{RN FTEs employed}) \times 100$.
7. **Percent RN with BSN or higher**
Calculated as $(\text{RN FTEs with bachelor's, master's, or doctorate in nursing} / \text{RN FTEs employed}) \times 100$.
8. **Percent RN certified, all RNs excluding advanced practice**
Calculated as $(\text{RN FTEs with certification, excluding advanced practice} / \text{RN FTEs employed}) \times 100$.
9. **LPN/LVN vacancy percent**
Calculated as $(1 - (\text{LPN FTEs employed} / \text{LPN FTEs budgeted})) \times 100$.
10. **LPN/LVN turnover percent**
Calculated as $(\text{LPN FTEs resigned or terminated} / \text{LPN FTEs employed}) \times 100$.
11. **Percent LPN/LVN direct resident care**
Calculated as $(\text{LPN FTEs assigned to direct resident care} / \text{LPN FTEs employed}) \times 100$.
12. **Nurse aide vacancy percent**
Calculated as $(1 - (\text{nurse aide FTEs employed} / \text{nurse aide FTEs budgeted})) \times 100$.
13. **Nurse aide turnover percent**
Calculated as $(\text{nurse aide FTEs resigned or terminated} / \text{nurse aide FTEs employed}) \times 100$.

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 24" would refer to "Total number of current residents."

SECTION E — TRENDING CALCULATED RESULTS

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

- For the initial or redesignation LTC ODF please copy Section C Total column data and paste/insert data under the closes aligned calendar year in Section E.
- For the IMR LTC 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.

beds. Operating beds for the care of residents 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 resident. This use is computed using data on the characteristics and clinical needs of the residents 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.

director of nursing (DON). The DON role is the highest-level nurse with ultimate responsibility for all nursing practice within a long-term care organization. The DON role may have a different title.

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

direct resident care. Direct resident care responsibilities are RESIDENT-CENTERED nursing activities carried out in the PRESENCE OF THE RESIDENT (e.g., resident assignment, clinical care provided, resident teaching, resident 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.

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.

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/administrator. A registered nurse with the accountability and supervision of all registered nurses and nursing staff who deliver nursing care in an inpatient or outpatient area. 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/resident area. The term “nurse manager” is not synonymous with the director of nursing (DON). In long-term care, “nurse manager” may be used interchangeably with “associate director,” “charge nurse,” or “supervisor.” The nurse administrator manages one or more defined area within the organized nursing services.

GLOSSARY

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.

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.

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