

Pathway to Excellence in Long Term Care™: 2009 Manual Clarifications Update 1 Issued: December 1, 2010

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Manual Page	Category	Corrections, Clarifications, and Additions
Page 2	Nurses Control the Practice of Nursing	<p>Current: 1.1 Describe the nursing shared governance model. Include a brief description of how the model was created and introduced to the RNs, LPNs, and CNAs and to the facility/healthcare organizational leadership.</p> <p>Clarification: 1.1 Describe the nursing shared governance model. Include:</p> <ul style="list-style-type: none"> • A brief description of how the model was created • How the model was introduced to the RNs, LPNs, and CNAs • How the model was introduced to the facility/healthcare organizational leadership.
Page 2	Nurses Control the Practice of Nursing	<p>Current: 1.4 Describe how RNs have input into the development of staffing plans. Provide two different examples of staffing plans.</p> <p>Clarification: Definition: Nurse Staffing Plans Direct care nurses contribute to development of organization-wide plans, by unit and shift, that set nurse staffing levels based on resident acuity and needs at any given time, available support staff and other factors.</p> <p>Reference: http://www.safestaffingsaveslives.org/WhatisANADoing/StateLegislation/StaffingPlansandRatios.aspx Adapted for Long Term Care environment.</p>
Page 2-3	Nurses Control the Practice of Nursing	<p>Current: 1.6 Provide the facility policy or protocol that addresses the process for how RNs, LPNs, and CNAs communicate concerns about staffing.</p> <ul style="list-style-type: none"> • Provide an example of how this policy or protocol was actually invoked. If the policy or protocol has not been invoked, describe how the organization solicits information from RNs, LPNs, and CNAs about staffing <p>Clarification: 1.6 Provide the facility policy or protocol that addresses the process for how RNs, LPNs, and CNAs communicate concerns about staffing.</p> <ul style="list-style-type: none"> • Provide an example of how this policy or protocol was actually invoked. • If the policy or protocol has not been invoked, describe how the organization solicits information from RNs, LPNs, and CNAs about staffing.

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Page 3	Nurses Control the Practice of Nursing	<p>Current: 1.7 Provide examples of at least two facility policies or protocols that have changed within the past 24 months as a result of new information and/or evidence-based practice. Include the new information and/or evidence-based practice and describe the role of RNs, LPNs, and CNAs in the development and implementation of the policies or protocols.</p> <p>Clarification: 1.7 Provide examples of at least two facility policies or protocols that have changed within the past 24 months as a result of new information and/or evidence-based practice.</p> <ul style="list-style-type: none"> • Include the new information and/or evidence-based practice. • Describe the role of RNs, LPNs, and CNAs in the development and implementation of the policies or protocols.
Page 4	The Work Environment is Safe and Healthy	<p>Current: 2.2 Provide policy, including education, addressing resident abuse and neglect.</p> <p>Clarification:</p> <p>2.2</p> <ul style="list-style-type: none"> • Provide policy addressing resident abuse and neglect. • Describe education that has been provided addressing resident abuse and neglect.
Page 4	The Work Environment is Safe and Healthy	<p>Current: 2.6 Using an example of nursing staff members who have experienced a safety-related event at work:</p> <ul style="list-style-type: none"> • Describe the supports in place for nursing staff members; and • Provide an example of a nurse who has experienced a safety-related work environment event and the supports provided for the nurse <p>Clarification:</p> <p>2.6</p> <ul style="list-style-type: none"> • Describe the supports in place for nursing staff members who have experienced a safety-related event at work. • Provide an example of a nurse who has experienced a safety-related work environment event and the supports provided for the nurse.

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Page 5	Address Resident Care and Practice Concerns	<p>Current: 3.1 Provide a protocol that illustrates the mechanisms within the organization to address concerns about resident care including:</p> <ul style="list-style-type: none"> • Quality of resident care • Rights of residents • Culturally sensitive needs of residents • Person-Centered Care <p>Clarification: All bulleted items must be addressed.</p>
Page 6	Address Resident Care and Practice Concerns	<p>Current: 3.2 Provide a protocol addressing dispute resolution mechanisms within the organization including:</p> <ul style="list-style-type: none"> • Nurse concerns about physician practice and care • Physician concerns about nursing practice and care • Nurse concerns about the care/consultation provided by other healthcare professionals • Nurse concerns about the care provided by other nurses • Business fraud and abuse • Error prevention and management <p>Clarification: All bulleted items must be addressed.</p>
Page 6	Address Resident Care and Practice Concerns	<p>Current: 3.3 Describe how nurses learn about alternative dispute resolution mechanisms.</p> <p>Clarification: The description must include how the nurses are educated about alternative dispute resolution mechanisms.</p>
Page 6	Address Resident Care and Practice Concerns	<p>Current: 3.5 Provide two examples of a nurse or nurses using the system to address a concern about resident care and the practice of professionals that has been addressed through dispute resolution mechanisms. Include the outcome(s) that resulted and methods by which parties to the dispute are notified.</p> <p>Clarification: 3.5 Provide two examples of a nurse or nurses using the system to address a concern about resident care and the practice of professionals that has been addressed through dispute resolution mechanisms.</p> <ul style="list-style-type: none"> • The examples must include the outcome(s) that resulted. • The examples must include the methods by which parties to the dispute are notified.

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Page 7	Orientation Prepares New Nurses	<p>Current: 4.1 Orientation to the facility includes an introduction to the organization’s mission, vision, and values.</p> <ul style="list-style-type: none"> • Include a copy of the orientation. • Include a copy of the needs assessment tools that are utilized. <p>Clarification: 4.1 Organizations are to submit:</p> <ul style="list-style-type: none"> • Evidence that orientation includes an introduction to the organization’s mission, vision and values. • A copy of the orientation. • A copy of the needs assessment tools that are utilized. <p>Definition: Needs Assessment Tool A tool that gathers input from both the new nurse and the preceptor regarding the development of knowledge, skills, and abilities of the new nurse. Once the initial input is collected, this tool should be used throughout the orientation process, by the new nurse and preceptor, to continually track the new nurse’s progress.</p>
Page 7	Orientation Prepares New Nurses	<p>Current: 4.2 Provide examples or protocols that demonstrate the nursing services orientation includes the following topics:</p> <ul style="list-style-type: none"> • Knowledge of the standards of practice • Person-Centered Care – Resident quality of care • The mechanisms for nurse input into staffing • The systems for evaluating and addressing issues and concerns about resident care and the professional practice and care provided by professionals • Nursing shared governance model <p>Clarification: All bulleted items must be addressed.</p>
Page 7	Orientation Prepares New Nurses	<p>Current: 4.3 Provide a written description prepared by a preceptor/buddy (preferred) or supervisor about how he or she individualizes the orientation experience of a new nurse.</p> <p>Clarification: 4.3 Provide a written description by a preceptor or supervisor about how he or she alters the approach of orientation based on the individual needs of the new nurse.</p>

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Page 8	The DON Is Qualified and Participates in All Levels of the Facility	<p>Current: 5.1 Provide a narrative written by the DON describing the role s/he plays in the leadership, shared governance, quality improvement, and executive committees.</p> <p>Clarification: The DON must make it clear he or she is writing the narrative. Options include writing in the first person or including a statement at the end of each narrative stating “submitted by (DON)” with a signature.</p>
Page 8	The DON Is Qualified and Participates in All Levels of the Facility	<p>Current: 5.2 Provide a narrative written by the DON describing the budgetary control/responsibilities s/he has for nursing services.</p> <p>Clarification: The DON must make it clear he or she is writing the narrative. Options include writing in the first person or including a statement at the end of each narrative stating “submitted by (DON)” with a signature.</p>
Page 8	The DON Is Qualified and Participates in All Levels of the Facility	<p>Current: 5.4 Provide three narratives written by the DON describing examples of advocacy: one for a resident; one for quality care; and one for RNs, LPNs, or CNAs providing direct care.</p> <p>Clarification: The DON must make it clear he or she is writing the narrative. Options include writing in the first person or including a statement at the end of each narrative stating “submitted by (DON)” with a signature.</p>

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Page 10	Professional Development Is Provided and Utilized	<p>Current: 6.4 Provide two examples of mentorship, one at the level of the direct care nurse and one at the level of nursing administration.</p> <p>Clarification: For this EOP, mentoring is not to be used interchangeably with precepting. Mentoring is a collaborative relationship where the mentor fosters professional development.</p> <ul style="list-style-type: none"> • In the direct care nurse (DCN) example, the DCN may be providing or receiving the mentoring. • In the nursing administration example, the administrator may be providing or receiving the mentoring.
Page 10	Professional Development Is Provided and Utilized	<p>Current: 6.5 Select two from the following examples; describe and provide evidence of achievement:</p> <ul style="list-style-type: none"> • Specialty certification is actively supported and recognized. • Tuition reimbursement is provided for LVN/LPN-to-RN, RN-to-BSN and graduate education. • Support is provided for attending a conference outside the facility. Support might include reimbursement for/payment of registration fees, travel, per diem, and/or receipt of regular pay for the days of the conference, etc. • Competency and/or development of expertise is supported through monetary incentives. • Scholarships are awarded for professional nursing education. • Fellowships are awarded for professional nursing development. • Nurses at all levels hold membership in professional organizations. Provide a composite listing of how many nurses at each level belong to which professional organization(s) <p>Clarification: The EOP asks for:</p> <ul style="list-style-type: none"> • A description of the examples and • Evidence that the examples are in place <p>Certifications for ability to perform clinical interventions are not to be included such as:</p> <ul style="list-style-type: none"> • Advanced Cardiac Life Support [ACLS], • Basic Life Support [BLS], • Neonatal Resuscitation Program [NRP], • Pediatric Advanced Life Support [PALS]

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Page 11	Competitive Wages/Salaries Are in Place	<p>Current: 7.1 Describe how the wages/salaries for nurses are adjusted using an example from the last adjustment process. Include information about the local market and Bureau of Labor Statistics regional average wages/salaries for the RN and LVN/LPN direct care providers, and a non-direct care RN such as a supervisor, manager, or educator.</p> <p>Clarification: 7.1 Describe how the wages/salaries for nurses are adjusted using an example from the last adjustment process.</p> <p>Include the local market average wages/salaries for the:</p> <ul style="list-style-type: none"> ○ RN direct care providers ○ LVN/LPN direct care providers and ○ a non-direct care RN such as a supervisor, manager, or educator. <p>Include the Bureau of Labor Statistics regional average wages/salaries for the:</p> <ul style="list-style-type: none"> ○ RN direct care providers ○ LVN/LPN direct care providers and ○ a non-direct care RN such as a supervisor, manager, or educator.
Page 12	Nurses Are Recognized for Achievements	<p>Current: 8.2 Describe special acknowledgment activities for accomplishments that benefit residents, families, the organization, profession, and/or community. This may include but is not limited to Nurses' Week activities. Provide a sampling of newsletters, photos, articles, or other items that reflect an acknowledgement of nurses' activities and/or contributions.</p> <p>Clarification: 8.2</p> <ul style="list-style-type: none"> • Describe special acknowledgment activities for accomplishments that benefit residents, families, the organization, profession, and/or community. This may include but is not limited to Nurses' Week activities. • Provide a sampling of newsletters, photos, articles, or other items that reflect an acknowledgement of nurses' activities and/or contributions.

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Page 12	Nurses Are Recognized for Achievements	<p>Current: 8.5 Provide two examples of recognition awarded by external entities for the accomplishments and/or contributions of the organization. The contributions of direct care and administrative nurses should be incorporated/highlighted. External entities might include a local school, American Heart Association, American Cancer Society, state nurses' association, or professional nurses' group, etc.</p> <p>Clarification: 8.5 Provide two examples of recognition awarded by external entities for the accomplishments and/or contributions of the organization.</p> <ul style="list-style-type: none"> • The nurse(s) must be highlighted in the recognition by the external entity in each example.
Page 13	A Balanced Lifestyle Is Encouraged	<p>Current: 9.4 Select two of the following. Describe and provide evidence of how the standard is achieved:</p> <ul style="list-style-type: none"> • Fitness and health promotion activities and education are encouraged while at work. • Involvement in local or more broad volunteer activities is encouraged and recognized. • Work force accommodations are made for aging nurses, young families, cultural preferences, etc. • Childcare and/or similar adult or elder care services are provided/supported. • Flexible spending accounts or similar choice-based programs are provided. • Policies are in place to support administrative leave of absence or similar accommodations. • Plans are in place for education and procedures for promotion of back care with resources to assist with lifting. • Schedules have been adjusted to accommodate resident care. <p>Clarification: The EOP asks for:</p> <ul style="list-style-type: none"> • A description and • Evidence that the two bulleted items selected are in place

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Page 14	Collaborative Interdisciplinary Relationships are Valued and Supported	<p>Current: 10.1 Describe education that has been provided in the past 24 months that addresses interdisciplinary relationships. Include the content outline and numbers of attendees by discipline.</p> <p>Clarification: 10.1 Describe education that has been provided in the past 24 months that addresses how to facilitate positive interdisciplinary relationships through communication or collaboration.</p> <p>Include:</p> <ul style="list-style-type: none"> • The content outline • Numbers of attendees by discipline
Page 14	Collaborative Interdisciplinary Relationships are Valued and Supported	<p>Current: 10.5 Describe the non-retaliatory protections the facility has established for reporting and addressing disrespectful conduct, harassment, abuse, or violence, and how employees access and use those procedures.</p> <p>Clarification: 10.5</p> <ul style="list-style-type: none"> • Describe the non-retaliatory protections the organization has established for reporting and addressing disrespectful conduct, harassment, abuse, or violence. • Explain how employees access and use those procedures.
Page 14	Collaborative Interdisciplinary Relationships are Valued and Supported	<p>Current: 10.6 Describe the mechanisms used to recognize, address, and monitor incidents related to disrespectful conduct.</p> <p>Clarification: The mechanisms for all 3 pieces -recognizing , addressing and monitoring - of incidents related to disrespectful conduct must be addressed.</p>
Page 15	Nurse Managers Are Competent and Accountable	<p>Current: 11.2 Provide a list of internal and external leadership development activities for nurse managers. Include the date, title, and number of nurse managers attending each activity. The activities should have occurred in the past 24 months.</p> <p>Clarification: 11.2</p> <ul style="list-style-type: none"> • Provide a list of internal and external leadership development activities for nurse managers. The activities should have occurred in the past 24 months. • Include the date, title, and number of nurse managers attending each activity.

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Page 15	Nurse Managers Are Competent and Accountable	<p>Current: 11.5 Select one of the following standards. Describe and provide evidence of how the standard is achieved:</p> <ul style="list-style-type: none"> • The nurse manager’s evaluation is based on widely accepted outcome measures such as resident falls, resident/family satisfaction, pressure ulcer occurrence, restraint reduction, etc. • The nurse manager’s evaluation incorporates feedback from peers and/or subordinates. • Incentive awards are provided for nurse managers achieving outcomes beneficial to the resident and/or organization <p>Clarification: Incentive awards may or may not be monetary awards.</p>
Page 16	A Quality Program and Evidence-Based Practices Are Utilized	<p>Current: 12.1 Describe and provide an example of how quality activities have established outcomes/benchmarks.</p> <p>Clarification: The outcomes/benchmarks can be pre-established by an external entity or internally established by the facility.</p>
Page 16	A Quality Program and Evidence-Based Practices Are Utilized	<p>Current: 12.3 Describe specifically direct care nurse contributions to the initiative.</p> <p>Clarification: 12.3 Describe specifically direct care nurse contributions to the initiative discussed in EOP 12.2.</p>
Page 17	A Quality Program and Evidence-Based Practices Are Utilized	<p>Current: 12.6 Describe two to three evidence-based practices utilized by direct care nurses, including hand washing.</p> <p>Clarification/Correction: 12.6 Describe two to three evidence-based practices utilized by direct care nurses, including hand washing.</p> <p>Please be sure to include information in the narrative verifying the practice described is evidence-based.</p>
Page 17	A Quality Program and Evidence-Based Practices Are Utilized	<p>Current: 12.8 Published research findings or best practices have been evaluated and implemented in one or more resident care areas.</p> <p>Clarification: 12.8 Provide how the published research findings or best practices were:</p> <ul style="list-style-type: none"> • Systematically evaluated for applicability • Implemented in one or more resident care areas.

Please contact the Pathway Program Office for specific organization related questions at pathwayinfo@ana.org.