Pathway to Excellence® **and** Pathway to Excellence in Long-Term Care®:

2024 Manual Clarifications

Addendum 1 Issued: March 1, 2024 (reflected with gray fill)

Addendum 2 Issued: August 15, 2025

The following information serves as an update to the 2024 Pathway to Excellence® (PTE) and Pathway to Excellence in Long-Term Care® (PTE-LTC) Manual.

The 2024 PTE and PTE-LTC Application Manual has undergone positive enhancements. During the application, preparation, and document submission, please refer to the "Revised Wording" column to replace what is printed in outdated versions of the manual. The most current 2024 PTE and PTE-LTC Application Manual reflect the revisions below.

Page Number & Edit Type	Original Wording 2024 Application Manual Version 1	Revised Wording 2024 Application Manual Versions 2 and 3
CHAPTER 5A: PATHWAY TO EXCELLENCE® PATHWAY STANDARDS		
Page 32 Inserted language for clarity	EOP 1.4 a. Describe how nurses use the **shared decision-making structure** to promote health in the local **community** as identified in a community health needs assessment or systematic approach to identify community needs.	EOP 1.4 a. Describe how nurses use the **shared decision-making structure** described in the organizational overview to promote health in the local **community** as identified in a community health needs assessment or systematic approach to identify community needs.
Page 32 Broken link in TIP for EOP 1.4	**TIP:** For further information on community health needs assessments, visit https://www.healthycommunities.org/resources/community-health-assessment-toolkit.	**TIP:** For further information on community health needs assessments, visit https://www.cdc.gov/public-health-gateway/php/public-health-strategy/public-health-strategies-for-community-health-assessment-models-frameworks-tools.html

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Page 33 Inserted language for clarity	EOP 1.8 a. Describe how **direct care nurses** use the **shared decision-making structure** to (1) plan and (2) evaluate **well-being** initiatives.	EOP 1.8 a. Describe how **direct care nurses** use the **shared decision-making structure** ==described in the organizational overview== to (1) plan and (2) evaluate **well-being** initiatives.
Page 36 Blue bolding a glossary term.	EOP 2.7 a. Describe how **nurse managers** have collaborative conversations about ==cost management== with their **direct care nurses** to facilitate understanding of how daily practice decisions impact the budget.	EOP 2.7 a. Describe how **nurse managers** have collaborative conversations about ==cost management== with their **direct care nurses** to facilitate understanding of how daily practice decisions impact the budget.
Page 36 Inserted language for clarity	EOP 2.9 a. For planned or unplanned changes that impact the organization, describe the strategies the **nursing leadership** team uses to facilitate **direct care nurses**' continued involvement in the **shared decision-making structure**.	EOP 2.9 a. For planned or unplanned changes that impact the organization, describe the strategies the **nursing leadership** team uses to facilitate **direct care nurses**' continued involvement in the **shared decision-making structure** ==described in the organizational overview==.
Page 38 Correcting broken link in TIP for EOPs 3.3 & 3.4.	**TIP**: More information can be found in the ANA Position Statement on Incivility, Bullying, and Workplace Violence: ~~https://www.nursingworld.org/practice-policy/nursing-excellence/official-positionstatements/id/incivility-bullyingand-workplaceviolence/.~~	**TIP**: More information can be found in the ANA Position Statement on Incivility, Bullying, and Workplace Violence: https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/incivility-bullying-and-workplace-violence/.
Page 40 Tip added for EOP 4.3	New insertion	For EOP 4.3, descriptions of educational opportunities should describe offerings that provide education on components of the evidence-based practice processes (e.g.,

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		asking clinical questions, searching for evidence, appraising the evidence, implementing the evidence, evaluating/monitoring the outcomes, and disseminating the findings to share learnings etc.).
Page 41 Blue bolding a glossary term.	EOP 4.7 b. Provide one example of a **direct care nurse**(s)-led **quality initiative** that was implemented to improve an outcome(s) based on an external benchmark. Include (1) the benchmark that led to the initiative, (2) the name of the external benchmark source, and (3) the date the external benchmark was identified for improvement within the required 36-month timeframe.	EOP 4.7 b. Provide one example of a **direct care nurse**(s)-led **quality initiative** that was implemented to improve an outcome(s) based on an external benchmark. Include (1) the benchmark that led to the initiative, (2) the name of the external benchmark source, and (3) the date the external benchmark was identified for improvement within the required 36-month timeframe.
Page 42 Grammatical edit.	EOP 4.9 Describe how the **organization** (1) promotes a **culture** of **diversity**, **equity**, **inclusion**, and **belonging** (DEIB) to optimize the nursing workforce and (2) how the organization assesses the effectiveness of associated strategies to promote DEIB.	EOP 4.9 Describe how the **organization** (1) promotes a **culture** of **diversity**, **equity**, **inclusion**, and **belonging** (DEIB) to optimize the nursing workforce and (2) assesses the effectiveness of associated strategies to promote DEIB.
Pages 43 New suggested resource.	EOP 5.1 Associated TIP, link from CDC no longer working.	EOP 5.1 **TIP**: For further information and evidence-based resources for mental health, visit https://www.cdc.gov/niosh/newsroom/feature/health-worker-mental-health.html.
Page 44	**NOTE**: Champion and collaborator level organizational partners with	**NOTE**: Eligible organizational partners with Healthy Nurse, Healthy Nation may submit the

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Deletion from EOP 5.2 note.	Healthy Nurse, Healthy Nation may submit the first page of their individual HealthyNurse Survey report as sufficient evidence to meet EOP 5.2a in lieu of a description. This first page of the HealthyNurse Survey must include the name of your organization, ~~the dated time period of the data collected~~, as well as how many participants took the survey.	first page of their individual HealthyNurse Survey report as sufficient evidence to meet EOP 5.2a in lieu of a description. This first page of the HealthyNurse Survey must include the name of your organization as well as how many participants took the survey.
Page 45

Clarifying required narrative author. | EOP 5.11

c. Provide a narrative by a health care provider (non-nursing staff member) that describes how strategy(ies) to address compassion fatigue described in EOP 5.11a benefited the health care provider's (non-nursing staff member's) own well-being. Include the date the strategies were beneficial within the required 36-month timeframe. | EOP 5.11

c. Provide a narrative by a health care provider (non-nurse) that describes how strategy(ies) to address compassion fatigue described in EOP 5.11a benefited the health care provider's (non-nurse) own well-being. Include the date the strategies were beneficial within the required 36-month timeframe. |
| **CHAPTER 5B: PATHWAY TO EXCELLENCE IN LONG TERM-CARE® PATHWAY STANDARDS** |||
| Page 54

Inserted language for clarity. | LTC-EOP 1.4

a. Describe how **nursing staff** use the **shared decision-making structure** to promote health in the local **community** as identified in a community health needs assessment or systematic approach to identify community needs. | LTC-EOP 1.4

a. Describe how **nursing staff** use the **shared decision-making structure** described in the organizational overview to promote health in the local **community** as identified in a community health needs assessment or systematic approach to identify community needs. |
| Page 54 | **TIP:** For further information on community health needs | **TIP:** For further information on community health needs assessments, visit |

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Broken link in TIP for LTC-EOP 1.4	assessments, visit ~~https://www.healthycommunities.org/resources/community-health-assessment-toolkit~~.	https://www.cdc.gov/public-health-gateway/php/public-health-strategy/public-health-strategies-for-community-health-assessment-models-frameworks-tools.html
Page 55 Inserted language for clarity and clarifying subject of the Example.	LTC-EOP 1.8 a. Describe how **direct care nursing staff** use the **shared decision-making structure** to (1) plan and (2) evaluate **well-being** initiatives. AND b. Provide an example demonstrating direct care nursing staff involvement as described in LTC-EOP 1.8a in the (1) planning of a well-being initiative and (2) evaluation of the well-being initiative following implementation. Include the date of ==direct care nurse== involvement within the required 36-month timeframe.	LTC-EOP 1.8 a. Describe how **direct care nursing staff** use the **shared decision-making structure** ==described in the organizational overview== to (1) plan and (2) evaluate **well-being** initiatives. AND b. Provide an example demonstrating direct care nursing staff involvement as described in LTC-EOP 1.8a in the (1) planning of a well-being initiative and (2) evaluation of the well-being initiative following implementation. Include the date of ==direct care nursing staff member's== involvement within the required 36-month timeframe.
Page 58 Inserted language for clarity.	LTC-EOP 2.9 a. For planned or unplanned changes that impact the organization, describe the strategies the **nursing leadership** team uses to facilitate **direct care nursing staff's** continued involvement in the **shared decision-making structure**.	LTC-EOP 2.9 a. For planned or unplanned changes that impact the organization, describe the strategies the **nursing leadership** team uses to facilitate **direct care nursing staff's** continued involvement in the **shared decision-making structure** ==described in the organizational overview==.
Page 60 Broken link in TIP for EOPs LTC	**TIP**: More information can be found in the ANA Position Statement on Incivility, Bullying, and Workplace Violence: ~~https://www.nursingworld.org/practice-policy/nursing-excellence/official-~~	**TIP**: More information can be found in the ANA Position Statement on Incivility, Bullying, and Workplace Violence: https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-

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3.3 & LTC 3.4.	~~positionstatements/id/incivility-bullyingand-workplaceviolence/.~~	statements/id/incivility-bullying-and-workplace-violence/.
Page 62 Clarifying subject of the Description.	LTC-EOP 4.1 a.Describe how the **organization** engages **direct care nursing staff** to understand how the <mark>direct care nurse's</mark> own role and actions contribute to achieving the mission, vision, values, or goals of the organization.	LTC-EOP 4.1 a.Describe how the **organization** engages **direct care nursing staff** to understand how the <mark>direct care nursing staff member's</mark> own role and actions contribute to achieving the mission, vision, values, or goals of the organization.
Page 63 Tip added for LTC-EOP 4.3	New insertion	For LTC-EOP 4.3, descriptions of educational opportunities should describe offerings that provide education on components of the evidence-based practice processes (e.g., asking clinical questions, searching for evidence, appraising the evidence, implementing the evidence, evaluating/ monitoring the outcomes, and disseminating the findings to share learnings etc.).
Page 64 Grammatical edit.	LTC-EOP 4.9 Describe how the **organization** (1) promotes a **culture** of **diversity**, **equity**, **inclusion**, and **belonging** (DEIB) to optimize the nursing workforce and (2) <mark>how the organization</mark> assesses the effectiveness of associated strategies to promote DEIB.	LTC-EOP 4.9 Describe how the **organization** (1) promotes a **culture** of **diversity**, **equity**, **inclusion**, and **belonging** (DEIB) to optimize the nursing workforce and (2) assesses the effectiveness of associated strategies to promote DEIB.
Pages 66 New suggested resource.	LTC-EOP 5.1 Associated TIP, link from CDC no longer working.	LTC-EOP 5.1 **TIP**: For further information and evidence-based resources for mental health, visit

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		https://www.cdc.gov/niosh/newsroom/feature/health-worker-mental-health.html.
Page 66 Deletion from LTC-EOP 5.2 note.	**NOTE**: ~~Champion and collaborator level~~ organizational partners with Healthy Nurse, Healthy Nation may submit the first page of their individual HealthyNurse Survey report as sufficient evidence to meet EOP 5.2a in lieu of a description. This first page of the HealthyNurse Survey must include the name of your organization, ~~the dated time period of the data collected~~, as well as how many participants took the survey.	**NOTE**: Eligible organizational partners with Healthy Nurse, Healthy Nation may submit the first page of their individual HealthyNurse Survey report as sufficient evidence to meet LTC-EOP 5.2a in lieu of a description. This first page of the HealthyNurse Survey must include the name of your organization as well as how many participants took the survey.
Page 67 Replace entire EOP.	LTC-EOP 5.8 ~~Describe the support opportunities offered by the~~ **organization** ~~to address~~ **well-being** ~~of staff who have experienced an~~ **adverse situation** ~~that was work related~~.	LTC-EOP 5.8 Describe how the **organization** creates a culture where a **nursing staff** member feels safe to self-report a **medical error** in the workplace.
Page 68 Clarifying subject of Documented Evidence and Description.	LTC-EOP 6.1 a. Provide Documented Evidence that demonstrates how an orienting **direct care nursing staff** member identified the direct care nurse's own **orientation** need(s) on a **needs assessment tool**. **AND** b. Select one of the identified needs on the provided evidence submitted for LTC-EOP 6.1a and describe how the need was addressed to	LTC-EOP 6.1 a. Provide Documented Evidence that demonstrates how an orienting **direct care nursing staff** member identified the direct care nursing staff member's own **orientation** need(s) on a **needs assessment tool**. **AND** b. Select one of the identified needs on the provided evidence submitted for LTC-EOP 6.1a and describe how the need was addressed to individualize the direct care nursing staff member's orientation.

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	individualize the <mark>direct care nurse's</mark> orientation.	
Page 71 Clarifying required narrative author.	LTC-EOP 6.6 c. Provide a narrative written by a **nursing staff** member describing a specific mentor and how that relationship influenced the <mark>direct care nurse's</mark> professional growth. Include dates of the mentoring relationship within the required 36-month timeframe.	LTC-EOP 6.6 c. Provide a narrative written by a **nursing staff** member describing a specific mentor and how that relationship influenced the <mark>nursing staff member's</mark> professional growth. Include dates of the mentoring relationship within the required 36-month timeframe.
CHAPTER 6: PATHWAY TO EXCELLENCE SURVEY		
Page 73-76 Clarifying Eligible survey respondents for Acute Care and Long-Term Care applicants	All eligible respondents participating in the Pathway Survey must have worked at the applicant organization for more than 90 days.	All eligible respondents participating in the Pathway Survey must have worked at the applicant organization for more than 90 days <mark>within the last 12 months</mark>.
APPENDIX E		
Page 99 New insertion.	Inclusion of Direct Care Midwife responses in the Pathway Standards Document • Effective 2025, Direct Care Midwives* (DCM) may respond to up to six (6) of the 25 Elements of Performance (EOPs) that require a narrative or example from a nurse or direct care nurse (DCN).	

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Midwife:

For the purposes of Pathway, a *midwife* is a person:

- who has successfully completed a midwifery education [program] based on the International Confederation of Midwives (ICM) Essential Competencies
- 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" (ICM, 2017).

*Direct Care Midwife:

A direct care midwife is defined as a midwife whose primary responsibility is the provision of direct patient/resident care. Direct care may involve direct physical contact or care provided remotely. This includes midwives at every level who provide direct patient/resident care at least 50% of the time.

Elements of Performance (EOPs) that may have direct care midwife author (narratives) or subject (examples)		
Standard 1: *Shared Decision Making* 1.3 1.7b 1.8b	**Standard 2**: *Leadership* 2.7b 2.9b	**Standard 3**: *Safety* 3.1b 3.6b 3.10b
Standard 4: *Quality* 4.1b 4.5b 4.7b	**Standard 5**: *Well-Being* 5.7b 5.11b	**Standard 6**: *Professional Development* 6.3b 6.4b

Document Submission Requirement:

A table listing the EOPs with DCM responses is required and should be included in the Table of Contents.

General note: The Pathway manual will transition from using the term "non-nurse midwife (NNM)" to "midwife" and "direct care midwife (DCM)." Associated edits reflecting these changes can be found on pages 5, 17, 22, 27, 28, 74, 75, 106, and 116.

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GLOSSARY		
Pg 103	New insertion.	**direct care midwife** A direct care midwife is defined as a midwife whose primary responsibility is the provision of direct patient/resident care. Direct care may involve direct physical contact or care provided remotely. This includes midwives at every level who provide direct patient/resident care at least 50% of the time.
Pg 106 Remove **non-nurse midwife** definition and replace with **midwife** definition. (non-nurse midwife definition was on pg 104 in previous manual version)	~~non-nurse midwife~~ ~~For the purposes of Pathway, 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).~~	**midwife** For the purposes of Pathway, a *midwife* is a person: • who has successfully completed a midwifery education [program] based on the International Confederation of Midwives (ICM) Essential Competencies • who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; • who demonstrates competency in the practice of midwifery" (ICM, 2017).
Pg 107 Definition revised.	**nursing leadership** Includes nurse managers and senior nursing leadership (per the Pathway manual definitions).	**nursing leadership** Formal leadership roles such as nurse managers, nurse directors, senior nurse leaders, and chief nursing officers, as well as

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(nursing leadership definition was on pg 105 in previous manual version)		other administrative and specialized nursing positions with supervisory responsibility who are accountable for and evaluate the performance of a group of nurses and/or non-nursing staff.

General Note: The pagination for the glossary has been adjusted. Previously starting on page 99, it now begins on page 101 due to the insertion of a clarification earlier in the manual.

GENERAL
Please note a call-out box in the margin added to page 21 that reads: Misrepresentation related to copying information, such as examples and narratives, from another organization's documentation and placing in the applicant organization's documentation may lead to denial of the application at any point during the review process or whenever this information is discovered, including after the organization has been designated. Plagiarism and /or falsification of evidence may result in a sanction up to 2 years which would prohibit the organization from re-applying for that time period.

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