

Pathway to Excellence® Organizational Self Assessment

(Recommended prior to submitting a formal intent to apply for Pathway to Excellence)

The first step in pursuing recognition as a Pathway to Excellence healthcare organization is a Self-Assessment. The Self-Assessment must be deliberate and honest if it is to serve as an organizational measure of whether or not to pursue the Pathway to Excellence designation. This process requires an organization to compare itself against the compulsory elements of the Pathway to Excellence program to assess the organization's current state. Specific guidance on the Self-Assessment can be found in the 2012 Pathway to Excellence Application Manual.

1. Are all members of the nursing staff actively engaged in and aware of the Pathway to Excellence application?	Y	N
2. Are staff nurses involved in decision-making and all phases of projects that affect nursing, including quality processes?	Y	N
3. Is there evidence that a shared governance structure is in place that demonstrates shared decision-making?	Y	N
4. Is there a policy indicating that overtime is not mandatory for nursing staff, except in the event of a disaster.	Y	N
5. Do nurses use new knowledge and evidence-based findings to develop and implement initiatives that improve nursing practice?	Y	N
6. Is there substantive input by direct care nurses into daily and long- range staffing decisions, including the hiring of new nursing staff?	Y	N
7. Are protective security measures in place for patients and staff?*	Y	N
8. Are prevention measures in place to decrease injury, illness, and accidents?*	Y	N
9. Are nurses engaged in the decision-making process regarding safety strategies and product evaluation?	Y	N
10. Are employee support structures in place for reporting and addressing safety-related event at work?	Y	N
11. Are there systems in place that ensures nurses can report, without negative consequences, any concerns they may have about patient care and professional practice?	Y	N
12. Are there educational offerings provided to nurses about how to address patient care and professional practice concerns, excluding orientation?	Y	N
13. Does the organization monitor patient care and professional practice concerns for trends?	Y	N
14. Is there evidence of how preceptors individualize the orientation of a nurse using actual needs assessment data and is staffing adjusted to accommodate these needs?	Y	N
15. Are nurses evaluated and given feedback throughout the orientation process?	Y	N
16. Is there a process that prepares preceptors for their role?	Y	N
17. If nurses are assigned to an area other than their primary area, is there a process that identifies how nurses are deemed competent to work in variable practice settings?	Y	N
18. Does the CNO have a bachelors degree or higher in <i>nursing</i> (i.e. BSN, MSN, DNSc)	Y	N
19. Is the CNO visible and accessible to nurses at all levels?	Y	N

20. Is the CNO an effective advocate for direct care nurses and their patients?	Y	N
21. Is there an established performance evaluation process in place for the CNO that is based on predetermined outcomes measures?	Y	N
22. Is there evidence of a comprehensive staff development program in place that nurses use to enhance their knowledge, skills and provides advancement opportunities?	Y	N
23. Does the direct care nurse have input into the selection of educational offerings provided?	Y	N
24. Is there a mentoring program in place that helps nurses at all levels develop professionally?	Y	N
25. Does the organization evaluate compensation packages in the marketplace to ensure nurses are compensated fairly, equitably and competitively?	Y	N
26. Is there evidence of monetary or nonmonetary retention incentives received by direct care nurses?	Y	N
27. Is there evidence of how nurses are recognized for achieving quality outcomes or benchmarks?	Y	N
28. Is there evidence of recognition awarded by an external entity to the organization in which nursing was highlighted by the external entity?	Y	N
29. Are flexible staffing options provided for direct care nurses?	Y	N
30. Is there evidence of how the input of direct care nurses impact routine schedules?	Y	N
31. Are there programs and policies in place that reflect a commitment to a balanced lifestyle for employees?	Y	N
32. Does the organization promote and encourage self-care for nurses on the job?	Y	N
33. Are there education sessions that address how to facilitate communication or collaboration among employees?	Y	N
34. Are there nonretaliatory protections established for reporting and addressing disrespectful conduct, abuse or violence? Are established procedures utilized to constructively manage interdisciplinary conflict?	Y	N
35. Is there evidence that employees know how to access the non-retaliatory system in place for reporting disrespectful conduct?	Y	N
36. Is there a performance evaluation process in place for the nurse manager that is based on annual predetermined goals?	Y	N
37. Is the nurse manager an effective advocate for direct care nurses and their patients?	Y	N
38. Are nurse managers visible and accessible to the direct care nurses and other nursing staff?	Y	N
39. Is there evidence the organization implements quality initiatives based on internal or external benchmarks?	Y	N
40. Are direct care nurses provided multiple opportunities for participating in and learning about quality initiatives?	Y	N
41. Is there evidence that nurse representation on an interdisciplinary quality team influenced a quality initiative?	Y	N
42. Are research findings or evidence based practices systematically evaluated and implemented to improve patient care?	Y	N