Elite Learning Podcast

The Full Scope of Nurses' Work at the Bedside:
Measuring What Matters in Nursing Care

From invisible interventions to measurable outcomes—revealing the true impact of nursing care beyond traditional metrics!

⏱ Listen time: ~60 minutes • 👥 Audience: RNs, APRNs, nurse leaders, new grads, career changers • 🎧 Listen now: elitelearning.com/ce-podcasts

🧑‍⚕️ Featured Voices

Host: Dr. Candace Pierce, DNP, RN, CNE, COI
Faculty with Elite Learning by Colibri Healthcare, nurse educator, and advocate for nursing practice visibility

Guest: Kathleen Vollman, RN, MSN, CCNS
Critical care clinical nurse specialist, educator, and respected nursing leader with 45 years of experience

📖 What You'll Learn

- Why traditional nursing metrics focus on failures rather than successes
- The nine domains of nursing work that remain largely invisible in current measurement systems
- How adding just one patient to a nurse's workload increases mortality by 7% and burnout by 23%
- Why EHRs increase documentation time by 22-46%, pulling nurses away from direct patient care
- Strategies to redesign workflows and measurement systems to capture nursing's full value
- The importance of human factor design in creating efficient nursing environments
- How to flip the narrative from measuring failures to measuring successes

💡 Key Takeaways

- Nursing work is primarily measured by the **absence of harm** rather than the **presence of care**, creating an incomplete picture of nursing's value.
- The **Blueprint for Change** in acute and critical care nursing outlines nine domains where nursing work should be visible and measured:

  - Creating safe, healing environments
  - Building caring relationships with patients and families
  - Assessing and managing symptoms
  - Administering physical, therapeutic, preventative, and end-of-life care

- Surveillance and vigilance for patient risks
- Teaching patients and families
- Collaborating and coordinating with interprofessional teams
- Advocating for patient values and preferences
- Navigating patient care transitions

- **Micro-interventions** that nurses perform constantly—assessing emotional needs, evaluating mobility, providing comfort measures—are rarely documented but significantly impact patient outcomes.
- Current metrics focus on **negative outcomes** (falls, infections) rather than **positive achievements** (patients who reached mobility goals, successful symptom management, effective discharge preparation).
- **Human factor design** is essential for creating efficient nursing environments—from medication delivery systems to EHR interfaces that support rather than hinder nursing work.
- **Healthy work environments** featuring shared governance, clinical autonomy, trusted collaboration, respect, and continuous learning are necessary for staffing changes to be effective.
- The financial health of healthcare systems would improve by measuring and supporting the full scope of nursing work rather than viewing nursing as merely a labor burden.

☑ Do This Next

☐ Implement positive metrics that measure nursing success (e.g., percentage of high-risk patients who didn't develop pressure injuries)
☐ Redesign documentation systems to capture micro-interventions without increasing nurse workload
☐ Create unit-based dashboards that show nurses the positive impact of their care at the end of each shift
☐ Involve nurses in the design of new technologies, workflows, and physical environments
☐ Develop onboarding and annual refreshers that emphasize adaptive skills like communication and teamwork, not just technical skills
☐ Advocate for appropriate staffing levels based on evidence showing the relationship between nurse-patient ratios and mortality

🚨 Flipping the Narrative: From Negative to Positive Metrics

- Instead of measuring falls → Measure the percentage of patients who reached their mobility goals
- Instead of measuring failure to rescue → Measure time to recognition and response for deteriorating patients
- Instead of measuring call light response time → Ask patients "Did you feel cared for during your stay?"
- Instead of measuring pain documentation → Measure comfort and symptom relief
- Instead of measuring readmissions → Measure patient competence in self-care at discharge

🎓 Clinical Spotlight

Documentation Burden: EHRs increase documentation time by 22-46% compared to paper systems, pulling nurses away from direct patient care.

Staffing Impact: For each additional patient assigned to a nurse, surgical patients' 30-day mortality increases by 7% and nurses' burnout risk jumps by 23%.

Care Transitions: The sum of transfers and discharges on a unit can increase patient mortality risk by 4%, making proper staffing during high-turnover periods critical.

Anticipatory Nursing: Many life-saving nursing interventions are anticipatory actions that prevent complications but are rarely measured or documented.

Micro-Interventions: During routine care like bathing, nurses simultaneously assess skin integrity, evaluate mobility, build trust, and uncover critical information about patients' home situations.

💬 Conversation Starter

"If you could implement one change to make the full scope of nursing work visible and valued, what would it be—and why?"

Nurse Leaders: Consider implementing positive metrics on your unit that measure nursing success rather than failure. Start with one domain, such as mobility achievement or symptom management, and track improvements over time.