



Evaluate the Evidence Be Informed



Will a Union Improve Patient Care?

Union employees from other hospitals share their experiences with challenges to best practice.

- Hospital: The Brigham and Women's Hospital in Boston
- Experience:
 - Patients are kept longer in ICU because the hospital cannot adapt their step-down unit to improve patient flow and patient care.
 - "Changing your orientation process, creating an extra FTE for a swing shift Resource Nurse position, increasing acuity on your unit to offload the ICU more, and allowing IMC nurse to shadow ICU nurses to gain experience with more complex patients are all things the union would issue you a grievance for."

What We Know Hopkins Nurses Can Do Without a Union

- Units: CVSICU and CVPCU
- Project:
 - Use of literature to identify risk factors for "bounce back to the ICU"
 - Developed a risk scoring system and implemented a multi-disciplinary team to review re-admissions that involved staff from both units
 - Has already shown a reduction in readmissions to ICU and better patient outcomes.

Is it Worth the Risk?

- Union ideals may hinder best practice that affect patient care.
- Many nurses at Hopkins are here because of the impact they can make for our patients and the evidence we can provide for best practices for patients throughout the world.
- We know we can do this now because we are doing this. Is it worth the risk to our professionalism and the healthcare consumer to lose this?

Info Provided by: Tim Madeira, CRNP, APRN-CNS, Johns Hopkins CVCPCU

Information provided by: <http://StandWithHopkins.org>

