



THE Lamp LIGHTER

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Understanding Inpatient Rehabilitation Referral Criteria



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Director of Rehabilitation Services

Ensuring patients receive the appropriate level of post-hospital care is essential for optimal recovery. Methodist Hospitals' inpatient rehabilitation unit provides intensive therapy for patients who meet specific criteria.

Our nurses often play a key role in facilitating referrals and advocating for the best course of care.

Key Criteria for Inpatient Rehabilitation

To qualify for inpatient rehabilitation, patients must meet several essential criteria:

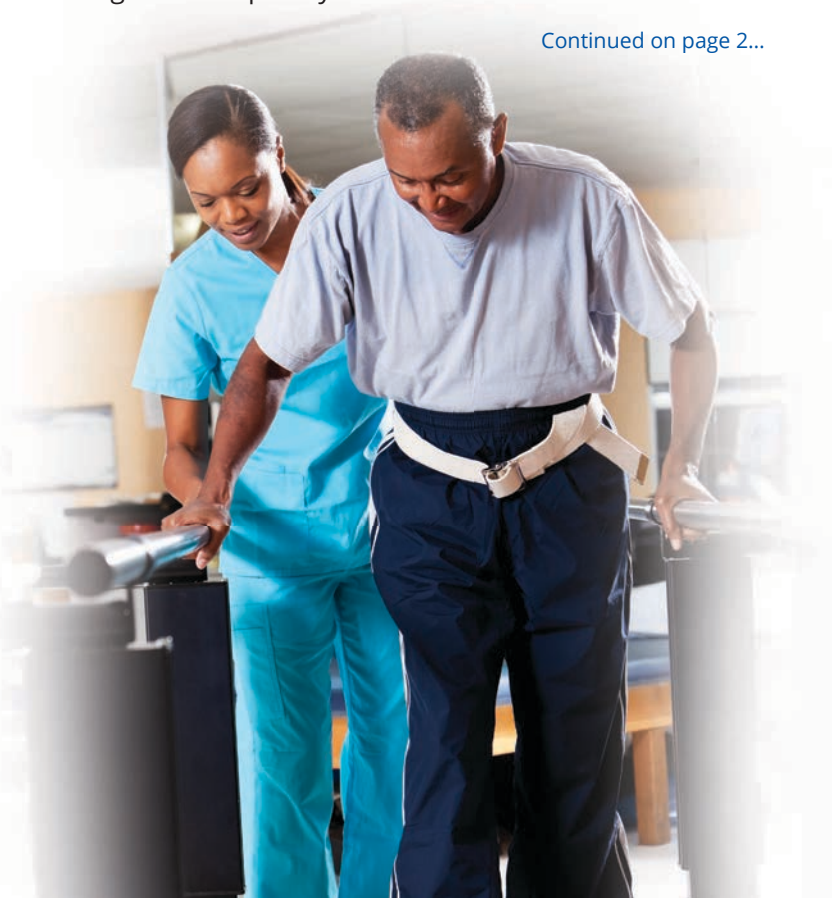
- **Medical Stability** – Patients must be medically stable before transitioning to inpatient rehab. If ongoing acute care is required, inpatient rehab is inappropriate.
- **Need for Intensive Rehabilitation** – Patients must require an interdisciplinary rehab approach, which includes at least two therapy disciplines among Physical Therapy, Occupational Therapy, or Speech Therapy.
- **Therapy Tolerance** – Patients must be able to participate in at least three hours of therapy per day, five days per week.
- **Daily Physician Management** – Patients require regular oversight by a rehabilitation physician to monitor progress and adjust treatment plans accordingly.
- **24-Hour Rehabilitation Nursing Care** – The patient must require around-the-clock nursing care specific to rehabilitation.
- **Potential for Measurable Improvement** – Patients must have the potential to make functional gains and progress toward returning to independent or assisted community living.

- **Defined Discharge Plan** – There must be a clear plan for patients' post-rehabilitation living arrangements. Patients cannot remain indefinitely in inpatient rehab.

While physicians and therapists determine inpatient rehabilitation eligibility, nurses can be instrumental in initiating discussions.

Nurses who believe a patient might benefit from inpatient rehab should consult the physical, occupational, or speech therapist involved in that patient's care or raise the topic during multidisciplinary rounds.

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Message from the CNO

I am incredibly proud to recognize and salute ten of our outstanding nurses who have been nominated by the community for The Times' annual Nurses: The Heart of Healthcare tribute. These Methodist Hospitals nursing colleagues have demonstrated exceptional dedication, compassion, and excellence in patient care, making a profound impact on the lives of their patients and coworkers.



Marla Hoyer-Lareau, RN, BSN, MHA, Senior Vice President, Chief Nursing and Operations Officer

Please join me in congratulating the following Methodist Hospitals nurses who have been selected for this honor:

- **Ricarda Aguirre, RN** – Float Pool
- **Julia Albrecht, RN** – Northlake Campus Emergency Department
- **Tiffany Bowling, RN** – Home Health Services
- **Natalie Castaneda, RN** – Southlake Campus 5W1
- **Traci Marshall, RN** – Southlake Campus Cardiac IMCU
- **Danielle Pangilinan, RN** – Northlake Campus Emergency Department
- **Valentine Sanchez, RN** – Northlake Campus 4 East
- **Stephanie Smith, RN** – Southlake Campus ICU
- **Dorothy Tolbert, RN** – Northlake Campus 2 West
- **Kelly Wieser, RN** – Southlake Campus Cardiac IMCU

To each of our nominees – congratulations! Your commitment to excellence and unwavering dedication to patient care embody the heart and soul of nursing. We are grateful for your contributions to Methodist Hospitals and the communities we serve.



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At the same time, it's important to remember that inpatient rehab is not a catch-all for patients needing extended care. Those who cannot tolerate intensive therapy or lack a discharge plan, another level of post-acute care may be more appropriate.

Common Disqualifiers for Inpatient Rehab

Patients who do not qualify for inpatient rehabilitation often present with one or more of the following factors:

- **Telemetry Needs** – The inpatient rehab unit does not provide continuous cardiac monitoring.
- **Severe Cognitive Impairment** – Patients with dementia who cannot retain or follow therapy instructions are not ideal candidates.
- **Ventilator Dependence** – Patients requiring ventilator support cannot be accommodated in inpatient rehab.
- **Inability to Participate in Therapy** – If a patient is unable or unwilling to engage in the required level of therapy, inpatient rehab is inappropriate.

Enhancing the Referral Process

Methodist Hospitals will soon introduce updated discharge recommendation language in EPIC to provide clearer guidance on therapy needs. Additionally, a clinical liaison regularly participates in multidisciplinary rounds to offer further insight into the rehab admission process.

By understanding these criteria and referral pathways, our nurses can help to ensure that only appropriate candidates are referred to inpatient rehabilitation, improving patient outcomes and maximizing hospital resources.



Over 200 Methodist Nurses are following the Methodist Hospitals Nursing Facebook page...

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We are well on our way on our Pathway to Excellence journey, which provides a framework for fostering a healthy and supportive workplace for Methodist Hospitals nurses.

There are six Pathway to Excellence standards, including Shared Decision-Making, Leadership, Safety, Quality, Well-being, and Professional Development. These pillars guide our efforts to enhance the nursing environment and elevate care quality. In this issue of *The Lamplighter*, we are spotlighting the Shared Decision-Making standard:

SHARED DECISION-MAKING

The **Pathway to Excellence Shared Decision-Making standard** is foundational to fostering a professional practice environment where collaborative input is prioritized. The standard examines how organizations promote interprofessional decision-making and prepare leadership to nurture a culture of mutual respect and shared accountability.

This standard encourages nursing teams to drive practice changes by critically evaluating technology and processes that enhance both the work environment and patient outcomes. Furthermore, it integrates community health by highlighting nursing contributions to public outreach and improved population health, while emphasizing the importance of recognizing and evaluating the wellbeing of direct care nurses.

Initiatives aimed at improving the practice environment are systematically reviewed for their effectiveness. In doing so, the standard supports a continuous cycle of improvement, ensuring that both clinical practice and organizational performance evolve in tandem with contemporary healthcare demands.

Stay tuned for more updates and opportunities to get involved as we work toward achieving excellence. And look for details on another standard in the next issue of *The Lamplighter*.

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We created a secure, online way for our nurses to receive Nursing Department communications, including the monthly editions of *The Lamplighter*, on their cell phones via text or via email to their personal email addresses.

Just scan this QR Code to fill out our simple sign-up form online.



**SIGN UP BY APRIL 30,
AND YOU'RE AUTOMATICALLY ENTERED
TO WIN A FREE APPLE WATCH!**

**We will award a new Apple Watch
to one lucky Methodist Hospitals nurse
during Nurses Week!**

Rest assured that your privacy and security are our top priorities, and your information will only be used for official departmental communications and will not be shared with anyone.



IT UPDATE

MyChart Bedside Now Includes Physician Notes

Starting March 4th, MyChart Bedside will now include physician notes, giving patients and their designated proxies real-time access to clinical documentation. This enhancement is part of our ongoing efforts to improve patient satisfaction, engagement, and communication throughout their hospital stay. Here's how it benefits nurses:

- **Enhances Patient Communication** – With access to physician notes, patients will have fewer questions about their care plan, leading to more meaningful and informed discussions.
- **Supports Patient Satisfaction** – Hospitals using MyChart Bedside have seen higher HCAHPS scores in areas like staff responsiveness, medication communication, and discharge education.
- **Reduces Documentation Gaps** – Patient-entered information in Bedside automatically syncs to their Epic chart, ensuring a more complete clinical picture.

Here's what Methodist Hospitals nurses need to know:

- The new physician note-sharing feature will be available in MyChart Bedside starting March 4.
- Patients and their family or caregivers with access can review notes to stay informed about care decisions.
- Encourage patients to use MyChart Bedside to access their records and communicate with their care team.

By helping patients leverage MyChart Bedside, we empower them to take a more active role in their care while enhancing the efficiency and clarity of nurse-patient communication.

SHARED GOVERNANCE UPDATE

The Med Surg and Critical Care Councils officially launched their first meetings in late February, marking an important step in strengthening nurse-led decision-making. A heartfelt thank-you to all the nurses who participated! During these initial sessions, council members reviewed their goals and objectives, ensuring a clear understanding of their purpose.

A key focus of those meetings was a Strengths, Weaknesses, Opportunities & Threats (SWOT) analysis, conducted by nurse managers to assess unit-specific challenges and opportunities. Nurses in attendance were invited to validate the findings and contribute their own insights. As a next step, each council will select a priority topic from the SWOT analysis to work on improving in future meetings.

The Shared Governance Leadership Council also convened in February, engaging in an in-depth discussion on workplace violence. Council members expressed a strong interest in understanding the prevalence and types of workplace violence affecting Methodist Hospitals nurses. In response, the hospital will conduct a policy review and collaborate with Security and Employee Health to assess reported incidents. Further discussions and action planning will take place at the March meeting.

Additionally, a previous request to reintroduce volunteers into the hospital has been forwarded to Administration for review, with Human Resources evaluating next steps. More updates on this initiative will be shared soon.

Shared Governance continues to serve as a platform for meaningful dialogue and action, ensuring that nurses have a voice in shaping their work environment. It's not too late for you to lend your voice. Contact Mary Jo Valentine at mvalentine@methodisthospitals.org to learn more.

