



# THE Lamp LIGHTER

Methodist Hospitals Nurse Newsletter • April 2025

## The Power of Early Patient Mobility: A Nurse-Driven Approach to Better Outcomes

By Leslie Buckner, PT, DHS, MPT, NCS, MBA, CSRS  
Director of Rehabilitation Services



For many hospitalized patients, prolonged bed rest might seem necessary for recovery. However, research shows that early and progressive mobility can significantly improve patient outcomes. Nurses play a key role in facilitating mobility, helping patients maintain strength, reduce complications, and shorten hospital stays.

Prolonged immobility increases the risk of pressure ulcers, pneumonia, blood clots, and muscle deconditioning. According to the *Journal of the American Geriatrics Society*, older adults can experience a noticeable decline in strength and functional independence after just 10 days of bed rest, often leading to longer hospital stays and post-acute rehabilitation.

Studies confirm that nurse-led mobility programs help reduce hospital stays. A Veterans Health Administration study found that patients in an early mobility protocol had an average stay reduced by two days compared to those who remained immobile.



### Nurses: The Key to Early Mobility

While physical and occupational therapists are essential, nurses can initiate movement without waiting for therapy orders. As one rehabilitation expert emphasized, “Mobility is everybody’s job.”

Simple interventions, such as encouraging patients to sit up for meals, walk to the bathroom, and perform range-of-motion exercises, can significantly impact recovery. Mobility should not be delegated solely to certified nursing assistants (CNAs) or therapy teams; it must be a shared responsibility among all healthcare providers.

### Overcoming Barriers

Despite its benefits, several challenges hinder patient mobility:

- **Fear of falls** – While fall prevention is crucial, immobilization can increase fall risk by contributing to muscle weakness and poor balance.
- **Time constraints** – Nurses have busy schedules, but incorporating mobility into routine care—like assisting a patient to sit up for meals—can be effective.

## Message from the CNO

As we approach Nurses Week 2025, you have the opportunity to honor the exceptional contributions of our colleagues through the annual Excellence Awards. These awards recognize individuals who exemplify outstanding clinical practice, positive attitudes, and unwavering commitment to professional nursing standards.



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

I encourage each of you to submit nominations for the following awards:

- **Nursing Excellence Award:** Celebrates nurses demonstrating excellence in clinical practice, serving as role models, and promoting professional nursing through the INURSE model.
- **Outstanding Caregiver Excellence Award:** Honors caregivers with positive attitudes, effective communication, and dedication to delivering high-quality patient care.
- **Friend of Nursing Award:** Acknowledges employees who consistently support and enhance the nursing practice at Methodist Hospitals.

Please submit your online nominations by Thursday, May 1, at 4pm. Detailed criteria and submission links are available at [MethodistHospitals.org/Nominations](https://MethodistHospitals.org/Nominations) or via the QR Code below. Let's take this opportunity to recognize and celebrate the remarkable efforts of our peers.

Thank you for your dedication to excellence in patient care.



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## The Power of Early Patient Mobility

- **Lack of standardized protocols** – Clear mobility guidelines empower nurses to assess patient safety. We will be using the Progressive Mobility Screening Tool here at Methodist to help with decision making for advancement of patient mobility.

### Creating a Culture of Mobility

Methodist Hospitals is committed to enhancing early mobility. A pilot program in select units reinforces the role of nurse-driven interventions, ensuring patients leave the hospital stronger than when they arrived.

To support these efforts, ongoing education and resources will be provided. Mobility champions—nurses trained in best practices—will lead the initiative, assisting colleagues in integrating movement into patient care.

Every nurse can positively impact patient recovery through mobility advocacy. Recognizing that movement is medicine, Methodist Hospitals' nursing staff can help reduce hospital-acquired complications, decrease length of stay, and improve overall well-being.

Next time you enter a patient's room, ask: "How can I help you move today?" The smallest steps can lead to big improvements in recovery.

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

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or search Facebook for  
@MHNursingCommunity





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 Quality standard:



## CARE PLANNING: A Critical Focus for Quality Patient Care

Following our most recent Joint Commission Survey, we received a citation for care planning—highlighting an area where improvement is needed. Ongoing audits have shown that opportunities remain to strengthen how we approach the care planning process.

Care planning should be a dynamic, patient-centered process that evolves throughout the hospital stay. Four key elements must be consistently addressed:

1. **Planning** based on assessments and diagnostic results.
2. **A written plan** that reflects the patient's specific goals, timeline, and services needed.
3. **Evaluation of progress** toward those goals.
4. **Revision** of the plan based on evolving patient needs.

For example, a patient admitted with new-onset diabetes must have care plan problems and goals specific to diabetes—such as learning to use an Accu-Chek or understanding insulin administration. Generic admission plans are not enough.

Goals must include **specific timelines** (e.g., “return demo within 48 hours”) rather than vague statements like “by discharge.” Progress notes should offer **clear evidence** of evaluation and adjustments.

Remember, the care plan is a **living document**—a real-time guide to each patient's individualized care. Let's commit to making it accurate, personalized, and up to standard.

### SHARED DECISION-MAKING

The final standard in our Lamplighter series on the Pathway to Excellence journey is **Quality**, which highlights how clinical nurses support the organization's mission, vision, and values through the delivery of high-quality care.

This standard emphasizes the importance of patient and family-centered care, with nurses actively promoting compassionate, collaborative, and evidence-based practices. Quality care is rooted in clinical decision-making that integrates scientific evidence, patient preferences, and nursing expertise to achieve optimal outcomes.

Nurses play a key role in identifying opportunities for improvement, leading initiatives that elevate care delivery, and advancing a culture of excellence. The standard also recognizes the vital role of community outreach in addressing health disparities and promoting better population health. Through your contributions, our nurses not only improve individual patient experiences but also help shape a healthier future for the Northwest Indiana communities Methodist Hospitals serves.

Stay tuned for more Pathways 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*.





**GET  
CONNECTED**  
for your chance to  
**WIN AN  
APPLE  
WATCH!**

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.

**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.



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

## **New Consent Forms Now in Effect — PLEASE DISCARD OLD VERSIONS —**

Methodist Hospitals has updated two important consent forms – the General Consent for Treatment and the Consent for Surgical, Special Diagnostic or Therapeutic Procedures. These revised documents are now available on PolicyStat under the “Hospital Legal Consent” policy and can also be ordered through the Media Center.

The General Consent includes new legally required language, while the Surgical Consent reflects updated CMS requirements. Changes include identifying practitioners (other than the surgeon) who may perform key tasks during a procedure, and documenting both the date and time the form is signed by the patient and the provider—before the procedure takes place.

Effective immediately, please begin using the updated forms and ensure *all previous versions are discarded*, including any laminated copies. Your attention to this change helps ensure legal compliance and patient safety across our campuses.

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## **Continuing the Momentum: Timely Transfers from ED to Inpatient Units**



Over the past year, Methodist Hospitals has made great strides in improving Emergency Department (ED) throughput—but our commitment to timely and safe patient transfers must remain strong. Promptly moving admitted patients out of the ED and into inpatient units helps reduce crowding and ensures they receive care in the most appropriate setting.

As a reminder, once a bed is assigned, the ED team should call the unit within 15 minutes for a verbal handoff, with a second attempt if necessary. If no contact is made, the patient should still be transported, and essential equipment needs must be communicated.

Receiving units are expected to complete peer-to-peer handoffs and ensure patient safety with timely assessments. Let's keep the momentum going by continuing to prioritize clear communication and collaboration. Together, we ensure every patient is transitioned efficiently—and safely—into their next level of care.

## SHARED GOVERNANCE UPDATE

The Shared Governance Med Surg, Critical Care, and Leadership Councils met in late March to share updates and drive improvements.

The Med Surg Council focused on quality initiatives, particularly fall prevention through strong communication and consistent implementation of the fall bundle. PACU highlighted best practices for safe patient transfers to inpatient units.

The Critical Care Council discussed onboarding strategies for new graduates, including the expanded use of simulation as a teaching tool. Additional topics included the hiring process for Resource staff and ensuring clinical competency. The Northlake ED introduced diagnosis-specific fact sheets to support ongoing staff education. In the Southlake ICU, nurses reaffirmed their commitment to reducing HAPI with two-person skin assessments at handoff and reducing Foley catheter usage. The OR recognized the success of its “surgery for students” program, which provides early exposure to surgical careers.

Several ad hoc project teams are being formed to enhance nurse residency, implement knowledge testing for Resource hires, and improve bedside shift reporting and handoff communication.

The Leadership Council also reviewed the peer review process, Nurses Week planning, and data on workplace violence, noting 27 staff visits to Employee Health in 2024 related to violent incidents.

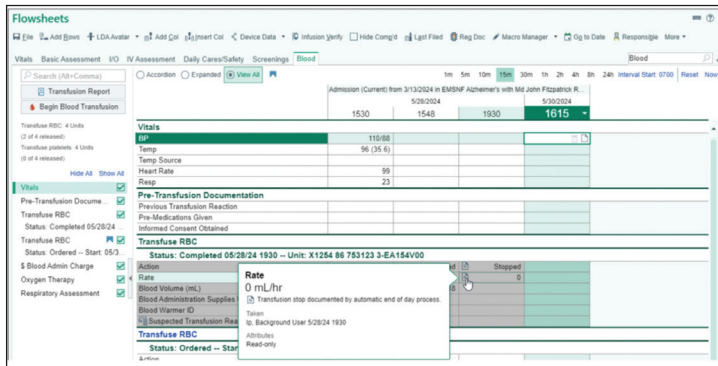
Interested in joining Shared Governance? Contact Mary Jo Valentine at [mvalentine@methodisthospitals.org](mailto:mvalentine@methodisthospitals.org) to get involved!



### IT UPDATE

## Epic Upgrade Brings Enhanced Documentation Features

On April 14, Methodist Hospitals successfully upgraded to the latest version of Epic. This upgrade includes several enhancements aimed at improving clinical documentation workflows.



One key change affects **blood transfusion documentation**:

- **Automatic Completion of Old Blood Transfusions:** Incomplete transfusion entries will now be hidden in flowsheets after 24 hours.
- **Important Reminder:** This feature does not replace the need for accurate and timely documentation. Be sure to document both the **stop time** and **volume infused** for each transfusion. Once both are entered, Epic will automatically complete the transfusion record within 24 hours.

For a full list of updates and detailed guidance, please refer to your Methodist email communications.



[www.methodisthospitals.org](http://www.methodisthospitals.org)