

THE Lamp LIGHTER

Methodist Hospitals Nurse Newsletter • Nov. 2025

Provision of Care Spotlight: RESTRAINTS

As Methodist Hospitals anticipates the upcoming Joint Commission survey, we are publishing a Lamplighter series focusing on various aspects of the provision of care. In this issue, we're spotlighting Restraints.

Restraints are sometimes necessary to protect a patient's safety and prevent harm, but their use must always be guided by the principles of compassion, clinical judgment, and compliance with Methodist Hospitals' policy and Joint Commission standards.

The decision to use restraints should never be taken lightly and must always follow careful assessment, consideration of alternatives, and clear documentation.

Assessment and Monitoring

According to hospital policy, patients in restraints must be assessed at least every two hours—or more often if their condition warrants. During each assessment, nurses must evaluate and document the patient's overall safety, physical and emotional well-being, skin integrity and circulation, toileting and fluid needs, nutrition status, range of motion, and whether the restraint remains appropriate. Documentation should reflect that less restrictive alternatives were considered and whether the restraint continues to be necessary.

Documentation Requirements

For non-violent, non-self-destructive behavior restraints, the following must always be documented:

- **Clinical justification** for restraint use, including specific patient behaviors.
- **Alternatives attempted** before restraint application.
- **Time-limited physician order**—entered daily and never written as PRN.

- **Ongoing assessments** every two hours, addressing all required parameters.
- **Plan of care** updated to include restraint use and any changes in patient condition.

Restraints must be discontinued at the earliest possible time once the patient's condition allows. Continuous observation, compassionate interaction, and clear communication with the patient and family are key to maintaining dignity and trust during restraint use.

EPIC Documentation

In EPIC, nurses should complete all relevant sections accurately and consistently. Each new restraint order—renewed every 24 hours—requires completion of four critical fields:

1. **Restraint Type**
2. **Justification**
3. **Restraint Order**
4. **Notification**

Search (Alt+Comma)	1800	2000	2200
Restraints:			
Restraints On?	Yes	Yes	Yes
Restraint Q2H Monitoring			
Visual Check	SD	SD	SD
Circulation	NS	NS	NS
Range of Motion	P	P	P
Fluids	N	N	N
Food/Meal	N	N	N
Elimination	AN	AN	AN
Less Restrictive Alternatives	Companionship...	Companionship...	Companionship...
Restraint Type (Document with each new order)			
Mitt Secured R			
Mitt Secured L			
R Wrist			Continued
L Wrist			Continued
R Ankle			
L Ankle			
Possey Belt			
Justification (only document with each new order)			
Clinical Justification			T, A, C
Restraint Order (only document with each new order)			
Length of Order			Daily
Order Upon Application			Yes
Notification (document with each new order)			
Person Notified of Restraint Use			O
Discontinuation Criteria Explai...		Yes (document i...	
Criteria Explained			Yes
Patient's/Other's Response			VU
Safety Measures Initiated			Yes

The Restraints section in EPIC.

Additionally, remember that non-behavioral restraints must be documented every two hours to ensure ongoing safety, compliance, and quality of care.

By adhering to these standards, Methodist nurses demonstrate the hospital's unwavering commitment to patient-centered, high-quality care that meets—and exceeds—Joint Commission expectations.

CNO MESSAGE:

The Importance of Natural Nails in Patient Safety

As nurses, our hands are two of our most important tools – and among the most common ways infections can spread if proper precautions aren't taken. That's why Methodist Hospitals strictly prohibits the wearing of artificial fingernails, overlays, or extensions while on duty.

This policy is not about appearance. It's about protecting our patients, our colleagues, and ourselves.

Research has shown that artificial nails, even when they appear clean, can harbor significantly higher levels of bacteria, especially beneath the nail surface, compared to natural nails. These microorganisms are difficult to remove with regular hand hygiene and can contribute to healthcare-associated infections (HAIs), particularly among vulnerable patients.

Adhering to this policy is a simple but powerful way to uphold our shared commitment to patient safety and quality care. Natural nails should be kept short, clean, and well-maintained. This helps ensure that hand hygiene practices are effective and that our patients receive the safest possible care.

Thank you for continuing to model professional standards and infection prevention practices that reflect Methodist's values and dedication to excellence. Every detail, even something as small as our nails, plays a part in keeping our patients safe.



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

IT UPDATE:

ROVER Brings Mobile Documentation to the Bedside

Methodist Hospitals is enhancing mobility and efficiency for nurses and clinical staff with ROVER, a mobile solution that allows users to review patient information, complete documentation, and perform key workflows directly from their mobile devices.

With ROVER, nurses can access the same patient record used in Hyperspace—updated in real time—whether they're at a workstation or on the move. This seamless connection ensures that every member of the care team is working from a single, accurate source of information.

Designed for today's fast-paced clinical environment, ROVER saves time by going wherever the caregiver goes, even in tight spaces where desktop workstations aren't practical. By bringing documentation closer to the point of care, it not only improves workflow but can also help increase satisfaction with the electronic health record system.

Recent updates make ROVER even more user-friendly. Nurses can now:

- **Adjust the display font size** to improve visibility and comfort.
- **Complete blood transfusion documentation**—including initiation, progress, and completion—all within the app.
- **Associate medical devices** directly through ROVER, simplifying setup and streamlining data integration.

As Methodist Hospitals continues to advance its technology infrastructure, ROVER represents another important step toward improving clinical efficiency and empowering staff with tools that support safe, high-quality care.



Nursing and Antibiotic Stewardship

By Cindy Conley, Pharm.D., Clinical Manager, Methodist Hospitals Inpatient Pharmacy



Antibiotic stewardship (AS) is defined as coordinated efforts across the healthcare spectrum to ensure antibiotics are used only when necessary and appropriate. This encompasses prescribing the correct dose for the right reason and for the recommended duration. AS has been

a national initiative since 2016. It is also listed in Joint Commission standards.

Physicians are of course involved because they are the prescribers. They either order antibiotics for a definite infection such as an infected foot or empirically where antibiotics are ordered while awaiting cultures results or clinical improvement. When entering antibiotic orders, as part of stewardship standards, a duration and a reason for the antibiotic must be included. Antibiotic orders are to be reviewed within 48 hours which is a time that most cultures have resulted. The goal is to discontinue any unnecessary antibiotics.

What part do nurses play in AS activities?

ADMISSION HISTORY: When admitting a patient, it is important to obtain a good medication history that includes any allergies, when last experienced and what adverse event occurred. An accurate height and weight should be documented because this information, combined with the patient's renal function, helps pharmacists verify correct dosing since most antibiotics are eliminated through the kidneys or require higher doses in obese patients.

ISOLATION: Making sure patients are in appropriate isolation based on their present condition or on their past medical history as well as following isolation instructions in terms of PPE/handwashing/using hand sanitizer between patients helps with controlling the spread of infection.

SPECIMEN COLLECTION: Collecting specimens in a timely manner can help to decrease length of antibiotic therapy. For example, MRSA nasal screening, which is done by a nasal swab, takes about 72 hours for results. If negative, this can mean it may be possible for the physician to discontinue vancomycin. Because of processing time, it is important to collect ASAP. Appropriate technique should

be followed for blood and urine specimen collection to avoid contamination which could result in unnecessary antimicrobials.

URINE CULTURES: A positive urine culture does not always need to be treated. The patient should be asked if he or she has any symptoms. Fever, dysuria, flank pain along with a positive culture would be associated with a Urinary tract infection. A positive culture and a lack of symptoms can be asymptomatic bacteriuria. It is important to share that information with the physician. Many of these patients do not need to be treated with antibiotics. If a urine culture comes back negative, it is possible to have the physician discontinue antibiotics if that was the only reason a patient was receiving. Reviewing the culture results can also tell the nurse if a new culture needs to be collected because it may not have been a good clean catch sample.

REMINDING THE PHYSICIAN: Reading a physician note can help as well. Is there a mention of the antibiotics in the prescriber's note? When the physician rounds, remind the physician what antibiotics the patient is receiving and how long the patient has been receiving.

TIMELY ADMINISTRATION OF ANTIBIOTICS: Especially with sepsis, it is important that the patient's first dose is hung as soon as possible. Trying to keep the other antibiotics as close to the schedule as possible can improve outcomes.

Overuse of antibiotics trains bacteria to develop mechanisms to become resistant. At Methodist, this is being seen with Piperacillin-tazobactam (Zosyn®). Excessive prescribing over the years has made many organisms less sensitive requiring either higher doses or use of an alternate antibiotic such as cefepime. Quinolones such as levofloxacin were the primary antibiotic used for UTI's. E. coli, one of the predominant urine microorganisms, became resistant to levofloxacin. Ceftriaxone is now used first-line because of this.

Nurses do play an important role in helping to reduce unnecessary antibiotic use. Teamwork is needed for a successful antibiotic stewardship program that can lead to decreased costs, improved patient outcomes and less antimicrobial resistance.

New Faces in SHARED GOVERNANCE

Shared Governance at Methodist Hospitals continues to grow stronger thanks to the nurses who are stepping forward to share their voices, ideas, and leadership. This month, we're spotlighting two colleagues who recently joined the Shared Governance effort. Their participation reflects a shared belief that every nurse has the power to make a meaningful impact on the practice environment and the quality of care we deliver.

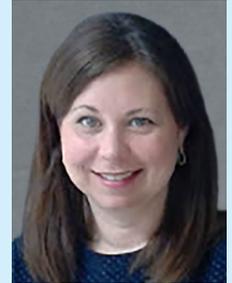
Dawn Rottstin, RN, BSN,

brings a wealth of experience to her role in the Cardiac Cath Lab at both Methodist Hospitals' Northlake and Southlake campuses. Having previously served in the Ascension, Advocate, and Endeavor Health systems, she offers a broad perspective on patient care and team collaboration. Compassionate, dedicated, and eager to serve, Dawn says her goal is always to make a positive difference in the lives of her patients. Through her participation in Shared Governance, she hopes to help strengthen education and support for bedside nurses. "If we're not teaching our nurses," she says, "how are they learning?"



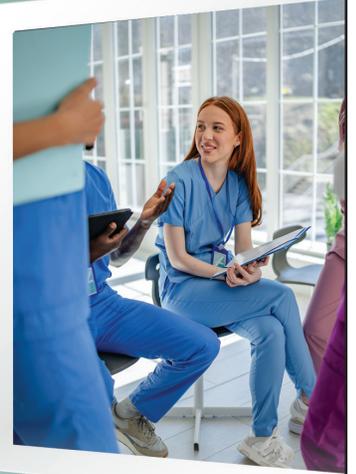
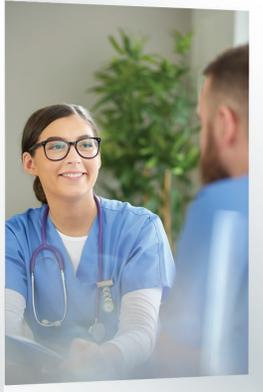
Megan Tyson, RN,

recently joined the Neuroscience Infusion Center at Methodist Hospitals, bringing more than 23 years of nursing experience. A Navy veteran, she served in Portsmouth, VA, and Okinawa, Japan, before continuing her career at Advocate Christ Medical Center and Franciscan Health Crown Point. Megan says she treats every patient the way she would want to be treated—recognizing each person's unique needs. She was motivated to participate in Shared Governance because she's eager to help make Methodist a great place to work and receive care, while learning more about the hospital, her coworkers, and opportunities for improvement.



If you are interested in making your voice heard and contributing to meaningful change within our nursing community, consider joining Shared Governance. It's a great opportunity to collaborate with fellow nurses, share ideas, and help shape the future of nursing at Methodist Hospitals. For more information or to get involved, please contact Mary Jo Valentine at mvalentine@methodisthospitals.org.





From Student to **NURSE** NETWORKING EVENT

**THURSDAY
NOV. 6, 4-6PM**

**Cooper's Hawk Winery & Restaurant
2120 Southlake Mall, Merrillville**



**We can't wait
to meet you!**

To register, scan the
QR code, visit

MethodistHospitals.org/NurseGrads

or call 888-909-3627

Join Methodist Hospitals nursing leaders as we congratulate you on your upcoming graduation.

- Learn about Methodist Hospitals career opportunities
- Still a nursing student? Extern positions available
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 - Life-Work Balance Options
 - Shared Governance
 - Tuition Reimbursement
 - Clinical Ladder Bonuses
 - Methodist compensation & benefit packages

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NURSE
EXTERN
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**DELICIOUS
hors d'oeuvres
& refreshments**