

THE lamp LIGHTER

Methodist Hospitals Nurse Newsletter • April 2026

TEAMWORK

Drives Joint Commission Survey Completion

Methodist Hospitals recently completed its Joint Commission survey, marking an important milestone and an opportunity to recognize the dedication and teamwork demonstrated across the organization. From preparation to execution, staff at every level played a vital role in supporting the survey process and ensuring surveyors had what they needed.

“This was truly a team effort,” said Dena McCormick, Assistant Vice President, Regulatory and Corporate Compliance. “Anyone who prepared for the survey, participated in it, or helped provide documentation contributed to our success.”

The survey included both hospital campuses and off-site locations, making it one of the most comprehensive reviews to date. Despite the scope and complexity, Methodist performed well overall, with findings consistent with what is typically seen during surveys of this size. McCormick emphasized that receiving some findings – particularly in areas like physical environment and infection control – is common and expected, and our results were in line with national trends.

Importantly, the survey highlighted many strengths, including strong collaboration, responsiveness, and the ability to quickly provide requested information. The transition to electronic document submission was also a success, demonstrating adaptability and efficiency across Methodist departments.

As part of the next phase, teams are already working to implement action plans and reinforce best practices.



A follow-up survey is expected within 30 to 45 days after receipt of the final report. Leaders and staff will focus on sustaining improvements and maintaining a state of continuous readiness.

McCormick encouraged staff to view this as a forward-looking opportunity. “Let’s stay steady,” she said. “What we need to fix, we fix, we monitor, and we make it a permanent part of our work.”

Above all, this Joint Commission survey serves as a reminder of the commitment Methodist Hospitals nurses and staff bring to patient care every day. Your professionalism, teamwork and dedication continue to drive quality and safety across the organization.

“Let’s make these action plans count and commit to real, lasting improvements,” McCormick said. “When we get it right and keep it going, it becomes part of who we are, and something we don’t have to worry about again.”

CNO MESSAGE:

You Rose to the Occasion...Again

Over the past several months, and especially during the recent visit by The Joint Commission, I have been continually impressed by the professionalism, preparation and teamwork demonstrated across our nursing teams. The Joint Commission survey is a rigorous and comprehensive process, and it touches every aspect of patient care, from documentation and safety practices to communication and the environment of care.



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

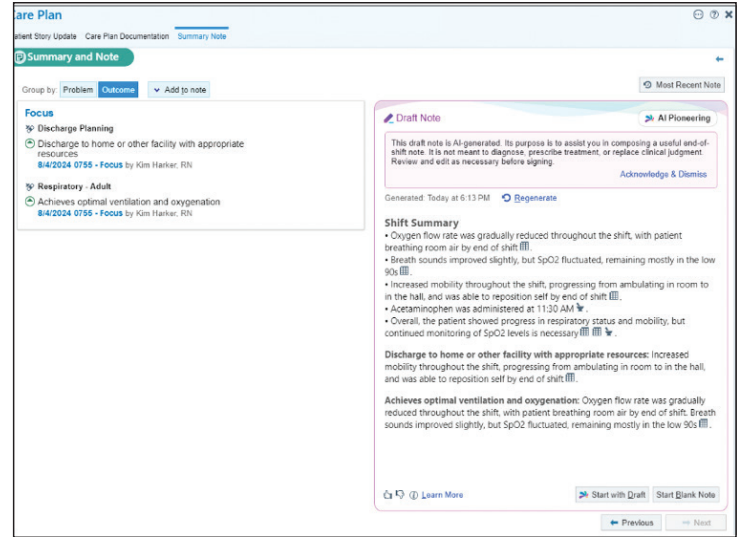
Because of you, our patients continued to receive safe, compassionate, high-quality care in advance of, and throughout the survey. Whether you participated in mock tracers, supported your colleagues, answered surveyor questions or simply showed up each day ready to deliver excellent care, your efforts did not go unnoticed.

I recognize that preparing for and participating in a survey of this magnitude can be stressful. Yet, time and again, you rose to the occasion with confidence, professionalism and a shared commitment to doing what is right for our patients.

Thank you for your dedication, your resilience and your unwavering focus on excellence. I am incredibly proud of this team and I am grateful for the role each of you plays in advancing the mission of Methodist Hospitals.

IT UPDATE:

End-of-Shift Care Plan Notes

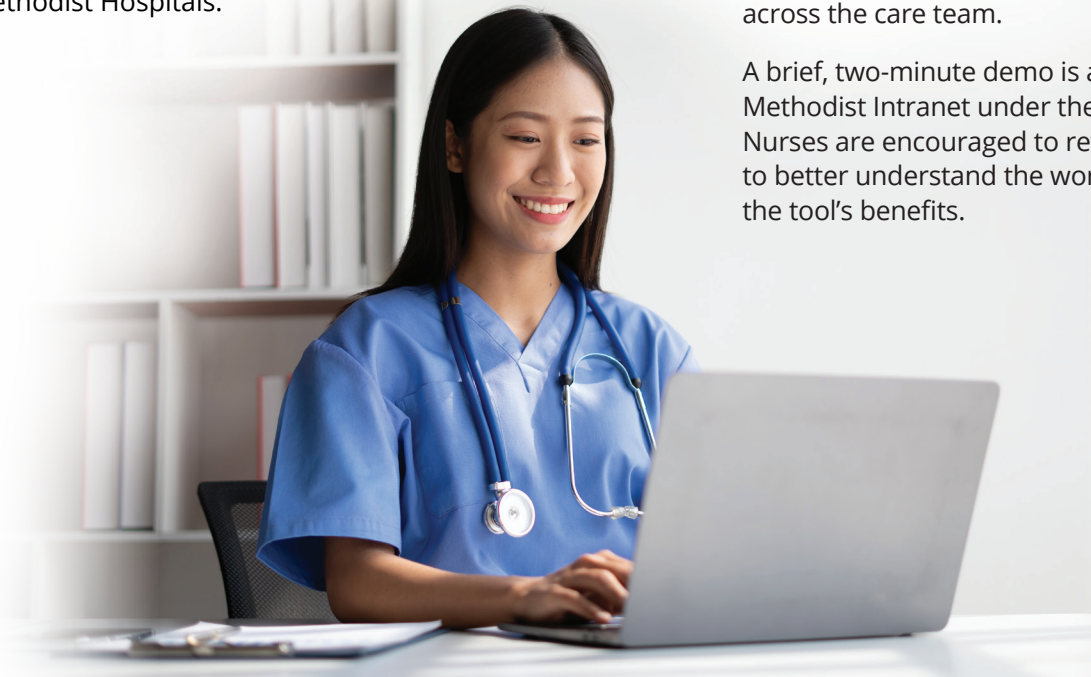


Methodist Hospitals is introducing a new tool designed to streamline nursing documentation and save valuable time at the end of each shift. Using generative AI, the End-of-Shift Care Plan Note feature creates a draft summary based on information already documented in the patient's chart, including progress toward care goals.

Nurses can review the suggested content, edit as needed, and choose to use the draft as a starting point—or create a note from scratch if preferred. This functionality helps ensure documentation is both efficient and appropriately detailed.

Early feedback has been positive, with nurses noting time savings and improved shift summaries, and providers appreciating the clear, concise overview of patient care. The inclusion of goal progress summaries also supports better communication and continuity across the care team.

A brief, two-minute demo is available on the Methodist Intranet under the Epic e-learning portal. Nurses are encouraged to review this quick refresher to better understand the workflow and maximize the tool's benefits.




CLINICAL LADDER IN ACTION: Spotlight on 2025 Exemplar Submissions

At Methodist Hospitals, the Clinical Ladder program is more than a professional development pathway. It's a reflection of who we are as nurses. It highlights leadership at the bedside, engagement in the community, commitment to evidence-based practice and dedication to advancing our profession.

In this Lamplighter feature series, we're spotlighting select Clinical Ladder exemplars submitted in 2025. These narratives demonstrate how Methodist nurses extend their impact beyond daily patient care to promote health, education, safety and connection throughout Northwest Indiana.

This month, we feature Alyssa Sharp, RN, of Southlake Endoscopy. Her exemplar captures the spirit of community-based nursing and health promotion:



Amy's work is a powerful example of how Clinical Ladder participation recognizes professional growth, initiative, and leadership in action. Whether you are mentoring colleagues, leading quality improvements, participating in community outreach, or advancing your education, your contributions matter.

*The Methodist Hospitals Clinical Ladder program offers monetary awards ranging from **\$1,500 to \$3,500**, along with the professional distinction of demonstrating excellence in nursing practice.*

If you're ready to advance your career and make an impact, contact Mary Jo Valentine for more information at mvalentine@methodisthospitals.org. Don't miss this chance to grow professionally and contribute to our mission of excellence.

Quality Exemplar *By Amy Kersey, RN | Southlake ICU*

On February 14, 2025, I responded to an RRT called on 3W3. When I arrived to the unit, the patient was found in the bathroom, slumped over on the toilet. The patient was actively hemorrhaging from a vulvar mass. She was lethargic and hypotensive. I was able to stabilize her blood pressure with levophed and blood products.

We transferred her down to ICU where I assumed care for her. I held manual pressure on the mass and started talking with the patient. She kept asking for me to help her. She expressed how the bleeding had prevented her from living her life. She was frequently visiting the ER due to the bleeding and she felt that she was missing out on her kid's lives. All she wanted was to be able to go home and spend time with them. After hemostasis was achieved, I immediately reached out to the gynecologist. He expressed that he was unable to provide any surgical intervention because the mass had grown too large and the patient was non-compliant with her previous treatment plan.

General surgery was consulted and immediately came bedside to see the patient. They said the same thing. The mass was too large and vascular now so they were unable to operate. I reached out to the primary physician to see if tertiary care was an option for the patient but when they conversed with the oncologist, it was decided that a tertiary center would not be able to provide her with anything more. Every time I updated the patient on what the physician said, you could see the disappointment in her face.

Finally, her primary physician consulted IR. I called the IR doctor and updated him on the patient. The bleeding had stabilized, her vitals were stable without vasopressor support and the patient overall felt better. The IR physician stated he would look into her chart and call me back. Meanwhile, I gave the patient a CHG bath in preparation and changed her sheets. Almost, immediately after, the patient put on her call light because she felt the tumor was bleeding again and it was, so I held manual pressure again until the bleeding was controlled. IR called back. I updated them on the patient and made them aware that the patient bled again. I informed them that I felt the bleeding occurred more often when the patient was moving or lying on her back.

The IR doctor verbalized that he thought the patient could temporarily benefit from an embolization but he was very hesitant to proceed because he was afraid the mass would hemorrhage during the procedure and they would not be able to stop it while the patient was supine with an arterial access in. I offered to accompany the patient to cath lab and be available to hold pressure if the patient were to bleed again, but he remained hesitant because the patient would have to be supine for the procedure and the position seemed to trigger bleeding. I offered to trial placing the patient supine to see if I could reach the location of the mass that kept bleeding. The IR doctor was agreeable. I trialed it and was confident I could control her bleeding while she remained supine. I called IR doctor and he was comfortable with that plan and agreed to do the procedure with the stipulation that I remain with the patient the entire time.

I accompanied the patient to the procedure and remained in cath lab with them the entire time. The IR doctor was able to successfully perform an embolization to the arteries feeding the tumor. The bleeding stopped and the patient was able to be discharged home to her family 4 days later. Thankfully, the patient did not hemorrhage on the cath lab table so my assistance wasn't needed during the procedure.

NURSES WEEK 2026:

Let's Celebrate Those Who Make a Difference

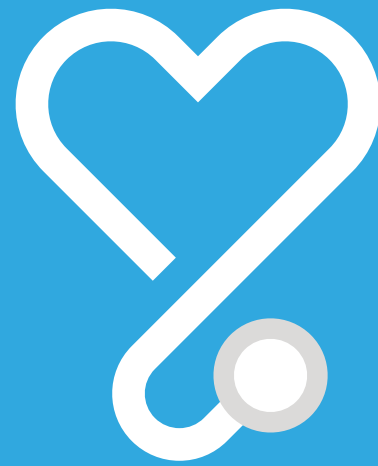
As Nurses Week 2026 approaches, Methodist Hospitals invites team members to recognize the exceptional contributions of their colleagues through the annual Excellence Awards. These honors celebrate individuals who demonstrate outstanding clinical practice, positive attitudes, and a steadfast commitment to professional nursing standards.

Staff are encouraged to submit nominations in the following categories:

- **Nursing Excellence Award:** Recognizes nurses who exemplify clinical excellence, serve as role models, and advance professional nursing practice through the INURSE model.
- **Outstanding Caregiver Excellence Award:** Honors caregivers who demonstrate compassion, strong communication, and a commitment to high-quality patient care.
- **Friend of Nursing Award:** Acknowledges employees who consistently support and strengthen nursing practice across the organization.

Nominations must be submitted online by Friday, April 24, at 4 p.m. Full details and submission links are available at MethodistHospitals.org/Nominations or via the QR code below.

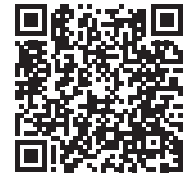
This is a meaningful way to honor those whose dedication make a difference every day as we strive to deliver exceptional patient care.



Be a Voice for NURSING

Help shape practice, elevate quality, and strengthen your profession at Methodist Hospitals through Shared Governance.

Scan the QR code to get involved and join a council today!



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