METHODIST HOSPITALS

THE lamp LIGHTER

Methodist Hospitals Nurse Newsletter • July 2026

Medication Safety Starts with Every Schedule II Dose

Florence Garza, PharmD

When it comes to Schedule II medications, careful handling isn't just a regulatory requirement, it's an important safeguard for patients, nurses and the organization.

Because of the risks for abuse of Schedule II medications, every dose removed from an Omnicell automated dispensing cabinet, administered, wasted or returned must be accurately documented and fully accounted for.

According to Florence Garza, PharmD, Associate Director of Pharmacy at Methodist Hospitals, maintaining that chain of accountability is among the most effective ways nurses can protect both their patients and themselves.

"Be very diligent when it comes to narcotics," Florence said. "Always protect yourself. Documentation is key."

Every transaction involving Schedule II medications should match the medication administration record. If only part of a dose is administered, the remaining medication must be properly wasted and documented with a witness. Likewise, unopened medications that are no longer needed should be returned through the designated Omnicell return process...not left on counters or at nursing stations.

“Unsecured controlled substances and documentation discrepancies are among the most common medication safety issues the Pharmacy Department faces,” Florence said. “Even something as simple as an inaccurate count can trigger an investigation to ensure compliance with federal regulations.”

Fortunately, nurses aren't expected to solve those investigations themselves.

"If there's ever any question or concern, always feel free to contact us," Florence said. "Pharmacy is here to help with any type of medication questions. We want to work together to make sure that we are in accordance with laws and regulations."

If a discrepancy is discovered, nurses should immediately verify the count with a witness and notify Pharmacy. The Pharmacy team will investigate the issue and trace the medication history, allowing nurses to focus on accurate reporting rather than detective work.

The bottom line is simple: secure medications, document every step, reconcile every dose and ask questions whenever something doesn't seem right. Careful documentation doesn't just support patient safety. It also protects our nurses.

If you are ever uncertain about the handling, documentation, wasting or return of a Schedule II medication, don't hesitate to contact the Pharmacy Department. Pharmacy staff are available 24/7 through Epic Secure Chat or by calling the Northlake or Southlake pharmacy.

CNO MESSAGE:

Saluting Units Advancing Quality Through Teamwork

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

As we enter the second half of the year, I want to thank each of you for the extraordinary commitment you demonstrate every day. The care, compassion, and professionalism you bring to our patients and to one another continue to make a meaningful difference across Methodist Hospitals.

I am especially proud to recognize several units that have achieved outstanding quality outcomes. Congratulations to 2W, 2W3, 3W2, 4E, 4W, 5S, 5W1, 5W2, and Northlake ICU for maintaining zero CLABSIs. Special recognition also goes to 4E, 5S, and 5W2 for reporting zero C. diff infections.

Several teams continue to excel in preventing catheter-associated urinary tract infections. Congratulations to 2W3, 3W2, 3W3, 4E, Southlake ICU, 4W, 4W3, 5S, Northlake ICU, 5W1, 5W2, and Neuro ICU for achieving zero CAUTIs. In addition, 4E and Rehabilitation deserve recognition for reporting zero hospital-acquired pressure injuries.

Among these outstanding performers, 4 East deserves special acknowledgment for achieving exceptional results across every quality category. Congratulations as well to 3W2 and 5W1, whose strong performance and continued improvement reflect the dedication of their teams.

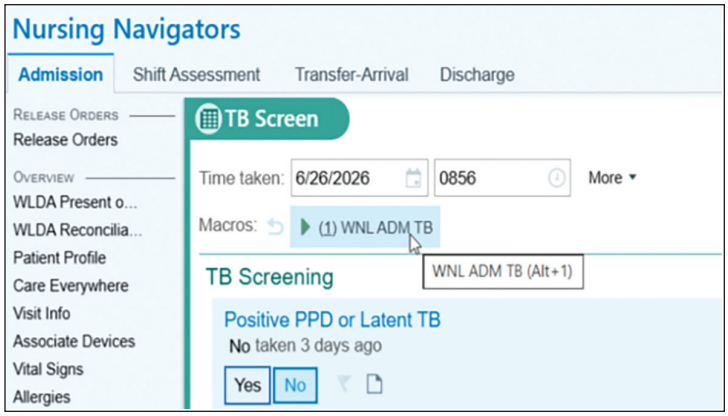
While we have much to celebrate, we also recognize that May presented challenges in both quality outcomes and length of stay. These measures are closely connected and remind us that maintaining excellence requires constant vigilance and continuous improvement. To better understand opportunities for improvement, nursing leadership is meeting with units experiencing quality fallouts to review scorecards, to discuss challenges and to identify solutions that will help us finish the year strong.

Please continue posting your updated scorecards on your quality boards so we can track progress, share successes and learn from one another.

Thank you again for your dedication to safe, high-quality patient care. Together, we can build on these achievements and make the remainder of 2026 our strongest yet.

IT UPDATE:

Epic Macro Refresher: Save Time with Smart Documentation



Need a quick reminder about one of Epic's built-in time savers? Epic macros can help you complete documentation more efficiently while reducing repetitive clicks and typing.

Flowsheet macros are pre-built templates that automatically populate commonly documented information. Rather than entering the same routine assessment details repeatedly, you can insert predefined responses with just a click.

At Methodist Hospitals, macros are already available during admission assessments, including:

- TB Screening
- ADL Screening
- Nutrition (MST)

Simply hover over a macro to preview its default responses. If the suggested documentation matches your assessment, click the green button to file the information.

Did you know you can also create and share your own macros? Sharing useful macros with colleagues helps standardize documentation and makes everyone's workflow more efficient.

If you'd like to dive deeper into using or creating Epic macros, visit the Epic Tip Sheets on your Rocket page. Select Inpatient Nursing and choose the appropriate Epic Macro tip sheet for step-by-step guidance.

A few clicks saved throughout the day can add up to more time focused on what matters most to you... your patients.

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 2025 Clinical Ladder submissions. They 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 John Coates, RN, of the Northlake OR. His quality improvement project reflects the dedication, collaboration and sustained effort required to drive meaningful improvements in patient care and clinical practice:

Improving our Day-of-Surgery Cancellations

By John Coates, RN | Northlake Operating Room

Reducing day-of-surgery cancellations is critical both financially and operationally because last-minute cancellations waste valuable operating, room time, staff resources, and expensive surgical supplies that are often, prepared in advance and cannot be reused. Cancellations also disrupt patient flow, leading to idle time for surgeons, anesthesiologists and nurses, while limiting opportunities to schedule other patients who could have benefitted from that time slot. This inefficiency reduces hospital revenue, increases overtime and staffing costs, and contributes to longer wait times for patients. By minimizing cancellations, surgery teams can maximize operating room utilization, control costs, improve patient satisfaction and ensure smoother, more predictable surgical schedules.

Some of the measures we have put into place to reduce our day of surgery cancellations are:

- Preoperative Screening and Optimization: Conduct thorough preop assessments to identify and address medical issues, missing labs, or clearances well before surgery.
- Clear Patient Communication and Education: Give patients clear instructions on fasting, medications, and arrival times, reinforced with reminder calls or texts.
- Pre-surgery Verification Process: Use a standardized readiness checklist and confirm all logistics within 24-48 hours of surgery to prevent last-minute cancellations.

GOAL

Day of Surgery cancellation rate of 3% or less

IMPACT

Our measures have improved our Day of Surgery Cancellations from 15% in January 2025 to 2% in June 2025 (see tables).

NEXT STEPS

- Track and Share Metrics: Regularly monitor cancellation rates, identify remaining causes and share results with surgical teams to maintain accountability and celebrate progress.
- Standardize Best Practices: Take the strategies that worked and formalize them into policies, workflows, or checklists so they become part of daily practice.
- Expand Patient Engagement: Build on success by enhancing preop education.
- Continuous Feedback Loop: Gather feedback from staff and patients on barriers that still exist and adjust processes accordingly.
- Benchmark and Set New Goals: Compare performance against national or peer benchmarks and set realistic stretch goals to keep the momentum going.

Action Plan: Cancellation Rate 2024												
Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
% Result	**20%**	**16%**	**14%**	**12%**	**8%**	**5%**	**15%**	**16%**	**14%**	**3%**	**9%**	**12%**
% Target	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%

BASELINE: Cancellation rate is important for planning for staffing and efficiency of the department. Target is 3%. Started January at 20%.

STUDY: Run cancellation report to see reasons for cancellations. Target those reasons when making plan.

DO: Make sure anesthesia is reviewing charts of patients to identify further evaluation needed prior to day of surgery to avoid cancellations. Assure the PAT/holding room nurses are reviewing to make sure patient has gotten any needed lab work or clearances prior to the day of surgery.

STUDY: Continue to monitor monthly including running EPIC cancellation report.

ACT: The plan will change monthly based on the report and reasons identified for cancellations. Look for improvement in cancellations for the reasons team is currently working on.

Action Plan: Cancellation Rate 2025												
Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
% Result	**15%**	**12%**	**5%**	**6%**	**11%**	**2%**						
% Target	3%	3%	3%	3%	3%	3%						

BASELINE: Cancellation rate is important for planning for staffing and efficiency of the department. Target is 3%. Started January at 15%.

STUDY: Run cancellation report to see reasons for cancellations. Target those reasons when making plan.

DO:

- Preoperative Screening and Optimization: Conduct thorough pre-op assessments to identify and address medical issues, missing labs, or clearances well before surgery.
- Clear Patient Communication and Education: Give patients clear instructions on fasting, medications, and arrival times, reinforced with reminder calls or texts.
- Pre-surgery Verification Process: Use a standardized readiness checklist and confirm all logistics within 24-48 hours of surgery to prevent last-minute cancellations.

STUDY: Continue to monitor monthly including running EPIC cancellation report.

ACT: The plan will change monthly based on the report and reasons identified for cancellations. Look for improvement in cancellations for the reasons team is currently working on.

John'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.*

New Epic Fall Log Now Supports Standardized Fall Documentation

Methodist Hospitals has implemented a new Epic Fall Log to standardize post-fall documentation and strengthen our culture of patient safety. Effective July 1, the Fall Log replaced the previous Post Fall Huddle Form and provides a streamlined workflow for documenting every patient fall.

Following a patient fall, nurses should complete the following documentation in Epic:

- Perform and document a comprehensive head-to-toe assessment.
- Obtain and document a full set of vital signs.
- Complete all required communication documentation.
- Complete the new Epic Fall Log.
- Perform a new fall risk assessment.
- Review, update, and document all fall prevention measures in Epic Daily Cares.
- Document increased rounding and any additional fall prevention interventions.
- Update the patient's care plan to reflect current fall risk and prevention strategies.

As a reminder, fall risk assessments, prevention measures and ongoing documentation remain required throughout the patient's stay, beginning in the Emergency Department and continuing according to hospital policy. Also remember not to mention the creation of an Event Report or Verge Report anywhere in the patient's medical record.

Methodist Welcomes Two New Nurse Managers

Two accomplished nurse leaders have joined Methodist Hospitals in key management roles, bringing a shared passion for collaboration, staff development and exceptional patient care.

Milicia Castro, RN, BSN
Northlake 4 East and 5 South

Methodist Hospitals is pleased to welcome Milicia Castro, RN, BSN, as the new Nurse Manager of the Northlake Campus 4 East and 5 South Medical-Surgical units.

Castro's connection to Methodist Hospitals spans nearly her entire life. Born at Northlake Hospital, she first volunteered as a candy striper before later working as a phlebotomist, LPN, staff nurse, wound care specialist, house manager, and now nurse manager. Her career has taken her to several healthcare organizations, but Methodist has remained a constant.

"This is my building. This is my home," Castro said. "When you grow up and do better, you have to come back to ensure that the community does better as well."

As she begins leading the two units, Castro's priorities include strengthening staffing, supporting quality patient outcomes, and fostering a collaborative team culture. She describes her leadership style as relationship-focused and grounded in teamwork, trust, and shared goals.

"We can build this place up," she said, "but it's going to take a team."

Melissa Wilson, RN, BSN, MHA
Southlake 3W2 Med/Surg Orthopedics

Methodist Hospitals is pleased to welcome Melissa Wilson, RN, BSN, MHA, as the new Nurse Manager of the Southlake Campus 3W2 Medical-Surgical Orthopedics unit.

Wilson's nursing career has come full circle. She completed her nursing school capstone at Methodist Hospitals before beginning her career here in 2013. After gaining experience at healthcare organizations throughout Northwest Indiana and Illinois, she returned to Methodist in May and now steps into a leadership role she has long aspired to achieve.

"Being a nurse manager has been a goal of mine since I went back to school to complete my Master's degree," Wilson said.

As she begins leading the 3W2 team, Wilson's priorities include building strong relationships with staff, learning unit processes, and identifying opportunities for growth and improvement. She describes her leadership style as transparent, collaborative, and focused on teamwork.

"A hospital can't function with just individuals," she said. "It has to be a team effort."

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