



Northern Light Health Oracle Health (Cerner) Millennium EHR Updates

Week of August 7 – 13

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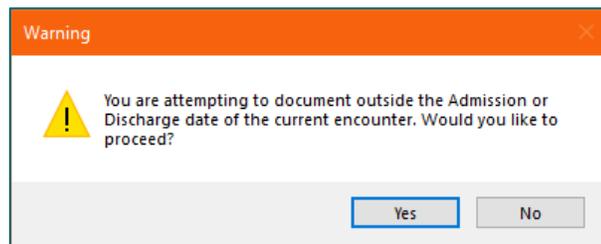
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Behavioral Health Staff

Ambulatory Only

Interactive View I&O Alert

WHAT: Performing documentation within Interactive View I&O, before or after the date and time of the patient’s encounter date and time will fire an alert to inform staff that they are documenting outside the admission and discharge date of the current encounter.



If documentation is still necessary:

- Review the date and time; if patient care being documented occurred at a different time than displays, update the date and time of the column.
- If the date and time is appropriate and is before or after the dates and times that display in the banner bar, click **Yes** and proceed to document.
- If more than one cell needs to be documented, double-click in the cell of the corresponding band to activate to get the alert once and not each time a cell is clicked.

	06/11/2025	
	15:40 EDT	11:41 EDT
▾ Caregiver Rounding	<input checked="" type="checkbox"/>	
Call Light & Personal Items Within Reach		
Bed/Personal Alarm On/Attached		

WHY: The alert was implemented with the Code Upgrade and is intended to reduce billing and insurance rejections.

WHEN: Effective Immediately

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)
 - Ambulatory/WIC
-

EHR Updates

Week of August 7 – 13

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Staff documenting in Interactive View I&O

Testing Not Performed (TNP) Results

WHAT: This is a reminder for clinical staff to check the comments on TNP results when reviewing a patient's lab order.

HOW: When results are returned as TNP from Quest, **review the lab result comment to determine clinical next steps.** Result comments can be viewed when endorsing results in Message Center and within the patient chart on the result details.

TNP examples:

- No sample received
- Sample received but not in time
- Wrong tube color
- Sample amount not enough
- Specimen not labeled
- Specimen not suitable
- Lab error
- Duplicate Test
- Cancelled per Client Request

NOTE: [Click here for more information on Reviewing Laboratory Results.](#)

WHEN: Effective Immediately

WHERE: The change will affect the following venue(s):

- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Hospitals

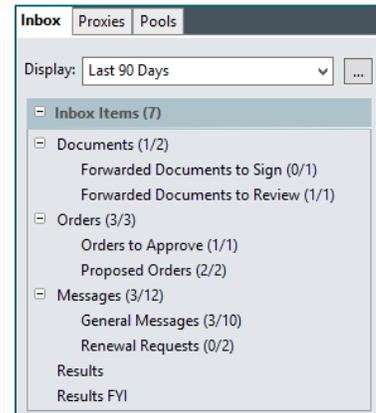
WHO: The change will affect the following staff at the above noted locations:

- Clinical Staff
 - Providers
-

Outside Lab Results

WHAT: Outside lab results are sent to the ordering provider as a scanned document and will flow to message center within the Documents section. This allows the document to have the action of review or sign, indicating the results have been seen.

In addition to the scanned document, outside labs are entered on the Outside Labs PowerForm and will display in the respective flowsheet(s).



HOW: Within message center, navigate to Forwarded Documents to Sign and Forwarded Documents to Review.

NOTE: Once outside results have been signed, view the results in the lab flowsheets or the scanned document. Results will only flow to the flowsheets if documented on the Outside Labs PowerForm.

WHEN: Effective Immediately

WHERE: The change will affect the following venue(s):

- Ambulatory

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Providers
-

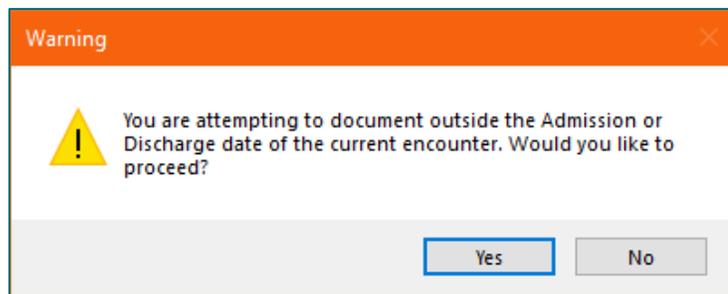
EHR Updates

Week of August 7 – 13

Inpatient Only

Interactive View I&O Alert

WHAT: Performing documentation within Interactive View I&O, before or after the date and time of the patient’s encounter date and time will fire an alert to inform staff that they are documenting outside the admission and discharge date of the current encounter.



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	06/11/2025	
	15:40 EDT	11:41 EDT
Caregiver Rounding	<input checked="" type="checkbox"/>	
Call Light & Personal Items Within Reach		
Bed/Personal Alarm On/Attached		

WHY: The alert was implemented with the Code Upgrade and is intended to reduce billing and insurance rejections.

WHEN: Effective Immediately

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)
 - Ambulatory/WIC
-

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Staff documenting in Interactive View I&O

Lacosamide IV Push – Order Comments Updates

WHAT: Lacosamide IV push orderable will be updated to include administration rate guidance in the order comments. These updates aim to provide clear instructions to nursing staff on how fast the medication should be administered intravenously.

Changes Include:

- Lacosamide 400 mg IV Push ONCE
 - **New Comment:** “Administer over 5 minutes”
- Lacosamide 200 mg IV Q12h
 - **New Comment:** “Administer no faster than 50 mg/min”
- New Order Sentence:
Lacosamide 100 mg IV Q12h
 - **New Comment:** “Administer no faster than 50 mg/min”

WHY: Currently, Lacosamide IV push orders do not include guidance on administration speed, which may lead to variability in practice and potential safety concerns.

Adding these comments ensures:

- Safe **and consistent administration** of Lacosamide IV push doses.
- Improved **clarity** for nursing staff.
- **Alignment with best practices** and manufacturer recommendations.

WHEN: Monday, August 11, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)
-

EHR Updates

Week of August 7 – 13

WHO: The change will affect the following staff at the above noted locations:

- Nursing
- Providers

Dietary Parameter Update

WHAT: Diet Parameters within the Diet Order will be updated to include **Pescatarian**.

The screenshot shows a web-based form titled "Details for Diet". The form has several tabs: "Details", "Order Comments", and "Diagnoses". The "Details" tab is active. The form contains various fields for diet orders, including:

- *Start Meal: Breakfast (dropdown)
- *Diet Type: Regular Diet (dropdown)
- Fluid Restriction: (dropdown)
- Disposable Tray: Yes No
- Advance End Diet: (dropdown)
- Between Meal Nourishment: (dropdown)
- Carbohydrates Permitted/meal: (dropdown)
- Dietary Protein: (dropdown)
- Dietary Phosphorus: (dropdown)
- *Order Start Date/Time: 07/28/2025 1317 EDT
- Dietary Parameters: **Pescatarian** (dropdown, highlighted with a red box)
- Diet Consistency: (dropdown)
- Advance As Tolerated: Yes No
- NPO Exception: (dropdown)
- Calories Permitted: (dropdown)
- Dietary Sodium: (dropdown)
- Dietary Potassium: (dropdown)
- Dietary Fortifier/Additive: (dropdown)

WHY: The update is being implemented to accommodate patient dietary preferences, such as a Regular diet with a Pescatarian option.

WHEN: Tuesday, August 12, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Nutritionists
 - Providers
-

Care Managers

Ambulatory

Digital Care – Post ER Follow-Up Outreach for ACO Patients

WHAT: In addition to email, ACO patients discharged from the Emergency Room with a cellular number on file will now be able to receive SMS text messages. The message will contain a link with a questionnaire to identify patients who want or need follow-up from Ambulatory Care Management.

Completed questionnaire responses will flow back to the Ambulatory Care Management Assistant pool if follow up is needed.

NOTE: A follow-up SMS text will be sent after 24 hours if the patient did not open original.

WHY: The generated SMS text with the embedded link will assist the care managers with only contacting patients that want or need follow up support and streamline workflows.

WHEN: Tuesday, August 12, 2025

WHERE: The change will affect the following venues:

- Ambulatory Care Management
- Emergency Department (*awareness, no change to workflow*)
 - ACO patients discharged from the ED

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Acadia and Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Ambulatory Care Managers
 - ED Clinical Staff (*awareness only*)
 - ED Providers (*awareness only*)
-

EHR Updates

Week of August 7 – 13

Inpatient

Custodial Care Order & Capacity Management Icon Update – EMMC Only

WHAT: PowerChart Update

- The **Custodial Care EMMC** has been added to the **Decision to Admit** order within the **Patient Placement** dropdown.

Details for **Decision to Admit**

*Date/Time of Admit Decision: 07/21/2025 1444 EDT Reviewed Date/Time for Accuracy: Yes No

Attending Physician: Admitting Physician:

Patient Placement: **Custodial Care EMMC** Patient Type: **Outpatient Extended Recover...**

Service: Disease Alert:

Isolation: Yes No Reason for Admission:

Special Placement Needs: Plan for OR before moving to floor: Yes No

Duration: Duration Unit:

Transport Mode: Special Instructions:

Capacity Management Enhancement

- The Blue Plus icon will appear under the patient attributes on the transfer list when the **Decision to Admit** has been placed in the ED.

Patient Attributes	FIN	MRN	G...	A.	Patient
	400029625	2514035	Male	49 y...	Emergency

Placement: Custodial Care (Order-6427937411); Placement: Custodial Care (Order-6427938463)

- Once the Admission order has been placed the **Street Light** icon and a **NEW Custodial Care** icon  indicating the patient's status as Custodial Care.

Patient Attributes	FIN	MRN
	400029625	2514035

Custodial Care (Order-6427939797)

WHY:

- Better Bed Management:** Ensures patients are placed in the most appropriate setting based on care needs.
- Improved Workflow:** Reduces delays and confusion by clearly identifying custodial care, which is different from acute or skilled nursing care.

- **Faster Bed Assignments:** Enables quicker and more accurate bed assignments by Bed Managers.
- **Clear Visual Cues:** The new Custodial Care icon provides an at-a-glance indicator, saving time and reducing errors.
- **Enhanced Communication:** Aligns clinical staff and the transfer center on patient status for smoother transitions.

WHEN: Tuesday, August 12, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- EMMC Only

WHO: The change will affect the following staff at the above noted locations:

- Care Management
- Nursing
- Providers
- Transfer Center

Clinical Decision Support Updates

Weekly Newsletter

- Please reference our [CDS Portal](#) for additional information and previous newsletters.
- Any questions should be directed to our [CDS Team](#) for review.

To open the links in the table, right-click and select "Open link in new tab."

Release Date	Venues Affected	CDS Tool	Summary
8/12/2025	Ambulatory	Health Maintenance	Health Maintenance updates
8/18/2025	Inpatient	PED SURG Neuromuscular Scoliosis Post Op	New PowerPlan. EMMC ONLY

EHR Updates

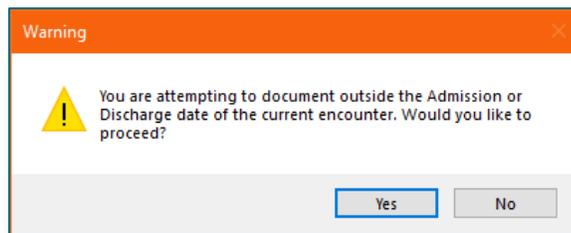
Week of August 7 – 13

Nursing, CNA, Medical Assistants

Ambulatory/WIC

Interactive View I&O Alert

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-

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Staff documenting in Interactive View I&O

Testing Not Performed (TNP) Results

WHAT: This is a reminder for clinical staff to check the comments on TNP results when reviewing a patient's lab order.

HOW: When results are returned as TNP from Quest, **review the lab result comment to determine clinical next steps.** Result comments can be viewed when endorsing results in Message Center and within the patient chart on the result details.

TNP examples:

- No sample received
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- Wrong tube color
- Sample amount not enough
- Specimen not labeled
- Specimen not suitable
- Lab error
- Duplicate Test
- Cancelled per Client Request

NOTE: [Click here for more information on Reviewing Laboratory Results.](#)

WHEN: Effective Immediately

WHERE: The change will affect the following venue(s):

- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Hospitals

WHO: The change will affect the following staff at the above noted locations:

- Clinical Staff
 - Providers
-

EHR Updates

Week of August 7 – 13

AMB Follow Up Appointment for Pharmacist Visits

WHAT: Within the **Appointments** component of the **Primary Care Quick Orders** MPage, the following **Pharmacist Follow Up** appointment types will be available:

- AMB Follow Up Appointment Pharmacist Visit
- AMB Follow Up Appointment Pharmacist Visit, 2 weeks
- AMB Follow Up Appointment Pharmacist Visit, 1 month
- AMB Follow Up Appointment Pharmacist Visit, 3 months
- AMB Follow Up Appointment Pharmacist Telehealth Visit
- AMB Follow Up Appointment Pharmacist Telehealth Visit, 2 weeks
- AMB Follow Up Appointment Pharmacist Telehealth Visit, 1 month
- AMB Follow Up Appointment Pharmacist Telehealth Visit, 3 months

NOTE: Ambulatory Pharmacists will not be required to enter a provider's name when entering a follow up appointment. Within the Multi-Patient Task List, schedulers will not see the ordering provider's name. Upon receipt, follow office protocol for scheduling.

Task/Order	Task Date	Ordering Provider	Type
 AMB Follow Up Appointment 07/22/25 14:44:00 EDT Pharmacist Visit, months, 07/22/25 1 >	07/22/25 02:44 PM	--	Ambulatory

IMPORTANT: The update DOES NOT apply to NL Maine Coast primary care offices who currently use **PCP Return to Clinic – Pharmacy** appointment orders.

WHY: The update will facilitate streamlined scheduling with ambulatory pharmacists who support primary care, through the implementation of designated pharmacy follow up appointment types.

WHEN: Tuesday, August 12, 2025

WHERE: The change will affect the following venue(s):

- Ambulatory

At the following NLH Member Organization(s):

- All NLH Primary Care Offices (excluding Maine Coast and Mayo)
-

WHO: The change will affect the following staff at the above noted locations:

- Medical Assistants
- Nursing
- Patient Service Representatives
- Pharmacists – Ambulatory

New Osteoporosis Screening for Postmenopausal Women (Check Reference Information) Recommendation

WHAT: A new **Osteoporosis Screening for Postmenopausal Women (Check Reference Information)** will be added as a new recommendation.

Postmenopausal Women Screening:

- Trigger: Women ages 40 to 64 years old, Postmenopausal Women (on problem list) AND at least one of the following:
 - Low body weight (less than 18.5) from vitals
 - Parental history of hip fracture or Osteoporosis
 - Cigarette smoking
 - Excess alcohol consumption from problem list
- The recommendation will include reference information about other risk factors, and links to the outside calculators (FRAX), and appropriate diagnosis codes to attach to the Dexa order.

NOTE: When ordering the Dexa bone density test for women <65 years of age, be sure to include the diagnosis of **Postmenopausal Status** for coverage.

Actions for the Recommendation

- WC Bone Densitometry Dexa Order
- Patient not a candidate at this time (Snooze 5 years)
- Patient declined after informed discussion.

NOTE: For this recommendation to fire you will need to add Postmenopausal to the problem list when appropriate.

Osteoporosis Screening for Postmenopausal Women (Check Reference Information)
Next Due: Today Recurrence: Every 2 YR

Actions ▾ Modify Remove [View Reference](#)

WC Bone Densitometry Dexa Order

Patient not a candidate at this time (Snooze 5 years)

Patient declined after informed discussion

EHR Updates

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WHY: This **USPSTF (United States Preventative Services Task Force)** recommends screening for osteoporosis to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk for an osteoporotic fracture as estimated by clinical risk assessment (a tool to identify osteoporosis or predict fracture risk).

WHEN: Tuesday, August 12, 2025

WHERE: The change will affect the following venue(s):

- Ambulatory

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

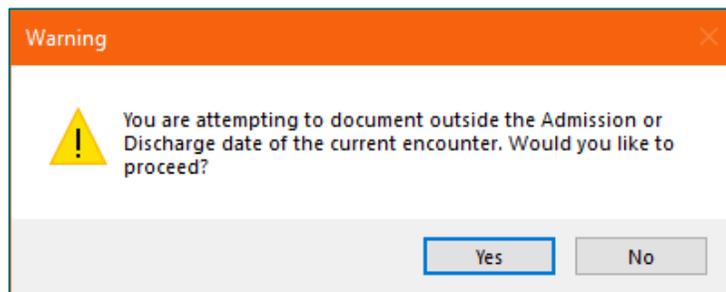
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- Clinical Staff
- Providers

Emergency

Interactive View I&O Alert

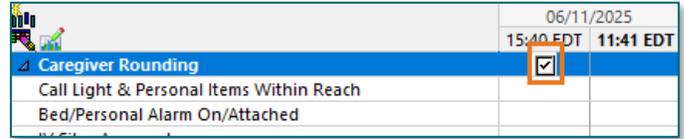
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WHO: The change will affect the following staff at the above noted locations:

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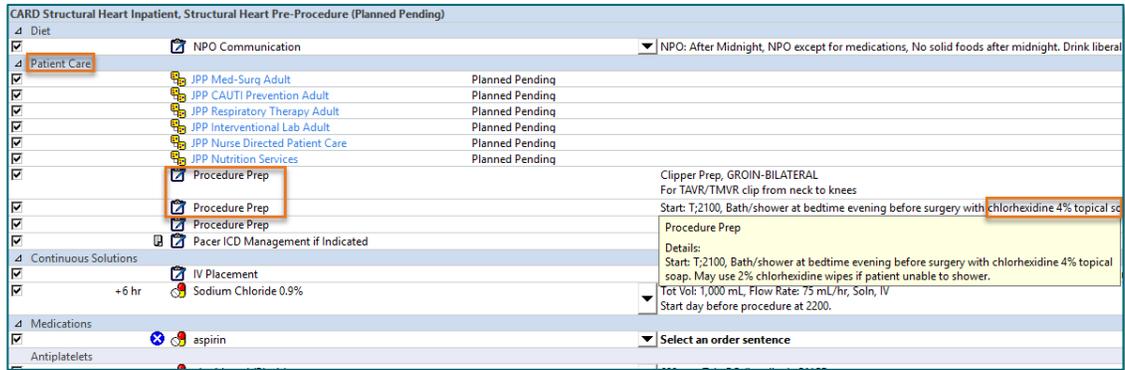
CARD PowerPlan Updates: Chlorhexidine Topical Soap *(AR Gould, EMMC, Mercy)*

WHAT: Chlorhexidine 4% topical soap orders will fall under Patient Care Orders and labeled Procedure Prep Orders in the following CARD PowerPlans:

- OP CARD Structural Heart
 - OP CARD Hybrid Afib Ablation Pre Op
 - OP CARD Pacemaker ICD Ablation
 - CARD Pacemaker ICD Inpatient
 - CARD Structural Heart - Inpatient
 - Card Surg Pre -op
-

EHR Updates

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NOTE: With this update the requirement to barcode scan Chlorhexidine will no longer be needed.

WHY: To align management of Chlorohexidine topical/soap orders within peri-op PowerPlans. Many times, this product is distributed by Materials (as opposed to Pharmacy) and other Card Surg peri-op plans do not require Medication Barcode Scanning.

WHEN: Thursday, August 7, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- NL AR Gould
- NL EMMC
- NL Mercy Hospital

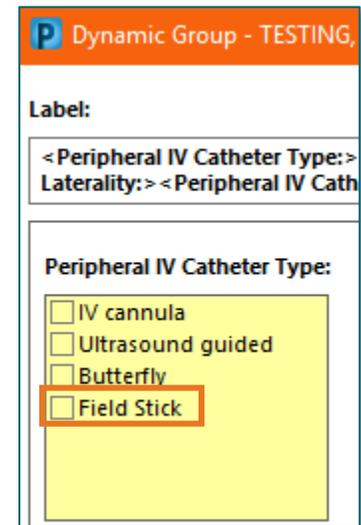
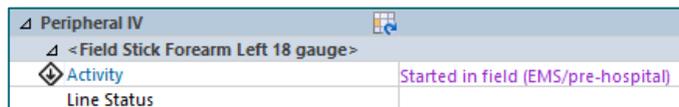
WHO: The change will affect the following staff at the above noted locations:

- Clinical Staff
- Providers

Field Stick IV Documentation Update

WHAT: Documentation Update

- **Field Stick** has been added to the **Peripheral IV Catheter type** and will display in the label of Peripheral IV.
- Nursing should continue to select Started in field (EMS/pre-hospital) in Activity.

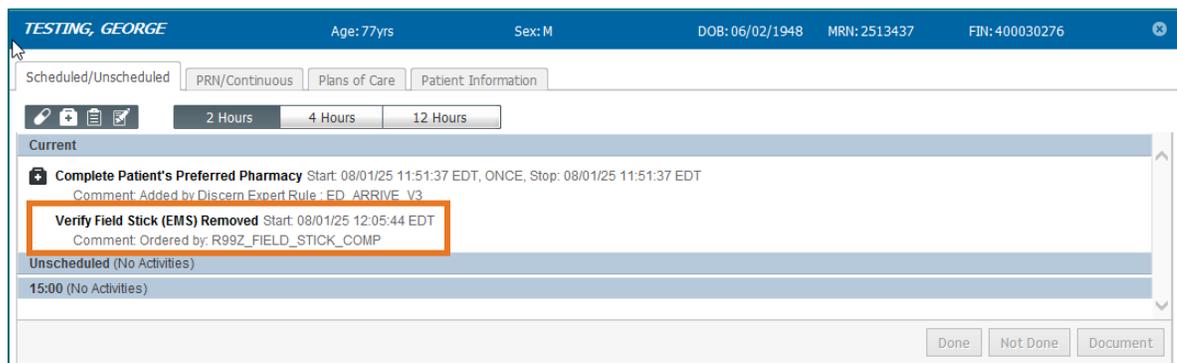


- Nursing should remove the field stick IV and place a new IV within 24 hours of the patient's admission.

Tasking

- A **task** will fire to **ED LaunchPoint** and **CareCompass** 12 hours after admission if the Field Stick IV documentation has not been inactivated, prompting the nurse to remove the field stick IV and start a new IV in a different location.

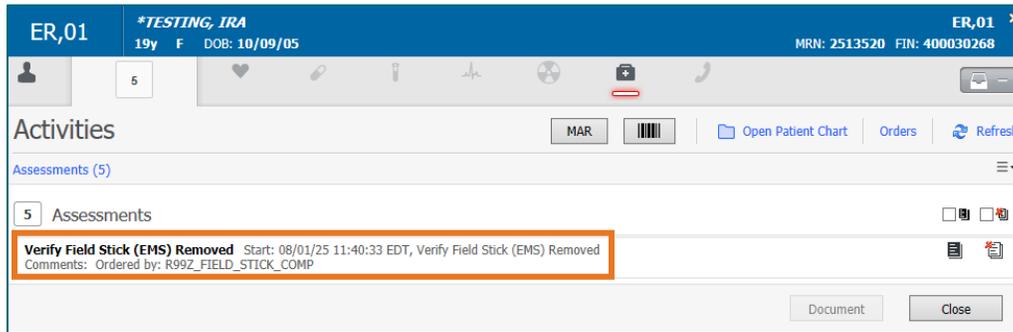
CareCompass



EHR Updates

Week of August 7 – 13

ED LaunchPoint



WHY:

- Field Stick IVs carry a higher risk of infection when emergently placed. Per policy, field stick IVs should be removed within 24 hours.
 - An infected IV site can lead to complications and longer length of stay for the patient.
- Documentation of **Started in field (EMS/pre-hospital)** in **Activity** is easy to miss.
- Implementation of the tasks in **ED LaunchPoint** (covers those patients who may be in the ED longer than 24 hours) and **CareCompass** will help to ensure field stick IVs are removed in a timely manner.

WHEN: Monday, August 11, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Nursing
- Paramedics working in the ED

Lacosamide IV Push – Order Comments Updates

WHAT: **Lacosamide IV** push orderable will be updated to include administration rate guidance in the order comments. These updates aim to provide clear instructions to nursing staff on how fast the medication should be administered intravenously.

Changes Include:

- Lacosamide 400 mg IV Push ONCE
 - **New Comment:** “Administer over 5 minutes”
- Lacosamide 200 mg IV Q12h
 - **New Comment:** “Administer no faster than 50 mg/min”
- New Order Sentence:
Lacosamide 100 mg IV Q12h
 - **New Comment:** “Administer no faster than 50 mg/min”

WHY: Currently, Lacosamide IV push orders do not include guidance on administration speed, which may lead to variability in practice and potential safety concerns.

Adding these comments ensures:

- Safe and consistent administration of Lacosamide IV push doses.
- Improved clarity for nursing staff.
- Alignment with best practices and manufacturer recommendations.

WHEN: Monday, August 11, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Nursing
- Providers

Custodial Care Order & Capacity Management Icon Update – EMMC Only

WHAT: PowerChart Update

- The **Custodial Care EMMC** has been added to the **Decision to Admit** order within the **Patient Placement** dropdown.
-

EHR Updates

Week of August 7 – 13

Capacity Management Enhancement

- The Blue Plus icon will appear under the patient attributes on the transfer list when the **Decision to Admit** has been placed in the ED.

Patient Attributes	FIN	MRN	G...	A.	Patient
	400029625	2514035	Male	49 y...	Emergency

Placement: Custodial Care (Order-6427937411); Placement: Custodial Care (Order-6427938463)

- Once the Admission order has been placed the **Street Light** icon and a **NEW Custodial Care** icon  indicating the patient's status as Custodial Care.

Patient Attributes	FIN	MRN
	400029625	2514035

Custodial Care (Order-6427939797)

WHY:

- **Better Bed Management:** Ensures patients are placed in the most appropriate setting based on care needs.
- **Improved Workflow:** Reduces delays and confusion by clearly identifying custodial care, which is different from acute or skilled nursing care.
- **Faster Bed Assignments:** Enables quicker and more accurate bed assignments by Bed Managers.
- **Clear Visual Cues:** The new Custodial Care icon provides an at-a-glance indicator, saving time and reducing errors.
- **Enhanced Communication:** Aligns clinical staff and the transfer center on patient status for smoother transitions.

WHEN: Tuesday, August 12, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- EMMC Only

WHO: The change will affect the following staff at the above noted locations:

- Care Management
- Nursing
- Providers
- Transfer Center

Digital Care – Post ER Follow-Up Outreach for ACO Patients

WHAT: In addition to email, ACO patients discharged from the Emergency Room with a cellular number on file will now be able to receive SMS text messages. The message will contain a link with a questionnaire to identify patients who want or need follow-up from Ambulatory Care Management.

Completed questionnaire responses will flow back to the Ambulatory Care Management Assistant pool if follow up is needed.

NOTE: A follow-up SMS text will be sent after 24 hours if the patient did not open original.

WHY: The generated SMS text with the embedded link will assist the care managers with only contacting patients that want or need follow up support and streamline workflows.

WHEN: Tuesday, August 12, 2025

WHERE: The change will affect the following venues:

- Ambulatory Care Management
- Emergency Department (*awareness, no change to workflow*)
 - ACO patients discharged from the ED

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Acadia and Mayo)
-

EHR Updates

Week of August 7 – 13

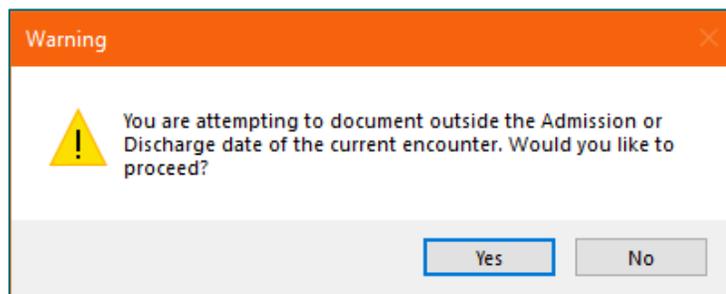
WHO: The change will affect the following staff at the above noted locations:

- Ambulatory Care Managers
- ED Clinical Staff (*awareness only*)
- ED Providers (*awareness only*)

Inpatient

Interactive View I&O Alert

WHAT: Performing documentation within Interactive View I&O, before or after the date and time of the patient’s encounter date and time will fire an alert to inform staff that they are documenting outside the admission and discharge date of the current encounter.



If documentation is still necessary:

- Review the date and time; if patient care being documented occurred at a different time than displays, update the date and time of the column.
- If the date and time is appropriate and is before or after the dates and times that display in the banner bar, click **Yes** and proceed to document.
- If more than one cell needs to be documented, double-click in the cell of the corresponding band to activate to get the alert once and not each time a cell is clicked.

A screenshot of a table with a blue header row. The header row contains the date "06/11/2025" and the time "15:40 EDT" and "11:41 EDT". The table has three rows. The first row is "Caregiver Rounding" and has a checkmark in the second column. The second row is "Call Light & Personal Items Within Reach" and the third row is "Bed/Personal Alarm On/Attached".

	06/11/2025	15:40 EDT	11:41 EDT
Caregiver Rounding	<input checked="" type="checkbox"/>		
Call Light & Personal Items Within Reach			
Bed/Personal Alarm On/Attached			

WHY: The alert was implemented with the Code Upgrade and is intended to reduce billing and insurance rejections.

WHEN: Effective Immediately

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)
- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

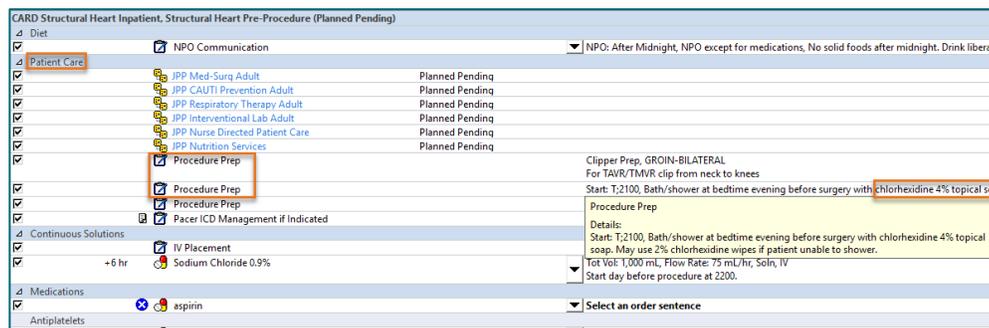
WHO: The change will affect the following staff at the above noted locations:

- Staff documenting in Interactive View I&O

CARD PowerPlan Updates: Chlorhexidine Topical Soap (AR Gould, EMMC, Mercy)

WHAT: Chlorhexidine 4% topical soap orders will fall under Patient Care Orders and labeled Procedure Prep Orders in the following CARD PowerPlans:

- OP CARD Structural Heart
- OP CARD Hybrid Afib Ablation Pre Op
- OP CARD Pacemaker ICD Ablation
- CARD Pacemaker ICD Inpatient
- CARD Structural Heart - Inpatient
- Card Surg Pre -op



NOTE: With this update the requirement to barcode scan Chlorhexidine will no longer be needed.

WHY: To align management of Chlorhexidine topical/soap orders within peri-op PowerPlans. Many times, this product is distributed by Materials (as opposed to Pharmacy) and other Card Surg peri-op plans do not require Medication Barcode Scanning.

EHR Updates

Week of August 7 – 13

WHEN: Thursday, August 7, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- NL AR Gould
- NL EMMC
- NL Mercy Hospital

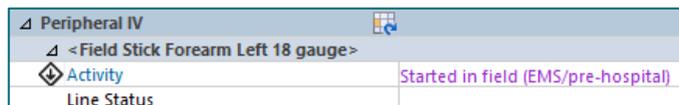
WHO: The change will affect the following staff at the above noted locations:

- Clinical Staff
- Providers

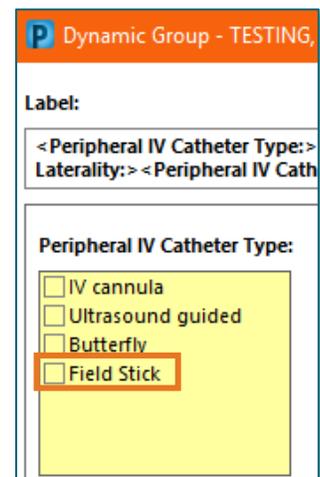
Field Stick IV Documentation Update

WHAT: Documentation Update

- **Field Stick** has been added to the **Peripheral IV Catheter type** and will display in the label of Peripheral IV.
- Nursing should continue to select Started in field (EMS/pre-hospital) in Activity.



Peripheral IV	
◀ Field Stick Forearm Left 18 gauge ▶	
Activity	Started in field (EMS/pre-hospital)
Line Status	



Dynamic Group - TESTING

Label:

<Peripheral IV Catheter Type:>
<Laterality:> <Peripheral IV Cath

Peripheral IV Catheter Type:

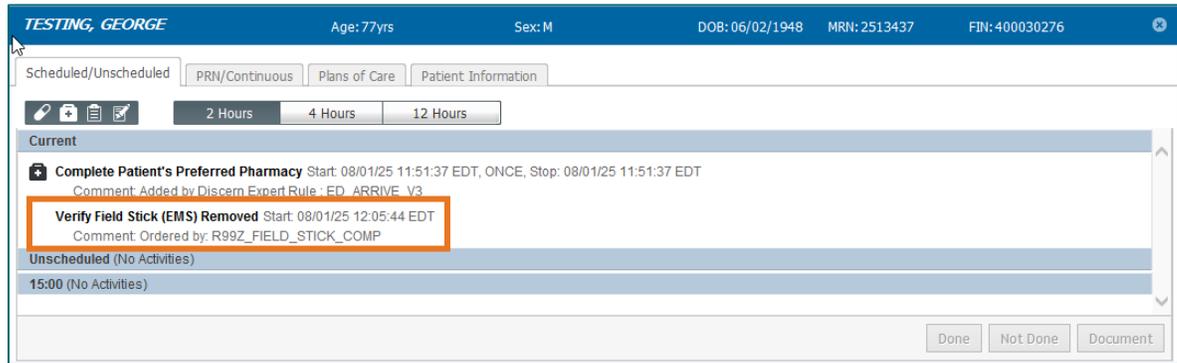
- IV cannula
- Ultrasound guided
- Butterfly
- Field Stick

- Nursing should remove the field stick IV and place a new IV within 24 hours of the patient's admission.

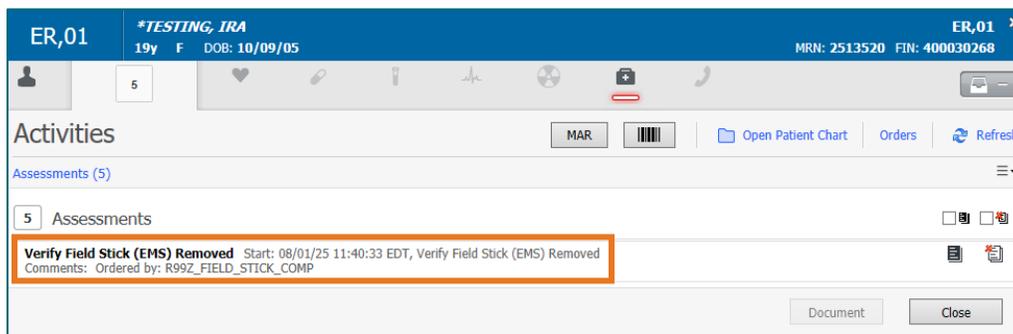
Tasking

- A **task** will fire to **ED LaunchPoint** and **CareCompass** 12 hours after admission if the Field Stick IV documentation has not been inactivated, prompting the nurse to remove the field stick IV and start a new IV in a different location.

CareCompass



ED LaunchPoint



- WHY:**
- Field Stick IVs carry a higher risk of infection when emergently placed. Per policy, field stick IVs should be removed within 24 hours.
 - An infected IV site can lead to complications and longer length of stay for the patient.
 - Documentation of **Started in field (EMS/pre-hospital)** in **Activity** is easy to miss.
 - Implementation of the tasks in **ED LaunchPoint** (covers those patients who may be in the ED longer than 24 hours) and **CareCompass** will help to ensure field stick IVs are removed in a timely manner.

WHEN: Monday, August 11, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

EHR Updates

Week of August 7 – 13

WHO: The change will affect the following staff at the above noted locations:

- Nursing
- Paramedics working in the ED

Lacosamide IV Push – Order Comments Updates

WHAT: Lacosamide IV push orderable will be updated to include administration rate guidance in the order comments. These updates aim to provide clear instructions to nursing staff on how fast the medication should be administered intravenously.

Changes Include:

- Lacosamide 400 mg IV Push ONCE
 - **New Comment:** “Administer over 5 minutes”
- Lacosamide 200 mg IV Q12h
 - **New Comment:** “Administer no faster than 50 mg/min”
- New Order Sentence:
Lacosamide 100 mg IV Q12h
 - **New Comment:** “Administer no faster than 50 mg/min”

WHY: Currently, Lacosamide IV push orders do not include guidance on administration speed, which may lead to variability in practice and potential safety concerns.

Adding these comments ensures:

- Safe **and consistent administration** of Lacosamide IV push doses.
- Improved **clarity** for nursing staff.
- **Alignment with best practices** and manufacturer recommendations.

WHEN: Monday, August 11, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Nursing
 - Providers
-

Custodial Care Order & Capacity Management Icon Update – EMMC Only

WHAT: PowerChart Update

- The **Custodial Care EMMC** has been added to the **Decision to Admit** order within the **Patient Placement** dropdown.

Capacity Management Enhancement

- The Blue Plus icon will appear under the patient attributes on the transfer list when the **Decision to Admit** has been placed in the ED.

Patient Attributes	FIN	MRN	G...	A	Patient
+	400029625	2514035	Male	49 y...	Emergency

Placement: Custodial Care (Order-6427937411); Placement: Custodial Care (Order-6427938463)

- Once the Admission order has been placed the **Street Light** icon and a **NEW Custodial Care** icon indicating the patient's status as Custodial Care.

Patient Attributes	FIN	MRN
	400029625	2514035

Custodial Care (Order-6427939797)

WHY:

- Better Bed Management:** Ensures patients are placed in the most appropriate setting based on care needs.
- Improved Workflow:** Reduces delays and confusion by clearly identifying custodial care, which is different from acute or skilled nursing care.
- Faster Bed Assignments:** Enables quicker and more accurate bed assignments by Bed Managers.

EHR Updates

Week of August 7 – 13

- Clear Visual Cues: The new Custodial Care icon provides an at-a-glance indicator, saving time and reducing errors.
- Enhanced Communication: Aligns clinical staff and the transfer center on patient status for smoother transitions.

WHEN: Tuesday, August 12, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- EMMC Only

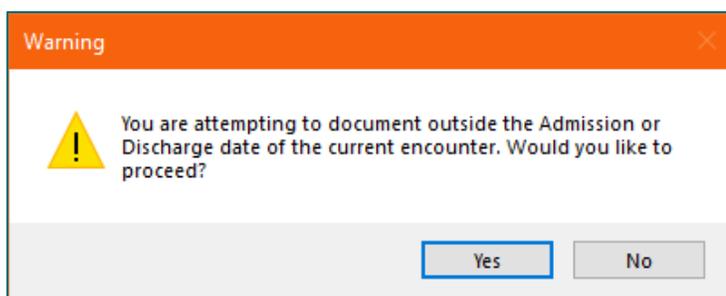
WHO: The change will affect the following staff at the above noted locations:

- Care Management
- Nursing
- Providers
- Transfer Center

Peri-Op

Interactive View I&O Alert

WHAT: Performing documentation within Interactive View I&O, before or after the date and time of the patient's encounter date and time will fire an alert to inform staff that they are documenting outside the admission and discharge date of the current encounter.



If documentation is still necessary:

- Review the date and time; if patient care being documented occurred at a different time than displays, update the date and time of the column.
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	15:40 EDT	11:41 EDT
Caregiver Rounding		
Call Light & Personal Items Within Reach	<input checked="" type="checkbox"/>	
Bed/Personal Alarm On/Attached	<input type="checkbox"/>	

WHY: The alert was implemented with the Code Upgrade and is intended to reduce billing and insurance rejections.

WHEN: Effective Immediately

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)
- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Staff documenting in Interactive View I&O

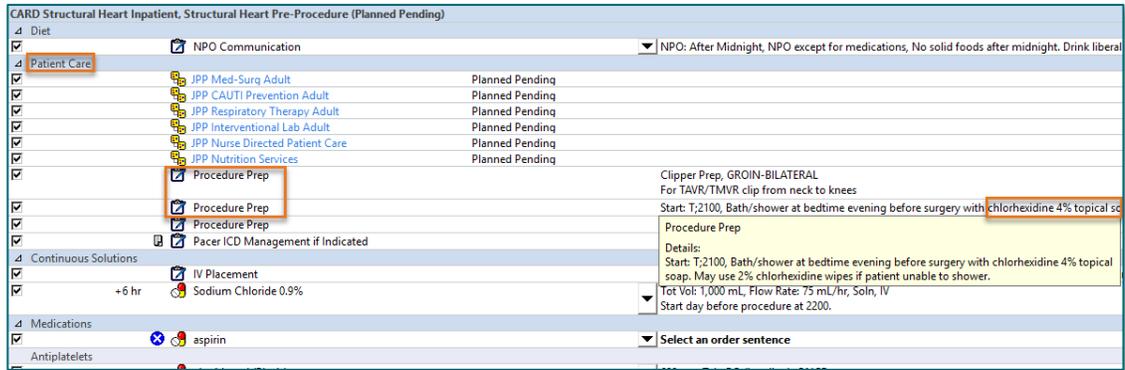
CARD PowerPlan Updates: Chlorhexidine Topical Soap (AR Gould, EMMC, Mercy)

WHAT: Chlorhexidine 4% topical soap orders will fall under Patient Care Orders and labeled Procedure Prep Orders in the following CARD PowerPlans:

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 - OP CARD Pacemaker ICD Ablation
 - CARD Pacemaker ICD Inpatient
 - CARD Structural Heart - Inpatient
 - Card Surg Pre -op
-

EHR Updates

Week of August 7 – 13



NOTE: With this update the requirement to barcode scan Chlorhexidine will no longer be needed.

WHY: To align management of Chlorohexidine topical/soap orders within peri-op PowerPlans. Many times, this product is distributed by Materials (as opposed to Pharmacy) and other Card Surg peri-op plans do not require Medication Barcode Scanning.

WHEN: Thursday, August 7, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- NL AR Gould
- NL EMMC
- NL Mercy Hospital

WHO: The change will affect the following staff at the above noted locations:

- Clinical Staff
- Providers

Lacosamide IV Push – Order Comments Updates

WHAT: **Lacosamide IV** push orderable will be updated to include administration rate guidance in the order comments. These updates aim to provide clear instructions to nursing staff on how fast the medication should be administered intravenously.

Changes Include:

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- New Order Sentence:
Lacosamide 100 mg IV Q12h
 - **New Comment:** “Administer no faster than 50 mg/min”

WHY: Currently, Lacosamide IV push orders do not include guidance on administration speed, which may lead to variability in practice and potential safety concerns.

Adding these comments ensures:

- Safe and consistent administration of Lacosamide IV push doses.
- Improved clarity for nursing staff.
- Alignment with best practices and manufacturer recommendations.

WHEN: Monday, August 11, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Nursing
 - Providers
-

EHR Updates

Week of August 7 – 13

Nutrition

Inpatient Only

Dietary Parameter Update

WHAT: Diet Parameters within the Diet Order will be updated to include **Pescatarian**.

The screenshot shows a web-based form titled "Details for Diet". It has several tabs: "Details", "Order Comments", and "Diagnoses". The "Details" tab is active. The form contains various fields for diet orders, including:

- *Start Meal: Breakfast (dropdown)
- *Diet Type: Regular Diet (dropdown)
- Fluid Restriction: (dropdown)
- Disposable Tray: Yes No
- Advance End Diet: (dropdown)
- Between Meal Nourishment: (dropdown)
- Carbohydrates Permitted/meal: (dropdown)
- Dietary Protein: (dropdown)
- Dietary Phosphorus: (dropdown)
- *Order Start Date/Time: 07/28/2025 1317 EDT
- Dietary Parameters: **Pescatarian** (dropdown, highlighted with an orange box)
- Diet Consistency: (dropdown)
- Advance As Tolerated: Yes No
- NPO Exception: (dropdown)
- Calories Permitted: (dropdown)
- Dietary Sodium: (dropdown)
- Dietary Potassium: (dropdown)
- Dietary Fortifier/Additive: (dropdown)

WHY: The update is being implemented to accommodate patient dietary preferences, such as a Regular diet with a Pescatarian option.

WHEN: Tuesday, August 12, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Nutritionists
- Providers

Paramedics

Field Stick IV Documentation Update

WHAT: Documentation Update

- **Field Stick** has been added to the **Peripheral IV Catheter type** and will display in the label of Peripheral IV.
- Nursing should continue to select Started in field (EMS/pre-hospital) in Activity.

Peripheral IV	
<Field Stick Forearm Left 18 gauge>	
Activity	Started in field (EMS/pre-hospital)
Line Status	

P Dynamic Group - TESTING,

Label:

<Peripheral IV Catheter Type:>
Laterality:> <Peripheral IV Cath

Peripheral IV Catheter Type:

- IV cannula
- Ultrasound guided
- Butterfly
- Field Stick

- Nursing should remove the field stick IV and place a new IV within 24 hours of the patient's admission.

Tasking

- A **task** will fire to **ED LaunchPoint** and **CareCompass** 12 hours after admission if the Field Stick IV documentation has not been inactivated, prompting the nurse to remove the field stick IV and start a new IV in a different location.

CareCompass

TESTING, GEORGE Age: 77yrs Sex: M DOB: 06/02/1948 MRN: 2513437 FIN: 400030276

Scheduled/Unscheduled PRN/Continuous Plans of Care Patient Information

2 Hours 4 Hours 12 Hours

Current

- Complete Patient's Preferred Pharmacy Start: 08/01/25 11:51:37 EDT, ONCE, Stop: 08/01/25 11:51:37 EDT
Comment: Added by Discern Expert Rule: ED_ARRIVE_V3
- Verify Field Stick (EMS) Removed** Start: 08/01/25 12:05:44 EDT
Comment: Ordered by: R99Z_FIELD_STICK_COMP

Unscheduled (No Activities)

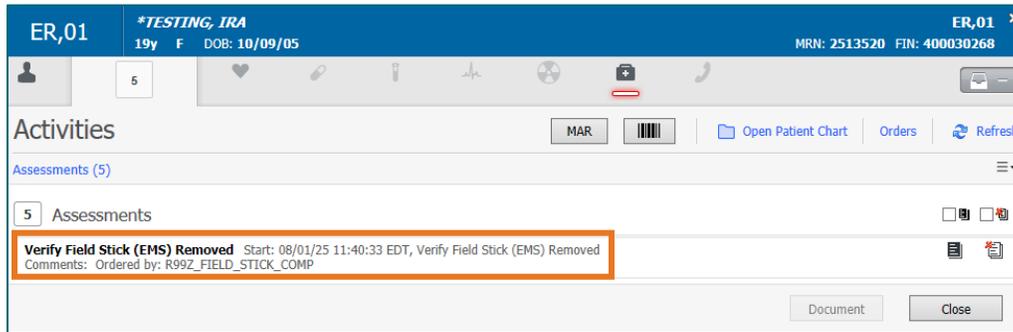
15:00 (No Activities)

Done Not Done Document

EHR Updates

Week of August 7 – 13

ED LaunchPoint



WHY:

- Field Stick IVs carry a higher risk of infection when emergently placed. Per policy, field stick IVs should be removed within 24 hours.
 - An infected IV site can lead to complications and longer length of stay for the patient.
- Documentation of **Started in field (EMS/pre-hospital)** in **Activity** is easy to miss.
- Implementation of the tasks in **ED LaunchPoint** (covers those patients who may be in the ED longer than 24 hours) and **CareCompass** will help to ensure field stick IVs are removed in a timely manner.

WHEN: Monday, August 11, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Nursing
 - Paramedics working in the ED
-

Patient Service Representatives

Ambulatory/WIC Only

AMB Follow Up Appointment for Pharmacist Visits

WHAT: Within the **Appointments** component of the **Primary Care Quick Orders** MPage, the following **Pharmacist Follow Up** appointment types will be available:

- AMB Follow Up Appointment Pharmacist Visit
- AMB Follow Up Appointment Pharmacist Visit, 2 weeks
- AMB Follow Up Appointment Pharmacist Visit, 1 month
- AMB Follow Up Appointment Pharmacist Visit, 3 months
- AMB Follow Up Appointment Pharmacist Telehealth Visit
- AMB Follow Up Appointment Pharmacist Telehealth Visit, 2 weeks
- AMB Follow Up Appointment Pharmacist Telehealth Visit, 1 month
- AMB Follow Up Appointment Pharmacist Telehealth Visit, 3 months

NOTE: Ambulatory Pharmacists will not be required to enter a provider's name when entering a follow up appointment. Within the Multi-Patient Task List, schedulers will not see the ordering provider's name. Upon receipt, follow office protocol for scheduling.

Task/Order	Task Date	Ordering Provider	Type
 AMB Follow Up Appointment 07/22/25 14:44:00 EDT Pharmacist Visit, 3 months, 07/22/25 1 >	07/22/25 02:44 PM	--	Ambulatory

IMPORTANT: The update DOES NOT apply to NL Maine Coast primary care offices who currently use **PCP Return to Clinic – Pharmacy** appointment orders.

WHY: The update will facilitate streamlined scheduling with ambulatory pharmacists who support primary care, through the implementation of designated pharmacy follow up appointment types.

WHEN: Tuesday, August 12, 2025

WHERE: The change will affect the following venue(s):

- Ambulatory
-

EHR Updates

Week of August 7 – 13

At the following NLH Member Organization(s):

- All NLH Primary Care Offices (excluding Maine Coast and Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Medical Assistants
- Nursing
- Patient Service Representatives
- Pharmacists – Ambulatory

Pharmacists & Pharmacy Technicians

Ambulatory/WIC

AMB Follow Up Appointment for Pharmacist Visits

WHAT: Within the **Appointments** component of the **Primary Care Quick Orders** MPage, the following **Pharmacist Follow Up** appointment types will be available:

- AMB Follow Up Appointment Pharmacist Visit
- AMB Follow Up Appointment Pharmacist Visit, 2 weeks
- AMB Follow Up Appointment Pharmacist Visit, 1 month
- AMB Follow Up Appointment Pharmacist Visit, 3 months
- AMB Follow Up Appointment Pharmacist Telehealth Visit
- AMB Follow Up Appointment Pharmacist Telehealth Visit, 2 weeks
- AMB Follow Up Appointment Pharmacist Telehealth Visit, 1 month
- AMB Follow Up Appointment Pharmacist Telehealth Visit, 3 months

NOTE: Ambulatory Pharmacists will not be required to enter a provider's name when entering a follow up appointment. Within the Multi-Patient Task List, schedulers will not see the ordering provider's name. Upon receipt, follow office protocol for scheduling.

Task/Order	Task Date	Ordering Provider	Type
 AMB Follow Up Appointment 07/22/25 14:44:00 EDT Pharmacist Visit, 1 months, 07/22/25 1 >	07/22/25 02:44 PM	--	Ambulatory

IMPORTANT: The update DOES NOT apply to NL Maine Coast primary care offices who currently use **PCP Return to Clinic – Pharmacy** appointment orders.

WHY: The update will facilitate streamlined scheduling with ambulatory pharmacists who support primary care, through the implementation of designated pharmacy follow up appointment types.

WHEN: Tuesday, August 12, 2025

WHERE: The change will affect the following venue(s):

- Ambulatory

At the following NLH Member Organization(s):

- All NLH Primary Care Offices (excluding Maine Coast and Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Medical Assistants
- Nursing
- Patient Service Representatives
- Pharmacists – Ambulatory

Physicians, Physician Assistants, Nurse Practitioners

Ambulatory/WIC

Testing Not Performed (TNP) Results

WHAT: This is a reminder for clinical staff to check the comments on TNP results when reviewing a patient's lab order.

HOW: When results are returned as TNP from Quest, **review the lab result comment to determine clinical next steps.** Result comments can be viewed when endorsing results in Message Center and within the patient chart on the result details.

TNP examples:

- No sample received
 - Sample received but not in time
 - Wrong tube color
 - Sample amount not enough
 - Specimen not labeled
 - Specimen not suitable
-

EHR Updates

Week of August 7 – 13

- Lab error
- Duplicate Test
- Cancelled per Client Request

NOTE: Click here for more information on [Reviewing Laboratory Results](#).

WHEN: Effective Immediately

WHERE: The change will affect the following venue(s):

- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Hospitals

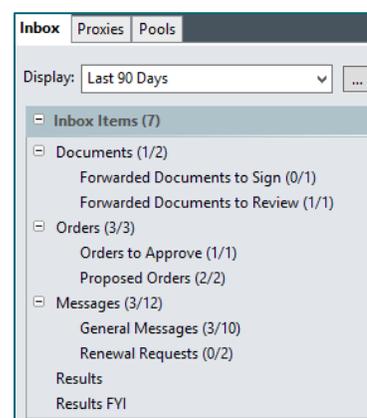
WHO: The change will affect the following staff at the above noted locations:

- Clinical Staff
- Providers

Outside Lab Results

WHAT: Outside lab results are sent to the ordering provider as a scanned document and will flow to message center within the Documents section. This allows the document to have the action of review or sign, indicating the results have been seen.

In addition to the scanned document, outside labs are entered on the Outside Labs PowerForm and will display in the respective flowsheet(s).



HOW: Within message center, navigate to Forwarded Documents to Sign and Forwarded Documents to Review.

NOTE: Once outside results have been signed, view the results in the lab flowsheets or the scanned document. Results will only flow to the flowsheets if documented on the Outside Labs PowerForm.

WHEN: Effective Immediately

WHERE: The change will affect the following venue(s):

- Ambulatory

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Providers

New Osteoporosis Screening for Postmenopausal Women (Check Reference Information) Recommendation

WHAT: A new **Osteoporosis Screening for Postmenopausal Women (Check Reference Information)** will be added as a new recommendation.

Postmenopausal Women Screening:

- Trigger: Women ages 40 to 64 years old, Postmenopausal Women (on problem list) AND at least one of the following:
 - Low body weight (less than 18.5) from vitals
 - Parental history of hip fracture or Osteoporosis
 - Cigarette smoking
 - Excess alcohol consumption from problem list
- The recommendation will include reference information about other risk factors, and links to the outside calculators (FRAX), and appropriate diagnosis codes to attach to the Dexa order.

NOTE: When ordering the Dexa bone density test for women <65 years of age, be sure to include the diagnosis of **Postmenopausal Status** for coverage.

EHR Updates

Week of August 7 – 13

Actions for the Recommendation

- WC Bone Densitometry Dexa Order
- Patient not a candidate at this time (Snooze 5 years)
- Patient declined after informed discussion.

NOTE: For this recommendation to fire you will need to add Postmenopausal to the problem list when appropriate.

Osteoporosis Screening for Postmenopausal Women (Check Reference Information)
Next Due: Today Recurrence: Every 2 YR

Actions ▾ Modify Remove View Reference

- WC Bone Densitometry Dexa Order
- Patient not a candidate at this time (Snooze 5 years)
- Patient declined after informed discussion

WHY: This **USPSTF (United States Preventative Services Task Force)** recommends screening for osteoporosis to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk for an osteoporotic fracture as estimated by clinical risk assessment (a tool to identify osteoporosis or predict fracture risk).

WHEN: Tuesday, August 12, 2025

WHERE: The change will affect the following venue(s):

- Ambulatory

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

WHO: The change will affect the following staff at the above noted locations:

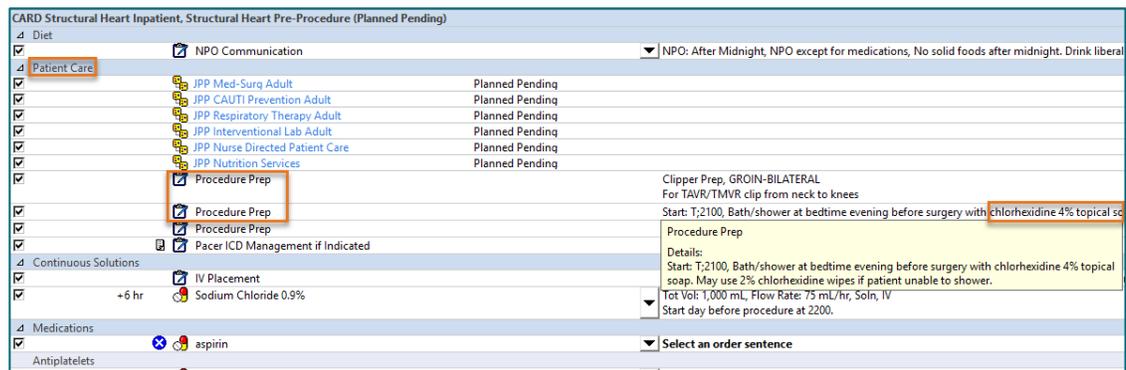
- Clinical Staff
- Providers

Emergency

CARD PowerPlan Updates: Chlorhexidine Topical Soap (AR Gould, EMMC, Mercy)

WHAT: Chlorhexidine 4% topical soap orders will fall under Patient Care Orders and labeled Procedure Prep Orders in the following CARD PowerPlans:

- OP CARD Structural Heart
- OP CARD Hybrid Afib Ablation Pre Op
- OP CARD Pacemaker ICD Ablation
- CARD Pacemaker ICD Inpatient
- CARD Structural Heart - Inpatient
- Card Surg Pre -op



NOTE: With this update the requirement to barcode scan Chlorhexidine will no longer be needed.

WHY: To align management of Chlorohexidine topical/soap orders within peri-op PowerPlans. Many times, this product is distributed by Materials (as opposed to Pharmacy) and other Card Surg peri-op plans do not require Medication Barcode Scanning.

WHEN: Thursday, August 7, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- NL AR Gould
- NL EMMC
- NL Mercy Hospital

WHO: The change will affect the following staff at the above noted locations:

- Clinical Staff
- Providers

EHR Updates

Week of August 7 – 13

Lacosamide IV Push – Order Comments Updates

WHAT: Lacosamide IV push orderable will be updated to include administration rate guidance in the order comments. These updates aim to provide clear instructions to nursing staff on how fast the medication should be administered intravenously.

Changes Include:

- Lacosamide 400 mg IV Push ONCE
 - **New Comment:** “Administer over 5 minutes”
- Lacosamide 200 mg IV Q12h
 - **New Comment:** “Administer no faster than 50 mg/min”
- New Order Sentence:
Lacosamide 100 mg IV Q12h
 - **New Comment:** “Administer no faster than 50 mg/min”

WHY: Currently, Lacosamide IV push orders do not include guidance on administration speed, which may lead to variability in practice and potential safety concerns.

Adding these comments ensures:

- Safe and consistent administration of Lacosamide IV push doses.
- Improved clarity for nursing staff.
- Alignment with best practices and manufacturer recommendations.

WHEN: Monday, August 11, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Nursing
 - Providers
-

Custodial Care Order & Capacity Management Icon Update – EMMC Only

WHAT: PowerChart Update

- The **Custodial Care EMMC** has been added to the **Decision to Admit** order within the **Patient Placement** dropdown.

Capacity Management Enhancement

- The Blue Plus icon will appear under the patient attributes on the transfer list when the **Decision to Admit** has been placed in the ED.

Patient Attributes	FIN	MRN	G...	A	Patient
+	400029625	2514035	Male	49 y...	Emergency

Placement: Custodial Care (Order-6427937411); Placement: Custodial Care (Order-6427938463)

- Once the Admission order has been placed the **Street Light** icon and a **NEW Custodial Care** icon indicating the patient's status as Custodial Care.

Patient Attributes	FIN	MRN
	400029625	2514035

Custodial Care (Order-6427939797)

WHY:

- Better Bed Management:** Ensures patients are placed in the most appropriate setting based on care needs.
- Improved Workflow:** Reduces delays and confusion by clearly identifying custodial care, which is different from acute or skilled nursing care.
- Faster Bed Assignments:** Enables quicker and more accurate bed assignments by Bed Managers.

EHR Updates

Week of August 7 – 13

- Clear Visual Cues: The new Custodial Care icon provides an at-a-glance indicator, saving time and reducing errors.
- Enhanced Communication: Aligns clinical staff and the transfer center on patient status for smoother transitions.

WHEN: Tuesday, August 12, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- EMMC Only

WHO: The change will affect the following staff at the above noted locations:

- Care Management
- Nursing
- Providers
- Transfer Center

Dietary Parameter Update

WHAT: Diet Parameters within the Diet Order will be updated to include **Pescatarian**.

The screenshot shows a web-based form titled "Details for Diet". The form has several tabs: "Details", "Order Comments", and "Diagnoses". The "Details" tab is active. The form contains various fields for diet orders, including:

- *Start Meal: Breakfast
- *Diet Type: Regular Diet
- Fluid Restriction: (empty dropdown)
- Disposable Tray: Yes No
- Advance End Diet: (empty dropdown)
- Between Meal Nourishment: (empty dropdown)
- Carbohydrates Permitted/meal: (empty dropdown)
- Dietary Protein: (empty dropdown)
- Dietary Phosphorus: (empty dropdown)
- *Order Start Date/Time: 07/28/2025 1317 EDT
- Dietary Parameters: **Pescatarian** (highlighted with a red box)
- Diet Consistency: (empty dropdown)
- Advance As Tolerated: Yes No
- NPO Exception: (empty dropdown)
- Calories Permitted: (empty dropdown)
- Dietary Sodium: (empty dropdown)
- Dietary Potassium: (empty dropdown)
- Dietary Fortifier/Additive: (empty dropdown)

WHY: The update is being implemented to accommodate patient dietary preferences, such as a Regular diet with a Pescatarian option.

WHEN: Tuesday, August 12, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Nutritionists
- Providers

Digital Care – Post ER Follow-Up Outreach for ACO Patients

WHAT: In addition to email, ACO patients discharged from the Emergency Room with a cellular number on file will now be able to receive SMS text messages. The message will contain a link with a questionnaire to identify patients who want or need follow-up from Ambulatory Care Management.

Completed questionnaire responses will flow back to the Ambulatory Care Management Assistant pool if follow up is needed.

NOTE: A follow-up SMS text will be sent after 24 hours if the patient did not open original.

WHY: The generated SMS text with the embedded link will assist the care managers with only contacting patients that want or need follow up support and streamline workflows.

WHEN: Tuesday, August 12, 2025

WHERE: The change will affect the following venues:

- Ambulatory Care Management
- Emergency Department (*awareness, no change to workflow*)
 - ACO patients discharged from the ED

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Acadia and Mayo)
-

EHR Updates

Week of August 7 – 13

WHO: The change will affect the following staff at the above noted locations:

- Ambulatory Care Managers
- ED Clinical Staff (*awareness only*)
- ED Providers (*awareness only*)

Inpatient

REMINDER: Massive Transfusion Protocol (MTP) Non-Trauma and Trauma: Laboratory Orders (EMMC, Maine Coast, Mercy)

WHAT: The Massive Transfusion Protocol (MTP) Non-Trauma and Trauma PowerPlan includes laboratory order, allowing for trigger Massive Transfusion Protocols (MTPs).

Massive Transfusion Protocol (MTP) Non Trauma and Trauma (Planned Pending)		
Medications		
<p>TRAUMA PATIENTS ONLY Tranexamic Acid is not indicated for management of non trauma patients</p> <p>Weight Less Than 60 kg AND within 3 hours of injury:</p> <p>Tranexamic Acid 1.5gm/65mL NS 1.5 gm, Soln, IVPB, ONCE, STAT, 1 Doses/Times, Infuse Over: 20 Minutes MTP use ONLY</p> <p>Weight 60 kg & greater AND within 3 hours of injury:</p> <p>Tranexamic Acid 2gm/70mL NS 2 gm, Soln, IVPB, ONCE, STAT, 1 Doses/Times, Infuse Over: 20 Minutes MTP use ONLY</p> <p>ALL PATIENTS</p> <p>Patient on Warfarin (Coumadin). See Reversal of Warfarin (Coumadin) with Phytonadione (Vitamin K) Prothrombin Complex (Kcentra) PowerPlan for additional orders.</p> <p>phytonadione (vitamin K) 10 mg, Soln, IVPB, ONCE, STAT, Infuse Over: 20 Minutes Mix in 50 mL Sodium Chloride 0.9% IV. Rapid infusion of Phytonadione IV may increase the risk of ...</p> <p>Salvage Therapy Only: Best if pH 7.2 or greater, Temp 35C or greater, Fibrinogen greater than 100 mg/dL, Plt Ct greater than 50,000, and ICal greater than 0.9 mmol/L. May repeat Factor VIIa in 30 - 60 minutes if no clinical response.</p> <p>coagulation factor VIIa (NovoSeven) 40 mcg/kg, Soln, IV Push, ONCE, STAT MTP use ONLY</p> <p>Fibrinogen less than 150 mg/dL and ongoing bleeding. Call Pharmacy to expedite delivery.</p> <p>fibrinogen (fibrinogen, Concentrate from Human Plasma) 50 mg/kg, Soln, IVPB, ONCE, STAT, Rate: 999 mL/hr Pharmacist to round dose to the nearest vial size and add to Viaflex bag for infusion. Actual mg c...</p>		
Hypocalcemia Treatment		
<input checked="" type="checkbox"/>	calcium chloride	1 gm, Soln, IVPB, Every 15 Minute Interval, PRN, Low Ionized Calcium Level, 6 hr, Infuse Over: 15 Min... For Ionized Calcium (ICa) Levels 1 - 1.12 mmol/L with hemodynamic instability and/or cardiac dysf...
<input checked="" type="checkbox"/>	calcium chloride	2 gm, Soln, IVPB, Every 30 Minute Interval, PRN, Low Ionized Calcium Level, 6 hr, Infuse Over: 30 Min... For Ionized Calcium (ICa) Levels 0.9 - 0.99 mmol/L with hemodynamic instability and/or cardiac dy...
<input checked="" type="checkbox"/>	calcium chloride	3 gm, Soln, IVPB, Every 45 Minute Interval, PRN, Low Ionized Calcium Level, 6 hr, Infuse Over: 45 Min... For Ionized Calcium (ICa) Levels less than 0.9 mmol/L with hemodynamic instability and/or cardiac ...
Laboratory		
<input checked="" type="checkbox"/>	Type and Screen	BLOOD, Stat
<input checked="" type="checkbox"/>	PT (Protime) INR	BLOOD, Stat
<input checked="" type="checkbox"/>	Fibrinogen Level	BLOOD, Stat
<input checked="" type="checkbox"/>	CBC without Differential	BLOOD, Stat
<input checked="" type="checkbox"/>	Blood Gas Arterial	BLOOD, Stat
<input checked="" type="checkbox"/>	Whole Blood Chemistries-MTP	BLOOD, Stat
<input checked="" type="checkbox"/>	EXTEM	BLOOD, Stat
<input checked="" type="checkbox"/>	FIBTEM	BLOOD, Stat, Start: T;N+ 1
<input checked="" type="checkbox"/>	+1 hr PT (Protime) INR	BLOOD, Timed Study, Every 1 Hour Interval, 10 Doses/Times, Cancel order once MTP is complete
<input checked="" type="checkbox"/>	+1 hr Fibrinogen Level	BLOOD, Timed Study, Every 1 Hour Interval, 10 Doses/Times, Cancel order once MTP is complete
<input checked="" type="checkbox"/>	+1 hr CBC without Differential	BLOOD, Timed Study, Every 1 Hour Interval, 10 Doses/Times, Cancel order once MTP is complete
<input checked="" type="checkbox"/>	+1 hr Blood Gas Arterial	BLOOD, Timed Study, Every 1 Hour Interval, 10 Doses/Times, Cancel order once MTP is complete
<input checked="" type="checkbox"/>	+1 hr Whole Blood Chemistries-MTP	BLOOD, Timed Study, Every 1 Hour Interval, 10 Doses/Times, Cancel order once MTP is complete
<input checked="" type="checkbox"/>	Provider Communication	Discontinue Massive Transfusion Protocol (MTP) Non Trauma and Trauma PowerPlan once MTP is c...
Non Categorized		
Providers must exercise independent clinical judgment when using order sets.		

WHY: Laboratory staff are no longer able to place orders for MTP 1-hour testing.

WHEN: Effective immediately

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- NL EMMC
- NL Maine Coast
- NL Mercy

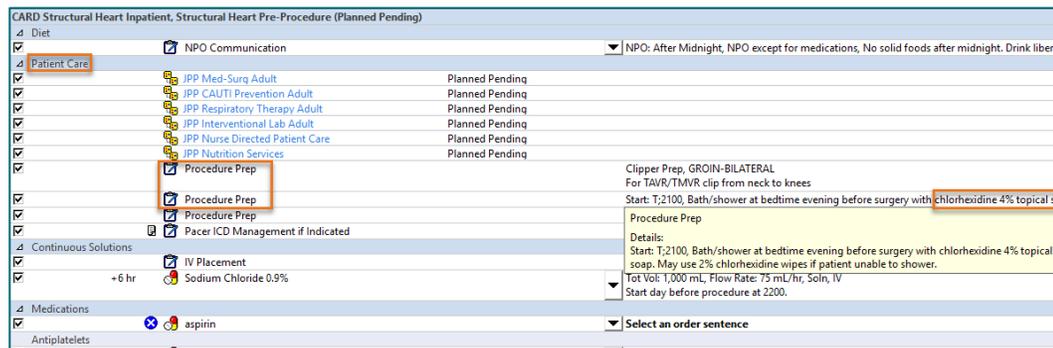
WHO: The change will affect the following staff at the above noted locations:

- Providers

CARD PowerPlan Updates: Chlorhexidine Topical Soap (AR Gould, EMMC, Mercy)

WHAT: Chlorhexidine 4% topical soap orders will fall under Patient Care Orders and labeled Procedure Prep Orders in the following CARD PowerPlans:

- OP CARD Structural Heart
- OP CARD Hybrid Afib Ablation Pre Op
- OP CARD Pacemaker ICD Ablation
- CARD Pacemaker ICD Inpatient
- CARD Structural Heart - Inpatient
- Card Surg Pre -op



NOTE: With this update the requirement to barcode scan Chlorhexidine will no longer be needed.

WHY: To align management of Chlorhexidine topical/soap orders within peri-op PowerPlans. Many times, this product is distributed by Materials (as opposed to Pharmacy) and other Card Surg peri-op plans do not require Medication Barcode Scanning.

EHR Updates

Week of August 7 – 13

WHEN: Thursday, August 7, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- NL AR Gould
- NL EMMC
- NL Mercy Hospital

WHO: The change will affect the following staff at the above noted locations:

- Clinical Staff
- Providers

Lacosamide IV Push – Order Comments Updates

WHAT: Lacosamide IV push orderable will be updated to include administration rate guidance in the order comments. These updates aim to provide clear instructions to nursing staff on how fast the medication should be administered intravenously.

Changes Include:

- Lacosamide 400 mg IV Push ONCE
 - **New Comment:** “Administer over 5 minutes”
- Lacosamide 200 mg IV Q12h
 - **New Comment:** “Administer no faster than 50 mg/min”
- New Order Sentence:
Lacosamide 100 mg IV Q12h
 - **New Comment:** “Administer no faster than 50 mg/min”

WHY: Currently, Lacosamide IV push orders do not include guidance on administration speed, which may lead to variability in practice and potential safety concerns.

Adding these comments ensures:

- Safe and consistent administration of Lacosamide IV push doses.
 - Improved clarity for nursing staff.
 - Alignment with best practices and manufacturer recommendations.
-

WHEN: Monday, August 11, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Nursing
- Providers

Custodial Care Order & Capacity Management Icon Update – EMMC Only

WHAT: PowerChart Update

- The **Custodial Care EMMC** has been added to the **Decision to Admit** order within the **Patient Placement** dropdown.

Capacity Management Enhancement

- The Blue Plus icon will appear under the patient attributes on the transfer list when the **Decision to Admit** has been placed in the ED.

Patient Attributes	FIN	MRN	G...	A.	Patient
+	400029625	2514035	Male	49 y...	Emergency
Placement: Custodial Care (Order-6427937411); Placement: Custodial Care (Order-6427938463)					

EHR Updates

Week of August 7 – 13

- Once the Admission order has been placed the **Street Light** icon and a **NEW Custodial Care** icon  indicating the patient's status as Custodial Care.

Patient Attributes	FIN	MRN
  	400029625	2514035
Custodial Care (Order-6427939797)		

WHY:

- **Better Bed Management:** Ensures patients are placed in the most appropriate setting based on care needs.
- **Improved Workflow:** Reduces delays and confusion by clearly identifying custodial care, which is different from acute or skilled nursing care.
- **Faster Bed Assignments:** Enables quicker and more accurate bed assignments by Bed Managers.
- **Clear Visual Cues:** The new Custodial Care icon provides an at-a-glance indicator, saving time and reducing errors.
- **Enhanced Communication:** Aligns clinical staff and the transfer center on patient status for smoother transitions.

WHEN: Tuesday, August 12, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

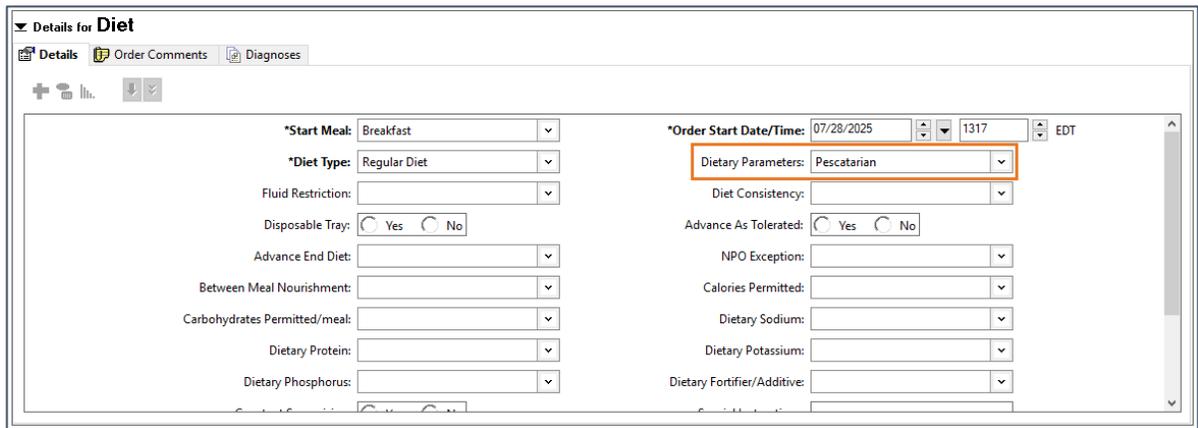
- EMMC Only

WHO: The change will affect the following staff at the above noted locations:

- Care Management
 - Nursing
 - Providers
 - Transfer Center
-

Dietary Parameter Update

WHAT: Diet Parameters within the Diet Order will be updated to include **Pescatarian**.



The screenshot shows a web-based form titled "Details for Diet". The form has several tabs: "Details", "Order Comments", and "Diagnoses". The "Details" tab is active. The form contains various fields for diet configuration. The "Dietary Parameters" dropdown menu is highlighted with a red box and is set to "Pescatarian". Other fields include "Start Meal" (Breakfast), "Diet Type" (Regular Diet), "Order Start Date/Time" (07/28/2025 1317 EDT), "Fluid Restriction", "Disposable Tray" (Yes/No), "Advance End Diet", "Between Meal Nourishment", "Carbohydrates Permitted/meal", "Dietary Protein", "Dietary Phosphorus", "Diet Consistency", "Advance As Tolerated" (Yes/No), "NPO Exception", "Calories Permitted", "Dietary Sodium", "Dietary Potassium", and "Dietary Fortifier/Additive".

WHY: The update is being implemented to accommodate patient dietary preferences, such as a Regular diet with a Pescatarian option.

WHEN: Tuesday, August 12, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Nutritionists
- Providers

Peri-Op

CARD PowerPlan Updates: Chlorhexidine Topical Soap *(AR Gould, EMMC, Mercy)*

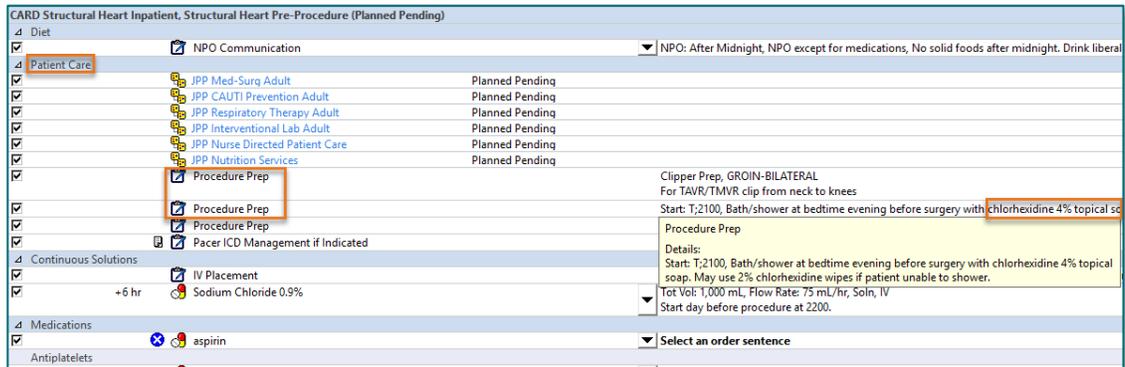
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- OP CARD Hybrid Afib Ablation Pre Op
- OP CARD Pacemaker ICD Ablation

EHR Updates

Week of August 7 – 13

- CARD Pacemaker ICD Inpatient
- CARD Structural Heart - Inpatient
- Card Surg Pre -op



NOTE: With this update the requirement to barcode scan Chlorhexidine will no longer be needed.

WHY: To align management of Chlorohexidine topical/soap orders within peri-op PowerPlans. Many times, this product is distributed by Materials (as opposed to Pharmacy) and other Card Surg peri-op plans do not require Medication Barcode Scanning.

WHEN: Thursday, August 7, 2025

WHERE: The change will affect the following venue(s):

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At the following NLH Member Organization(s):

- NL AR Gould
- NL EMMC
- NL Mercy Hospital

WHO: The change will affect the following staff at the above noted locations:

- Clinical Staff
- Providers

Lacosamide IV Push – Order Comments Updates

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Adding these comments ensures:

- Safe and consistent administration of Lacosamide IV push doses.
- Improved clarity for nursing staff.
- Alignment with best practices and manufacturer recommendations.

WHEN: Monday, August 11, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Nursing
 - Providers
-

EHR Updates

Week of August 7 – 13

Dietary Parameter Update

WHAT: Diet Parameters within the Diet Order will be updated to include **Pescatarian**.

The screenshot shows a web-based form titled "Details for Diet". It has three tabs: "Details", "Order Comments", and "Diagnoses". The "Details" tab is active. The form contains several fields for diet configuration. On the right side, the "Dietary Parameters" dropdown menu is highlighted with an orange box and is set to "Pescatarian". Other fields include "Start Meal" (Breakfast), "Diet Type" (Regular Diet), "Order Start Date/Time" (07/28/2025 1317 EDT), "Fluid Restriction", "Disposable Tray" (radio buttons for Yes/No), "Advance End Diet", "Between Meal Nourishment", "Carbohydrates Permitted/meal", "Dietary Protein", "Dietary Phosphorus", "Diet Consistency", "Advance As Tolerated" (radio buttons for Yes/No), "NPO Exception", "Calories Permitted", "Dietary Sodium", "Dietary Potassium", and "Dietary Fortifier/Additive".

WHY: The update is being implemented to accommodate patient dietary preferences, such as a Regular diet with a Pescatarian option.

WHEN: Tuesday, August 12, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

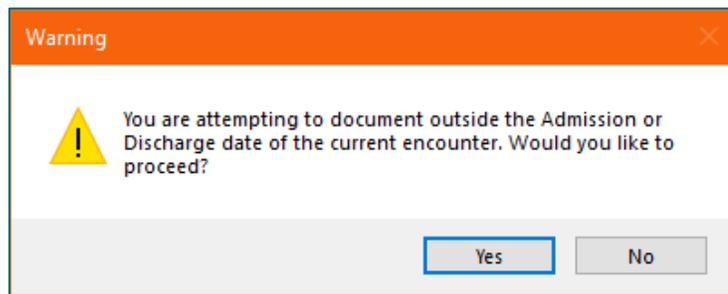
WHO: The change will affect the following staff at the above noted locations:

- Nutritionists
 - Providers
-

Prior Authorization Staff

Interactive View I&O Alert

WHAT: Performing documentation within Interactive View I&O, before or after the date and time of the patient's encounter date and time will fire an alert to inform staff that they are documenting outside the admission and discharge date of the current encounter.



If documentation is still necessary:

- Review the date and time; if patient care being documented occurred at a different time than displays, update the date and time of the column.
- If the date and time is appropriate and is before or after the dates and times that display in the banner bar, click **Yes** and proceed to document.
- If more than one cell needs to be documented, double-click in the cell of the corresponding band to activate to get the alert once and not each time a cell is clicked.

		06/11/2025
		15:40 EDT 11:41 EDT
<input checked="" type="checkbox"/>	Caregiver Rounding	
	Call Light & Personal Items Within Reach	
	Bed/Personal Alarm On/Attached	

WHY: The alert was implemented with the Code Upgrade and is intended to reduce billing and insurance rejections.

WHEN: Effective Immediately

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)
 - Ambulatory/WIC
-

EHR Updates

Week of August 7 – 13

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Staff documenting in Interactive View I&O

Transfer Center

Custodial Care Order & Capacity Management Icon Update – EMMC Only

WHAT: PowerChart Update

- The **Custodial Care EMMC** has been added to the **Decision to Admit** order within the **Patient Placement** dropdown.

Details for **Decision to Admit**

Details | Order Comments | Diagnoses

+ | |

*Date/Time of Admit Decision: 07/21/2025 1444 EDT Reviewed Date/Time for Accuracy: Yes No

Attending Physician: [Search] Admitting Physician: [Search]

Patient Placement: **Custodial Care EMMC** Patient Type: **Outpatient Extended Recover...**

Service: [Dropdown] Disease Alert: [Dropdown]

Isolation: Yes No Reason for Admission: [Text]

Special Placement Needs: [Dropdown] Plan for OR before moving to floor: Yes No

Duration: [Text] Duration Unit: [Dropdown]

Transport Mode: [Dropdown] Special Instructions: [Text]

Capacity Management Enhancement

- The Blue Plus icon will appear under the patient attributes on the transfer list when the **Decision to Admit** has been placed in the ED.

Patient Attributes	FIN	MRN	G...	A.	Patient
	400029625	2514035	Male	49 y...	Emergency

Placement: Custodial Care (Order-6427937411); Placement: Custodial Care (Order-6427938463)

- Once the Admission order has been placed the **Street Light** icon and a **NEW Custodial Care** icon  indicating the patient's status as Custodial Care.

Patient Attributes	FIN	MRN
  	400029625	2514035
Custodial Care (Order-6427939797)		

WHY:

- Better Bed Management: Ensures patients are placed in the most appropriate setting based on care needs.
- Improved Workflow: Reduces delays and confusion by clearly identifying custodial care, which is different from acute or skilled nursing care.
- Faster Bed Assignments: Enables quicker and more accurate bed assignments by Bed Managers.
- Clear Visual Cues: The new Custodial Care icon provides an at-a-glance indicator, saving time and reducing errors.
- Enhanced Communication: Aligns clinical staff and the transfer center on patient status for smoother transitions.

WHEN: Tuesday, August 12, 2025

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- EMMC Only