From the Office of Health Informatics

Northern Light Health
Oracle Health (Cerner) Millennium EHR Updates

Week of July 31 – August 6

Table of Contents

Behavioral Health Staff 5

Ambulatory 5

Pressure Injury Optimization – Education Open July 7 – Deadline August 3 5

Pressure Injury Optimization 7

Reminder: Activating Correct Lab Orders – *Effective Immediately* 9

Post Fall Evaluation – Ambulatory Location Option Added 11

Inpatient 12

Pressure Injury Optimization – Education Open July 7 – Deadline August 3 12

Pressure Injury Optimization 14

Auto-Disassociation with Enhanced Patient2Device Association (EP2DA) Update (Excludes EMMC and Mercy) 16

Dietary Parameter Update – *Go-Live August 12* 17

Care Managers 18

Inpatient 18

Custodial Care Order & Capacity Management Icon Update – EMMC Only – *Go-Live August 12* 18

Clinical Decision Support Updates 20

Weekly Newsletter 20

Lab 20

Reminder: Activating Correct Lab Orders – *Effective Immediately* 20

Leadership 22
Ambulatory/WIC 22
Pressure Injury Optimization – Education Open July 7 – Deadline August 3 22
Emergency 24
Pressure Injury Optimization – Education Open July 7 – Deadline August 3 24
Inpatient 26
Pressure Injury Optimization – Education Open July 7 – Deadline August 3 26
Peri-Op 28
Pressure Injury Optimization – Education Open July 7 – Deadline August 3 28
Nursing, CNA, Medical Assistants 30
Ambulatory/WIC 30
Pressure Injury Optimization – Education Open July 7 – Deadline August 3 30
Pressure Injury Optimization 32
Reminder: Activating Correct Lab Orders – *Effective Immediately* 34
Post Fall Evaluation – Ambulatory Location Option Added 35
Emergency 36
Pressure Injury Optimization – Education Open July 7 – Deadline August 3 36
Pressure Injury Optimization 38
Auto-Disassociation with Enhanced Patient2Device Association (EP2DA) Update (Excludes EMMC and Mercy) 41
Custodial Care Order & Capacity Management Icon Update – EMMC Only – *Go-Live August 12* 42
Inpatient 43
Pressure Injury Optimization – Education Open July 7 – Deadline August 3 43
Pressure Injury Optimization 45
Auto-Disassociation with Enhanced Patient2Device Association (EP2DA) Update (Excludes EMMC and Mercy) 48
Custodial Care Order & Capacity Management Icon Update – EMMC Only – *Go-Live August 12* 49

Peri-Op 50
Pressure Injury Optimization – Education Open July 7 – Deadline August 3 50
Pressure Injury Optimization 52
Auto-Disassociation with Enhanced Patient2Device Association (EP2DA) Update (Excludes EMMC and Mercy) 55

Nutrition 56
Inpatient Only 56
Dietary Parameter Update – *Go-Live August 12* 56

Physicians, Physician Assistants, Nurse Practitioners 57
Emergency 57
Custodial Care Order & Capacity Management Icon Update – EMMC Only – *Go-Live August 12* 57
Dietary Parameter Update – *Go-Live August 12* 58
Inpatient 59
Custodial Care Order & Capacity Management Icon Update – EMMC Only – *Go-Live August 12* 59
Dietary Parameter Update – *Go-Live August 12* 61
Peri-Op 62
Dietary Parameter Update – *Go-Live August 12* 62

Quest Patient Services Centers – PSC Staff 62
Reminder: Activating Correct Lab Orders – *Effective Immediately* 62

Therapies: Respiratory 64
Inpatient 64
Auto-Disassociation with Enhanced Patient2Device Association (EP2DA) Update (Excludes EMMC and Mercy) 64

Transfer Center 65
Custodial Care Order & Capacity Management Icon Update – EMMC Only – *Go-Live August 12* 65

Wound Validators 67
Pressure Injury Optimization – Education Open July 7 – Deadline August 3 67
Pressure Injury Optimization 69

Behavioral Health Staff

Ambulatory

Pressure Injury Optimization – Education Open July 7 – Deadline August 3

WHAT: The workflow for documenting a Validated Pressure Injury is changing.

Documentation Changes

- New dynamic group – Validated Pressure Injury
- Updates to the Incision/Wound/Skin dynamic group

WHY: The workflow for documenting a Validated Pressure Injury is changing to improve workflow efficiencies.

- Validated Pressure Injury Abnormality Type was being updated back to Pressure Injury – Suspected after the wound was validated resulting in another request for evaluation going to the wound validator.
- Present on Admission documentation fluctuated on the same wound resulting in inaccurate documentation.

WHEN: **Monday, August 4, 2025**

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:**

- Nursing
- Wound/Ostomy Nurses
- Wound Validators

EDUCATION STRATEGY:

Online Promise Point Simulation Education

Nursing

- Curriculum: Annual Pressure Injury Prevention

- Course: NOLH-1425.2025 ACTCLN Document a Suspected Pressure Injury - Duration 12 mins
  - URL: www.promisepoint.com/northernlighthealth

Wound/Ostomy Nurses and Wound Validators

- Curriculum: Pressure Injury Wound Validator
- Course: NOLH-1065.55 ACTCLN Pressure Injury Wound Validator - Duration 16 mins
  - URL: www.promisepoint.com/northernlighthealth

- **Flyer-based education**

HOW:

Required Online Education in the PromisePoint Community

- **Online Simulator Education – Available Now!**
  - **URL:** www.promisepoint.com/northernlighthealth
  - **Username:**
    - **NLH Employees:** Seven-digit employee number with leading zeros, e.g., 0098765
    - **Contracted Employees:** Username provided at the time of hire
  - **Initial Password:** password
    - Initial password is all lowercase.
    - If PromisePoint password has been previously set-up, please use that password.
  - **Need a password reset?** Click this link to reach out to Health Informatics (resets are available M-F, 08:00-16:30).

IMPORTANT: Video education must be completed before go-live.

KEY UPCOMING DATES:

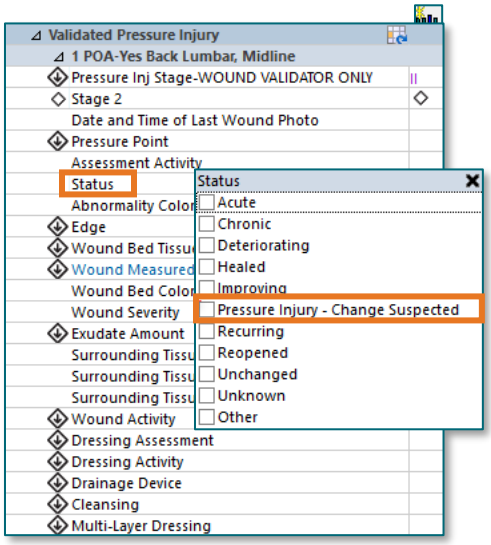
Date: July 7	**PromisePoint Simulation Education Opens**
Date: August 3	**DUE: All Assigned Education**
Date: August 4	**Go-Live (Focused Rounding by Health Informatics)**
	Click to review Go-Live Support Schedule

Pressure Injury Optimization

WHAT: The workflow for documenting a **Validated Pressure Injury** is changing.

New Validated Pressure Injury Dynamic Group

- Once a wound is **validated** as a **Pressure Injury**, the existing **Incision/Wound/Skin dynamic group** for that wound will be inactivated by the Wound Validator.
- Wound validators will create a new **Validated Pressure Injury dynamic group**.
    - The **Validated Pressure Injury section** will need to be pulled into view by the Wound Validator using **Customize View**.
    - The Validated Pressure Injury dynamic group label will include **Pressure Injury on Admission** (POA – Yes or POA – No).
        Pressure Injury **Number**, **Location**, **Laterality**, and **Description** should **match** the **Incision/Wound/Skin** dynamic group label.



NOTE: POA will not flow to the IRF-PAI Report. POA will need to be entered manually in UDS.

- Nursing will document pressure injury wound assessments and dressings in the new Validated Pressure Injury dynamic group.
- If the wound condition changes, nurses will document the **Status** as **Pressure Injury- Change Suspected**.
    A task for re-evaluation will go to the wound validators

NOTE: Nursing should NOT update the Pressure Injury Stage.

Existing Validated Pressure Injuries

- **Patients** who have an **existing Validated Pressure Injury** at the time of go-live should have the existing **Incision/Wound/Skin** dynamic group **inactivated** and a **new Validated Pressure Injury dynamic group** created.

- **Pressure Inj on Admission** has been added to the label.
- Document **Pressure Inj Stage-Wound Validators Only**.
- Document the same **Date and Time of Last Wound Photo** as seen in the inactivated Incision/Wound/Skin dynamic group.
  This will ensure nurses will receive the task to take the next wound photo.
- Document other information as needed.

Other Changes

- **Pressure Injury – Suspected Change** and **Validate Pressure Injury** have been removed from the **Incision/Wound/Skin Abnormality Type**.
- **Next Photo Date** has been removed from the **Incision/Wound/Skin** dynamic group.
  - **Date and Time of Last Wound Photo** will fire a CareCompass task seven days from the entered date prompting nursing to take the next photo.

Click here for **Wound Care – Pressure Injury Validator**.
Click here for **Wound Care Inpatient** and **ED Nurse workflow**.
Click here for information on the **Wound/Ostomy Care Multi-Patient Task List**.
Click here for **WOC** (Wound/Ostomy/Continence) **workflow**.
Click here for **Media Gallery Workflow**.

WHY: The workflow for documenting a Validated Pressure Injury is changing to improve workflow efficiencies.

- **Validated Pressure Injury Abnormality Type** was being updated back to **Pressure-Injury – Suspected** after the wound was validated resulting in another request for evaluation going to the wound validator.
- **Present on Admission** documentation fluctuated on the same wound resulting in inaccurate documentation.

WHEN: **Monday, August 4, 2025**

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:**

- Nursing
- Wound/Ostomy Nurses
- Wound Validators

Reminder: Activating Correct Lab Orders – *Effective Immediately*

WHAT: We would like to remind all staff of the importance of activating the correct lab orders, especially those ordered in oncology treatment regimens.

WHY: There have been instances where lab or clinical staff inadvertently activated lab orders that were part of a future treatment day within an oncology regimen. This can lead to confusion, delays, or the absence of necessary orders when the patient presents for treatment.

HOW: **Please keep the following in mind when activating future lab orders:**

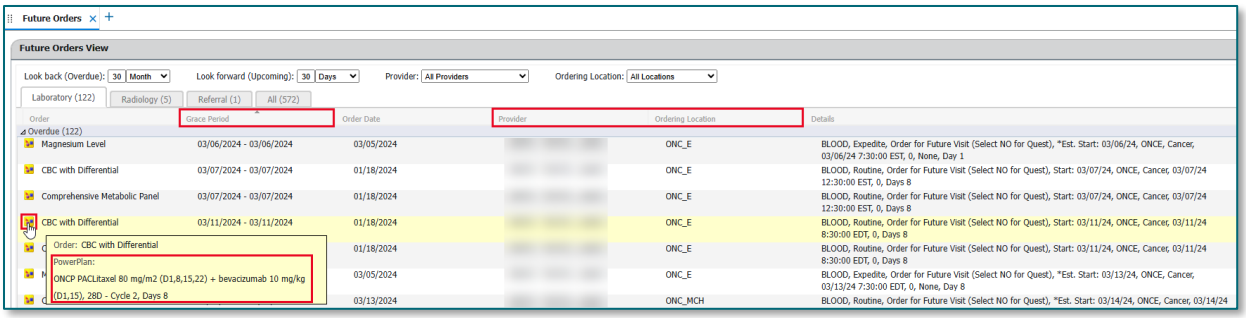
- **Do not activate lab orders associated with a treatment regimen** unless the patient is having labs drawn for their treatment.
- **Always verify the lab order date** to ensure it matches the intended date of service. Orders for future treatment days should not be used prematurely.

Reviewing Lab Order Details

In the Department Order Entry tool, there are several indicators that a lab order is part of a regimen or was placed by an oncology provider:

- A **PowerPlan icon** next to the lab order. Hovering over this icon will show which PowerPlan the order belongs to.
- The **Grace Period date**, which helps determine the appropriate activation window.

- The **Ordering Location** and **Ordering Provider**, which can provide additional context.



To view lab order details in PowerChart, navigate to the **Orders** tab and review the **Order Details** column. This section provides key information such as whether the order was placed as part of a PowerPlan, the estimated start date, and the ordering provider. Reviewing these details helps ensure the correct lab order is activated.

NOTE: Lab staff – please refer to the following **flyer** on how to update views in PowerChart.

WHEN: **Effective Immediately**

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

- Ambulatory/WIC
- Lab Locations

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:**

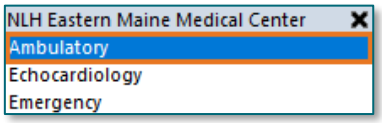
- Clinical Staff
- Lab Staff
- Patient Service Center Staff

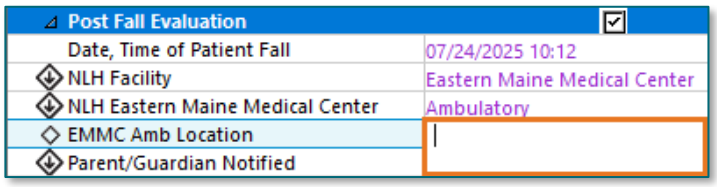
Post Fall Evaluation – Ambulatory Location Option Added

WHAT: A new **Ambulatory** option has been added to the list of location selections for each NLH Facility within the **Post Fall Evaluation** section in iView.

Documenting Post Fall Evaluation for an Ambulatory Location

- Select the applicable facility in the **NLH Facility** field.
- Choose **Ambulatory** from the list of locations/areas.





- A free-text field opens. Enter the name of the ambulatory location.
- Continue filling out the remaining applicable post fall evaluation fields.

NOTE: The update will apply to all iView bands that include the Post Fall Evaluation section.

WHY: The enhancement provides clinical staff with a designated area to accurately document post-fall evaluations occurring in ambulatory care settings, ensuring more precise and consistent reporting.

WHEN: **Wednesday, August 6, 2025**

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

- 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:**

- Clinical Staff

Inpatient

Pressure Injury Optimization – Education Open July 7 – Deadline August 3

WHAT: The workflow for documenting a Validated Pressure Injury is changing.

Documentation Changes

- New dynamic group – Validated Pressure Injury
- Updates to the Incision/Wound/Skin dynamic group

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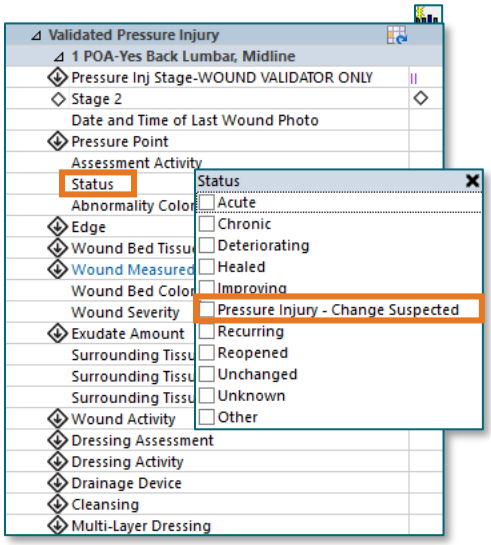

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- Acute/Inpatient (to include ED & Peri-Op)
- Ambulatory/WIC

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:**

- Nursing
- Wound/Ostomy Nurses
- Wound Validators

Auto-Disassociation with Enhanced Patient2Device Association (EP2DA) Update (Excludes EMMC and Mercy)

WHAT: Rules have been established to auto-disassociate the monitor and ventilator when a patient's registration location changes:

- Transfers from one nursing unit to another.
- One room to another within the same nursing unit.
- Transferred to another bed within the same room.
- When the patient encounter is discharged (already occurring).

NOTE: PACU will need to **manually disassociate** patients from the monitor who are **returning** to a nursing unit.

If a patient encounter is accidently discharged, the patient needs to be reassociated to the monitor.

When a patient is moved from one location to another, the monitor and ventilator if applicable, will need to be reassociated to the patient.

WHY: Currently monitors and ventilators that are not manually disassociated from a patient remain associated to the patient. When another patient is placed on that monitor, it can lead to wrong information flowing into a patient chart. The auto-disassociation will reduce the likelihood of patient's data going to another patient's chart.

WHEN: **Monday, August 4, 2025**

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

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

At the following NLH Member Organization(s):

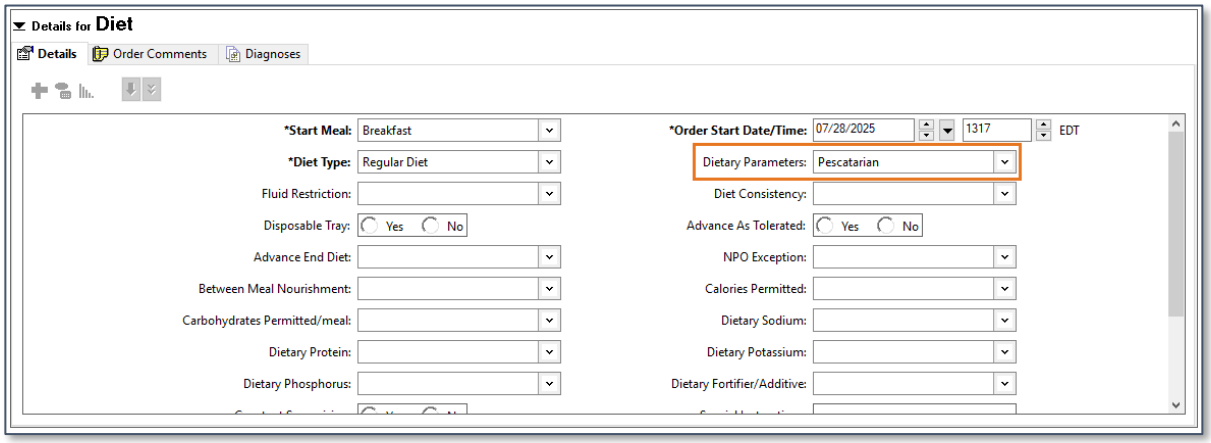
- NL Acadia Hospital
- NL AR Gould Hospital
- NL Blue Hill Hospital
- NL CA Dean Hospital
- NL Maine Coast Hospital
- NL Sebasticook Valley Hospital

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

- Nurses
- Nurse Techs
- Respiratory Therapists

Dietary Parameter Update – *Go-Live August 12*

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



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

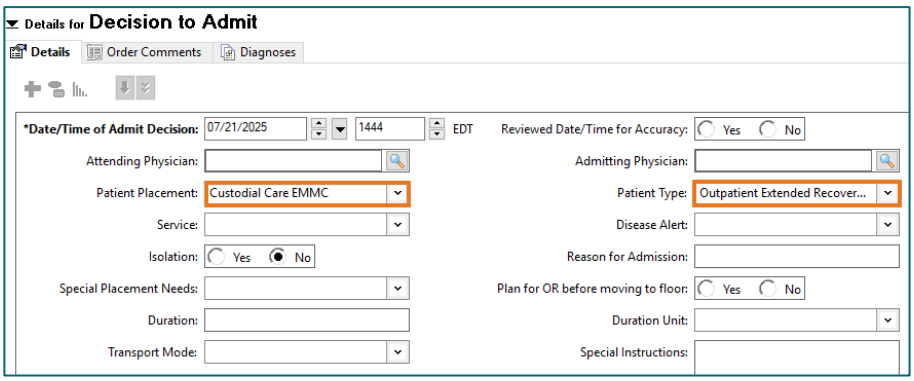
Care Managers

Inpatient

Custodial Care Order & Capacity Management Icon Update – EMMC Only – *Go-Live August 12*

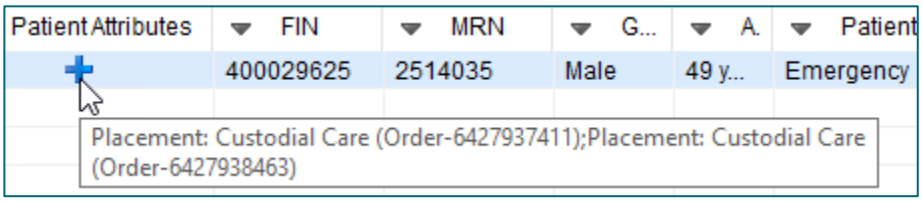
WHAT: **PowerChart Update**

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

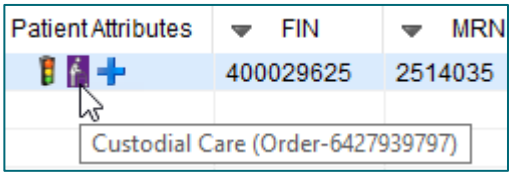


Capacity Management Enhancement

- 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.



- 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.



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
8/7/2025	Inpatient	CARD Pacemaker ICD Inpatient	Chlorhexidine update from scannable medication to procedure prep.
8/7/2025	Inpatient	CARD Structural Heart Inpatient	Chlorhexidine update from scannable medication to procedure prep.
8/7/2025	Inpatient	CARD SURG Pre Op	Chlorhexidine update from scannable medication to procedure prep.
8/7/2025	Outpatient	OP CARD Hybrid Afib Ablation Pre Op	Chlorhexidine update from scannable medication to procedure prep.
8/7/2025	Outpatient	OP CARD Pacemaker ICD Ablation	Chlorhexidine update from scannable medication to procedure prep.
8/7/2025	Outpatient	OP CARD Structural Heart	Chlorhexidine update from scannable medication to procedure prep.

Lab

Reminder: Activating Correct Lab Orders – *Effective Immediately*

WHAT: We would like to remind all staff of the importance of activating the correct lab orders, especially those ordered in oncology treatment regimens.

WHY: There have been instances where lab or clinical staff inadvertently activated lab orders that were part of a future treatment day within an oncology regimen. This can lead to confusion, delays, or the absence of necessary orders when the patient presents for treatment.

HOW: **Please keep the following in mind when activating future lab orders:**

- **Do not activate lab orders associated with a treatment regimen** unless the patient is having labs drawn for their treatment.

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Reviewing Lab Order Details

In the Department Order Entry tool, there are several indicators that a lab order is part of a regimen or was placed by an oncology provider:

- A **PowerPlan icon** next to the lab order. Hovering over this icon will show which PowerPlan the order belongs to.
- The **Grace Period date**, which helps determine the appropriate activation window.
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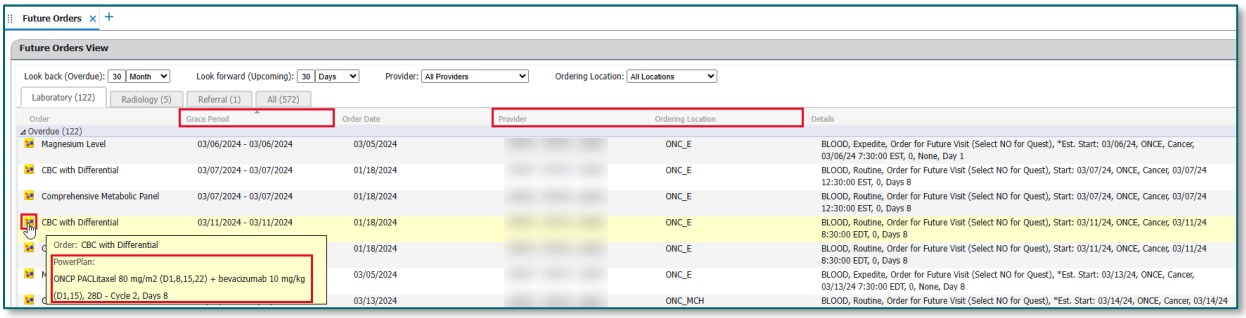

To view lab order details in PowerChart, navigate to the **Orders** tab and review the **Order Details** column. This section provides key information such as whether the order was placed as part of a PowerPlan, the estimated start date, and the ordering provider. Reviewing these details helps ensure the correct lab order is activated.

NOTE: Lab staff – please refer to the following **flyer** on how to update views in PowerChart.

WHEN: **Effective Immediately**

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

- Ambulatory/WIC
- Lab Locations

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:**

- Clinical Staff
- Lab Staff
- Patient Service Center Staff

Leadership

Ambulatory/WIC

Pressure Injury Optimization – Education Open July 7 – Deadline August 3

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Documentation Changes

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- Updates to the Incision/Wound/Skin dynamic group

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WHEN: **Monday, August 4, 2025**

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- 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:

- Nursing
- Wound/Ostomy Nurses
- Wound Validators

EDUCATION STRATEGY:

Online Promise Point Simulation Education

Nursing

- Curriculum: Annual Pressure Injury Prevention
- Course: NOLH-1425.2025 ACTCLN Document a Suspected Pressure Injury - Duration 12 mins
  - URL: www.promisepoint.com/northernlighthealth

Wound/Ostomy Nurses and Wound Validators

- Curriculum: Pressure Injury Wound Validator
- Course: NOLH-1065.55 ACTCLN Pressure Injury Wound Validator - Duration 16 mins
  - URL: www.promisepoint.com/northernlighthealth

- **Flyer-based education**

HOW:

Required Online Education in the PromisePoint Community

- **Online Simulator Education – Available Now!**
  - **URL:** www.promisepoint.com/northernlighthealth
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IMPORTANT: Video education must be completed before go-live.

KEY UPCOMING DATES:	**Date: July 7**	**PromisePoint Simulation Education Opens**
	Date: August 3	**DUE: All Assigned Education**
	Date: August 4	**Go-Live (Focused Rounding by Health Informatics)** Click to review **Go-Live Support Schedule**

Emergency

Pressure Injury Optimization – Education Open July 7 – Deadline August 3

WHAT: The workflow for documenting a Validated Pressure Injury is changing.

Documentation Changes

- New dynamic group – Validated Pressure Injury
- Updates to the Incision/Wound/Skin dynamic group

WHY: The workflow for documenting a Validated Pressure Injury is changing to improve workflow efficiencies.

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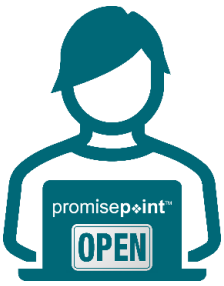

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Inpatient

Pressure Injury Optimization – Education Open July 7 – Deadline August 3

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

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Peri-Op

Pressure Injury Optimization – Education Open July 7 – Deadline August 3

WHAT: The workflow for documenting a Validated Pressure Injury is changing.

Documentation Changes

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- Acute/Inpatient (to include ED & Peri-Op)
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At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: **The change will affect the following staff:**

- Nursing
- Wound/Ostomy Nurses
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EDUCATION STRATEGY:

Online Promise Point Simulation Education

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Nursing, CNA, Medical Assistants

Ambulatory/WIC

Pressure Injury Optimization – Education Open July 7 – Deadline August 3

WHAT: The workflow for documenting a Validated Pressure Injury is changing.

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At the following NLH Member Organization(s):

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WHO: **The change will affect the following staff:**

- Nursing
- Wound/Ostomy Nurses
- Wound Validators

EDUCATION STRATEGY:

Online Promise Point Simulation Education

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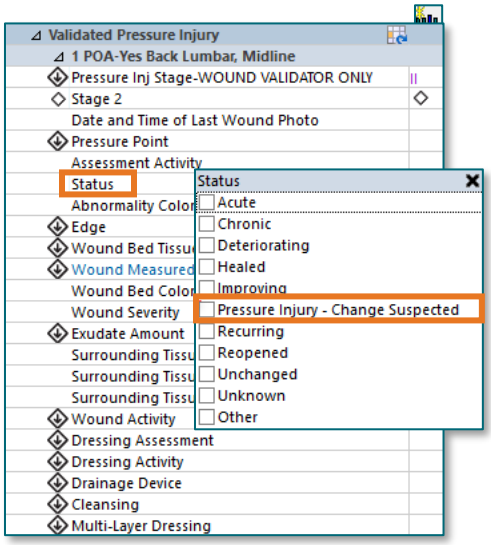
Pressure Injury Optimization

WHAT: The workflow for documenting a **Validated Pressure Injury** is changing.

New Validated Pressure Injury Dynamic Group

- Once a wound is **validated** as a **Pressure Injury**, the existing **Incision/Wound/Skin dynamic group** for that wound will be inactivated by the Wound Validator.
- Wound validators will create a new **Validated Pressure Injury dynamic group**.
    - The **Validated Pressure Injury section** will need to be pulled into view by the Wound Validator using **Customize View**.
    - The Validated Pressure Injury dynamic group label will include **Pressure Injury on Admission** (POA – Yes or POA – No).
        Pressure Injury **Number**, **Location**, **Laterality**, and **Description** should **match** the **Incision/Wound/Skin** dynamic group label.



NOTE: POA will not flow to the IRF-PAI Report. POA will need to be entered manually in UDS.

- Nursing will document pressure injury wound assessments and dressings in the new Validated Pressure Injury dynamic group.
- If the wound condition changes, nurses will document the **Status** as **Pressure Injury- Change Suspected**.
    A task for re-evaluation will go to the wound validators

NOTE: Nursing should NOT update the Pressure Injury Stage.

Existing Validated Pressure Injuries

- **Patients** who have an **existing Validated Pressure Injury** at the time of go-live should have the existing **Incision/Wound/Skin** dynamic group **inactivated** and a **new Validated Pressure Injury dynamic group** created.

- **Pressure Inj on Admission** has been added to the label.
- Document **Pressure Inj Stage-Wound Validators Only**.
- Document the same **Date and Time of Last Wound Photo** as seen in the inactivated Incision/Wound/Skin dynamic group.
  This will ensure nurses will receive the task to take the next wound photo.
- Document other information as needed.

Other Changes

- **Pressure Injury – Suspected Change** and **Validate Pressure Injury** have been removed from the **Incision/Wound/Skin Abnormality Type**.
- **Next Photo Date** has been removed from the **Incision/Wound/Skin** dynamic group.
  - **Date and Time of Last Wound Photo** will fire a CareCompass task seven days from the entered date prompting nursing to take the next photo.

Click here for **Wound Care – Pressure Injury Validator**.
Click here for **Wound Care Inpatient** and **ED Nurse workflow**.
Click here for information on the **Wound/Ostomy Care Multi-Patient Task List**.
Click here for **WOC** (Wound/Ostomy/Continence) **workflow**.
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WHY: The workflow for documenting a Validated Pressure Injury is changing to improve workflow efficiencies.

- **Validated Pressure Injury Abnormality Type** was being updated back to **Pressure-Injury – Suspected** after the wound was validated resulting in another request for evaluation going to the wound validator.
- **Present on Admission** documentation fluctuated on the same wound resulting in inaccurate documentation.

WHEN: **Monday, August 4, 2025**

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:**

- Nursing
- Wound/Ostomy Nurses
- Wound Validators

Reminder: Activating Correct Lab Orders – *Effective Immediately*

WHAT: We would like to remind all staff of the importance of activating the correct lab orders, especially those ordered in oncology treatment regimens.

WHY: There have been instances where lab or clinical staff inadvertently activated lab orders that were part of a future treatment day within an oncology regimen. This can lead to confusion, delays, or the absence of necessary orders when the patient presents for treatment.

HOW: **Please keep the following in mind when activating future lab orders:**

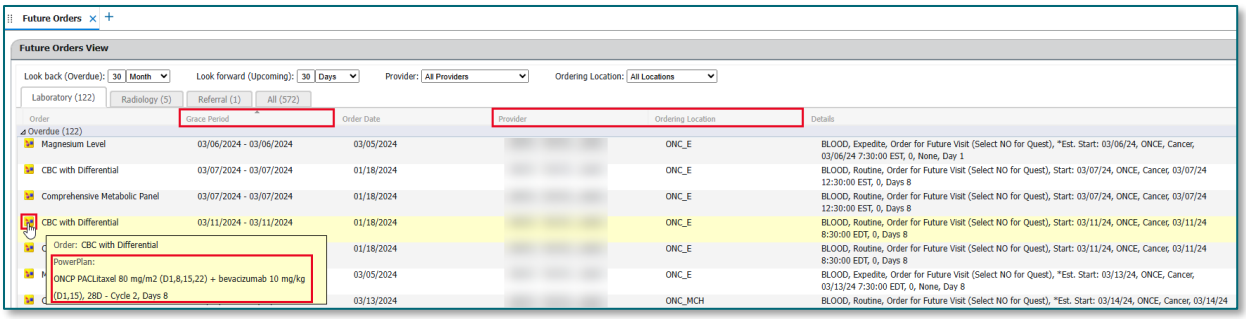
- **Do not activate lab orders associated with a treatment regimen** unless the patient is having labs drawn for their treatment.
- **Always verify the lab order date** to ensure it matches the intended date of service. Orders for future treatment days should not be used prematurely.

Reviewing Lab Order Details

In the Department Order Entry tool, there are several indicators that a lab order is part of a regimen or was placed by an oncology provider:

- A **PowerPlan icon** next to the lab order. Hovering over this icon will show which PowerPlan the order belongs to.
- The **Grace Period date**, which helps determine the appropriate activation window.

- The **Ordering Location** and **Ordering Provider**, which can provide additional context.



To view lab order details in PowerChart, navigate to the **Orders** tab and review the **Order Details** column. This section provides key information such as whether the order was placed as part of a PowerPlan, the estimated start date, and the ordering provider. Reviewing these details helps ensure the correct lab order is activated.

NOTE: Lab staff – please refer to the following **flyer** on how to update views in PowerChart.

WHEN: **Effective Immediately**

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

- Ambulatory/WIC
- Lab Locations

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:**

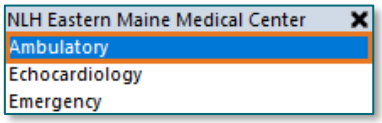
- Clinical Staff
- Lab Staff
- Patient Service Center Staff

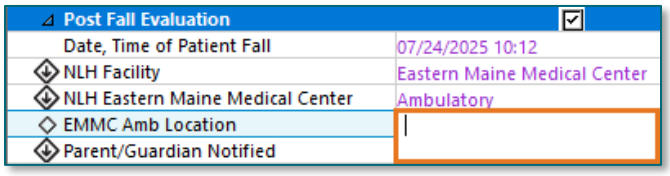
Post Fall Evaluation – Ambulatory Location Option Added

WHAT: A new **Ambulatory** option has been added to the list of location selections for each NLH Facility within the **Post Fall Evaluation** section in iView.

Documenting Post Fall Evaluation for an Ambulatory Location

- Select the applicable facility in the **NLH Facility** field.
- Choose **Ambulatory** from the list of locations/areas.





- A free-text field opens. Enter the name of the ambulatory location.
- Continue filling out the remaining applicable post fall evaluation fields.

NOTE: The update will apply to all iView bands that include the Post Fall Evaluation section.

WHY: The enhancement provides clinical staff with a designated area to accurately document post-fall evaluations occurring in ambulatory care settings, ensuring more precise and consistent reporting.

WHEN: **Wednesday, August 6, 2025**

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

- 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:**

- Clinical Staff

Emergency

Pressure Injury Optimization – Education Open July 7 – Deadline August 3

WHAT: The workflow for documenting a Validated Pressure Injury is changing.

Documentation Changes

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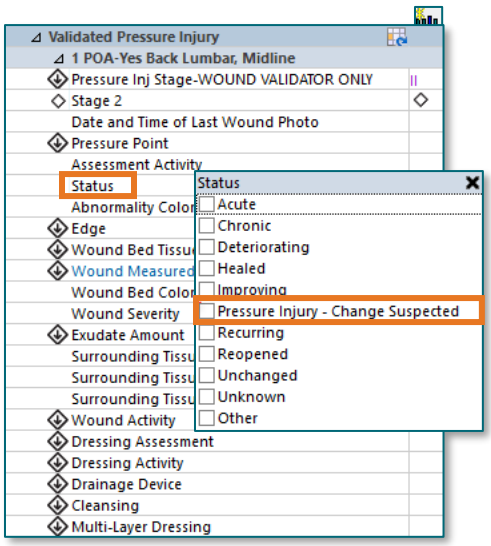

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- Acute/Inpatient (to include ED & Peri-Op)
- Ambulatory/WIC

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:**

- Nursing
- Wound/Ostomy Nurses
- Wound Validators

Auto-Disassociation with Enhanced Patient2Device Association (EP2DA) Update (Excludes EMMC and Mercy)

WHAT: Rules have been established to auto-disassociate the monitor and ventilator when a patient's registration location changes:

- Transfers from one nursing unit to another.
- One room to another within the same nursing unit.
- Transferred to another bed within the same room.
- When the patient encounter is discharged (already occurring).

NOTE: PACU will need to **manually disassociate** patients from the monitor who are **returning** to a nursing unit.

If a patient encounter is accidently discharged, the patient needs to be reassociated to the monitor.

When a patient is moved from one location to another, the monitor and ventilator if applicable, will need to be reassociated to the patient.

WHY: Currently monitors and ventilators that are not manually disassociated from a patient remain associated to the patient. When another patient is placed on that monitor, it can lead to wrong information flowing into a patient chart. The auto-disassociation will reduce the likelihood of patient's data going to another patient's chart.

WHEN: **Monday, August 4, 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 Acadia Hospital
- NL AR Gould Hospital
- NL Blue Hill Hospital
- NL CA Dean Hospital
- NL Maine Coast Hospital
- NL Sebasticook Valley Hospital

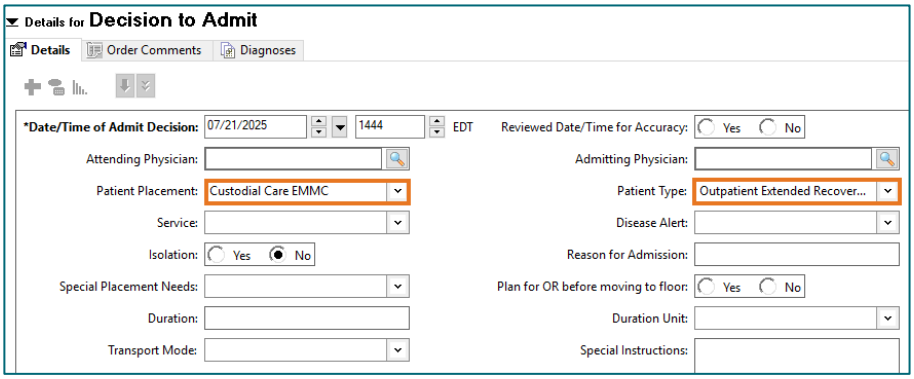
WHO: **The change will affect the following staff at the above noted locations:**

- Nurses
- Nurse Techs
- Respiratory Therapists

Custodial Care Order & Capacity Management Icon Update – EMMC Only – *Go-Live August 12*

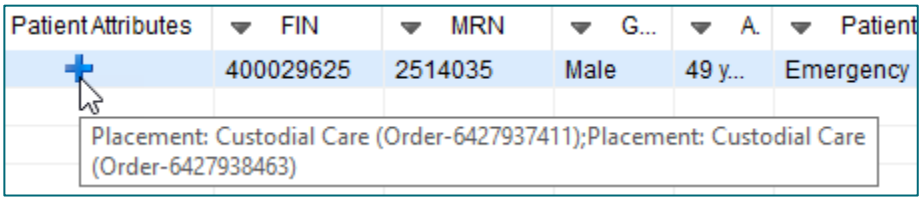
WHAT: ### PowerChart Update

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

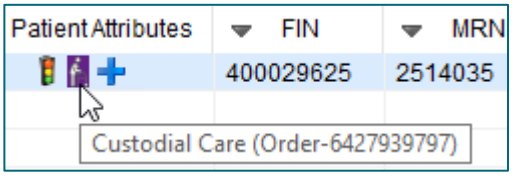


Capacity Management Enhancement

- 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.



- 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.



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

Inpatient

Pressure Injury Optimization – Education Open July 7 – Deadline August 3

WHAT: The workflow for documenting a Validated Pressure Injury is changing.

Documentation Changes

- New dynamic group – Validated Pressure Injury
- Updates to the Incision/Wound/Skin dynamic group

WHY: The workflow for documenting a Validated Pressure Injury is changing to improve workflow efficiencies.

- Validated Pressure Injury Abnormality Type was being updated back to Pressure Injury – Suspected after the wound was validated resulting in another request for evaluation going to the wound validator.
- Present on Admission documentation fluctuated on the same wound resulting in inaccurate documentation.

WHEN: **Monday, August 4, 2025**

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:**

- Nursing
- Wound/Ostomy Nurses
- Wound Validators

EDUCATION STRATEGY:

Online Promise Point Simulation Education

Nursing

- Curriculum: Annual Pressure Injury Prevention
- Course: NOLH-1425.2025 ACTCLN Document a Suspected Pressure Injury - Duration 12 mins
  - URL: www.promisepoint.com/northernlighthealth

Wound/Ostomy Nurses and Wound Validators

- Curriculum: Pressure Injury Wound Validator
- Course: NOLH-1065.55 ACTCLN Pressure Injury Wound Validator - Duration 16 mins
  - URL: www.promisepoint.com/northernlighthealth

Flyer-based education

HOW:

Required Online Education in the PromisePoint Community

- **Online Simulator Education – Available Now!**
  - **URL:** www.promisepoint.com/northernlighthealth
  - **Username:**
    - **NLH Employees:** Seven-digit employee number with leading zeros, e.g., 0098765
    - **Contracted Employees:** Username provided at the time of hire
  - **Initial Password:** password
    - Initial password is all lowercase.
    - If PromisePoint password has been previously set-up, please use that password.
  - **Need a password reset?** Click this link to reach out to Health Informatics (resets are available M-F, 08:00-16:30).

IMPORTANT: Video education must be completed before go-live.

KEY UPCOMING DATES:

Date: July 7	**PromisePoint Simulation Education Opens**
Date: August 3	**DUE: All Assigned Education**
Date: August 4	**Go-Live (Focused Rounding by Health Informatics)**
	Click to review Go-Live Support Schedule

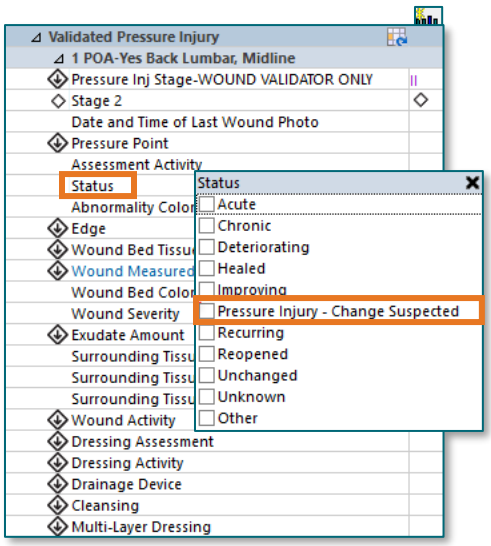
Pressure Injury Optimization

WHAT: The workflow for documenting a **Validated Pressure Injury** is changing.

New Validated Pressure Injury Dynamic Group

- Once a wound is **validated** as a **Pressure Injury**, the existing **Incision/Wound/Skin dynamic group** for that wound will be inactivated by the Wound Validator.
- Wound validators will create a new **Validated Pressure Injury dynamic group**.

- The **Validated Pressure Injury section** will need to be pulled into view by the Wound Validator using **Customize View**.
- The Validated Pressure Injury dynamic group label will include **Pressure Injury on Admission** (POA – Yes or POA – No).
  Pressure Injury **Number**, **Location**, **Laterality**, and **Description** should **match** the **Incision/Wound/Skin** dynamic group label.



NOTE: POA will not flow to the IRF-PAI Report. POA will need to be entered manually in UDS.

- Nursing will document pressure injury wound assessments and dressings in the new Validated Pressure Injury dynamic group.
- If the wound condition changes, nurses will document the **Status** as **Pressure Injury- Change Suspected**.
  A task for re-evaluation will go to the wound validators

NOTE: Nursing should NOT update the Pressure Injury Stage.

Existing Validated Pressure Injuries

- **Patients** who have an **existing Validated Pressure Injury** at the time of go-live should have the existing **Incision/Wound/Skin** dynamic group **inactivated** and a **new Validated Pressure Injury dynamic group** created.
  - **Pressure Inj on Admission** has been added to the label.
  - Document **Pressure Inj Stage-Wound Validators Only**.
  - Document the same **Date and Time of Last Wound Photo** as seen in the inactivated Incision/Wound/Skin dynamic group.
    This will ensure nurses will receive the task to take the next wound photo.
  - Document other information as needed.

Other Changes

- **Pressure Injury – Suspected Change** and **Validate Pressure Injury** have been removed from the **Incision/Wound/Skin Abnormality Type**.
- **Next Photo Date** has been removed from the **Incision/Wound/Skin** dynamic group.
    - **Date and Time of Last Wound Photo** will fire a CareCompass task seven days from the entered date prompting nursing to take the next photo.

Click here for **Wound Care – Pressure Injury Validator**.
Click here for **Wound Care Inpatient** and **ED Nurse workflow**.
Click here for information on the **Wound/Ostomy Care Multi-Patient Task List**.
Click here for **WOC** (Wound/Ostomy/Continence) **workflow**.
Click here for **Media Gallery Workflow**.

WHY: The workflow for documenting a Validated Pressure Injury is changing to improve workflow efficiencies.

- **Validated Pressure Injury Abnormality Type** was being updated back to **Pressure-Injury – Suspected** after the wound was validated resulting in another request for evaluation going to the wound validator.
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WHEN: **Monday, August 4, 2025**

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:**

- Nursing
- Wound/Ostomy Nurses
- Wound Validators

Auto-Disassociation with Enhanced Patient2Device Association (EP2DA) Update (Excludes EMMC and Mercy)

WHAT: Rules have been established to auto-disassociate the monitor and ventilator when a patient's registration location changes:

- Transfers from one nursing unit to another.
- One room to another within the same nursing unit.
- Transferred to another bed within the same room.
- When the patient encounter is discharged (already occurring).

NOTE: PACU will need to **manually disassociate** patients from the monitor who are **returning** to a nursing unit.

If a patient encounter is accidently discharged, the patient needs to be reassociated to the monitor.

When a patient is moved from one location to another, the monitor and ventilator if applicable, will need to be reassociated to the patient.

WHY: Currently monitors and ventilators that are not manually disassociated from a patient remain associated to the patient. When another patient is placed on that monitor, it can lead to wrong information flowing into a patient chart. The auto-disassociation will reduce the likelihood of patient's data going to another patient's chart.

WHEN: **Monday, August 4, 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 Acadia Hospital
- NL AR Gould Hospital
- NL Blue Hill Hospital
- NL CA Dean Hospital
- NL Maine Coast Hospital
- NL Sebasticook Valley Hospital

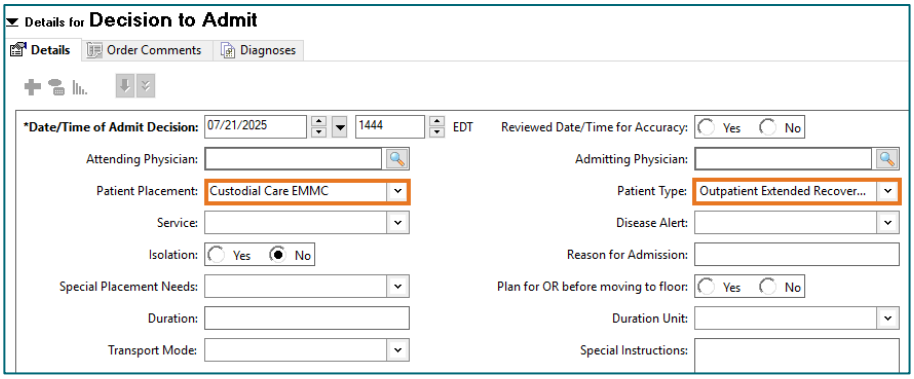
WHO: **The change will affect the following staff at the above noted locations:**

- Nurses
- Nurse Techs
- Respiratory Therapists

Custodial Care Order & Capacity Management Icon Update – EMMC Only – *Go-Live August 12*

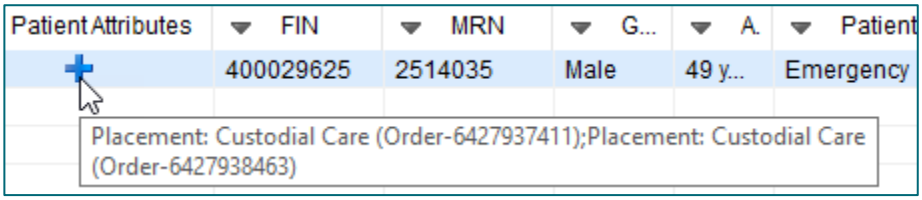
WHAT: ### PowerChart Update

- 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.



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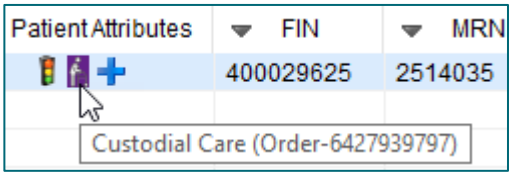

WHY:

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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

Pressure Injury Optimization – Education Open July 7 – Deadline August 3

WHAT: The workflow for documenting a Validated Pressure Injury is changing.

Documentation Changes

- New dynamic group – Validated Pressure Injury
- Updates to the Incision/Wound/Skin dynamic group

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WHO: **The change will affect the following staff:**

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EDUCATION STRATEGY:

Online Promise Point Simulation Education

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- Curriculum: Annual Pressure Injury Prevention
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- **Flyer-based education**

HOW:

Required Online Education in the PromisePoint Community

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Pressure Injury Optimization

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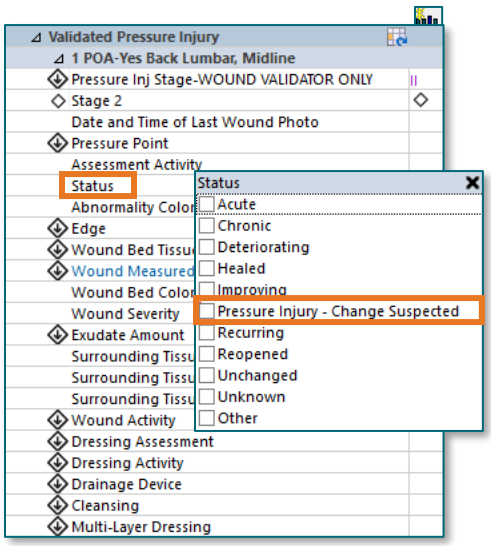

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WHEN: **Monday, August 4, 2025**

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:**

- Nursing
- Wound/Ostomy Nurses
- Wound Validators

Auto-Disassociation with Enhanced Patient2Device Association (EP2DA) Update (Excludes EMMC and Mercy)

WHAT: Rules have been established to auto-disassociate the monitor and ventilator when a patient's registration location changes:

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

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

At the following NLH Member Organization(s):

- NL Acadia Hospital
- NL AR Gould Hospital
- NL Blue Hill Hospital
- NL CA Dean Hospital
- NL Maine Coast Hospital
- NL Sebasticook Valley Hospital

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

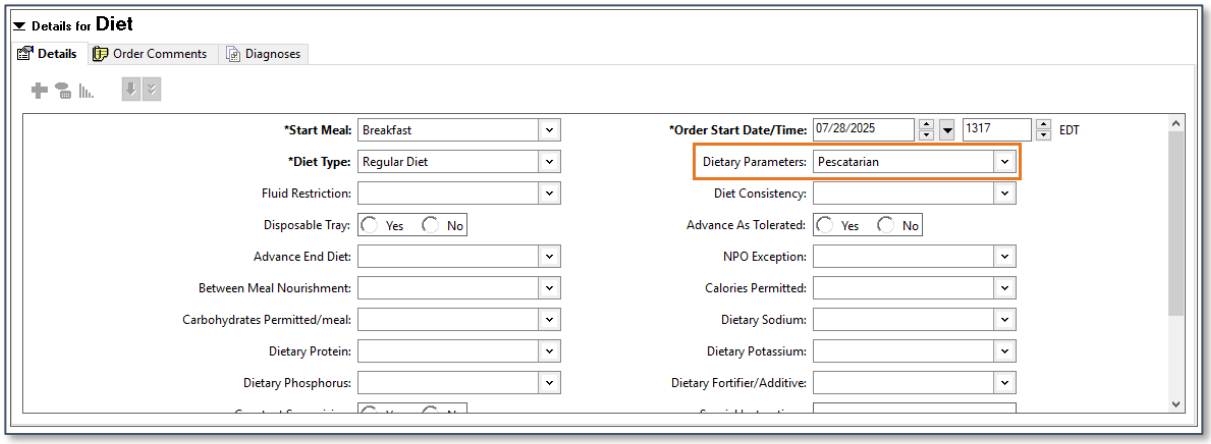
- Nurses
- Nurse Techs
- Respiratory Therapists

Nutrition

Inpatient Only

Dietary Parameter Update – *Go-Live August 12*

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



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

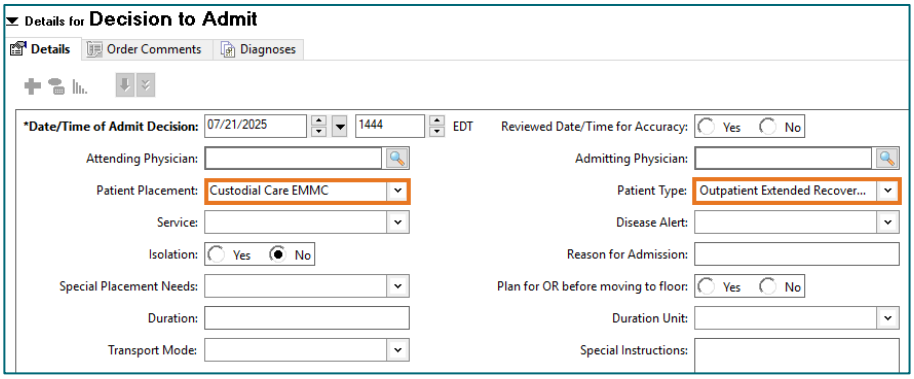
Physicians, Physician Assistants, Nurse Practitioners

Emergency

Custodial Care Order & Capacity Management Icon Update – EMMC Only – *Go-Live August 12*

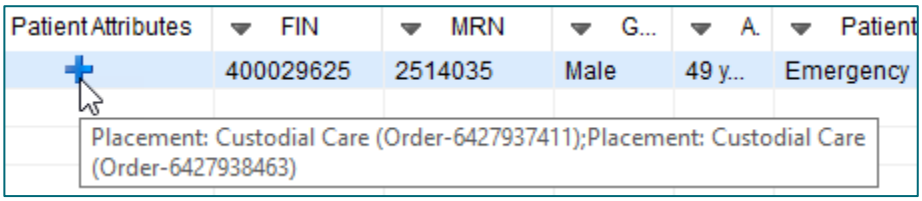
WHAT: **PowerChart Update**

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

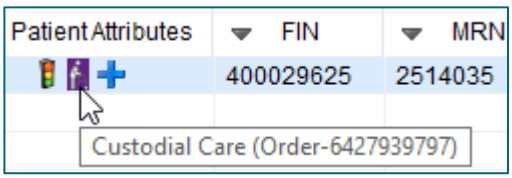


Capacity Management Enhancement

- 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.



- 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.



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.
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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):

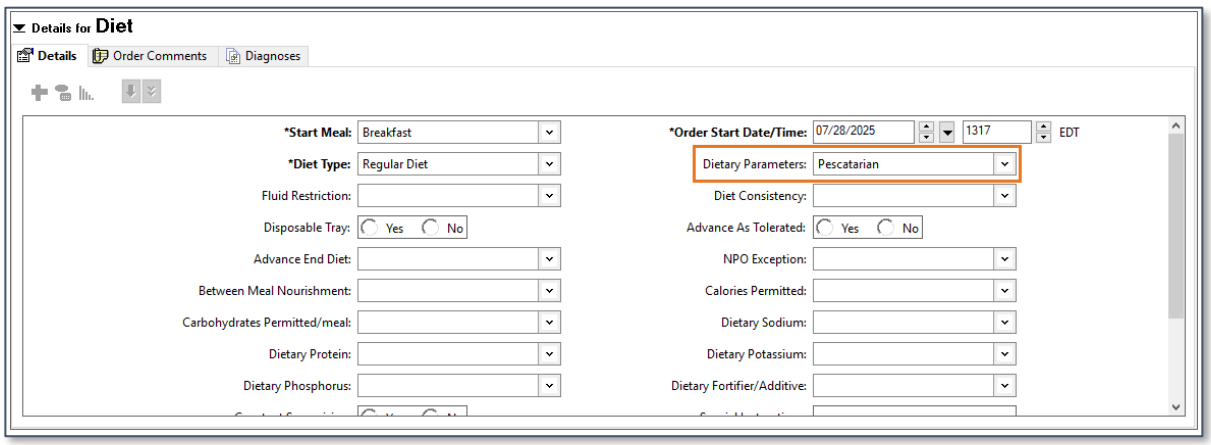
- EMMC Only

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

- Care Management
- Nursing
- Providers
- Transfer Center

Dietary Parameter Update – *Go-Live August 12*

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



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

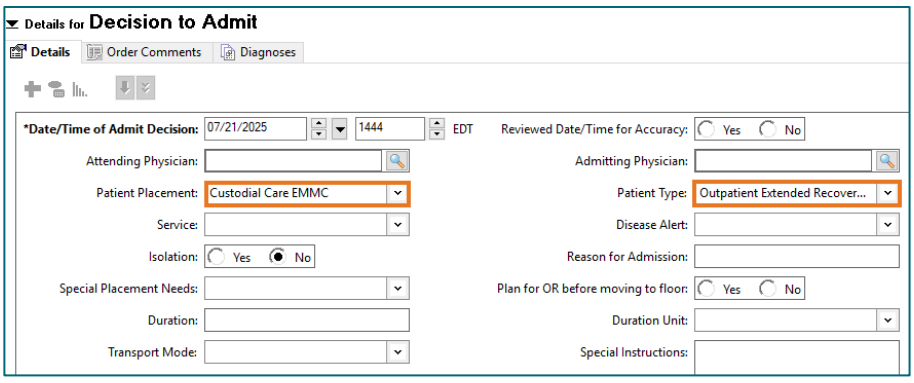
Inpatient

Custodial Care Order & Capacity Management Icon Update – EMMC Only – *Go-Live August 12*

WHAT:

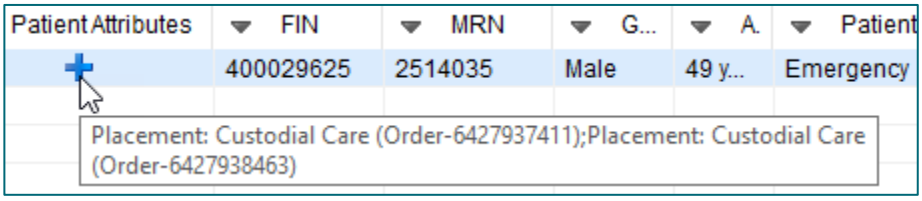
PowerChart Update

- 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.



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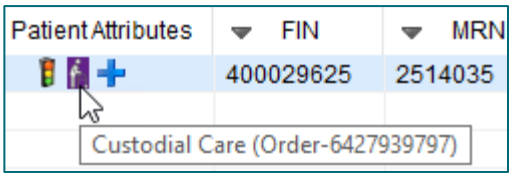

WHY:

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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):

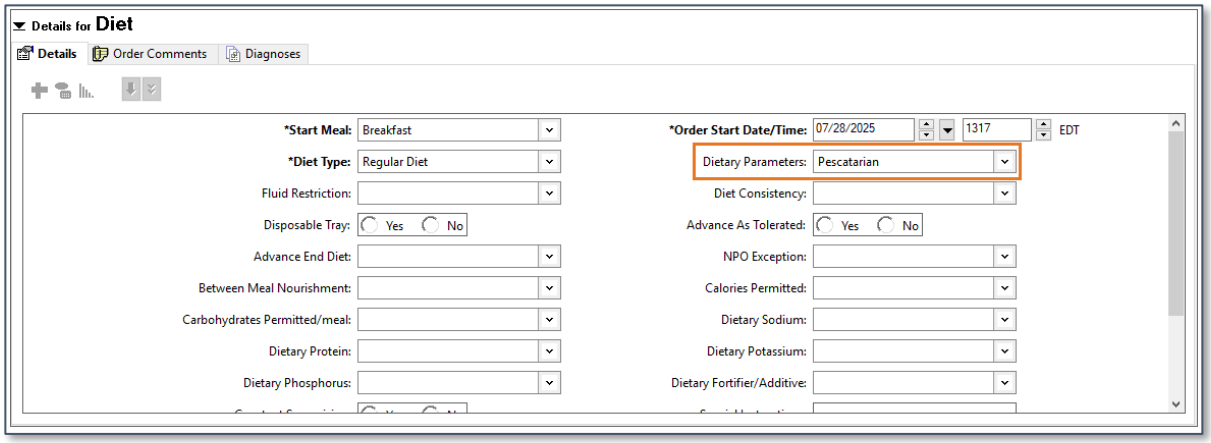
- EMMC Only

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

- Care Management
- Nursing
- Providers
- Transfer Center

Dietary Parameter Update – *Go-Live August 12*

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



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
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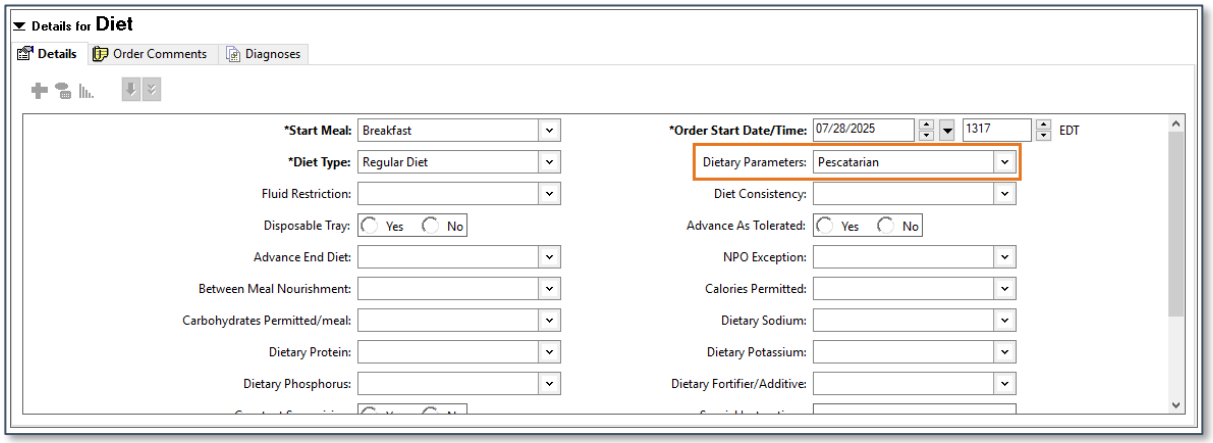
Peri-Op

Dietary Parameter Update – *Go-Live August 12*

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



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

Quest Patient Services Centers – PSC Staff

Reminder: Activating Correct Lab Orders – *Effective Immediately*

WHAT: We would like to remind all staff of the importance of activating the correct lab orders, especially those ordered in oncology treatment regimens.

WHY: There have been instances where lab or clinical staff inadvertently activated lab orders that were part of a future treatment day within an oncology regimen. This can lead to confusion, delays, or the absence of necessary orders when the patient presents for treatment.

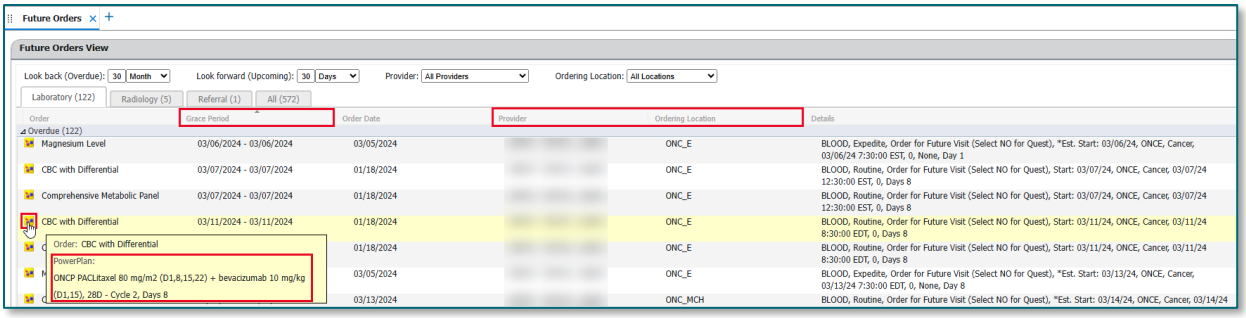
HOW: **Please keep the following in mind when activating future lab orders:**

- **Do not activate lab orders associated with a treatment regimen** unless the patient is having labs drawn for their treatment.
- **Always verify the lab order date** to ensure it matches the intended date of service. Orders for future treatment days should not be used prematurely.

Reviewing Lab Order Details

In the Department Order Entry tool, there are several indicators that a lab order is part of a regimen or was placed by an oncology provider:

- A **PowerPlan icon** next to the lab order. Hovering over this icon will show which PowerPlan the order belongs to.
- The **Grace Period date**, which helps determine the appropriate activation window.
- The **Ordering Location** and **Ordering Provider**, which can provide additional context.



To view lab order details in PowerChart, navigate to the **Orders** tab and review the **Order Details** column. This section provides key information such as whether the order was placed as part of a PowerPlan, the estimated start date, and the ordering provider. Reviewing these details helps ensure the correct lab order is activated.

NOTE: Lab staff – please refer to the following **flyer** on how to update views in PowerChart.

WHEN: **Effective Immediately**

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

- Ambulatory/WIC
- Lab Locations

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:**

- Clinical Staff
- Lab Staff
- Patient Service Center Staff

Therapies: Respiratory

Inpatient

Auto-Disassociation with Enhanced Patient2Device Association (EP2DA) Update (Excludes EMMC and Mercy)

WHAT: Rules have been established to auto-disassociate the monitor and ventilator when a patient's registration location changes:

- Transfers from one nursing unit to another.
- One room to another within the same nursing unit.
- Transferred to another bed within the same room.
- When the patient encounter is discharged (already occurring).

NOTE: PACU will need to **manually disassociate** patients from the monitor who are **returning** to a nursing unit.

If a patient encounter is accidently discharged, the patient needs to be reassociated to the monitor.

When a patient is moved from one location to another, the monitor and ventilator if applicable, will need to be reassociated to the patient.

WHY: Currently monitors and ventilators that are not manually disassociated from a patient remain associated to the patient. When another patient is placed on that monitor, it can lead to wrong information flowing into a patient chart. The auto-disassociation will reduce the likelihood of patient's data going to another patient's chart.

WHEN: **Monday, August 4, 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 Acadia Hospital
- NL AR Gould Hospital
- NL Blue Hill Hospital
- NL CA Dean Hospital
- NL Maine Coast Hospital
- NL Sebasticook Valley Hospital

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

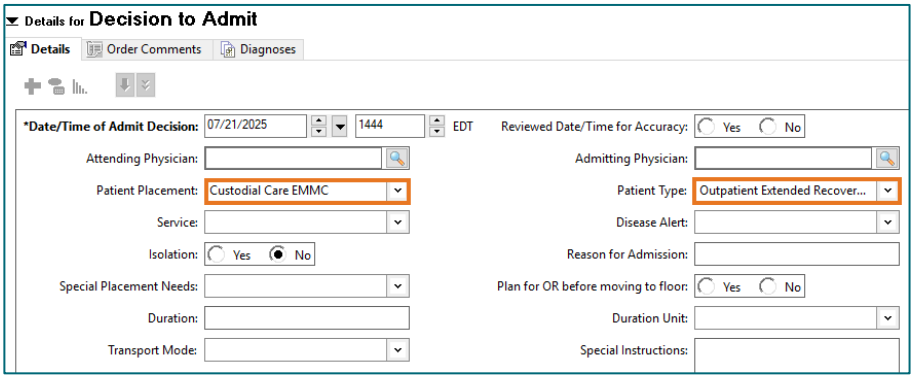
- Nurses
- Nurse Techs
- Respiratory Therapists

Transfer Center

Custodial Care Order & Capacity Management Icon Update – EMMC Only – *Go-Live August 12*

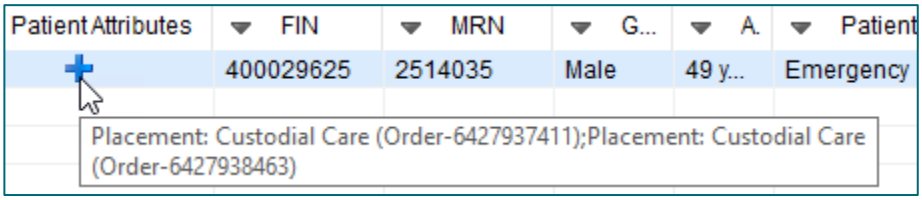
WHAT: **PowerChart Update**

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

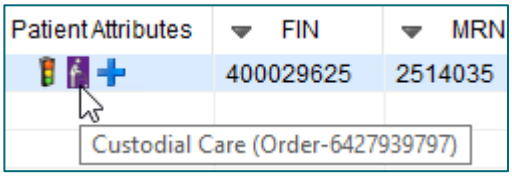


Capacity Management Enhancement

- 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.



- 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.



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

Wound Validators

Pressure Injury Optimization – Education Open July 7 – Deadline August 3

WHAT: The workflow for documenting a Validated Pressure Injury is changing.

Documentation Changes

- New dynamic group – Validated Pressure Injury
- Updates to the Incision/Wound/Skin dynamic group

WHY: The workflow for documenting a Validated Pressure Injury is changing to improve workflow efficiencies.

- Validated Pressure Injury Abnormality Type was being updated back to Pressure Injury – Suspected after the wound was validated resulting in another request for evaluation going to the wound validator.
- Present on Admission documentation fluctuated on the same wound resulting in inaccurate documentation.

WHEN: **Monday, August 4, 2025**

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:

- Nursing
- Wound/Ostomy Nurses
- Wound Validators

EDUCATION STRATEGY:

Online Promise Point Simulation Education

Nursing

- Curriculum: Annual Pressure Injury Prevention
- Course: NOLH-1425.2025 ACTCLN Document a Suspected Pressure Injury - Duration 12 mins
  - URL: www.promisepoint.com/northernlighthealth

Wound/Ostomy Nurses and Wound Validators

- Curriculum: Pressure Injury Wound Validator
- Course: NOLH-1065.55 ACTCLN Pressure Injury Wound Validator - Duration 16 mins
  - URL: www.promisepoint.com/northernlighthealth

- **Flyer-based education**

HOW:

Required Online Education in the PromisePoint Community

- **Online Simulator Education – Available Now!**
  - **URL:** www.promisepoint.com/northernlighthealth
  - **Username:**
    - **NLH Employees:** Seven-digit employee number with leading zeros, e.g., 0098765
    - **Contracted Employees:** Username provided at the time of hire
  - **Initial Password:** password
    - Initial password is all lowercase.
    - If PromisePoint password has been previously set-up, please use that password.
  - **Need a password reset?** Click this link to reach out to Health Informatics (resets are available M-F, 08:00-16:30).

IMPORTANT: Video education must be completed before go-live.

KEY UPCOMING DATES:

Date: July 7	**PromisePoint Simulation Education Opens**
Date: August 3	**DUE: All Assigned Education**
Date: August 4	**Go-Live (Focused Rounding by Health Informatics)**
	Click to review Go-Live Support Schedule

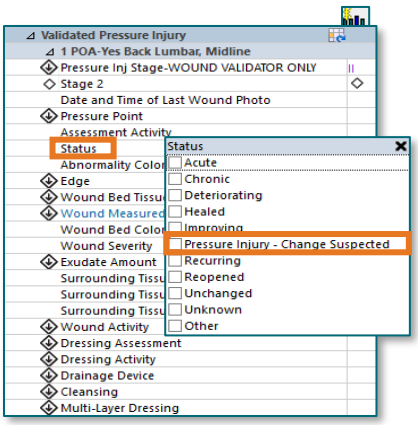
Pressure Injury Optimization

WHAT: The workflow for documenting a **Validated Pressure Injury** is changing.

New Validated Pressure Injury Dynamic Group

- Once a wound is **validated** as a **Pressure Injury**, the existing **Incision/Wound/Skin dynamic group** for that wound will be inactivated by the Wound Validator.
- Wound validators will create a new **Validated Pressure Injury dynamic group**.

- The **Validated Pressure Injury section** will need to be pulled into view by the Wound Validator using **Customize View**.
- The Validated Pressure Injury dynamic group label will include **Pressure Injury on Admission** (POA – Yes or POA – No).



Pressure Injury **Number**, **Location**, **Laterality**, and **Description** should **match** the **Incision/Wound/Skin** dynamic group label.

NOTE: POA will not flow to the IRF-PAI Report. POA will need to be entered manually in UDS.

- Nursing will document pressure injury wound assessments and dressings in the new Validated Pressure Injury dynamic group.
- If the wound condition changes, nurses will document the **Status** as **Pressure Injury- Change Suspected**.

A task for re-evaluation will go to the wound validators

NOTE: Nursing should NOT update the Pressure Injury Stage.

Existing Validated Pressure Injuries

- **Patients** who have an **existing Validated Pressure Injury** at the time of go-live should have the existing **Incision/Wound/Skin** dynamic group **inactivated** and a **new Validated Pressure Injury dynamic group** created.
  - **Pressure Inj on Admission** has been added to the label.
  - Document **Pressure Inj Stage-Wound Validators Only**.
  - Document the same **Date and Time of Last Wound Photo** as seen in the inactivated Incision/Wound/Skin dynamic group.

    This will ensure nurses will receive the task to take the next wound photo.
  - Document other information as needed.

Other Changes

- **Pressure Injury – Suspected Change** and **Validate Pressure Injury** have been removed from the **Incision/Wound/Skin Abnormality Type**.

- **Next Photo Date** has been removed from the **Incision/Wound/Skin** dynamic group.
    - **Date and Time of Last Wound Photo** will fire a CareCompass task seven days from the entered date prompting nursing to take the next photo.

Click here for **Wound Care – Pressure Injury Validator**.
Click here for **Wound Care Inpatient** and **ED Nurse workflow**.
Click here for information on the **Wound/Ostomy Care Multi-Patient Task List**.
Click here for **WOC** (Wound/Ostomy/Continence) **workflow**.
Click here for **Media Gallery Workflow**.

WHY: The workflow for documenting a Validated Pressure Injury is changing to improve workflow efficiencies.

- **Validated Pressure Injury Abnormality Type** was being updated back to **Pressure-Injury – Suspected** after the wound was validated resulting in another request for evaluation going to the wound validator.
- **Present on Admission** documentation fluctuated on the same wound resulting in inaccurate documentation.

WHEN: **Monday, August 4, 2025**

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:**

- Nursing
- Wound/Ostomy Nurses
- Wound Validators