



Northern Light Health Oracle Health (Cerner) Millennium EHR Updates

Week of July 30 – August 5, 2026

For more information on how to navigate this Flash Flyer effectively, click [here](#).

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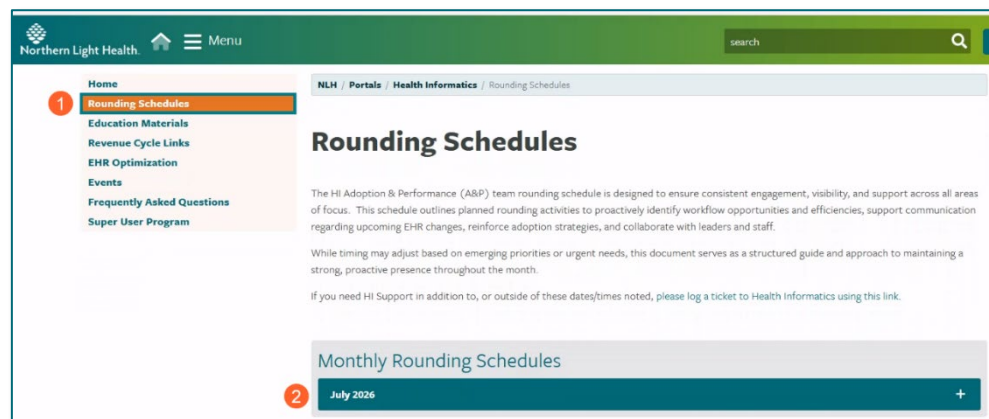
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Bed Management

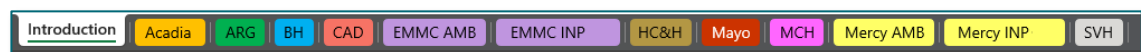
Health Informatics Adoption & Performance Rounding Schedules

WHAT: As we continue our monthly publication process, the Health Informatics Adoption & Performance (A&P) team is sharing the **August 2026 rounding schedule**. These schedules outline planned rounding activities intended to proactively identify opportunities for improvement and efficiency, support communication around upcoming clinical and EHR changes, reinforce adoption strategies, and strengthen collaboration with leaders and staff.

- NLH leaders, staff, and providers may access the monthly schedules through the [Health Informatics Portal](#) and selecting the applicable month.



- The schedule document includes individual tabs for each NLH hospital. EMMC and Mercy each include separate tabs for ambulatory and inpatient rounding schedules.



WHY: The monthly schedules are intended to promote consistent engagement, visibility, and support across all NLH areas of focus. While timing may shift based on emerging priorities or urgent needs, the schedule provides a structured guide for maintaining a proactive and coordinated Health Informatics presence throughout the month.

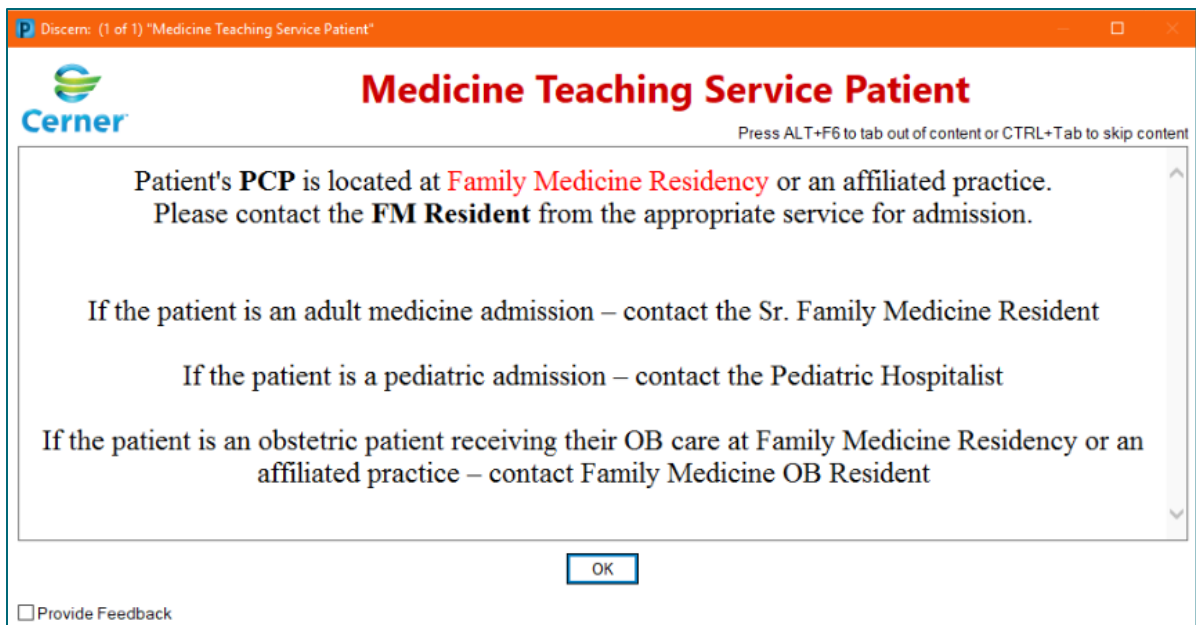
WHEN: Monday, August 3, 2026

WHERE/ This applies to all leaders, providers, and staff across all NLH hospitals, including
WHO: Mayo Hospital.

EMMC Only: Medical Teaching Service Patient Alert and Identification

WHAT: When a **Decision to Admit** order is placed in the **Emergency Department**, the **Medicine Teaching Services Patient** alert will be triggered for patients whose PCP is located at Family Medicine Residency or an affiliated practice. The alert prompts for coordination with the appropriate service for admission. These patients will also be flagged with a visual icon in **Capacity Management** and on the **CareView Boards** to support quick and consistent recognition.

FirstNet Alert



Capacity Management & CareView Board Icon

NOTE: If the PCP is updated after the decision to admit order has been placed, then the icon will show up in Capacity Management and CareView upon the chart being opened in PowerChart.

WHY: The change improves timely identification and coordination of care for patients enrolled in Family Medicine Residency or an affiliated practice when they present to the Emergency Department. The automated alert and associated visual icon enhance situational awareness for clinical and operational teams,

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supporting clearer communication, more efficient patient flow, and appropriate involvement of the residency care team during the admission process. Ultimately, this promotes continuity of care, patient safety, and operational efficiency.

WHEN: Tuesday, August 4, 2026

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

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- NL EMMC only

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

- Bed Management
 - Inpatient Clinical Staff
 - Physicians
-

Behavioral Health Staff

All Ambulatory & Inpatient Care Areas

Infectious Disease Risk Screening Updates

WHAT: The **Infectious Disease Risk Screening** has been updated to improve clarity and streamline documentation.

The screenshot displays the 'Infectious Disease Risk Screening' form with several updates highlighted by orange boxes:

- Travel Assessment:** The question 'Have you traveled within the past 30 days OR Have you had contact with an ill person who has traveled within the past 30 days?' is highlighted. The radio button options are:
☐ Yes, patient traveled
☐ Yes, patient in contact with an ill person who traveled
☐ No
☐ Unable to obtain
- Location of Travel:** A text field for 'Location of Travel' is highlighted.
- Overnight Stay:** The question 'Have you had an overnight stay in a healthcare facility OUTSIDE OF THE US in the last 6 months?' is highlighted, with 'OUTSIDE OF THE US' in all caps. Radio button options are:
☐ Yes
☐ No
- Infection Control Risk Assessment Factors:** A table with columns 'Yes', 'No', and 'Unable to obtain' is highlighted. The rows are:
Exposure to Comm Disease Past 21 Days
New or Worsening Cough
Febrile Illness with Rash
Active Pulmonary TB
Pos TB Test and/or Exposure to TB Last 10 Wks
Active Diarrheal Disease
- Communicable Disease Exposure:** A text field for 'Communicable Disease Exposure' is highlighted.
- History of Antibiotic Resistant Organism:** Radio button options are:
☐ Yes
☐ No
- Resistant Organism:** Checkboxes for MRSA, VRE, ESBL, and CRE are highlighted. A legend at the bottom defines these abbreviations:
CRE: Carbapenem Resistant Enterobacteriaceae
MDRO: Multi-drug Resistant Organisms
ESBL: Extended-Spectrum Beta-lactamase
MRSA: Methicillin Resistant Staphylococcus Aureus
VRE: Vancomycin Resistant Enterococcus

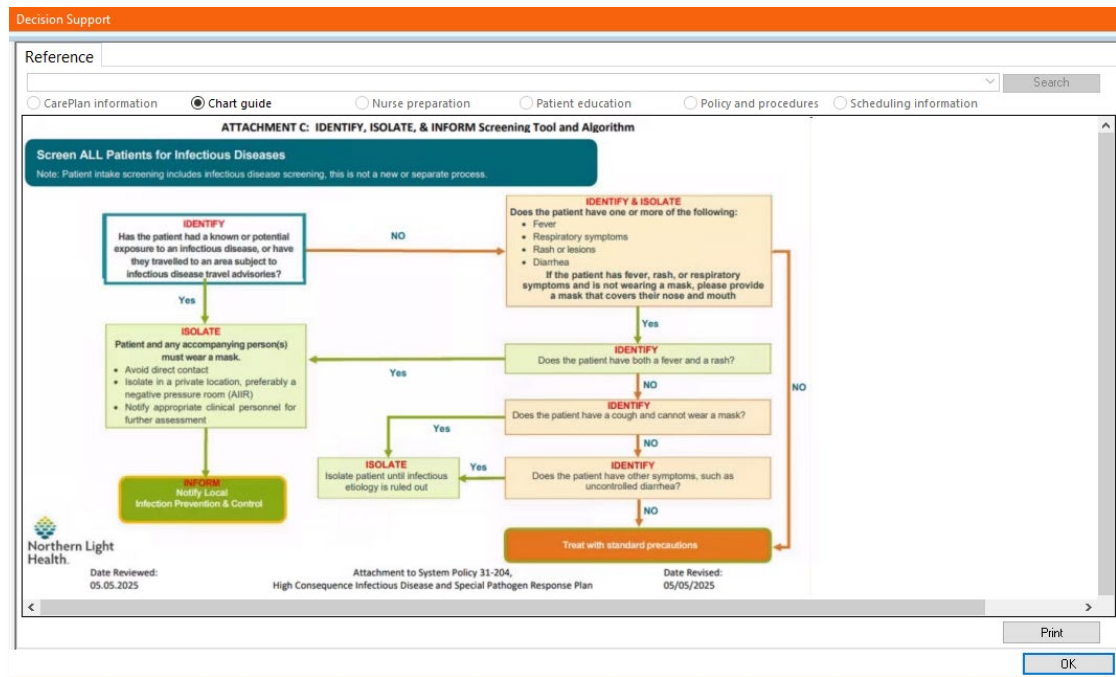
A blue box at the bottom left contains the following text:
Comm Diseases not limited to: COVID, FLU, and RSV, MPx, Ebola, or other Viral Hemorrhagic Fevers, highly pathogenic Avian Influenza, measles
If yes to any of the above factors, please follow the Identify, Isolate, and Inform algorithm.
Right-Click on any answer field above to see the algorithm in the reference text.

- The travel assessment timeframe has been reduced to **30 days**.
- **Infection Control Risk Assessment Factors** grid has been simplified, with select questions combined or removed.
 - Selecting **Yes** for **Exposure to Comm Disease Past 21 Days** opens **Communicable Disease Exposure**, allowing for detailed documentation of the specific disease the patient was exposed to.
- The phrase **OUTSIDE OF THE US** has been capitalized when referencing overnight stays in a healthcare facility to enhance visibility.
- **Reference text** was added to identify communicable diseases that should be assessed for exposure.

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- Right-click anywhere in the grid to view reference text for the **Identify, Isolate, & Inform Screening Tool and Algorithm**.



WHY: These updates ensure the Infectious Disease Screening documentation aligns with regulatory requirements, enhances patient safety, and promotes standardization of care.

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:

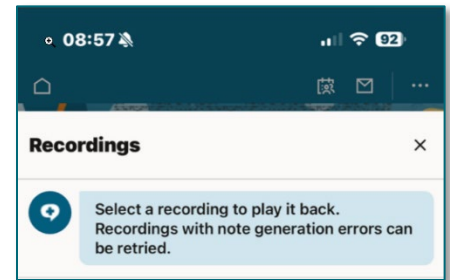
- Medical Assistants
- Nursing

Clinical AI Agent (CAA) Updates

WHAT: Oracle Cerner will be releasing several Clinical AI Agent (CAA) enhancements designed to support and improve provider workflows.

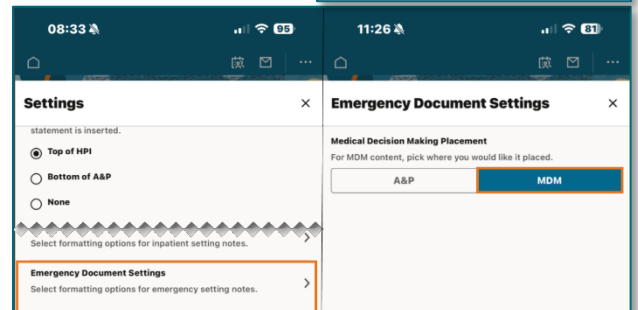
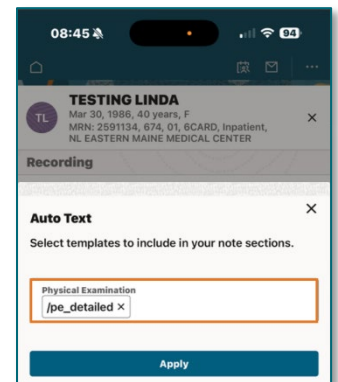
Settings Updates

- **Microphone Interruption Alert** – plays an audio alert when a recording is paused when microphone access is lost.
- **New Format Settings** – Assessment and Plan and HPI narrative or bullet formats are available.
- Optional Assessment and Plan Content – can be toggled on or off.
- **Recording Playbacks** – this has been renamed to **Recordings**.
- **Regenerate Notes** – this option is now available for recordings that encountered a note generation error within the app.



Specialty Specific Updates

- All Providers:
 - **Physical Exam Auto Text Enhancement** – allows providers to add a Physical Exam Auto Text template directly from the Recording screen. Templates added before note generation are reflected in the PE section of the generated note and are updated based on the template structure and recording contents.
- Emergency Providers:
 - **MDM content** – can now be toggled on or off for emergency department notes.
 - **More accurate symptom timing** – Generated notes now include the exact date or calculated duration (days/weeks ago) based on patient-reported symptom onset.

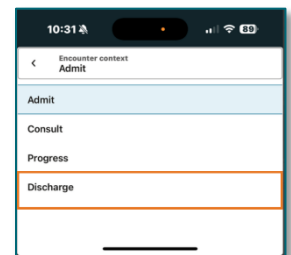


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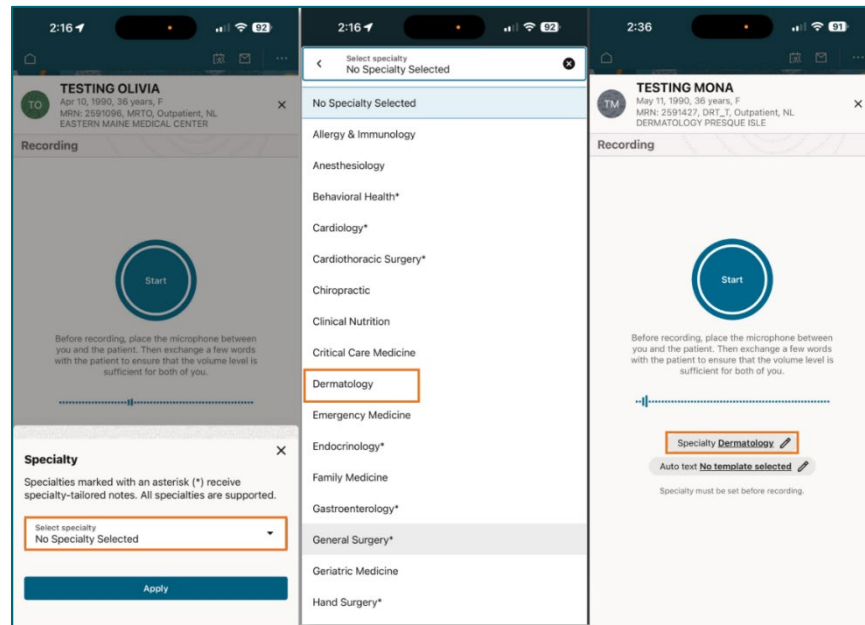
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- **Improved attribution of patient history** – Documentation now uses direct attribution language such as *"reports"* or *"reported"* instead of terms like *"endorses"* for patient and family-reported information.
- **Automatic follow-up timestamps** – Re-evaluation recordings now automatically include the recording time in generated documentation, eliminating the need to verbally state the time during follow-up encounters.
- **Refined HPI generation** – The HPI is now generated exclusively from information discussed during the provider-patient encounter and no longer incorporates triage note content.
- Hospitalist Providers:
 - **Discharge Summary notes** – can now be generated from a recording, including Hospital Course and Discharge Plan.
 - **New Discharge Plan** – generates a diagnosis-based discharge plan, including medications, follow-up care, and next steps, using progress notes and final discussion details.
- Ambulatory Providers:
 - **Assessment and Plan improvements (General Surgery, Endocrinology, Gastroenterology, Urology)** – removing of non-essential content that does not impact medical decision making or the plan of care.
 - **Immunization Vaccination Status (Pediatric Care)** – improved capture of immunization status.



- **Specialty selection** – can now be selected from the Recording screen before recording on an ambulatory patient encounter.



WHY: Oracle Cerner continues to enhance Clinical AI Agent (CAA) to improve the provider experience by increasing documentation accuracy, reducing manual effort, and providing greater flexibility in how notes are generated and customized. These updates are designed to streamline workflows, support specialty-specific documentation needs, and help providers focus on patient care.

WHEN: Week of August 3, 2026

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

- Ambulatory/WIC
- BH Inpatient Providers
- ED Providers
- Hospitalists

At the following NLH Member Organization(s):

- All NLH Hospitals

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

- Providers

EHR Updates

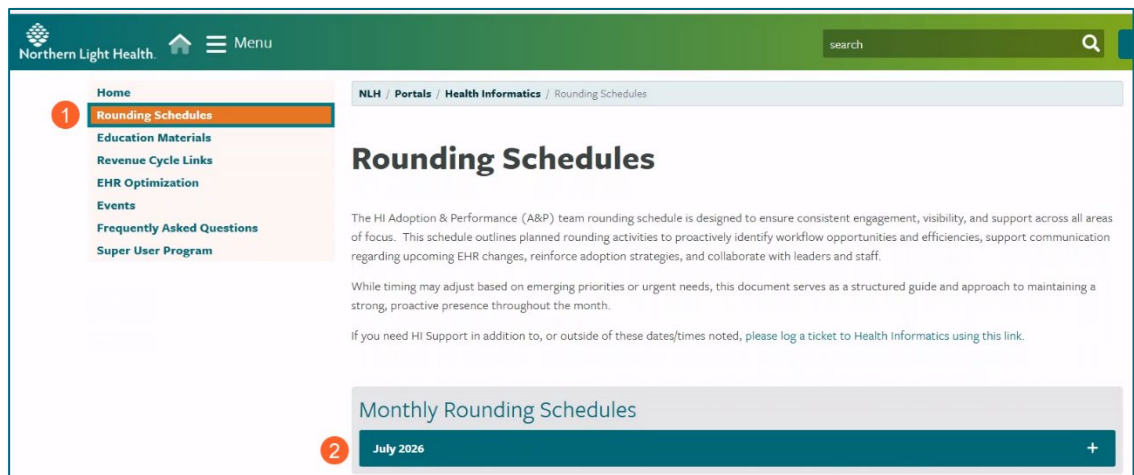
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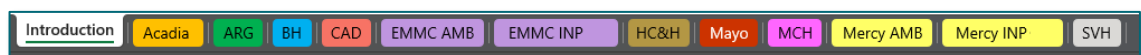
Health Informatics Adoption & Performance Rounding Schedules

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WHY: The monthly schedules are intended to promote consistent engagement, visibility, and support across all NLH areas of focus. While timing may shift based on emerging priorities or urgent needs, the schedule provides a structured guide for maintaining a proactive and coordinated Health Informatics presence throughout the month.

WHEN: Monday, August 3, 2026

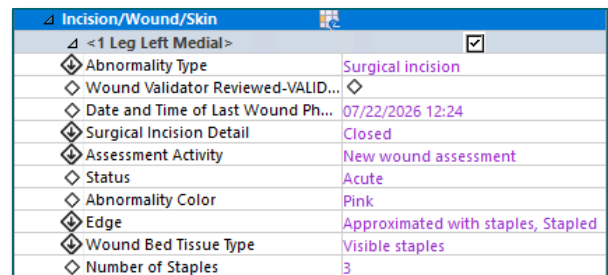
WHERE/ This applies to all leaders, providers, and staff across all NLH hospitals, including
WHO: Mayo Hospital.

Number of Staples Present

WHAT: A new field, **Number of Staples Present** will be added to iView wound documentation. The field will appear when clinicians document wounds with:

- Approximated with staples
- Stapled
- Visible staples

NOTE: The enhancement will also be applied consistently within applicable Pressure Injury documentation workflows.



Incision/Wound/Skin	
<1 Leg Left Medial>	☒
Abnormality Type	Surgical incision
Wound Validator Reviewed-VALID...	
Date and Time of Last Wound Ph...	07/22/2026 12:24
Surgical Incision Detail	Closed
Assessment Activity	New wound assessment
Status	Acute
Abnormality Color	Pink
Edge	Approximated with staples, Stapled
Wound Bed Tissue Type	Visible staples
Number of Staples	3

WHY: Accurate wound documentation is essential for patient care and clinical communication. This enhancement will:

- Improve the completeness of wound assessments
- Provide a clear record of staple quantity for monitoring healing and follow-up care
- Support consistency across wound documentation workflows
- Reduce reliance on free-text comments for staple tracking
- Enhance documentation quality and patient safety

WHEN: Tuesday, August 4, 2026

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

At the following NLH Member Organization(s):

- All Northern Light Hospitals (excluding Mayo)
-

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

- Nursing
- Wound/Ostomy Nurses
- Wound Validators

New State Specific Multi-Factor Authentication Prescription Requirements (Go-Live August 10)

WHAT: **Gabapentin** prescriptions sent across state lines (for example, from Maine to a pharmacy in another state) will now require **Multi-Factor Authentication (MFA)** through **Imprivata** when the destination state classifies Gabapentin as a scheduled medication.

Oracle Cerner has introduced functionality that generates a two-factor authentication prompt when prescribing medications to states that have scheduled a medication differently than it is classified within the Oracle Cerner drug database and federal guidelines.

For additional information regarding e-prescribing, click [here](#).

States currently scheduling Gabapentin

- Alabama, Kentucky, Montana, North Dakota, Tennessee, Virginia, West Virginia, Utah.

NOTE: State and federal regulations are subject to change. This list may be updated as requirements evolve.

WHY: The change ensures compliance with state-specific prescribing requirements and supports the use of two-factor authentication when required by law. It also helps reduce prescription delays and rejections when Gabapentin is prescribed to pharmacies in the states listed above.

WHEN: Monday, August 10, 2026

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

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

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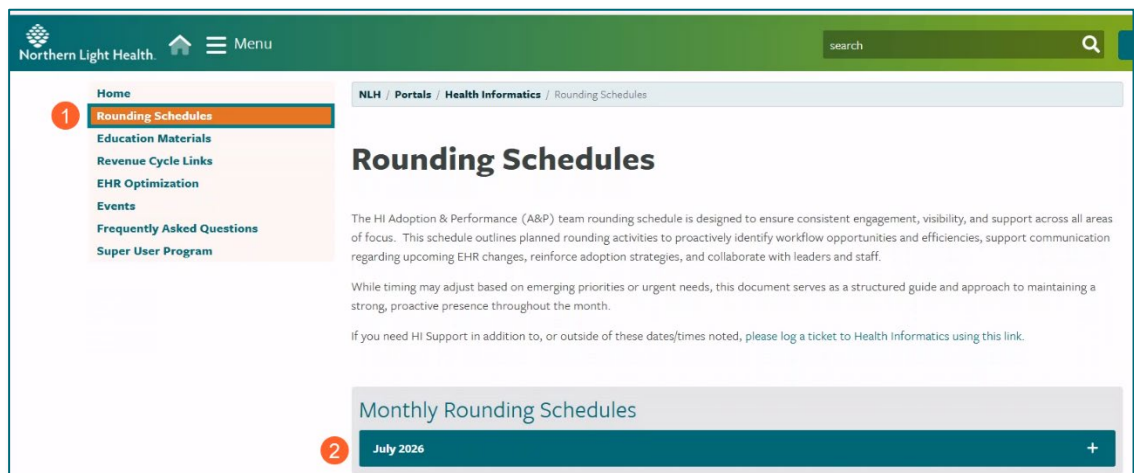
- Providers

Care Managers (Ambulatory & Inpatient)

Health Informatics Adoption & Performance Rounding Schedules

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Clinical Decision Support Updates

Weekly Newsletter

➤ 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."

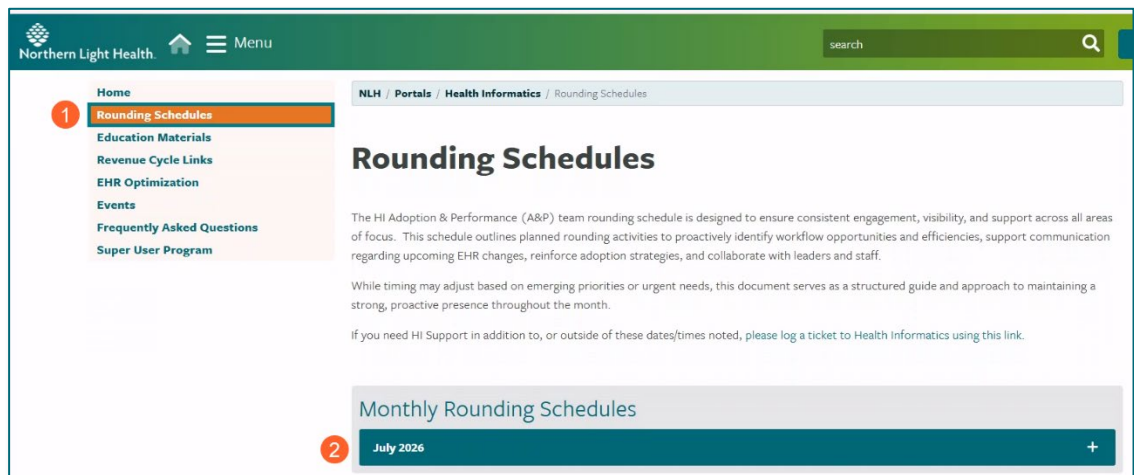
Release Date	Venues Affected	CDS Tool	Summary
8/4/2026	Inpatient	DAPTOmycin (Cubicin) Adult	New PowerPlan
8/4/2026	Inpatient	PED DAPTOmycin (Cubicin)	New PowerPlan
8/4/2026	All except Ambulatory	New Start Alert for Sotalol and Dofetilide	New discern alert for new starts of sotalol and dofetilide ordered outside of the loading dose PowerPlans
8/5/2026	All	Anti Amyloid Infusion and Anticoagulants/Thrombolytics	New DDI alert warning of contraindications
8/11/2026	Inpatient	OBG Postpartum Vaginal	CDS Review. Removal of unused orders

Imaging Staff & Radiologists

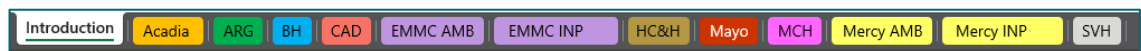
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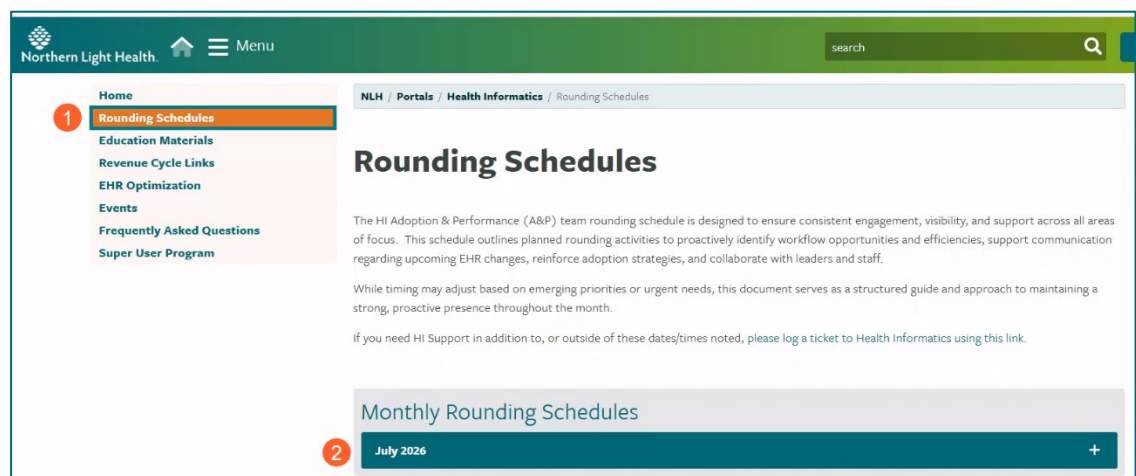
Leadership

Ambulatory

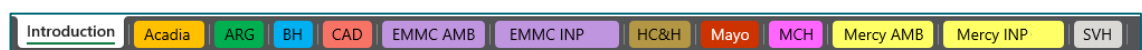
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Emergency

Omnicell Technology Conversion – EMMC Only (Go-Live July 7-September 9)

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern Omnicell platform. The transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and Anywhere RN, which enables remote medication queuing for Omnicell dispensing within PowerChart and FirstNet.

NOTE: For more information about **Oracle Cerner Omnicell Anywhere RN**, click [here](#). Additional training materials and resources are available on the Omnicell Training [website](#), and education for this transition will be provided through [HealthStream](#).

WHY: The transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

WHEN: Tuesday, July 7, 2026 – Wednesday, September 9, 2026

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

- Acute/Inpatient
- ED
- Peri-Op

At the following NLH Member Organization(s):

- Eastern Maine Medical Center

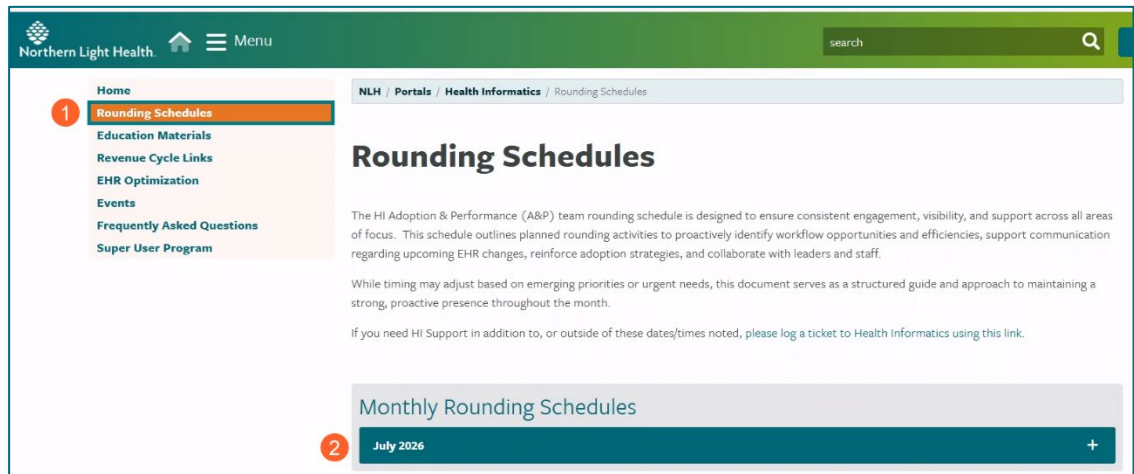
WHO: The change will affect the following staff at the above noted locations starting on noted dates:

- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets (Go-Live: July 7 – August 12)
- **Pharmacy:** Omnicell Controlled Substance Manager (Go-Live: June 29)
- **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation (Go-Live: August 18 – September 9)

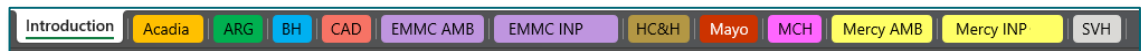
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CareAware Vitals Link – Mercy

CareAware Vitals Link – Phase 4

Education Strategy and Important Dates – PromisePoint is OPEN!

WHEN: Monday, August 24, 2026

WHERE: This change will affect the following venues:

Acute/Inpatient

At the following NLH Member Organization:

- **Maine Coast**
 - Med/Surg
 - OB
- **Mercy**
 - ED
 - ICU
 - M4F

WHO: This change will affect the following staff:

- All Clinical Staff

WHAT: Optimize clinical workflows through the use of CareAware VitalsLink and Welch Allyn devices to accurately capture patient vital signs and seamlessly integrate them into the electronic health record.

WHY: To support safer, more efficient patient care by improving the accuracy and timeliness of vital sign documentation. CareAware VitalsLink and Welch Allyn devices reduce manual entry, minimize documentation errors, and streamline bedside workflows by automatically integrating patient vital signs into the electronic health record—allowing clinicians to spend more time focused on patient care.

EDUCATION STRATEGY: **All Clinical Staff**

- **Online Promise Point Simulation Education [Available Now!](#)**
 - **Curriculum: Vitals Link – Welch Allyn Video**

- **Course Name:** NOLH-1064 ACTCLN – Vitalslink – Welch Allyn
Video Duration 15 mins!
- **Flyer-based education**
- **FAQs** click [here](#).

HOW

Required Online Education in the PromisePoint Community

- **Online Simulator Education – Available Now!**
 - **URL:** www.promisepoint.com/northernlighthouse
 - **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) or call 1-207-973-7728 for assistance.



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

KEY UPCOMING DATES:

Date: August 3	PromisePoint Simulation Education Opens
Date: August 23	DUE: All Assigned Education
Date: August 24	Go-Live (Focused & Rounding Health Informatics support)

A Note of Thanks

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EHR Updates

Week of July 30 – August 5, 2026

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Inpatient

Omnicell Technology Conversion – EMMC Only (Go-Live July 7-September 9)

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern Omnicell platform. The transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and Anywhere RN, which enables remote medication queuing for Omnicell dispensing within PowerChart and FirstNet.

NOTE: For more information about **Oracle Cerner Omnicell Anywhere RN**, click [here](#). Additional training materials and resources are available on the Omnicell Training [website](#), and education for this transition will be provided through [HealthStream](#).

WHY: The transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

WHEN: Tuesday, July 7, 2026 – Wednesday, September 9, 2026

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

- Acute/Inpatient
- ED
- Peri-Op

At the following NLH Member Organization(s):

- Eastern Maine Medical Center

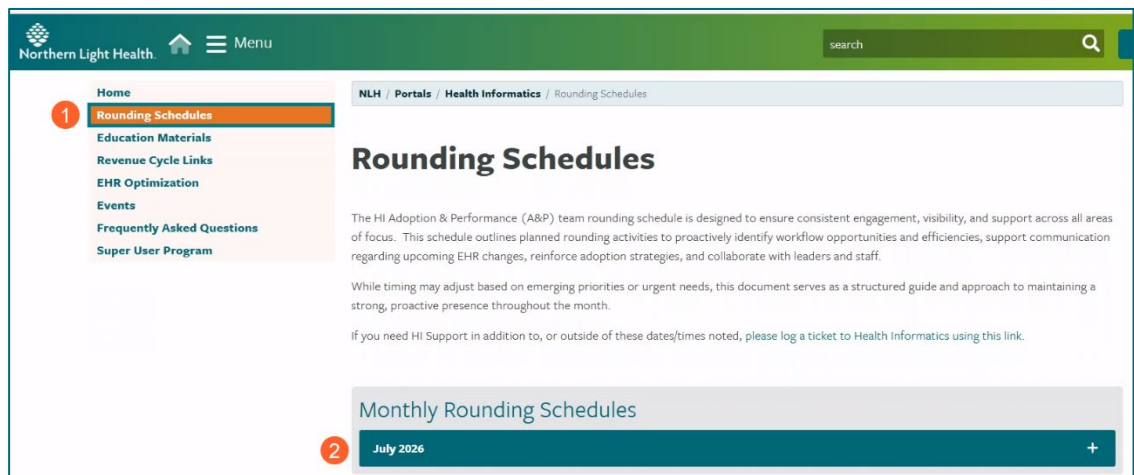
WHO: The change will affect the following staff at the above noted locations starting on noted dates:

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 - **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation (Go-Live: August 18 – September 9)
-

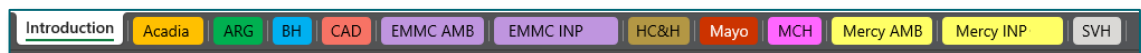
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WHY: The monthly schedules are intended to promote consistent engagement, visibility, and support across all NLH areas of focus. While timing may shift based on emerging priorities or urgent needs, the schedule provides a structured guide for maintaining a proactive and coordinated Health Informatics presence throughout the month.

WHEN: Monday, August 3, 2026

EHR Updates

Week of July 30 – August 5, 2026

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WHERE/ This applies to all leaders, providers, and staff across all NLH hospitals, including
WHO: Mayo Hospital.

CareAware Vitals Link – Maine Coast & Mercy

CareAware Vitals Link – Phase 4

Education Strategy and Important Dates – PromisePoint is OPEN!

WHEN: Monday, August 24, 2026

WHERE: This change will affect the following venues:
Acute/Inpatient

At the following NLH Member Organization:

- **Maine Coast**
 - Med/Surg
 - OB
- **Mercy**
 - ED
 - ICU
 - M4F

WHO: This change will affect the following staff:

- All Clinical Staff

WHAT: Optimize clinical workflows through the use of CareAware VitalsLink and Welch Allyn devices to accurately capture patient vital signs and seamlessly integrate them into the electronic health record.

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**EDUCATION
STRATEGY:**

All Clinical Staff

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EHR Updates

Week of July 30 – August 5, 2026

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Peri-Op

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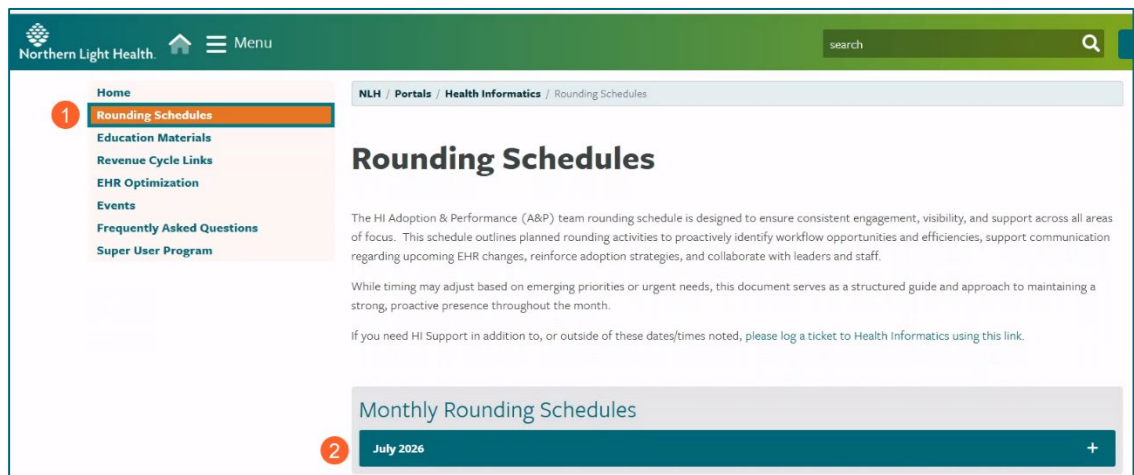
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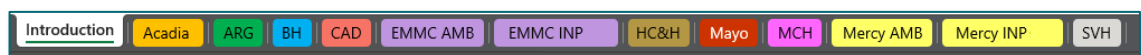
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WHEN: Monday, August 3, 2026

EHR Updates

Week of July 30 – August 5, 2026

WHERE/ This applies to all leaders, providers, and staff across all NLH hospitals, including
WHO: Mayo Hospital.

Nursing, CNA, Medical Assistants

Ambulatory/WIC

Infectious Disease Risk Screening Updates

WHAT: The **Infectious Disease Risk Screening** has been updated to improve clarity and streamline documentation.

Infectious Disease Risk Screening

Have you traveled within the past 30 days
OR
Have you had contact with an ill person who has traveled within the past 30 days?

☐ Yes, patient traveled
☐ Yes, patient in contact with an ill person who traveled
☐ No
☐ Unable to obtain

(Right Click for Reference Text)

Location of Travel

Have you had an overnight stay in a healthcare facility OUTSIDE OF THE US in the last 6 months?

☐ Yes ☐ No

Infection Control Risk Assessment Factors

	Yes	No	Unable to obtain
Exposure to Comm Disease Past 21 Days			
New or Worsening Cough			
Febrile Illness with Rash			
Active Pulmonary TB			
Pos TB Test and/or Exposure to TB Last 10 Wks			
Active Diarrheal Disease			

Comm Diseases not limited to:
COVID, FLU, and RSV, MPx, Ebola, or other Viral Hemorrhagic Fevers, highly pathogenic Avian Influenza, measles

If yes to any of the above factors, please follow the Identify, Isolate, and Inform algorithm.

Right-Click on any answer field above to see the algorithm in the reference text.

Communicable Disease Exposure

History of Antibiotic Resistant Organism

☐ Yes ☐ No

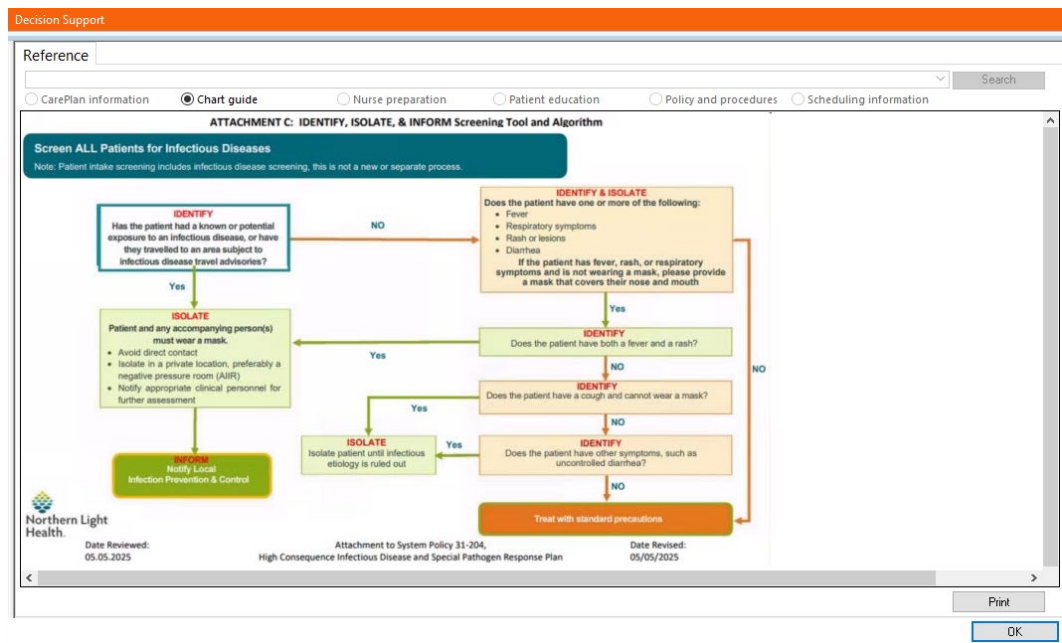
Resistant Organism

☐ MRSA ☐ Candida Auris
☐ VRE
☐ ESBL
☐ CRE

CRE: Carbapenem Resistant Enterobacteriaceae
MDRO: Multi-drug Resistant Organisms
ESBL: Extended-Spectrum Beta-lactamase
MRSA: Methicillin Resistant Staphylococcus Aureus
VRE: Vancomycin Resistant Enterococcus

- The travel assessment timeframe has been reduced to **30 days**.
- **Infection Control Risk Assessment Factors** grid has been simplified, with select questions combined or removed.
 - Selecting **Yes** for **Exposure to Comm Disease Past 21 Days** opens **Communicable Disease Exposure**, allowing for detailed documentation of the specific disease the patient was exposed to.

- The phrase **OUTSIDE OF THE US** has been capitalized when referencing overnight stays in a healthcare facility to enhance visibility.
- **Reference text** was added to identify communicable diseases that should be assessed for exposure.
 - Right-click anywhere in the grid to view reference text for the **Identify, Isolate, & Inform Screening Tool and Algorithm**.



WHY: These updates ensure the Infectious Disease Screening documentation aligns with regulatory requirements, enhances patient safety, and promotes standardization of care.

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:

- Medical Assistants
- Nursing

EHR Updates

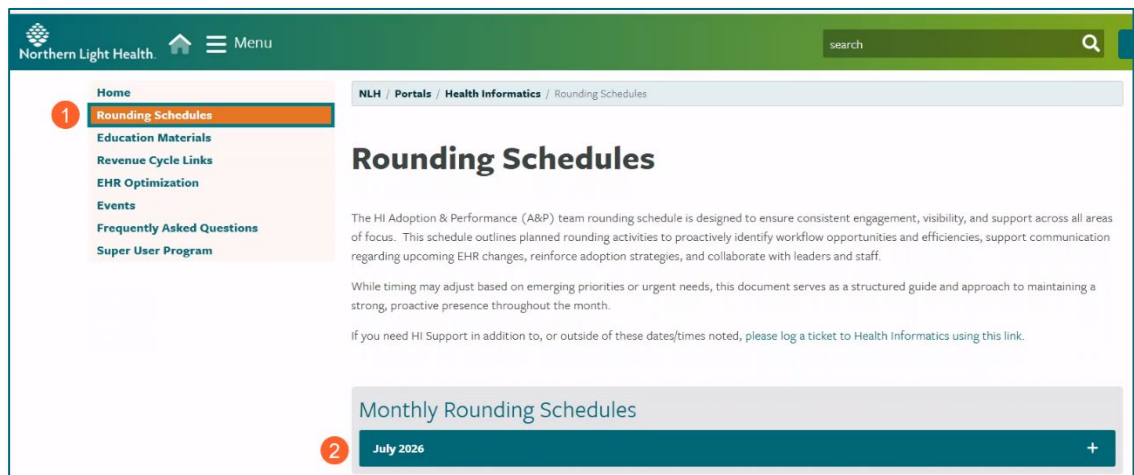
Week of July 30 – August 5, 2026

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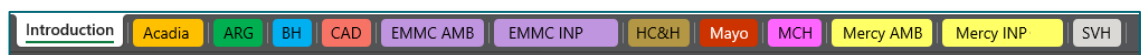
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WHEN: Monday, August 3, 2026

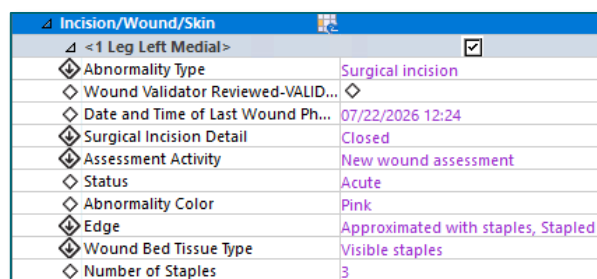
WHERE/ This applies to all leaders, providers, and staff across all NLH hospitals, including
WHO: Mayo Hospital.

Number of Staples Present

WHAT: A new field, **Number of Staples Present** will be added to iView wound documentation. The field will appear when clinicians document wounds with:

- Approximated with staples
- Stapled
- Visible staples

NOTE: The enhancement will also be applied consistently within applicable Pressure Injury documentation workflows.



Incision/Wound/Skin	
< 1 Leg Left Medial >	☒
Abnormality Type	Surgical incision
Wound Validator Reviewed-VALID...	
Date and Time of Last Wound Ph...	07/22/2026 12:24
Surgical Incision Detail	Closed
Assessment Activity	New wound assessment
Status	Acute
Abnormality Color	Pink
Edge	Approximated with staples, Stapled
Wound Bed Tissue Type	Visible staples
Number of Staples	3

WHY: Accurate wound documentation is essential for patient care and clinical communication. This enhancement will:

- Improve the completeness of wound assessments
- Provide a clear record of staple quantity for monitoring healing and follow-up care
- Support consistency across wound documentation workflows
- Reduce reliance on free-text comments for staple tracking
- Enhance documentation quality and patient safety

WHEN: Tuesday, August 4, 2026

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 Northern Light Hospitals (excluding Mayo)

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

- Nursing
 - Wound/Ostomy Nurses
 - Wound Validators
-

EHR Updates

Week of July 30 – August 5, 2026

Emergency

Infectious Disease Risk Screening Updates

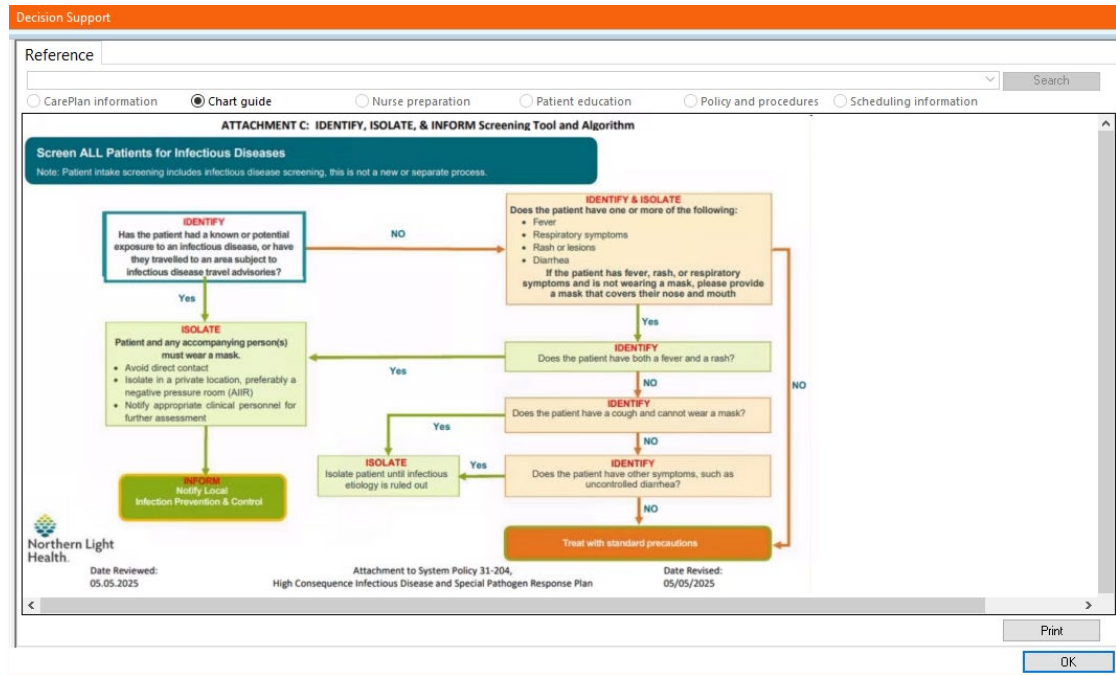
WHAT: The **Infectious Disease Risk Screening** has been updated to improve clarity and streamline documentation.

The screenshot displays the 'Infectious Disease Risk Screening' form with several updates highlighted by orange boxes:

- Travel Assessment:** The question 'Have you traveled within the past 30 days OR Have you had contact with an ill person who has traveled within the past 30 days?' is highlighted. The '30 days' is also highlighted. The 'Yes, patient traveled' option is selected.
- Location of Travel:** A text field for 'Location of Travel' is present.
- Overnight Stay:** The question 'Have you had an overnight stay in a healthcare facility OUTSIDE OF THE US in the last 6 months?' is highlighted, with 'OUTSIDE OF THE US' in all caps.
- Infection Control Risk Assessment Factors:** A table with columns 'Yes', 'No', and 'Unable to obtain' is shown. The rows include 'Exposure to Comm Disease Past 21 Days', 'New or Worsening Cough', 'Febrile Illness with Rash', 'Active Pulmonary TB', 'Pos TB Test and/or Exposure to TB Last 10 Wks', and 'Active Diarrheal Disease'.
- Communicable Disease Exposure:** A text field for 'Communicable Disease Exposure' is present.
- History of Antibiotic Resistant Organism:** Radio buttons for 'Yes' and 'No' are shown.
- Resistant Organism:** Checkboxes for MRSA, VRE, ESBL, and CRE are shown, along with a checkbox for 'Candida Auris'.
- Legend:** A legend at the bottom right defines the abbreviations: CRE: Carbapenem Resistant Enterobacteriaceae, MDRO: Multi-drug Resistant Organisms, ESBL: Extended-Spectrum Beta-lactamase, MRSA: Methicillin Resistant Staphylococcus Aureus, VRE: Vancomycin Resistant Enterococcus.

- The travel assessment timeframe has been reduced to **30 days**.
- **Infection Control Risk Assessment Factors** grid has been simplified, with select questions combined or removed.
 - Selecting **Yes** for **Exposure to Comm Disease Past 21 Days** opens **Communicable Disease Exposure**, allowing for detailed documentation of the specific disease the patient was exposed to.
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EHR Updates

Week of July 30 – August 5, 2026

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Omnicell Technology Conversion – EMMC Only (Go-Live July 7-September 9)

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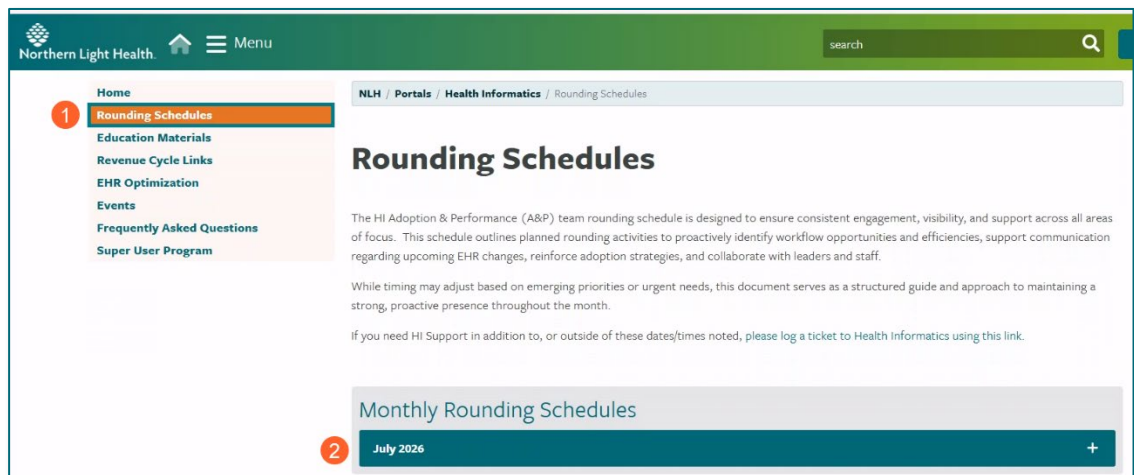
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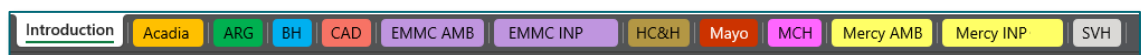
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EHR Updates

Week of July 30 – August 5, 2026

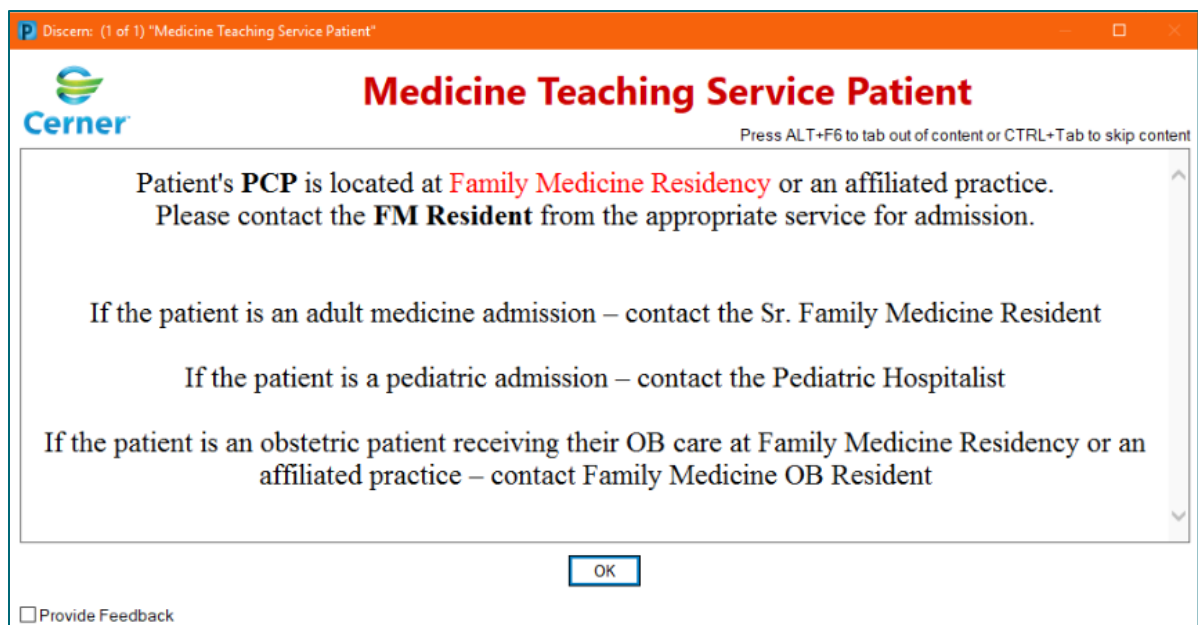
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WHERE/ This applies to all leaders, providers, and staff across all NLH hospitals, including
WHO: Mayo Hospital.

EMMC Only: Medical Teaching Service Patient Alert and Identification

WHAT: When a **Decision to Admit** order is placed in the **Emergency Department**, the **Medicine Teaching Services Patient** alert will be triggered for patients whose PCP is located at Family Medicine Residency or an affiliated practice. The alert prompts for coordination with the appropriate service for admission. These patients will also be flagged with a visual icon in **Capacity Management** and on the **CareView Boards** to support quick and consistent recognition.

FirstNet Alert



Capacity Management & CareView Board Icon

NOTE: If the PCP is updated after the decision to admit order has been placed, then the icon will show up in Capacity Management and CareView upon the chart being opened in PowerChart.

WHY: The change improves timely identification and coordination of care for patients enrolled in Family Medicine Residency or an affiliated practice when they present to the Emergency Department. The automated alert and associated visual icon enhance situational awareness for clinical and operational teams,

supporting clearer communication, more efficient patient flow, and appropriate involvement of the residency care team during the admission process. Ultimately, this promotes continuity of care, patient safety, and operational efficiency.

WHEN: Tuesday, August 4, 2026

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

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- NL EMMC only

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

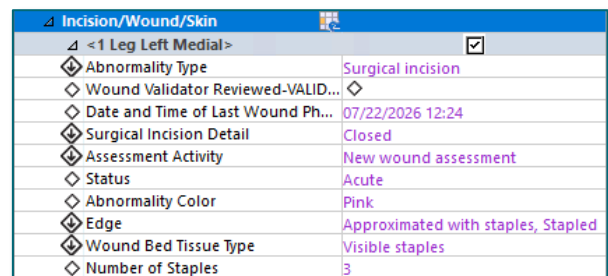
- Bed Management
- Inpatient Clinical Staff
- Physicians

Number of Staples Present

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- Approximated with staples
- Stapled
- Visible staples

NOTE: The enhancement will also be applied consistently within applicable Pressure Injury documentation workflows.



Incision/Wound/Skin	
<1 Leg Left Medial>	☒
Abnormality Type	Surgical incision
Wound Validator Reviewed-VALID...	
Date and Time of Last Wound Ph...	07/22/2026 12:24
Surgical Incision Detail	Closed
Assessment Activity	New wound assessment
Status	Acute
Abnormality Color	Pink
Edge	Approximated with staples, Stapled
Wound Bed Tissue Type	Visible staples
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WHY: Accurate wound documentation is essential for patient care and clinical communication. This enhancement will:

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-

EHR Updates

Week of July 30 – August 5, 2026

Page 42 of 91

- Reduce reliance on free-text comments for staple tracking
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CareAware Vitals Link – Mercy

CareAware Vitals Link – Phase 4

Education Strategy and Important Dates – PromisePoint is OPEN!

WHEN: Monday, August 24, 2026

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Acute/Inpatient

At the following NLH Member Organization:

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 - Med/Surg
 - OB
- **Mercy**
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 - ICU
 - M4F

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**EDUCATION
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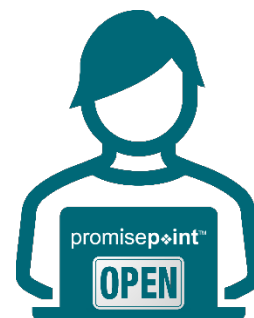
All Clinical Staff

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EHR Updates

Week of July 30 – August 5, 2026

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☐ Yes, patient in contact with an ill person who traveled
☐ No
☐ Unable to obtain

(Right Click for Reference Text)

Infection Control Risk Assessment Factors

	Yes	No	Unable to obtain
Exposure to Comm Disease Past 21 Days			
New or Worsening Cough			
Febrile Illness with Rash			
Active Pulmonary TB			
Pos TB Test and/or Exposure to TB Last 10 Wks			
Active Diarrheal Disease			

Comm Diseases not limited to:
COVID, FLU, and RSV, MPx, Ebola, or other Viral Hemorrhagic Fevers,
highly pathogenic Avian Influenza, measles

If yes to any of the above factors, please follow the Identify, Isolate,
and Inform algorithm.

Right-Click on any answer field above to see the algorithm in the
reference text.

Location of Travel

Have you had an overnight stay in a healthcare facility OUTSIDE OF THE US in the last 6 months?

☐ Yes ☐ No

Communicable Disease Exposure

History of Antibiotic Resistant Organism

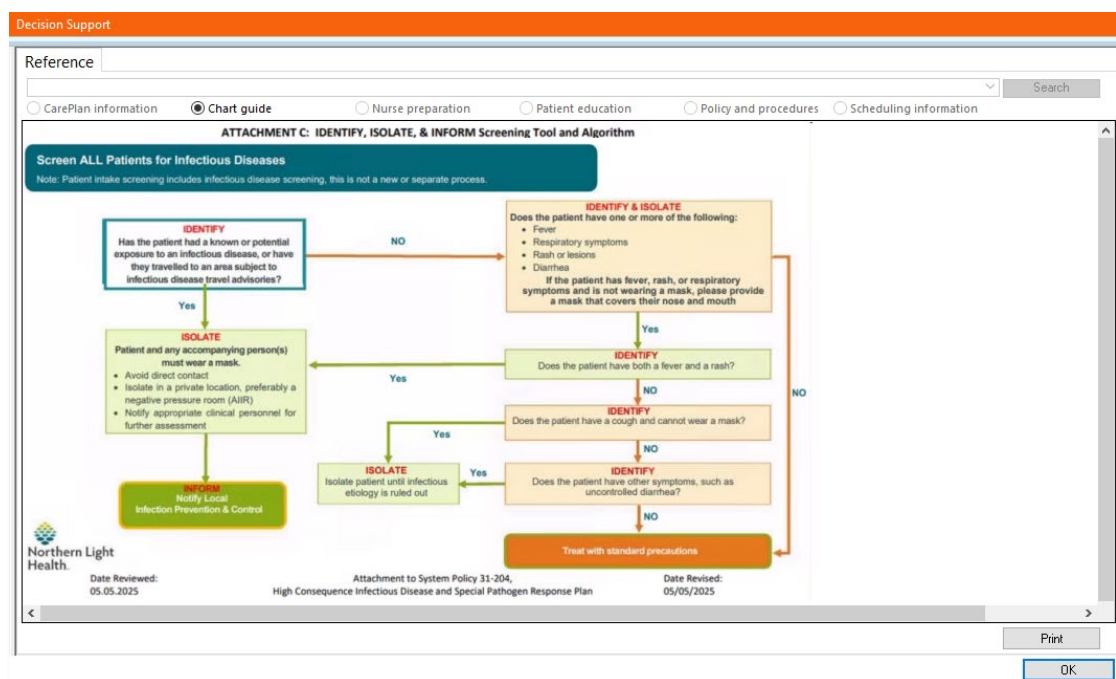
☐ Yes ☐ No

Resistant Organism

☐ MRSA ☐ Candida Auris
☐ VRE
☐ ESBL
☐ CRE

CRE: Carbapenem Resistant Enterobacteriaceae
MDRO: Multi-drug Resistant Organisms
ESBL: Extended-Spectrum Beta-lactamase
MRSA: Methicillin Resistant Staphylococcus Aureus
VRE: Vancomycin Resistant Enterococcus

- The travel assessment timeframe has been reduced to **30 days**.
- **Infection Control Risk Assessment Factors** grid has been simplified, with select questions combined or removed.
 - Selecting **Yes** for **Exposure to Comm Disease Past 21 Days** opens **Communicable Disease Exposure**, allowing for detailed documentation of the specific disease the patient was exposed to.
- The phrase **OUTSIDE OF THE US** has been capitalized when referencing overnight stays in a healthcare facility to enhance visibility.
- **Reference text** was added to identify communicable diseases that should be assessed for exposure.
 - Right-click anywhere in the grid to view reference text for the **Identify, Isolate, & Inform Screening Tool and Algorithm**.



WHY: These updates ensure the Infectious Disease Screening documentation aligns with regulatory requirements, enhances patient safety, and promotes standardization of care.

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 July 30 – August 5, 2026

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:

- Medical Assistants
- Nursing

Omnicell Technology Conversion – EMMC Only (Go-Live July 7-September 9)

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern Omnicell platform. The transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and Anywhere RN, which enables remote medication queuing for Omnicell dispensing within PowerChart and FirstNet.

NOTE: For more information about **Oracle Cerner Omnicell Anywhere RN**, click [here](#). Additional training materials and resources are available on the Omnicell Training [website](#), and education for this transition will be provided through [HealthStream](#).

WHY: The transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

WHEN: Tuesday, July 7, 2026 – Wednesday, September 9, 2026

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

- Acute/Inpatient
- ED
- Peri-Op

At the following NLH Member Organization(s):

- Eastern Maine Medical Center

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

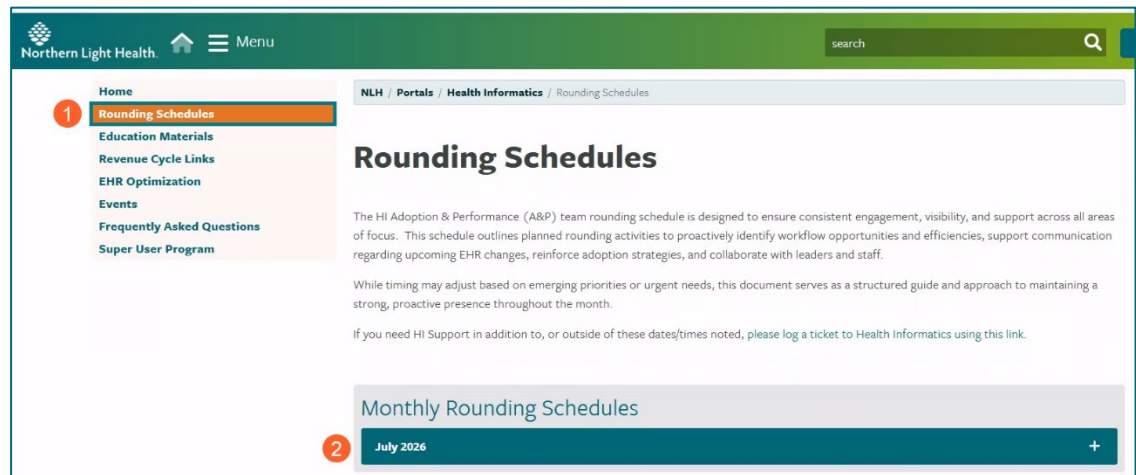
- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets (Go-Live: July 7 – August 12)
-

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- **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation (Go-Live: August 18 – September 9)

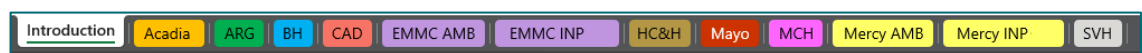
Health Informatics Adoption & Performance Rounding Schedules

WHAT: As we continue our monthly publication process, the Health Informatics Adoption & Performance (A&P) team is sharing the **August 2026 rounding schedule**. These schedules outline planned rounding activities intended to proactively identify opportunities for improvement and efficiency, support communication around upcoming clinical and EHR changes, reinforce adoption strategies, and strengthen collaboration with leaders and staff.

- NLH leaders, staff, and providers may access the monthly schedules through the [Health Informatics Portal](#) and selecting the applicable month.



- The schedule document includes individual tabs for each NLH hospital. EMMC and Mercy each include separate tabs for ambulatory and inpatient rounding schedules.



WHY: The monthly schedules are intended to promote consistent engagement, visibility, and support across all NLH areas of focus. While timing may shift based on emerging priorities or urgent needs, the schedule provides a structured guide

EHR Updates

Week of July 30 – August 5, 2026

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for maintaining a proactive and coordinated Health Informatics presence throughout the month.

WHEN: Monday, August 3, 2026

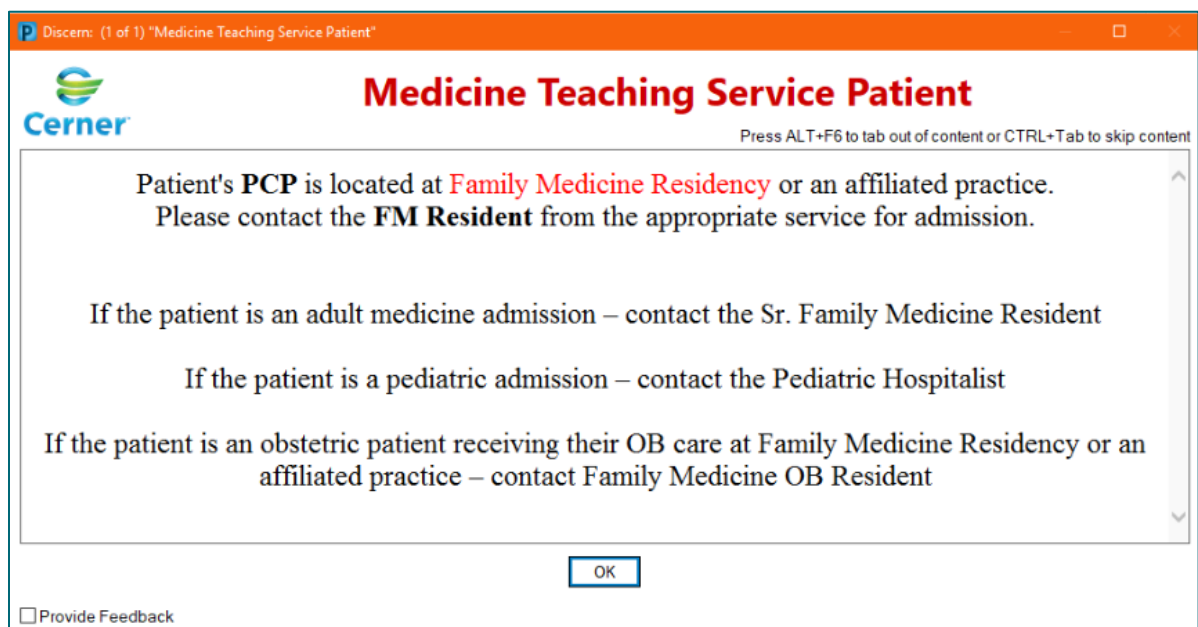
WHERE/ This applies to all leaders, providers, and staff across all NLH hospitals, including

WHO: Mayo Hospital.

EMMC Only: Medical Teaching Service Patient Alert and Identification

WHAT: When a **Decision to Admit** order is placed in the **Emergency Department**, the **Medicine Teaching Services Patient** alert will be triggered for patients whose PCP is located at Family Medicine Residency or an affiliated practice. The alert prompts for coordination with the appropriate service for admission. These patients will also be flagged with a visual icon in **Capacity Management** and on the **CareView Boards** to support quick and consistent recognition.

FirstNet Alert



Capacity Management & CareView Board Icon

NOTE: If the PCP is updated after the decision to admit order has been placed, then the icon will show up in Capacity Management and CareView upon the chart being opened in PowerChart.

WHY: The change improves timely identification and coordination of care for patients enrolled in Family Medicine Residency or an affiliated practice when they present to the Emergency Department. The automated alert and associated visual icon enhance situational awareness for clinical and operational teams, supporting clearer communication, more efficient patient flow, and appropriate involvement of the residency care team during the admission process. Ultimately, this promotes continuity of care, patient safety, and operational efficiency.

WHEN: Tuesday, August 4, 2026

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

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- NL EMMC only

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

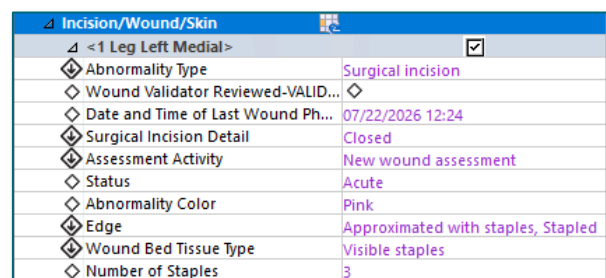
- Bed Management
- Inpatient Clinical Staff
- Physicians

Number of Staples Present

WHAT: A new field, **Number of Staples Present** will be added to iView wound documentation. The field will appear when clinicians document wounds with:

- Approximated with staples
- Stapled
- Visible staples

NOTE: The enhancement will also be applied consistently within applicable Pressure Injury documentation workflows.



Incision/Wound/Skin	
< 1 Leg Left Medial >	☒
Abnormality Type	Surgical incision
Wound Validator Reviewed-VALID...	
Date and Time of Last Wound Ph...	07/22/2026 12:24
Surgical Incision Detail	Closed
Assessment Activity	New wound assessment
Status	Acute
Abnormality Color	Pink
Edge	Approximated with staples, Stapled
Wound Bed Tissue Type	Visible staples
Number of Staples	3

EHR Updates

Week of July 30 – August 5, 2026

WHY: Accurate wound documentation is essential for patient care and clinical communication. This enhancement will:

- Improve the completeness of wound assessments
- Provide a clear record of staple quantity for monitoring healing and follow-up care
- Support consistency across wound documentation workflows
- Reduce reliance on free-text comments for staple tracking
- Enhance documentation quality and patient safety

WHEN: Tuesday, August 4, 2026

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 Northern Light Hospitals (excluding Mayo)

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

- Nursing
- Wound/Ostomy Nurses
- Wound Validators

CareAware Vitals Link – Maine Coast & Mercy

CareAware Vitals Link – Phase 4

Education Strategy and Important Dates – PromisePoint is OPEN!

WHEN: Monday, August 24, 2026

WHERE: This change will affect the following venues:
Acute/Inpatient

At the following NLH Member Organization:

- **Maine Coast**
 - Med/Surg
 - OB

- **Mercy**
 - ED
 - ICU
 - M4F

WHO: This change will affect the following staff:

- All Clinical Staff

WHAT: Optimize clinical workflows through the use of CareAware VitalsLink and Welch Allyn devices to accurately capture patient vital signs and seamlessly integrate them into the electronic health record.

WHY: To support safer, more efficient patient care by improving the accuracy and timeliness of vital sign documentation. CareAware VitalsLink and Welch Allyn devices reduce manual entry, minimize documentation errors, and streamline bedside workflows by automatically integrating patient vital signs into the electronic health record—allowing clinicians to spend more time focused on patient care.

**EDUCATION
STRATEGY:**

All Clinical Staff

- **Online Promise Point Simulation Education Available Now!**
 - **Curriculum: Vitals Link – Welch Allyn Video**
 - **Course Name: NOLH-1064 ACTCLN – Vitalslink – Welch Allyn Video** Duration 15 mins!
- **Flyer-based education**
- **FAQs click [here](#).**

HOW

Required Online Education in the PromisePoint Community

- **Online Simulator Education – Available Now!**
 - **URL:** www.promisepoint.com/northernlighthousehealth
 - **Username:**
 - **NLH Employees:** Seven-digit employee number with leading zeros, e.g., 0098765
 - **Contracted Employees:** Username provided at the time of hire



EHR Updates

Week of July 30 – August 5, 2026

- **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) or call 1-207-973-7728 for assistance.

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

**KEY
UPCOMING
DATES:**

Date: August 3	PromisePoint Simulation Education Opens
Date: August 23	DUE: All Assigned Education
Date: August 24	Go-Live (Focused & Rounding Health Informatics support)

A Note of Thanks

Learning how to use the new tools and workflows is the first step towards adoption. True adoption will help us care for our patients and grow within our expanding, highly connected health system. Your partnership is key to making this a reality and we appreciate your ongoing support.

Peri-Op

Infectious Disease Risk Screening Updates

WHAT: The **Infectious Disease Risk Screening** has been updated to improve clarity and streamline documentation.

The screenshot displays the 'Infectious Disease Risk Screening' form with several updates highlighted by orange boxes:

- Travel Assessment:** The question 'Have you traveled within the past 30 days' is updated from '30 days' to '30 days?'. Below it, the 'Yes, patient traveled' option is selected.
- Location of Travel:** A text field for 'Location of Travel' is present.
- Overnight Stay:** The question 'Have you had an overnight stay in a healthcare facility OUTSIDE OF THE US in the last 6 months?' is updated, with 'OUTSIDE OF THE US' capitalized.
- Infection Control Risk Assessment Factors:** A table with columns 'Yes', 'No', and 'Unable to obtain' is shown. The rows include 'Exposure to Comm Disease Past 21 Days', 'New or Worsening Cough', 'Febrile Illness with Rash', 'Active Pulmonary TB', 'Pos TB Test and/or Exposure to TB Last 10 Wks', and 'Active Diarrheal Disease'.
- Communicable Disease Exposure:** A text field for 'Communicable Disease Exposure' is present.
- History of Antibiotic Resistant Organism:** A section with 'Yes' and 'No' radio buttons.
- Resistant Organism:** A section with checkboxes for MRSA, VRE, ESBL, CRE, and Candida Auris.
- Legend:** A legend at the bottom right defines the abbreviations: CRE: Carbapenem Resistant Enterobacteriaceae, MDRO: Multi-drug Resistant Organisms, ESBL: Extended-Spectrum Beta-lactamase, MRSA: Methicillin Resistant Staphylococcus Aureus, VRE: Vancomycin Resistant Enterococcus.

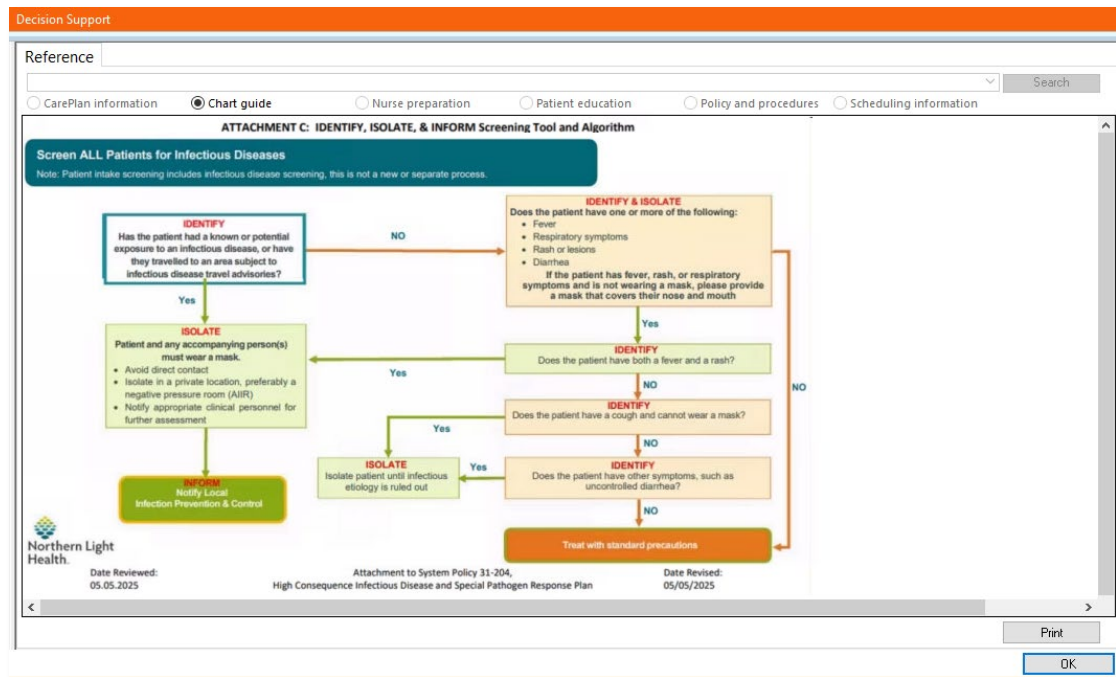
- The travel assessment timeframe has been reduced to **30 days**.
- **Infection Control Risk Assessment Factors** grid has been simplified, with select questions combined or removed.
 - Selecting **Yes** for **Exposure to Comm Disease Past 21 Days** opens **Communicable Disease Exposure**, allowing for detailed documentation of the specific disease the patient was exposed to.
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- **Reference text** was added to identify communicable diseases that should be assessed for exposure.

EHR Updates

Week of July 30 – August 5, 2026

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- Right-click anywhere in the grid to view reference text for the **Identify, Isolate, & Inform Screening Tool and Algorithm**.



WHY: These updates ensure the Infectious Disease Screening documentation aligns with regulatory requirements, enhances patient safety, and promotes standardization of care.

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:

- Medical Assistants
- Nursing

Omnicell Technology Conversion – EMMC Only (Go-Live July 7-September 9)

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern Omnicell platform. The transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and Anywhere RN, which enables remote medication queuing for Omnicell dispensing within PowerChart and FirstNet.

NOTE: For more information about **Oracle Cerner Omnicell Anywhere RN**, click [here](#). Additional training materials and resources are available on the Omnicell Training [website](#), and education for this transition will be provided through [HealthStream](#).

WHY: The transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

WHEN: Tuesday, July 7, 2026 – Wednesday, September 9, 2026

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-

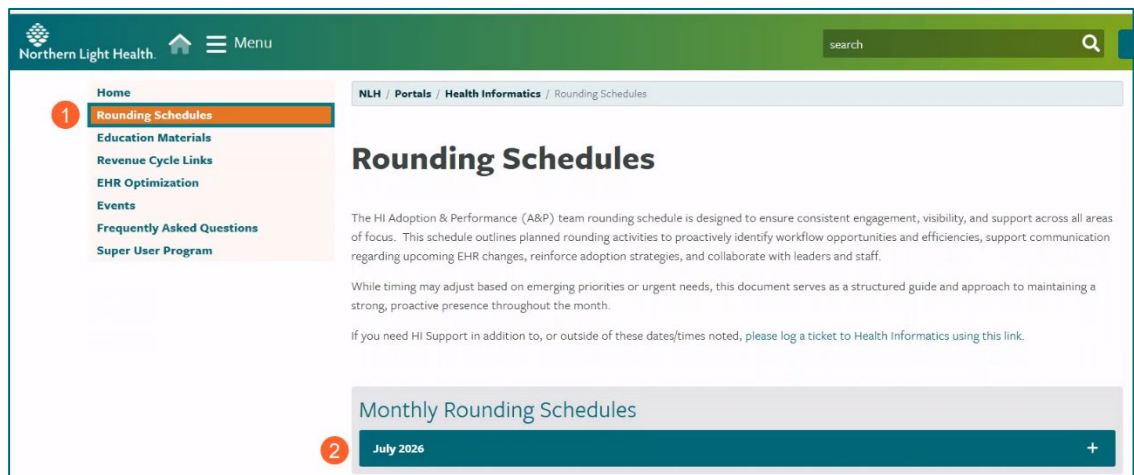
EHR Updates

Week of July 30 – August 5, 2026

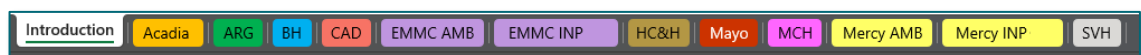
Health Informatics Adoption & Performance Rounding Schedules

WHAT: As we continue our monthly publication process, the Health Informatics Adoption & Performance (A&P) team is sharing the **August 2026 rounding schedule**. These schedules outline planned rounding activities intended to proactively identify opportunities for improvement and efficiency, support communication around upcoming clinical and EHR changes, reinforce adoption strategies, and strengthen collaboration with leaders and staff.

- NLH leaders, staff, and providers may access the monthly schedules through the [Health Informatics Portal](#) and selecting the applicable month.



- The schedule document includes individual tabs for each NLH hospital. EMMC and Mercy each include separate tabs for ambulatory and inpatient rounding schedules.



WHY: The monthly schedules are intended to promote consistent engagement, visibility, and support across all NLH areas of focus. While timing may shift based on emerging priorities or urgent needs, the schedule provides a structured guide for maintaining a proactive and coordinated Health Informatics presence throughout the month.

WHEN: Monday, August 3, 2026

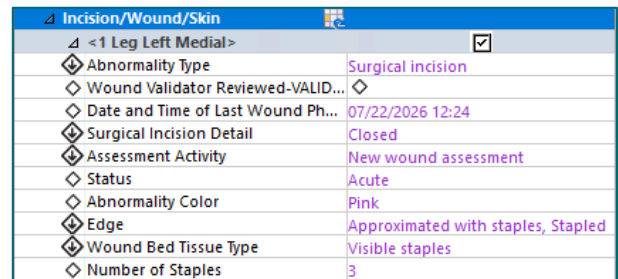
WHERE/ This applies to all leaders, providers, and staff across all NLH hospitals, including
WHO: Mayo Hospital.

Number of Staples Present

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<1 Leg Left Medial>	☒
Abnormality Type	Surgical incision
Wound Validator Reviewed-VALID...	
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Surgical Incision Detail	Closed
Assessment Activity	New wound assessment
Status	Acute
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WHEN: Tuesday, August 4, 2026

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- Ambulatory/WIC

At the following NLH Member Organization(s):

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

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-

EHR Updates

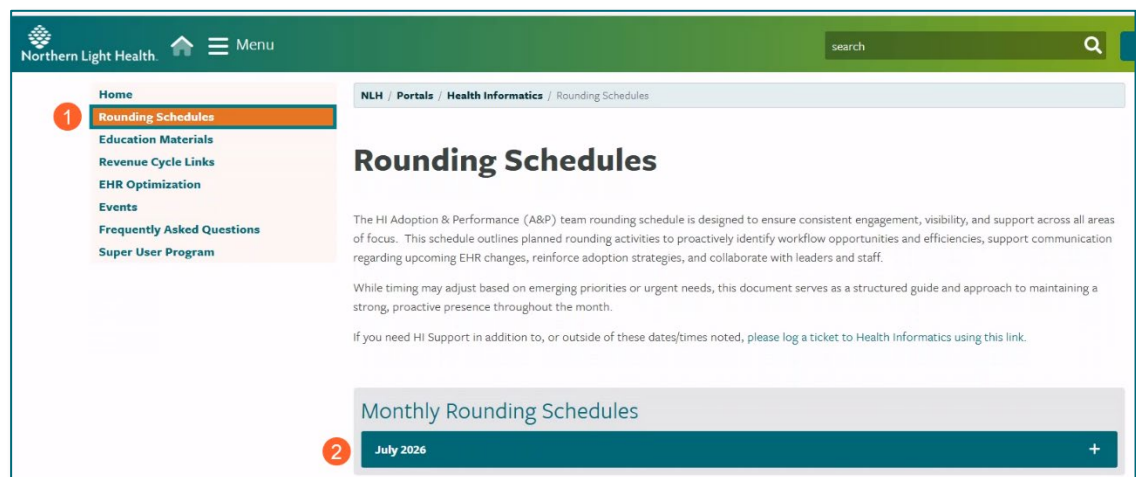
Week of July 30 – August 5, 2026

Nutrition

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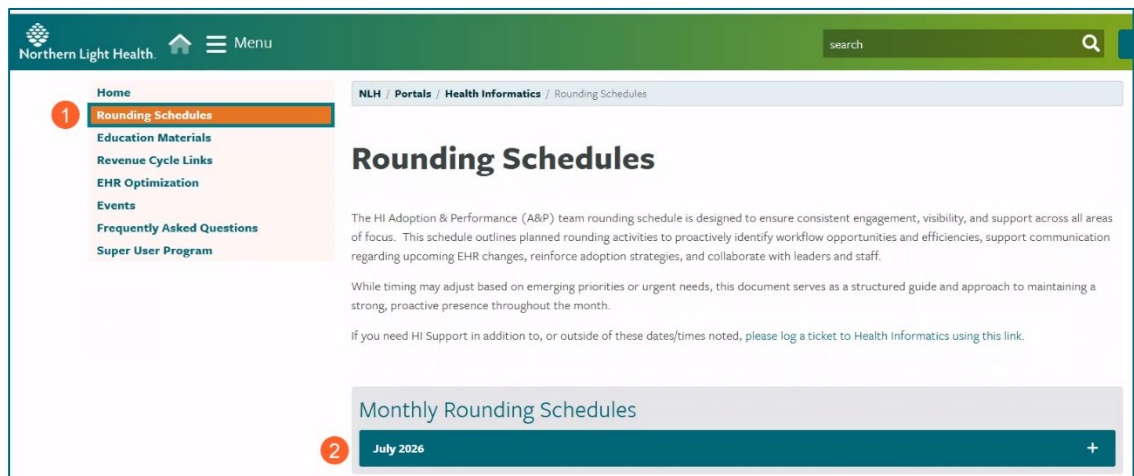
WHERE/ This applies to all leaders, providers, and staff across all NLH hospitals, including
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Patient Service Representatives

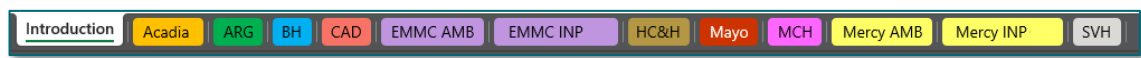
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for maintaining a proactive and coordinated Health Informatics presence throughout the month.

WHEN: Monday, August 3, 2026

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WHO: Mayo Hospital.

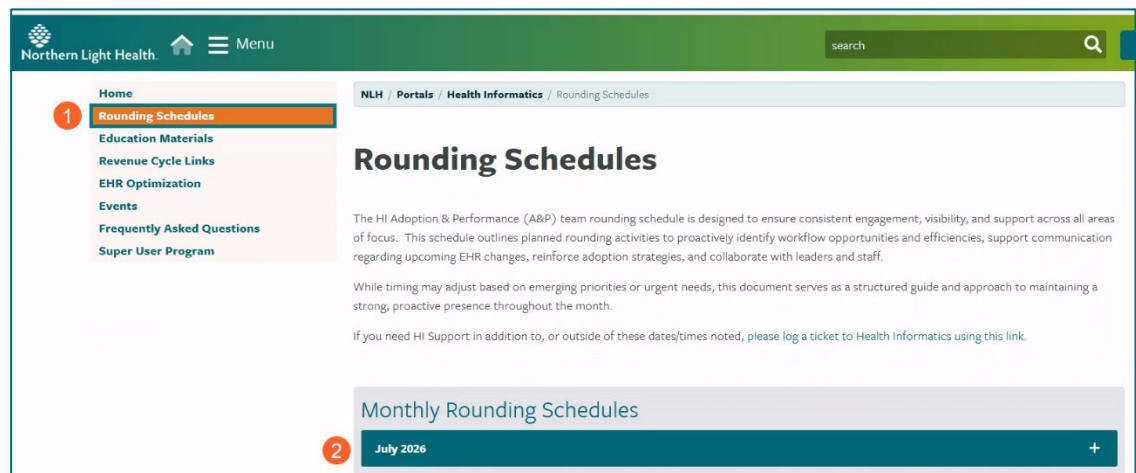
Pharmacists & Pharmacy Technicians

Ambulatory/WIC

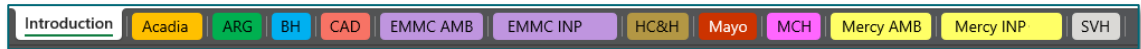
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WHEN: Monday, August 3, 2026

WHERE/WHO: This applies to all leaders, providers, and staff across all NLH hospitals, including Mayo Hospital.

Inpatient/ED/Peri-Op

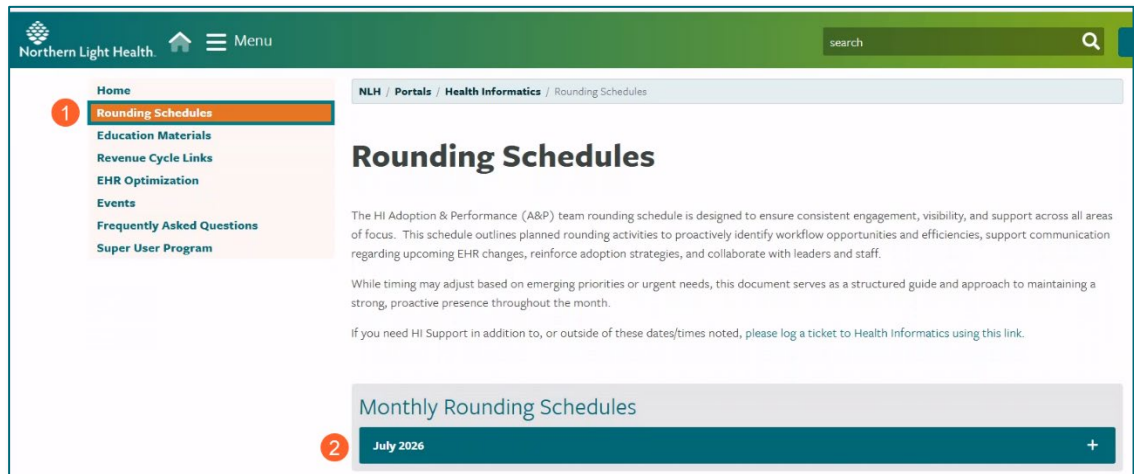
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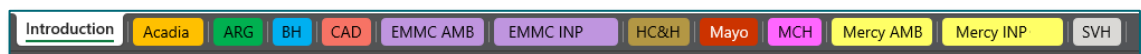
EHR Updates

Week of July 30 – August 5, 2026

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WHEN: Monday, August 3, 2026

WHERE/WHO: This applies to all leaders, providers, and staff across all NLH hospitals, including Mayo Hospital.

NEW Inpatient Daptomycin PowerPlans

WHAT: Two new PowerPlans will be created for inpatient use:

- DAPTOmycin (Cubicin) Adult**
 - Includes separate sections for **Infection Source**. Within each Infection Source section, additional sections are included for **Adjusted Body Weight** and **CrCl (mL/min)**

- Dosing will be consistent with existing Bug Drug Guide dosing information found [here](#).
- A direct link to all Body Weight Calculators can be found [here](#). This same link is included within the top section of the PowerPlan.

- **PED DAPTOmycin (Cubicin)**

- Organized by **mg/kg** dosing. Within each weight-based section, additional sections are included for specific **CrCl (mL/min)** ranges.

NOTE: All single-line orders will be removed from the Order Catalog. When searching for Daptomycin, the corresponding PowerPlan will be presented in search results.

WHY: To standardize and streamline Daptomycin ordering through a single pathway supported by clinical decision support guidance.

WHEN: Tuesday, August 4, 2026

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

- Acute/Inpatient
- ED
- Peri-Op

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:

- Pharmacists
- Providers

Physicians, Physician Assistants, Nurse Practitioners

Ambulatory/WIC

Clinical AI Agent (CAA) Updates

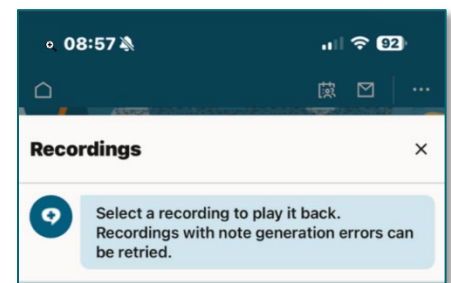
WHAT: Oracle Cerner will be releasing several Clinical AI Agent (CAA) enhancements designed to support and improve provider workflows.

EHR Updates

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Settings Updates

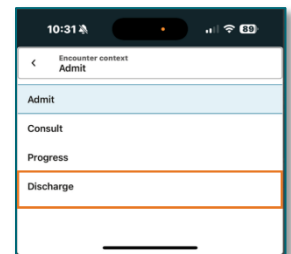
- **Microphone Interruption Alert** – plays an audio alert when a recording is paused when microphone access is lost.
- **New Format Settings** – Assessment and Plan and HPI narrative or bullet formats are available.
- Optional Assessment and Plan Content – can be toggled on or off.
- **Recording Playbacks** – this has been renamed to **Recordings**.
- **Regenerate Notes** – this option is now available for recordings that encountered a note generation error within the app.



Specialty Specific Updates

- All Providers:
 - **Physical Exam Auto Text Enhancement** – allows providers to add a Physical Exam Auto Text template directly from the Recording screen. Templates added before note generation are reflected in the PE section of the generated note and are updated based on the template structure and recording contents.
- Emergency Providers:
 - **MDM content** – can now be toggled on or off for emergency department notes.
 - **More accurate symptom timing** – Generated notes now include the exact date or calculated duration (days/weeks ago) based on patient-reported symptom onset.
 - **Improved attribution of patient history** – Documentation now uses direct attribution language such as "reports" or "reported" instead of terms like "endorses" for patient and family-reported information.

- **Automatic follow-up timestamps** – Re-evaluation recordings now automatically include the recording time in generated documentation, eliminating the need to verbally state the time during follow-up encounters.
- **Refined HPI generation** – The HPI is now generated exclusively from information discussed during the provider-patient encounter and no longer incorporates triage note content.
- Hospitalist Providers:
 - **Discharge Summary notes** – can now be generated from a recording, including Hospital Course and Discharge Plan.
 - **New Discharge Plan** – generates a diagnosis-based discharge plan, including medications, follow-up care, and next steps, using progress notes and final discussion details.
- Ambulatory Providers:
 - **Assessment and Plan improvements (General Surgery, Endocrinology, Gastroenterology, Urology)** – removing of non-essential content that does not impact medical decision making or the plan of care.
 - **Immunization Vaccination Status (Pediatric Care)** – improved capture of immunization status.

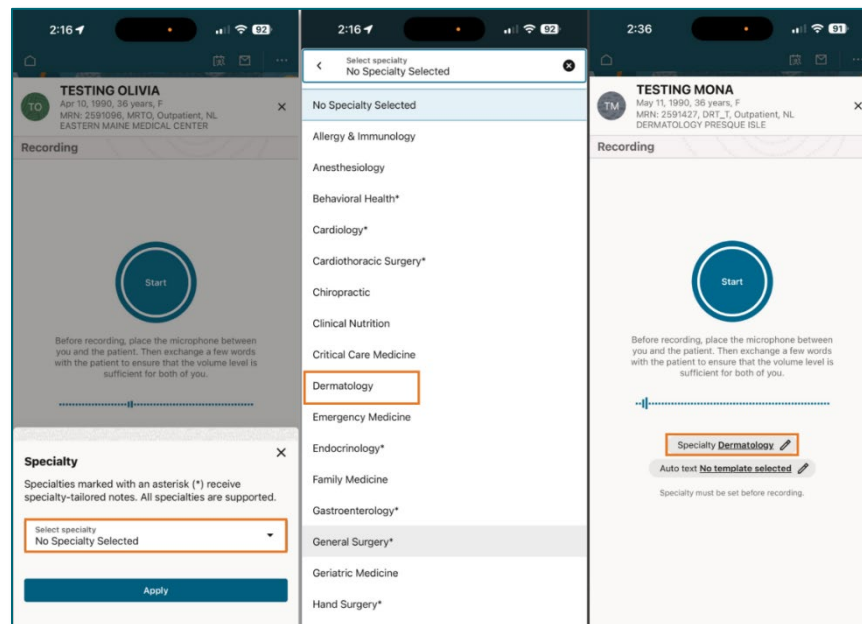


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Week of July 30 – August 5, 2026

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- **Specialty selection** – can now be selected from the Recording screen before recording on an ambulatory patient encounter.



WHY: Oracle Cerner continues to enhance Clinical AI Agent (CAA) to improve the provider experience by increasing documentation accuracy, reducing manual effort, and providing greater flexibility in how notes are generated and customized. These updates are designed to streamline workflows, support specialty-specific documentation needs, and help providers focus on patient care.

WHEN: Week of August 3, 2026

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

- Ambulatory/WIC
- BH Inpatient Providers
- ED Providers
- Hospitalists

At the following NLH Member Organization(s):

- All NLH Hospitals

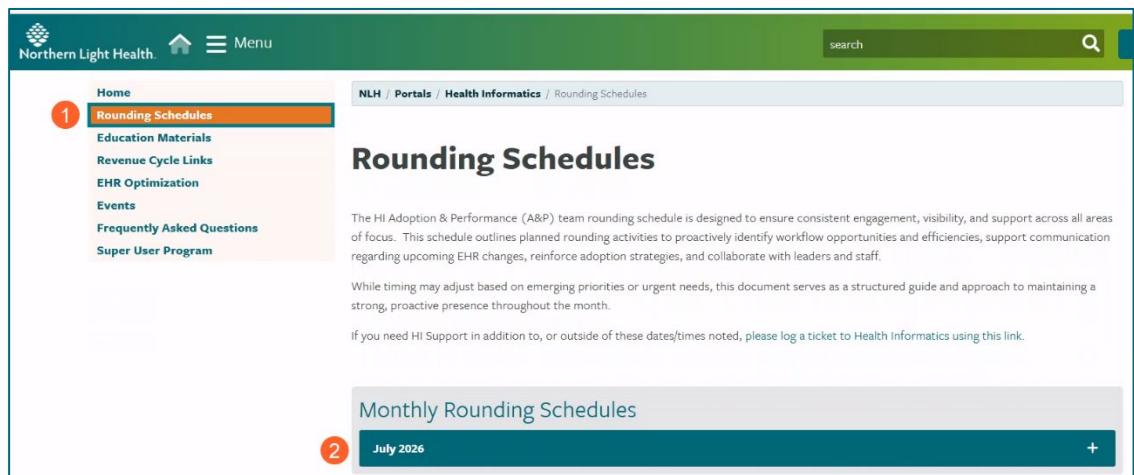
WHO: The change will affect the following staff at the above noted locations:

- Providers
-

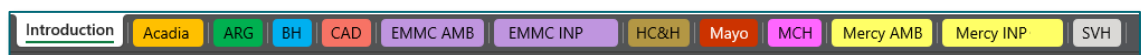
Health Informatics Adoption & Performance Rounding Schedules

WHAT: As we continue our monthly publication process, the Health Informatics Adoption & Performance (A&P) team is sharing the **August 2026 rounding schedule**. These schedules outline planned rounding activities intended to proactively identify opportunities for improvement and efficiency, support communication around upcoming clinical and EHR changes, reinforce adoption strategies, and strengthen collaboration with leaders and staff.

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- The schedule document includes individual tabs for each NLH hospital. EMMC and Mercy each include separate tabs for ambulatory and inpatient rounding schedules.



WHY: The monthly schedules are intended to promote consistent engagement, visibility, and support across all NLH areas of focus. While timing may shift based on emerging priorities or urgent needs, the schedule provides a structured guide for maintaining a proactive and coordinated Health Informatics presence throughout the month.

WHEN: Monday, August 3, 2026

EHR Updates

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WHERE/ This applies to all leaders, providers, and staff across all NLH hospitals, including
WHO: Mayo Hospital.

New State Specific Multi-Factor Authentication Prescription Requirements (Go-Live August 10)

WHAT: **Gabapentin** prescriptions sent across state lines (for example, from Maine to a pharmacy in another state) will now require **Multi-Factor Authentication (MFA)** through **Imprivata** when the destination state classifies Gabapentin as a scheduled medication.

Oracle Cerner has introduced functionality that generates a two-factor authentication prompt when prescribing medications to states that have scheduled a medication differently than it is classified within the Oracle Cerner drug database and federal guidelines.

For additional information regarding e-prescribing, click [here](#).

States currently scheduling Gabapentin

- Alabama, Kentucky, Montana, North Dakota, Tennessee, Virginia, West Virginia, Utah.

NOTE: State and federal regulations are subject to change. This list may be updated as requirements evolve.

WHY: The change ensures compliance with state-specific prescribing requirements and supports the use of two-factor authentication when required by law. It also helps reduce prescription delays and rejections when Gabapentin is prescribed to pharmacies in the states listed above.

WHEN: Monday, August 10, 2026

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

- Providers

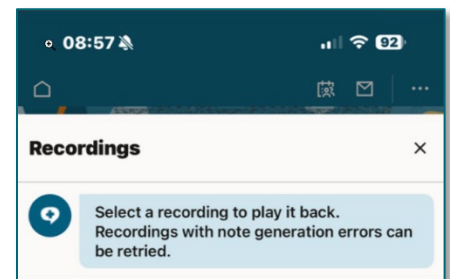
Emergency

Clinical AI Agent (CAA) Updates

WHAT: Oracle Cerner will be releasing several Clinical AI Agent (CAA) enhancements designed to support and improve provider workflows.

Settings Updates

- **Microphone Interruption Alert** – plays an audio alert when a recording is paused when microphone access is lost.
- **New Format Settings** – Assessment and Plan and HPI narrative or bullet formats are available.
- **Optional Assessment and Plan Content** – can be toggled on or off.
- **Recording Playbacks** – this has been renamed to **Recordings**.
- **Regenerate Notes** – this option is now available for recordings that encountered a note generation error within the app.



Specialty Specific Updates

- All Providers:
 - **Physical Exam Auto Text Enhancement** – allows providers to add a Physical Exam Auto Text template directly from the Recording screen. Templates added before note generation are reflected in the PE section of the generated note and are updated based on the template structure and recording contents.

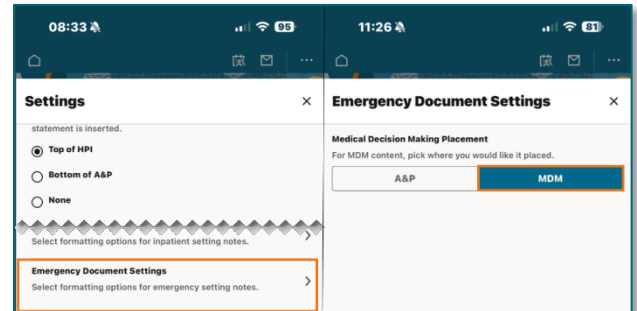
EHR Updates

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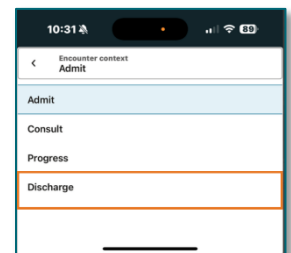
- Emergency Providers:

- **MDM content** – can now be toggled on or off for emergency department notes.
- **More accurate symptom timing** – Generated notes now include the exact date or calculated duration (days/weeks ago) based on patient-reported symptom onset.
- **Improved attribution of patient history** – Documentation now uses direct attribution language such as "*reports*" or "*reported*" instead of terms like "*endorses*" for patient and family-reported information.
- **Automatic follow-up timestamps** – Re-evaluation recordings now automatically include the recording time in generated documentation, eliminating the need to verbally state the time during follow-up encounters.
- **Refined HPI generation** – The HPI is now generated exclusively from information discussed during the provider-patient encounter and no longer incorporates triage note content.



- Hospitalist Providers:

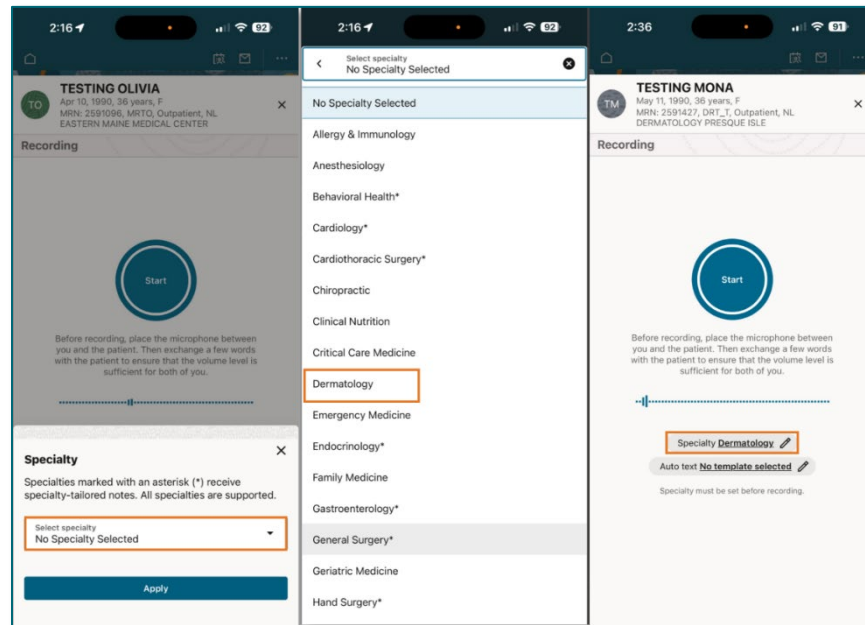
- **Discharge Summary notes** – can now be generated from a recording, including Hospital Course and Discharge Plan.
- **New Discharge Plan** – generates a diagnosis-based discharge plan, including medications, follow-up care, and next steps, using progress notes and final discussion details.



- Ambulatory Providers:

- **Assessment and Plan improvements (General Surgery, Endocrinology, Gastroenterology, Urology)** – removing of non-essential content that does not impact medical decision making or the plan of care.
- **Immunization Vaccination Status (Pediatric Care)** – improved capture of immunization status.

- **Specialty selection** – can now be selected from the Recording screen before recording on an ambulatory patient encounter.



WHY: Oracle Cerner continues to enhance Clinical AI Agent (CAA) to improve the provider experience by increasing documentation accuracy, reducing manual effort, and providing greater flexibility in how notes are generated and customized. These updates are designed to streamline workflows, support specialty-specific documentation needs, and help providers focus on patient care.

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- Ambulatory/WIC
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- ED Providers
- Hospitalists

At the following NLH Member Organization(s):

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

- Providers

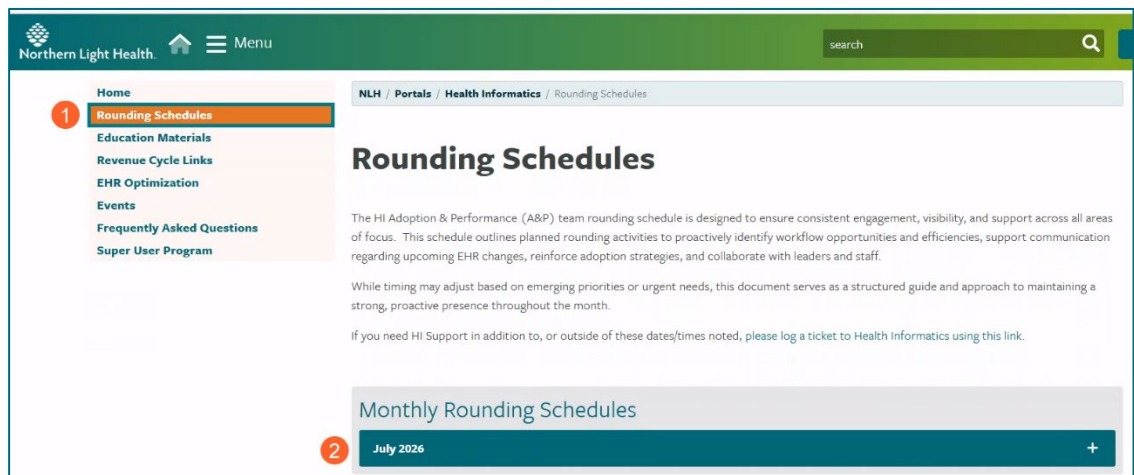
EHR Updates

Week of July 30 – August 5, 2026

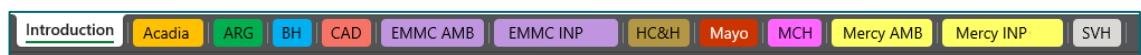
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WHEN: Monday, August 3, 2026

WHERE/ This applies to all leaders, providers, and staff across all NLH hospitals, including
WHO: Mayo Hospital.

NEW Inpatient Daptomycin PowerPlans

WHAT: Two new PowerPlans will be created for inpatient use:

- **DAPTOmycin (Cubicin) Adult**
 - Includes separate sections for **Infection Source**. Within each Infection Source section, additional sections are included for **Adjusted Body Weight** and **CrCl (mL/min)**
 - Dosing will be consistent with existing Bug Drug Guide dosing information found [here](#).
 - A direct link to all Body Weight Calculators can be found [here](#). This same link is included within the top section of the PowerPlan.
- **PED DAPTOmycin (Cubicin)**
 - Organized by **mg/kg** dosing. Within each weight-based section, additional sections are included for specific **CrCl (mL/min)** ranges.

NOTE: All single-line orders will be removed from the Order Catalog. When searching for Daptomycin, the corresponding PowerPlan will be presented in search results.

WHY: To standardize and streamline Daptomycin ordering through a single pathway supported by clinical decision support guidance.

WHEN: Tuesday, August 4, 2026

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

- Acute/Inpatient
- ED
- Peri-Op

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)
-

EHR Updates

Week of July 30 – August 5, 2026

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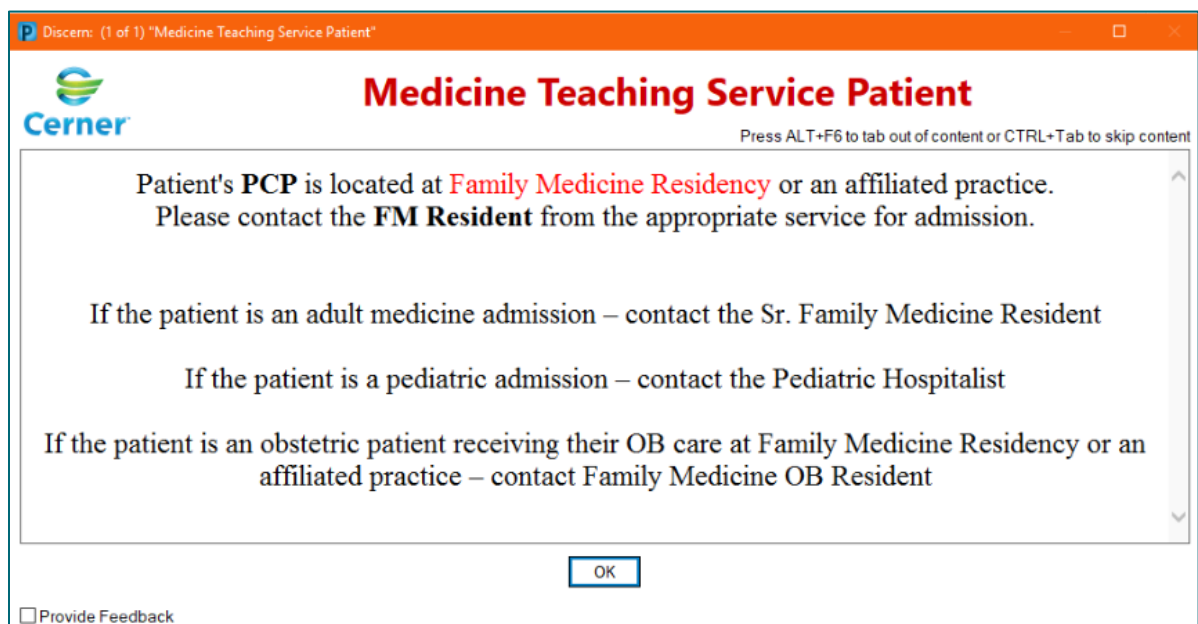
WHO: The change will affect the following staff at the above noted locations:

- Pharmacists
- Providers

EMMC Only: Medical Teaching Service Patient Alert and Identification

WHAT: When a **Decision to Admit** order is placed in the **Emergency Department**, the **Medicine Teaching Services Patient** alert will be triggered for patients whose PCP is located at Family Medicine Residency or an affiliated practice. The alert prompts for coordination with the appropriate service for admission. These patients will also be flagged with a visual icon in **Capacity Management** and on the **CareView Boards** to support quick and consistent recognition.

FirstNet Alert



Capacity Management & CareView Board Icon

NOTE: If the PCP is updated after the decision to admit order has been placed, then the icon will show up in Capacity Management and CareView upon the chart being opened in PowerChart.

WHY: The change improves timely identification and coordination of care for patients enrolled in Family Medicine Residency or an affiliated practice when they present to the Emergency Department. The automated alert and associated

visual icon enhance situational awareness for clinical and operational teams, supporting clearer communication, more efficient patient flow, and appropriate involvement of the residency care team during the admission process. Ultimately, this promotes continuity of care, patient safety, and operational efficiency.

WHEN: Tuesday, August 4, 2026

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

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- NL EMMC only

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

- Bed Management
- Inpatient Clinical Staff
- Physicians

New State Specific Multi-Factor Authentication Prescription Requirements (Go-Live August 10)

WHAT: Gabapentin prescriptions sent across state lines (for example, from Maine to a pharmacy in another state) will now require **Multi-Factor Authentication (MFA)** through **Imprivata** when the destination state classifies Gabapentin as a scheduled medication.

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For additional information regarding e-prescribing, click [here](#).

States currently scheduling Gabapentin

- Alabama, Kentucky, Montana, North Dakota, Tennessee, Virginia, West Virginia, Utah.
-

EHR Updates

Week of July 30 – August 5, 2026

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NOTE: State and federal regulations are subject to change. This list may be updated as requirements evolve.

WHY: The change ensures compliance with state-specific prescribing requirements and supports the use of two-factor authentication when required by law. It also helps reduce prescription delays and rejections when Gabapentin is prescribed to pharmacies in the states listed above.

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- Providers

Inpatient

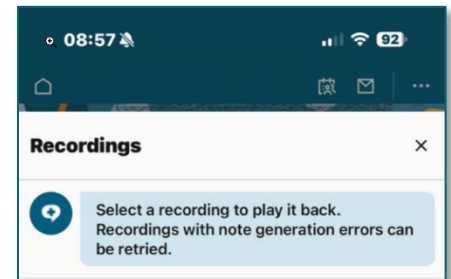
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Specialty Specific Updates

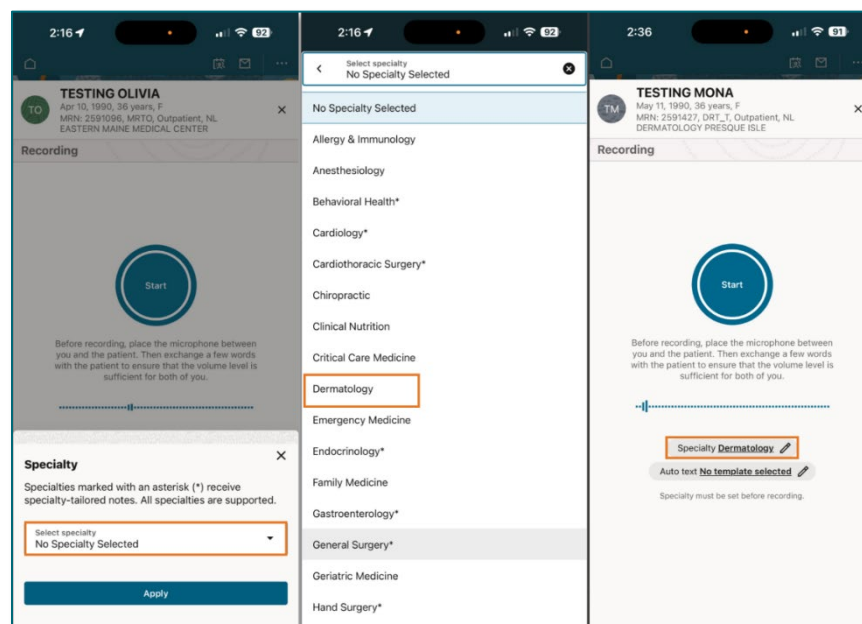
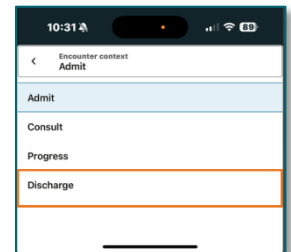
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EHR Updates

Week of July 30 – August 5, 2026

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At the following NLH Member Organization(s):

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

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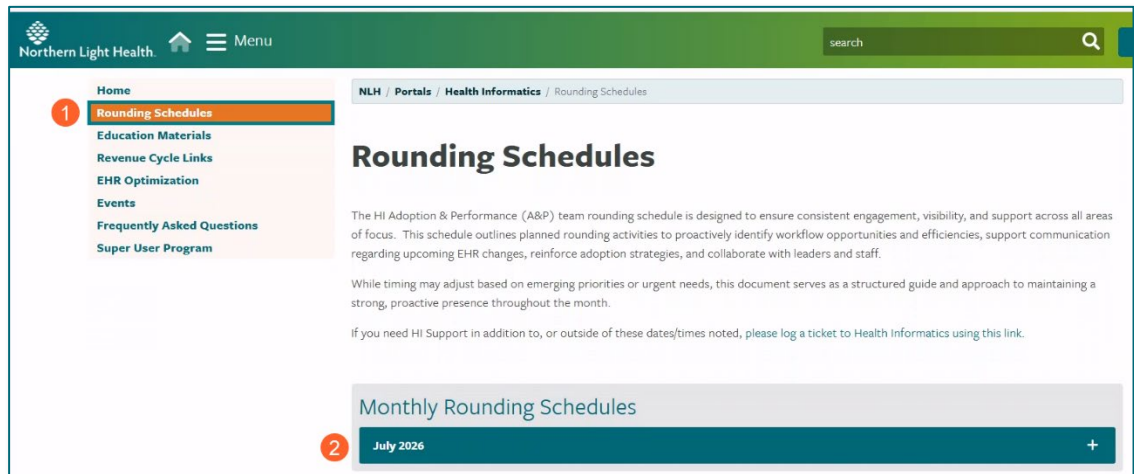
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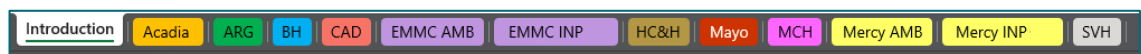
EHR Updates

Week of July 30 – August 5, 2026

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WHEN: Monday, August 3, 2026

WHERE/WHO: This applies to all leaders, providers, and staff across all NLH hospitals, including Mayo Hospital.

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WHY: To standardize and streamline Daptomycin ordering through a single pathway supported by clinical decision support guidance.

WHEN: Tuesday, August 4, 2026

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

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- ED
- Peri-Op

At the following NLH Member Organization(s):

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EMMC Only: Medical Teaching Service Patient Alert and Identification

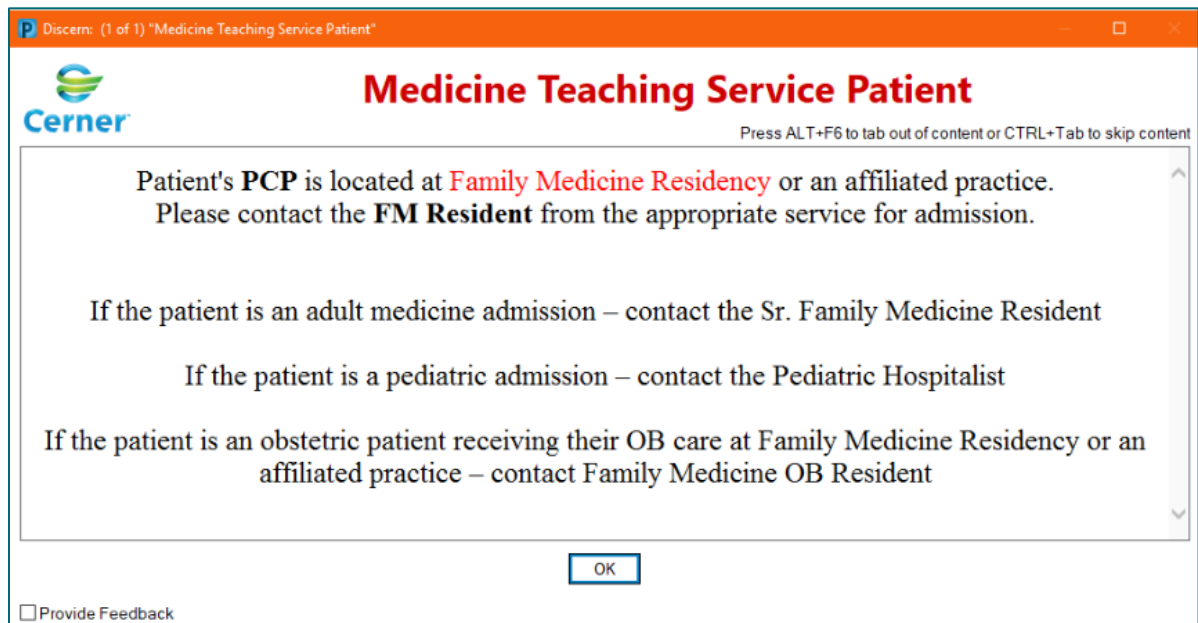
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EHR Updates

Week of July 30 – August 5, 2026

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FirstNet Alert



Capacity Management & CareView Board Icon

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 - Ambulatory/WIC
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EHR Updates

Week of July 30 – August 5, 2026

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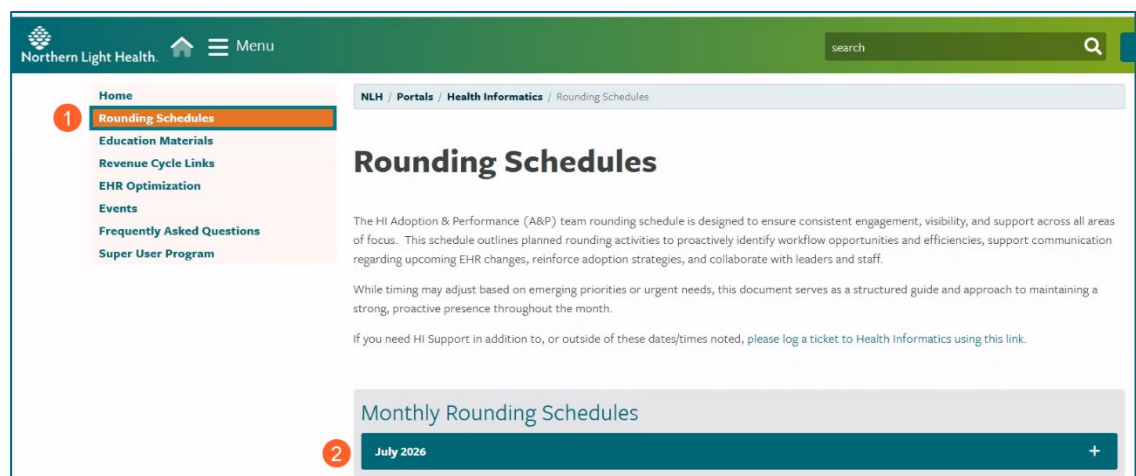
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Peri-Op

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WHY: To standardize and streamline Daptomycin ordering through a single pathway supported by clinical decision support guidance.

WHEN: Tuesday, August 4, 2026

EHR Updates

Week of July 30 – August 5, 2026

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

- Acute/Inpatient
- ED
- Peri-Op

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:

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

- Providers

Post-Anesthesia Evaluation PowerNote Update

WHAT: The Post-Anesthesia Evaluation PowerNote is being updated to track anesthesia type changes during C-sections, including cases where an epidural changes to general anesthesia.

If procedure performed was a Spinal / Spinal converted to General Anesthesia / Epidural / Epidural converted to General Anesthesia / General Anesthesia c-section (otherwise leave blank)

NOTE: Pre-completed notes created before the change is made should not have the new section. The new section will only apply to pre-completed notes created after the change is made.

WHY: This change helps collect more accurate data for OB cases and failed spinal anesthesia cases by placing the information in a field that can be easily used for reports.

WHEN: Effective Now

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

- Peri-Op Only

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:

- Anesthesiologists
 - CRNAs
-

EHR Updates

Week of July 30 – August 5, 2026

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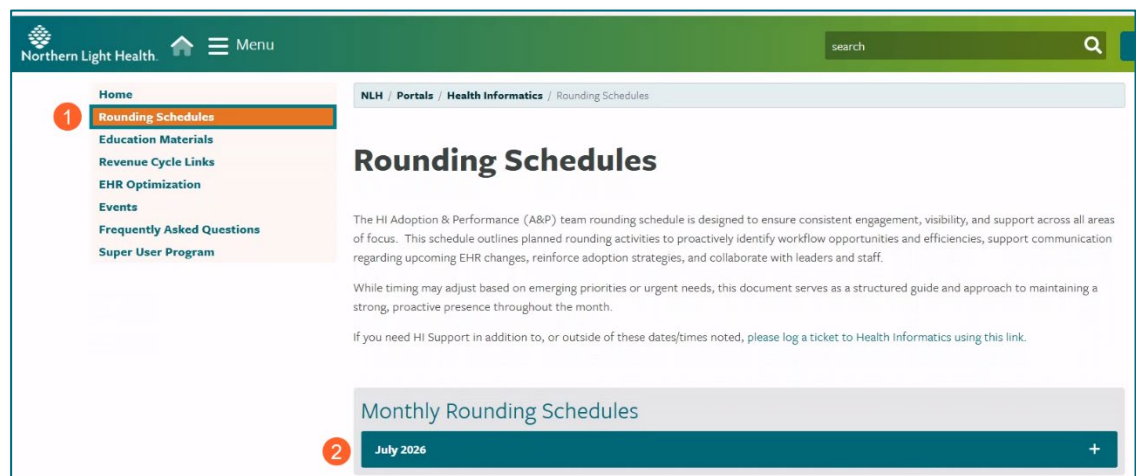
Therapies: Occupational, Physical, Speech & Respiratory

All Ambulatory & Inpatient Areas

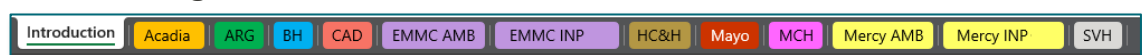
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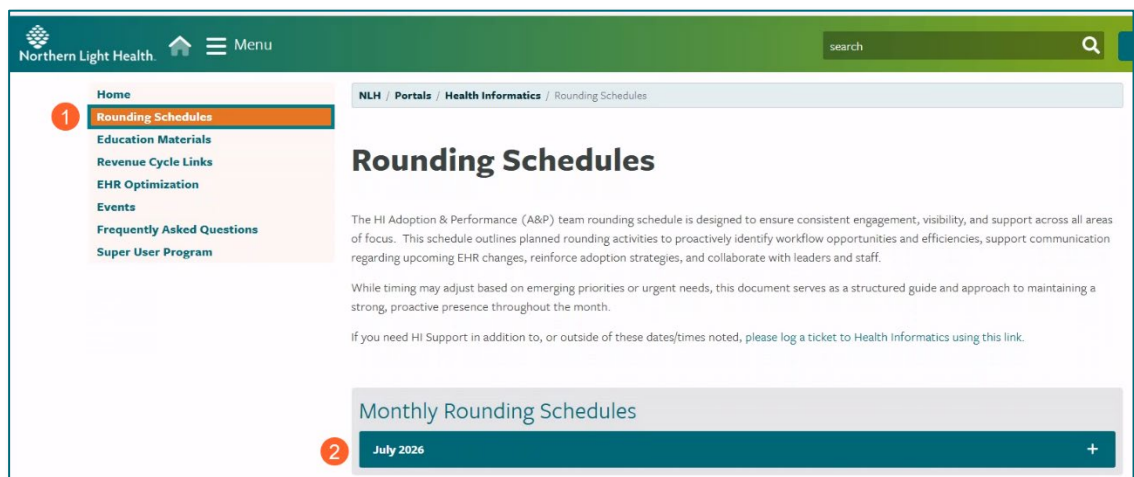
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Wound Validators

Health Informatics Adoption & Performance Rounding Schedules

WHAT: As we continue our monthly publication process, the Health Informatics Adoption & Performance (A&P) team is sharing the **August 2026 rounding schedule**. These schedules outline planned rounding activities intended to proactively identify opportunities for improvement and efficiency, support communication around upcoming clinical and EHR changes, reinforce adoption strategies, and strengthen collaboration with leaders and staff.

- NLH leaders, staff, and providers may access the monthly schedules through the [Health Informatics Portal](#) and selecting the applicable month.



- The schedule document includes individual tabs for each NLH hospital. EMMC and Mercy each include separate tabs for ambulatory and inpatient rounding schedules.

EHR Updates

Week of July 30 – August 5, 2026

WHY: The monthly schedules are intended to promote consistent engagement, visibility, and support across all NLH areas of focus. While timing may shift based on emerging priorities or urgent needs, the schedule provides a structured guide for maintaining a proactive and coordinated Health Informatics presence throughout the month.

WHEN: Monday, August 3, 2026

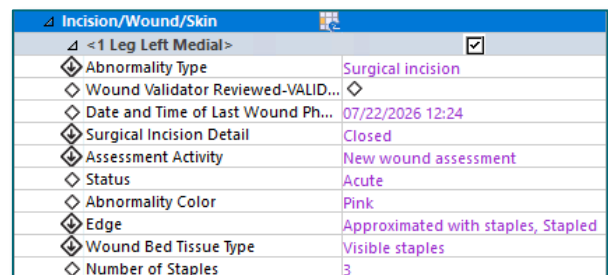
WHERE/WHO: This applies to all leaders, providers, and staff across all NLH hospitals, including Mayo Hospital.

Number of Staples Present

WHAT: A new field, **Number of Staples Present** will be added to iView wound documentation. The field will appear when clinicians document wounds with:

- Approximated with staples
- Stapled
- Visible staples

NOTE: The enhancement will also be applied consistently within applicable Pressure Injury documentation workflows.



Incision/Wound/Skin	
<1 Leg Left Medial>	☒
Abnormality Type	Surgical incision
Wound Validator Reviewed-VALID...	
Date and Time of Last Wound Ph...	07/22/2026 12:24
Surgical Incision Detail	Closed
Assessment Activity	New wound assessment
Status	Acute
Abnormality Color	Pink
Edge	Approximated with staples, Stapled
Wound Bed Tissue Type	Visible staples
Number of Staples	3

WHY: Accurate wound documentation is essential for patient care and clinical communication. This enhancement will:

- Improve the completeness of wound assessments
- Provide a clear record of staple quantity for monitoring healing and follow-up care
- Support consistency across wound documentation workflows
- Reduce reliance on free-text comments for staple tracking
- Enhance documentation quality and patient safety

WHEN: Tuesday, August 4, 2026

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 Northern Light Hospitals (excluding Mayo)

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

- Nursing
- Wound/Ostomy Nurses
- Wound Validators