



Northern Light Health Oracle Health (Cerner) Millennium EHR Updates

Week of July 24 – July 30

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Behavioral Health Staff

All Ambulatory & Inpatient Care Areas

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
-

EHR Updates

Week of July 24 – July 30

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/northernlighthouse

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/northernlighthouse

○ **Flyer-based education**

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
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 - 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

Date: August 3

Date: August 4

PromisePoint Simulation Education Opens

DUE: All Assigned Education

Go-Live (Focused Rounding by Health Informatics)

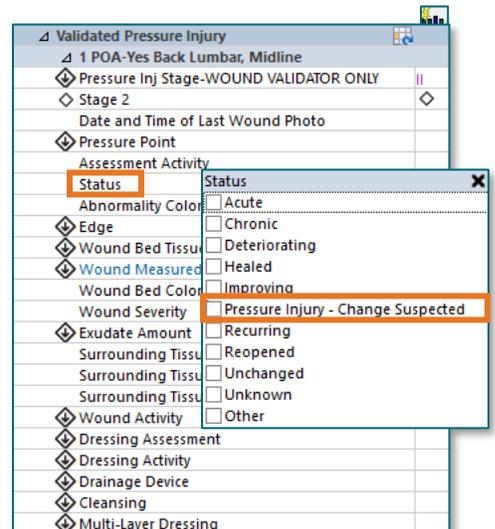
Click to review [Go-Live Support Schedule](#)

Pressure Injury Optimization – *Go-Live August 4*

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** if not documenting from the task.
 - 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.

EHR Updates

Week of July 24 – July 30

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.

NOTE: Documentation in the inactivated Incision/Wound/Skin dynamic group can be viewed in Results Review.

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

Break-the-Glass (BTG) Relationship Update

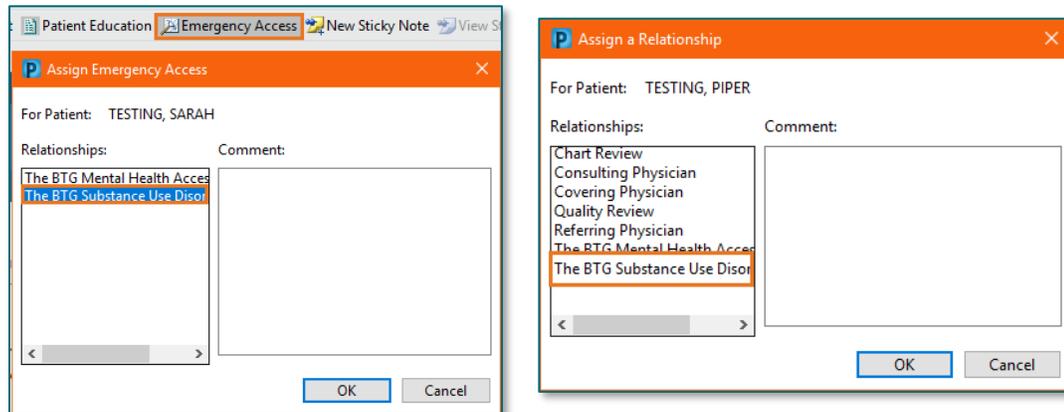
WHAT: The BTG Substance Abuse Access relationship has been renamed to **BTG Substance Use Disorder Access** when accessing treatment documentation and medications for behavioral health patients.

WHY: The name update reflects policy updates and industry standard, to reduce stigma and promote person-first language in the field of mental health.

EHR Updates

Week of July 24 – July 30

NOTE: The change will be reflected when establishing Break-the-Glass (BTG) access or when assigning a relationship, prior to opening a chart.



WHEN: Thursday, July 24, 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:

- BH Clinical Staff
- Care Management
- Paramedics
- Pharmacists
- Providers (Physicians, Residents, NPPs, CRNAs)
- Quality
- RNs
- Social Workers

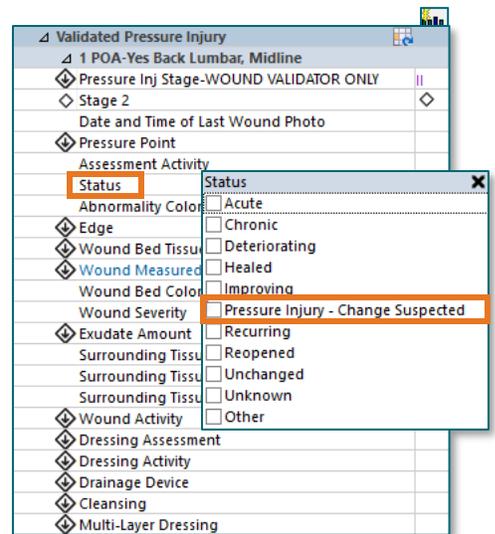
Inpatient Only

Pressure Injury Optimization – **Go-Live August 4**

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

New Validated Pressure Injury Dynamic Group

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

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Week of July 24 – July 30

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

NOTE: Documentation in the inactivated Incision/Wound/Skin dynamic group can be viewed in Results Review.

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.

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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.

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

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At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

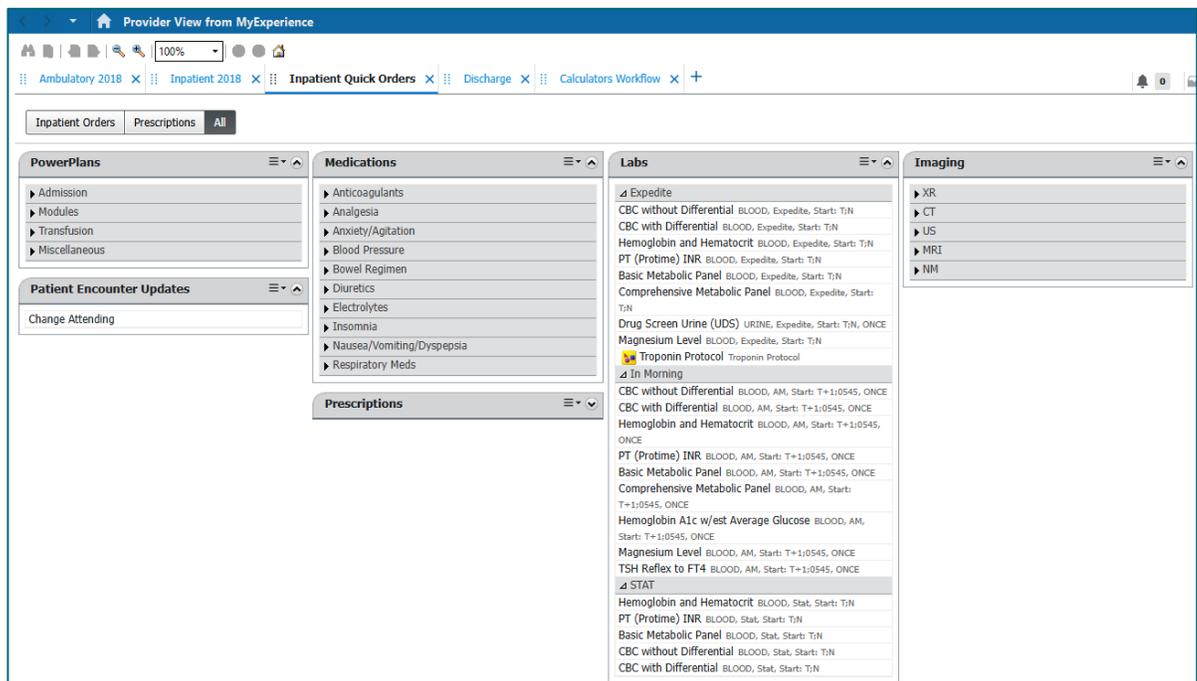
WHO: The change will affect the following staff at the above noted locations:

- Nursing
- Wound/Ostomy Nurses
- Wound Validators

Using Quick Orders

WHAT: A convenient way to place orders is by using **Quick Orders MPage**.

- A Quick Order MPage provides the most common orders, along with the most common order details queued up.
- Components are arranged by category, then subfolders to organize orders.



WHY: Using the Quick Orders MPage will save time, decrease clicks and will improve ordering practices.

- Recent data has indicated that entering orders using single order search, outside of the Quick Order page, can lead to inaccurate order details such

EHR Updates

Week of July 24 – July 30

as the wrong priority for an order, and sometimes inappropriate orders, being selected.

NOTE: Click [here](#) for more information on Using Quick Orders.

WHEN: Effective Immediately

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

- Acute/Inpatient

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Providers

Care Managers

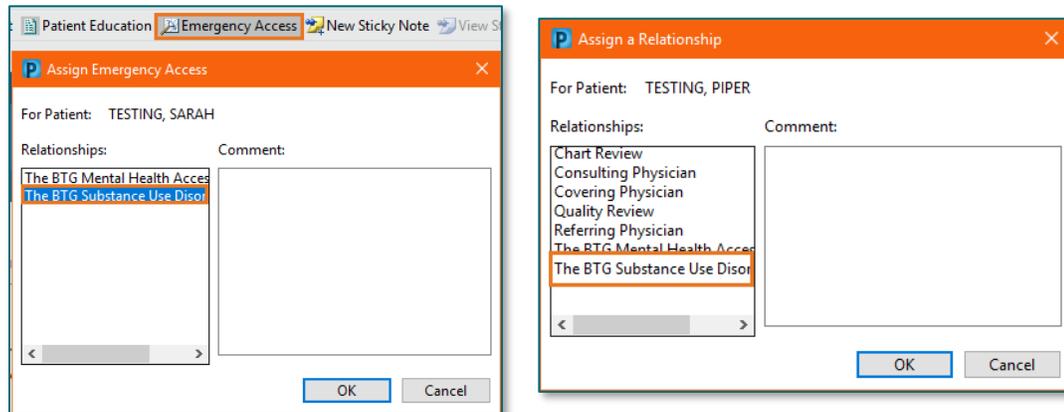
Ambulatory & Inpatient

Break-the-Glass (BTG) Relationship Update

WHAT: The BTG Substance Abuse Access relationship has been renamed to **BTG Substance Use Disorder Access** when accessing treatment documentation and medications for behavioral health patients.

WHY: The name update reflects policy updates and industry standard, to reduce stigma and promote person-first language in the field of mental health.

NOTE: The change will be reflected when establishing Break-the-Glass (BTG) access or when assigning a relationship, prior to opening a chart.



WHEN: Thursday, July 24, 2025

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- Acute/Inpatient (to include ED & Peri-Op)
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WHO: The change will affect the following staff at the above noted locations:

- BH Clinical Staff
- Care Management
- Paramedics
- Pharmacists
- Providers (Physicians, Residents, NPPs, CRNAs)
- Quality
- RNs
- Social Workers

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.
-

EHR Updates

Week of July 24 – July 30

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

Release Date	Venues Affected	CDS Tool	Summary
7/21/2025	Outpatient	OP ocrelizumab (Ocrevus) (Paper)	CDS Review. Standardization of template and patient care orders. Addition of Anaphylaxis Treatment orders
7/28/2025	Inpatient	Pharmacist Only Restricted Medications	Addition of MRSA PCR order
7/29/2025	All	Parenteral Olanzapine and Benzodiazepine Drug-Drug Interaction	New alert to increase safety for DDI between parenteral olanzapine and benzodiazepines
7/29/2025	IR	Referring Physician Alert	New alert to ensure Dahl Chase pathology results are routed to the appropriate provider
7/29/2025	IR	IR Dahl Chase PowerPlan	New PowerPlan for pathology order entry in IR to ensure <i>Referring Physician</i> field is completed
8/5/2025	Ambulatory	AMB CARD TEE Cardioversion	Addition of ECG order
8/5/2025	Inpatient	NICU Hypothermia	CDS Review. Updates to infusion ordering. EMMC Only

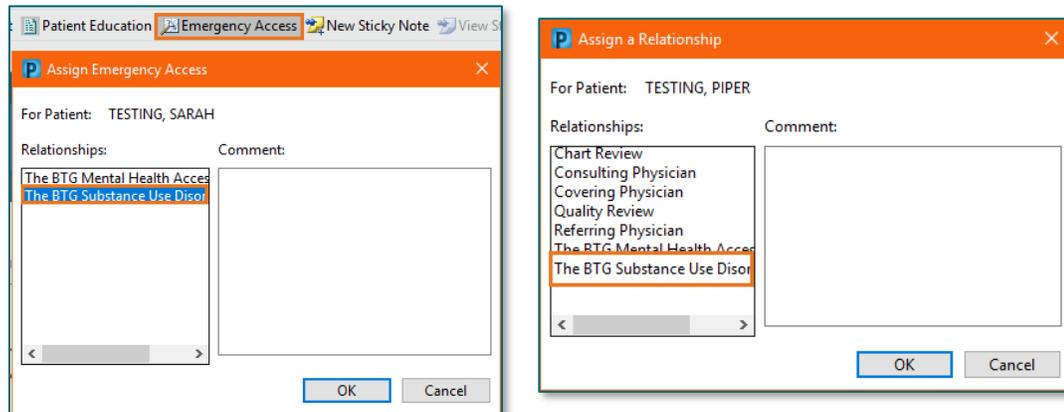
Imaging Staff & Radiologists

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New IR Dahl Chase PowerPlan and Referring Physician Alerts

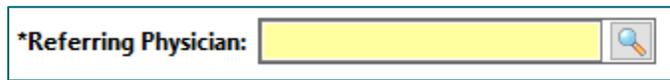
WHAT: A new IR Dahl Chase PowerPlan and two new Referring Physician alerts have been created to ensure that the “Referring Physician” field is appropriately completed in the radiology/medical imaging locations.

EHR Updates

Week of July 24 – July 30

WHY: The IR Dahl Chase PowerPlan and alert was created to ***ensure that all lab results and pathology reports are routed to the physician who originally requested the study.*** These changes will promote continuity of care, enhancing patient safety, and improving the workflow efficiency with the radiology/medical imaging departments.

IR Dahl Chase PowerPlan will make the Referring Physician required in all orderables.



*Referring Physician: 

NOTE: Using the IR Dahl Chase PowerPlan is highly recommended as it includes all the required orders in one place, helping to streamline the ordering process.

When Would the Dahl Chase Alerts Fire?

- If the Referring Physician field is empty.
- If the Ordering Provider (the radiologist) and the Referring Physician are the same.

NOTE: Once the alert is triggered, the alert will return the user to the order entry screen for completion or necessary edits.

WHEN: Tuesday, July 29, 2025.

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

- Radiology/Imaging Departments

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo and/or Acadia)

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

- Medical Imaging Staff
-

Leadership

Ambulatory/WIC

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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WHEN: Monday, August 4, 2025

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EDUCATION Online Promise Point Simulation Education

STRATEGY: Nursing

EHR Updates

Week of July 24 – July 30

- Curriculum: Annual Pressure Injury Prevention
- Course: NOLH-1425.2025 ACTCLN Document a Suspected Pressure Injury - Duration 12 mins
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Wound/Ostomy Nurses and Wound Validators

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- **Flyer-based education**

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).



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.

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EDUCATION STRATEGY: **Online Promise Point Simulation Education**

Nursing

- Curriculum: Annual Pressure Injury Prevention
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EHR Updates

Week of July 24 – July 30

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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](#)

Inpatient

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

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EDUCATION STRATEGY: **Online Promise Point Simulation Education**

STRATEGY: **Nursing**

- Curriculum: Annual Pressure Injury Prevention
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EHR Updates

Week of July 24 – July 30

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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](#)

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

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
-

EHR Updates

Week of July 24 – July 30

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

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/northernlighthouse

- **Flyer-based education**

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
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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.

Documentation Changes

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EDUCATION Online Promise Point Simulation Education

STRATEGY: Nursing

EHR Updates

Week of July 24 – July 30

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Date: August 3 DUE: All Assigned Education

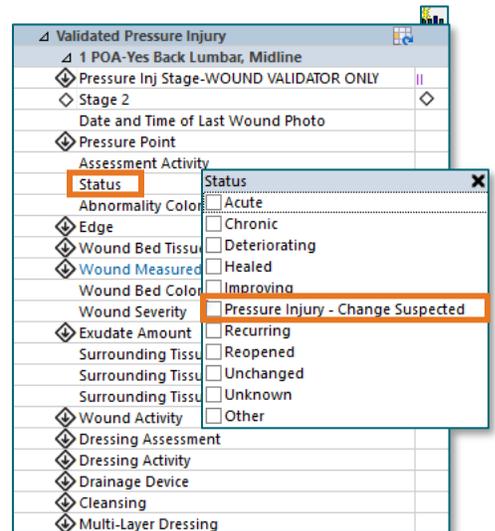
Date: August 4 Go-Live (Focused Rounding by Health Informatics)
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Pressure Injury Optimization – *Go-Live August 4*

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** if not documenting from the task.
 - 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.

EHR Updates

Week of July 24 – July 30

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.

NOTE: Documentation in the inactivated Incision/Wound/Skin dynamic group can be viewed in Results Review.

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

Break-the-Glass (BTG) Relationship Update

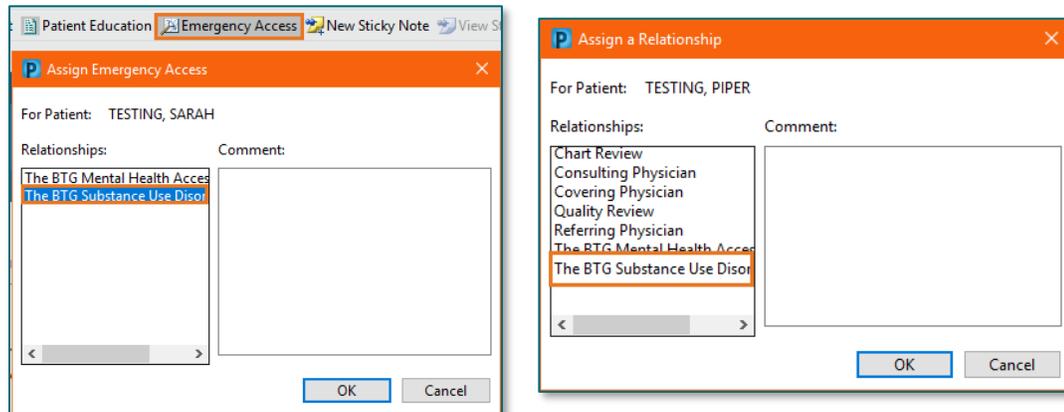
WHAT: The BTG Substance Abuse Access relationship has been renamed to **BTG Substance Use Disorder Access** when accessing treatment documentation and medications for behavioral health patients.

WHY: The name update reflects policy updates and industry standard, to reduce stigma and promote person-first language in the field of mental health.

EHR Updates

Week of July 24 – July 30

NOTE: The change will be reflected when establishing Break-the-Glass (BTG) access or when assigning a relationship, prior to opening a chart.



WHEN: Thursday, July 24, 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:

- BH Clinical Staff
- Care Management
- Paramedics
- Pharmacists
- Providers (Physicians, Residents, NPPs, CRNAs)
- Quality
- RNs
- Social Workers

MRSA PCR: Pharmacy Consult and Ordering Update

WHAT:

- New Inpatient **Pharmacy Consult – MRSA PCR** task will populate the Multi-Patient Task List with an associated PowerForm, **Pharmacist MRSA PCR**. This consult is triggered by the following:

- **MRSA Surveillance PCR** Laboratory Order is Resulted, or **Vancomycin**, or **linezolid** medication orders with associated **Indication of Pneumonia** is ordered.
 - If one of the above occurs: a system-generated rule will then place **Pharmacy Consult – MRSA PCR**, Once order.
- MRSA Surveillance PCR order will be renamed to: **MRSA PCR**
- **MRSA PCR** will be removed from general order catalog and **Hyperbilirubinemia Treatment PowerPlan**.

NOTE: This order will be available to Pharmacists only via the **Pharmacist Only Restricted Medications PowerPlan**.

WHY: To invoke inpatient pharmacist consultation services to facilitate proper antimicrobial de-escalation, increase appropriate MRSA PCR utilization, decrease vancomycin days of therapy, and avoid unnecessary cost.

Rationale for MRSA PCR Update-NLH Antimicrobial Stewardship

- MRSA PCR is a useful antimicrobial stewardship tool used to discontinue vancomycin (IV) when used for the treatment of suspected MRSA pneumonia. Samples are collected using swabs of the nares. A **negative result** in patients with suspected MRSA pneumonia translates to a lack of

EHR Updates

Week of July 24 – July 30

clinical involvement of MRSA and thus supports **immediate discontinuation** of vancomycin.

- The high negative predictive value of MRSA PCR has been validated extensively within the clinical literature and thus its utility resides only in interpretation of negative results (indicating lack of MRSA colonization in nasopharynx). **Positive results** indicating nasopharyngeal colonization with MRSA **do not correlate** to MRSA involvement in bacterial pneumonias and thus positive results **should not impact** clinical decision making. This is supported by the poor positive predictive value of MRSA PCR for MRSA pneumonia reported within clinical literature. It is essential that MRSA PCR is used judiciously to avoid over-labeling of patients as MRSA colonized in scenarios where that information does not aid in therapeutic selection.

NOTE: *MRSA PCR should NEVER be ordered in patients who are not actively on vancomycin (IV) or linezolid (IV/PO) or where plans already exist to discontinue vancomycin (IV) or linezolid (IV/PO) within the next 24 hours.*

WHEN: Monday, July 28, 2025

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo) and associated offices

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

- Inpatient Pharmacists
- Inpatient Providers
- Outpatient Providers
- Outpatient 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

- 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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- 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
-

EHR Updates

Week of July 24 – July 30

- Course: NOLH-1065.55 ACTCLN Pressure Injury Wound Validator - Duration 16 mins
 - URL: www.promisepoint.com/northernlighthouse
- **Flyer-based education**

HOW: **Required Online Education in the PromisePoint Community**

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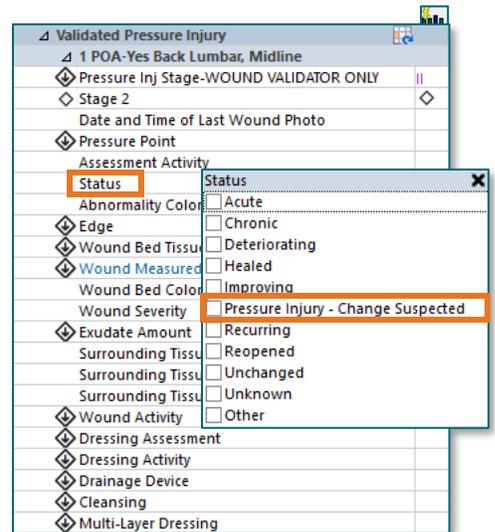
Date: August 4 **Go-Live (Focused Rounding by Health Informatics)**
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Pressure Injury Optimization – **Go-Live August 4**

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

New Validated Pressure Injury Dynamic Group

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 Pressure Injury Number,
 Location, Laterality, and
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NOTE: POA will not flow to the IRF-PAI Report. POA will need to be entered manually in UDS.

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Existing Validated Pressure Injuries

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EHR Updates

Week of July 24 – July 30

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Click [here](#) for **Media Gallery Workflow**.

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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) *Go-live August 4*

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 accidentally 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):

EHR Updates

Week of July 24 – July 30

- 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 Sebecook Valley Hospital

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

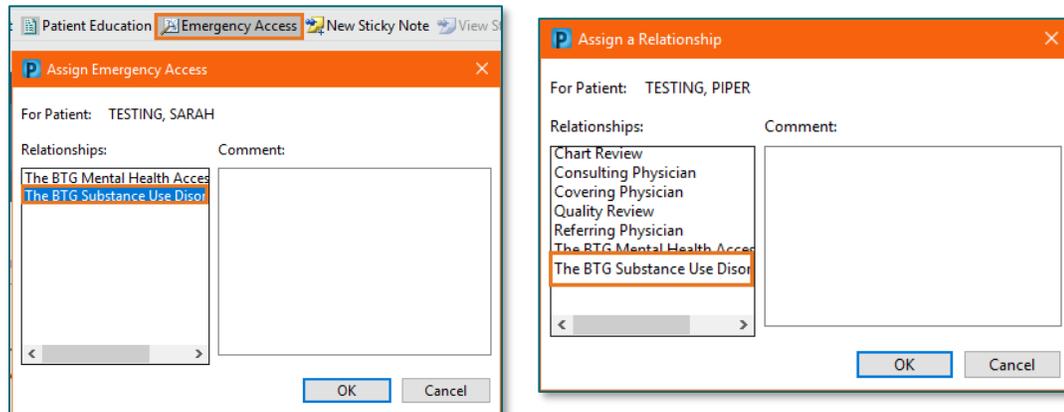
- Nurses
- Nurse Techs
- Respiratory Therapists

Break-the-Glass (BTG) Relationship Update

WHAT: The BTG Substance Abuse Access relationship has been renamed to **BTG Substance Use Disorder Access** when accessing treatment documentation and medications for behavioral health patients.

WHY: The name update reflects policy updates and industry standard, to reduce stigma and promote person-first language in the field of mental health.

NOTE: The change will be reflected when establishing Break-the-Glass (BTG) access or when assigning a relationship, prior to opening a chart.



WHEN: Thursday, July 24, 2025

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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 at the above noted locations:

- BH Clinical Staff
- Care Management
- Paramedics
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- Providers (Physicians, Residents, NPPs, CRNAs)
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Inpatient

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

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

EHR Updates

Week of July 24 – July 30

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Pressure Injury Optimization – **Go-Live August 4**

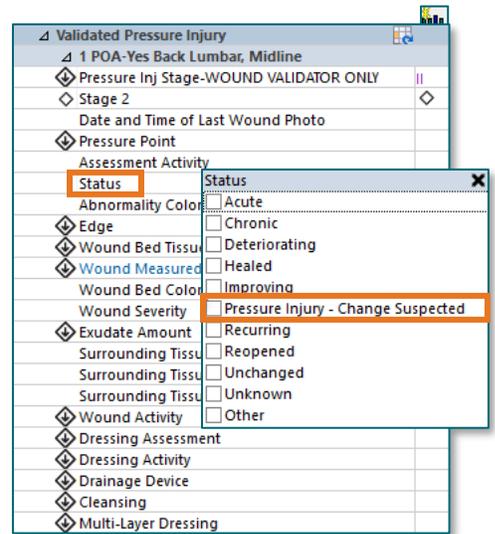
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EHR Updates

Week of July 24 – July 30

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Other Changes

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-

EHR Updates

Week of July 24 – July 30

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) **Go-live August 4**

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 accidentally 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 Sebecook Valley Hospital

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

- Nurses
- Nurse Techs
- Respiratory Therapists

Break-the-Glass (BTG) Relationship Update

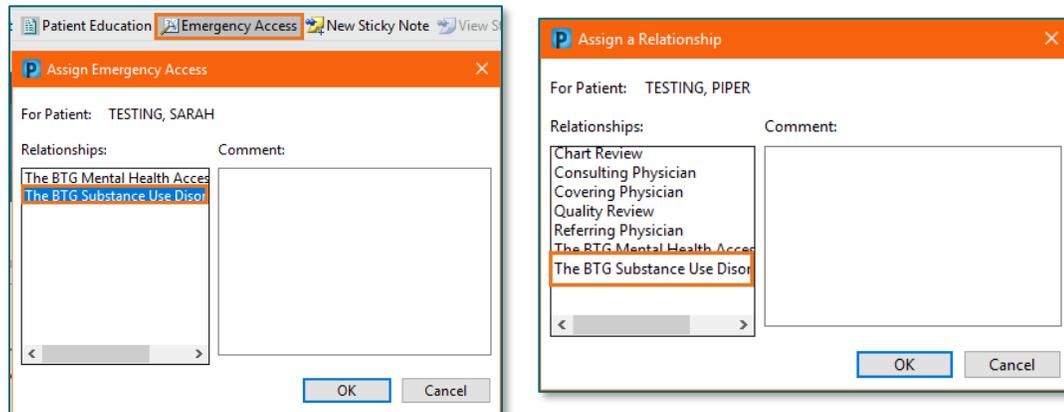
WHAT: The BTG Substance Abuse Access relationship has been renamed to **BTG Substance Use Disorder Access** when accessing treatment documentation and medications for behavioral health patients.

WHY: The name update reflects policy updates and industry standard, to reduce stigma and promote person-first language in the field of mental health.

EHR Updates

Week of July 24 – July 30

NOTE: The change will be reflected when establishing Break-the-Glass (BTG) access or when assigning a relationship, prior to opening a chart.



WHEN: Thursday, July 24, 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:

- BH Clinical Staff
- Care Management
- Paramedics
- Pharmacists
- Providers (Physicians, Residents, NPPs, CRNAs)
- Quality
- RNs
- Social Workers

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

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/northernlighthouse

Wound/Ostomy Nurses and Wound Validators

- Curriculum: Pressure Injury Wound Validator
-

EHR Updates

Week of July 24 – July 30

- Course: NOLH-1065.55 ACTCLN Pressure Injury Wound Validator - Duration 16 mins
 - URL: www.promisepoint.com/northernlighthouse
- **Flyer-based education**

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).



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

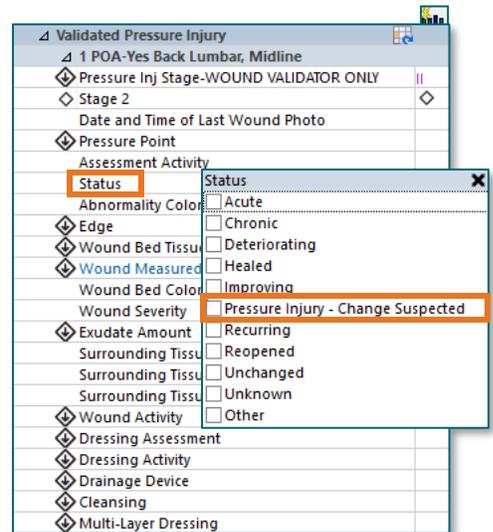
Date: August 4 Go-Live (Focused Rounding by Health Informatics)
Click to review [Go-Live Support Schedule](#)

Pressure Injury Optimization – **Go-Live August 4**

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** if not documenting from the task.
 - 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.

EHR Updates

Week of July 24 – July 30

This will ensure nurses will receive the task to take the next wound photo.

- Document other information as needed.

NOTE: Documentation in the inactivated Incision/Wound/Skin dynamic group can be viewed in Results Review.

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

Auto-Disassociation with Enhanced Patient2Device Association (EP2DA) Update (Excludes EMMC and Mercy) *Go-live August 4*

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 accidentally 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
-

EHR Updates

Week of July 24 – July 30

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

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

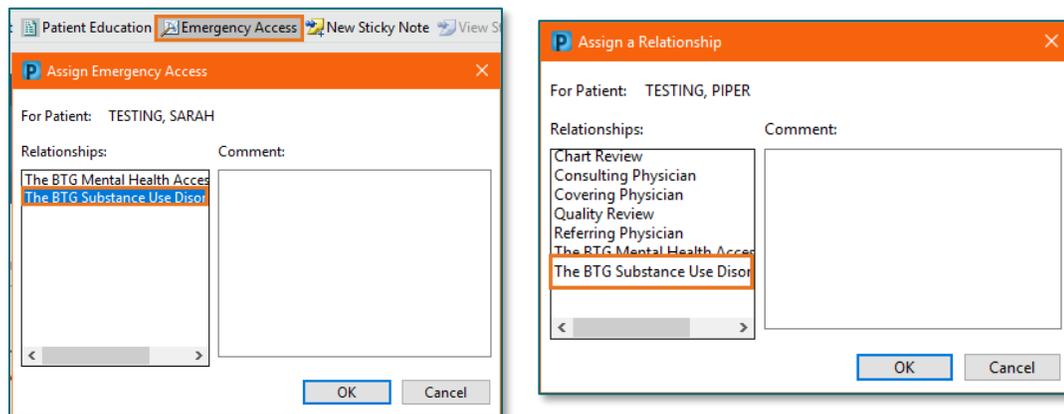
- Nurses
- Nurse Techs
- Respiratory Therapists

Break-the-Glass (BTG) Relationship Update

WHAT: The BTG Substance Abuse Access relationship has been renamed to **BTG Substance Use Disorder Access** when accessing treatment documentation and medications for behavioral health patients.

WHY: The name update reflects policy updates and industry standard, to reduce stigma and promote person-first language in the field of mental health.

NOTE: The change will be reflected when establishing Break-the-Glass (BTG) access or when assigning a relationship, prior to opening a chart.



WHEN: Thursday, July 24, 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:

- BH Clinical Staff
- Care Management
- Paramedics
- Pharmacists
- Providers (Physicians, Residents, NPPs, CRNAs)
- Quality
- RNs
- Social Workers

Pharmacists & Pharmacy Technicians

Ambulatory/WIC

Break-the-Glass (BTG) Relationship Update

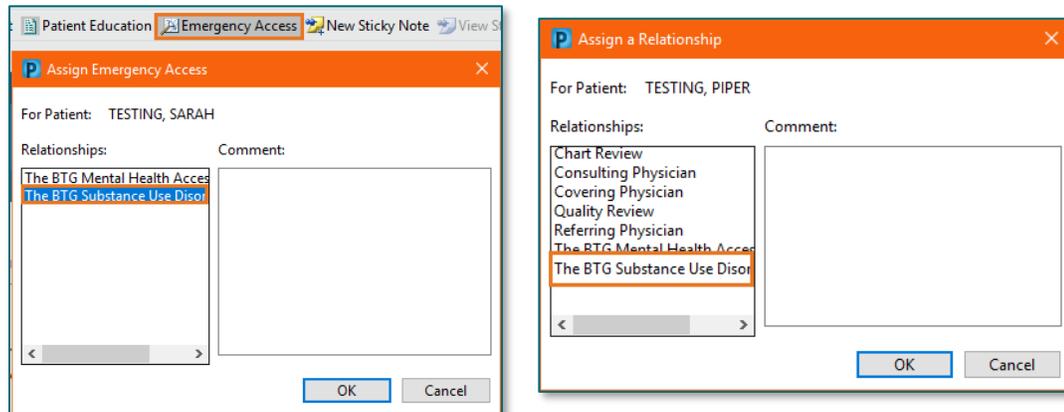
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EHR Updates

Week of July 24 – July 30

NOTE: The change will be reflected when establishing Break-the-Glass (BTG) access or when assigning a relationship, prior to opening a chart.



WHEN: Thursday, July 24, 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:

- BH Clinical Staff
 - Care Management
 - Paramedics
 - Pharmacists
 - Providers (Physicians, Residents, NPPs, CRNAs)
 - Quality
 - RNs
 - Social Workers
-

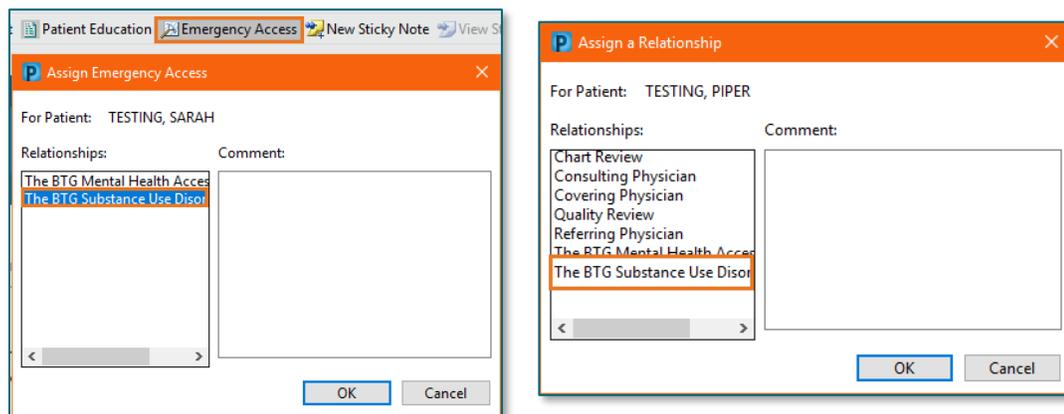
Inpatient/ED/Peri-Op

Break-the-Glass (BTG) Relationship Update

WHAT: The BTG Substance Abuse Access relationship has been renamed to **BTG Substance Use Disorder Access** when accessing treatment documentation and medications for behavioral health patients.

WHY: The name update reflects policy updates and industry standard, to reduce stigma and promote person-first language in the field of mental health.

NOTE: The change will be reflected when establishing Break-the-Glass (BTG) access or when assigning a relationship, prior to opening a chart.



WHEN: Thursday, July 24, 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:

- BH Clinical Staff
- Care Management
- Paramedics
- Pharmacists

EHR Updates

Week of July 24 – July 30

- Providers (Physicians, Residents, NPPs, CRNAs)
- Quality
- RNs
- Social Workers

MRSA PCR: Pharmacy Consult and Ordering Update

WHAT:

- New Inpatient **Pharmacy Consult – MRSA PCR** task will populate the Multi-Patient Task List with an associated PowerForm, **Pharmacist MRSA PCR**. This consult is triggered by the following:
 - **MRSA Surveillance PCR** Laboratory Order is Resulted, or **Vancomycin**, or **linezolid** medication orders with associated **Indication of Pneumonia** is ordered.
 - If one of the above occurs: a system-generated rule will then place **Pharmacy Consult – MRSA PCR, Once** order.
- MRSA Surveillance PCR order will be renamed to: **MRSA PCR**
- **MRSA PCR** will be removed from general order catalog and **Hyperbilirubinemia Treatment PowerPlan**.

NOTE: This order will be available to Pharmacists only via the **Pharmacist Only Restricted Medications PowerPlan**.

The screenshot shows a web-based form titled "Pharmacist MRSA PCR" within a browser window. The form is divided into several sections:

- Antimicrobial:** A list of options with checkboxes. "linezolid" is checked and highlighted in yellow. Other options include "sulfamethoxazole/trimethoprim", "Vancomycin", and "Other".
- MRSA PCR Result:** Radio button options for "Positive" and "Negative". "Negative" is selected.
- MRSA PCR Resulted:** A text box containing "MRSA PCR Result" and "No PCR results found".
- Recommendation:** Radio button options for "Discontinue anti-MRSA therapy" and "No recommendation made". "No recommendation made" is selected.
- Recommendation acceptance:** Radio button options for "Accepted", "Rejected", and "Not Applicable". "Not Applicable" is selected.
- Note Field:** A large text area with a "Segue UI" dropdown and a "9" dropdown. The area is currently empty.
- Intervention time for current entry:** Radio button options for time intervals: "< 1 Minute", "15 Minutes" (selected), "6-15 Minutes", "16-30 Minutes", and "> 30 Minutes".
- Prescriber:** A text input field.

At the bottom of the form, there is a status bar with the following information: "58BLA / B579 / 04", "TESTING, JKRULES 07/28/1989", "2512946", "07/08/2025 12:59 EDT", "Pharmacy Consult - MRSA PCR", "ONCE", and "ONCE, Start Date: 07/08/25 12:59:00".

WHY: To invoke inpatient pharmacist consultation services to facilitate proper anti-microbial de-escalation, increase appropriate MRSA PCR utilization, decrease vancomycin days of therapy, and avoid unnecessary cost.

Rationale for MRSA PCR Update-NLH Antimicrobial Stewardship

- MRSA PCR is a useful antimicrobial stewardship tool used to discontinue vancomycin (IV) when used for the treatment of suspected MRSA pneumonia. Samples are collected using swabs of the nares. A **negative result** in patients with suspected MRSA pneumonia translates to a lack of clinical involvement of MRSA and thus supports **immediate discontinuation** of vancomycin.
- The high negative predictive value of MRSA PCR has been validated extensively within the clinical literature and thus its utility resides only in interpretation of negative results (indicating lack of MRSA colonization in nasopharynx). **Positive results** indicating nasopharyngeal colonization with MRSA **do not correlate** to MRSA involvement in bacterial pneumonias and thus positive results **should not impact** clinical decision making. This is supported by the poor positive predictive value of MRSA PCR for MRSA pneumonia reported within clinical literature. It is essential that MRSA PCR is used judiciously to avoid over-labeling of patients as MRSA colonized in scenarios where that information does not aid in therapeutic selection.

NOTE: *MRSA PCR should NEVER be ordered in patients who are not actively on vancomycin (IV) or linezolid (IV/PO) or where plans already exist to discontinue vancomycin (IV) or linezolid (IV/PO) within the next 24 hours.*

WHEN: Monday, July 28, 2025

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo) and associated offices

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

EHR Updates

Week of July 24 – July 30

- Inpatient Pharmacists
- Inpatient Providers
- Outpatient Providers
- Outpatient Clinical Staff

Physicians, Physician Assistants, Nurse Practitioners

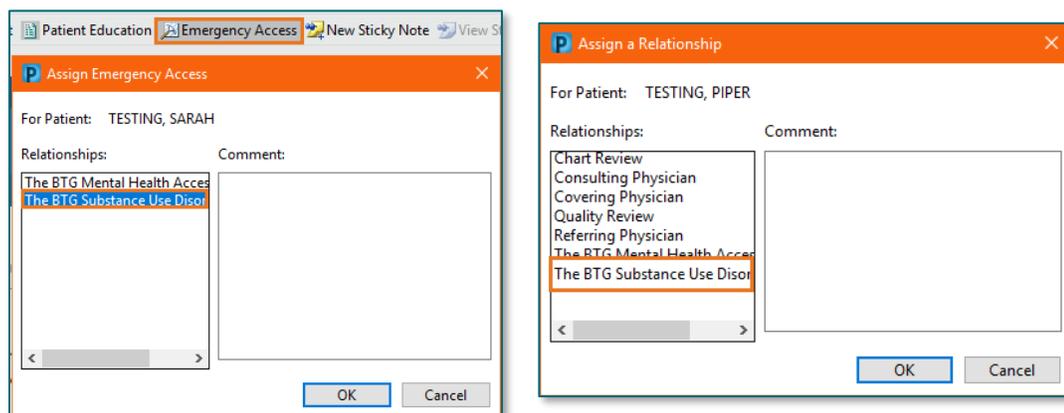
Ambulatory/WIC

Break-the-Glass (BTG) Relationship Update

WHAT: The BTG Substance Abuse Access relationship has been renamed to **BTG Substance Use Disorder Access** when accessing treatment documentation and medications for behavioral health patients.

WHY: The name update reflects policy updates and industry standard, to reduce stigma and promote person-first language in the field of mental health.

NOTE: The change will be reflected when establishing Break-the-Glass (BTG) access or when assigning a relationship, prior to opening a chart.



WHEN: Thursday, July 24, 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:

- BH Clinical Staff
- Care Management
- Paramedics
- Pharmacists
- Providers (Physicians, Residents, NPPs, CRNAs)
- Quality
- RNs
- Social Workers

Mass General Hospital Derm eConsult Removal

WHAT: The **Medical Service for MGH Dermatology Adult/Peds eConsult will be removed** from orders. The referral service will be removed 3 days prior to allow any existing orders to be processed and reduce the risk of pending referrals extending past the date of the contract.

NOTE: All auto texts and references within auto texts related to the MGH Dermatology eConsult will be removed.

WHY: The contract between Northern Light Health and Mass General Hospital will end on July 31, 2025.

WHEN: **Monday, July 28, 2025**

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

At the following NLH Member Organization(s):
All NLH Hospitals (excluding Acadia and Mayo)

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

EHR Updates

Week of July 24 – July 30

MRSA PCR: Pharmacy Consult and Ordering Update

- WHAT:**
- New Inpatient **Pharmacy Consult – MRSA PCR** task will populate the Multi-Patient Task List with an associated PowerForm, **Pharmacist MRSA PCR**. This consult is triggered by the following:
 - **MRSA Surveillance PCR** Laboratory Order is Resulted, or **Vancomycin**, or **linezolid** medication orders with associated **Indication of Pneumonia** is ordered.
 - If one of the above occurs: a system-generated rule will then place **Pharmacy Consult – MRSA PCR, Once** order.
 - MRSA Surveillance PCR order will be renamed to: **MRSA PCR**
 - **MRSA PCR** will be removed from general order catalog and **Hyperbilirubinemia Treatment PowerPlan**.

NOTE: This order will be available to Pharmacists only via the **Pharmacist Only Restricted Medications PowerPlan**.

The screenshot shows a web-based form titled "Pharmacist MRSA PCR" within a browser window. The form is divided into several sections:

- Antimicrobial:** Contains checkboxes for "linezolid", "sulfamethoxazole/trimethoprim", "Vancomycin", and "Other".
- MRSA PCR Result:** Contains radio buttons for "Positive" and "Negative".
- MRSA PCR Resulted:** A text box containing "MRSA PCR Result" and "No PCR results found".
- Recommendation:** Contains radio buttons for "Discontinue anti-MRSA therapy" and "No recommendation made".
- Recommendation acceptance:** Contains radio buttons for "Accepted", "Rejected", and "Not Applicable".
- Note Field:** A dropdown menu set to "Segue UI" and a large text area.
- Intervention time for current entry:** Contains radio buttons for "< 1 Minute", "1-15 Minutes", "16-30 Minutes", and "> 30 Minutes".
- Prescriber:** A text box for entering the prescriber's name.

The form is displayed in a browser window with a task list on the left and a status bar at the bottom. The status bar shows "In Progress" and "Pharmacy Consult - MRSA PCR".

WHY: To invoke inpatient pharmacist consultation services to facilitate proper anti-microbial de-escalation, increase appropriate MRSA PCR utilization, decrease vancomycin days of therapy, and avoid unnecessary cost.

Rationale for MRSA PCR Update-NLH Antimicrobial Stewardship

- MRSA PCR is a useful antimicrobial stewardship tool used to discontinue vancomycin (IV) when used for the treatment of suspected MRSA pneumonia. Samples are collected using swabs of the nares. A **negative result** in patients with suspected MRSA pneumonia translates to a lack of clinical involvement of MRSA and thus supports **immediate discontinuation** of vancomycin.
- The high negative predictive value of MRSA PCR has been validated extensively within the clinical literature and thus its utility resides only in interpretation of negative results (indicating lack of MRSA colonization in nasopharynx). **Positive results** indicating nasopharyngeal colonization with MRSA **do not correlate** to MRSA involvement in bacterial pneumonias and thus positive results **should not impact** clinical decision making. This is supported by the poor positive predictive value of MRSA PCR for MRSA pneumonia reported within clinical literature. It is essential that MRSA PCR is used judiciously to avoid over-labeling of patients as MRSA colonized in scenarios where that information does not aid in therapeutic selection.

NOTE: *MRSA PCR should NEVER be ordered in patients who are not actively on vancomycin (IV) or linezolid (IV/PO) or where plans already exist to discontinue vancomycin (IV) or linezolid (IV/PO) within the next 24 hours.*

WHEN: Monday, July 28, 2025

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo) and associated offices

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

- Inpatient Pharmacists
 - Inpatient Providers
-

EHR Updates

Week of July 24 – July 30

- Outpatient Providers
- Outpatient Clinical Staff

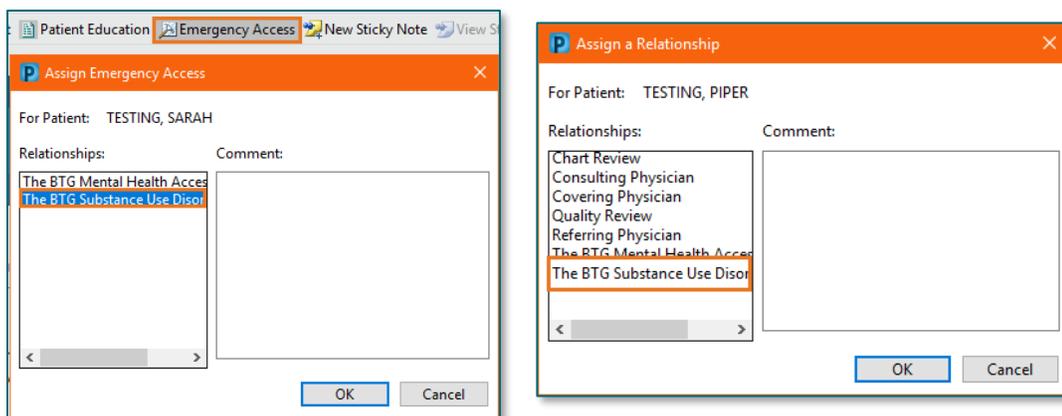
Emergency

Break-the-Glass (BTG) Relationship Update

WHAT: The BTG Substance Abuse Access relationship has been renamed to **BTG Substance Use Disorder Access** when accessing treatment documentation and medications for behavioral health patients.

WHY: The name update reflects policy updates and industry standard, to reduce stigma and promote person-first language in the field of mental health.

NOTE: The change will be reflected when establishing Break-the-Glass (BTG) access or when assigning a relationship, prior to opening a chart.



WHEN: Thursday, July 24, 2025

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- Acute/Inpatient (to include ED & Peri-Op)
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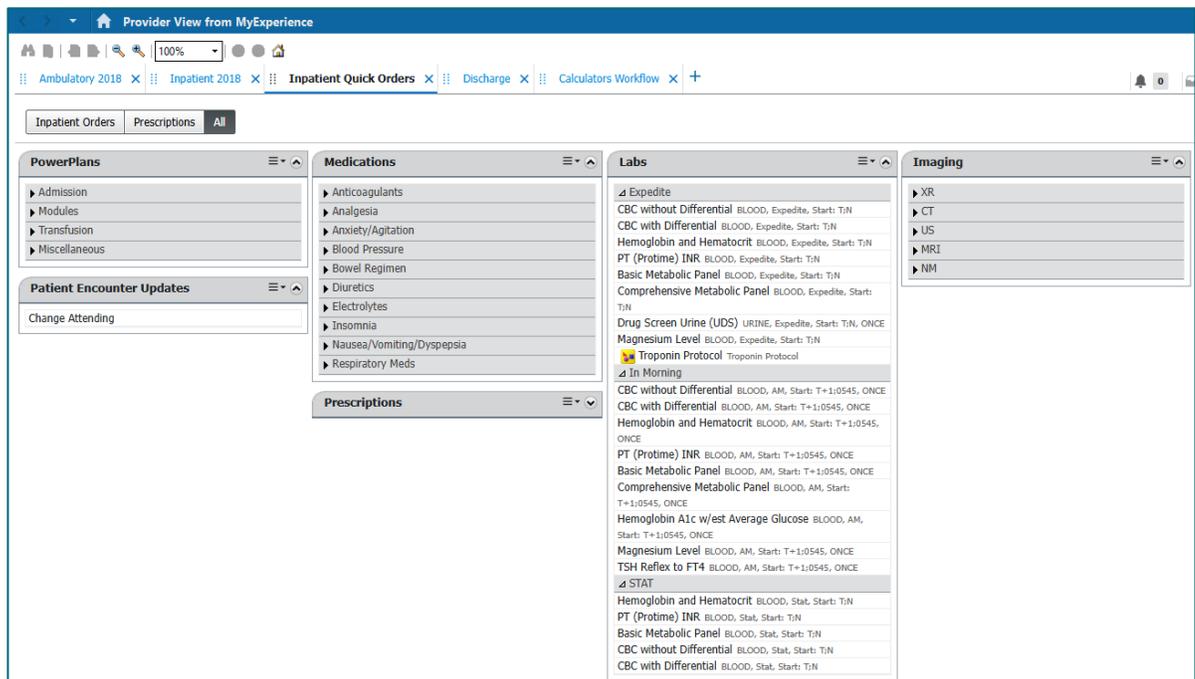
- BH Clinical Staff
 - Care Management
-

- Paramedics
- Pharmacists
- Providers (Physicians, Residents, NPPs, CRNAs)
- Quality
- RNs
- Social Workers

Using Quick Orders

WHAT: A convenient way to place orders is by using **Quick Orders MPage**.

- A Quick Order MPage provides the most common orders, along with the most common order details queued up.
- Components are arranged by category, then subfolders to organize orders.



WHY: Using the Quick Orders MPage will save time, decrease clicks and will improve ordering practices.

- Recent data has indicated that entering orders using single order search, outside of the Quick Order page, can lead to inaccurate order details such
-

EHR Updates

Week of July 24 – July 30

as the wrong priority for an order, and sometimes inappropriate orders, being selected.

NOTE: Click [here](#) for more information on Using Quick Orders.

WHEN: Effective Immediately

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

- Acute/Inpatient

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Providers

MRSA PCR: Pharmacy Consult and Ordering Update

- WHAT:**
- New Inpatient **Pharmacy Consult – MRSA PCR** task will populate the Multi-Patient Task List with an associated PowerForm, **Pharmacist MRSA PCR**. This consult is triggered by the following:
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 - If one of the above occurs: a system-generated rule will then place **Pharmacy Consult – MRSA PCR**, Once order.
 - MRSA Surveillance PCR order will be renamed to: **MRSA PCR**
 - **MRSA PCR** will be removed from general order catalog and **Hyperbilirubinemia Treatment** PowerPlan.
-

NOTE: This order will be available to Pharmacists only via the **Pharmacist Only Restricted Medications PowerPlan**.

WHY: To invoke inpatient pharmacist consultation services to facilitate proper antimicrobial de-escalation, increase appropriate MRSA PCR utilization, decrease vancomycin days of therapy, and avoid unnecessary cost.

Rationale for MRSA PCR Update-NLH Antimicrobial Stewardship

- MRSA PCR is a useful antimicrobial stewardship tool used to discontinue vancomycin (IV) when used for the treatment of suspected MRSA pneumonia. Samples are collected using swabs of the nares. A **negative result** in patients with suspected MRSA pneumonia translates to a lack of clinical involvement of MRSA and thus supports **immediate discontinuation** of vancomycin.
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EHR Updates

Week of July 24 – July 30

supported by the poor positive predictive value of MRSA PCR for MRSA pneumonia reported within clinical literature. It is essential that MRSA PCR is used judiciously to avoid over-labeling of patients as MRSA colonized in scenarios where that information does not aid in therapeutic selection.

NOTE: *MRSA PCR should NEVER be ordered in patients who are not actively on vancomycin (IV) or linezolid (IV/PO) or where plans already exist to discontinue vancomycin (IV) or linezolid (IV/PO) within the next 24 hours.*

WHEN: Monday, July 28, 2025

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo) and associated offices

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

- Inpatient Pharmacists
- Inpatient Providers
- Outpatient Providers
- Outpatient Clinical Staff

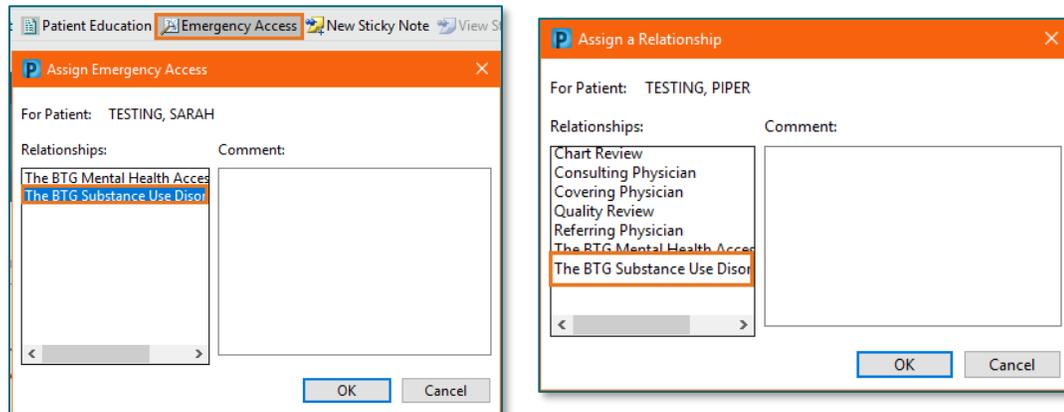
Inpatient

Break-the-Glass (BTG) Relationship Update

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WHY: The name update reflects policy updates and industry standard, to reduce stigma and promote person-first language in the field of mental health.

NOTE: The change will be reflected when establishing Break-the-Glass (BTG) access or when assigning a relationship, prior to opening a chart.



WHEN: Thursday, July 24, 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:

- BH Clinical Staff
- Care Management
- Paramedics
- Pharmacists
- Providers (Physicians, Residents, NPPs, CRNAs)
- Quality
- RNs
- Social Workers

MRSA PCR: Pharmacy Consult and Ordering Update

WHAT:

- New Inpatient **Pharmacy Consult – MRSA PCR** task will populate the Multi-Patient Task List with an associated PowerForm, **Pharmacist MRSA PCR**. This consult is triggered by the following:

EHR Updates

Week of July 24 – July 30

- **MRSA Surveillance PCR** Laboratory Order is Resulted, or **Vancomycin**, or **linezolid** medication orders with associated **Indication of Pneumonia** is ordered.
 - If one of the above occurs: a system-generated rule will then place **Pharmacy Consult – MRSA PCR**, Once order.
- MRSA Surveillance PCR order will be renamed to: **MRSA PCR**
- **MRSA PCR** will be removed from general order catalog and **Hyperbilirubinemia Treatment PowerPlan**.

NOTE: This order will be available to Pharmacists only via the **Pharmacist Only Restricted Medications PowerPlan**.

The screenshot shows a web-based form titled "Pharmacist MRSA PCR". The form is divided into several sections: "Antimicrobial" with checkboxes for "linezolid", "sulfamethoxazole/trimethoprim", "Vancomycin", and "Other"; "MRSA PCR Result" with radio buttons for "Positive" and "Negative"; "MRSA PCR Resulted" with a text box containing "MRSA PCR Result No PCR results found"; "Recommendation" with radio buttons for "Discontinue anti-MRSA therapy" and "No recommendation made"; "Recommendation acceptance" with radio buttons for "Accepted", "Rejected", and "Not Applicable"; "Intervention time for current entry" with radio buttons for "< 1 Minute", "1.5 Minutes" (selected), "6-15 Minutes", "16-30 Minutes", and "> 30 Minutes"; and "Prescriber" with a text input field. A "Note Field" is also present with a dropdown menu set to "Segoe UI" and a text area. The form is displayed in a window titled "Pharmacist MRSA PCR Form - TESTING, JKRULES" with a status bar at the bottom showing "In Progress".

WHY: To invoke inpatient pharmacist consultation services to facilitate proper antimicrobial de-escalation, increase appropriate MRSA PCR utilization, decrease vancomycin days of therapy, and avoid unnecessary cost.

Rationale for MRSA PCR Update-NLH Antimicrobial Stewardship

- MRSA PCR is a useful antimicrobial stewardship tool used to discontinue vancomycin (IV) when used for the treatment of suspected MRSA pneumonia. Samples are collected using swabs of the nares. A **negative result** in patients with suspected MRSA pneumonia translates to a lack of

clinical involvement of MRSA and thus supports **immediate discontinuation** of vancomycin.

- The high negative predictive value of MRSA PCR has been validated extensively within the clinical literature and thus its utility resides only in interpretation of negative results (indicating lack of MRSA colonization in nasopharynx). **Positive results** indicating nasopharyngeal colonization with MRSA **do not correlate** to MRSA involvement in bacterial pneumonias and thus positive results **should not impact** clinical decision making. This is supported by the poor positive predictive value of MRSA PCR for MRSA pneumonia reported within clinical literature. It is essential that MRSA PCR is used judiciously to avoid over-labeling of patients as MRSA colonized in scenarios where that information does not aid in therapeutic selection.

NOTE: *MRSA PCR should NEVER be ordered in patients who are not actively on vancomycin (IV) or linezolid (IV/PO) or where plans already exist to discontinue vancomycin (IV) or linezolid (IV/PO) within the next 24 hours.*

WHEN: Monday, July 28, 2025

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo) and associated offices

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

- Inpatient Pharmacists
- Inpatient Providers
- Outpatient Providers
- Outpatient Clinical Staff

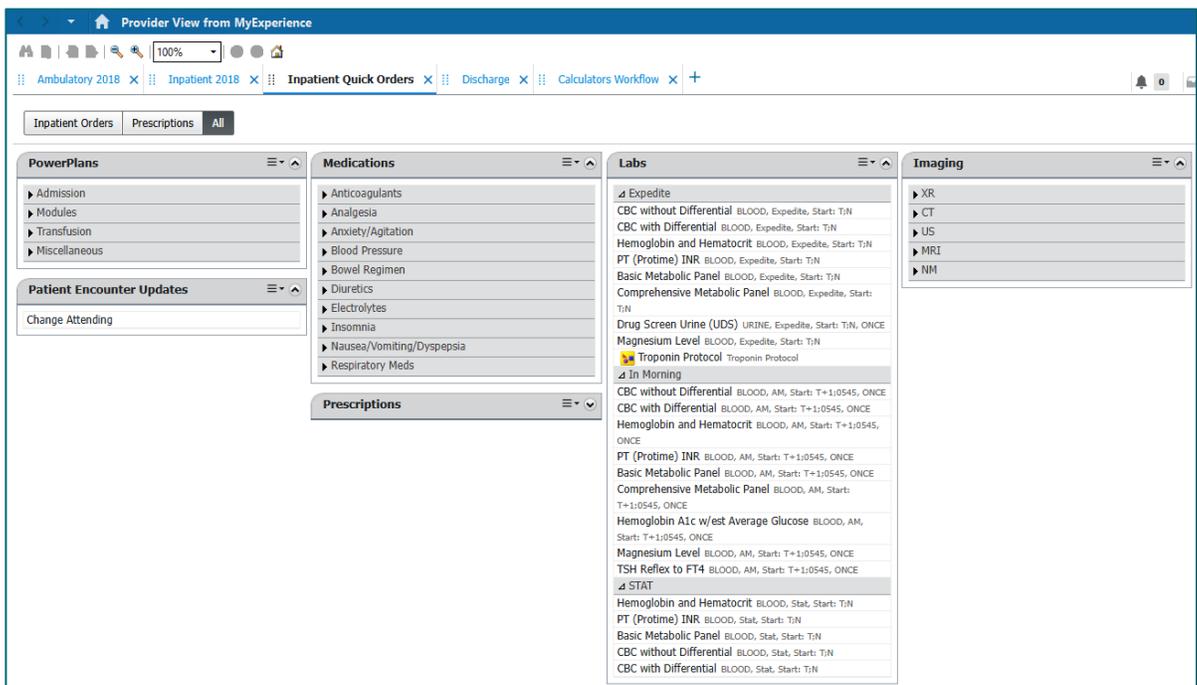
Using Quick Orders

WHAT: A convenient way to place orders is by using **Quick Orders MPage**.

EHR Updates

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- A Quick Order MPage provides the most common orders, along with the most common order details queued up.
- Components are arranged by category, then subfolders to organize orders.



WHY: Using the Quick Orders MPage will save time, decrease clicks and will improve ordering practices.

- Recent data has indicated that entering orders using single order search, outside of the Quick Order page, can lead to inaccurate order details such as the wrong priority for an order, and sometimes inappropriate orders, being selected.

NOTE: Click [here](#) for more information on Using Quick Orders.

WHEN: Effective Immediately

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

- Acute/Inpatient

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Providers

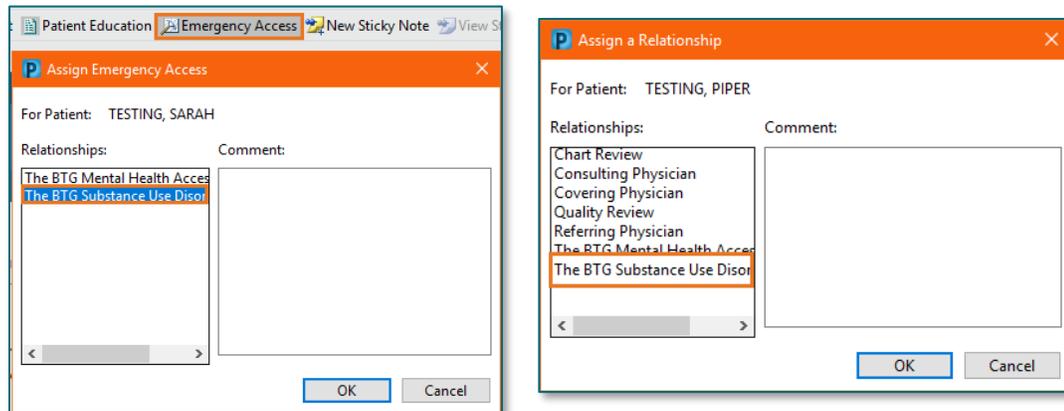
Peri-Op

Break-the-Glass (BTG) Relationship Update

WHAT: The BTG Substance Abuse Access relationship has been renamed to **BTG Substance Use Disorder Access** when accessing treatment documentation and medications for behavioral health patients.

WHY: The name update reflects policy updates and industry standard, to reduce stigma and promote person-first language in the field of mental health.

NOTE: The change will be reflected when establishing Break-the-Glass (BTG) access or when assigning a relationship, prior to opening a chart.



WHEN: Thursday, July 24, 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:

- BH Clinical Staff
- Care Management
- Paramedics

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- Pharmacists
- Providers (Physicians, Residents, NPPs, CRNAs)
- Quality
- RNs
- Social Workers

MRSA PCR: Pharmacy Consult and Ordering Update

- WHAT:**
- New Inpatient **Pharmacy Consult – MRSA PCR** task will populate the Multi-Patient Task List with an associated PowerForm, **Pharmacist MRSA PCR**. This consult is triggered by the following:
 - **MRSA Surveillance PCR** Laboratory Order is Resulted, or **Vancomycin**, or **linezolid** medication orders with associated **Indication of Pneumonia** is ordered.
 - If one of the above occurs: a system-generated rule will then place **Pharmacy Consult – MRSA PCR, Once** order.
 - MRSA Surveillance PCR order will be renamed to: **MRSA PCR**
 - **MRSA PCR** will be removed from general order catalog and **Hyperbilirubinemia Treatment** PowerPlan.
-

NOTE: This order will be available to Pharmacists only via the **Pharmacist Only Restricted Medications PowerPlan**.

WHY: To invoke inpatient pharmacist consultation services to facilitate proper antimicrobial de-escalation, increase appropriate MRSA PCR utilization, decrease vancomycin days of therapy, and avoid unnecessary cost.

Rationale for MRSA PCR Update-NLH Antimicrobial Stewardship

- MRSA PCR is a useful antimicrobial stewardship tool used to discontinue vancomycin (IV) when used for the treatment of suspected MRSA pneumonia. Samples are collected using swabs of the nares. A **negative result** in patients with suspected MRSA pneumonia translates to a lack of clinical involvement of MRSA and thus supports **immediate discontinuation** of vancomycin.
- The high negative predictive value of MRSA PCR has been validated extensively within the clinical literature and thus its utility resides only in interpretation of negative results (indicating lack of MRSA colonization in nasopharynx). **Positive results** indicating nasopharyngeal colonization with MRSA **do not correlate** to MRSA involvement in bacterial pneumonias and thus positive results **should not impact** clinical decision making. This is

EHR Updates

Week of July 24 – July 30

supported by the poor positive predictive value of MRSA PCR for MRSA pneumonia reported within clinical literature. It is essential that MRSA PCR is used judiciously to avoid over-labeling of patients as MRSA colonized in scenarios where that information does not aid in therapeutic selection.

NOTE: *MRSA PCR should NEVER be ordered in patients who are not actively on vancomycin (IV) or linezolid (IV/PO) or where plans already exist to discontinue vancomycin (IV) or linezolid (IV/PO) within the next 24 hours.*

WHEN: Monday, July 28, 2025

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

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

At the following NLH Member Organization(s):

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

- Inpatient Pharmacists
- Inpatient Providers
- Outpatient Providers
- Outpatient Clinical Staff

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**

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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).



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](#)

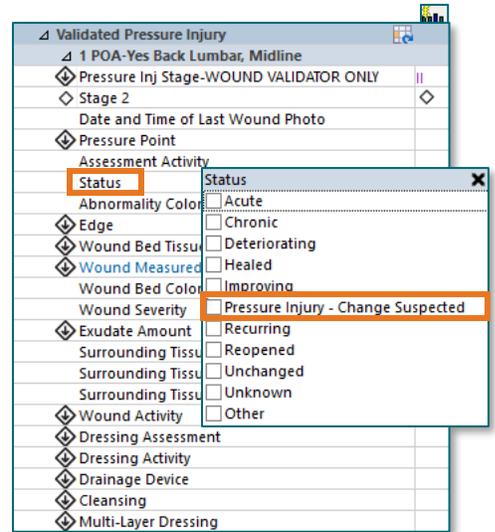
Pressure Injury Optimization – **Go-Live August 4**

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** if not documenting from the task.
- 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.

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NOTE: Documentation in the inactivated Incision/Wound/Skin dynamic group can be viewed in Results Review.

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.

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

- Nursing
 - Wound/Ostomy Nurses
-

- Wound Validators

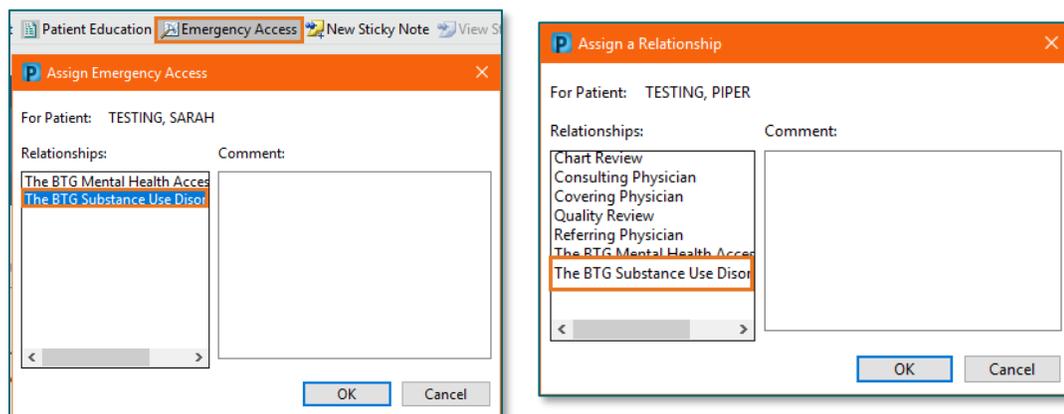
Ostomy/Wound Nurse

Break-the-Glass (BTG) Relationship Update

WHAT: The BTG Substance Abuse Access relationship has been renamed to **BTG Substance Use Disorder Access** when accessing treatment documentation and medications for behavioral health patients.

WHY: The name update reflects policy updates and industry standard, to reduce stigma and promote person-first language in the field of mental health.

NOTE: The change will be reflected when establishing Break-the-Glass (BTG) access or when assigning a relationship, prior to opening a chart.



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- BH Clinical Staff
-

EHR Updates

Week of July 24 – July 30

- Care Management
- Paramedics
- Pharmacists
- Providers (Physicians, Residents, NPPs, CRNAs)
- Quality
- RNs
- Social Workers

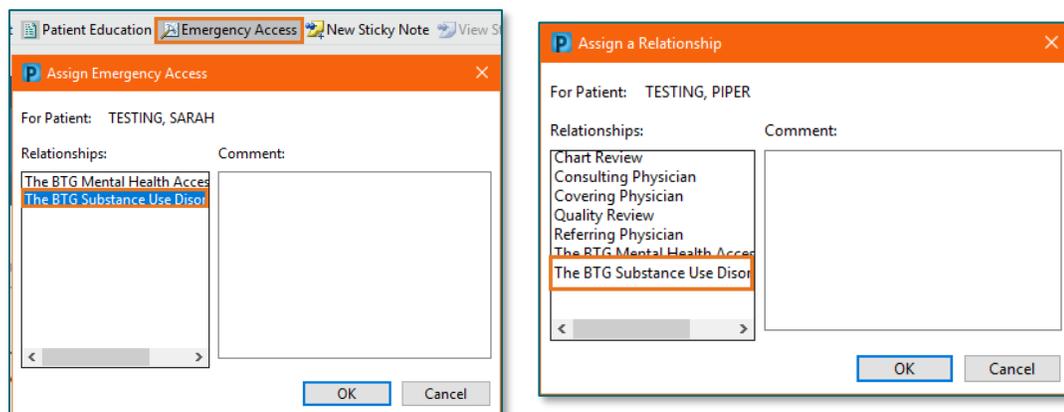
Paramedic

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- 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:

- BH Clinical Staff
- Care Management
- Paramedics
- Pharmacists
- Providers (Physicians, Residents, NPPs, CRNAs)
- Quality
- RNs
- Social Workers

Quality

Break-the-Glass (BTG) Relationship Update

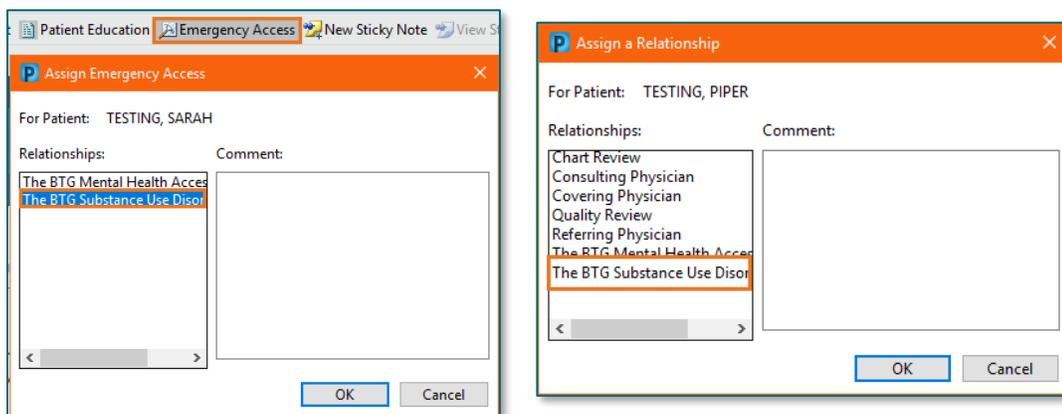
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EHR Updates

Week of July 24 – July 30

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-

For questions regarding process and/or policies, please contact your unit's Clinical Educator. For questions regarding workflow, please [place a ticket](#) to Health Informatics. For any other questions please contact the Customer Support Center at: 207-973-7728 or 1-888-827-7728.
