



Oracle Health (Cerner) Millennium EHR Updates

Week of July 16 – July 22, 2026

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

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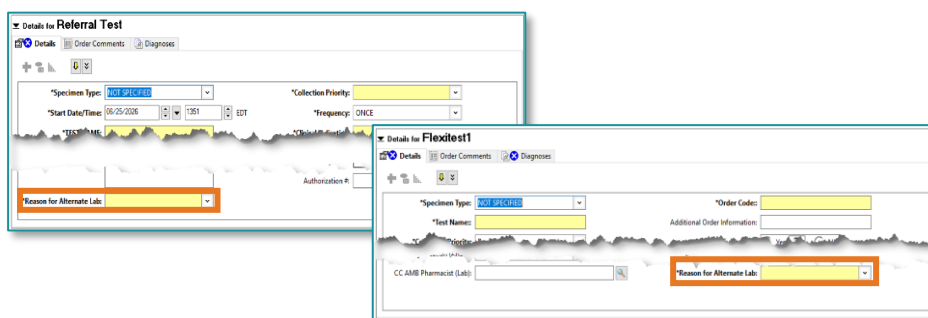
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Behavioral Health Staff

Ambulatory Only

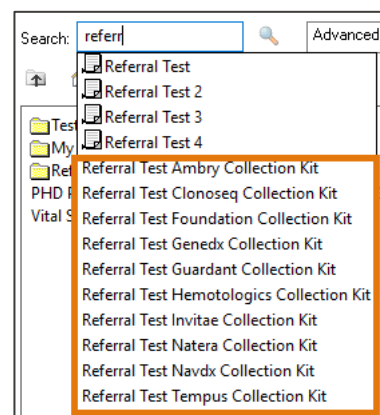
Quest – Referral & Flexitest Order Updates

WHAT: Referral and Flexitest Orders will have an additional order detail required, **Reason for Alternate Lab**. Reasons the alternate lab would be used are: Quest Noninterfaced, Not Available, Treatment Protocol, Provider Preference, and Other.



In addition, ten new referral orders have been added:

- Referral Test Ambry Collection Kit
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WHY: The change is being made to standardize and improve visibility and tracking of external lab orders.

WHEN: July 21, 2026

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

- Ambulatory/WIC
- Inpatient

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

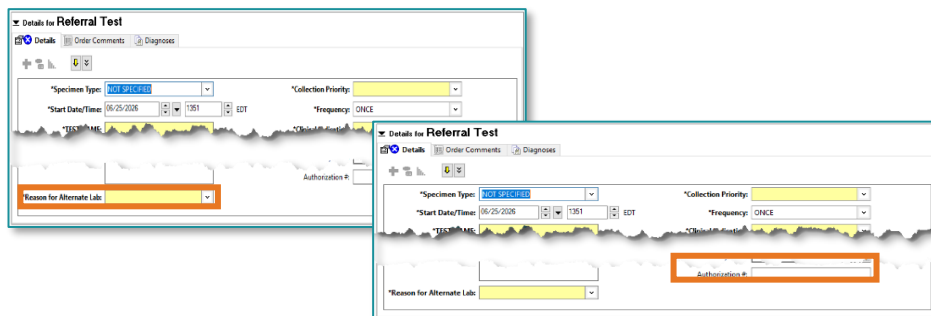
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- Clinical Staff
- Providers

Inpatient Only

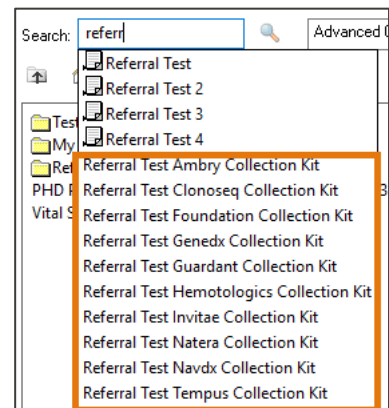
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Fentanyl Transdermal Patch Dose Update

WHAT: The dose for fentanyl transdermal patch 12.5 mcg/hr will be updated to **12 mcg/hr**.

The order comment will continue to include a statement reflecting the actual delivery rate: **Patch labeled as 12 mcg/hr delivers 12.5 mcg/hr**.

Pharmacist Action Items

- When the update is implemented, any order containing a 12.5 mcg/hr patch will need to be modified by a pharmacist to 12 mcg/hr to prevent BCMA issues.
- Before the update, PharmIS will run a report to identify qualifying existing orders and provide the list to pharmacy for review and make any necessary order modifications.

Important Notes & Reminders

- Pharmacists may run into situations where an ordered dose (that must be filled with a 12 mcg/hr patch) will now need to be manually rounded down by 0.5 mcg/hr. Manual Rounding should be done via **modifying** the order in **PowerChart**.
 - Dose of 12.5 mcg/hr à Fill with 12 mcg/hr Patch & Round Down Dose to 12 mcg/hr
 - Dose of 37.5 mcg/hr à Fill with 12 mcg/hr + 25 mcg/hr Patch & Round Down Dose to 37 mcg/hr
-

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WHY: The fentanyl transdermal patch dose will be updated from 12.5 mcg/hr to 12 mcg/hr to align with current industry standards. While the patch delivers 12.5 mcg/hr, current dosing guidance recommends using 12 mcg/hr to help reduce confusion and minimize the risk of medication errors.

WHEN: Tuesday, July 21, 2026

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

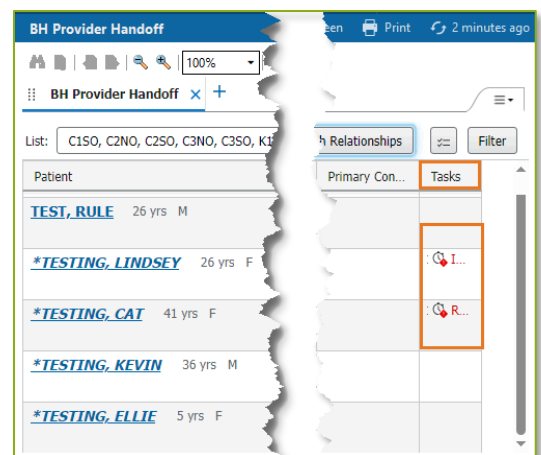
- Nurses
- Pharmacists
- Providers

BH Inpatient Certification and Recertification

WHAT: The BH Certification and Recertification alert will now fire to the BH Provider Handoff, within the Tasks Column when documentation is needed.

Providers

- Selecting the task and then document will open the form and satisfy the documentation requirements.
 - The task will turn red after 24 hours to indicate that the task is overdue.
 - The task will be read-only for PMH-NP's, to enable communication when certification and recertification is due.



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Utilization Management

- When BH Certification and Recertification documentation is performed, or inaccurately documented not done, a task will fire to the multi-patient task list indicating if follow-up is needed for documentation.
 - Click [here](#) for more information on using the MPL.

WHY: This update is being made to improve compliance with timely documentation and communication when required documentation is necessary to continue inpatient level of care.

WHEN: Tuesday, July 21, 2026

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

- Acute/Inpatient

At the following NLH Member Organization(s):

- Northern Light Acadia Hospital

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

- Providers
- Utilization Management

CareCompass Task – Discharge Wound Photo

WHAT: When a discharge order is placed, a **CareCompass task** will automatically be generated, prompting the nurse to obtain a wound photo before the patient is discharged.

For a patient with both a wound and a pressure injury, separate tasks will be generated for each wound type:

- Discharge Pressure Injury Photo
- Discharge Wound Photo

TESTING, HANNA Age: 41yrs Sex: F DOB: 01/01/1985 MRN: 2591428 FIN: 478264599

Scheduled/Unscheduled PRN/Continuous Plans of Care Patient Information

2 Hours 4 Hours 12 Hours

Discharge Pressure Injury Photo Pressure Inj Photo Needed at Discharge Start: 07/13/26 14:22:01 EDT, ONCE, Stop: 07/13/26 14:22:01 EDT
Comment: Ordered by Discern Rule r99z_discharge_task2b

Discharge Wound Photo Wound Photo Needed at Discharge Start: 07/13/26 14:22:01 EDT, ONCE, Stop: 07/13/26 14:22:01 EDT
Comment: Ordered by Discern Rule r99z_discharge_task2a

Unscheduled (No Activities)
15:00 (No Activities)

Done Not Done Document

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NOTE: If a patient has multiples wound or multiple pressure injuries, only one CareCompass task will be displayed for each wound type.

WHY: Implementing the discharge wound photo task supports compliance with [Policy 27-106](#) and [Policy NS-150 \(Acadia\)](#) which require that photographs of all wounds be obtained on the day of discharge. This workflow enhancement helps ensure consistent documentation and supports continuity of care.

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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:

- Nursing

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
7/28/2026	Inpatient	Low Dose Ketamine Analgesia Post Op Orders	Instruction for nurse to document in mg/hr was removed, as the infusion is ordered in mg/kg/hr.
7/28/2026	Inpatient	Tube Feeding Enteral Adult	Updated tube feed options.
7/28/2026	Inpatient	Interventional Radiology Procedures	New PowerPlan, EMMC ONLY

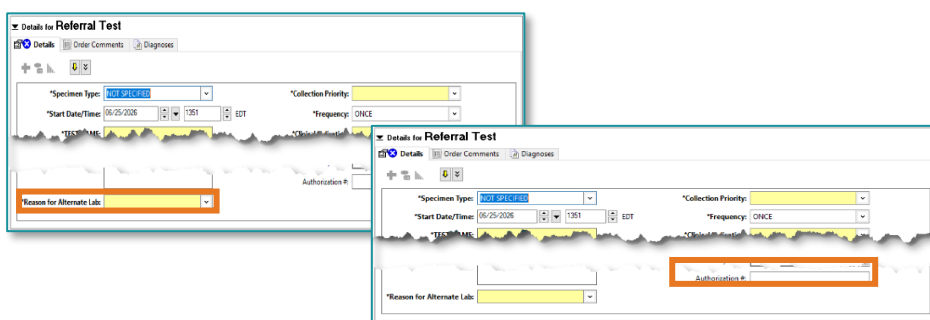
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Lab

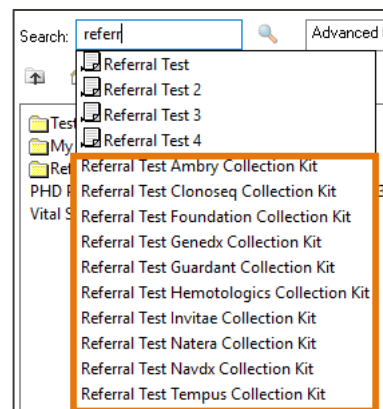
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WHO: The change will affect the following staff at the above noted locations:

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- Providers

Leadership

Emergency

Omnicell Technology Conversion – EMMC Only (Go-Live July 7-September 20)

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)

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WHEN: Monday, June 29, 2026 – Monday, July 20, 2026

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

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- ED
- Peri-Op

At the following NLH Member Organization(s):

- NL AR Gould Hospital

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Inpatient

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-

CareAware VitalsLink **MCH On Hold** and **SVH Only**

WHAT: The implementation of **CareAware VitalsLink** on **Welch Allyn** mobile devices enables the electronic capture of patient vital signs and their seamless integration into the electronic health record (EHR).

This initiative will be deployed in phases across all member organizations, with this representing Phase 3 of the rollout.

As part of the workflow, clinical staff will scan their employee badge and the patient's ID bracelet prior to obtaining vital signs to ensure accurate patient identification and proper documentation.

NOTE: Badge Barcode scanning access is required to use this workflow. Student Nurses do not have badge scanning capability and should proceed with using their existing workflow by tapping Continue Without Login and manually documenting vital signs in the EHR.

WHY: To support safer, more efficient patient care by improving the accuracy and timeliness of vital sign documentation.

CareAware VitalsLink on Welch Allyn mobile devices reduces manual entry, minimizes documentation errors, and streamlines bedside workflows by automatically integrating patient vital signs into the electronic health record allowing clinicians to spend more time focused on patient care.

Click [here](#) for more information on using VitalsLink.

Required Video education available in Promise Point – course NOLH-1064.

WHEN: Monday, July 27, 2026

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

- Acute/Inpatient

At the following NLH Member Organization(s):

- Northern Light Maine Coast Hospital on Hold
 - Med/Surg
 - OB
- Northern Light Seabasticook Valley Hospital
 - Med/Surg

EHR Updates

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

- Nurses
- Nurse Techs
- Occupational Therapists
- Physical Therapists
- Respiratory Therapists

Peri-Op

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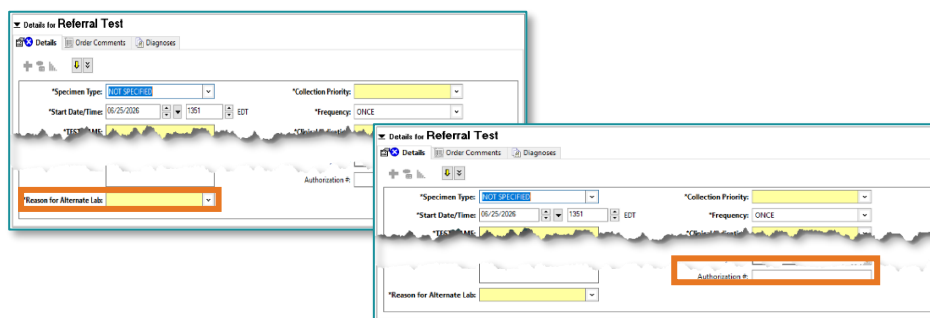
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Nursing, CNA, Medical Assistants

Ambulatory/WIC

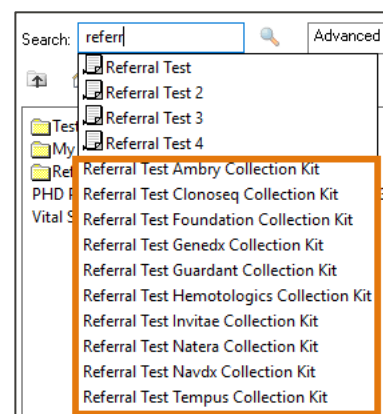
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From the Office of Health Informatics

EHR Updates

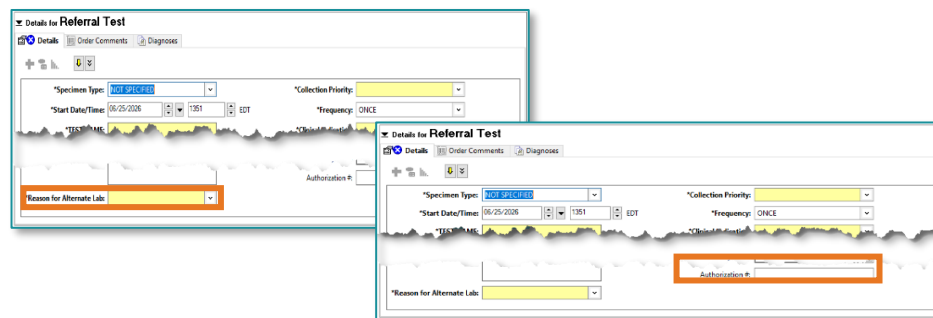
Week of July 16 – July 22, 2026

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- **Pharmacy:** Omnicell Controlled Substance Manager (*Go-Live: July 13*)
- **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation (*Go-Live: July 20*)

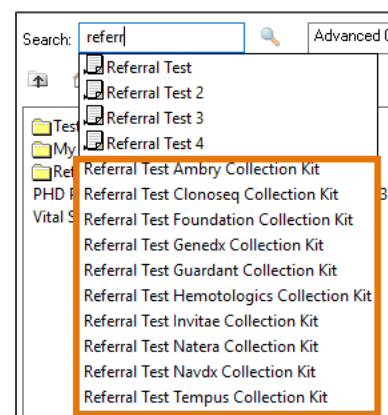
Quest – Referral & Flexitest Order Updates

WHAT: Referral and Flexitest Orders will have an additional order detail required, **Reason for Alternate Lab**. Reasons the alternate lab would be used are: Quest Noninterfaced, Not Available, Treatment Protocol, Provider Preference, and Other.



In addition, ten new referral orders have been added:

- Referral Test Ambry Collection Kit
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WHY: The change is being made to standardize and improve visibility and tracking of external lab orders.

WHEN: July 21, 2026

EHR Updates

Week of July 16 – July 22, 2026

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

- Ambulatory/WIC
- Inpatient

At the following NLH Member Organization(s):

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

- Clinical Staff
- Providers

Fentanyl Transdermal Patch Dose Update

WHAT: The dose for fentanyl transdermal patch 12.5 mcg/hr will be updated to **12 mcg/hr**.

The order comment will continue to include a statement reflecting the actual delivery rate: **Patch labeled as 12 mcg/hr delivers 12.5 mcg/hr**.

Pharmacist Action Items

- When the update is implemented, any order containing a 12.5 mcg/hr patch will need to be modified by a pharmacist to 12 mcg/hr to prevent BCMA issues.
- Before the update, PharmIS will run a report to identify qualifying existing orders and provide the list to pharmacy for review and make any necessary order modifications.

Important Notes & Reminders

- Pharmacists may run into situations where an ordered dose (that must be filled with a 12 mcg/hr patch) will now need to be manually rounded down by 0.5 mcg/hr. Manual Rounding should be done via **modifying** the order in **PowerChart**.
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WHEN: Tuesday, July 21, 2026

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- Nurses
- Pharmacists
- Providers

Inpatient

Omniceil Technology Conversion – EMMC Only (Go-Live July 7-September 20)

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.

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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

EHR Updates

Week of July 16 – July 22, 2026

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 - ED
 - Peri-Op
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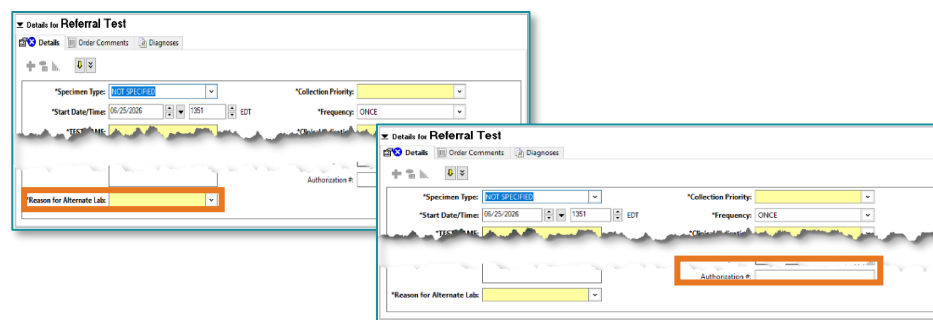
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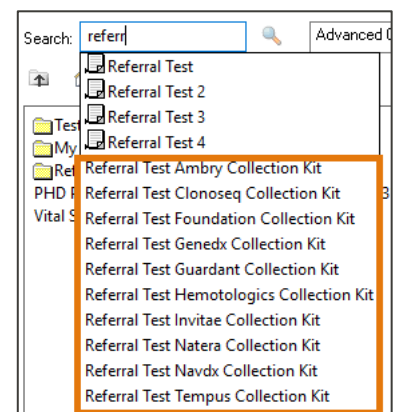
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EHR Updates

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

- Nurses
- Pharmacists
- Providers

CareCompass Task – Discharge Wound Photo

WHAT: When a discharge order is placed, a **CareCompass task** will automatically be generated, prompting the nurse to obtain a wound photo before the patient is discharged.

For a patient with both a wound and a pressure injury, separate tasks will be generated for each wound type:

- Discharge Pressure Injury Photo
- Discharge Wound Photo

TESTING, HANNA Age: 41yrs Sex: F DOB: 01/01/1985 MRN: 2591428 FIN: 478264559

Scheduled/Unscheduled PRN/Continuous Plans of Care Patient Information

2 Hours 4 Hours 12 Hours

Discharge Pressure Injury Photo Pressure Inj Photo Needed at Discharge Start: 07/13/26 14:22:01 EDT, ONCE, Stop: 07/13/26 14:22:01 EDT
Comment: Ordered by Discern Rule r99z_discharge_task2b

Discharge Wound Photo Wound Photo Needed at Discharge Start: 07/13/26 14:22:01 EDT, ONCE, Stop: 07/13/26 14:22:01 EDT
Comment: Ordered by Discern Rule r99z_discharge_task2a

Unscheduled (No Activities)
15:00 (No Activities)

Done Not Done Document

EHR Updates

Week of July 16 – July 22, 2026

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NOTE: If a patient has multiples wound or multiple pressure injuries, only one CareCompass task will be displayed for each wound type.

WHY: Implementing the discharge wound photo task supports compliance with [Policy 27-106](#) and [Policy NS-150 \(Acadia\)](#) which require that photographs of all wounds be obtained on the day of discharge. This workflow enhancement helps ensure consistent documentation and supports continuity of care.

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- 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:

- Nursing

CareAware VitalsLink MCH On Hold and SVH Only

WHAT: The implementation of **CareAware VitalsLink** on **Welch Allyn** mobile devices enables the electronic capture of patient vital signs and their seamless integration into the electronic health record (EHR).

This initiative will be deployed in phases across all member organizations, with this representing Phase 3 of the rollout.

As part of the workflow, clinical staff will scan their employee badge and the patient's ID bracelet prior to obtaining vital signs to ensure accurate patient identification and proper documentation.

NOTE: Badge Barcode scanning access is required to use this workflow. Student Nurses do not have badge scanning capability and should proceed with using their existing workflow by tapping Continue Without Login and manually documenting vital signs in the EHR.

WHY: To support safer, more efficient patient care by improving the accuracy and timeliness of vital sign documentation.

CareAware VitalsLink on Welch Allyn mobile devices reduces manual entry, minimizes documentation errors, and streamlines bedside workflows by automatically integrating patient vital signs into the electronic health record allowing clinicians to spend more time focused on patient care.

Click [here](#) for more information on using VitalsLink.

Required Video education available in Promise Point – course NOLH-1064.

WHEN: Monday, July 27, 2026

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

- Acute/Inpatient

At the following NLH Member Organization(s):

- Northern Light Maine Coast Hospital on Hold
 - Med/Surg
 - OB
- Northern Light Seabasticook Valley Hospital
 - Med/Surg

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

- Nurses
- Nurse Techs
- Occupational Therapists
- Physical Therapists
- Respiratory Therapists

Peri-Op

Omnicell Technology Conversion – EMMC Only (Go-Live July 7-September 20)

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EHR Updates

Week of July 16 – July 22, 2026

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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.

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AVAILABLE NOW: Perioperative Doc – Delay Segment Update

WHAT: The Delay Segment now includes postoperative delay reasons and delay duration documentation for PACU and Phase II recovery areas.

WHY: This update gives post-recovery staff a more accurate way to document why a patient remains in the postoperative area after recovery is otherwise complete.

Benefits to Staff and Patient Flow

- Provides postoperative delay reasons that better match the actual postoperative workflow.
 - Examples include waiting for an inpatient room, waiting for nurse-to-nurse report, or a new patient condition requiring continued PACU care.
 - Clearer documentation helps explain why the patient remained in the PACU and phase II recovery areas and supports communication

EHR Updates

Week of July 16 – July 22, 2026

between PACU/Phase II, inpatient units, and perioperative leadership.

WHEN: Wednesday, July 15, 2026.

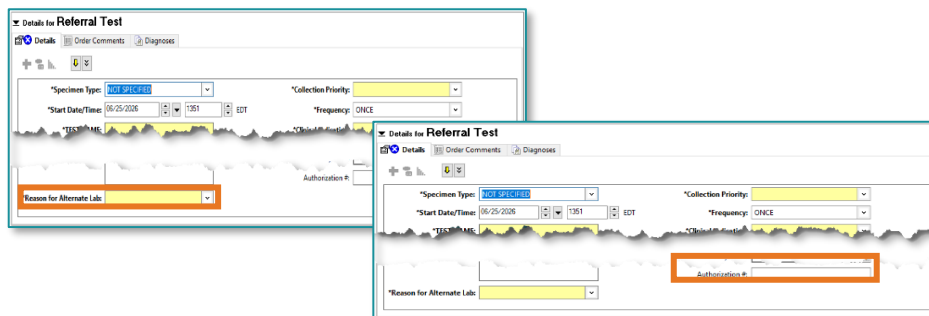
WHERE: The change will affect the following venue(s):
Peri-Op Only

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:
Post Op Areas (PACU and Phase II)

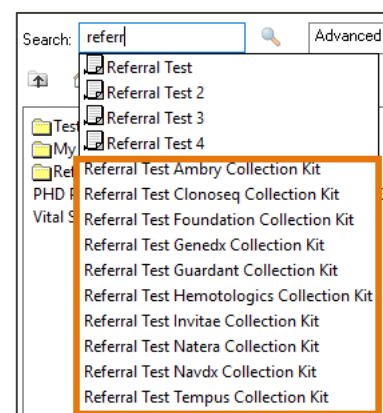
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EHR Updates

Week of July 16 – July 22, 2026

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Pharmacists & Pharmacy Technicians

Inpatient/ED/Peri-Op

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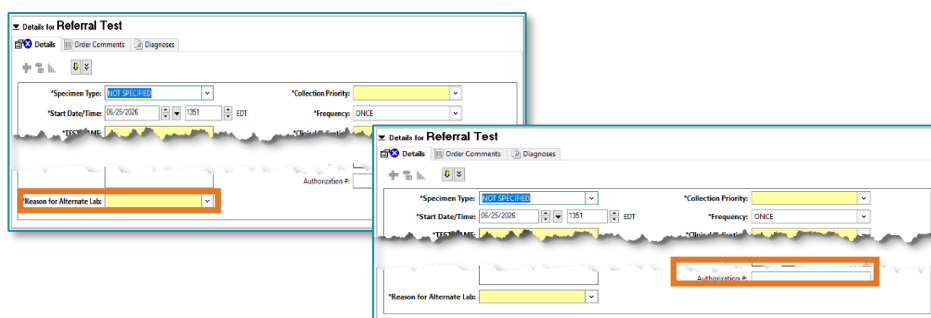
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Physicians, Physician Assistants, Nurse Practitioners

Ambulatory/WIC

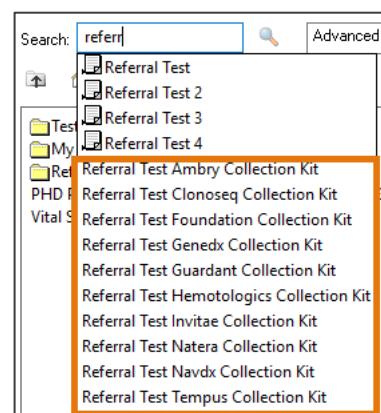
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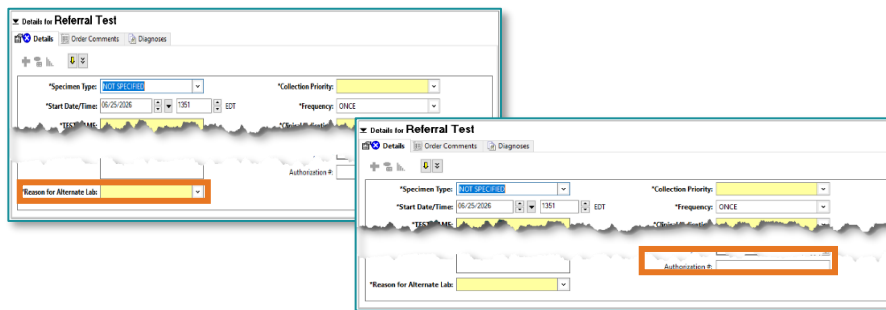
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Emergency

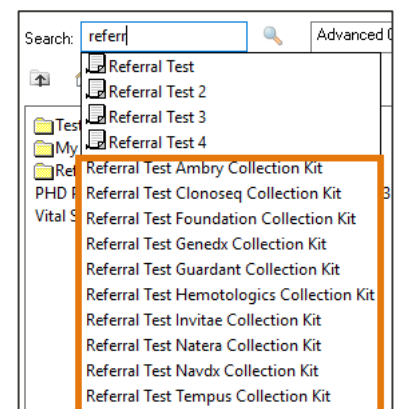
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- Pharmacists may run into situations where an ordered dose (that must be filled with a 12 mcg/hr patch) will now need to be manually rounded down by 0.5 mcg/hr. Manual Rounding should be done via **modifying** the order in **PowerChart**.
-

- Dose of 12.5 mcg/hr à Fill with 12 mcg/hr Patch & Round Down Dose to 12 mcg/hr
- Dose of 37.5 mcg/hr à Fill with 12 mcg/hr + 25 mcg/hr Patch & Round Down Dose to 37 mcg/hr

WHY: The fentanyl transdermal patch dose will be updated from 12.5 mcg/hr to 12 mcg/hr to align with current industry standards. While the patch delivers 12.5 mcg/hr, current dosing guidance recommends using 12 mcg/hr to help reduce confusion and minimize the risk of medication errors.

WHEN: Tuesday, July 21, 2026

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Nurses
- Pharmacists
- Providers

Inpatient

Quest – Referral & Flexitest Order Updates

WHAT: Referral and Flexitest Orders will have an additional order detail required, **Reason for Alternate Lab**. Reasons the alternate lab would be used are: Quest Noninterfaced, Not Available, Treatment Protocol, Provider Preference, and Other.

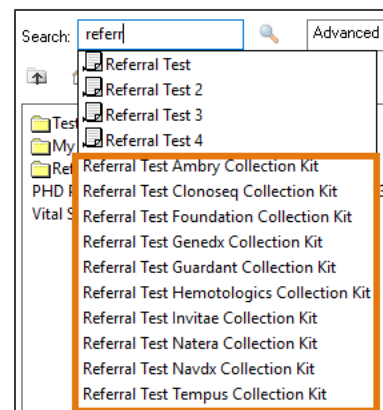
The image displays two overlapping screenshots of a web-based form titled "Details for Referral Test". The form includes fields for "Specimen Type" (set to "NOT SPECIFIED"), "Collection Priority" (set to "STAT"), "Start Date/Time" (06/25/2026 13:51), and "Frequency" (set to "ONCE"). A dropdown menu labeled "Reason for Alternate Lab" is highlighted with an orange box in both screenshots. The dropdown menu options are: Quest Noninterfaced, Not Available, Treatment Protocol, Provider Preference, and Other.

EHR Updates

Week of July 16 – July 22, 2026

In addition, ten new referral orders have been added:

- Referral Test Ambry Collection Kit
- Referral Test Clonoseq Collection Kit
- Referral Test Foundation Collection Kit
- Referral Test Genedx Collection Kit
- Referral Test Guardant Collection Kit
- Referral Test Hemotologics Collection Kit
- Referral Test Invitae Collection Kit
- Referral Test Natera Collection Kit
- Referral Test Navdx Collection Kit
- Referral Test Tempus Collection Kit



WHY: The change is being made to standardize and improve visibility and tracking of external lab orders.

WHEN: July 21, 2026

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

- Ambulatory/WIC
- 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:

- Clinical Staff
- Providers

Fentanyl Transdermal Patch Dose Update

WHAT: The dose for fentanyl transdermal patch 12.5 mcg/hr will be updated to **12 mcg/hr**.

The order comment will continue to include a statement reflecting the actual delivery rate: **Patch labeled as 12 mcg/hr delivers 12.5 mcg/hr**.

Pharmacist Action Items

- When the update is implemented, any order containing a 12.5 mcg/hr patch will need to be modified by a pharmacist to 12 mcg/hr to prevent BCMA issues.
- Before the update, PharmIS will run a report to identify qualifying existing orders and provide the list to pharmacy for review and make any necessary order modifications.

Important Notes & Reminders

- Pharmacists may run into situations where an ordered dose (that must be filled with a 12 mcg/hr patch) will now need to be manually rounded down by 0.5 mcg/hr. Manual Rounding should be done via **modifying** the order in **PowerChart**.
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WHEN: Tuesday, July 21, 2026

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

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 - Pharmacists
 - Providers
-

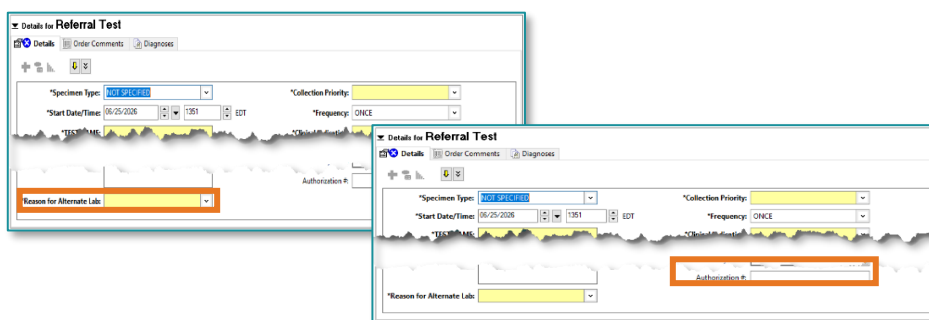
EHR Updates

Week of July 16 – July 22, 2026

Peri-Op

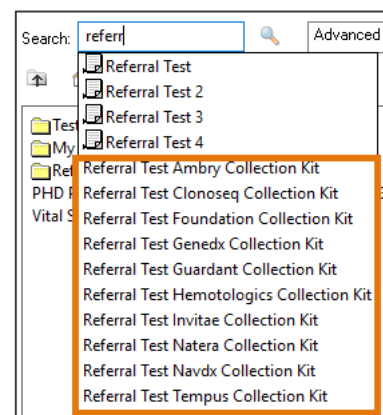
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In addition, ten new referral orders have been added:

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WHY: The change is being made to standardize and improve visibility and tracking of external lab orders.

WHEN: July 21, 2026

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

- Ambulatory/WIC
- 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:

- Clinical Staff
- Providers

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Important Notes & Reminders

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WHEN: Tuesday, July 21, 2026

EHR Updates

Week of July 16 – July 22, 2026

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Nurses
- Pharmacists
- Providers

Therapies: Occupational, Physical, Speech, & Respiratory

Inpatient/ED Only

CareAware VitalsLink **MCH On Hold** and **SVH Only**

WHAT: The implementation of **CareAware VitalsLink** on **Welch Allyn** mobile devices enables the electronic capture of patient vital signs and their seamless integration into the electronic health record (EHR).

This initiative will be deployed in phases across all member organizations, with this representing Phase 3 of the rollout.

As part of the workflow, clinical staff will scan their employee badge and the patient's ID bracelet prior to obtaining vital signs to ensure accurate patient identification and proper documentation.

NOTE: Badge Barcode scanning access is required to use this workflow. Student Nurses do not have badge scanning capability and should proceed with using their existing workflow by tapping Continue Without Login and manually documenting vital signs in the EHR.

WHY: To support safer, more efficient patient care by improving the accuracy and timeliness of vital sign documentation.

CareAware VitalsLink on Welch Allyn mobile devices reduces manual entry, minimizes documentation errors, and streamlines bedside workflows by

From the Office of Health Informatics

EHR Updates

Week of July 16 – July 22, 2026

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automatically integrating patient vital signs into the electronic health record allowing clinicians to spend more time focused on patient care.

Click [here](#) for more information on using VitalsLink.

Required Video education available in Promise Point – course NOLH-1064.

WHEN: Monday, July 27, 2026

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

- Acute/Inpatient

At the following NLH Member Organization(s):

- Northern Light Maine Coast Hospital On Hold
 - Med/Surg
 - OB
- Northern Light Seabasticook Valley Hospital
 - Med/Surg

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

- Nurses
- Nurse Techs
- Occupational Therapists
- Physical Therapists
- Respiratory Therapists