



Northern Light Health Oracle Health (Cerner) Millennium EHR Updates

Week of July 23 – July 29, 2026

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

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Behavioral Health Staff

All Ambulatory & Inpatient Care Areas

Infectious Disease Risk Screening Updates

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

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

- Travel Assessment:** The question 'Have you traveled within the past 30 days OR Have you had contact with an ill person who has traveled within the past 30 days?' is highlighted. Below it, the radio button for 'Yes, patient traveled' is selected.
- Location of Travel:** A text field for 'Location of Travel' is present.
- Overnight Stay:** The question 'Have you had an overnight stay in a healthcare facility OUTSIDE OF THE US in the last 6 months?' is highlighted, with 'OUTSIDE OF THE US' in all caps. The 'Yes' radio button is selected.
- Infection Control Risk Assessment Factors:** A table with columns 'Yes', 'No', and 'Unable to obtain' is highlighted. The table contains the following rows:

	Yes	No	Unable to obtain
Exposure to Comm Disease Past 21 Days			
New or Worsening Cough			
Febrile Illness with Rash			
Active Pulmonary TB			
Pos TB Test and/or Exposure to TB Last 10 Wks			
Active Diarrheal Disease			
- Communicable Disease Exposure:** A text field for 'Communicable Disease Exposure' is highlighted.
- History of Antibiotic Resistant Organism:** The 'Yes' radio button is selected.
- Resistant Organism:** A section with checkboxes for MRSA, VRE, ESBL, CRE, and Candida Auris is highlighted.

Below the table, a text box provides additional instructions:

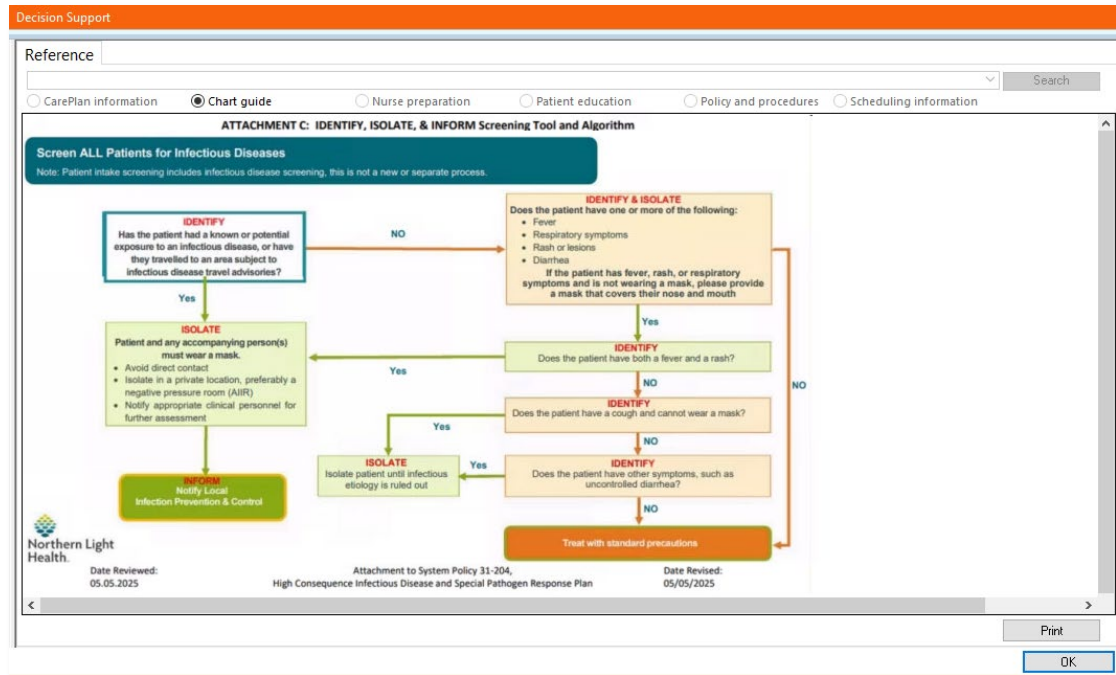
Comm Diseases not limited to:
COVID, FLU, and RSV, MPx, Ebola, or other Viral Hemorrhagic Fevers,
highly pathogenic Avian Influenza, measles
If yes to any of the above factors, please follow the Identify, Isolate,
and Inform algorithm.
Right-Click on any answer field above to see the algorithm in the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

At the bottom, a legend defines the abbreviations:

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

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

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



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

WHEN: Effective Immediately

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Medical Assistants
- Nursing

EHR Updates

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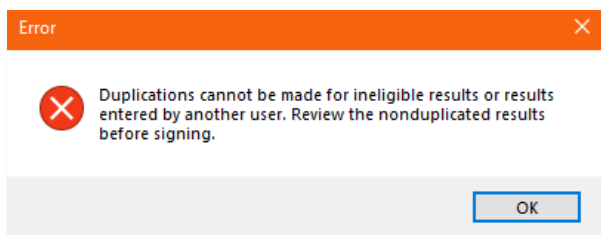
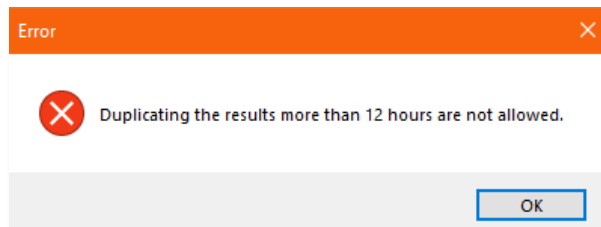
Duplicate Results Update

WHAT: The ability to duplicate documentation within iView is being enhanced with the following safeguards:

- Clinical staff can only duplicate documentation that they personally entered.
- Documentation can only be duplicated within **12 hours** of the original entry.

Error Messages

- Users will receive an error message when:
 - Attempting to duplicate documentation that is more than 12 hours old.
 - Attempting to duplicate documentation completed by another clinical staff member.



WHY: The enhancement helps ensure the accuracy and integrity of patient documentation by limiting duplication to the clinical staff member who originally documented the information and by requiring the documentation to be copied is current and clinically relevant.

WHEN: Tuesday, July 28, 2026

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

- Acute/Inpatient
- Ambulatory
- 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:

- Clinical Staff

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
7/21/2026	All except Ambulatory	Hospital Acquired Hormones Alert	New discern alert to support compliance with regulatory requirement for hospital acquired hormones
8/4/2026	Inpatient	DAPTOmycin (Cubicin) Adult	New PowerPlan
8/4/2026	Inpatient	PED DAPTOmycin (Cubicin)	New PowerPlan

Leadership

Ambulatory/WIC

Primary Care Service Line (PCSL) Auto Text Update

WHAT: Two PCSL auto texts for message center have been updated based on feedback from the clinical staff. These auto texts provide a more streamlined workflow for patient-related communication.

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Auto text Updates

- /pcslclerical* will be renamed to /pcsladmin*
- /pcslclinical* disposition OR questions to the PCP has updated wording:
 - Patient requesting a new medication; needs further review. Preferred pharmacy confirmed. Reason for new medication request
 - Patient is requesting medication refill. Unable to renew per protocol due to:
 - Patient requests lab orders. Labs due per JPP proposed. Additional labs requested:
 - Advised patient to go to the ED
 - Advised patient to seek evaluation at local walk-in care

WHY: Auto texts are designed to reduce manual data entry, promote consistency in phone message documentation, and improve communication and clarity of patient needs.

WHEN: Monday, July 27, 2026

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

- Ambulatory Primary Care

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

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

- Clinical Staff
- Managers
- PSRs

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)
- **Pharmacy:** Omnicell Controlled Substance Manager (Go-Live: June 29)
- **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation (Go-Live: August 18 – September 9)

Inpatient

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EHR Updates

Week of July 23 – July 29, 2026

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CareAware VitalsLink 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 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

EHR Updates

Week of July 23 – July 29, 2026

Peri-Op

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Nursing, CNA, Medical Assistants

Ambulatory/WIC

Infectious Disease Risk Screening Updates

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

Infectious Disease Risk Screening

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

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

(Right Click for Reference Text)

Infection Control Risk Assessment Factors

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

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

Location of Travel

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

☐ Yes ☐ No

Communicable Disease Exposure

History of Antibiotic Resistant Organism

☐ Yes ☐ No

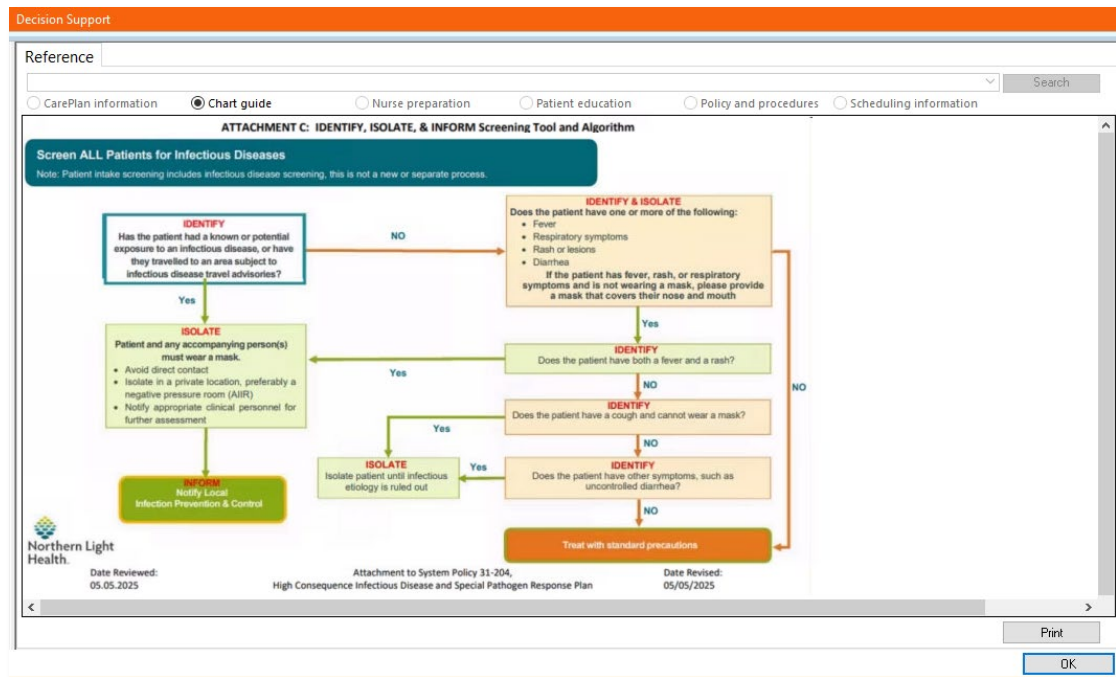
Resistant Organism

☐ MRSA ☐ Candida Auris
☐ VRE
☐ ESBL
☐ CRE

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

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

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



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WHEN: Effective Immediately

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Medical Assistants
- Nursing

Primary Care Service Line (PCSL) Auto Text Update

WHAT: Two PCSL auto texts for message center have been updated based on feedback from the clinical staff. These auto texts provide a more streamlined workflow for patient-related communication.

Auto text Updates

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 - Advised patient to go to the ED
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WHY: Auto texts are designed to reduce manual data entry, promote consistency in phone message documentation, and improve communication and clarity of patient needs.

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- Ambulatory Primary Care

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 - Managers
 - PSRs
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EHR Updates

Week of July 23 – July 29, 2026

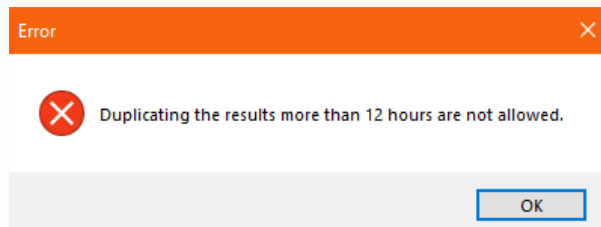
Duplicate Results Update

WHAT: The ability to duplicate documentation within iView is being enhanced with the following safeguards:

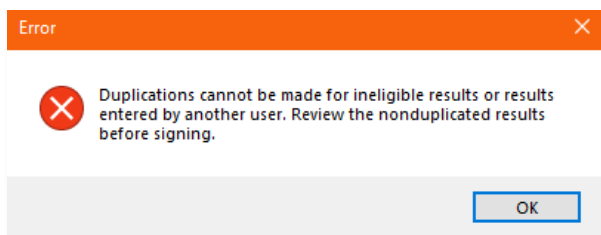
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- Documentation can only be duplicated within **12 hours** of the original entry.

Error Messages

- Users will receive an error message when:
 - Attempting to duplicate documentation that is more than 12 hours old.



- Attempting to duplicate documentation completed by another clinical staff member.



WHY: The enhancement helps ensure the accuracy and integrity of patient documentation by limiting duplication to the clinical staff member who originally documented the information and by requiring the documentation to be copied is current and clinically relevant.

WHEN: Tuesday, July 28, 2026

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

- Acute/Inpatient
- Ambulatory
- 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:

- Clinical Staff

Emergency

Infectious Disease Risk Screening Updates

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

Infectious Disease Risk Screening

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

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

(Right Click for Reference Text)

Location of Travel

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

☐ Yes ☐ No

Infection Control Risk Assessment Factors

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

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

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

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

Communicable Disease Exposure

History of Antibiotic Resistant Organism

☐ Yes ☐ No

Resistant Organism

☐ MRSA ☐ Candida Auris
☐ VRE
☐ ESBL
☐ CRE

CRE: Carbapenem Resistant Enterobacteriaceae
MDRO: Multi-drug Resistant Organisms
ESBL: Extended-Spectrum Beta-lactamase
MRSA: Methicillin Resistant Staphylococcus Aureus
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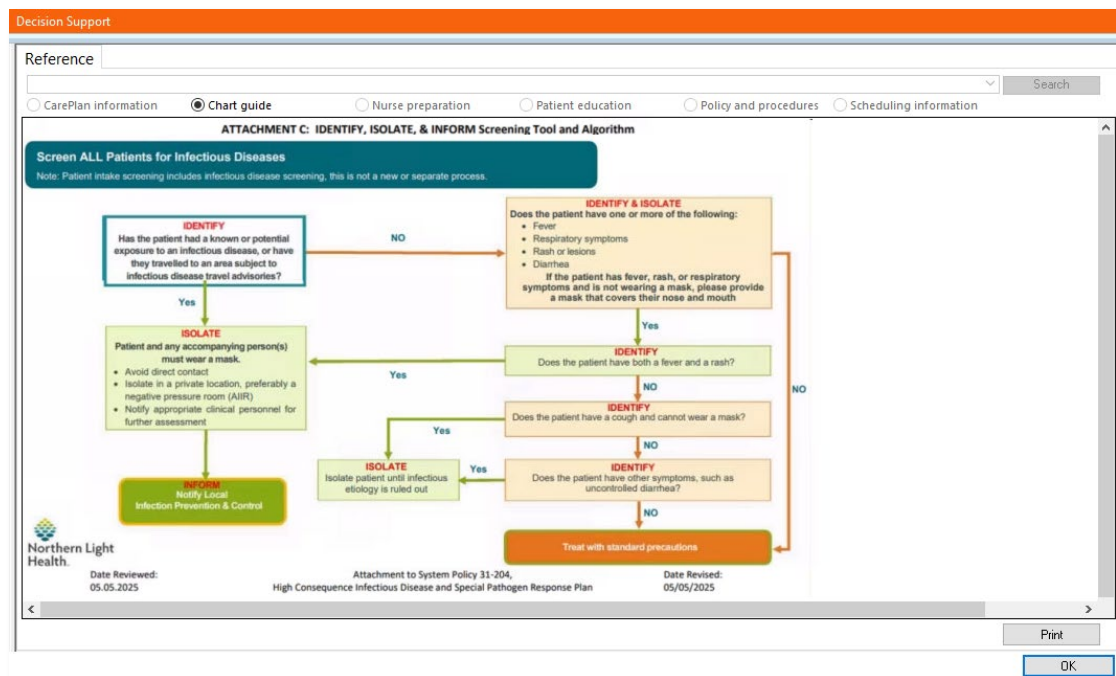
- The travel assessment timeframe has been reduced to **30 days**.

EHR Updates

Week of July 23 – July 29, 2026

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



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

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

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

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

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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
-

EHR Updates

Week of July 23 – July 29, 2026

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

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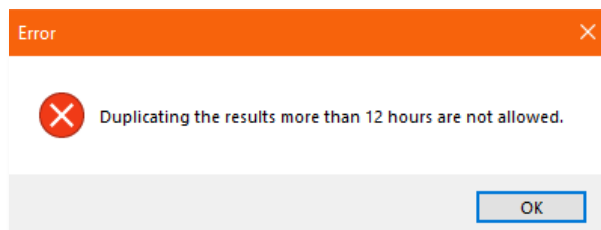
Duplicate Results Update

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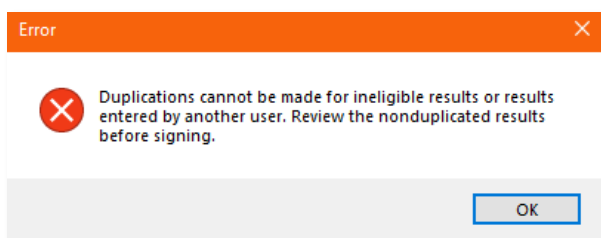
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WHEN: Tuesday, July 28, 2026

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- Acute/Inpatient
- Ambulatory
- ED
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WHO: The change will affect the following staff at the above noted locations:

- Clinical Staff
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Inpatient

Infectious Disease Risk Screening Updates

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

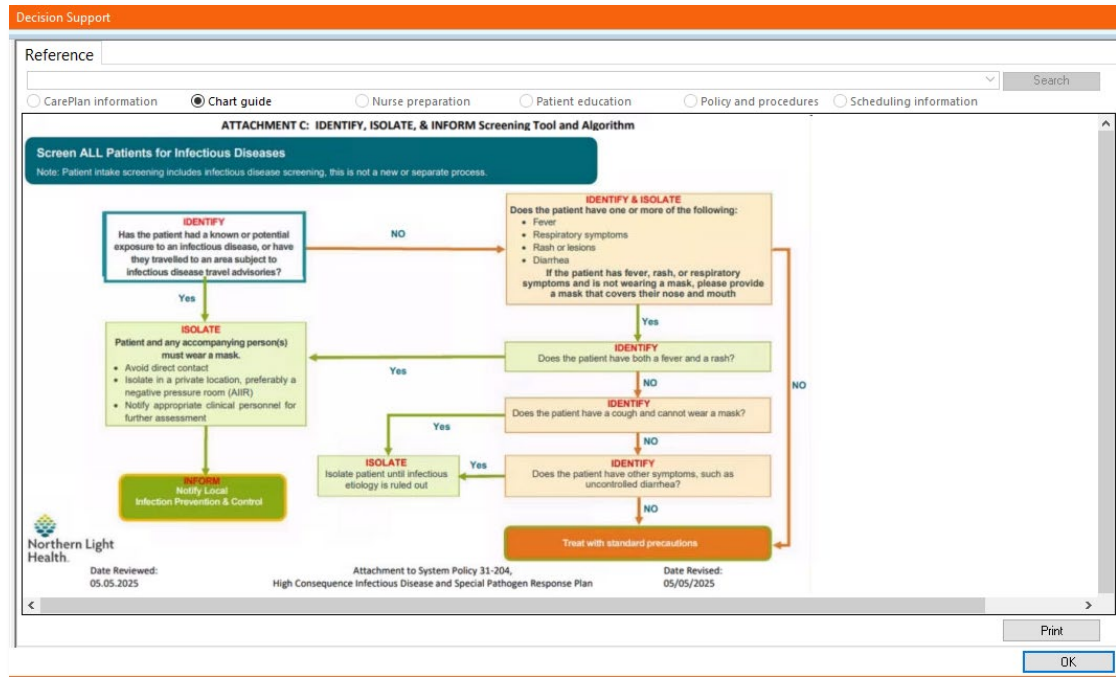
The screenshot displays the 'Infectious Disease Risk Screening' form with several updates highlighted by orange boxes:

- Travel Assessment:** The question 'Have you traveled within the past 30 days OR Have you had contact with an ill person who has traveled within the past 30 days?' is highlighted. The '30 days' is also highlighted. The 'Yes, patient traveled' option is selected.
- Location of Travel:** A text field for 'Location of Travel' is present.
- Overnight Stay:** The question 'Have you had an overnight stay in a healthcare facility OUTSIDE OF THE US in the last 6 months?' is highlighted. 'OUTSIDE OF THE US' is capitalized. 'Yes' is selected.
- Infection Control Risk Assessment Factors:** A table with columns 'Yes', 'No', and 'Unable to obtain' is shown. The rows are: 'Exposure to Comm Disease Past 21 Days', 'New or Worsening Cough', 'Febrile Illness with Rash', 'Active Pulmonary TB', 'Pos TB Test and/or Exposure to TB Last 10 Wks', and 'Active Diarrheal Disease'.
- Communicable Disease Exposure:** A text field for 'Communicable Disease Exposure' is present.
- History of Antibiotic Resistant Organism:** 'Yes' is selected.
- Resistant Organism:** A list of organisms is shown: MRSA, VRE, ESBL, CRE, and Candida Auris. A legend at the bottom defines these abbreviations.

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

- The travel assessment timeframe has been reduced to **30 days**.
- **Infection Control Risk Assessment Factors** grid has been simplified, with select questions combined or removed.
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- Acute/Inpatient (to include ED & Peri-Op)
- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Medical Assistants
- Nursing

EHR Updates

Week of July 23 – July 29, 2026

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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)
 - **Pharmacy:** Omnicell Controlled Substance Manager (Go-Live: June 29)
 - **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation (Go-Live: August 18 – September 9)
-

CareAware VitalsLink 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 Seabasticook Valley Hospital
 - Med/Surg

EHR Updates

Week of July 23 – July 29, 2026

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

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

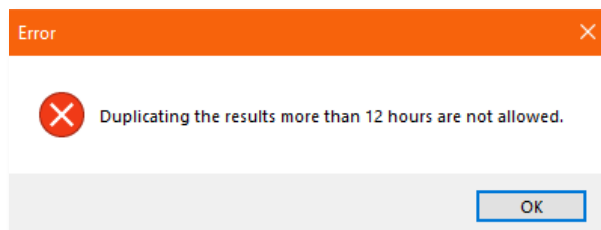
Duplicate Results Update

WHAT: The ability to duplicate documentation within iView is being enhanced with the following safeguards:

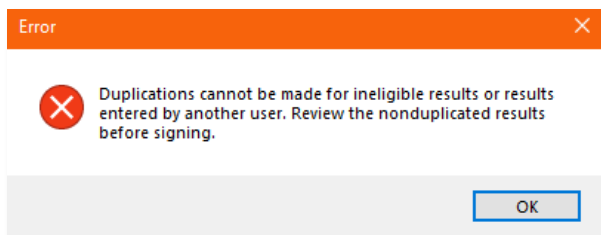
- Clinical staff can only duplicate documentation that they personally entered.
- Documentation can only be duplicated within **12 hours** of the original entry.

Error Messages

- Users will receive an error message when:
 - Attempting to duplicate documentation that is more than 12 hours old.



- Attempting to duplicate documentation completed by another clinical staff member.



WHY: The enhancement helps ensure the accuracy and integrity of patient documentation by limiting duplication to the clinical staff member who originally documented the information and by requiring the documentation to be copied is current and clinically relevant.

WHEN: Tuesday, July 28, 2026

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

- Acute/Inpatient
- Ambulatory
- 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:

- Clinical Staff
-

Peri-Op

Infectious Disease Risk Screening Updates

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

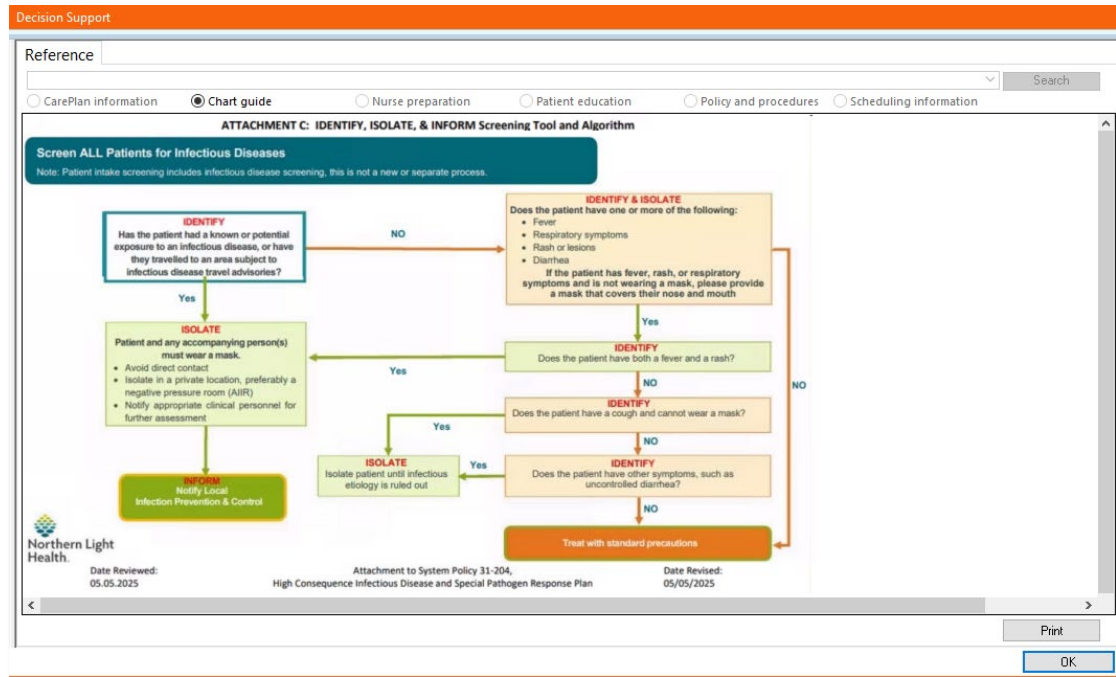
The screenshot displays the 'Infectious Disease Risk Screening' form with several updates highlighted by orange boxes:

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

Additional text in the form includes: 'Comm Diseases not limited to: COVID, FLU, and RSV, MPx, Ebola, or other Viral Hemorrhagic Fevers, highly pathogenic Avian Influenza, measles', 'If yes to any of the above factors, please follow the Identify, Isolate, and Inform algorithm.', and 'Right-Click on any answer field above to see the algorithm in the reference text.'

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

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



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

WHEN: Effective Immediately

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Medical Assistants
- Nursing

EHR Updates

Week of July 23 – July 29, 2026

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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)
 - **Pharmacy:** Omnicell Controlled Substance Manager (Go-Live: June 29)
 - **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation (Go-Live: August 18 – September 9)
-

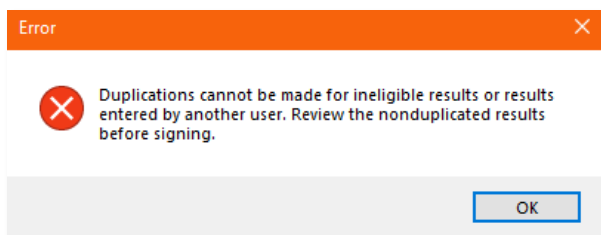
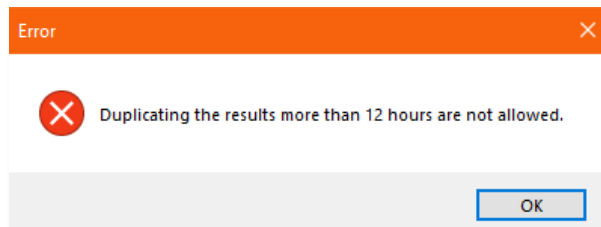
Duplicate Results Update

WHAT: The ability to duplicate documentation within iView is being enhanced with the following safeguards:

- Clinical staff can only duplicate documentation that they personally entered.
- Documentation can only be duplicated within **12 hours** of the original entry.

Error Messages

- Users will receive an error message when:
 - Attempting to duplicate documentation that is more than 12 hours old.
 - Attempting to duplicate documentation completed by another clinical staff member.



WHY: The enhancement helps ensure the accuracy and integrity of patient documentation by limiting duplication to the clinical staff member who originally documented the information and by requiring the documentation to be copied is current and clinically relevant.

WHEN: Tuesday, July 28, 2026

EHR Updates

Week of July 23 – July 29, 2026

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

- Acute/Inpatient
- Ambulatory
- 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:

- Clinical Staff

Patient Service Representatives

Ambulatory/WIC Only

Primary Care Service Line (PCSL) Auto Text Update

WHAT: Two PCSL auto texts for message center have been updated based on feedback from the clinical staff. These auto texts provide a more streamlined workflow for patient-related communication.

Auto text Updates

- /pcslclerical* will be renamed to /pcsladmin*
 - /pcslclinical* disposition OR questions to the PCP has updated wording:
 - Patient requesting a new medication; needs further review. Preferred pharmacy confirmed. Reason for new medication request
 - Patient is requesting medication refill. Unable to renew per protocol due to:
 - Patient requests lab orders. Labs due per JPP proposed. Additional labs requested:
 - Advised patient to go to the ED
 - Advised patient to seek evaluation at local walk-in care
-

WHY: Auto texts are designed to reduce manual data entry, promote consistency in phone message documentation, and improve communication and clarity of patient needs.

WHEN: Monday, July 27, 2026

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

- Ambulatory Primary Care

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

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

- Clinical Staff
- Managers
- PSRs

Pharmacists & Pharmacy Technicians

Inpatient/ED/Peri-Op

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.

EHR Updates

Week of July 23 – July 29, 2026

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)
- **Pharmacy:** Omnicell Controlled Substance Manager (Go-Live: June 29)
- **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation (Go-Live: August 18 – September 9)

NEW Inpatient Daptomycin PowerPlans (Go-Live August 4)

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

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

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

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

WHEN: Tuesday, August 4, 2026

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

- Acute/Inpatient
- ED
- Peri-Op

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

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

- Pharmacists
- Providers

Physicians, Physician Assistants, Nurse Practitioners

Emergency

NEW Inpatient Daptomycin PowerPlans (Go-Live August 4)

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

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

EHR Updates

Week of July 23 – July 29, 2026

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WHEN: Tuesday, August 4, 2026

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

- Acute/Inpatient
- ED
- Peri-Op

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

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

- Pharmacists
- Providers

Inpatient

NEW Inpatient Daptomycin PowerPlans (Go-Live August 4)

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-

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

- Acute/Inpatient
- ED
- Peri-Op

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

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

- Pharmacists
- Providers

Peri-Op

NEW Inpatient Daptomycin PowerPlans (Go-Live August 4)

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

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EHR Updates

Week of July 23 – July 29, 2026

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

WHEN: Tuesday, August 4, 2026

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

- Acute/Inpatient
- ED
- Peri-Op

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

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

- Pharmacists
 - Providers
-

Therapies: Occupational, Physical, Speech, & Respiratory

Inpatient/ED Only

CareAware VitalsLink 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

EHR Updates

Week of July 23 – July 29, 2026

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

- Acute/Inpatient

At the following NLH Member Organization(s):

- 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