From the Office of Health Informatics

Northern Light Health
Oracle Health (Cerner) Millennium EHR Updates

June 12 – June 18, 2025

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Ambulatory

Pressure Injury Optimization – End User Validation

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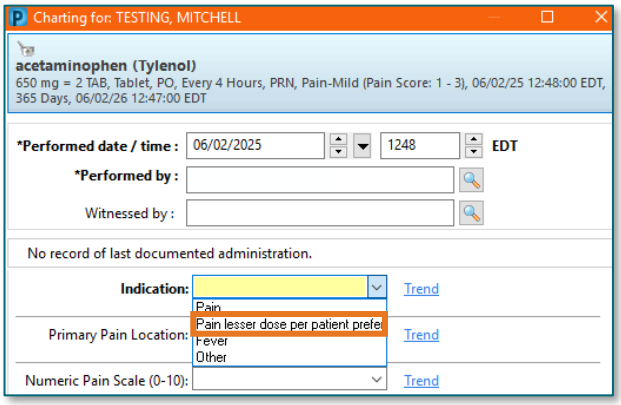
WHAT: **Pain lesser dose per patient** preference is being added to **Indication** within the Medication Admin Window.



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WHAT: The ability for nursing to reschedule **MAR** tasks will be updated to restrict this function for certain antibiotic and high-risk medications:

- For more information about rescheduling medication administration tasks, click here: Rescheduling-Med-Administration-Times.aspx.

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Amphotericin B liposomal
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Ampicillin-sulbactam
Avibactam-ceftazidime
Azithromycin
Aztreonam
Cefazolin
Cefepime
Ceftaroline
Ceftolozane-tazobactam
Ceftriaxone
Cyclosporine, modified (neoral)
Daptomycin
Dofetilide
Doxycycline
Ertapenem
Flucytosine
Ganciclovir
Gentamicin
Isavuconazonium
Levofloxacin
Linezolid
Meropenem
Metronidazole
Micafungin
Minocycline
Oxacillin
Phenytoin
Piperacillin-tazobactam
Remdesivir
Sotalol
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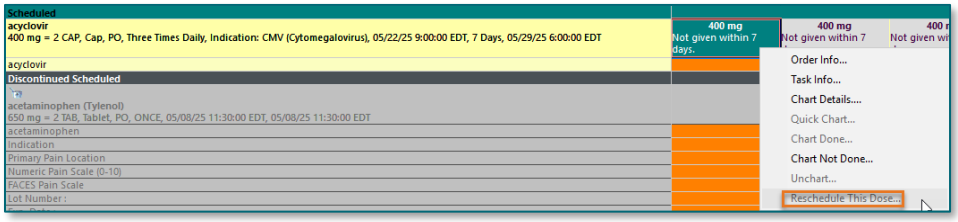
Tacrolimus
Tetracycline
Tobramycin
Valacyclovir
Vancomycin
Voriconazole



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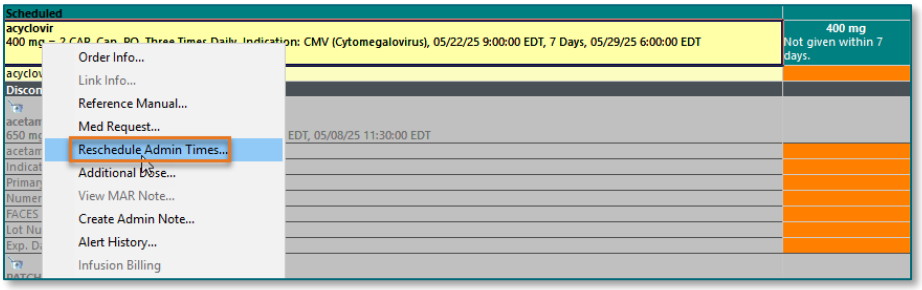

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- Inpatient Pharmacists

Clinical Decision Support Updates

Weekly Newsletter

- **Please reference our CDS Portal for additional information and previous newsletters.**
- **Any questions should be directed to our CDS Team for review.**

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

Release Date	Venues Affected	CDS Tool	Summary
6/10/2025	All except Ambulatory	Multiple PowerPlans	Norepinephrine, epinephrine, and phenylephrine will be updated from mcg/min to mcg/kg/min within PowerPlans. These changes go along with the order catalog and Smart Pump updates.

Leadership

Ambulatory/WIC

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Peri-Op

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Nursing, CNA, Medical Assistants

Ambulatory/WIC

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THA/TKA Patient-Reported Outcomes PowerForm

WHAT: A new PowerForm titled **THA/TKA Patient-Reported Outcomes** is being implemented as a new regulatory requirement and will **replace** the individual **HOOS Jr. Adult Hip Survey** and **KOOS Jr. Adult Knee Survey PowerForms**.

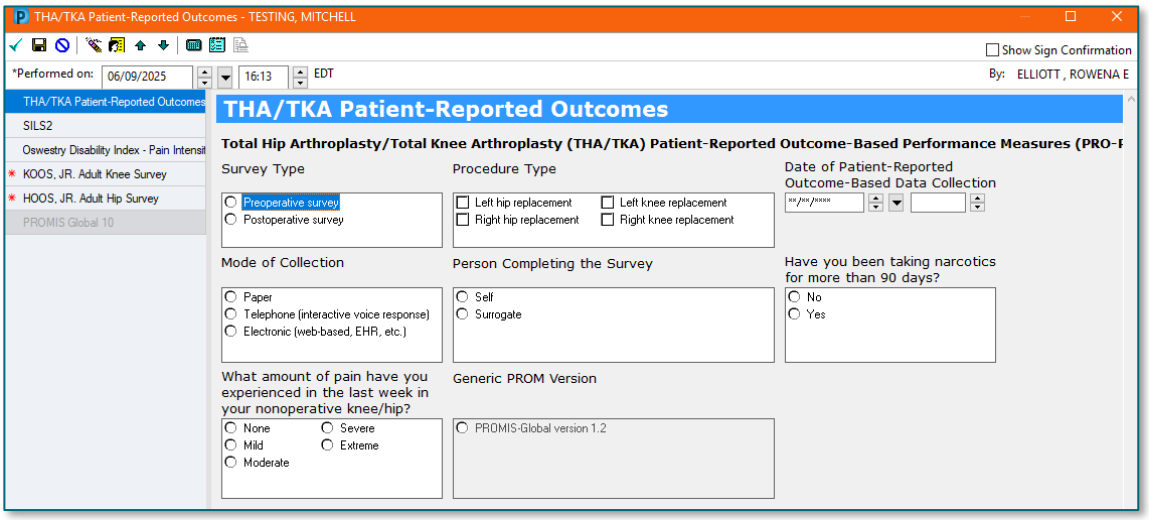
Who Should have this PowerForm Documented?

- Patient is enrolled in **Medicare fee-for–service** (Medicare Advantage Patients are excluded).
- **Age 65 years** or **older**.
- Patient is undergoing an **elective total hip arthroplasty** (THA) or **elective total knee arthroplasty** (TKA), including bilateral (same day) procedures.

PowerForm Sections to be Completed Preoperative

- The entire **THA/TKA Patient Reported Outcomes PowerForm** should be documented **0-90 days prior** to the procedure.
  - **AR Gould**
    - Completed by Orthopedic practice.
  - **MCH**
    - Completed by the Orthopedic practice preop.
  - **Mercy**
    - Completed by Mercy Orthopedic practice.
    - Completed by PAT if provider is not employed by NLH.

- **KOOS, JR. Adult Knee Survey section**
    - Documented if a patient is having a **TKA.**
- **HOOS, JR. Adult Hip Survey section**
    - Documented if a patient is having a **THA**.



PowerForm Sections to be Completed Postoperative

- Documentation should occur **300 to 425 days postoperatively**:
    - **AR Gould**
        - Completed by Orthopedic practice.
    - **MCH**
        - Completed by the Orthopedic practice.
- **THA/TKA Patient-Reported Outcomes**
- **KOOS, JR. Adult Knee Survey**
    - Documented if a patient is having a **TKA.**
- **HOOS, JR. Adult Hip Survey**
    - Documented if a patient is having a **THA.**

WHY: The documentation in the **THA/TKA Patient-Reported Outcomes** PowerForm is a **CMS requirement**. The goal is to measure improvement in patient's self-assessment of their pain and functional status **prior to and after elective THA/TKA procedures**.

NOTE: Failure to document this form results in financial penalties for the hospital.

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

- Ambulatory

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)
- Orthopedic Ambulatory Practices

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

- Orthopedic Ambulatory MAs
- Orthopedic Ambulatory RNs/LPNs
- Pre-Admission Testing Nurses – Mercy

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Medication Admin Window Update

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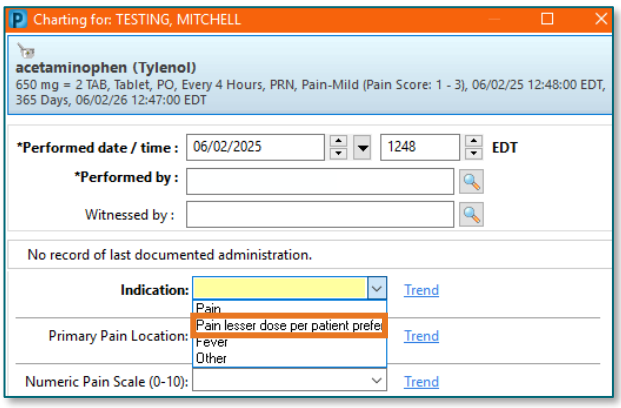

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WHAT: The ability for nursing to reschedule **MAR** tasks will be updated to restrict this function for certain antibiotic and high-risk medications:

- For more information about rescheduling medication administration tasks, click here: Rescheduling-Med-Administration-Times.aspx.

NOTE: This change will apply to all dosage forms of these medications. If medication has IV and PO version, ability is being restricted for all forms.

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Avibactam-ceftazidime	Micafungin
Azithromycin	Minocycline
Aztreonam	Oxacillin
Cefazolin	Phenytoin
Cefepime	Piperacillin-tazobactam
Ceftaroline	Remdesivir
Ceftolozane-tazobactam	Sotalol

Ceftriaxone
Cyclosporine, modified (neoral)
Daptomycin
Dofetilide
Doxycycline
Ertapenem
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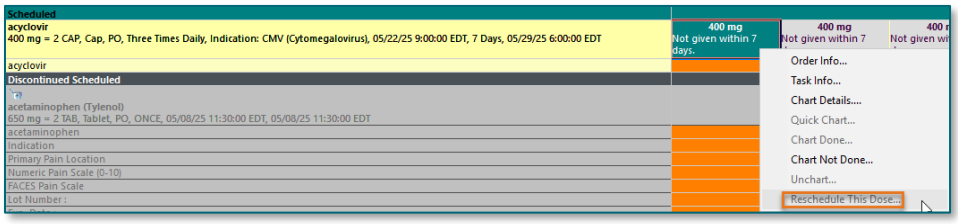

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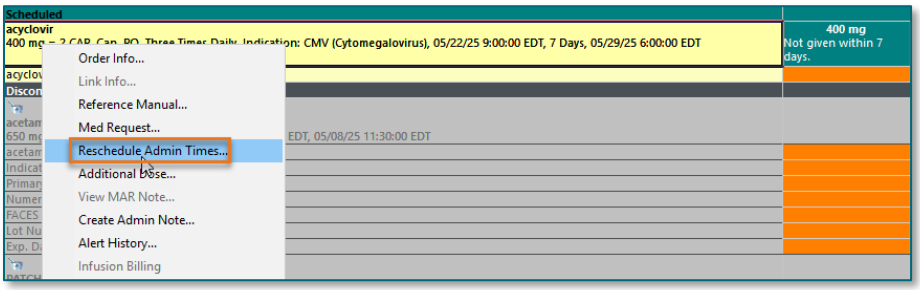

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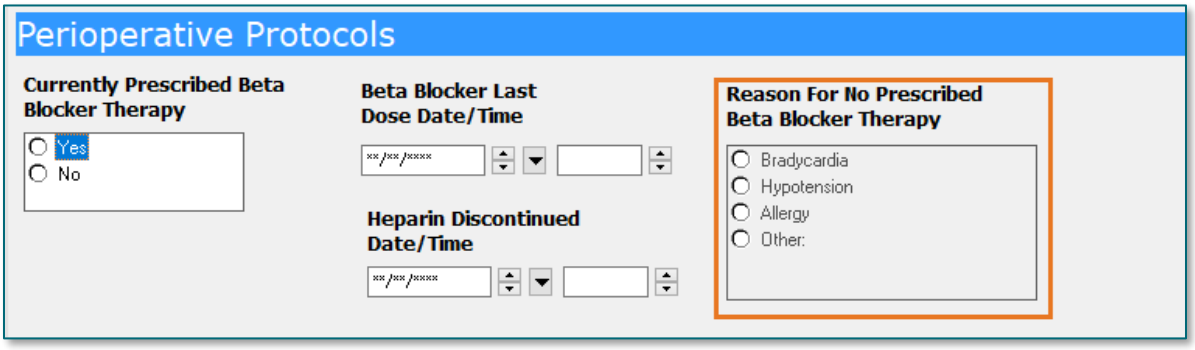
ED/IP Preprocedure Checklist PowerForm – Beta Blocker Updates – *Go-Live June 19*

WHAT: The **ED/IP Preprocedure Checklist** PowerForm has updated the following:

Perioperative Protocols Section

- Include new documentation for reasons why a Beta Blocker Therapy was not prescribed.



WHY: The update will ensure that this will standardize documentation to ease extracting data to meet national registry reporting requirements.

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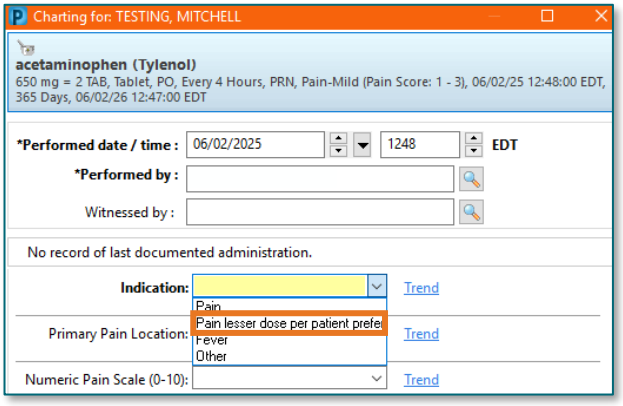

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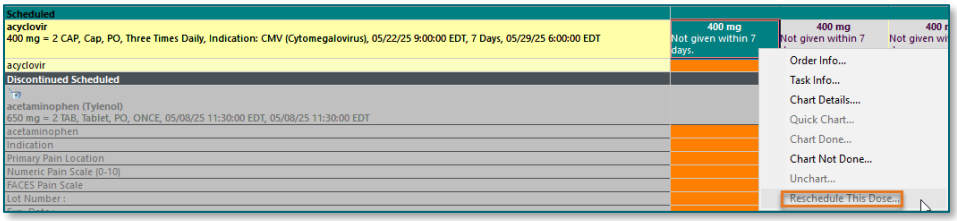
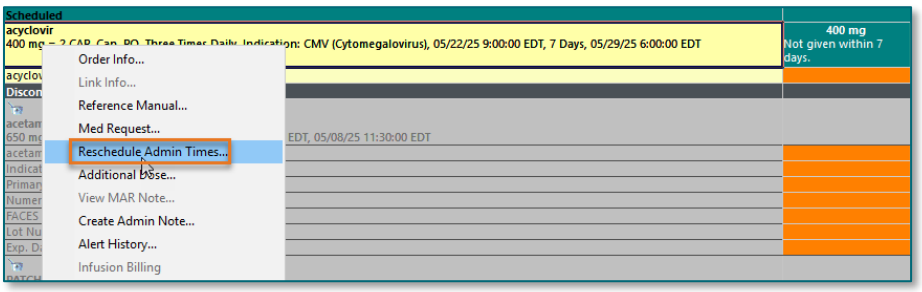
Ceftriaxone
Cyclosporine, modified (neoral)
Daptomycin
Dofetilide
Doxycycline
Ertapenem
Flucytosine
Ganciclovir
Gentamicin
Isavuconazonium
Levofloxacin
Linezolid
Meropenem
Metronidazole
Micafungin
Minocycline
Oxacillin
Phenytoin
Piperacillin-tazobactam
Remdesivir
Sotalol
Sulfamethoxazole-trimethoprim
Tacrolimus
Tetracycline
Tobramycin
Valacyclovir
Vancomycin
Voriconazole



Important: Rescheduling a single MAR task does not prompt Pharmacy to verify the new administration time. It is recommended to **Reschedule Admin Times** by right-clicking the Order from the MAR. This will generate a prompt to Pharmacy for re-verification.



WHY: This is being performed to ensure doses are not missed and/or extended intervals do not occur without therapy. Prompting Pharmacy to re-verify orders, even for a single administration task, is best practice and will also update Pyxis accordingly.

WHEN: **Wednesday, June 18, 2025**

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

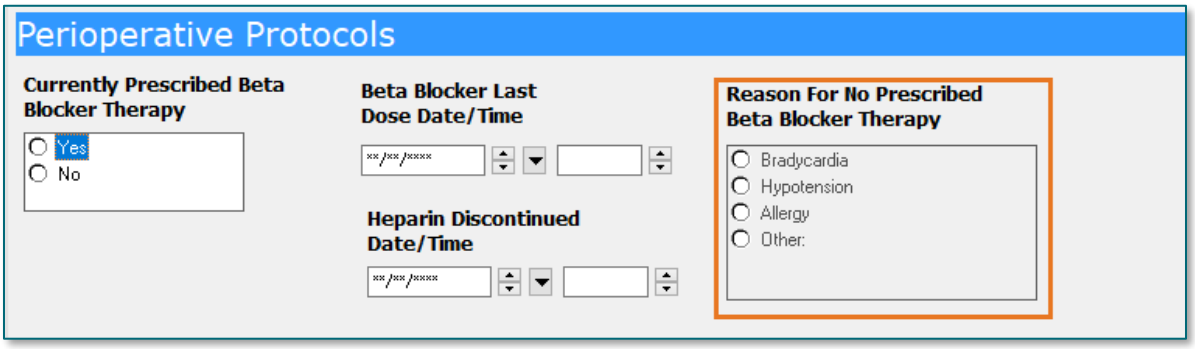
- Inpatient Nursing
- Inpatient Pharmacists

ED/IP Preprocedure Checklist PowerForm – Beta Blocker Updates – *Go-Live June 19*

WHAT: The **ED/IP Preprocedure Checklist** PowerForm has updated the following:

Perioperative Protocols Section

- Include new documentation for reasons why a Beta Blocker Therapy was not prescribed.



WHY: The update will ensure that this will standardize documentation to ease extracting data to meet national registry reporting requirements.

WHEN: **Thursday, June 19, 2025**

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

- Acute/Inpatient (to include ED)

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:**

- Nursing

Peri-Op

Pressure Injury Optimization – End User Validation

WHAT: In preparation for the upcoming Pressure Injury Optimization go-live happening in August, Health Informatics will be conducting an **End User Validation** (EUV), **Monday, June 16, 2025 – Friday, June 27, 2025**.

What to expect

During EUV, a Health Informaticist will work with one-on-one with identified Super Users and staff at their convenience or when they become available. The Health Informaticist will assist participants with signing into the Build domain, help them identify changes, and answer questions. The Health Informaticist will document any issues that are discovered. Issues will be submitted to the Northern Light/Oracle Cerner project team for discussion/resolution. Please note that while Health Informatics will not be able to visit everyone, care will be taken to obtain feedback from as many participants from each group, as possible.

WHY: **What is End-User Validation?**

End User Validation allows staff who have not been involved in the project to see the changes, document in the new build in our **Build** domain before it changes/updates are implemented. Staff can document their workflow, identify any breaks in the documentation. It is not meant to be a design session.

Please direct any questions to Rowena Elliott or a health informaticist at your organization.

WHEN: **June 16, 2025 – June 27, 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 Member Organizations (excluding NL Mayo)

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

- Nursing
- Wound/Ostomy Nurses
- Wound Validators

THA/TKA Patient-Reported Outcomes PowerForm (Mercy Only)

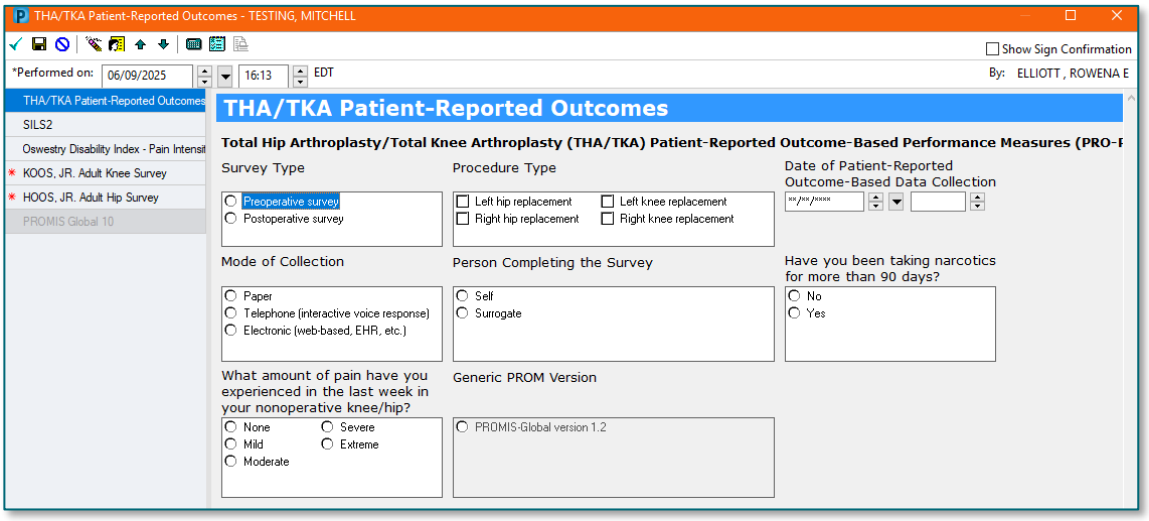
WHAT: A new PowerForm titled **THA/TKA Patient-Reported Outcomes** is being implemented as a new regulatory requirement and will **replace** the individual **HOOS Jr. Adult Hip Survey** and **KOOS Jr. Adult Knee Survey PowerForms**.

Who Should have this PowerForm Documented?

- Patient is enrolled in **Medicare fee-for–service** (Medicare Advantage Patients are excluded).
- **Age 65 years** or **older**.
- Patient is undergoing an **elective total hip arthroplasty** (THA) or **elective total knee arthroplasty** (TKA), including bilateral (same day) procedures.

PowerForm Sections to be Completed Preoperative

- The entire **THA/TKA Patient Reported Outcomes PowerForm** should be documented **0-90 days prior** to the procedure.
    - **AR Gould**
        - Completed by Orthopedic practice.
    - **MCH**
        - Completed by the Orthopedic practice preop.
    - **Mercy**
        - Completed by Mercy Orthopedic practice.
        - Completed by PAT if provider is not employed by NLH.
- **KOOS, JR. Adult Knee Survey section**
    - Documented if a patient is having a **TKA.**
- **HOOS, JR. Adult Hip Survey section**
    - Documented if a patient is having a **THA**.



PowerForm Sections to be Completed Postoperative

- Documentation should occur **300 to 425 days postoperatively**:
    - **AR Gould**
        - Completed by Orthopedic practice.
    - **MCH**
        - Completed by the Orthopedic practice.
- **THA/TKA Patient-Reported Outcomes**
- **KOOS, JR. Adult Knee Survey**
    - Documented if a patient is having a **TKA.**
- **HOOS, JR. Adult Hip Survey**
    - Documented if a patient is having a **THA.**

WHY: The documentation in the **THA/TKA Patient-Reported Outcomes** PowerForm is a **CMS requirement**. The goal is to measure improvement in patient's self-assessment of their pain and functional status **prior to and after elective THA/TKA procedures**.

NOTE: Failure to document this form results in financial penalties for the hospital.

WHEN: **Monday, June 16, 2025**

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

- Ambulatory

At the following NLH Member Organization(s):

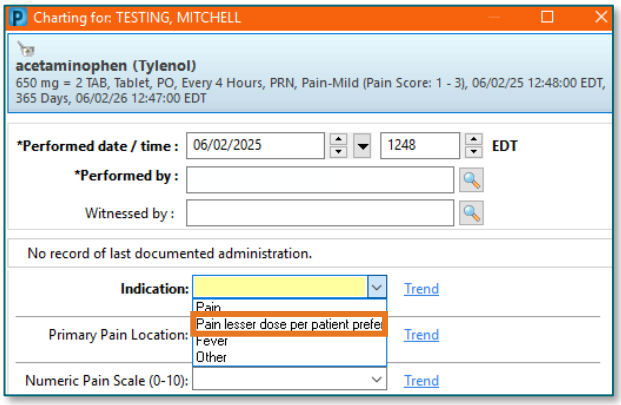
- All NLH Hospitals (excluding Acadia and Mayo)
- Orthopedic Ambulatory Practices

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

- Orthopedic Ambulatory MAs
- Orthopedic Ambulatory RNs/LPNs
- Pre-Admission Testing Nurses – Mercy

Medication Admin Window Update

WHAT: **Pain lesser dose per patient** preference is being added to **Indication** within the Medication Admin Window.



WHY: It is a regulatory requirement for nursing to document why a smaller analgesic dose was given to the patient. **Pain lesser dose per patient** preference allows nursing to easily document that the patient requested less medication, increasing nursing documentation efficiency, and compliance on this requirement.

WHEN: **Wednesday, June 18, 2025**

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Nursing

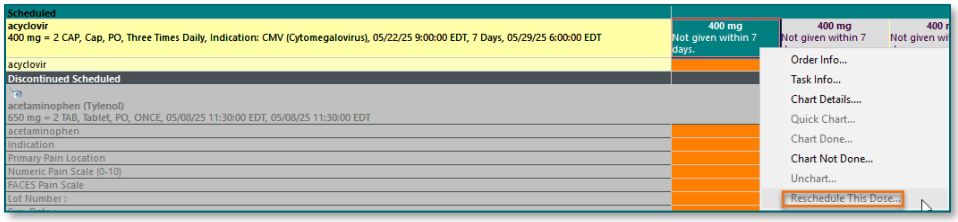
Restricting Ability to Reschedule Medication Tasks: MAR

WHAT: The ability for nursing to reschedule **MAR** tasks will be updated to restrict this function for certain antibiotic and high-risk medications:

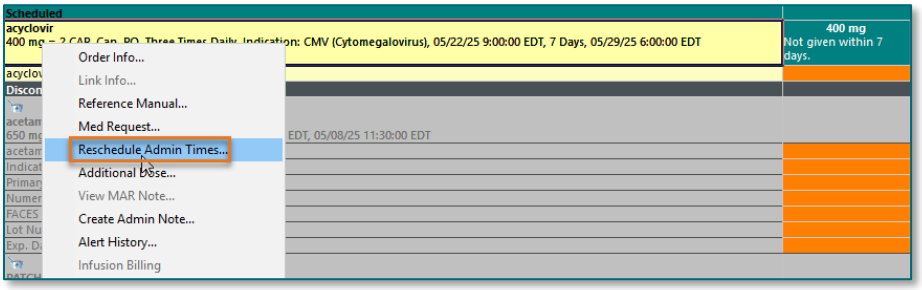
- For more information about rescheduling medication administration tasks, click here: Rescheduling-Med-Administration-Times.aspx.

NOTE: This change will apply to all dosage forms of these medications. If medication has IV and PO version, ability is being restricted for all forms.

Acyclovir
Amikacin
Amphotericin B
Amphotericin B liposomal
Ampicillin
Ampicillin-sulbactam
Avibactam-ceftazidime
Azithromycin
Aztreonam
Cefazolin
Cefepime
Ceftaroline
Ceftolozane-tazobactam
Ceftriaxone
Cyclosporine, modified (neoral)
Daptomycin
Dofetilide
Doxycycline
Ertapenem
Flucytosine
Ganciclovir
Gentamicin
Isavuconazonium
Levofloxacin
Linezolid
Meropenem
Metronidazole
Micafungin
Minocycline
Oxacillin
Phenytoin
Piperacillin-tazobactam
Remdesivir
Sotalol
Sulfamethoxazole-trimethoprim
Tacrolimus
Tetracycline
Tobramycin
Valacyclovir
Vancomycin
Voriconazole



Important: Rescheduling a single MAR task does not prompt Pharmacy to verify the new administration time. It is recommended to **Reschedule Admin Times** by right-clicking the Order from the MAR. This will generate a prompt to Pharmacy for re-verification.



WHY: This is being performed to ensure doses are not missed and/or extended intervals do not occur without therapy. Prompting Pharmacy to re-verify orders, even for a single administration task, is best practice and will also update Pyxis accordingly.

WHEN: **Wednesday, June 18, 2025**

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

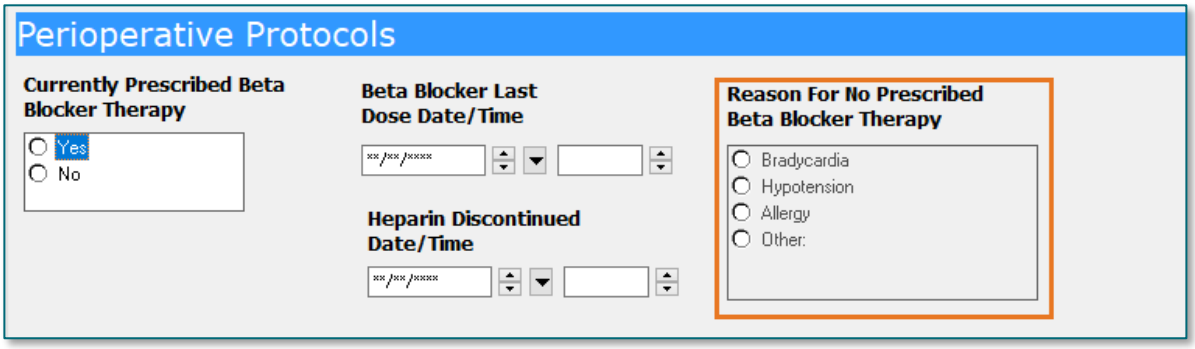
- Inpatient Nursing
- Inpatient Pharmacists

Preprocedure Checklist PowerForm – Beta Blocker Updates – *Go-Live June 19*

WHAT: The **Preprocedure Checklist** Form has updated the following:

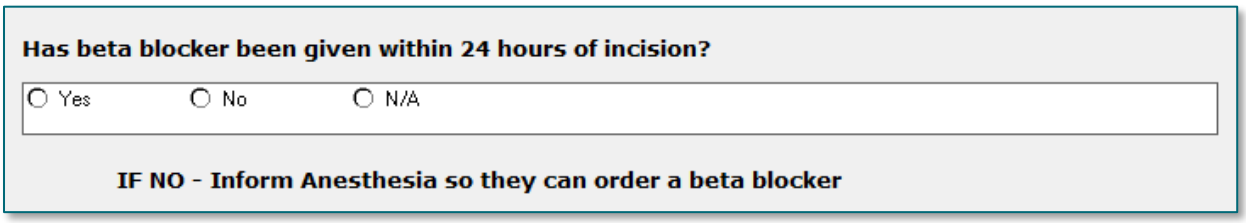
Perioperative Protocols Section

- Include new documentation for reasons why a Beta Blocker Therapy was not prescribed.



Cardiac Surgery Site Prep Section

- Include new documentation for whether a beta blocker has been given within 24 hours of incision.



WHY: The update will ensure that this will standardize documentation to ease extracting data to meet national registry reporting requirements.

WHEN: **Thursday, June 19, 2025**

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

- Peri-Op Only

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

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

- Preop Nurses

Pharmacists & Pharmacy Technicians

Inpatient/ED/Peri-Op

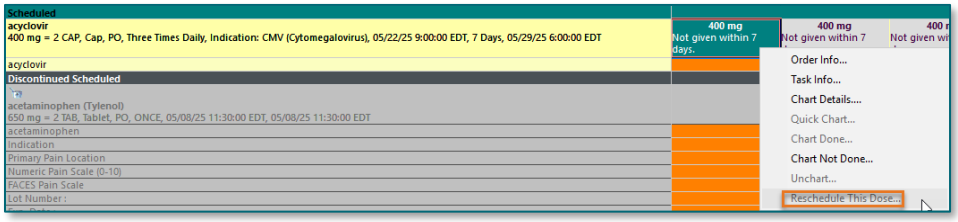
Restricting Ability to Reschedule Medication Tasks: MAR

WHAT: The ability for nursing to reschedule **MAR** tasks will be updated to restrict this function for certain antibiotic and high-risk medications:

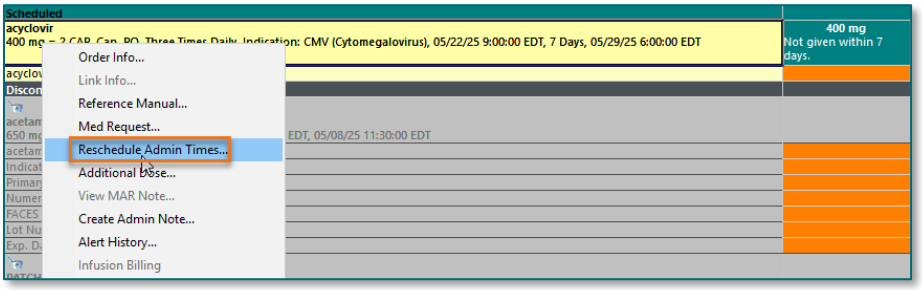
- For more information about rescheduling medication administration tasks, click here: Rescheduling-Med-Administration-Times.aspx.

NOTE: This change will apply to all dosage forms of these medications. If medication has IV and PO version, ability is being restricted for all forms.

Acyclovir
Amikacin
Amphotericin B
Amphotericin B liposomal
Ampicillin
Ampicillin-sulbactam
Avibactam-ceftazidime
Azithromycin
Aztreonam
Cefazolin
Cefepime
Ceftaroline
Ceftolozane-tazobactam
Ceftriaxone
Cyclosporine, modified (neoral)
Daptomycin
Dofetilide
Doxycycline
Ertapenem
Flucytosine
Ganciclovir
Gentamicin
Isavuconazonium
Levofloxacin
Linezolid
Meropenem
Metronidazole
Micafungin
Minocycline
Oxacillin
Phenytoin
Piperacillin-tazobactam
Remdesivir
Sotalol
Sulfamethoxazole-trimethoprim
Tacrolimus
Tetracycline
Tobramycin
Valacyclovir
Vancomycin
Voriconazole



Important: Rescheduling a single MAR task does not prompt Pharmacy to verify the new administration time. It is recommended to **Reschedule Admin Times** by right-clicking the Order from the MAR. This will generate a prompt to Pharmacy for re-verification.



WHY: This is being performed to ensure doses are not missed and/or extended intervals do not occur without therapy. Prompting Pharmacy to re-verify orders, even for a single administration task, is best practice and will also update Pyxis accordingly.

WHEN: **Wednesday, June 18, 2025**

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Inpatient Nursing
- Inpatient Pharmacists

Physicians, Physician Assistants, Nurse Practitioners

Inpatient/Emergency/Peri-Op

Discharge Quality Measures Form Update – *Go-Live June 19*

WHAT: The **Discharge Quality Measures Form** will include a new option for Coronary Artery Disease (CAD).

WHY: The update will ensure that this will standardize documentation to ease extracting data to meet national registry reporting requirements.

WHEN: **Thursday, June 19, 2025**

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

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

- All Providers involved in the Discharge Process

Therapies: Occupational, Physical, Speech, & Respiratory

Ambulatory

THA/TKA Patient-Reported Outcomes PowerForm

WHAT: A new PowerForm titled **THA/TKA Patient-Reported Outcomes** is being implemented as a new regulatory requirement and will **replace** the individual **HOOS Jr. Adult Hip Survey** and **KOOS Jr. Adult Knee Survey PowerForms**.

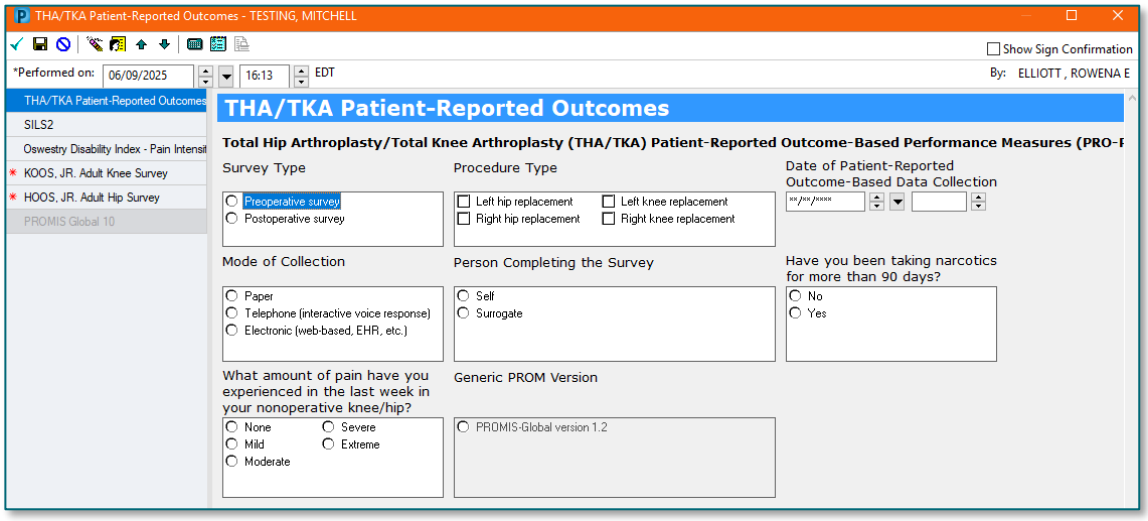
Who Should have this PowerForm Documented?

- Patient is enrolled in **Medicare fee-for–service** (Medicare Advantage Patients are excluded).
- **Age 65 years** or **older**.

- Patient is undergoing an **elective total hip arthroplasty** (THA) or **elective total knee arthroplasty** (TKA), including bilateral (same day) procedures.

PowerForm Sections to be Completed Preoperative

- The entire **THA/TKA Patient Reported Outcomes PowerForm** should be documented **0-90 days prior** to the procedure.
    - **AR Gould**
        - Completed by Orthopedic practice.
    - **MCH**
        - Completed by the Orthopedic practice preop.
    - **Mercy**
        - Completed by Mercy Orthopedic practice.
        - Completed by PAT if provider is not employed by NLH.
- **KOOS, JR. Adult Knee Survey section**
    - Documented if a patient is having a **TKA.**
- **HOOS, JR. Adult Hip Survey section**
    - Documented if a patient is having a **THA**.



PowerForm Sections to be Completed Postoperative

- Documentation should occur **300 to 425 days postoperatively**:
    - **AR Gould**
        - Completed by Orthopedic practice.

- **MCH**
  - Completed by the Orthopedic practice.
- **THA/TKA Patient-Reported Outcomes**
- **KOOS, JR. Adult Knee Survey**
  - Documented if a patient is having a **TKA.**
- **HOOS, JR. Adult Hip Survey**
  - Documented if a patient is having a **THA.**

WHY: The documentation in the **THA/TKA Patient-Reported Outcomes** PowerForm is a **CMS requirement**. The goal is to measure improvement in patient's self-assessment of their pain and functional status **prior to and after elective THA/TKA procedures**.

NOTE: Failure to document this form results in financial penalties for the hospital.

WHEN: **Monday, June 16, 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)
- Orthopedic Ambulatory Practices

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

- Orthopedic Ambulatory MAs
- Orthopedic Ambulatory RNs/LPNs
- Pre-Admission Testing Nurses – Mercy