



Northern Light Health Oracle Health (Cerner) Millennium EHR Updates

June 12 – June 18, 2025

Table of Contents

Behavioral Health Staff	4
Ambulatory.....	4
Pressure Injury Optimization – End User Validation	4
Inpatient.....	5
Pressure Injury Optimization – End User Validation	5
Medication Admin Window Update.....	6
Restricting Ability to Reschedule Medication Tasks: MAR	7
Clinical Decision Support Updates.....	9
Weekly Newsletter	9
Leadership.....	9
Ambulatory/WIC.....	9
Pressure Injury Optimization – End User Validation	9
Emergency	10
Pressure Injury Optimization – End User Validation	10
Inpatient.....	11
Pressure Injury Optimization – End User Validation	11
Peri-Op.....	13
Pressure Injury Optimization – End User Validation	13

EHR Updates

Week of June 12 – June 18

Nursing, CNA, Medical Assistants	14
Ambulatory/WIC	14
Pressure Injury Optimization – End User Validation	14
THA/TKA Patient-Reported Outcomes PowerForm	15
Emergency	17
Pressure Injury Optimization – End User Validation	17
Medication Admin Window Update.....	18
Restricting Ability to Reschedule Medication Tasks: MAR	19
ED/IP Preprocedure Checklist PowerForm – Beta Blocker Updates – Go-Live June 19	21
Inpatient	22
Pressure Injury Optimization – End User Validation	22
Medication Admin Window Update.....	23
Restricting Ability to Reschedule Medication Tasks: MAR	24
ED/IP Preprocedure Checklist PowerForm – Beta Blocker Updates – Go-Live June 19	26
Peri-Op	27
Pressure Injury Optimization – End User Validation	27
THA/TKA Patient-Reported Outcomes PowerForm (Mercy Only)	28
Medication Admin Window Update.....	30
Restricting Ability to Reschedule Medication Tasks: MAR	31
Pharmacists & Pharmacy Technicians	34
Inpatient/ED/Peri-Op	34
Restricting Ability to Reschedule Medication Tasks: MAR	34
Physicians, Physician Assistants, Nurse Practitioners	36
Inpatient/Emergency/Peri-Op	36
Discharge Quality Measures Form Update – Go-Live June 19	36

Therapies: Occupational, Physical, Speech, & Respiratory.....	36
Ambulatory.....	36
THA/TKA Patient-Reported Outcomes PowerForm	36

EHR Updates

Week of June 12 – June 18

Behavioral Health Staff

Ambulatory

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 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?

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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

Inpatient

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Medication Admin Window Update

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

The screenshot shows a software window titled "Charting for: TESTING, MITCHELL". The main content area displays medication information for "acetaminophen (Tylenol)" with a dosage of "650 mg = 2 TAB, Tablet, PO, Every 4 Hours, PRN, Pain-Mild (Pain Score: 1 - 3), 06/02/25 12:48:00 EDT, 365 Days, 06/02/26 12:47:00 EDT". Below this, there are input fields for "*Performed date / time:" (06/02/2025, 1248 EDT), "*Performed by:", and "Witnessed by:". A message states "No record of last documented administration." The "Indication:" dropdown menu is open, showing options: "Pain", "Pain lesser dose per patient preference" (highlighted in orange), and "Other". There are "Trend" links next to the "Indication:" and "Primary Pain Location:" fields. The "Primary Pain Location:" dropdown is currently set to "Other". The "Numeric Pain Scale (0-10):" dropdown is also visible.

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:

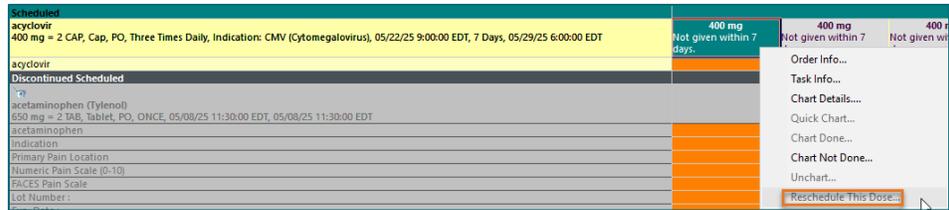
- For more information about rescheduling medication administration tasks, click here: [Rescheduling-Med-Administration-Times.aspx](#).

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.

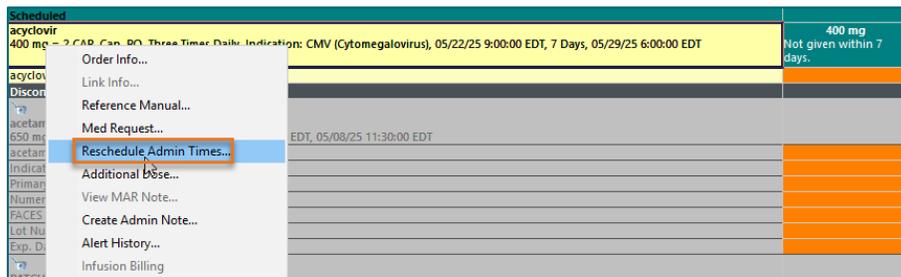
Acyclovir	Gentamicin
Amikacin	Isavuconazonium
Amphotericin B	Levofloxacin
Amphotericin B liposomal	Linezolid
Ampicillin	Meropenem
Ampicillin-sulbactam	Metronidazole
Avibactam-ceftazidime	Micafungin
Azithromycin	Minocycline
Aztreonam	Oxacillin
Cefazolin	Phenytoin
Cefepime	Piperacillin-tazobactam
Ceftaroline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

EHR Updates

Week of June 12 – June 18



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

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

Pressure Injury Optimization – End User Validation

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Emergency

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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.
-

EHR Updates

Week of June 12 – June 18

- **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**.

THA/TKA Patient-Reported Outcomes - TESTING, MITCHELL

*Performed on: 06/09/2025 16:13 EDT By: ELLIOTT, ROWENA E

THA/TKA Patient-Reported Outcomes

SILS2

Oswestry Disability Index - Pain Intensity

KOOS, JR. Adult Knee Survey

HOOS, JR. Adult Hip Survey

PROMIS Global 10

THA/TKA Patient-Reported Outcomes

Total Hip Arthroplasty/Total Knee Arthroplasty (THA/TKA) Patient-Reported Outcome-Based Performance Measures (PRO-F)

Survey Type

Preoperative survey

Postoperative survey

Procedure Type

Left hip replacement

Left knee replacement

Right hip replacement

Right knee replacement

Date of Patient-Reported Outcome-Based Data Collection

Mode of Collection

Paper

Telephone (interactive voice response)

Electronic (web-based, EHR, etc.)

Person Completing the Survey

Self

Surrogate

Have you been taking narcotics for more than 90 days?

No

Yes

What amount of pain have you experienced in the last week in your nonoperative knee/hip?

None

Mild

Moderate

Severe

Extreme

Generic PROM Version

PROMIS-Global version 1.2

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

Emergency

Pressure Injury Optimization – End User Validation

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Medication Admin Window Update

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

The screenshot shows a software window titled "Charting for: TESTING, MITCHELL". The main content area displays medication information for "acetaminophen (Tylenol)" with a dosage of "650 mg = 2 TAB, Tablet, PO, Every 4 Hours, PRN, Pain-Mild (Pain Score: 1 - 3), 06/02/25 12:48:00 EDT, 365 Days, 06/02/26 12:47:00 EDT". Below this, there are input fields for "*Performed date / time:" (06/02/2025, 1248 EDT), "*Performed by:", and "Witnessed by:". A message states "No record of last documented administration." The "Indication:" dropdown menu is open, showing options: "Pain", "Pain lesser dose per patient preference" (highlighted in orange), "Fever", and "Other". Each option has a "Trend" link next to it. The "Primary Pain Location:" dropdown shows "Fever" and "Other". The "Numeric Pain Scale (0-10):" dropdown is also visible.

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.

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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:

- 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](#).

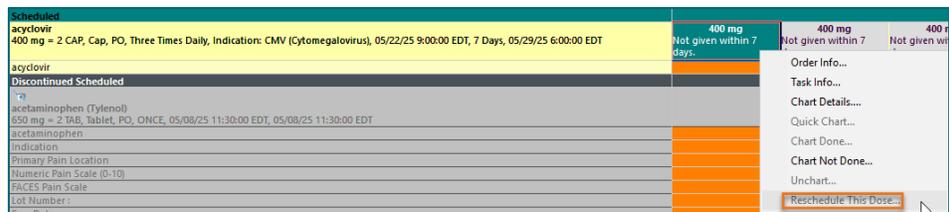
NOTE: This change will apply to all dosage forms of these medications. If medication has IV and PO version, ability is being restricted for all forms.

Acyclovir	Gentamicin
Amikacin	Isavuconazonium
Amphotericin B	Levofloxacin
Amphotericin B liposomal	Linezolid
Ampicillin	Meropenem
Ampicillin-sulbactam	Metronidazole
Avibactam-ceftazidime	Micafungin
Azithromycin	Minocycline
Aztreonam	Oxacillin
Cefazolin	Phenytoin
Cefepime	Piperacillin-tazobactam
Ceftaroline	Remdesivir
Ceftolozane-tazobactam	Sotalol

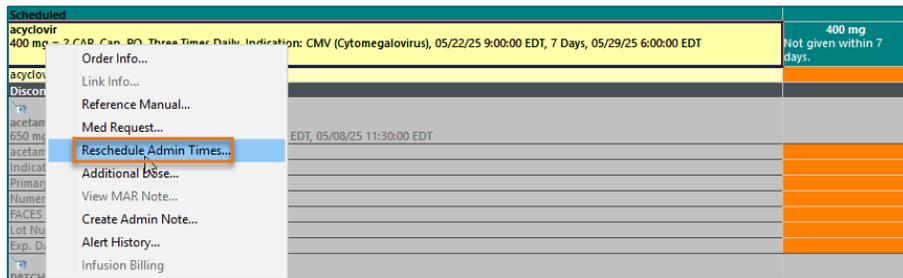
EHR Updates

Week of June 12 – June 18

- | | |
|---------------------------------|-------------------------------|
| Ceftriaxone | Sulfamethoxazole-trimethoprim |
| Cyclosporine, modified (neoral) | Tacrolimus |
| Daptomycin | Tetracycline |
| Dofetilide | Tobramycin |
| Doxycycline | Valacyclovir |
| Ertapenem | Vancomycin |
| Flucytosine | Voriconazole |
| Ganciclovir | |



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.

The screenshot shows a section titled "Perioperative Protocols" with a blue header. Below the header, there are four main areas:

- Currently Prescribed Beta Blocker Therapy:** A radio button selection with "Yes" selected and "No" unselected.
- Beta Blocker Last Dose Date/Time:** A date and time input field with a placeholder "xx/xx/xxxx" and a dropdown arrow.
- Heparin Discontinued Date/Time:** A date and time input field with a placeholder "xx/xx/xxxx" and a dropdown arrow.
- Reason For No Prescribed Beta Blocker Therapy:** A radio button selection with options: "Bradycardia", "Hypotension", "Allergy", and "Other". This section is highlighted with an orange border.

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

EHR Updates

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Inpatient

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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 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

Medication Admin Window Update

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

The screenshot shows a software window titled "Charting for: TESTING, MITCHELL". The main content area displays medication information for "acetaminophen (Tylenol)" with a dosage of "650 mg = 2 TAB, Tablet, PO, Every 4 Hours, PRN, Pain-Mild (Pain Score: 1 - 3), 06/02/25 12:48:00 EDT, 365 Days, 06/02/26 12:47:00 EDT". Below this, there are input fields for "*Performed date / time:" (06/02/2025, 1248 EDT), "*Performed by:", and "Witnessed by:". A message states "No record of last documented administration." The "Indication:" dropdown menu is open, showing options: "Pain", "Pain lesser dose per patient preference" (highlighted in orange), "Fever", and "Other". Each option has a "Trend" link next to it. The "Primary Pain Location:" and "Numeric Pain Scale (0-10):" fields are also visible.

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** 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

EHR Updates

Week of June 12 – June 18

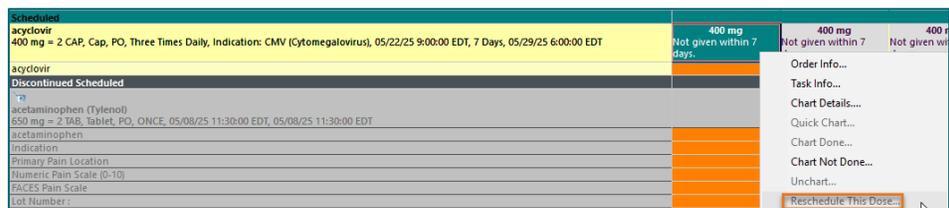
Restricting Ability to Reschedule Medication Tasks: MAR

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

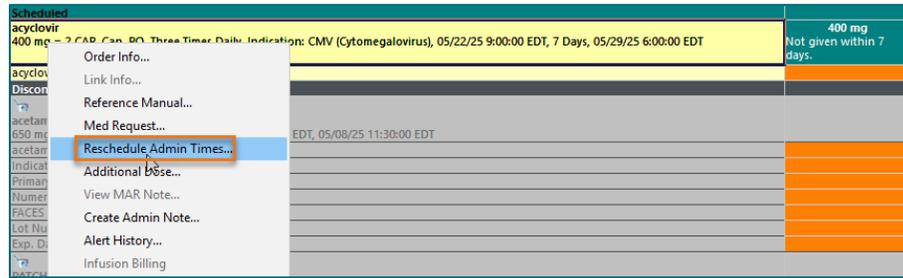
- For more information about rescheduling medication administration tasks, click here: [Rescheduling-Med-Administration-Times.aspx](https://www.ehr.com/Rescheduling-Med-Administration-Times.aspx).

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



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
-

EHR Updates

Week of June 12 – June 18

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.

The screenshot shows a section titled "Perioperative Protocols" with a blue header. Below the header, there are four main areas:

- Currently Prescribed Beta Blocker Therapy:** A radio button selection with "Yes" selected and "No" unselected.
- Beta Blocker Last Dose Date/Time:** A date/time input field with a placeholder "xx/xx/xxxx" and a dropdown arrow.
- Heparin Discontinued Date/Time:** A date/time input field with a placeholder "xx/xx/xxxx" and a dropdown arrow.
- Reason For No Prescribed Beta Blocker Therapy:** A radio button selection with four options: "Bradycardia", "Hypotension", "Allergy", and "Other". This section is highlighted with an orange border.

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 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)
-

EHR Updates

Week of June 12 – June 18

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)

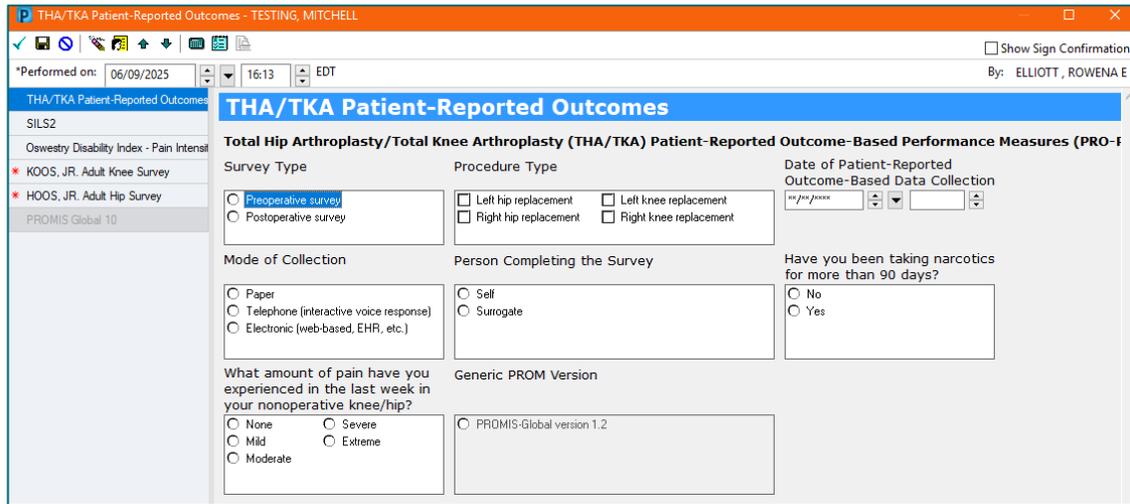
WHAT: A new PowerForm titled **THA/TKA Patient-Reported Outcomes** is being implemented as a new regulatory requirement and will **replace** the individual **HOOS Jr. Adult Hip Survey** and **KOOS Jr. Adult Knee Survey PowerForms**.

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

EHR Updates

Week of June 12 – June 18

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.

The screenshot shows a software window titled "Charting for: TESTING, MITCHELL". The main content area displays medication information for "acetaminophen (Tylenol)" with a dosage of "650 mg = 2 TAB, Tablet, PO, Every 4 Hours, PRN, Pain-Mild (Pain Score: 1 - 3), 06/02/25 12:48:00 EDT, 365 Days, 06/02/26 12:47:00 EDT". Below this, there are fields for "*Performed date / time:" (06/02/2025, 1248 EDT), "*Performed by:", and "Witnessed by:". A message states "No record of last documented administration." The "Indication:" dropdown menu is open, showing options: "Pain", "Pain lesser dose per patient preference" (highlighted in orange), and "Other". There are "Trend" links next to the "Indication:" and "Primary Pain Location:" fields. The "Primary Pain Location:" dropdown is currently set to "Other". The "Numeric Pain Scale (0-10):" dropdown is also visible.

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:

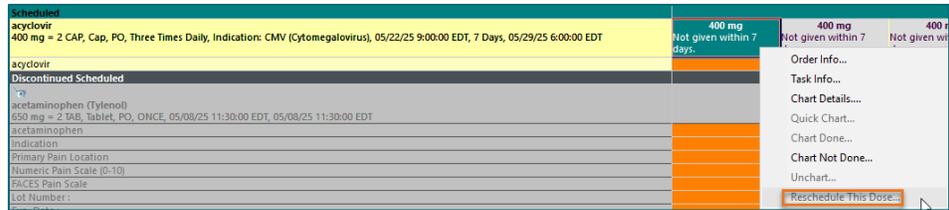
- For more information about rescheduling medication administration tasks, click here: [Rescheduling-Med-Administration-Times.aspx](#).

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.

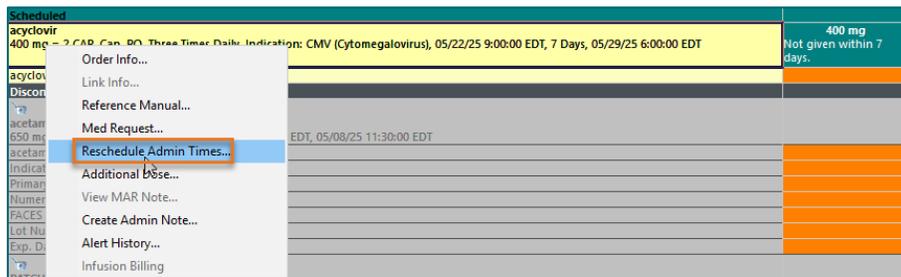
Acyclovir	Gentamicin
Amikacin	Isavuconazonium
Amphotericin B	Levofloxacin
Amphotericin B liposomal	Linezolid
Ampicillin	Meropenem
Ampicillin-sulbactam	Metronidazole
Avibactam-ceftazidime	Micafungin
Azithromycin	Minocycline
Aztreonam	Oxacillin
Cefazolin	Phenytoin
Cefepime	Piperacillin-tazobactam
Ceftaroline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

EHR Updates

Week of June 12 – June 18



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.

Perioperative Protocols

Currently Prescribed Beta Blocker Therapy

Yes
 No

Beta Blocker Last Dose Date/Time

xx / xx / xxxxx

Heparin Discontinued Date/Time

xx / xx / xxxxx

Reason For No Prescribed Beta Blocker Therapy

Bradycardia
 Hypotension
 Allergy
 Other:

Cardiac Surgery Site Prep Section

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

Has beta blocker been given within 24 hours of incision?

Yes No N/A

IF NO - Inform Anesthesia so they can order a beta blocker

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)

EHR Updates

Week of June 12 – June 18

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

- Preop Nurses

Pharmacists & Pharmacy Technicians

Inpatient/ED/Peri-Op

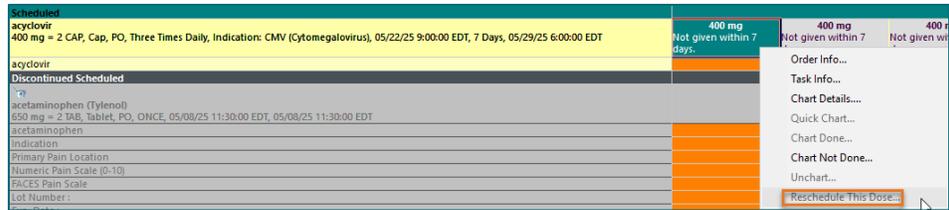
Restricting Ability to Reschedule Medication Tasks: MAR

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

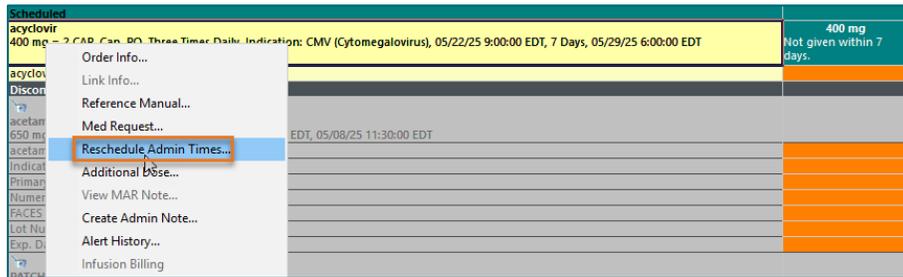
- For more information about rescheduling medication administration tasks, click here: [Rescheduling-Med-Administration-Times.aspx](#).

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



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

EHR Updates

Week of June 12 – June 18

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**.

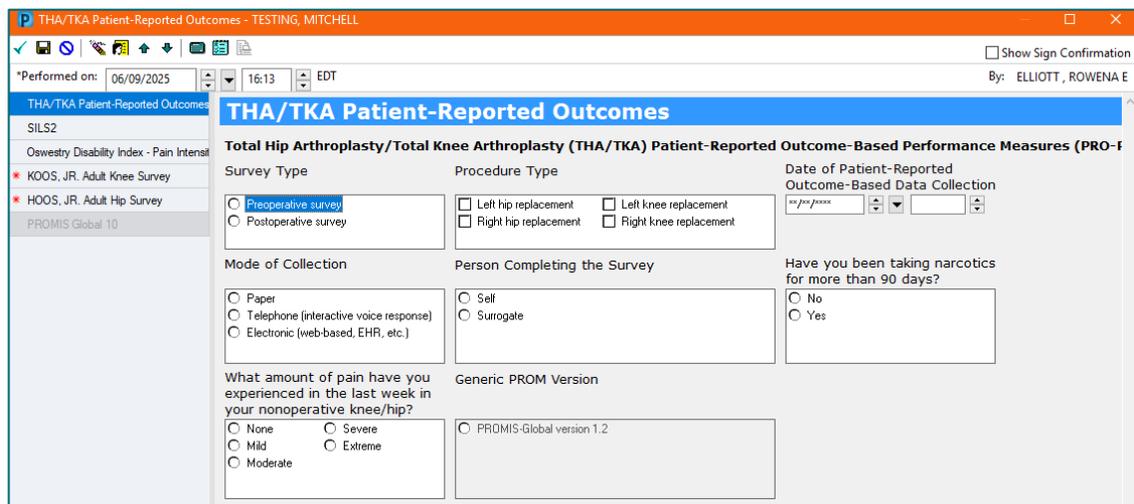
Who Should have this PowerForm Documented?

- 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.

EHR Updates

Week of June 12 – June 18

- **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