

# Northern Light Health Oracle Health (Cerner) Millennium EHR Updates

June 5 – June 11, 2025

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### Behavioral Health Staff

#### All Ambulatory & Inpatient Care Areas

#### Urine Volume Unit Reporting Update

**WHAT:** Urine volume reporting will be updated from L to mL.

**WHY:** This is being updated to continue alignment with the Quest Diagnostics reporting units for 24-hour tests.

**WHEN:** **Wednesday, June 11, 2025**

**NOTE:** Updates will occur over a two-day period, with all reporting units updated by June 12, 2025.

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

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

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
- Laboratory Staff
- Providers

#### 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,

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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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- 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
-

## EHR Updates

June 5 – June 11, 2025

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### Care Managers

#### Ambulatory

#### Laboratory Order Updated: Smear Exam by Pathologist

**WHAT:** The **Clinical Indication** field will be added to the **Smear Exam by Pathologist** order. In addition, **when an order for Smear Exam by Pathologist is activated, a CBC Differential order will automatically be placed by the system.**

**WHY:** The update will decrease the orders being submitted without a corresponding CBC order.

**WHEN:** **Wednesday, June 11, 2025**

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

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**At the following NLH Member Organization(s):**

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- Laboratory Staff
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## Inpatient

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- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
  - Laboratory Staff
  - Providers
-

# EHR Updates

## June 5 – June 11, 2025

### 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."

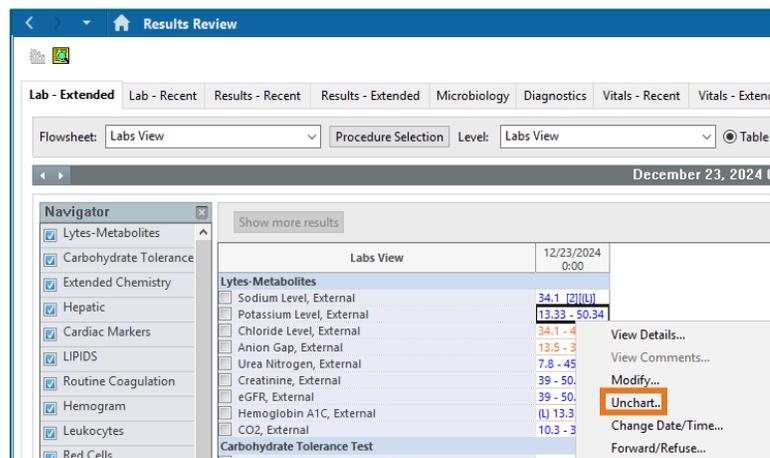
Release Date	Venues Affected	CDS Tool	Summary
6/10/2025	All except Ambulatory	<a href="#">Multiple PowerPlans</a>	Norepinephrine, epinephrine, and phenylephrine will be updated from mcg/min to mcg/kg/min within PowerPlans. These changes go along with the order catalog and Smart Pump updates
6/11/2025	Inpatient	<a href="#">OBG GYN Surgery</a>	Medication additions to Pre-Op phase

### Coding Operations

#### Correcting Solarity Interfaced Lab Value Errors

##### WHAT: What Is Changing

Coding Operations staff will have the ability to unchart incorrect lab values interfaced by Solarity.



##### What's Not Changing

- **Office staff** entering correct values in PowerChart. Open Outside Labs PowerForm and flowsheet the correct values.

- **Office staff** placing tickets through ServiceNow Portal to have incorrect values uncharted.

**WHY:** Coding Operations staff will have the ability to unchart incorrect lab values interfaced by Solarity when they receive ServiceNow tickets. This allows for timely correction in the chart for patient safety.

**WHEN:** **Wednesday, June 11, 2025**

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

- Ambulatory/WIC Solarity Practices

**At the following NLH Member Organization(s):**

- All NLH Member Organizations (excluding Acadia and Mayo)

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

- All Ambulatory Providers and Staff
- Coding Operations Staff

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## Lab

### Laboratory Order Updated: Smear Exam by Pathologist

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**WHY:** The update will decrease the orders being submitted without a corresponding CBC order.

**WHEN:** **Wednesday, June 11, 2025**

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- Ambulatory/WIC

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding Acadia and Mayo)
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## EHR Updates

June 5 – June 11, 2025

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

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- Laboratory Staff
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**At the following NLH Member Organization(s):**

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

- Clinical Staff
  - Laboratory Staff
  - Providers
-

## Leadership

### Ambulatory/WIC

## 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.

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

## EHR Updates

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**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

## Pressure Injury Optimization – End User Validation

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- 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

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## Nursing, CNA, Medical Assistants

### Ambulatory/WIC

### New PowerForm: IV Sotalol – EMMC Only

**WHAT:** A new PowerForm: **Sotalol IV QTc Documentation** will be created for use by Nursing and Pharmacy.

- Nursing will access and document this form via **AdHoc**. The placement within Nursing Care folders will be in alignment with Current PO Sotalol form.

The form will be generated to the Pharmacy Multi-Patient Task List from an embedded order (**Sotalol IV - Pharmacy to Monitor Consult**) within the following PowerPlans:

- **OP sotalol (Betapace) IV**
  - **AMB sotalol (Betapace) IV**
-

# EHR Updates

## June 5 – June 11, 2025

The screenshot shows a web-based form titled "IV Sotalol QTc Documentation". At the top, it displays the date and time: "Performed on: 06/03/2025 13:45 EDT". The form is divided into several sections:

- General Comments:** Includes a text area for notes and a "Segoe UI" dropdown menu.
- Enrolled in Meds to Beds?** Radio buttons for Yes, No, and Unable to respond.
- Document QTcB from printed EKG:** A table with columns for QTcB, Date/Time, Heart Rate, Comment, RN Initials, and RPh Initials. A "Baseline" row is pre-filled.
- IV Dose:** A section with a table for Admin Date/Time, IV Dose, and Comment.
- Do NOT administer if QTcB greater than 520 ms (570 ms if QRS greater than 120 ms) and notify provider.** A table with columns for QTcB, Date/Time, Heart Rate, Comment, RN Initials, and RPh Initials. Rows are provided for 15, 30, 45, and 60 minute EKGs.
- PO Dose:** A section with a table for PD Dose and Date/Time.
- Oral Dose:** A table with columns for Oral Dose and Date/Time.
- 120 minute EKG:** A table with columns for QTcB, Date/Time, Heart Rate, Comment, RN Initials, and RPh Initials.
- Inclusion Criteria:** A list of conditions for which the patient is eligible for the service.
- Exclusion Criteria:** A list of conditions that would prevent the patient from receiving the service.
- EKG reviewed by Provider after PO dose?** Radio buttons for Yes, may discharge and Other.

Form Release Date: June 10, 2025

**NOTE:** Additional information will be shared with Pharmacists and P1 staff involved in this initiative prior to the go-live date.

**WHY:** The new PowerPlans and PowerForm will be used within a new outpatient service to offer IV Sotalol loading in IPR as an outpatient. This service will avoid a hospital admission, as current PO Sotalol loading occurs and is expected to significantly reduce length of stay.

**WHEN:** Tuesday, June 10, 2025

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

- Outpatient (Cardiology/P1)

**At the following NLH Member Organization(s):**

- NL Eastern Maine Medical Center

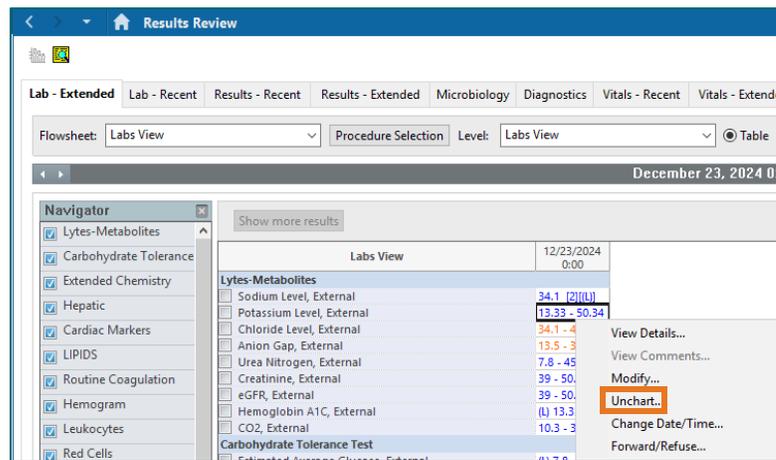
**WHO:** The change will affect the following staff at the above noted locations:

- Nursing
- Pharmacists
- Providers

## Correcting Solarity Interfaced Lab Value Errors

### WHAT: What Is Changing

**Coding Operations** staff will have the ability to unchart incorrect lab values interfaced by Solarity.



### What's Not Changing

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## EHR Updates

June 5 – June 11, 2025

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### Laboratory Order Updated: Smear Exam by Pathologist

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### Urine Volume Unit Reporting Update

**WHAT:** Urine volume reporting will be updated from L to mL.

**WHY:** This is being updated to continue alignment with the Quest Diagnostics reporting units for 24-hour tests.

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- Acute/Inpatient (to include ED & Peri-Op)
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- Laboratory Staff
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## Pressure Injury Optimization – End User Validation

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June 5 – June 11, 2025

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- Wound/Ostomy Nurses
- Wound Validators

### Emergency

### Urine Volume Unit Reporting Update

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- Clinical Staff
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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.

The screenshot shows a software interface titled "Perioperative Protocols". It contains several input fields and a new section. On the left, "Currently Prescribed Beta Blocker Therapy" has radio buttons for "Yes" and "No". In the center, "Beta Blocker Last Dose Date/Time" and "Heparin Discontinued Date/Time" are represented by date pickers. On the right, a new section titled "Reason For No Prescribed Beta Blocker Therapy" is highlighted with an orange border. It contains four radio button options: "Bradycardia", "Hypotension", "Allergy", and "Other:".

**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

**Inpatient**

**Urine Volume Unit Reporting Update**

**WHAT:** Urine volume reporting will be updated from L to mL.

## EHR Updates

**June 5 – June 11, 2025**

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- 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
-

## EHR Updates

June 5 – June 11, 2025

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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.

The screenshot shows a form titled "Perioperative Protocols" with three main sections:

- Currently Prescribed Beta Blocker Therapy:** Radio buttons for "Yes" and "No".
- Beta Blocker Last Dose Date/Time:** A date/time picker.
- Heparin Discontinued Date/Time:** A date/time picker.
- Reason For No Prescribed Beta Blocker Therapy:** Radio buttons for "Bradycardia", "Hypotension", "Allergy", and "Other:".

**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

### Urine Volume Unit Reporting Update

**WHAT:** Urine volume reporting will be updated from L to mL.

**WHY:** This is being updated to continue alignment with the Quest Diagnostics reporting units for 24-hour tests.

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- Clinical Staff
- Laboratory Staff
- Providers

## 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.

The screenshot shows a section titled "Perioperative Protocols" with the following fields:

- Currently Prescribed Beta Blocker Therapy:** Radio buttons for "Yes" and "No".
- Beta Blocker Last Dose Date/Time:** A date/time input field with a placeholder "xx/xx/xxxx".
- Heparin Discontinued Date/Time:** A date/time input field with a placeholder "xx/xx/xxxx".
- Reason For No Prescribed Beta Blocker Therapy:** A list of radio button options: "Bradycardia", "Hypotension", "Allergy", and "Other".

## EHR Updates

### June 5 – June 11, 2025

#### 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)

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

- Preop Nurses
-

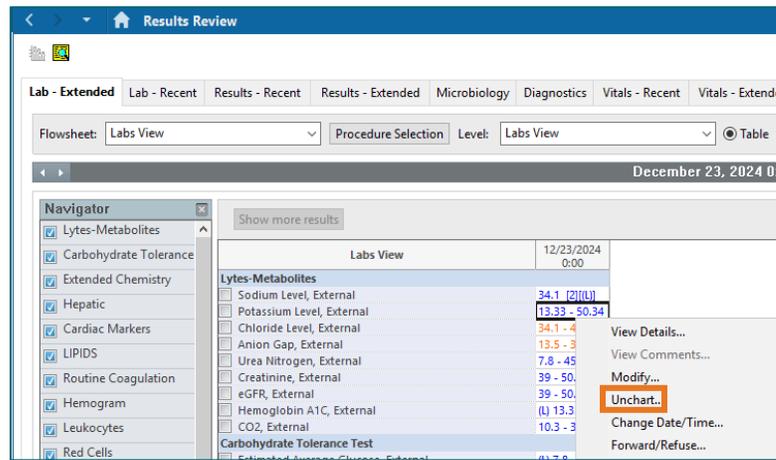
## Patient Service Representatives

### Ambulatory/WIC Only

## Correcting Solarity Interfaced Lab Value Errors

### WHAT: What Is Changing

Coding Operations staff will have the ability to unchart incorrect lab values interfaced by Solarity.



### What's Not Changing

- **Office staff** entering correct values in PowerChart. Open Outside Labs PowerForm and flowsheet the correct values.
- **Office staff** placing tickets through ServiceNow Portal to have incorrect values uncharted.

**WHY:** Coding Operations staff will have the ability to unchart incorrect lab values interfaced by Solarity when they receive ServiceNow tickets. This allows for timely correction in the chart for patient safety.

**WHEN:** Wednesday, June 11, 2025

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

- Ambulatory/WIC Solarity Practices
-

## EHR Updates

June 5 – June 11, 2025

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### At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Acadia and Mayo)

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

- All Ambulatory Providers and Staff
- Coding Operations Staff

## Community Preceptor Position – NL Family Medicine and Residency

**WHAT:** A new position, **Phys Preceptor**, will be created for use by **Community Physicians** acting as **Preceptors at NL Family Medicine and Residency – Bangor**. This position will **not have message center access, requiring a new workflow for Residents and Preceptors for office visit note review/signature and back-and-forth communications**. HIM Coders will use Tiger Connect to send coding queries to Preceptors if any need to be addressed.

### Manager/Supervisor/Community Preceptor or Delegate

- Create a Custom Preceptor patient list.
  - Grant Maintain Proxy access to the Preceptor and Residents.
  - Grant Full Proxy access to delegated staff.
  - Delete custom list at the end of the Preceptor's contract.

### Resident Workflow

- Add patient to the appropriate Preceptor patient list when the note is ready for review and signature.
  - Correct FIN should be used when adding the patient.
- Tiger Connect will be used for back-and-forth communication between the Residents and Preceptors.

### Preceptor

- Remove patient off the patient list once the note has been signed.
-

**WHY:** This position will **not** have Message Center to eliminate ordered results and documentation from flowing to Oracle Health (Cerner) Message Center inboxes versus being faxed to the correct ordering practice. Thus, ensuring results are received and communicated to patients in a timely manner increasing patient safety.

**WHEN:** Wednesday June 11, 2025

**Upcoming Important Dates:**

- Block Conference Meeting: June 11
- Pre-Go-Live Rounding: June 18 and 23

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

- Ambulatory
- Inpatient

**At the following NLH Member Organization(s):**

- NL Family Medicine and Residency – Bangor

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

- Community Physicians Precepting at NL Family Medicine and Residency
- Manager
- Residents
- Supervisor
- Delegate(s)

---

## Pharmacy – Inpatient

### New PowerForm: IV Sotalol – EMMC Only

**WHAT:** A new PowerForm: **Sotalol IV QTc Documentation** will be created for use by Nursing and Pharmacy.

- Nursing will access and document this form via **AdHoc**. The placement within Nursing Care folders will be in alignment with Current PO Sotalol form.
-

# EHR Updates

## June 5 – June 11, 2025

The form will be generated to the Pharmacy Multi-Patient Task List from an embedded order (**Sotalol IV - Pharmacy to Monitor Consult**) within the following PowerPlans:

- **OP sotalol (Betapace) IV**
- **AMB sotalol (Betapace) IV**

**IV Sotalol QTC Documentation**

General Comments: Segoe UI | 9 | [Rich Text Editor]

Enrolled in Meds to Beds?  Yes  No  Unable to respond

**\*Document QTC from printed EKG**

QTCB	Date/Time	Heart Rate/Comment	RN Initials	RPh Initials
Baseline	<Date/Time>			

Enter baseline QTCB \*1,2 =

**IV Dose. Notify provider if QTC increases 20% or more from baseline.**

Admin Date/Time	IV Dose	Comment
IV Dose <Date/Time>		

**Do NOT administer if QTCB greater than 520 ms (570 ms if QRS greater than 120 ms) and notify provider.**

QTCB	Date/Time	Heart Rate/Comment	RN Initials	RPh Initials
15 minute EKG	<Date/Time>			
30 minute EKG	<Date/Time>			
45 minute EKG	<Date/Time>			
60 minute EKG	<Date/Time>			

**PO Dose. Notify provider if QTC increases 20% or more from baseline.**

PO Dose	Date/Time
Oral Dose	<Date/Time>

QTCB	Date/Time	Heart Rate/Comment	RN Initials
120 minute EKG	<Date/Time>		

**Inclusion Criteria**

- 18-85 years old
- symptomatic atrial fibrillation scheduled for sotalol therapy
- atrial fibrillation ablation and were stable and in sinus rhythm for 1 hour after procedure
- adequate cellular service at home for mobile telemetry unit

**Exclusion Criteria**

- baseline bradycardia (less than 50 BPM)
- CrCl less than 60 mL/min
- sick sinus syndrome without permanent pacemaker
- sensitivities to beta blockers
- uncontrolled heart failure
- second-degree or third-degree AV block
- serum potassium less than 3.5 mEq/L
- known use of other QT-prolonging drugs (see below)
- QTC greater than 450 ms
- severe reactive airway disease
- history of torsades de pointes
- pregnancy/breastfeeding
- LVEF less than 35%

EKG reviewed by Provider after PO dose?  Yes, may discharge  Other.

Form Release Date: June 10, 2025

**NOTE:** Additional information will be shared with Pharmacists and P1 staff involved in this initiative prior to the go-live date.

**WHY:** The new PowerPlans and PowerForm will be used within a new outpatient service to offer IV Sotalol loading in IPR as an outpatient. This service will avoid a hospital admission, as current PO Sotalol loading occurs and is expected to significantly reduce length of stay.

**WHEN:** Tuesday, June 10, 2025

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

- Outpatient (Cardiology/P1)

**At the following NLH Member Organization(s):**

- NL Eastern Maine Medical Center

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

- Nursing
- Pharmacists
- Providers

---

## Physicians, Physician Assistants, Nurse Practitioners

### Ambulatory/WIC

### New PowerForm: IV Sotalol – EMMC Only

**WHAT:** A new PowerForm: **Sotalol IV QTc Documentation** will be created for use by Nursing and Pharmacy.

- Nursing will access and document this form via **AdHoc**. The placement within Nursing Care folders will be in alignment with Current PO Sotalol form.

The form will be generated to the Pharmacy Multi-Patient Task List from an embedded order (**Sotalol IV - Pharmacy to Monitor Consult**) within the following PowerPlans:

- **OP sotalol (Betapace) IV**
  - **AMB sotalol (Betapace) IV**
-

# EHR Updates

## June 5 – June 11, 2025

The screenshot shows a web-based form titled "IV Sotalol QTc Documentation". At the top, it displays the date and time: "Performed on: 06/03/2025 13:45 EDT". The form is divided into several sections:

- General Comments:** Includes a text area for notes, a "Segoe UI" dropdown, and a "9" dropdown. A note on the left says: "To access NEW Start Template, right click in comment box for Reference Text. >>".
- Enrolled in Meds to Beds?** Radio buttons for Yes, No, and Unable to respond.
- \*Document QTcB from printed EKG:** A table with columns: QTcB, Date/Time, Heart Rate Comment, RN Initials, RPh Initials. A "Baseline" row is present.
- IV Dose. Notify provider if QTc increases 20% or more from baseline.** A table with columns: Admin Date/Time, IV Dose, Comment.
- Do NOT administer if QTcB greater than 520 ms (570 ms if QRS greater than 120 ms) and notify provider.** A table with columns: QTcB, Date/Time, Heart Rate Comment, RN Initials, RPh Initials. Rows are provided for 15, 30, 45, and 60 minute EKGs.
- PO Dose. Notify provider if QTc increases 20% or more from baseline.** A table with columns: PO Dose, Date/Time. An "Oral Dose" row is present.
- 120 minute EKG:** A table with columns: QTcB, Date/Time, Heart Rate Comment, RN Initials.
- Inclusion Criteria:** A list of conditions including age (18-85 years old), symptomatic atrial fibrillation, atrial fibrillation ablation, and more.
- Exclusion Criteria:** A list of conditions including baseline bradycardia, CrCl less than 60 mL/min, sick sinus syndrome, and more.
- EKG reviewed by Provider after PO dose?** Radio buttons for Yes, may discharge and Other.

Form Release Date: June 10, 2025

**NOTE:** Additional information will be shared with Pharmacists and P1 staff involved in this initiative prior to the go-live date.

**WHY:** The new PowerPlans and PowerForm will be used within a new outpatient service to offer IV Sotalol loading in IPR as an outpatient. This service will avoid a hospital admission, as current PO Sotalol loading occurs and is expected to significantly reduce length of stay.

**WHEN:** Tuesday, June 10, 2025

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

- Outpatient (Cardiology/P1)

**At the following NLH Member Organization(s):**

- NL Eastern Maine Medical Center

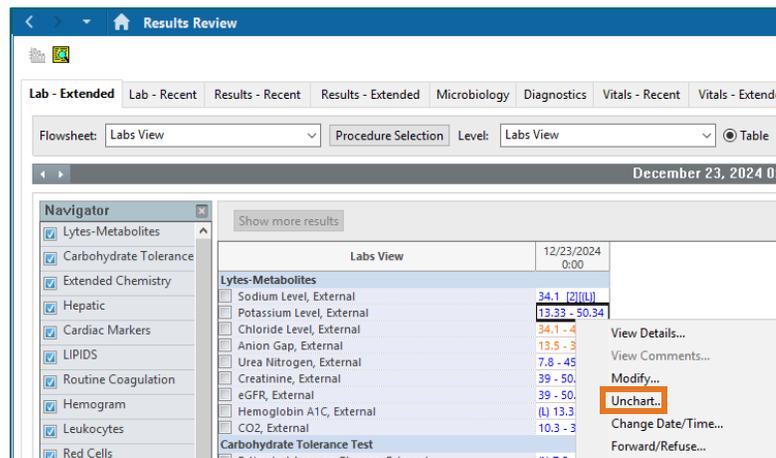
**WHO:** The change will affect the following staff at the above noted locations:

- Nursing
- Pharmacists
- Providers

## Correcting Solarity Interfaced Lab Value Errors

### WHAT: What Is Changing

**Coding Operations** staff will have the ability to unchart incorrect lab values interfaced by Solarity.



### What's Not Changing

- **Office staff** entering correct values in PowerChart. Open Outside Labs PowerForm and flowsheet the correct values.
- **Office staff** placing tickets through ServiceNow Portal to have incorrect values uncharted.

**WHY:** Coding Operations staff will have the ability to unchart incorrect lab values interfaced by Solarity when they receive ServiceNow tickets. This allows for timely correction in the chart for patient safety.

**WHEN:** Wednesday, June 11, 2025

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

- Ambulatory/WIC Solarity Practices

**At the following NLH Member Organization(s):**

- All NLH Member Organizations (excluding Acadia and Mayo)

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

- All Ambulatory Providers and Staff
  - Coding Operations Staff
-

## EHR Updates

June 5 – June 11, 2025

### Laboratory Order Updated: Smear Exam by Pathologist

**WHAT:** The **Clinical Indication** field will be added to the **Smear Exam by Pathologist order**. In addition, **when an order for Smear Exam by Pathologist is activated, a CBC Differential order will automatically be placed by the system.**

**WHY:** The update will decrease the orders being submitted without a corresponding CBC order.

**WHEN:** **Wednesday, June 11, 2025**

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

- Ambulatory/WIC

**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
- Laboratory Staff
- Providers

### Urine Volume Unit Reporting Update

**WHAT:** Urine volume reporting will be updated from L to mL.

**WHY:** This is being updated to continue alignment with the Quest Diagnostics reporting units for 24-hour tests.

**WHEN:** **Wednesday, June 11, 2025**

**NOTE:** Updates will occur over a two-day period, with all reporting units updated by June 12, 2025.

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

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

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
- Laboratory Staff
- Providers

## **Community Preceptor Position – NL Family Medicine and Residency**

**WHAT:** A new position, **Phys Preceptor**, will be created for use by **Community Physicians** acting as **Preceptors at NL Family Medicine and Residency – Bangor**. This position will **not have message center access, requiring a new workflow for Residents and Preceptors for office visit note review/signature and back-and-forth communications**. HIM Coders will use Tiger Connect to send coding queries to Preceptors if any need to be addressed.

### **Manager/Supervisor/Community Preceptor or Delegate**

- Create a Custom Preceptor patient list.
  - Grant Maintain Proxy access to the Preceptor and Residents.
  - Grant Full Proxy access to delegated staff.
  - Delete custom list at the end of the Preceptor's contract.

### **Resident Workflow**

- Add patient to the appropriate Preceptor patient list when the note is ready for review and signature.
  - Correct FIN should be used when adding the patient.
- Tiger Connect will be used for back-and-forth communication between the Residents and Preceptors.

### **Preceptor**

- Remove patient off the patient list once the note has been signed.
-

## EHR Updates

June 5 – June 11, 2025

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**WHY:** This position will **not** have Message Center to eliminate ordered results and documentation from flowing to Oracle Health (Cerner) Message Center inboxes versus being faxed to the correct ordering practice. Thus, ensuring results are received and communicated to patients in a timely manner increasing patient safety.

**WHEN:** Wednesday June 11, 2025

**Upcoming Important Dates:**

- Block Conference Meeting: June 11
- Pre-Go-Live Rounding: June 18 and 23

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

- Ambulatory
- Inpatient

**At the following NLH Member Organization(s):**

- NL Family Medicine and Residency – Bangor

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

- Community Physicians Precepting at NL Family Medicine and Residency
- Manager
- Residents
- Supervisor
- Delegate(s)

### Emergency

## Rho(D) Immune Globulin (RhoGAM/Rhophylac) Administration Update

**WHAT:** The ordering and documentation of **Rho(D) immune globulin** products: **(RhoGAM/Rhophylac)** will change from a blood bank driven process to one that involves medication orders and MAR documentation by nursing.

**Antepartum**

- In the case of emergency situations in which fetal bleeding is a risk (miscarriage, left-threatening infection, spontaneous hemorrhage, abdominal trauma, amniocentesis), an **Antepartum Rhogam Workup**
-

order may be placed to facilitate the evaluation of Rho(D) immune globulin dosing. The **Antepartum Rhogam Workup** includes all testing needed to evaluate a patient's Rho(D) immune globulin candidacy and dosing.

- In cases where fetal bleeding is not a concern, single-line medication orders for Rho(D) immune globulin can be entered.

### Postpartum

- In the case of postpartum Rho (D) immune globulin, an **RhIG Evaluation** may be placed, this includes all testing needed to evaluate a patient's Rho(D) immune globulin candidacy and dosing.

**WHY:** Rho(D) immune globulin products have National Drug Codes and should be ordered and documented as a medication for proper billing and reimbursement. Medication order and documentation will help leverage safety benefits from drug/drug interactions and barcode scanning. Currently, when provided by blood bank, NLH cannot fully capitalize on 340b savings. Upon medication administration processes, immense cost savings will now be possible

**WHEN:** Effective Immediately

**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:

- Providers

## Urine Volume Unit Reporting Update

**WHAT:** Urine volume reporting will be updated from L to mL.

**WHY:** This is being updated to continue alignment with the Quest Diagnostics reporting units for 24-hour tests.

---

## EHR Updates

### June 5 – June 11, 2025

**WHEN:** Wednesday, June 11, 2025

**NOTE:** Updates will occur over a two-day period, with all reporting units updated by June 12, 2025.

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

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

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
- Laboratory Staff
- Providers

## 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
-

## **Inpatient**

### **Rho(D) Immune Globulin (RhoGAM/Rhophylac) Administration Update**

**WHAT:** The ordering and documentation of **Rho(D) immune globulin** products: **(RhoGAM/Rhophylac)** will change from a blood bank driven process to one that involves medication orders and MAR documentation by nursing.

#### **Antepartum**

- In the case of emergency situations in which fetal bleeding is a risk (miscarriage, left-threatening infection, spontaneous hemorrhage, abdominal trauma, amniocentesis), an **Antepartum Rhogam Workup** order may be placed to facilitate the evaluation of Rho(D) immune globulin dosing. The **Antepartum Rhogam Workup** includes all testing needed to evaluate a patient's Rho(D) immune globulin candidacy and dosing.
- In cases where fetal bleeding is not a concern, single-line medication orders for Rho(D) immune globulin can be entered.

#### **Postpartum**

- In the case of postpartum Rho (D) immune globulin, an **RhIG Evaluation** may be placed, this includes all testing needed to evaluate a patient's Rho(D) immune globulin candidacy and dosing.

**WHY:** Rho(D) immune globulin products have National Drug Codes and should be ordered and documented as a medication for proper billing and reimbursement. Medication order and documentation will help leverage safety benefits from drug/drug interactions and barcode scanning. Currently, when provided by blood bank, NLH cannot fully capitalize on 340b savings. Upon medication administration processes, immense cost savings will now be possible

**WHEN:** Effective Immediately

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

- Acute/Inpatient (to include ED)
-

## EHR Updates

**June 5 – June 11, 2025**

**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:**

- Providers

### Urine Volume Unit Reporting Update

**WHAT:** Urine volume reporting will be updated from L to mL.

**WHY:** This is being updated to continue alignment with the Quest Diagnostics reporting units for 24-hour tests.

**WHEN: Wednesday, June 11, 2025**

**NOTE:** Updates will occur over a two-day period, with all reporting units updated by June 12, 2025.

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

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

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
- Laboratory Staff
- Providers

### Community Preceptor Position – NL Family Medicine and Residency

**WHAT:** A new position, **Phys Preceptor**, will be created for use by **Community Physicians** acting as **Preceptors at NL Family Medicine and Residency – Bangor**. This position will **not have message center access, requiring a new workflow for Residents and Preceptors for office visit note review/signature and back-and-forth communications**. HIM Coders will use Tiger Connect to send coding queries to Preceptors if any need to be addressed.

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### Manager/Supervisor/Community Preceptor or Delegate

- Create a Custom Preceptor patient list.
  - Grant Maintain Proxy access to the Preceptor and Residents.
  - Grant Full Proxy access to delegated staff.
  - Delete custom list at the end of the Preceptor's contract.

### Resident Workflow

- Add patient to the appropriate Preceptor patient list when the note is ready for review and signature.
  - Correct FIN should be used when adding the patient.
- Tiger Connect will be used for back-and-forth communication between the Residents and Preceptors.

### Preceptor

- Remove patient off the patient list once the note has been signed.

**WHY:** This position will **not** have Message Center to eliminate ordered results and documentation from flowing to Oracle Health (Cerner) Message Center inboxes versus being faxed to the correct ordering practice. Thus, ensuring results are received and communicated to patients in a timely manner increasing patient safety.

**WHEN:** Wednesday June 11, 2025

#### Upcoming Important Dates:

- Block Conference Meeting: June 11
- Pre-Go-Live Rounding: June 18 and 23

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

- Ambulatory
- Inpatient

**At the following NLH Member Organization(s):**

- NL Family Medicine and Residency – Bangor
-

## EHR Updates

June 5 – June 11, 2025

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

- Community Physicians Precepting at NL Family Medicine and Residency
- Manager
- Residents
- Supervisor
- Delegate(s)

### 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

### Peri-Op

### Vasopressor Dosing Defaults in SurgiNet Anesthesia

**WHAT:** Vasopressors documented in the electronic Anesthesia Record will automatically default the dosage to **mcg/kg/min**. The change will affect current macros and vasopressors that are manually added.

---

**Medications to be affected:**

- Norepinephrine (Levophed)
- Epinephrine
- Phenylephrine (Neosynephrine)

**NOTE:** Please ensure that the weight is entered by checking the banner bar prior to documenting vasopressors.

**WHY:** Northern Light Health currently uses mcg/min dosing for several vasopressors. Nationwide, most hospitals and EMS providers administer vasopressors using weight-based dosing in mcg/kg/min. This update in the electronic Anesthesia Record will align with this initiative.

**WHEN:** Tuesday, June 10, 2025

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

- Peri-Op Only

**At the following NLH Member Organization(s):**

- All NLH Hospitals

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

- Anesthesiologists
- CRNAs

## Urine Volume Unit Reporting Update

**WHAT:** Urine volume reporting will be updated from L to mL.

**WHY:** This is being updated to continue alignment with the Quest Diagnostics reporting units for 24-hour tests.

**WHEN:** Wednesday, June 11, 2025

**NOTE:** Updates will occur over a two-day period, with all reporting units updated by June 12, 2025.

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## EHR Updates

June 5 – June 11, 2025

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**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:**

- Clinical Staff
- Laboratory Staff
- Providers

### Community Preceptor Position – NL Family Medicine and Residency

**WHAT:** A new position, **Phys Preceptor**, will be created for use by **Community Physicians** acting as **Preceptors at NL Family Medicine and Residency – Bangor**. This position will **not have message center access, requiring a new workflow for Residents and Preceptors for office visit note review/signature and back-and-forth communications**. HIM Coders will use Tiger Connect to send coding queries to Preceptors if any need to be addressed.

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#### Preceptor

- Remove patient off the patient list once the note has been signed.
-

**WHY:** This position will **not** have Message Center to eliminate ordered results and documentation from flowing to Oracle Health (Cerner) Message Center inboxes versus being faxed to the correct ordering practice. Thus, ensuring results are received and communicated to patients in a timely manner increasing patient safety.

**WHEN:** Wednesday June 11, 2025

**Upcoming Important Dates:**

- Block Conference Meeting: June 11
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**WHERE:** The change will affect the following venue(s):

- Ambulatory
- Inpatient

**At the following NLH Member Organization(s):**

- NL Family Medicine and Residency – Bangor

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

- Community Physicians Precepting at NL Family Medicine and Residency
- Manager
- Residents
- Supervisor
- Delegate(s)