



Northern Light Health Oracle Health (Cerner) Millennium EHR Updates

Week of June 18 – 24, 2026

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

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Week of June 18 – 24, 2026

Behavioral Health Staff

All Ambulatory & Inpatient Care Areas

Infectious Disease Risk Screening Updates

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

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

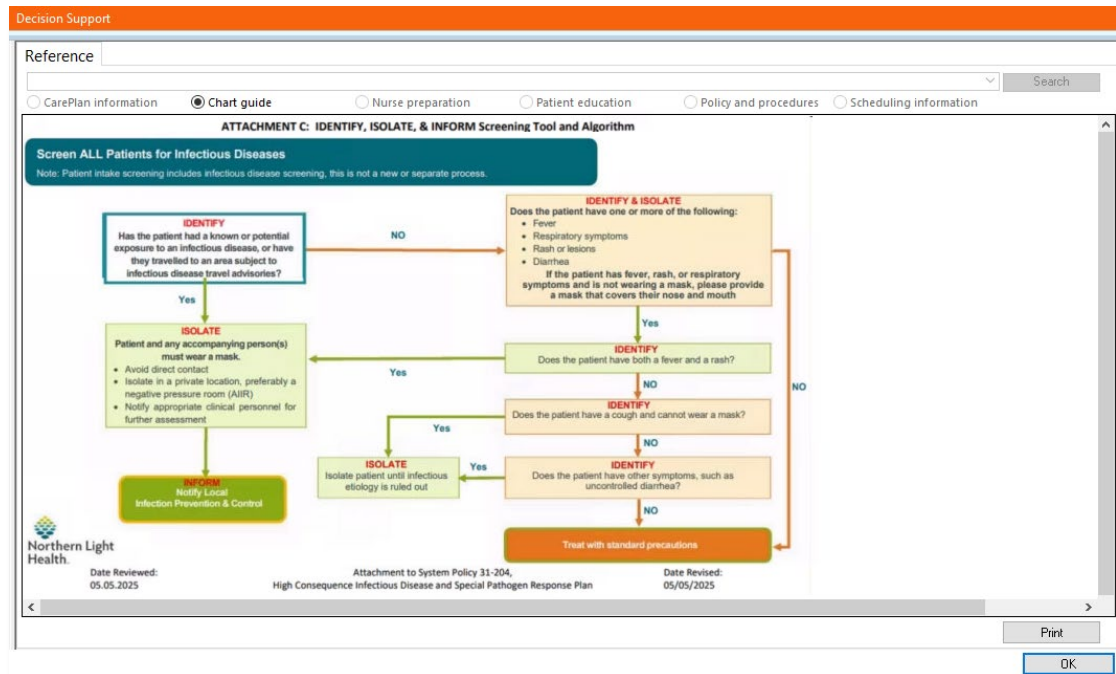
- Travel Assessment:** The question 'Have you traveled within the past 30 days OR Have you had contact with an ill person who has traveled within the past 30 days?' is highlighted. Below it, the radio button for 'Yes, patient traveled' is selected.
- Infection Control Risk Assessment Factors:** A table with columns 'Yes', 'No', and 'Unable to obtain' is highlighted. The rows include 'Exposure to Comm Disease Past 21 Days', 'New or Worsening Cough', 'Febrile Illness with Rash', 'Active Pulmonary TB', 'Pos TB Test and/or Exposure to TB Last 10 Wks', and 'Active Diarrheal Disease'.
- Comm Diseases not limited to:** A text box highlights the list: 'COVID, FLU, and RSV, MPx, Ebola, or other Viral Hemorrhagic Fevers, highly pathogenic Avian Influenza, measles'. Below it, a note states: 'If yes to any of the above factors, please follow the Identify, Isolate, and Inform algorithm.' and 'Right-Click on any answer field above to see the algorithm in the reference text.'
- Location of Travel:** A text box for 'Location of Travel' is highlighted.
- Overnight Stay:** The question 'Have you had an overnight stay in a healthcare facility OUTSIDE OF THE US in the last 6 months?' is highlighted, with 'OUTSIDE OF THE US' in all caps.
- Communicable Disease Exposure:** A text box for 'Communicable Disease Exposure' is highlighted.
- Resistant Organism:** A section for 'Resistant Organism' is highlighted, listing MRSA, VRE, ESBL, CRE, and Candida Auris.

Legend at the bottom right:

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

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

- **Reference text** was added to identify communicable diseases that should be assessed for exposure.
 - Right click anywhere in the grid to view reference text for the **Identify, Isolate, & Inform Screening Tool and Algorithm**.



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

WHEN: Effective Immediately

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Medical Assistants
- Nursing

EHR Updates

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Nursing Documentation Updates

WHAT: As part of the Nursing Documentation Optimization Project, multiple updates will be made in PowerChart and FirstNet. These changes represent identified Quick Wins and will be deployed in advance of the broader project enhancement scheduled for an August go live.

NOTE: While these updates are primarily designed for Med/Surg Nursing, many changes will be visible across additional areas due to shared documentation sections.

System Assessment Section Changes

- **bCAM**
 - Will default open on the right-side panel.
- **EENT**
 - **Hearing Loss** will be removed from **Left** and **Right Ear Symptoms**.
 - **Decreased Hearing** should be selected in place of Hearing Loss.
- **Cardiovascular**
 - **Patches Location Transcutaneous** will display when **Transcutaneous** is selected in **Pacemaker Type**.
- **Respiratory**
 - **Supraclavicular retraction** added as a **Retraction Location** option.
- **Incision/Wound/Skin** and **Validate Pressure Injury**
 - **Alphabetized** Dressing categories will default closed to reduce scrolling.
- **Urinary Catheter**
 - **Irrigant Out** will be updated to **Irrigant In and Urine Out** to provide clarity in what is documented in this field.
- **Gastrointestinal**
 - **Nausea/Vomiting Interventions** will open for documentation when **Nausea** is selected in **GI Symptoms**.

Quick View Section Changes

- **Activities of Daily Living**
 - **Heels floated**, **Self-repositioning**, and **Micro-turn** have been added to **Patient Position/Activity**.
 - **Micro-turn** is turning the patient partially onto a side.
-

- **Hygiene ADL's**
 - Reference text added to **Personal Care** to define **AM Cares**.
- **Bladder Scan/Postvoid Residual**
 - **Reason Not Catheterized** will display when **No** is selected in **Was Patient Catheterized**.

Adult Education Section Changes

- The following sections will be included in view:
 - **Blood Products Transfusion Education**
 - **Autologous Transfusion** and **Blood Donation** have been **excluded** from view.
 - **Delirium Education**
 - **Falls Education**
 - **Pressure Injury Education**
- **Nutrition Education**
 - The following options have been **excluded** from view:
 - **Breast or Bottle Feeding**
 - **Breast Pump Edu**
 - **Pre/Post Transplant**
 - **Sports Nutrition**
- **Patient-Indicated Smart App Responses** section has been **excluded** from view.

Lines Devices Procedure Changes

- **Peripheral IV**
 - Removing the conditional logic symbol for **Insertion Aids**.
 - Added **Site Assessment** options:
 - **Palpable cord greater than 1 inch**
 - **Palpable cord less than 1 inch**
 - **Lumen Type** updated to **Lumen Type/Patency** to make it easier to locate where line patency is documented.
 - **Radial Compression**
 - Unit of measure of **min** (minutes) added to **Pressure Held For** to add clarity to what the documented number refers to.
-

EHR Updates

Week of June 18 – 24, 2026

- **Femoral Compression**

- In the dynamic group label, **FCD Location** will be updated to include **laterality**.
- **FCD Compression Laterality** box **removed** from the label.

Gender Flexing

- Gender flexing will be removed from multiple sections allowing the appropriate body part to display when a patient chooses a gender identity other than their birth sex.

WHY: These updates are designed to:

- Improve documentation efficiency and usability.
- Provide clearer guidance on where and how to document.
- Reduce scrolling and navigation burden.
- Decrease reliance on free-text entries by expanding structured documentation options.

WHEN: Monday, June 22, 2026

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:

- Ambulatory Care Managers
 - Nurse Tech's
 - Nursing
 - Respiratory Therapy
 - Wound and Ostomy Nurses
-

Orthostatic Vital Sign Reference Text

WHAT: Reference text has been added to **Supine SBP/DBP** within the iView **Vital Signs** section to outline the correct process for obtaining orthostatic vital signs.

Supine SBP/DBP

Measuring Orthostatic Blood Pressure

1. Have the patient lie down for 5 minutes.
2. Measure blood pressure and pulse rate.
3. Have the patient stand.
4. Repeat blood pressure and pulse rate measurements after standing 1 and 3 minutes.

NOTE: If the patient cannot stand, a sitting B/P and pulse rate should be obtained 1 minute and 3 minutes after sitting.

A drop in bp of ≥ 20 mm Hg, or in diastolic bp of ≥ 10 mm Hg, or experiencing lightheadedness or dizziness is considered abnormal.

Position	Time	BP	HR	Associated Symptoms
Lying Down	5 Minutes	BP /	HR	
Standing	1 Minute	BP /	HR	
Standing	3 Minutes	BP /	HR	

For relevant articles, go to: www.cdc.gov/injury/STEAD/

CDC Centers for Disease Control and Prevention
STEAD Strengthening Evidence Across the Spectrum of Trauma and Injury Prevention and Control

NOTE: When selected, the reference text will display twice, once for the Systolic BP and once for the Diastolic BP. These documentation fields are system-linked, and there is currently no technical capability to suppress the second instance of the reference text.

WHY: The reference text provides clear guidance on the correct methodology for obtaining orthostatic vital signs, promoting consistency and standardization in clinical practice.

WHEN: Tuesday, June 23, 2026

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- Nurse Techs
- Nurses

EHR Updates

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Inpatient Only

INP Ostomy- Wound Pressure Injury Eval and Re-Eval Order Updates

WHAT: INP Ostomy-Wound Pressure Injury Eval order is being updated to INP Pressure Injury Eval.

INP Ostomy-Wound Pressure Injury Re-Eval is being updated to INP Pressure Injury Re-Eval.

☒	SYSTEM, SYSTEM	INP Pressure Injury Eval
☒	SYSTEM, SYSTEM	INP Pressure Injury Re - Eval

WHY: Updating the order display name enhances clarity regarding the intent of the order, particularly in scenarios where the full order name is not visible to the user.

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

- Nursing
- NP Wound Validators
- PT Wound Validators (CA Dean)
- Wound & Ostomy Nurses

Care Managers

Ambulatory Only

Nursing Documentation Updates

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EHR Updates

Week of June 18 – 24, 2026

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

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- Ambulatory/WIC

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- All NLH Hospitals (excluding Mayo)

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

- Ambulatory Care Managers
- Nurse Tech's
- Nursing
- Respiratory Therapy
- Wound and Ostomy Nurses

Clinical Decision Support Updates

Weekly Newsletter

- Any questions should be directed to our [CDS Team](#) for review.

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

Release Date	Venues Affected	CDS Tool	Summary
6/30/2026	Inpatient	Reversal of fondaparinux (Arixtra)	CDS Review. Links and lab order updated. EMMC Only
6/30/2026	Inpatient	Reversal of bivalirudin (Angiomax)	CDS Review. Links updated. EMMC and AR Gould Only

EHR Updates

Week of June 18 – 24, 2026

Nursing, CNA, Medical Assistants

Ambulatory/WIC

Infectious Disease Risk Screening Updates

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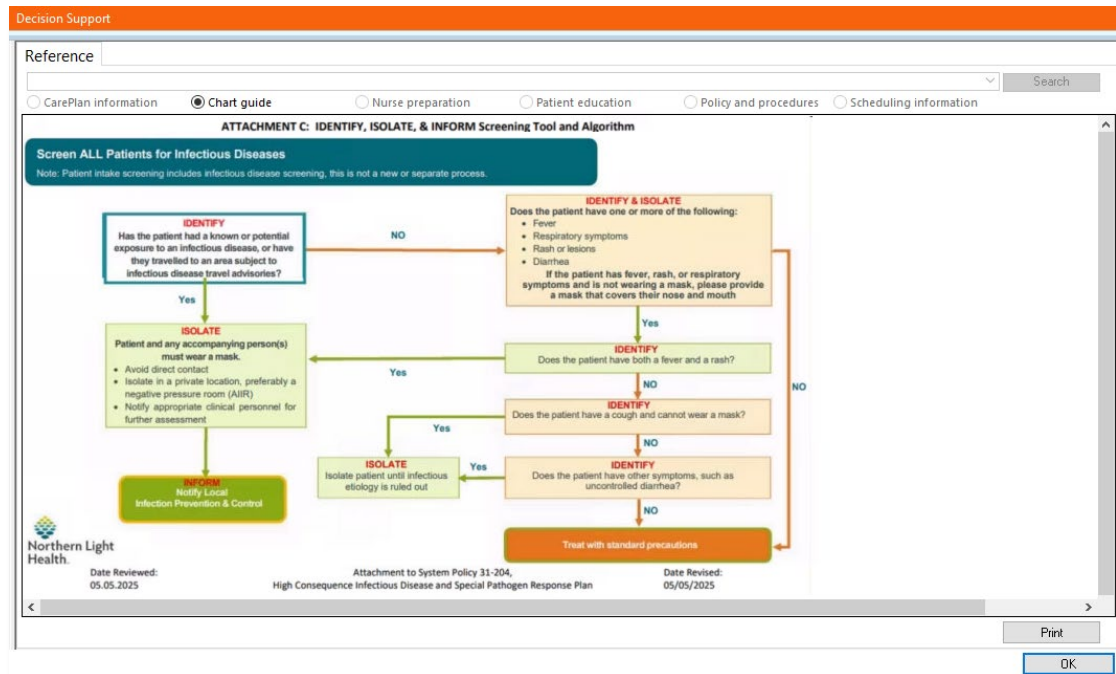
- Travel Assessment:** The question 'Have you traveled within the past 30 days OR Have you had contact with an ill person who has traveled within the past 30 days?' is highlighted. Below it, the radio button for 'Yes, patient traveled' is selected.
- Location of Travel:** A text input field for 'Location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

Additional text at the bottom of the form includes:

- Comm Diseases not limited to: COVID, FLU, and RSV, MPX, Ebola, or other Viral Hemorrhagic Fevers, highly pathogenic Avian Influenza, measles
- If yes to any of the above factors, please follow the Identify, Isolate, and Inform algorithm.
- Right-Click on any answer field above to see the algorithm in the reference text.
- Legend: CRE: Carbapenem Resistant Enterobacteriaceae, MDRO: Multi-drug Resistant Organisms, ESBL: Extended-Spectrum Beta-lactamase, MRSA: Methicillin Resistant Staphylococcus Aureus, VRE: Vancomycin Resistant Enterococcus

- The travel assessment timeframe has been reduced to **30 days**.
- **Infection Control Risk Assessment Factors** grid has been simplified, with select questions combined or removed.
 - Selecting **Yes** for **Exposure to Comm Disease Past 21 Days** opens **Communicable Disease Exposure**, allowing for detailed documentation of the specific disease the patient was exposed to.
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EHR Updates

Week of June 18 – 24, 2026

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Nursing Documentation Updates

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EHR Updates

Week of June 18 – 24, 2026

- **Femoral Compression**

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WHY: These updates are designed to:

- Improve documentation efficiency and usability.
- Provide clearer guidance on where and how to document.
- Reduce scrolling and navigation burden.
- Decrease reliance on free-text entries by expanding structured documentation options.

WHEN: Monday, June 22, 2026

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:

- Ambulatory Care Managers
- Nurse Tech's
- Nursing
- Respiratory Therapy
- Wound and Ostomy Nurses

Orthostatic Vital Sign Reference Text

WHAT: Reference text has been added to **Supine SBP/DBP** within the iView **Vital Signs** section to outline the correct process for obtaining orthostatic vital signs.

Supine SBP/DBP

Systolic Blood Pressure Supine

Reference

☐ Careplan information ☒ Chart guide ☐ Nurse preparation ☐ Patient education ☐ Policy and procedures ☐ Scheduling information

Measuring Orthostatic Blood Pressure

1. Have the patient lie down for 5 minutes.
2. Measure blood pressure and pulse rate.
3. Have the patient stand.
4. Repeat blood pressure and pulse rate measurements after standing 1 and 3 minutes.

NOTE: If the patient cannot stand, a sitting BP and pulse rate should be obtained 1 minute and 3 minutes after sitting.

A drop in bp of ≥ 20 mm Hg, or in diastolic bp of ≥ 10 mm Hg, or experiencing lightheadedness or dizziness is considered abnormal.

Position	Time	BP	HR	Associated Symptoms
Lying Down	5 Minutes	BP /	HR	
Standing	1 Minute	BP /	HR	
Standing	3 Minutes	BP /	HR	

For relevant articles, go to: www.cdc.gov/injury/STEADI

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

STEADI: Strengthening Evidence, Accelerating Results, Reducing Injuries

NOTE: When selected, the reference text will display twice, once for the Systolic BP and once for the Diastolic BP. These documentation fields are system-linked, and there is currently no technical capability to suppress the second instance of the reference text.

WHY: The reference text provides clear guidance on the correct methodology for obtaining orthostatic vital signs, promoting consistency and standardization in clinical practice.

WHEN: Tuesday, June 23, 2026

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Medical Assistants
- Nurse Techs
- Nurses

EHR Updates

Week of June 18 – 24, 2026

Emergency

Infectious Disease Risk Screening Updates

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

Infectious Disease Risk Screening

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

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

(Right Click for Reference Text)

Infection Control Risk Assessment Factors

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

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

Location of Travel

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

☐ Yes ☐ No

Communicable Disease Exposure

History of Antibiotic Resistant Organism

☐ Yes
☐ No

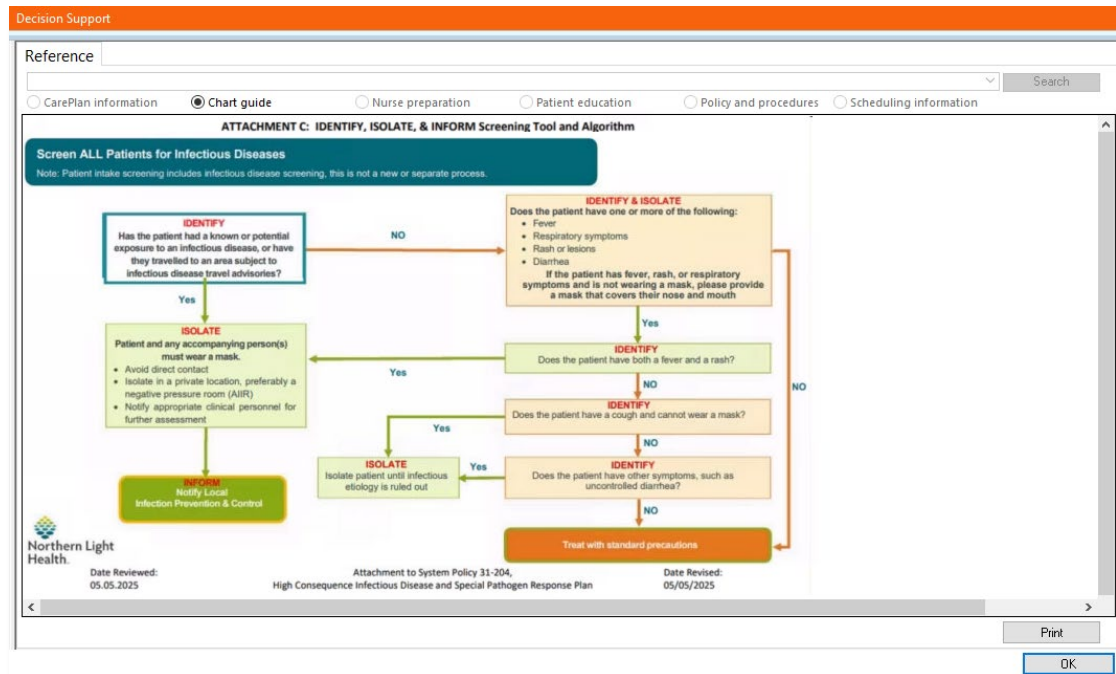
Resistant Organism

☐ MRSA ☐ Candida Auris
☐ VRE
☐ ESBL
☐ CRE

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

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

- **Reference text** was added to identify communicable diseases that should be assessed for exposure.
 - Right click anywhere in the grid to view reference text for the **Identify, Isolate, & Inform Screening Tool and Algorithm**.



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

WHEN: Effective Immediately

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Medical Assistants
- Nursing

EHR Updates

Week of June 18 – 24, 2026

Page 22 of 54

INP Ostomy- Wound Pressure Injury Eval and Re-Eval Order Updates

WHAT: INP Ostomy-Wound Pressure Injury Eval order is being updated to INP Pressure Injury Eval.

INP Ostomy-Wound Pressure Injury Re-Eval is being updated to INP Pressure Injury Re-Eval.

☒	SYSTEM , SYSTEM	INP Pressure Injury Eval
☒	SYSTEM , SYSTEM	INP Pressure Injury Re - Eval

WHY: Updating the order display name enhances clarity regarding the intent of the order, particularly in scenarios where the full order name is not visible to the user.

WHEN: Tuesday, June 23, 2026

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

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

At the following NLH Member Organization(s):

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

- Nursing
- NP Wound Validators
- PT Wound Validators (CA Dean)
- Wound & Ostomy Nurses

Nursing Documentation Updates

WHAT: As part of the Nursing Documentation Optimization Project, multiple updates will be made in PowerChart and FirstNet. These changes represent identified Quick Wins and will be deployed in advance of the broader project enhancement scheduled for an August go live.

NOTE: While these updates are primarily designed for Med/Surg Nursing, many changes will be visible across additional areas due to shared documentation sections.

System Assessment Section Changes

- bCAM
 - Will default open on the right-side panel.
-

- **EENT**
 - **Hearing Loss** will be removed from **Left** and **Right Ear Symptoms**.
 - **Decreased Hearing** should be selected in place of Hearing Loss.
- **Cardiovascular**
 - **Patches Location Transcutaneous** will display when **Transcutaneous** is selected in **Pacemaker Type**.
- **Respiratory**
 - **Supraclavicular retraction** added as a **Retraction Location** option.
- **Incision/Wound/Skin** and **Validate Pressure Injury**
 - **Alphabetized** Dressing categories will default closed to reduce scrolling.
- **Urinary Catheter**
 - **Irrigant Out** will be updated to **Irrigant In and Urine Out** to provide clarity in what is documented in this field.
- **Gastrointestinal**
 - **Nausea/Vomiting Interventions** will open for documentation when **Nausea** is selected in **GI Symptoms**.

Quick View Section Changes

- **Activities of Daily Living**
 - **Heels floated, Self-repositioning, and Micro-turn** have been added to **Patient Position/Activity**.
 - **Micro-turn** is turning the patient partially onto a side.
- **Hygiene ADL's**
 - Reference text added to **Personal Care** to define **AM Cares**.
- **Bladder Scan/Postvoid Residual**
 - **Reason Not Catheterized** will display when **No** is selected in **Was Patient Catheterized**.

Adult Education Section Changes

- The following sections will be included in view:
 - **Blood Products Transfusion Education**
 - **Autologous Transfusion** and **Blood Donation** have been excluded from view.
 - **Delirium Education**
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 - **Pressure Injury Education**
-

EHR Updates

Week of June 18 – 24, 2026

- **Nutrition Education**
 - The following options have been **excluded** from view:
 - **Breast or Bottle Feeding**
 - **Breast Pump Edu**
 - **Pre/Post Transplant**
 - **Sports Nutrition**
- **Patient-Indicated Smart App Responses** section has been **excluded** from view.

Lines Devices Procedure Changes

- **Peripheral IV**
 - Removing the conditional logic symbol for **Insertion Aids**.
 - Added **Site Assessment** options:
 - **Palpable cord greater than 1 inch**
 - **Palpable cord less than 1 inch**
 - **Lumen Type** updated to **Lumen Type/Patency** to make it easier to locate where line patency is documented.
- **Radial Compression**
 - Unit of measure of **min** (minutes) added to **Pressure Held For** to add clarity to what the documented number refers to.
- **Femoral Compression**
 - In the dynamic group label, **FCD Location** will be updated to include **laterality**.
 - **FCD Compression Laterality** box **removed** from the label.

Gender Flexing

- Gender flexing will be removed from multiple sections allowing the appropriate body part to display when a patient chooses a gender identity other than their birth sex.

WHY: These updates are designed to:

- Improve documentation efficiency and usability.
 - Provide clearer guidance on where and how to document.
 - Reduce scrolling and navigation burden.
 - Decrease reliance on free-text entries by expanding structured documentation options.
-

WHEN: Monday, June 22, 2026

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:

- Ambulatory Care Managers
- Nurse Tech's
- Nursing
- Respiratory Therapy
- Wound and Ostomy Nurses

Omnicell Technology Conversion – ARG Only (Go-Live June 29 – July 20)

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern **Omnicell** platform. This transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and **Anywhere RN**, which enables remote medication queuing for Omnicell dispensing within **PowerChart** and **FirstNet**.

NOTE: For more information about Oracle Cerner Omnicell Anywhere RN, click [here](#). Additional training materials and resources are available on the Omnicell Training [website](#), and education for this transition will be provided through [HealthStream](#).

WHY: This transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

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

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

- Acute/Inpatient
- ED
- Peri-Op

At the following NLH Member Organization(s):

- NL AR Gould Hospital
-

EHR Updates

Week of June 18 – 24, 2026

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

- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets (*Go-Live: June 29*)
- **Pharmacy:** Omnicell Controlled Substance Manager (*Go-Live: July 13*)
- **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation (*Go-Live: July 20*)

Omnicell Technology Conversion – SVH Only (Go-Live June 22 – July 6)

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WHY: The transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

WHEN: Monday, June 22, 2026 – Monday, July 6, 2026

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

- Acute/Inpatient
- ED
- Peri-Op

At the following NLH Member Organization(s):

- SVH

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

- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets (*Go-Live: June 22*)
 - **Pharmacy:** Omnicell Controlled Substance Manager (*Go-Live: June 29*)
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-

Orthostatic Vital Sign Reference Text

WHAT: Reference text has been added to **Supine SBP/DBP** within the iView **Vital Signs** section to outline the correct process for obtaining orthostatic vital signs.

Supine SBP/DBP

Measuring Orthostatic Blood Pressure

1. Have the patient lie down for 5 minutes.
2. Measure blood pressure and pulse rate.
3. Have the patient stand.
4. Repeat blood pressure and pulse rate measurements after standing 1 and 3 minutes.

NOTE: If the patient cannot stand, a sitting B/P and pulse rate should be obtained 1 minute and 3 minutes after sitting.

A drop in bp of ≥ 20 mm Hg, or in diastolic bp of ≥ 10 mm Hg, or experiencing lightheadedness or dizziness is considered abnormal.

Position	Time	BP	Associated Symptoms
Lying Down	5 Minutes	BP: / HR:	
Standing	1 Minute	BP: / HR:	
Standing	3 Minutes	BP: / HR:	

For relevant articles, go to: www.cdc.gov/injury/STEAD

CDC Centers for Disease Control and Prevention
STEAD Strengthening Emergency Assessment, Reporting, and Response

NOTE: When selected, the reference text will display twice, once for the Systolic BP and once for the Diastolic BP. These documentation fields are system-linked, and there is currently no technical capability to suppress the second instance of the reference text.

WHY: The reference text provides clear guidance on the correct methodology for obtaining orthostatic vital signs, promoting consistency and standardization in clinical practice.

WHEN: Tuesday, June 23, 2026

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

- Acute/Inpatient (to include ED & Peri-Op)
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At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Medical Assistants
- Nurse Techs
- Nurses

EHR Updates

Week of June 18 – 24, 2026

Inpatient

Infectious Disease Risk Screening Updates

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

Infectious Disease Risk Screening

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

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

(Right Click for Reference Text)

Location of Travel

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

☐ Yes ☐ No

Infection Control Risk Assessment Factors

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

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

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

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

Communicable Disease Exposure

History of Antibiotic Resistant Organism

☐ Yes
☐ No

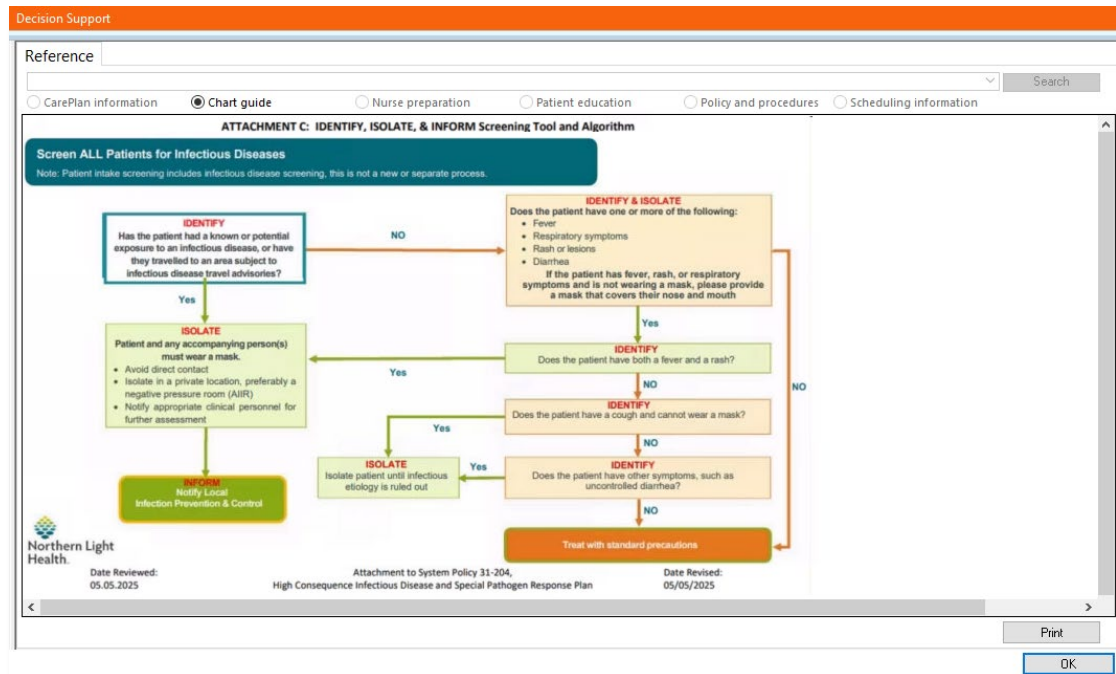
Resistant Organism

☐ MRSA ☐ Candida Auris
☐ VRE
☐ ESBL
☐ CRE

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

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

- **Reference text** was added to identify communicable diseases that should be assessed for exposure.
 - Right click anywhere in the grid to view reference text for the **Identify, Isolate, & Inform Screening Tool and Algorithm**.



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

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EHR Updates

Week of June 18 – 24, 2026

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INP Ostomy- Wound Pressure Injury Eval and Re-Eval Order Updates

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☒	SYSTEM , SYSTEM	INP Pressure Injury Re - Eval

WHY: Updating the order display name enhances clarity regarding the intent of the order, particularly in scenarios where the full order name is not visible to the user.

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

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NOTE: While these updates are primarily designed for Med/Surg Nursing, many changes will be visible across additional areas due to shared documentation sections.

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- **EENT**
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EHR Updates

Week of June 18 – 24, 2026

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 - In the dynamic group label, **FCD Location** will be updated to include **laterality**.
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WHEN: Monday, June 22, 2026

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- Nursing
- Respiratory Therapy
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- Peri-Op

At the following NLH Member Organization(s):

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EHR Updates

Week of June 18 – 24, 2026

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

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- Peri-Op

At the following NLH Member Organization(s):

- SVH

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Orthostatic Vital Sign Reference Text

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Supine SBP/DBP

Measuring Orthostatic Blood Pressure

1. Have the patient lie down for 5 minutes.
2. Measure blood pressure and pulse rate.
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4. Repeat blood pressure and pulse rate measurements after standing 1 and 3 minutes.

NOTE: If the patient cannot stand, a sitting B/P and pulse rate should be obtained 1 minute and 3 minutes after sitting.

A drop in bp of ≥ 20 mm Hg, or in diastolic bp of ≥ 10 mm Hg, or experiencing lightheadedness or dizziness is considered abnormal.

Position	Time	BP	HR	Associated Symptoms
Lying Down	5 Minutes	BP /	HR	
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For relevant articles, go to: www.cdc.gov/injury/STEAD/

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WHEN: Tuesday, June 23, 2026

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EHR Updates

Week of June 18 – 24, 2026

Peri-Op

Infectious Disease Risk Screening Updates

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Infectious Disease Risk Screening

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

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☐ Yes, patient in contact with an ill person who traveled
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(Right Click for Reference Text)

Location of Travel

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

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Infection Control Risk Assessment Factors

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

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

Communicable Disease Exposure

History of Antibiotic Resistant Organism

☐ Yes
☐ No

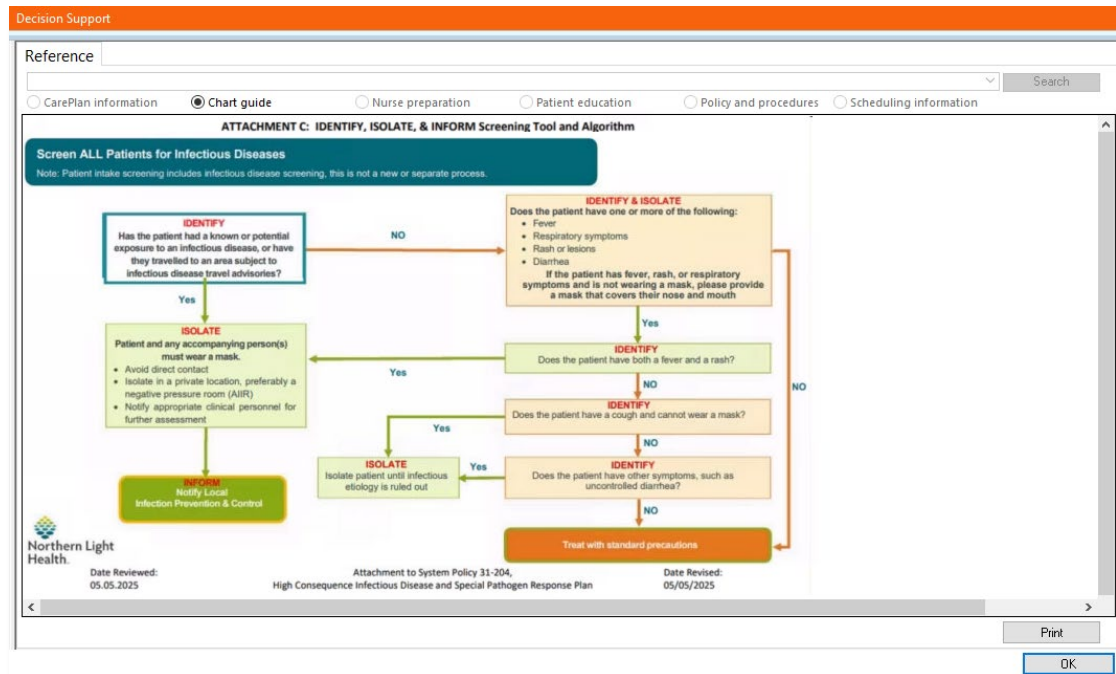
Resistant Organism

☐ MRSA ☐ Candida Auris
☐ VRE
☐ ESBL
☐ CRE

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

- The travel assessment timeframe has been reduced to **30 days**.
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EHR Updates

Week of June 18 – 24, 2026

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INP Ostomy- Wound Pressure Injury Eval and Re-Eval Order Updates

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WHY: Updating the order display name enhances clarity regarding the intent of the order, particularly in scenarios where the full order name is not visible to the user.

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EHR Updates

Week of June 18 – 24, 2026

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 - Unit of measure of **min** (minutes) added to **Pressure Held For** to add clarity to what the documented number refers to.
- **Femoral Compression**
 - In the dynamic group label, **FCD Location** will be updated to include **laterality**.
 - **FCD Compression Laterality** box **removed** from the label.

Gender Flexing

- Gender flexing will be removed from multiple sections allowing the appropriate body part to display when a patient chooses a gender identity other than their birth sex.

WHY: These updates are designed to:

- Improve documentation efficiency and usability.
- Provide clearer guidance on where and how to document.
- Reduce scrolling and navigation burden.
- Decrease reliance on free-text entries by expanding structured documentation options.

WHEN: Monday, June 22, 2026

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:

- Ambulatory Care Managers
- Nurse Tech's
- Nursing
- Respiratory Therapy
- Wound and Ostomy Nurses

Omnicell Technology Conversion – ARG Only (Go-Live June 29 – July 20)

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern **Omnicell** platform. This transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and **Anywhere** RN, which enables remote medication queuing for Omnicell dispensing within **PowerChart** and **FirstNet**.

NOTE: For more information about Oracle Cerner Omnicell Anywhere RN, click [here](#). Additional training materials and resources are available on the Omnicell Training [website](#), and education for this transition will be provided through [HealthStream](#).

WHY: This transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

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

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

- Acute/Inpatient
- ED
- Peri-Op

At the following NLH Member Organization(s):

- NL AR Gould Hospital
-

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Week of June 18 – 24, 2026

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

- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets (*Go-Live: June 29*)
- **Pharmacy:** Omnicell Controlled Substance Manager (*Go-Live: July 13*)
- **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation (*Go-Live: July 20*)

Omnicell Technology Conversion – SVH Only (*Go-Live June 22 – July 1*)

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern **Omnicell** platform. The transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and **Anywhere RN**, which enables remote medication queuing for Omnicell dispensing within **PowerChart** and **FirstNet**.

NOTE: For more information about **Oracle Cerner Omnicell Anywhere RN**, click [here](#). Additional training materials and resources are available on the [Omnicell Training website](#), and education for this transition will be provided through [HealthStream](#).

WHY: The transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

WHEN: Monday, June 22, 2026 – Monday, July 6, 2026

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

- Acute/Inpatient
- ED
- Peri-Op

At the following NLH Member Organization(s):

- SVH

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

- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets (*Go-Live: June 22*)
 - **Pharmacy:** Omnicell Controlled Substance Manager (*Go-Live: June 29*)
 - **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation (*Go-Live: July 6*)
-

Orthostatic Vital Sign Reference Text

WHAT: Reference text has been added to **Supine SBP/DBP** within the iView **Vital Signs** section to outline the correct process for obtaining orthostatic vital signs.

Supine SBP/DBP

Measuring Orthostatic Blood Pressure

1. Have the patient lie down for 5 minutes.
2. Measure blood pressure and pulse rate.
3. Have the patient stand.
4. Repeat blood pressure and pulse rate measurements after standing 1 and 3 minutes.

NOTE: If the patient cannot stand, a sitting B/P and pulse rate should be obtained 1 minute and 3 minutes after sitting.

A drop in bp of ≥ 20 mm Hg, or in diastolic bp of ≥ 10 mm Hg, or experiencing lightheadedness or dizziness is considered abnormal.

Position	Time	BP	HR	Associated Symptoms
Lying Down	5 Minutes	BP /	HR	
Standing	1 Minute	BP /	HR	
Standing	3 Minutes	BP /	HR	

For relevant articles, go to: www.cdc.gov/injury/STEAD/

CDC Centers for Disease Control and Prevention
STEAD Strengthening Emergency Assessment, Reporting, and Response

NOTE: When selected, the reference text will display twice, once for the Systolic BP and once for the Diastolic BP. These documentation fields are system-linked, and there is currently no technical capability to suppress the second instance of the reference text.

WHY: The reference text provides clear guidance on the correct methodology for obtaining orthostatic vital signs, promoting consistency and standardization in clinical practice.

WHEN: Tuesday, June 23, 2026

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Medical Assistants
- Nurse Techs
- Nurses

EHR Updates

Week of June 18 – 24, 2026

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Preop Record Update: Case Times Segment

WHAT: The Case Times segment in the Preop Record will be updated in Perioperative Doc. Transport to OR time will no longer be required.

WHY: This update will allow the Case Times segment to be finalized and will better align the Preop Record with the case cancellation workflow.

NOTE: Refer to the Case Cancellation flyer [here](#).

WHEN: Tuesday, June 23, 2026

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

- Peri-Op Only

At the following NLH Member Organization(s):

- All NLH Hospitals with an OR (excluding Mayo and/or Acadia)

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

- Surgical nurses in all Preoperative areas

Pharmacists & Pharmacy Technicians

Inpatient/ED/Peri-Op

Omnicell Technology Conversion – ARG Only (Go-Live June 29 – July 20)

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern **Omnicell** platform. This transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and **Anywhere RN**, which enables remote medication queuing for Omnicell dispensing within **PowerChart** and **FirstNet**.

NOTE: For more information about Oracle Cerner Omnicell Anywhere RN, click [here](#). Additional training materials and resources are available on the Omnicell Training [website](#), and education for this transition will be provided through [HealthStream](#).

WHY: This transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

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

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

- Acute/Inpatient
- ED
- Peri-Op

At the following NLH Member Organization(s):

- NL AR Gould Hospital

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

- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets (*Go-Live: June 29*)
- **Pharmacy:** Omnicell Controlled Substance Manager (*Go-Live: July 13*)
- **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation (*Go-Live: July 20*)

Omnicell Technology Conversion – SVH Only (Go-Live June 22 – July 1)

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern **Omnicell** platform. The transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and **Anywhere RN**, which enables remote medication queuing for Omnicell dispensing within **PowerChart** and **FirstNet**.

NOTE: For more information about **Oracle Cerner Omnicell Anywhere RN**, click [here](#). Additional training materials and resources are available on the Omnicell Training [website](#), and education for this transition will be provided through [HealthStream](#).

WHY: The transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

WHEN: Monday, June 22, 2026 – Monday, July 6, 2026

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

- Acute/Inpatient
- ED
- Peri-Op

At the following NLH Member Organization(s):

- SVH
-

EHR Updates

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

- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets (*Go-Live: June 22*)
- **Pharmacy:** Omnicell Controlled Substance Manager (*Go-Live: June 29*)
- **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation (*Go-Live: July 6*)

Physicians, Physician Assistants, Nurse Practitioners

Inpatient

INP Ostomy- Wound Pressure Injury Eval and Re-Eval Order Updates – NP Wound Validators Only

WHAT: INP Ostomy-Wound Pressure Injury Eval order is being updated to INP Pressure Injury Eval.

INP Ostomy-Wound Pressure Injury Re-Eval is being updated to INP Pressure Injury Re-Eval.

☒	SYSTEM, SYSTEM	INP Pressure Injury Eval
☒	SYSTEM, SYSTEM	INP Pressure Injury Re - Eval

WHY: Updating the order display name enhances clarity regarding the intent of the order, particularly in scenarios where the full order name is not visible to the user.

WHEN: Tuesday, June 23, 2026

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Nursing
 - NP Wound Validators
 - PT Wound Validators (CA Dean)
 - Wound & Ostomy Nurses
-

Therapies: Occupational, Physical, Speech, & Respiratory

All Ambulatory & Inpatient Areas

INP Ostomy- Wound Pressure Injury Eval and Re-Eval Order Updates – PT Wound Validators

WHAT: INP Ostomy-Wound Pressure Injury Eval order is being updated to INP Pressure Injury Eval.

INP Ostomy-Wound Pressure Injury Re-Eval is being updated to INP Pressure Injury Re-Eval.

☒	SYSTEM , SYSTEM	INP Pressure Injury Eval
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WHY: Updating the order display name enhances clarity regarding the intent of the order, particularly in scenarios where the full order name is not visible to the user.

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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
- NP Wound Validators
- PT Wound Validators (CA Dean)
- Wound & Ostomy Nurses

Inpatient/ED Only

Nursing Documentation Updates – Respiratory Therapy Only

WHAT: As part of the Nursing Documentation Optimization Project, multiple updates will be made in PowerChart and FirstNet. These changes represent identified Quick Wins and will be deployed in advance of the broader project enhancement scheduled for an August go live.

EHR Updates

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NOTE: While these updates are primarily designed for Med/Surg Nursing, many changes will be visible across additional areas due to shared documentation sections.

System Assessment Section Changes

- **bCAM**
 - Will default open on the right-side panel.
- **EENT**
 - **Hearing Loss** will be removed from **Left** and **Right Ear Symptoms**.
 - **Decreased Hearing** should be selected in place of Hearing Loss.
- **Cardiovascular**
 - **Patches Location Transcutaneous** will display when **Transcutaneous** is selected in **Pacemaker Type**.
- **Respiratory**
 - **Supraclavicular retraction** added as a **Retraction Location** option.
- **Incision/Wound/Skin** and **Validate Pressure Injury**
 - **Alphabetized Dressing** categories will default closed to reduce scrolling.
- **Urinary Catheter**
 - **Irrigant Out** will be updated to **Irrigant In and Urine Out** to provide clarity in what is documented in this field.
- **Gastrointestinal**
 - **Nausea/Vomiting Interventions** will open for documentation when **Nausea** is selected in **GI Symptoms**.

Quick View Section Changes

- **Activities of Daily Living**
 - **Heels floated**, **Self-repositioning**, and **Micro-turn** have been added to **Patient Position/Activity**.
 - **Micro-turn** is turning the patient partially onto a side.
 - **Hygiene ADL's**
 - Reference text added to **Personal Care** to define **AM Cares**.
 - **Bladder Scan/Postvoid Residual**
 - **Reason Not Catheterized** will display when **No** is selected in **Was Patient Catheterized**.
-

Adult Education Section Changes

- The following sections will be included in view:
 - **Blood Products Transfusion Education**
 - **Autologous Transfusion** and **Blood Donation** have been **excluded** from view.
 - **Delirium Education**
 - **Falls Education**
 - **Pressure Injury Education**
- **Nutrition Education**
 - The following options have been **excluded** from view:
 - **Breast or Bottle Feeding**
 - **Breast Pump Edu**
 - **Pre/Post Transplant**
 - **Sports Nutrition**
- **Patient-Indicated Smart App Responses** section has been **excluded** from view.

Lines Devices Procedure Changes

- **Peripheral IV**
 - Removing the conditional logic symbol for **Insertion Aids**.
 - Added **Site Assessment** options:
 - **Palpable cord greater than 1 inch**
 - **Palpable cord less than 1 inch**
 - **Lumen Type** updated to **Lumen Type/Patency** to make it easier to locate where line patency is documented.
- **Radial Compression**
 - Unit of measure of **min** (minutes) added to **Pressure Held For** to add clarity to what the documented number refers to.
- **Femoral Compression**
 - In the dynamic group label, **FCD Location** will be updated to include **laterality**.
 - **FCD Compression Laterality** box **removed** from the label.

Gender Flexing

- Gender flexing will be removed from multiple sections allowing the appropriate body part to display when a patient chooses a gender identity other than their birth sex.
-

EHR Updates

Week of June 18 – 24, 2026

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WHY: These updates are designed to:

- Improve documentation efficiency and usability.
- Provide clearer guidance on where and how to document.
- Reduce scrolling and navigation burden.
- Decrease reliance on free-text entries by expanding structured documentation options.

WHEN: Monday, June 22, 2026

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:

- Ambulatory Care Managers
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Wound and Ostomy Nurses

INP Ostomy- Wound Pressure Injury Eval and Re-Eval Order Updates

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WHEN: Tuesday, June 23, 2026

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

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

At the following NLH Member Organization(s):

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Nursing Documentation Updates

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EHR Updates

Week of June 18 – 24, 2026

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)
-

EHR Updates

Week of June 18 – 24, 2026

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

- Ambulatory Care Managers
- Nurse Tech's
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- Respiratory Therapy
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