



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

May 15 – May 21, 2025

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### Behavioral Health Staff

#### All Ambulatory & Inpatient Care Areas

#### **IMPORTANT:** Update to ServiceNow Ticket Process

**WHAT:** ServiceNow was recently updated to ensure work aligns with NLH Strategic Initiatives, facilitate high-quality system design of technology solutions, and optimize the use of limited resources.

#### **Please Note: The break-fix ticketing process has not changed**

The updated fields are listed below. The intent of these additions is to fully understand the core issue vs. limiting the focus on the solution requested. It also ensures information needed to process the ticket is obtained sooner in the lifecycle.

- Description
- Objectives / Outcomes
- Strategic Alignment
- Financial Impact
- What is the risk of this does not move forward
- Scope of impact

#### **Is the pathway for approval of my ticket changing also?**

- Yes, we will require a VP level approval to proceed. The NLH VPs have been notified about this change.

#### **Will this update prevent the submission of great ideas?**

- That is not the intent, and it should not. Though more questions need to be answered up front, the hope is that these ideas are even better thought out at the time of submitting the ticket.

**WHY:** Request governance is an evolving process. These changes ensure work happening in our technology space support NLH priorities and enhance the delivery of high-quality care.

**WHEN:** Effective Immediately

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

- Acute/Inpatient
- Ambulatory/WIC

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

- All NLH Member Organizations

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

- All Staff

**Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2***

**WHAT:** The Modernized Vital Sign component and Clinical Entry Workspace will be implemented within the Workflow MPages.

**Modernized Vital Sign Component**

- The Modernized Vital Sign component will allow documentation of:
  - Vital Signs
  - Pain Location, Pain Scale, and Pain Score
  - Measurements
- **Temperature** and **Temperature Method** will be combined in one documentation field in the Vital Signs component, Interactive View and I&O, and PowerForms.

**Clinical Entry Workspace**

- Located on the right side of the MPages.
  - Providers and nurses will document components that feed their Dynamic Documentation Notes and the Patient Discharge Summary.
  - Provides an efficient method to search for and open PowerForms.
    - PowerForms can be saved as a favorite.
  - View PowerForm documentation.
  - Modification of documentation from the Vital Sign component and PowerForms can be performed within this space.
-

## EHR Updates

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**WHY:** Implementing Modernized Vital Signs Component and Clinical Entry Workspace within the MPage is the first step towards new functionality called Integrated Charting. Integrated Charting provides workflow efficiencies.

**WHEN:** **Monday, June 2, 2025**

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

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

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

- All NLH Member Organizations (excluding Mayo)

**WHO:** **The change will affect the following staff:**

- Ambulatory RNs and LPNs
- Clinical Staff
- Imaging
- MAs
- Nurses
- Nurse Techs
- Providers
- Rehab and Respiratory Therapy

**EDUCATION STRATEGY:** **Online Promise Point Simulation Education [Available Now!](#)**

### **All PowerForm and Dynamic Documentation Users**

- Curriculum Name: Clinical Entry Workspace
  - NOLH-1840.15 PCTRV Use the Clinical Entry Workspace
    - Duration 6 minutes

### **Inpatient and Surgical Clinical Staff**

- Curriculum Name: Modernized Vitals-Clinical v1
    - NOLH-1030 ACTAMB Document from the Vital Signs Component
      - Duration 29 minutes
    - NOLH-1040 ACTAMB Document Vital Signs in iView
      - Duration 4 minutes
-

**Ambulatory and ED Clinical Staff**

- Curriculum: Modernized Vitals-Clinical v2
  - NOLH-1030 ACTAMB Document from the Vital Signs Component
    - Duration 29 mins!
  - NOLH-1035 ACTAMB Document Temperature in a PowerForm
    - Duration 2 mins!
  - NOLH-1040 ACTAMB Document Vital Signs in iView
    - Duration 4 mins!

**Flyer-based education**

**HOW:**

**Required Online Education in the PromisePoint Community**

- **Online Simulator Education – Available Now!**
  - URL: [www.promisepoint.com/northernlighthouse](http://www.promisepoint.com/northernlighthouse)
  - Username:
    - **NLH Employees:** Seven-digit employee number with leading zeros, e.g., 0098765
    - **Contracted Employees:** Username provided at the time of hire
  - **Initial Password:** password
    - Initial password is all lowercase.
    - If PromisePoint password has been previously set-up, please use that password.
  - **Need a password reset?** [Click this link to reach out to Health Informatics](#) (resets are available M-F, 08:00-16:30).



**IMPORTANT: Video education must be completed before go-live.**

**KEY  
UPCOMING  
DATES:**

- |              |  |
|--------------|--|
| Date: May 5  | PromisePoint Simulation Education Opens        |
| Date: May 30 | DUE: All Assigned Education                    |
| Date: June 2 | Go-Live Focused Rounding by Health Informatics |

## EHR Updates

May 15 – May 21, 2025

### A Note of Thanks

Learning how to use the new tools and workflows is the first step towards adoption. True adoption will help us care for our patients and grow within our expanding, highly connected health system. Your partnership is key to making this a reality and we appreciate your ongoing support.

### Banner Bar Updates – effective 05/27/25

**WHAT:** The Banner Bar custom fields will be updated to include BMAT (Bedside Mobility Assessment) and Delirium Scores. With this change, ACO and COVID will be removed.

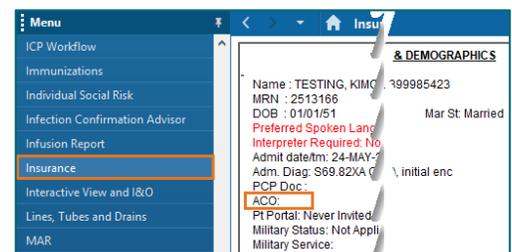


### Alternative Location for COVID

- COVID Information can be found:
  - Orders Component: will display any orders placed for a COVID swab.
  - Results Review: will show the results of any COVID test taken.
  - Lab Flowsheet component on MPages: will show COVID testing results.
- Isolation information will also fire to the Banner Bar to inform staff of a Modified Contact/Droplet precaution.

### Alternative Location to find ACO (Accountable Care Organization)

- ACO can be found in the Insurance tab of the patient chart for those needing that information.



**WHY:** Quick View. Better Care.

**BMAT** and **Delirium** status are now visible in the banner bar – giving providers real-time insight into **mobility and cognitive status** at the point of care.

**Why it matters:**

- Enhances visibility to our patients at risk for falls, pressure injuries, deconditioning, and promotes early and frequent mobilization, reducing length of stay!

- Promotes early detection of delirium – a driver of longer stays and worse patient outcomes.
- Supports safer medication use and better discharge planning.
- Enhances team communication across nursing, therapy, and providers.

The upgrade strengthens clinical decision-making and supports safer, more coordinated care to facilitate better patient outcomes.

**WHEN:** Tuesday, May 27, 2025

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

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

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

- All NLH Hospitals (excluding Mayo)

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

- All Clinical Staff

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## Care Managers

### Ambulatory

#### **IMPORTANT:** Update to ServiceNow Ticket Process

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- Description
  - Objectives / Outcomes
-

## EHR Updates

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- Strategic Alignment
- Financial Impact
- What is the risk of this does not move forward
- Scope of impact

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

- Acute/Inpatient
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- All NLH Member Organizations

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- All Staff

## Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2*

**WHAT:** The Modernized Vital Sign component and Clinical Entry Workspace will be implemented within the Workflow MPages.

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### Modernized Vital Sign Component

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## EHR Updates

May 15 – May 21, 2025

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- Imaging
- MAs
- Nurses
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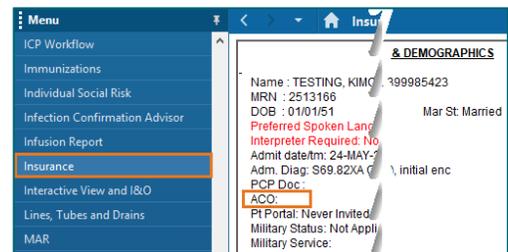
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**Inpatient**

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May 15 – May 21, 2025

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### Flyer-based education

#### HOW:

### Required Online Education in the PromisePoint Community

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  - URL: [www.promisepoint.com/northernlighthouse](http://www.promisepoint.com/northernlighthouse)
  - Username:
    - **NLH Employees:** Seven-digit employee number with leading zeros, e.g., 0098765
    - **Contracted Employees:** Username provided at the time of hire
  - **Initial Password:** password
    - Initial password is all lowercase.
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### KEY UPCOMING DATES:

Date: May 5

PromisePoint Simulation Education Opens

Date: May 30

DUE: All Assigned Education

Date: June 2

Go-Live Focused Rounding by Health Informatics

### A Note of Thanks

Learning how to use the new tools and workflows is the first step towards adoption. True adoption will help us care for our patients and grow within our expanding, highly connected health system. Your partnership is key to making this a reality and we appreciate your ongoing support.

### Avoidable Days/Denials MPage Update

**WHAT:** The **Avoidable Days/Denials MPage** will be updated to have reduced choices when selecting from the **Reason Type** and **Reason** within the **Avoidable Days** component.

#### Reason Type

- Four options are available within **Reason Type**.

*Reason Type
Post-Acute Care
Patient/Family
Administrative
Financial

#### Reason

- Each **Reason Type** has its own **Reason** options.

*Reason Type
Patient/Family
*Reason
Discharge Decision
Guardianship
Patient Appeal
Transportation

*Reason Type
Financial
*Reason
Insurance Authorization
Lack of Insurance / Underinsured
Medicaid Pending

*Reason Type
Administrative
*Reason
Attending Provider
Care Coordination
Cath Lab Procedure
Consult – Specialist
Consult – Therapy
Imaging or Interventional Radiology
Laboratory or Testing
Nursing
Procedure Other
Surgical Procedural

*Reason Type
Post-Acute Care
*Reason
Acute Rehab Lack of Bed Availability
Assisted Living Lack of Bed Availability
Behavioral Health (BH) Lack of Bed
Dialysis
DME / Oxygen
Home Health/Hospice Availability NLH
Home Health/Hospice Availability non-NLH
Home Infusion Medication Delivery
Long Term Acute Care (LTAC) Lack of Bed
Nursing Home Lack of Bed Availability
Residential Care Lack of Bed
Skilled Nsg. Facility (SNF) Lack of Bed
Transfer (Acute to Acute Hospital) (NLH)
Transfer (Acute to Acute) (non-NLH)

## EHR Updates

### May 15 – May 21, 2025

For more education, please see the [Documenting Avoidable Days](#) Flyer.

**WHY:** Limiting excess options within the **Avoidable Day Reason dropdown** will enhance documentation efficiency and accuracy in representing reasons for delayed patient discharge.

**WHEN:** Thursday, May 15, 2025

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

- Acute/Inpatient

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

- All NLH Hospitals (excluding Mayo and Acadia)

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

- Care Management
- Leadership Reviewing Reports
- Providers

## Banner Bar Updates – effective 05/27/25

**WHAT:** The Banner Bar custom fields will be updated to include BMAT (Bedside Mobility Assessment) and Delirium Scores. With this change, ACO and COVID will be removed.



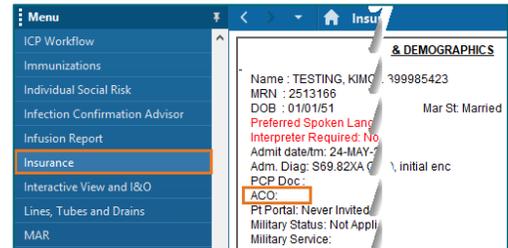
The screenshot shows a patient banner bar for 'TESTING, KIMCM'. The banner bar is blue and contains the following information: Patient name 'TESTING, KIMCM', Allergies: 'No Known Medication Allergies', Code: 'DNAR / May intubate', myNLH: 'No', BMAT: '3', Delirium: 'Positive', Dose Wgt: '190 kg', Isolation: 'Airborne', PCP: 'Primary Contact: TEST MD, ...', No CommonWell+, and a Notifications icon with a '2' badge. A red box highlights the 'BMAT:3' and 'Delirium:Positive' fields.

### Alternative Location for COVID

- COVID Information can be found:
  - Orders Component: will display any orders placed for a COVID swab.
  - Results Review: will show the results of any COVID test taken.
  - Lab Flowsheet component on MPages: will show COVID testing results.
- Isolation information will also fire to the Banner Bar to inform staff of a Modified Contact/Droplet precaution.

### Alternative Location to find ACO (Accountable Care Organization)

- ACO can be found in the Insurance tab of the patient chart for those needing that information.



#### **WHY: Quick View. Better Care.**

**BMAT** and **Delirium** status are now visible in the banner bar – giving providers real-time insight into **mobility and cognitive status** at the point of care.

#### **Why it matters:**

- Enhances visibility to our patients at risk for falls, pressure injuries, deconditioning, and promotes early and frequent mobilization, reducing length of stay!
- Promotes early detection of delirium – a driver of longer stays and worse patient outcomes.
- Supports safer medication use and better discharge planning.
- Enhances team communication across nursing, therapy, and providers.

The upgrade strengthens clinical decision-making and supports safer, more coordinated care to facilitate better patient outcomes.

**WHEN: Tuesday, May 27, 2025**

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

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

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

- All NLH Hospitals (excluding Mayo)

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

- All Clinical Staff
-

## EHR Updates

May 15 – May 21, 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
5/21/2025	Inpatient	<a href="#">CARD Cath Inpatient</a>	Same day procedure orders added Virtual viewing updated to include Mercy and AR Gould
5/28/2025	Inpatient	<a href="#">Cytokine Release Syndrome (CRS) Management - tocilizumab if indicated</a>	Management of Grade 1 CRS updates. Mercy and EMMC Only

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## Imaging Staff & Radiologists

### **IMPORTANT:** Update to ServiceNow Ticket Process

**WHAT:** ServiceNow was recently updated to ensure work aligns with NLH Strategic Initiatives, facilitate high-quality system design of technology solutions, and optimize the use of limited resources.

#### **Please Note: The break-fix ticketing process has not changed**

The updated fields are listed below. The intent of these additions is to fully understand the core issue vs. limiting the focus on the solution requested. It also ensures information needed to process the ticket is obtained sooner in the lifecycle.

- Description
  - Objectives / Outcomes
  - Strategic Alignment
  - Financial Impact
  - What is the risk of this does not move forward
  - Scope of impact
-

**Is the pathway for approval of my ticket changing also?**

- Yes, we will require a VP level approval to proceed. The NLH VPs have been notified about this change.

**Will this update prevent the submission of great ideas?**

- That is not the intent, and it should not. Though more questions need to be answered up front, the hope is that these ideas are even better thought out at the time of submitting the ticket.

**WHY:** Request governance is an evolving process. These changes ensure work happening in our technology space support NLH priorities and enhance the delivery of high-quality care.

**WHEN:** Effective Immediately

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

- Acute/Inpatient
- Ambulatory/WIC

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

- All NLH Member Organizations

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

- All Staff

**Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2***

**WHAT:** The Modernized Vital Sign component and Clinical Entry Workspace will be implemented within the Workflow MPages.

**Modernized Vital Sign Component**

- The Modernized Vital Sign component will allow documentation of:
    - Vital Signs
    - Pain Location, Pain Scale, and Pain Score
    - Measurements
-

## EHR Updates

May 15 – May 21, 2025

- **Temperature** and **Temperature Method** will be combined in one documentation field in the Vital Signs component, Interactive View and I&O, and PowerForms.

### Clinical Entry Workspace

- Located on the right side of the MPages.
- Providers and nurses will document components that feed their Dynamic Documentation Notes and the Patient Discharge Summary.
- Provides an efficient method to search for and open PowerForms.
  - PowerForms can be saved as a favorite.
- View PowerForm documentation.
- Modification of documentation from the Vital Sign component and PowerForms can be performed within this space.

**WHY:** Implementing Modernized Vital Signs Component and Clinical Entry Workspace within the MPage is the first step towards new functionality called Integrated Charting. Integrated Charting provides workflow efficiencies.

**WHEN:** Monday, June 2, 2025

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

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

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

- All NLH Member Organizations (excluding Mayo)

**WHO:** The change will affect the following staff:

- Ambulatory RNs and LPNs
- Clinical Staff
- Imaging
- MAs
- Nurses
- Nurse Techs
- Providers
- Rehab and Respiratory Therapy

---

**EDUCATION STRATEGY:** **Online Promise Point Simulation Education Available Now!**

**All PowerForm and Dynamic Documentation Users**

- Curriculum Name: Clinical Entry Workspace
  - NOLH-1840.15 PCTRV Use the Clinical Entry Workspace
    - Duration 6 minutes

**Inpatient and Surgical Clinical Staff**

- Curriculum Name: Modernized Vitals-Clinical v1
  - NOLH-1030 ACTAMB Document from the Vital Signs Component
    - Duration 29 minutes
  - NOLH-1040 ACTAMB Document Vital Signs in iView
    - Duration 4 minutes

**Ambulatory and ED Clinical Staff**

- Curriculum: Modernized Vitals-Clinical v2
  - NOLH-1030 ACTAMB Document from the Vital Signs Component
    - Duration 29 mins!
  - NOLH-1035 ACTAMB Document Temperature in a PowerForm
    - Duration 2 mins!
  - NOLH-1040 ACTAMB Document Vital Signs in iView
    - Duration 4 mins!

**Flyer-based education**

**HOW:** **Required Online Education in the PromisePoint Community**

- **Online Simulator Education – Available Now!**
  - URL: [www.promisepoint.com/northernlighthouse](http://www.promisepoint.com/northernlighthouse)
  - Username:
    - **NLH Employees:** Seven-digit employee number with leading zeros, e.g., 0098765
    - **Contracted Employees:** Username provided at the time of hire



## EHR Updates

### May 15 – May 21, 2025

- **Initial Password:** password
  - Initial password is all lowercase.
  - If PromisePoint password has been previously set-up, please use that password.
- **Need a password reset?** [Click this link to reach out to Health Informatics](#) (resets are available M-F, 08:00-16:30).

**IMPORTANT:** Video education must be completed before go-live.

#### KEY UPCOMING DATES:

**Date: May 5**

**PromisePoint Simulation Education Opens**

**Date: May 30**

**DUE: All Assigned Education**

**Date: June 2**

**Go-Live Focused Rounding by Health Informatics**

#### A Note of Thanks

Learning how to use the new tools and workflows is the first step towards adoption. True adoption will help us care for our patients and grow within our expanding, highly connected health system. Your partnership is key to making this a reality and we appreciate your ongoing support.

#### Banner Bar Updates – effective 05/27/25

**WHAT:** The Banner Bar custom fields will be updated to include BMAT (Bedside Mobility Assessment) and Delirium Scores. With this change, ACO and COVID will be removed.

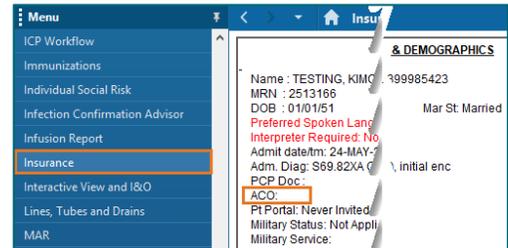


#### Alternative Location for COVID

- COVID Information can be found:
  - Orders Component: will display any orders placed for a COVID swab.
  - Results Review: will show the results of any COVID test taken.
  - Lab Flowsheet component on MPages: will show COVID testing results.
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**Alternative Location to find ACO  
(Accountable Care Organization)**

- ACO can be found in the Insurance tab of the patient chart for those needing that information.



**WHY: Quick View. Better Care.**

**BMAT** and **Delirium** status are now visible in the banner bar – giving providers real-time insight into **mobility and cognitive status** at the point of care.

**Why it matters:**

- Enhances visibility to our patients at risk for falls, pressure injuries, deconditioning, and promotes early and frequent mobilization, reducing length of stay!
- Promotes early detection of delirium – a driver of longer stays and worse patient outcomes.
- Supports safer medication use and better discharge planning.
- Enhances team communication across nursing, therapy, and providers.

The upgrade strengthens clinical decision-making and supports safer, more coordinated care to facilitate better patient outcomes.

**WHEN: Tuesday, May 27, 2025**

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

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

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

- All NLH Hospitals (excluding Mayo)

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

- All Clinical Staff

## EHR Updates

May 15 – May 21, 2025

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### Lab

#### **IMPORTANT:** Update to ServiceNow Ticket Process

**WHAT:** ServiceNow was recently updated to ensure work aligns with NLH Strategic Initiatives, facilitate high-quality system design of technology solutions, and optimize the use of limited resources.

#### **Please Note: The break-fix ticketing process has not changed**

The updated fields are listed below. The intent of these additions is to fully understand the core issue vs. limiting the focus on the solution requested. It also ensures information needed to process the ticket is obtained sooner in the lifecycle.

- Description
- Objectives / Outcomes
- Strategic Alignment
- Financial Impact
- What is the risk of this does not move forward
- Scope of impact

#### **Is the pathway for approval of my ticket changing also?**

- Yes, we will require a VP level approval to proceed. The NLH VPs have been notified about this change.

#### **Will this update prevent the submission of great ideas?**

- That is not the intent, and it should not. Though more questions need to be answered up front, the hope is that these ideas are even better thought out at the time of submitting the ticket.

**WHY:** Request governance is an evolving process. These changes ensure work happening in our technology space support NLH priorities and enhance the delivery of high-quality care.

**WHEN:** Effective Immediately

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

- Acute/Inpatient
- Ambulatory/WIC

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

- All NLH Member Organizations

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

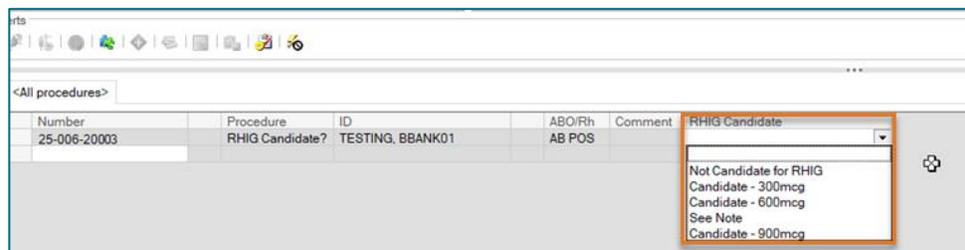
- All Staff

## 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.

### Blood Bank/Nursing/Pharmacy

- Member organization laboratory sites will continue to provide Rho(D) immune globulin testing. This includes algorithms to determine maternal necessity and dosing.
- Within **PathNet**, a new **RHIG Candidate** column will be added to allow documentation pertaining to candidacy for Rho(D) administration.



- Based on selection above by blood bank staff, a medication order will be generated that will flow to pharmacy for verification.
-

## EHR Updates

May 15 – May 21, 2025

- Upon entry of medication order, a chartable task will be available on the **MAR** for administration.
- Rho(D) immune globulin product will now be dispensed by inpatient pharmacy (or available in Pyxis).
- Currently **RhoGAM Administration PowerForm** is used by nursing for administration documentation. The values from this form flow to iView Recovery and Postpartum Band, Rho(D) Immune Globulin Management section. **The Form and iView Band will be removed.**
- If current documentation is present, it will reside in **Results Review** flowsheets: **Assessments** and **OB/GYN Flowsheet**.

The screenshot shows a software interface for charting a medication order. The window title is "Charting for: TESTING, MARY". The medication is "RHo (D) immune globulin (WinRho SDF)". The form includes fields for "Performed date / time" (05/01/2025 1512 EDT), "Performed by" (GUIGGEY - TEST 01, JOSHUA), and "Witnessed by". There are sections for "Lot Number" and "Exp. Date", both with "Trend" links. Two dropdown menus are highlighted with a red box: "Medication Education Provided" and "Administration Card Given", both with "Trend" links. Below these are fields for "RHo (D) immune globulin" (300 mcg), "Volume" (0 ml), "Diluent" (<none> ml), "Route" (IV Push), and "Site" (a yellow dropdown). There are also checkboxes for "Not Given" and a "Reason" dropdown, and a "Comment" text area.

### Providers

- Hospitals that provide OBGYN services: EMMC, Mercy Hospital, Maine Coast, and ARG-Continue to use the **OBG JPP**. This will effectively start the ordering process.
- In the case of emergency situations (miscarriage, life-threatening infection, or spontaneous hemorrhage) outside of Labor and Delivery, single-line medication orders for Rho(D) immune globulin can be entered.

**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:** Monday, May 19, 2025

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

- Acute/Inpatient (to include ED and 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:**

- Laboratory/Blood Bank
- Nursing
- Pharmacists
- Providers

**Banner Bar Updates – effective 05/27/25**

**WHAT:** The Banner Bar custom fields will be updated to include BMAT (Bedside Mobility Assessment) and Delirium Scores. With this change, ACO and COVID will be removed.

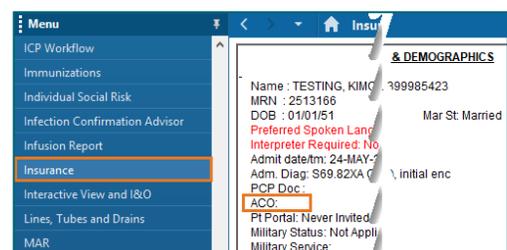


**Alternative Location for COVID**

- COVID Information can be found:
  - Orders Component: will display any orders placed for a COVID swab.
  - Results Review: will show the results of any COVID test taken.
  - Lab Flowsheet component on MPages: will show COVID testing results.
- Isolation information will also fire to the Banner Bar to inform staff of a Modified Contact/Droplet precaution.

**Alternative Location to find ACO (Accountable Care Organization)**

- ACO can be found in the Insurance tab of the patient chart for those needing that information.



**WHY: Quick View. Better Care.**

## EHR Updates

May 15 – May 21, 2025

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**BMAT** and **Delirium** status are now visible in the banner bar – giving providers real-time insight into **mobility and cognitive status** at the point of care.

**Why it matters:**

- Enhances visibility to our patients at risk for falls, pressure injuries, deconditioning, and promotes early and frequent mobilization, reducing length of stay!
- Promotes early detection of delirium – a driver of longer stays and worse patient outcomes.
- Supports safer medication use and better discharge planning.
- Enhances team communication across nursing, therapy, and providers.

The upgrade strengthens clinical decision-making and supports safer, more coordinated care to facilitate better patient outcomes.

**WHEN:** Tuesday, May 27, 2025

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

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

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

- All NLH Hospitals (excluding Mayo)

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

- All Clinical Staff

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## Leadership

### Ambulatory/WIC

#### **IMPORTANT:** Update to ServiceNow Ticket Process

**WHAT:** ServiceNow was recently updated to ensure work aligns with NLH Strategic Initiatives, facilitate high-quality system design of technology solutions, and optimize the use of limited resources.

**Please Note: The break-fix ticketing process has not changed**

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The updated fields are listed below. The intent of these additions is to fully understand the core issue vs. limiting the focus on the solution requested. It also ensures information needed to process the ticket is obtained sooner in the lifecycle.

- Description
- Objectives / Outcomes
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- Financial Impact
- What is the risk of this does not move forward
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**Is the pathway for approval of my ticket changing also?**

- Yes, we will require a VP level approval to proceed. The NLH VPs have been notified about this change.

**Will this update prevent the submission of great ideas?**

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**WHY:** Request governance is an evolving process. These changes ensure work happening in our technology space support NLH priorities and enhance the delivery of high-quality care.

**WHEN:** Effective Immediately

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

- Acute/Inpatient
- Ambulatory/WIC

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

- All NLH Member Organizations

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

- All Staff
-

## EHR Updates

May 15 – May 21, 2025

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### Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2*

**WHAT:** The Modernized Vital Sign component and Clinical Entry Workspace will be implemented within the Workflow MPages.

#### Modernized Vital Sign Component

- The Modernized Vital Sign component will allow documentation of:
  - Vital Signs
  - Pain Location, Pain Scale, and Pain Score
  - Measurements
- **Temperature** and **Temperature Method** will be combined in one documentation field in the Vital Signs component, Interactive View and I&O, and PowerForms.

#### Clinical Entry Workspace

- Located on the right side of the MPages.
- Providers and nurses will document components that feed their Dynamic Documentation Notes and the Patient Discharge Summary.
- Provides an efficient method to search for and open PowerForms.
  - PowerForms can be saved as a favorite.
- View PowerForm documentation.
- Modification of documentation from the Vital Sign component and PowerForms can be performed within this space.

**WHY:** Implementing Modernized Vital Signs Component and Clinical Entry Workspace within the MPage is the first step towards new functionality called Integrated Charting. Integrated Charting provides workflow efficiencies.

**WHEN:** **Monday, June 2, 2025**

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

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

---

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

- All NLH Member Organizations (excluding Mayo)

**WHO:**

**The change will affect the following staff:**

- Ambulatory RNs and LPNs
- Clinical Staff
- Imaging
- MAs
- Nurses
- Nurse Techs
- Providers
- Rehab and Respiratory Therapy

**EDUCATION  
STRATEGY:**

**Online Promise Point Simulation Education [Available Now!](#)**

**All PowerForm and Dynamic Documentation Users**

- Curriculum Name: Clinical Entry Workspace
  - NOLH-1840.15 PCTRV Use the Clinical Entry Workspace
    - Duration 6 minutes

**Inpatient and Surgical Clinical Staff**

- Curriculum Name: Modernized Vitals-Clinical v1
  - NOLH-1030 ACTAMB Document from the Vital Signs Component
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    - Duration 4 minutes

**Ambulatory and ED Clinical Staff**

- Curriculum: Modernized Vitals-Clinical v2
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**Flyer-based education**

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## EHR Updates

May 15 – May 21, 2025

### HOW: **Required Online Education in the PromisePoint Community**

- **Online Simulator Education – Available Now!**
  - URL: [www.promisepoint.com/northernlighthouse](http://www.promisepoint.com/northernlighthouse)
  - Username:
    - **NLH Employees:** Seven-digit employee number with leading zeros, e.g., 0098765
    - **Contracted Employees:** Username provided at the time of hire
  - **Initial Password:** password
    - Initial password is all lowercase.
    - If PromisePoint password has been previously set-up, please use that password.
  - **Need a password reset?** [Click this link to reach out to Health Informatics](#) (resets are available M-F, 08:00-16:30).



**IMPORTANT:** Video education must be completed before go-live.

<b>KEY UPCOMING DATES:</b>	<b>Date: May 5</b>	<b>PromisePoint Simulation Education Opens</b>
	<b>Date: May 30</b>	<b>DUE: All Assigned Education</b>
	<b>Date: June 2</b>	<b>Go-Live Focused Rounding by Health Informatics</b>

### A Note of Thanks

Learning how to use the new tools and workflows is the first step towards adoption. True adoption will help us care for our patients and grow within our expanding, highly connected health system. Your partnership is key to making this a reality and we appreciate your ongoing support.

### Emergency

### **IMPORTANT:** Update to ServiceNow Ticket Process

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---

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**Is the pathway for approval of my ticket changing also?**

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- That is not the intent, and it should not. Though more questions need to be answered up front, the hope is that these ideas are even better thought out at the time of submitting the ticket.

**WHY:** Request governance is an evolving process. These changes ensure work happening in our technology space support NLH priorities and enhance the delivery of high-quality care.

**WHEN:** Effective Immediately

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- Acute/Inpatient
- Ambulatory/WIC

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

- All NLH Member Organizations

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

- All Staff
-

## EHR Updates

**May 15 – May 21, 2025**

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### Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2*

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**WHY:** Implementing Modernized Vital Signs Component and Clinical Entry Workspace within the MPage is the first step towards new functionality called Integrated Charting. Integrated Charting provides workflow efficiencies.

**WHEN:** **Monday, June 2, 2025**

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

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

---

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

- All NLH Member Organizations (excluding Mayo)

**WHO:**

**The change will affect the following staff:**

- Ambulatory RNs and LPNs
- Clinical Staff
- Imaging
- MAs
- Nurses
- Nurse Techs
- Providers
- Rehab and Respiratory Therapy

**EDUCATION  
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**Flyer-based education**

---

## EHR Updates

May 15 – May 21, 2025

### HOW: **Required Online Education in the PromisePoint Community**

- **Online Simulator Education – Available Now!**
  - URL: [www.promisepoint.com/northernlighthouse](http://www.promisepoint.com/northernlighthouse)
  - Username:
    - **NLH Employees:** Seven-digit employee number with leading zeros, e.g., 0098765
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  - **Initial Password:** password
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**IMPORTANT:** Video education must be completed before go-live.

### KEY UPCOMING DATES:

Date: May 5	PromisePoint Simulation Education Opens
Date: May 30	DUE: All Assigned Education
Date: June 2	Go-Live Focused Rounding by Health Informatics

### A Note of Thanks

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## Inpatient

### **IMPORTANT:** Update to ServiceNow Ticket Process

**WHAT:** ServiceNow was recently updated to ensure work aligns with NLH Strategic Initiatives, facilitate high-quality system design of technology solutions, and optimize the use of limited resources.

---

**Please Note: The break-fix ticketing process has not changed**

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- Objectives / Outcomes
- Strategic Alignment
- Financial Impact
- What is the risk of this does not move forward
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**WHY:** Request governance is an evolving process. These changes ensure work happening in our technology space support NLH priorities and enhance the delivery of high-quality care.

**WHEN:** Effective Immediately

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

- Acute/Inpatient
- Ambulatory/WIC

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

- All NLH Member Organizations

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

- All Staff
-

## EHR Updates

May 15 – May 21, 2025

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### Modernized Vitals and Clinical Entry Workspace – **Deadline May 30, Go-Live June 2**

**WHAT:** The Modernized Vital Sign component and Clinical Entry Workspace will be implemented within the Workflow MPages.

#### Modernized Vital Sign Component

- The Modernized Vital Sign component will allow documentation of:
  - Vital Signs
  - Pain Location, Pain Scale, and Pain Score
  - Measurements
- **Temperature** and **Temperature Method** will be combined in one documentation field in the Vital Signs component, Interactive View and I&O, and PowerForms.

#### Clinical Entry Workspace

- Located on the right side of the MPages.
- Providers and nurses will document components that feed their Dynamic Documentation Notes and the Patient Discharge Summary.
- Provides an efficient method to search for and open PowerForms.
  - PowerForms can be saved as a favorite.
- View PowerForm documentation.
- Modification of documentation from the Vital Sign component and PowerForms can be performed within this space.

**WHY:** Implementing Modernized Vital Signs Component and Clinical Entry Workspace within the MPage is the first step towards new functionality called Integrated Charting. Integrated Charting provides workflow efficiencies.

**WHEN:** **Monday, June 2, 2025**

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

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

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

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**WHO:**

**The change will affect the following staff:**

- Ambulatory RNs and LPNs
- Clinical Staff
- Imaging
- MAs
- Nurses
- Nurse Techs
- Providers
- Rehab and Respiratory Therapy

**EDUCATION STRATEGY:**

**Online Promise Point Simulation Education [Available Now!](#)**

**All PowerForm and Dynamic Documentation Users**

- Curriculum Name: Clinical Entry Workspace
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    - Duration 6 minutes

**Inpatient and Surgical Clinical Staff**

- Curriculum Name: Modernized Vitals-Clinical v1
  - NOLH-1030 ACTAMB Document from the Vital Signs Component
    - Duration 29 minutes
  - NOLH-1040 ACTAMB Document Vital Signs in iView
    - Duration 4 minutes

**Ambulatory and ED Clinical Staff**

- Curriculum: Modernized Vitals-Clinical v2
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**Flyer-based education**

---

## EHR Updates

### May 15 – May 21, 2025

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## Avoidable Days/Denials MPage Update

**WHAT:** The **Avoidable Days/Denials MPage** will be updated to have reduced choices when selecting from the **Reason Type** and **Reason** within the **Avoidable Days** component.

### Reason Type

- Four options are available within **Reason Type**.

*Reason Type
Post-Acute Care
Patient/Family
Administrative
Financial

### Reason

- Each **Reason Type** has its own **Reason** options.

*Reason Type
Patient/Family
*Reason
Discharge Decision
Guardianship
Patient Appeal
Transportation

*Reason Type
Administrative
*Reason
Attending Provider
Care Coordination
Cath Lab Procedure
Consult – Specialist
Consult – Therapy
Imaging or Interventional Radiology
Laboratory or Testing
Nursing
Procedure Other
Surgical Procedural

*Reason Type
Financial
*Reason
Insurance Authorization
Lack of Insurance / Underinsured
Medicaid Pending

*Reason Type
Post-Acute Care
*Reason
Acute Rehab Lack of Bed Availability
Assisted Living Lack of Bed Availability
Behavioral Health (BH) Lack of Bed
Dialysis
DME / Oxygen
Home Health/Hospice Availability NLH
Home Health/Hospice Availability non-NLH
Home Infusion Medication Delivery
Long Term Acute Care (LTAC) Lack of Bed
Nursing Home Lack of Bed Availability
Residential Care Lack of Bed
Skilled Nsg. Facility (SNF) Lack of Bed
Transfer (Acute to Acute Hospital) (NLH)
Transfer (Acute to Acute) (non-NLH)

For more education, please see the [Documenting Avoidable Days](#) Flyer.

**WHY:** Limiting excess options within the **Avoidable Day Reason dropdown** will enhance documentation efficiency and accuracy in representing reasons for delayed patient discharge.

**WHEN:** Thursday, May 15, 2025

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

- Acute/Inpatient

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

- All NLH Hospitals (excluding Mayo and Acadia)

## EHR Updates

May 15 – May 21, 2025

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

- Care Management
- Leadership Reviewing Reports
- Providers

### Peri-Op

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## Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2*

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- The Modernized Vital Sign component will allow documentation of:
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- **Temperature** and **Temperature Method** will be combined in one documentation field in the Vital Signs component, Interactive View and I&O, and PowerForms.

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  - Providers and nurses will document components that feed their Dynamic Documentation Notes and the Patient Discharge Summary.
  - Provides an efficient method to search for and open PowerForms.
    - PowerForms can be saved as a favorite.
-

## EHR Updates

**May 15 – May 21, 2025**

- View PowerForm documentation.
- Modification of documentation from the Vital Sign component and PowerForms can be performed within this space.

**WHY:** Implementing Modernized Vital Signs Component and Clinical Entry Workspace within the MPage is the first step towards new functionality called Integrated Charting. Integrated Charting provides workflow efficiencies.

**WHEN:** **Monday, June 2, 2025**

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**Date: June 2**      **Go-Live Focused Rounding by Health Informatics**

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## EHR Updates

May 15 – May 21, 2025

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## Nursing, CNA, Medical Assistants

### Ambulatory/WIC

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#### Banner Bar Updates – effective 05/27/25

**WHAT:** The Banner Bar custom fields will be updated to include BMAT (Bedside Mobility Assessment) and Delirium Scores. With this change, ACO and COVID will be removed.

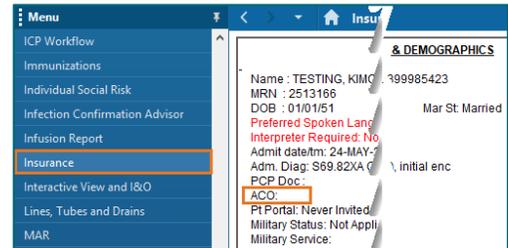


#### Alternative Location for COVID

- COVID Information can be found:
  - Orders Component: will display any orders placed for a COVID swab.
  - Results Review: will show the results of any COVID test taken.
  - Lab Flowsheet component on MPages: will show COVID testing results.
- Isolation information will also fire to the Banner Bar to inform staff of a Modified Contact/Droplet precaution.

### Alternative Location to find ACO (Accountable Care Organization)

- ACO can be found in the Insurance tab of the patient chart for those needing that information.



#### **WHY: Quick View. Better Care.**

**BMAT** and **Delirium** status are now visible in the banner bar – giving providers real-time insight into **mobility and cognitive status** at the point of care.

#### **Why it matters:**

- Enhances visibility to our patients at risk for falls, pressure injuries, deconditioning, and promotes early and frequent mobilization, reducing length of stay!
- Promotes early detection of delirium – a driver of longer stays and worse patient outcomes.
- Supports safer medication use and better discharge planning.
- Enhances team communication across nursing, therapy, and providers.

The upgrade strengthens clinical decision-making and supports safer, more coordinated care to facilitate better patient outcomes.

#### **WHEN: Tuesday, May 27, 2025**

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### Emergency

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**May 15 – May 21, 2025**

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**WHY:** Implementing Modernized Vital Signs Component and Clinical Entry Workspace within the MPage is the first step towards new functionality called Integrated Charting. Integrated Charting provides workflow efficiencies.

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## EHR Updates

May 15 – May 21, 2025

### A Note of Thanks

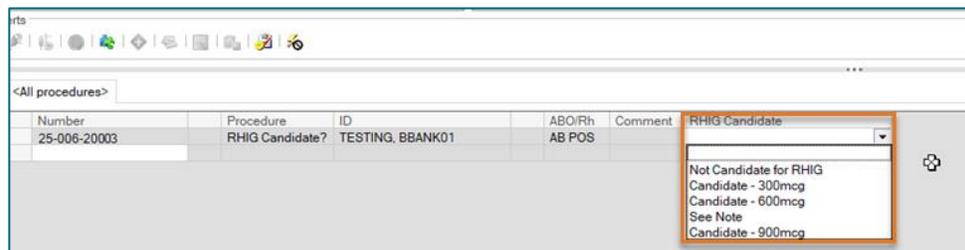
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## Rho(D) Immune Globulin (RhoGAM/Rhophylac) Administration Update

**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.

### Blood Bank/Nursing/Pharmacy

- Member organization laboratory sites will continue to provide Rho(D) immune globulin testing. This includes algorithms to determine maternal necessity and dosing.
- Within **PathNet**, a new **RHIG Candidate** column will be added to allow documentation pertaining to candidacy for Rho(D) administration.



- Based on selection above by blood bank staff, a medication order will be generated that will flow to pharmacy for verification.
-

- Upon entry of medication order, a chartable task will be available on the **MAR** for administration.
- Rho(D) immune globulin product will now be dispensed by inpatient pharmacy (or available in Pyxis).
- Currently **RhoGAM Administration PowerForm** is used by nursing for administration documentation. The values from this form flow to iView Recovery and Postpartum Band, Rho(D) Immune Globulin Management section. **The Form and iView Band will be removed.**
- If current documentation is present, it will reside in **Results Review** flowsheets: **Assessments** and **OB/GYN Flowsheet**.

Charting for: TESTING, MARY

**Rho (D) immune globulin (WinRho SDF)**  
 300 mcg, Soln, IV Push, ONCE, 05/01/25 15:30:00 EDT, 05/01/25 15:30:00 EDT  
 1500 International Units. Reconstitute with Normal Saline only. 300 mcg = 1500 International Units

\*Performed date / time: 05/01/2025 1512 EDT

\*Performed by: GUIGGEY - TEST 01, JOSHUA

Witnessed by:

Lot Number: Trend

Exp. Date: Trend

Medication Education Provided: Trend

Administration Card Given: Trend

\*RHo (D) immune globulin: 300 mcg Volume: 0 ml

Diluent: <none> ml

\*Route: IV Push \*Site:

Not Given

Reason:

Comment

### Providers

- Hospitals that provide OBGYN services: EMMC, Mercy Hospital, Maine Coast, and ARG-Continue to use the **OBG JPP**. This will effectively start the ordering process.
- In the case of emergency situations (miscarriage, life-threatening infection, or spontaneous hemorrhage) outside of Labor and Delivery, single-line medication orders for Rho(D) immune globulin can be entered.

**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:** Monday, May 19, 2025

## EHR Updates

May 15 – May 21, 2025

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

- Acute/Inpatient (to include ED and 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:

- Laboratory/Blood Bank
- Nursing
- Pharmacists
- Providers

### Banner Bar Updates – effective 05/27/25

**WHAT:** The Banner Bar custom fields will be updated to include BMAT (Bedside Mobility Assessment) and Delirium Scores. With this change, ACO and COVID will be removed.

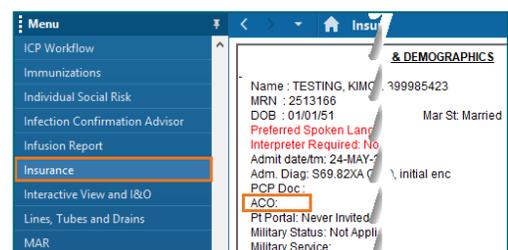


### Alternative Location for COVID

- COVID Information can be found:
  - Orders Component: will display any orders placed for a COVID swab.
  - Results Review: will show the results of any COVID test taken.
  - Lab Flowsheet component on MPages: will show COVID testing results.
- Isolation information will also fire to the Banner Bar to inform staff of a Modified Contact/Droplet precaution.

### Alternative Location to find ACO (Accountable Care Organization)

- ACO can be found in the Insurance tab of the patient chart for those needing that information.



**WHY:** Quick View. Better Care.

**BMAT** and **Delirium** status are now visible in the banner bar – giving providers real-time insight into **mobility and cognitive status** at the point of care.

**Why it matters:**

- Enhances visibility to our patients at risk for falls, pressure injuries, deconditioning, and promotes early and frequent mobilization, reducing length of stay!
- Promotes early detection of delirium – a driver of longer stays and worse patient outcomes.
- Supports safer medication use and better discharge planning.
- Enhances team communication across nursing, therapy, and providers.

The upgrade strengthens clinical decision-making and supports safer, more coordinated care to facilitate better patient outcomes.

**WHEN:** Tuesday, May 27, 2025

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

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

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

- All NLH Hospitals (excluding Mayo)

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

- All Clinical Staff

## Inpatient

### **IMPORTANT:** Update to ServiceNow Ticket Process

**WHAT:** ServiceNow was recently updated to ensure work aligns with NLH Strategic Initiatives, facilitate high-quality system design of technology solutions, and optimize the use of limited resources.

**Please Note: The break-fix ticketing process has not changed**

The updated fields are listed below. The intent of these additions is to fully understand the core issue vs. limiting the focus on the solution requested. It

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## EHR Updates

May 15 – May 21, 2025

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also ensures information needed to process the ticket is obtained sooner in the lifecycle.

- Description
- Objectives / Outcomes
- Strategic Alignment
- Financial Impact
- What is the risk of this does not move forward
- Scope of impact

### Is the pathway for approval of my ticket changing also?

- Yes, we will require a VP level approval to proceed. The NLH VPs have been notified about this change.

### Will this update prevent the submission of great ideas?

- That is not the intent, and it should not. Though more questions need to be answered up front, the hope is that these ideas are even better thought out at the time of submitting the ticket.

**WHY:** Request governance is an evolving process. These changes ensure work happening in our technology space support NLH priorities and enhance the delivery of high-quality care.

**WHEN:** Effective Immediately

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

- Acute/Inpatient
- Ambulatory/WIC

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

- All NLH Member Organizations

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

- All Staff
-

## Modernized Vitals and Clinical Entry Workspace – **Deadline May 30, Go-Live June 2**

**WHAT:** The Modernized Vital Sign component and Clinical Entry Workspace will be implemented within the Workflow MPages.

### Modernized Vital Sign Component

- The Modernized Vital Sign component will allow documentation of:
  - Vital Signs
  - Pain Location, Pain Scale, and Pain Score
  - Measurements
- **Temperature** and **Temperature Method** will be combined in one documentation field in the Vital Signs component, Interactive View and I&O, and PowerForms.

### Clinical Entry Workspace

- Located on the right side of the MPages.
- Providers and nurses will document components that feed their Dynamic Documentation Notes and the Patient Discharge Summary.
- Provides an efficient method to search for and open PowerForms.
  - PowerForms can be saved as a favorite.
- View PowerForm documentation.
- Modification of documentation from the Vital Sign component and PowerForms can be performed within this space.

**WHY:** Implementing Modernized Vital Signs Component and Clinical Entry Workspace within the MPage is the first step towards new functionality called Integrated Charting. Integrated Charting provides workflow efficiencies.

**WHEN:** **Monday, June 2, 2025**

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

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

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## EHR Updates

**May 15 – May 21, 2025**

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

- All NLH Member Organizations (excluding Mayo)

**WHO:**

**The change will affect the following staff:**

- Ambulatory RNs and LPNs
- Clinical Staff
- Imaging
- MAs
- Nurses
- Nurse Techs
- Providers
- Rehab and Respiratory Therapy

**EDUCATION  
STRATEGY:**

**Online Promise Point Simulation Education [Available Now!](#)**

**All PowerForm and Dynamic Documentation Users**

- Curriculum Name: Clinical Entry Workspace
  - NOLH-1840.15 PCTRV Use the Clinical Entry Workspace
    - Duration 6 minutes

**Inpatient and Surgical Clinical Staff**

- Curriculum Name: Modernized Vitals-Clinical v1
  - NOLH-1030 ACTAMB Document from the Vital Signs Component
    - Duration 29 minutes
  - NOLH-1040 ACTAMB Document Vital Signs in iView
    - Duration 4 minutes

**Ambulatory and ED Clinical Staff**

- Curriculum: Modernized Vitals-Clinical v2
  - NOLH-1030 ACTAMB Document from the Vital Signs Component
    - Duration 29 mins!
  - NOLH-1035 ACTAMB Document Temperature in a PowerForm
    - Duration 2 mins!
  - NOLH-1040 ACTAMB Document Vital Signs in iView
    - Duration 4 mins!

**Flyer-based education**

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**HOW:**      **Required Online Education in the PromisePoint Community**

- **Online Simulator Education – Available Now!**

- URL: [www.promisepoint.com/northernlighthouse](http://www.promisepoint.com/northernlighthouse)
- Username:
  - **NLH Employees:** Seven-digit employee number with leading zeros, e.g., 0098765
  - **Contracted Employees:** Username provided at the time of hire
- **Initial Password:** password
  - Initial password is all lowercase.
  - If PromisePoint password has been previously set-up, please use that password.
- **Need a password reset?** [Click this link to reach out to Health Informatics](#) (resets are available M-F, 08:00-16:30).



**IMPORTANT: Video education must be completed before go-live.**

<b>KEY UPCOMING DATES:</b>	<b>Date: May 5</b>	<b>PromisePoint Simulation Education Opens</b>
	<b>Date: May 30</b>	<b>DUE: All Assigned Education</b>
	<b>Date: June 2</b>	<b>Go-Live Focused Rounding by Health Informatics</b>

**A Note of Thanks**

Learning how to use the new tools and workflows is the first step towards adoption. True adoption will help us care for our patients and grow within our expanding, highly connected health system. Your partnership is key to making this a reality and we appreciate your ongoing support.

**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.

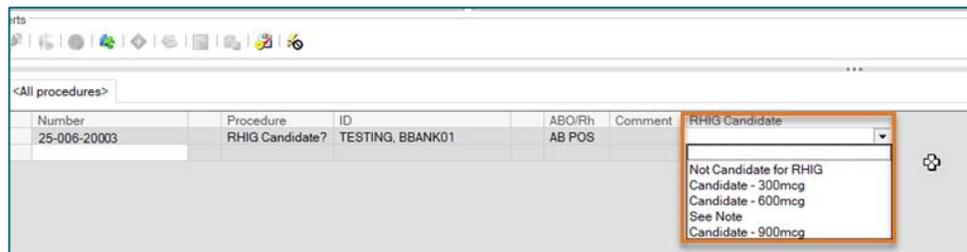
**Blood Bank/Nursing/Pharmacy**

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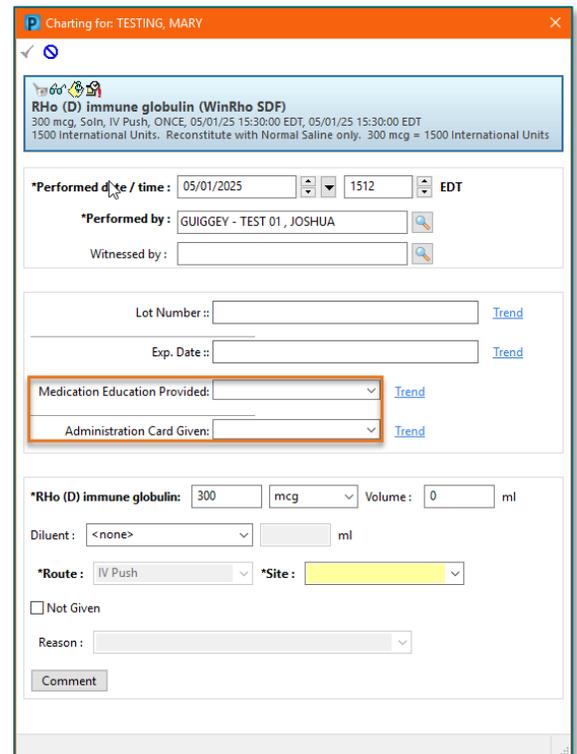
## EHR Updates

May 15 – May 21, 2025

- Member organization laboratory sites will continue to provide Rho(D) immune globulin testing. This includes algorithms to determine maternal necessity and dosing.
- Within **PathNet**, a new **RHIG Candidate** column will be added to allow documentation pertaining to candidacy for Rho(D) administration.



- Based on selection above by blood bank staff, a medication order will be generated that will flow to pharmacy for verification.
- Upon entry of medication order, a chartable task will be available on the **MAR** for administration.
- Rho(D) immune globulin product will now be dispensed by inpatient pharmacy (or available in Pyxis).
- Currently **RhoGAM Administration PowerForm** is used by nursing for administration documentation. The values from this form flow to iView Recovery and Postpartum Band, Rho(D) Immune Globulin Management section. **The Form and iView Band will be removed.**
- If current documentation is present, it will reside in **Results Review** flowsheets: **Assessments** and **OB/GYN Flowsheet**.



### Providers

- Hospitals that provide OBGYN services: EMMC, Mercy Hospital, Maine Coast, and ARG-Continue to use the **OBG JPP**. This will effectively start the ordering process.

- In the case of emergency situations (miscarriage, life-threatening infection, or spontaneous hemorrhage) outside of Labor and Delivery, single-line medication orders for Rho(D) immune globulin can be entered.

**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:** Monday, May 19, 2025

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

- Acute/Inpatient (to include ED and 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:

- Laboratory/Blood Bank
- Nursing
- Pharmacists
- Providers

## Banner Bar Updates – effective 05/27/25

**WHAT:** The Banner Bar custom fields will be updated to include BMAT (Bedside Mobility Assessment) and Delirium Scores. With this change, ACO and COVID will be removed.



The screenshot shows a Banner Bar interface with the following information:

- Tab: TESTING, KIMCM
- myNLH: No
- Dose Wgt: 190 kg
- PCP: Primary Contact: TEST MD, ...
- Isolation: Airborne
- No CommonWell+
- Notifications: 2
- Custom Fields: Allergies: No Known Medication Allergies; Code: DNAR / May Intubate; BMAT: 3; Delirium: Positive

### Alternative Location for COVID

- COVID Information can be found:
  - Orders Component: will display any orders placed for a COVID swab.
  - Results Review: will show the results of any COVID test taken.

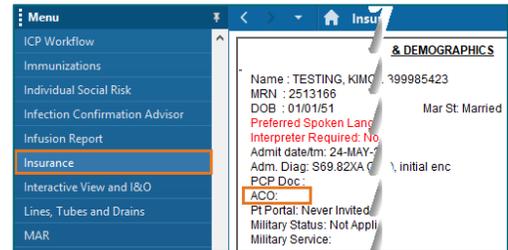
## EHR Updates

May 15 – May 21, 2025

- Lab Flowsheet component on MPages: will show COVID testing results.
- Isolation information will also fire to the Banner Bar to inform staff of a Modified Contact/Droplet precaution.

### Alternative Location to find ACO (Accountable Care Organization)

- ACO can be found in the Insurance tab of the patient chart for those needing that information.



#### WHY: Quick View. Better Care.

**BMAT** and **Delirium** status are now visible in the banner bar – giving providers real-time insight into **mobility and cognitive status** at the point of care.

#### Why it matters:

- Enhances visibility to our patients at risk for falls, pressure injuries, deconditioning, and promotes early and frequent mobilization, reducing length of stay!
- Promotes early detection of delirium – a driver of longer stays and worse patient outcomes.
- Supports safer medication use and better discharge planning.
- Enhances team communication across nursing, therapy, and providers.

The upgrade strengthens clinical decision-making and supports safer, more coordinated care to facilitate better patient outcomes.

**WHEN:** Tuesday, May 27, 2025

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

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

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

- All NLH Hospitals (excluding Mayo)

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

- All Clinical Staff
-

## Patient Plan of Care CareCompass Task Time Change

**WHAT:** The **CareCompass** task for documenting the **Patient Plan of Care** is changing to **1400 (2pm)** and **0200 (2am)** daily.

**NOTE:** Existing patients will not update to the new task time. New admissions post go-live will have the new time for Patient Plan of Care tasks.

TESTING2, MICHELLE M      Age: 55yrs      Sex: M      DOB: 10/14/1969      MRN: 2513938      FIN: 400010773

Scheduled/Unscheduled    PRN/Continuous    Plans of Care    Patient Information

2 Hours    4 Hours    12 Hours

**Patient Plan of Care** Start: 03/11/25 14:00:00 EDT  
Comment: Added by Discern Expert Rule : R02Z\_ADMIT\_TASKS

Done    Not Done    Document

**WHY:** Documenting the plan of care later in the day allows nursing time to identify care plan needs or changes.

**WHEN:** **Monday, May 19, 2025**

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

**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

### **IMPORTANT:** Update to ServiceNow Ticket Process

**WHAT:** ServiceNow was recently updated to ensure work aligns with NLH Strategic Initiatives, facilitate high-quality system design of technology solutions, and optimize the use of limited resources.

**Please Note: The break-fix ticketing process has not changed**

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## EHR Updates

May 15 – May 21, 2025

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The updated fields are listed below. The intent of these additions is to fully understand the core issue vs. limiting the focus on the solution requested. It also ensures information needed to process the ticket is obtained sooner in the lifecycle.

- Description
- Objectives / Outcomes
- Strategic Alignment
- Financial Impact
- What is the risk of this does not move forward
- Scope of impact

### Is the pathway for approval of my ticket changing also?

- Yes, we will require a VP level approval to proceed. The NLH VPs have been notified about this change.

### Will this update prevent the submission of great ideas?

- That is not the intent, and it should not. Though more questions need to be answered up front, the hope is that these ideas are even better thought out at the time of submitting the ticket.

**WHY:** Request governance is an evolving process. These changes ensure work happening in our technology space support NLH priorities and enhance the delivery of high-quality care.

**WHEN:** Effective Immediately

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

- Acute/Inpatient
- Ambulatory/WIC

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- All Staff
-

## Modernized Vitals and Clinical Entry Workspace – **Deadline May 30, Go-Live June 2**

**WHAT:** The Modernized Vital Sign component and Clinical Entry Workspace will be implemented within the Workflow MPages.

### Modernized Vital Sign Component

- The Modernized Vital Sign component will allow documentation of:
  - Vital Signs
  - Pain Location, Pain Scale, and Pain Score
  - Measurements
- **Temperature** and **Temperature Method** will be combined in one documentation field in the Vital Signs component, Interactive View and I&O, and PowerForms.

### Clinical Entry Workspace

- Located on the right side of the MPages.
- Providers and nurses will document components that feed their Dynamic Documentation Notes and the Patient Discharge Summary.
- Provides an efficient method to search for and open PowerForms.
  - PowerForms can be saved as a favorite.
- View PowerForm documentation.
- Modification of documentation from the Vital Sign component and PowerForms can be performed within this space.

**WHY:** Implementing Modernized Vital Signs Component and Clinical Entry Workspace within the MPage is the first step towards new functionality called Integrated Charting. Integrated Charting provides workflow efficiencies.

**WHEN:** **Monday, June 2, 2025**

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

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

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## EHR Updates

May 15 – May 21, 2025

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

- All NLH Member Organizations (excluding Mayo)

### WHO:

### The change will affect the following staff:

- Ambulatory RNs and LPNs
- Clinical Staff
- Imaging
- MAs
- Nurses
- Nurse Techs
- Providers
- Rehab and Respiratory Therapy

### EDUCATION STRATEGY:

### Online Promise Point Simulation Education [Available Now!](#)

#### All PowerForm and Dynamic Documentation Users

- Curriculum Name: Clinical Entry Workspace
  - NOLH-1840.15 PCTRV Use the Clinical Entry Workspace
    - Duration 6 minutes

#### Inpatient and Surgical Clinical Staff

- Curriculum Name: Modernized Vitals-Clinical v1
  - NOLH-1030 ACTAMB Document from the Vital Signs Component
    - Duration 29 minutes
  - NOLH-1040 ACTAMB Document Vital Signs in iView
    - Duration 4 minutes

#### Ambulatory and ED Clinical Staff

- Curriculum: Modernized Vitals-Clinical v2
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    - Duration 4 mins!

### Flyer-based education

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**HOW:** **Required Online Education in the PromisePoint Community**

- **Online Simulator Education – Available Now!**

- URL: [www.promisepoint.com/northernlighthouse](http://www.promisepoint.com/northernlighthouse)
- Username:
  - **NLH Employees:** Seven-digit employee number with leading zeros, e.g., 0098765
  - **Contracted Employees:** Username provided at the time of hire
- **Initial Password:** password
  - Initial password is all lowercase.
  - If PromisePoint password has been previously set-up, please use that password.
- **Need a password reset?** [Click this link to reach out to Health Informatics](#) (resets are available M-F, 08:00-16:30).



**IMPORTANT: Video education must be completed before go-live.**

<b>KEY UPCOMING DATES:</b>	<b>Date: May 5</b>	<b>PromisePoint Simulation Education Opens</b>
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**A Note of Thanks**

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**Pre-Admission Assessment Form Update – Preprocedure Instructions**

**WHAT:** In the Pre-Admission Assessment PowerForm, “**Educated on transportation needs related to post op mobility**” has been added to the Preprocedure Instructions section.

## EHR Updates

**May 15 – May 21, 2025**

**WHY:** This update will:

- Better inform and prepare patients for their immediate post op recovery and mobility needs which may include the type of vehicle needed when being discharged from same day surgeries.
- Reduce fall risks, strain on their wounds, and other injuries when transferring to an appropriate vehicle.

**WHEN:** Thursday, May 15, 2025

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

- Peri-Op Only

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

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

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

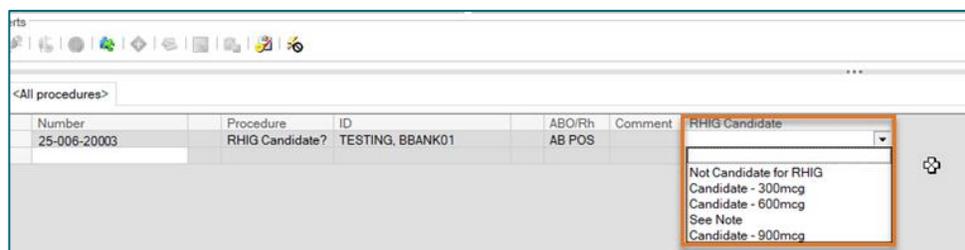
- PAT Nurses

## 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.

### Blood Bank/Nursing/Pharmacy

- Member organization laboratory sites will continue to provide Rho(D) immune globulin testing. This includes algorithms to determine maternal necessity and dosing.
- Within **PathNet**, a new **RHIG Candidate** column will be added to allow documentation pertaining to candidacy for Rho(D) administration.



- Based on selection above by blood bank staff, a medication order will be generated that will flow to pharmacy for verification.
- Upon entry of medication order, a chartable task will be available on the **MAR** for administration.
- Rho(D) immune globulin product will now be dispensed by inpatient pharmacy (or available in Pyxis).
- Currently **RhoGAM Administration PowerForm** is used by nursing for administration documentation. The values from this form flow to iView Recovery and Postpartum Band, Rho(D) Immune Globulin Management section. **The Form and iView Band will be removed.**
- If current documentation is present, it will reside in **Results Review** flowsheets: **Assessments** and **OB/GYN Flowsheet**.

Charting for: TESTING, MARY

**Rho (D) Immune globulin (WinRho SDF)**  
 300 mcg, Soln, IV Push, ONCE, 05/01/25 15:30:00 EDT, 05/01/25 15:30:00 EDT  
 1500 International Units. Reconstitute with Normal Saline only. 300 mcg = 1500 International Units

\*Performed date / time: 05/01/2025 1512 EDT

\*Performed by: GUIGGEY - TEST 01, JOSHUA

Witnessed by:

Lot Number: Trend

Exp. Date: Trend

Medication Education Provided: Trend

Administration Card Given: Trend

\*Rho (D) immune globulin: 300 mcg Volume: 0 ml

Diluent: <none> ml

\*Route: IV Push \*Site: Trend

Not Given

Reason: Trend

Comment

**Providers**

- Hospitals that provide OBGYN services: EMMC, Mercy Hospital, Maine Coast, and ARG-Continue to use the **OBG JPP**. This will effectively start the ordering process.
- In the case of emergency situations (miscarriage, life-threatening infection, or spontaneous hemorrhage) outside of Labor and Delivery, single-line medication orders for Rho(D) immune globulin can be entered.

**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: Monday, May 19, 2025**

## EHR Updates

May 15 – May 21, 2025

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

- Acute/Inpatient (to include ED and 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:**

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### Banner Bar Updates – effective 05/27/25

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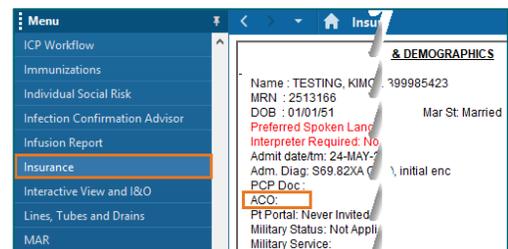


#### Alternative Location for COVID

- COVID Information can be found:
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  - Results Review: will show the results of any COVID test taken.
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- Isolation information will also fire to the Banner Bar to inform staff of a Modified Contact/Droplet precaution.

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- ACO can be found in the Insurance tab of the patient chart for those needing that information.



**WHY: Quick View. Better Care.**

**BMAT** and **Delirium** status are now visible in the banner bar – giving providers real-time insight into **mobility and cognitive status** at the point of care.

**Why it matters:**

- Enhances visibility to our patients at risk for falls, pressure injuries, deconditioning, and promotes early and frequent mobilization, reducing length of stay!
- Promotes early detection of delirium – a driver of longer stays and worse patient outcomes.
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**WHEN:** Tuesday, May 27, 2025

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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:

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---

## Nutrition

### Inpatient Only

#### **IMPORTANT:** Update to ServiceNow Ticket Process

**WHAT:** ServiceNow was recently updated to ensure work aligns with NLH Strategic Initiatives, facilitate high-quality system design of technology solutions, and optimize the use of limited resources.

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## EHR Updates

May 15 – May 21, 2025

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**WHY:** Request governance is an evolving process. These changes ensure work happening in our technology space support NLH priorities and enhance the delivery of high-quality care.

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- Acute/Inpatient
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**At the following NLH Member Organization(s):**

- All NLH Member Organizations

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- All Staff
-

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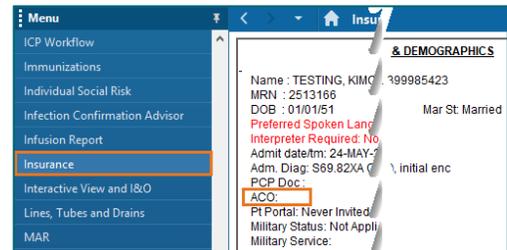


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- Isolation information will also fire to the Banner Bar to inform staff of a Modified Contact/Droplet precaution.

**Alternative Location to find ACO (Accountable Care Organization)**

- ACO can be found in the Insurance tab of the patient chart for those needing that information.



**WHY: Quick View. Better Care.**

**BMAT** and **Delirium** status are now visible in the banner bar – giving providers real-time insight into **mobility and cognitive status** at the point of care.

**Why it matters:**

- Enhances visibility to our patients at risk for falls, pressure injuries, deconditioning, and promotes early and frequent mobilization, reducing length of stay!
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## EHR Updates

**May 15 – May 21, 2025**

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The upgrade strengthens clinical decision-making and supports safer, more coordinated care to facilitate better patient outcomes.

**WHEN:** Tuesday, May 27, 2025

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

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

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

- All NLH Hospitals (excluding Mayo)

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

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---

## Patient Service Representatives

### Ambulatory/WIC Only

#### **IMPORTANT:** Update to ServiceNow Ticket Process

**WHAT:** ServiceNow was recently updated to ensure work aligns with NLH Strategic Initiatives, facilitate high-quality system design of technology solutions, and optimize the use of limited resources.

#### **Please Note: The break-fix ticketing process has not changed**

The updated fields are listed below. The intent of these additions is to fully understand the core issue vs. limiting the focus on the solution requested. It also ensures information needed to process the ticket is obtained sooner in the lifecycle.

- Description
  - Objectives / Outcomes
  - Strategic Alignment
  - Financial Impact
  - What is the risk of this does not move forward
  - Scope of impact
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**Is the pathway for approval of my ticket changing also?**

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**WHY:** Request governance is an evolving process. These changes ensure work happening in our technology space support NLH priorities and enhance the delivery of high-quality care.

**WHEN:** Effective Immediately

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

- Acute/Inpatient
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**At the following NLH Member Organization(s):**

- All NLH Member Organizations

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**Banner Bar Updates – effective 05/27/25**

**WHAT:** The Banner Bar custom fields will be updated to include BMAT (Bedside Mobility Assessment) and Delirium Scores. With this change, ACO and COVID will be removed.



**Alternative Location for COVID**

- COVID Information can be found:
  - Orders Component: will display any orders placed for a COVID swab.

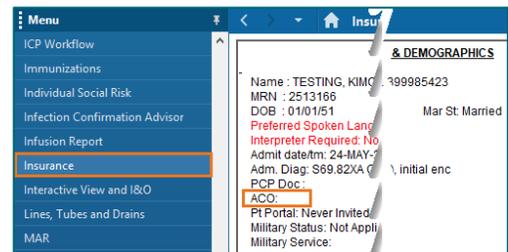
## EHR Updates

May 15 – May 21, 2025

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- Ambulatory/WIC

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

- All NLH Hospitals (excluding Mayo)
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**WHO:** The change will affect the following staff at the above noted locations:

- All Clinical Staff

---

## Pharmacists & Pharmacy Technicians

### Ambulatory/WIC

#### **IMPORTANT:** Update to ServiceNow Ticket Process

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- Objectives / Outcomes
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- Yes, we will require a VP level approval to proceed. The NLH VPs have been notified about this change.

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-

## EHR Updates

### May 15 – May 21, 2025

**WHY:** Request governance is an evolving process. These changes ensure work happening in our technology space support NLH priorities and enhance the delivery of high-quality care.

**WHEN:** Effective Immediately

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

- Acute/Inpatient
- Ambulatory/WIC

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

- All NLH Member Organizations

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

- All Staff

## Banner Bar Updates – effective 05/27/25

**WHAT:** The Banner Bar custom fields will be updated to include BMAT (Bedside Mobility Assessment) and Delirium Scores. With this change, ACO and COVID will be removed.



The screenshot shows a Banner Bar interface for a patient named TESTING, KIMCM. The bar is blue and contains the following information:

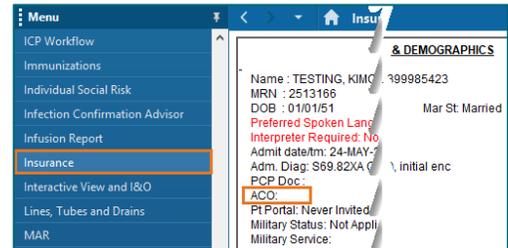
- Patient Name: TESTING, KIMCM
- Allergies: No Known Medication Allergies
- Code: DNAR / May Intubate
- myNLH: No
- BMAT: 3
- Delirium: Positive
- Dose Wgt: 190 kg
- Isolation: Airborne
- PCP: Primary Contact: TEST MD, ...
- No CommonWell+
- Notifications: 2

### Alternative Location for COVID

- COVID Information can be found:
  - Orders Component: will display any orders placed for a COVID swab.
  - Results Review: will show the results of any COVID test taken.
  - Lab Flowsheet component on MPages: will show COVID testing results.
- Isolation information will also fire to the Banner Bar to inform staff of a Modified Contact/Droplet precaution.

**Alternative Location to find ACO  
(Accountable Care Organization)**

- ACO can be found in the Insurance tab of the patient chart for those needing that information.



**WHY: Quick View. Better Care.**

**BMAT** and **Delirium** status are now visible in the banner bar – giving providers real-time insight into **mobility and cognitive status** at the point of care.

**Why it matters:**

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- Enhances team communication across nursing, therapy, and providers.

The upgrade strengthens clinical decision-making and supports safer, more coordinated care to facilitate better patient outcomes.

**WHEN: Tuesday, May 27, 2025**

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

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

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

- All NLH Hospitals (excluding Mayo)

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

- All Clinical Staff

## EHR Updates

May 15 – May 21, 2025

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### Inpatient/ED/Peri-Op

#### **IMPORTANT:** Update to ServiceNow Ticket Process

**WHAT:** ServiceNow was recently updated to ensure work aligns with NLH Strategic Initiatives, facilitate high-quality system design of technology solutions, and optimize the use of limited resources.

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- Description
- Objectives / Outcomes
- Strategic Alignment
- Financial Impact
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**WHY:** Request governance is an evolving process. These changes ensure work happening in our technology space support NLH priorities and enhance the delivery of high-quality care.

**WHEN:** Effective Immediately

---

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

- Acute/Inpatient
- Ambulatory/WIC

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

- All NLH Member Organizations

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

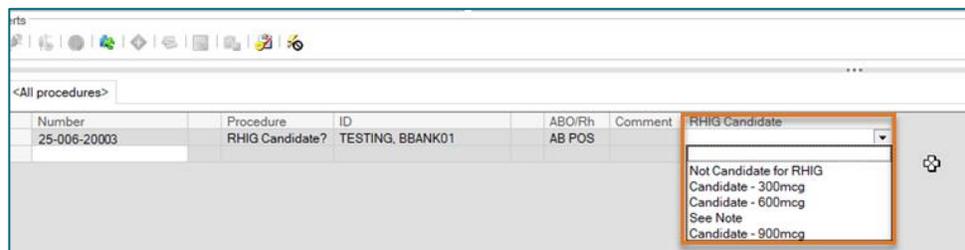
- All Staff

## 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.

### Blood Bank/Nursing/Pharmacy

- Member organization laboratory sites will continue to provide Rho(D) immune globulin testing. This includes algorithms to determine maternal necessity and dosing.
- Within **PathNet**, a new **RHIG Candidate** column will be added to allow documentation pertaining to candidacy for Rho(D) administration.



- Based on selection above by blood bank staff, a medication order will be generated that will flow to pharmacy for verification.
-

## EHR Updates

May 15 – May 21, 2025

- Upon entry of medication order, a chartable task will be available on the **MAR** for administration.
- Rho(D) immune globulin product will now be dispensed by inpatient pharmacy (or available in Pyxis).
- Currently **RhoGAM Administration PowerForm** is used by nursing for administration documentation. The values from this form flow to iView Recovery and Postpartum Band, Rho(D) Immune Globulin Management section. **The Form and iView Band will be removed.**
- If current documentation is present, it will reside in **Results Review** flowsheets: **Assessments** and **OB/GYN Flowsheet**.

The screenshot shows a software interface for charting a medication order. The window title is "Charting for: TESTING, MARY". The medication is "RHo (D) immune globulin (WinRho SDF)". The form includes fields for "Performed date / time" (05/01/2025 1512 EDT), "Performed by" (GUIGGEY - TEST 01, JOSHUA), and "Witnessed by". There are "Trend" links for "Lot Number", "Exp. Date", "Medication Education Provided", and "Administration Card Given". The medication details section shows "RHo (D) immune globulin" with a dose of "300 mcg", "Volume" of "0 ml", "Diluent" of "<none> ml", "Route" of "IV Push", and "Site" of a highlighted yellow box. There are also fields for "Reason" and "Comment".

### Providers

- Hospitals that provide OBGYN services: EMMC, Mercy Hospital, Maine Coast, and ARG-Continue to use the **OBG JPP**. This will effectively start the ordering process.
- In the case of emergency situations (miscarriage, life-threatening infection, or spontaneous hemorrhage) outside of Labor and Delivery, single-line medication orders for Rho(D) immune globulin can be entered.

**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:** Monday, May 19, 2025

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

- Acute/Inpatient (to include ED and 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:**

- Laboratory/Blood Bank
- Nursing
- Pharmacists
- Providers

**Banner Bar Updates – effective 05/27/25**

**WHAT:** The Banner Bar custom fields will be updated to include BMAT (Bedside Mobility Assessment) and Delirium Scores. With this change, ACO and COVID will be removed.

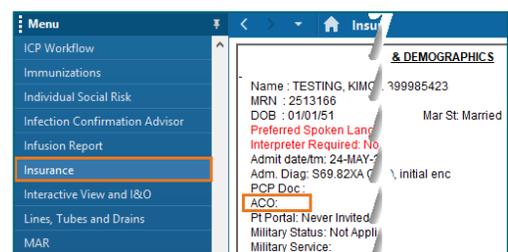


**Alternative Location for COVID**

- COVID Information can be found:
  - Orders Component: will display any orders placed for a COVID swab.
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- Isolation information will also fire to the Banner Bar to inform staff of a Modified Contact/Droplet precaution.

**Alternative Location to find ACO (Accountable Care Organization)**

- ACO can be found in the Insurance tab of the patient chart for those needing that information.



**WHY: Quick View. Better Care.**

## EHR Updates

May 15 – May 21, 2025

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**BMAT** and **Delirium** status are now visible in the banner bar – giving providers real-time insight into **mobility and cognitive status** at the point of care.

**Why it matters:**

- Enhances visibility to our patients at risk for falls, pressure injuries, deconditioning, and promotes early and frequent mobilization, reducing length of stay!
- Promotes early detection of delirium – a driver of longer stays and worse patient outcomes.
- Supports safer medication use and better discharge planning.
- Enhances team communication across nursing, therapy, and providers.

The upgrade strengthens clinical decision-making and supports safer, more coordinated care to facilitate better patient outcomes.

**WHEN:** Tuesday, May 27, 2025

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

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

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

- All NLH Hospitals (excluding Mayo)

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

- All Clinical Staff

---

## Physicians, Physician Assistants, Nurse Practitioners

### Ambulatory/WIC

#### **IMPORTANT:** Update to ServiceNow Ticket Process

**WHAT:** ServiceNow was recently updated to ensure work aligns with NLH Strategic Initiatives, facilitate high-quality system design of technology solutions, and optimize the use of limited resources.

**Please Note: The break-fix ticketing process has not changed**

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The updated fields are listed below. The intent of these additions is to fully understand the core issue vs. limiting the focus on the solution requested. It also ensures information needed to process the ticket is obtained sooner in the lifecycle.

- Description
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**WHEN:** Effective Immediately

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- Acute/Inpatient
- Ambulatory/WIC

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

- All NLH Member Organizations

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- All Staff
-

## EHR Updates

May 15 – May 21, 2025

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### Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2*

**WHAT:** The Modernized Vital Sign component and Clinical Entry Workspace will be implemented within the Workflow MPages.

#### Modernized Vital Sign Component

- The Modernized Vital Sign component will allow documentation of:
  - Vital Signs
  - Pain Location, Pain Scale, and Pain Score
  - Measurements
- **Temperature** and **Temperature Method** will be combined in one documentation field in the Vital Signs component, Interactive View and I&O, and PowerForms.

#### Clinical Entry Workspace

- Located on the right side of the MPages.
- Providers and nurses will document components that feed their Dynamic Documentation Notes and the Patient Discharge Summary.
- Provides an efficient method to search for and open PowerForms.
  - PowerForms can be saved as a favorite.
- View PowerForm documentation.
- Modification of documentation from the Vital Sign component and PowerForms can be performed within this space.

**WHY:** Implementing Modernized Vital Signs Component and Clinical Entry Workspace within the MPage is the first step towards new functionality called Integrated Charting. Integrated Charting provides workflow efficiencies.

**WHEN:** **Monday, June 2, 2025**

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

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

---

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

- All NLH Member Organizations (excluding Mayo)

**WHO:**

**The change will affect the following staff:**

- Ambulatory RNs and LPNs
- Clinical Staff
- Imaging
- MAs
- Nurses
- Nurse Techs
- Providers
- Rehab and Respiratory Therapy

**EDUCATION  
STRATEGY:**

**Online Promise Point Simulation Education [Available Now!](#)**

**All PowerForm and Dynamic Documentation Users**

- Curriculum Name: Clinical Entry Workspace
  - NOLH-1840.15 PCTRV Use the Clinical Entry Workspace
    - Duration 6 minutes

**Inpatient and Surgical Clinical Staff**

- Curriculum Name: Modernized Vitals-Clinical v1
  - NOLH-1030 ACTAMB Document from the Vital Signs Component
    - Duration 29 minutes
  - NOLH-1040 ACTAMB Document Vital Signs in iView
    - Duration 4 minutes

**Ambulatory and ED Clinical Staff**

- Curriculum: Modernized Vitals-Clinical v2
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**Flyer-based education**

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## EHR Updates

May 15 – May 21, 2025

### HOW: Required Online Education in the PromisePoint Community

- **Online Simulator Education – Available Now!**
  - URL: [www.promisepoint.com/northernlighthouse](http://www.promisepoint.com/northernlighthouse)
  - Username:
    - **NLH Employees:** Seven-digit employee number with leading zeros, e.g., 0098765
    - **Contracted Employees:** Username provided at the time of hire
  - **Initial Password:** password
    - Initial password is all lowercase.
    - If PromisePoint password has been previously set-up, please use that password.
  - **Need a password reset?** [Click this link to reach out to Health Informatics](#) (resets are available M-F, 08:00-16:30).



### IMPORTANT: Video education must be completed before go-live.

<b>KEY UPCOMING DATES:</b>	<b>Date: May 5</b>	<b>PromisePoint Simulation Education Opens</b>
	<b>Date: May 30</b>	<b>DUE: All Assigned Education</b>
	<b>Date: June 2</b>	<b>Go-Live Focused Rounding by Health Informatics</b>

### A Note of Thanks

Learning how to use the new tools and workflows is the first step towards adoption. True adoption will help us care for our patients and grow within our expanding, highly connected health system. Your partnership is key to making this a reality and we appreciate your ongoing support.

### Banner Bar Updates – effective 05/27/25

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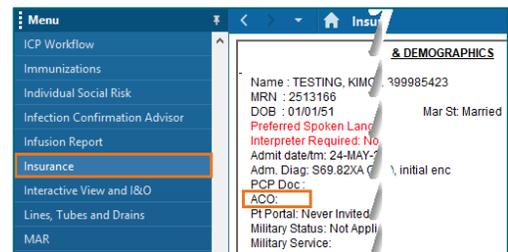


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-

## EHR Updates

May 15 – May 21, 2025

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

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

- All Clinical Staff

### Emergency

#### **IMPORTANT:** Update to ServiceNow Ticket Process

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**WHY:** Request governance is an evolving process. These changes ensure work happening in our technology space support NLH priorities and enhance the delivery of high-quality care.

**WHEN:** Effective Immediately

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

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-

## EHR Updates

**May 15 – May 21, 2025**

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- View PowerForm documentation.
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**WHY:** Implementing Modernized Vital Signs Component and Clinical Entry Workspace within the MPage is the first step towards new functionality called Integrated Charting. Integrated Charting provides workflow efficiencies.

**WHEN:** **Monday, June 2, 2025**

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- Imaging
- MAs
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- Nurse Techs
- Providers
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### Flyer-based education

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  - Username:
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    - **Contracted Employees:** Username provided at the time of hire
  - **Initial Password:** password
    - Initial password is all lowercase.
    - If PromisePoint password has been previously set-up, please use that password.
  - **Need a password reset?** [Click this link to reach out to Health Informatics](#) (resets are available M-F, 08:00-16:30).



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**Date: May 30**      **DUE: All Assigned Education**

**Date: June 2**      **Go-Live Focused Rounding by Health Informatics**

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## EHR Updates

### May 15 – May 21, 2025

#### A Note of Thanks

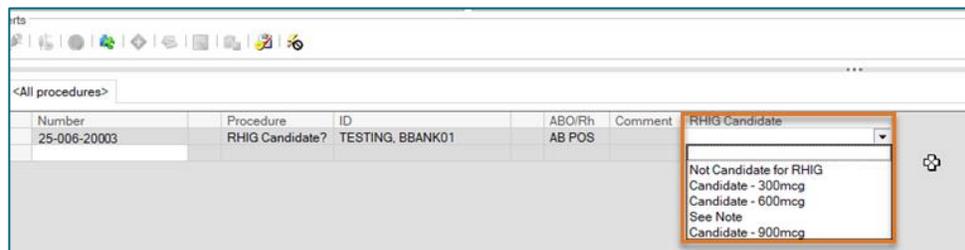
Learning how to use the new tools and workflows is the first step towards adoption. True adoption will help us care for our patients and grow within our expanding, highly connected health system. Your partnership is key to making this a reality and we appreciate your ongoing support.

### 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.

#### Blood Bank/Nursing/Pharmacy

- Member organization laboratory sites will continue to provide Rho(D) immune globulin testing. This includes algorithms to determine maternal necessity and dosing.
- Within **PathNet**, a new **RHIG Candidate** column will be added to allow documentation pertaining to candidacy for Rho(D) administration.



- Based on selection above by blood bank staff, a medication order will be generated that will flow to pharmacy for verification.
-

- Upon entry of medication order, a chartable task will be available on the **MAR** for administration.
- Rho(D) immune globulin product will now be dispensed by inpatient pharmacy (or available in Pyxis).
- Currently **RhoGAM Administration PowerForm** is used by nursing for administration documentation. The values from this form flow to iView Recovery and Postpartum Band, Rho(D) Immune Globulin Management section. **The Form and iView Band will be removed.**
- If current documentation is present, it will reside in **Results Review** flowsheets: **Assessments** and **OB/GYN Flowsheet**.

The screenshot shows a software interface for charting a medication order. The title bar reads "Charting for: TESTING, MARY". The main content area is titled "Rho (D) immune globulin (WinRho SDF)" and includes the following information: "300 mcg, Soln, IV Push, ONCE, 05/01/25 15:30:00 EDT, 05/01/25 15:30:00 EDT, 1500 International Units. Reconstitute with Normal Saline only. 300 mcg = 1500 International Units". Below this, there are several input fields:
 

- \*Performed date / time: 05/01/2025 1512 EDT
- \*Performed by: GUIGGEY - TEST 01, JOSHUA
- Witnessed by: (empty)
- Lot Number: (empty)
- Exp. Date: (empty)
- Medication Education Provided: (dropdown menu)
- Administration Card Given: (dropdown menu)
- \*RHo (D) immune globulin: 300 mcg, Volume: 0 ml
- Diluent: <none> ml
- \*Route: IV Push, \*Site: (dropdown menu)
- Reason: (dropdown menu)
- Comment: (text area)

 The "Medication Education Provided" and "Administration Card Given" fields are highlighted with a red rectangular box.

**Providers**

- Hospitals that provide OBGYN services: EMMC, Mercy Hospital, Maine Coast, and ARG-Continue to use the **OBG JPP**. This will effectively start the ordering process.
- In the case of emergency situations (miscarriage, life-threatening infection, or spontaneous hemorrhage) outside of Labor and Delivery, single-line medication orders for Rho(D) immune globulin can be entered.

**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: Monday, May 19, 2025**

## EHR Updates

May 15 – May 21, 2025

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

- Acute/Inpatient (to include ED and 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:**

- Laboratory/Blood Bank
- Nursing
- Pharmacists
- Providers

### Banner Bar Updates – effective 05/27/25

**WHAT:** The Banner Bar custom fields will be updated to include BMAT (Bedside Mobility Assessment) and Delirium Scores. With this change, ACO and COVID will be removed.

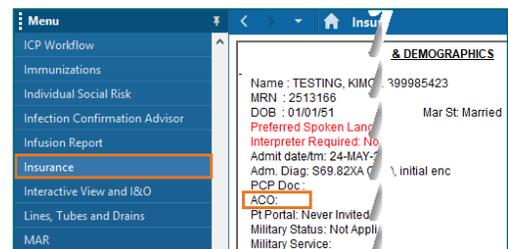


#### Alternative Location for COVID

- COVID Information can be found:
  - Orders Component: will display any orders placed for a COVID swab.
  - Results Review: will show the results of any COVID test taken.
  - Lab Flowsheet component on MPages: will show COVID testing results.
- Isolation information will also fire to the Banner Bar to inform staff of a Modified Contact/Droplet precaution.

#### Alternative Location to find ACO (Accountable Care Organization)

- ACO can be found in the Insurance tab of the patient chart for those needing that information.



**WHY: Quick View. Better Care.**

**BMAT** and **Delirium** status are now visible in the banner bar – giving providers real-time insight into **mobility and cognitive status** at the point of care.

**Why it matters:**

- Enhances visibility to our patients at risk for falls, pressure injuries, deconditioning, and promotes early and frequent mobilization, reducing length of stay!
- Promotes early detection of delirium – a driver of longer stays and worse patient outcomes.
- Supports safer medication use and better discharge planning.
- Enhances team communication across nursing, therapy, and providers.

The upgrade strengthens clinical decision-making and supports safer, more coordinated care to facilitate better patient outcomes.

**WHEN:** Tuesday, May 27, 2025

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

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

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

- All NLH Hospitals (excluding Mayo)

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

- All Clinical Staff

## Inpatient

### **IMPORTANT:** Update to ServiceNow Ticket Process

**WHAT:** ServiceNow was recently updated to ensure work aligns with NLH Strategic Initiatives, facilitate high-quality system design of technology solutions, and optimize the use of limited resources.

**Please Note: The break-fix ticketing process has not changed**

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## EHR Updates

May 15 – May 21, 2025

The updated fields are listed below. The intent of these additions is to fully understand the core issue vs. limiting the focus on the solution requested. It also ensures information needed to process the ticket is obtained sooner in the lifecycle.

- Description
- Objectives / Outcomes
- Strategic Alignment
- Financial Impact
- What is the risk of this does not move forward
- Scope of impact

### Is the pathway for approval of my ticket changing also?

- Yes, we will require a VP level approval to proceed. The NLH VPs have been notified about this change.

### Will this update prevent the submission of great ideas?

- That is not the intent, and it should not. Though more questions need to be answered up front, the hope is that these ideas are even better thought out at the time of submitting the ticket.

**WHY:** Request governance is an evolving process. These changes ensure work happening in our technology space support NLH priorities and enhance the delivery of high-quality care.

**WHEN:** Effective Immediately

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

- Acute/Inpatient
- Ambulatory/WIC

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

- All NLH Member Organizations

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

- All Staff
-

## Modernized Vitals and Clinical Entry Workspace – **Deadline May 30, Go-Live June 2**

**WHAT:** The Modernized Vital Sign component and Clinical Entry Workspace will be implemented within the Workflow MPages.

### Modernized Vital Sign Component

- The Modernized Vital Sign component will allow documentation of:
  - Vital Signs
  - Pain Location, Pain Scale, and Pain Score
  - Measurements
- **Temperature** and **Temperature Method** will be combined in one documentation field in the Vital Signs component, Interactive View and I&O, and PowerForms.

### Clinical Entry Workspace

- Located on the right side of the MPages.
- Providers and nurses will document components that feed their Dynamic Documentation Notes and the Patient Discharge Summary.
- Provides an efficient method to search for and open PowerForms.
  - PowerForms can be saved as a favorite.
- View PowerForm documentation.
- Modification of documentation from the Vital Sign component and PowerForms can be performed within this space.

**WHY:** Implementing Modernized Vital Signs Component and Clinical Entry Workspace within the MPage is the first step towards new functionality called Integrated Charting. Integrated Charting provides workflow efficiencies.

**WHEN:** **Monday, June 2, 2025**

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

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

---

## EHR Updates

May 15 – May 21, 2025

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

- All NLH Member Organizations (excluding Mayo)

**WHO:**

**The change will affect the following staff:**

- Ambulatory RNs and LPNs
- Clinical Staff
- Imaging
- MAs
- Nurses
- Nurse Techs
- Providers
- Rehab and Respiratory Therapy

**EDUCATION STRATEGY:**

**Online Promise Point Simulation Education [Available Now!](#)**

**All PowerForm and Dynamic Documentation Users**

- Curriculum Name: Clinical Entry Workspace
  - NOLH-1840.15 PCTRV Use the Clinical Entry Workspace
    - Duration 6 minutes

**Inpatient and Surgical Clinical Staff**

- Curriculum Name: Modernized Vitals-Clinical v1
  - NOLH-1030 ACTAMB Document from the Vital Signs Component
    - Duration 29 minutes
  - NOLH-1040 ACTAMB Document Vital Signs in iView
    - Duration 4 minutes

**Ambulatory and ED Clinical Staff**

- Curriculum: Modernized Vitals-Clinical v2
  - NOLH-1030 ACTAMB Document from the Vital Signs Component
    - Duration 29 mins!
  - NOLH-1035 ACTAMB Document Temperature in a PowerForm
    - Duration 2 mins!
  - NOLH-1040 ACTAMB Document Vital Signs in iView
    - Duration 4 mins!

**Flyer-based education**

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**HOW:**

**Required Online Education in the PromisePoint Community**

- **Online Simulator Education – Available Now!**
  - URL: [www.promisepoint.com/northernlighthouse](http://www.promisepoint.com/northernlighthouse)
  - Username:
    - **NLH Employees:** Seven-digit employee number with leading zeros, e.g., 0098765
    - **Contracted Employees:** Username provided at the time of hire
  - **Initial Password:** password
    - Initial password is all lowercase.
    - If PromisePoint password has been previously set-up, please use that password.
  - **Need a password reset?** [Click this link to reach out to Health Informatics](#) (resets are available M-F, 08:00-16:30).



**IMPORTANT: Video education must be completed before go-live.**

**KEY  
UPCOMING  
DATES:**

- |                     |   |
|---------------------|---|
| <b>Date: May 5</b>  | <b>PromisePoint Simulation Education Opens</b>        |
| <b>Date: May 30</b> | <b>DUE: All Assigned Education</b>                    |
| <b>Date: June 2</b> | <b>Go-Live Focused Rounding by Health Informatics</b> |

**A Note of Thanks**

Learning how to use the new tools and workflows is the first step towards adoption. True adoption will help us care for our patients and grow within our expanding, highly connected health system. Your partnership is key to making this a reality and we appreciate your ongoing support.

## EHR Updates

May 15 – May 21, 2025

### Avoidable Days/Denials MPage Update

**WHAT:** The **Avoidable Days/Denials MPage** will be updated to have reduced choices when selecting from the **Reason Type** and **Reason** within the **Avoidable Days** component.

#### Reason Type

- Four options are available within **Reason Type**.

*Reason Type
Post-Acute Care
Patient/Family
Administrative
Financial

#### Reason

- Each **Reason Type** has its own **Reason** options.

*Reason Type
Patient/Family
*Reason
Discharge Decision
Guardianship
Patient Appeal
Transportation

*Reason Type
Administrative
*Reason
Attending Provider
Care Coordination
Cath Lab Procedure
Consult – Specialist
Consult – Therapy
Imaging or Interventional Radiology
Laboratory or Testing
Nursing
Procedure Other
Surgical Procedural

*Reason Type
Financial
*Reason
Insurance Authorization
Lack of Insurance / Underinsured
Medicaid Pending

*Reason Type
Post-Acute Care
*Reason
Acute Rehab Lack of Bed Availability
Assisted Living Lack of Bed Availability
Behavioral Health (BH) Lack of Bed
Dialysis
DME / Oxygen
Home Health/Hospice Availability NLH
Home Health/Hospice Availability non-NLH
Home Infusion Medication Delivery
Long Term Acute Care (LTAC) Lack of Bed
Nursing Home Lack of Bed Availability
Residential Care Lack of Bed
Skilled Nsg. Facility (SNF) Lack of Bed
Transfer (Acute to Acute Hospital) (NLH)
Transfer (Acute to Acute) (non-NLH)

For more education, please see the [Documenting Avoidable Days](#) Flyer.

**WHY:** Limiting excess options within the **Avoidable Day Reason dropdown** will enhance documentation efficiency and accuracy in representing reasons for delayed patient discharge.

**WHEN:** Thursday, May 15, 2025

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

- Acute/Inpatient

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

- All NLH Hospitals (excluding Mayo and Acadia)

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

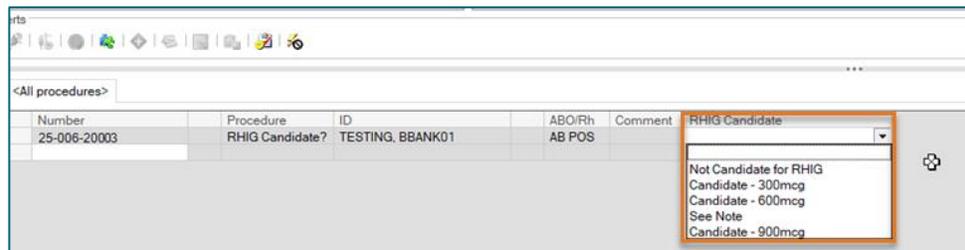
- Care Management
- Leadership Reviewing Reports
- Providers

## 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.

### Blood Bank/Nursing/Pharmacy

- Member organization laboratory sites will continue to provide Rho(D) immune globulin testing. This includes algorithms to determine maternal necessity and dosing.
- Within **PathNet**, a new **RHIG Candidate** column will be added to allow documentation pertaining to candidacy for Rho(D) administration.



- Based on selection above by blood bank staff, a medication order will be generated that will flow to pharmacy for verification.
-

## EHR Updates

May 15 – May 21, 2025

- Upon entry of medication order, a chartable task will be available on the **MAR** for administration.
- Rho(D) immune globulin product will now be dispensed by inpatient pharmacy (or available in Pyxis).
- Currently **RhoGAM Administration PowerForm** is used by nursing for administration documentation. The values from this form flow to iView Recovery and Postpartum Band, Rho(D) Immune Globulin Management section. **The Form and iView Band will be removed.**
- If current documentation is present, it will reside in **Results Review** flowsheets: **Assessments** and **OB/GYN Flowsheet**.

The screenshot shows a charting window titled "Charting for: TESTING, MARY". The main heading is "RHo (D) immune globulin (WinRho SDF)" with a sub-heading "300 mcg, Soln., IV Push, ONCE, 05/01/25 15:30:00 EDT, 05/01/25 15:30:00 EDT" and "1500 International Units. Reconstitute with Normal Saline only. 300 mcg = 1500 International Units".

Fields include:

- \*Performed date / time: 05/01/2025 1512 EDT
- \*Performed by: GUIGGEY - TEST 01, JOSHUA
- Witnessed by: (empty)
- Lot Number: (empty) Trend
- Exp. Date: (empty) Trend
- Medication Education Provided: (dropdown) Trend
- Administration Card Given: (dropdown) Trend
- \*RHo (D) immune globulin: 300 mcg Volume: 0 ml
- Diluent: <none> ml
- \*Route: IV Push \*Site: (dropdown)
- Not Given
- Reason: (dropdown)
- Comment: (text area)

### Providers

- Hospitals that provide OBGYN services: EMMC, Mercy Hospital, Maine Coast, and ARG-Continue to use the **OBG JPP**. This will effectively start the ordering process.
- In the case of emergency situations (miscarriage, life-threatening infection, or spontaneous hemorrhage) outside of Labor and Delivery, single-line medication orders for Rho(D) immune globulin can be entered.

**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:** Monday, May 19, 2025

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

- Acute/Inpatient (to include ED and 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:**

- Laboratory/Blood Bank
- Nursing
- Pharmacists
- Providers

**Banner Bar Updates – effective 05/27/25**

**WHAT:** The Banner Bar custom fields will be updated to include BMAT (Bedside Mobility Assessment) and Delirium Scores. With this change, ACO and COVID will be removed.



**Alternative Location for COVID**

- COVID Information can be found:
  - Orders Component: will display any orders placed for a COVID swab.
  - Results Review: will show the results of any COVID test taken.
  - Lab Flowsheet component on MPages: will show COVID testing results.
- Isolation information will also fire to the Banner Bar to inform staff of a Modified Contact/Droplet precaution.

**Alternative Location to find ACO (Accountable Care Organization)**

- ACO can be found in the Insurance tab of the patient chart for those needing that information.



**WHY: Quick View. Better Care.**

## EHR Updates

May 15 – May 21, 2025

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**BMAT** and **Delirium** status are now visible in the banner bar – giving providers real-time insight into **mobility and cognitive status** at the point of care.

**Why it matters:**

- Enhances visibility to our patients at risk for falls, pressure injuries, deconditioning, and promotes early and frequent mobilization, reducing length of stay!
- Promotes early detection of delirium – a driver of longer stays and worse patient outcomes.
- Supports safer medication use and better discharge planning.
- Enhances team communication across nursing, therapy, and providers.

The upgrade strengthens clinical decision-making and supports safer, more coordinated care to facilitate better patient outcomes.

**WHEN:** Tuesday, May 27, 2025

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

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

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

- All NLH Hospitals (excluding Mayo)

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

- All Clinical Staff

### Peri-Op

#### **IMPORTANT:** Update to ServiceNow Ticket Process

**WHAT:** ServiceNow was recently updated to ensure work aligns with NLH Strategic Initiatives, facilitate high-quality system design of technology solutions, and optimize the use of limited resources.

**Please Note: The break-fix ticketing process has not changed**

---

The updated fields are listed below. The intent of these additions is to fully understand the core issue vs. limiting the focus on the solution requested. It also ensures information needed to process the ticket is obtained sooner in the lifecycle.

- Description
- Objectives / Outcomes
- Strategic Alignment
- Financial Impact
- What is the risk of this does not move forward
- Scope of impact

**Is the pathway for approval of my ticket changing also?**

- Yes, we will require a VP level approval to proceed. The NLH VPs have been notified about this change.

**Will this update prevent the submission of great ideas?**

- That is not the intent, and it should not. Though more questions need to be answered up front, the hope is that these ideas are even better thought out at the time of submitting the ticket.

**WHY:** Request governance is an evolving process. These changes ensure work happening in our technology space support NLH priorities and enhance the delivery of high-quality care.

**WHEN:** Effective Immediately

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

- Acute/Inpatient
- Ambulatory/WIC

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

- All NLH Member Organizations

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

- All Staff
-

## EHR Updates

**May 15 – May 21, 2025**

Page 118 of 129

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### Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2*

**WHAT:** The Modernized Vital Sign component and Clinical Entry Workspace will be implemented within the Workflow MPages.

#### Modernized Vital Sign Component

- The Modernized Vital Sign component will allow documentation of:
  - Vital Signs
  - Pain Location, Pain Scale, and Pain Score
  - Measurements
- **Temperature** and **Temperature Method** will be combined in one documentation field in the Vital Signs component, Interactive View and I&O, and PowerForms.

#### Clinical Entry Workspace

- Located on the right side of the MPages.
- Providers and nurses will document components that feed their Dynamic Documentation Notes and the Patient Discharge Summary.
- Provides an efficient method to search for and open PowerForms.
  - PowerForms can be saved as a favorite.
- View PowerForm documentation.
- Modification of documentation from the Vital Sign component and PowerForms can be performed within this space.

**WHY:** Implementing Modernized Vital Signs Component and Clinical Entry Workspace within the MPage is the first step towards new functionality called Integrated Charting. Integrated Charting provides workflow efficiencies.

**WHEN:** **Monday, June 2, 2025**

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

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

---

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

- All NLH Member Organizations (excluding Mayo)

**WHO:**

**The change will affect the following staff:**

- Ambulatory RNs and LPNs
- Clinical Staff
- Imaging
- MAs
- Nurses
- Nurse Techs
- Providers
- Rehab and Respiratory Therapy

**EDUCATION  
STRATEGY:**

**Online Promise Point Simulation Education [Available Now!](#)**

**All PowerForm and Dynamic Documentation Users**

- Curriculum Name: Clinical Entry Workspace
  - NOLH-1840.15 PCTRV Use the Clinical Entry Workspace
    - Duration 6 minutes

**Inpatient and Surgical Clinical Staff**

- Curriculum Name: Modernized Vitals-Clinical v1
  - NOLH-1030 ACTAMB Document from the Vital Signs Component
    - Duration 29 minutes
  - NOLH-1040 ACTAMB Document Vital Signs in iView
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**Ambulatory and ED Clinical Staff**

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**Flyer-based education**

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## EHR Updates

May 15 – May 21, 2025

### HOW: **Required Online Education in the PromisePoint Community**

- **Online Simulator Education – Available Now!**
  - URL: [www.promisepoint.com/northernlighthouse](http://www.promisepoint.com/northernlighthouse)
  - Username:
    - **NLH Employees:** Seven-digit employee number with leading zeros, e.g., 0098765
    - **Contracted Employees:** Username provided at the time of hire
  - **Initial Password:** password
    - Initial password is all lowercase.
    - If PromisePoint password has been previously set-up, please use that password.
  - **Need a password reset?** [Click this link to reach out to Health Informatics](#) (resets are available M-F, 08:00-16:30).



**IMPORTANT:** Video education must be completed before go-live.

<b>KEY UPCOMING DATES:</b>	<b>Date: May 5</b>	<b>PromisePoint Simulation Education Opens</b>
	<b>Date: May 30</b>	<b>DUE: All Assigned Education</b>
	<b>Date: June 2</b>	<b>Go-Live Focused Rounding by Health Informatics</b>

### A Note of Thanks

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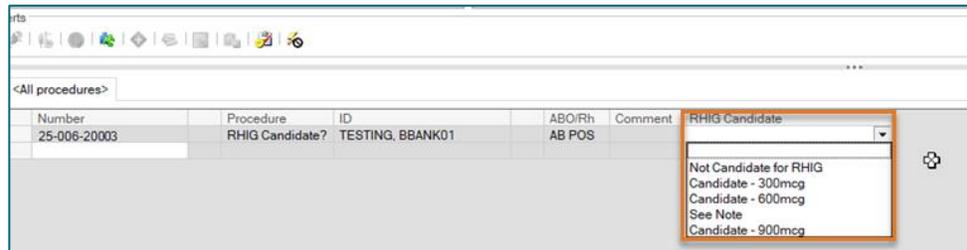
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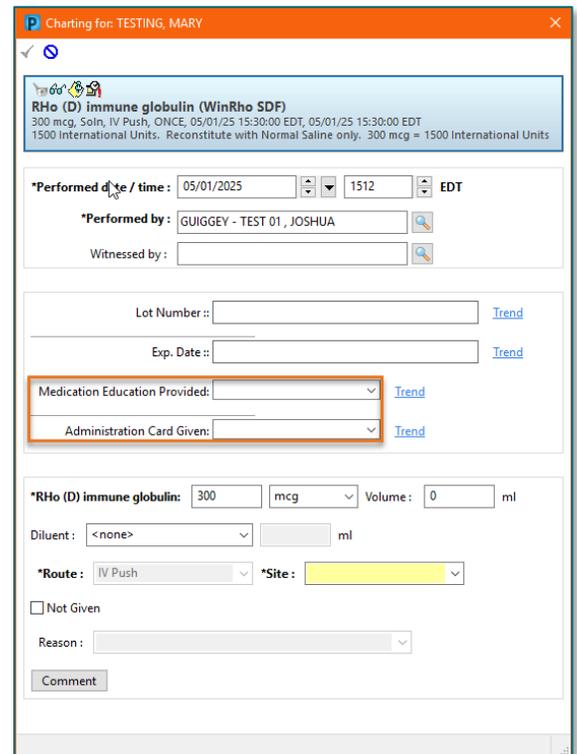
**Blood Bank/Nursing/Pharmacy**

---

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**Providers**

- Hospitals that provide OBGYN services: EMMC, Mercy Hospital, Maine Coast, and ARG-Continue to use the **OBG JPP**. This will effectively start the ordering process.

## EHR Updates

### May 15 – May 21, 2025

- In the case of emergency situations (miscarriage, life-threatening infection, or spontaneous hemorrhage) outside of Labor and Delivery, single-line medication orders for Rho(D) immune globulin can be entered.

**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

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- All NLH Hospitals (excluding Mayo)

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- Nursing
- Pharmacists
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## Banner Bar Updates – effective 05/27/25

**WHAT:** The Banner Bar custom fields will be updated to include BMAT (Bedside Mobility Assessment) and Delirium Scores. With this change, ACO and COVID will be removed.



The screenshot shows a Banner Bar interface with the following information:

- Tab: TESTING, KIMCM
- Profile: TESTING, KIMCM
- Allergies: No Known Medication Allergies
- Code: DNAR / May Intubate
- myNLH: No
- BMAT: 3
- Delirium: Positive
- Dose Wgt: 190 kg
- Isolation: Airborne
- PCP: Primary Contact: TEST MD, ...
- No CommonWell+
- Notifications: 2

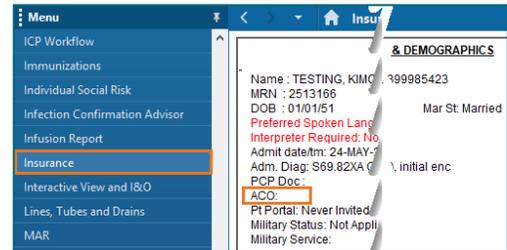
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    - Orders Component: will display any orders placed for a COVID swab.
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-

- Lab Flowsheet component on MPages: will show COVID testing results.
- Isolation information will also fire to the Banner Bar to inform staff of a Modified Contact/Droplet precaution.

### Alternative Location to find ACO (Accountable Care Organization)

- ACO can be found in the Insurance tab of the patient chart for those needing that information.



#### **WHY: Quick View. Better Care.**

**BMAT** and **Delirium** status are now visible in the banner bar – giving providers real-time insight into **mobility and cognitive status** at the point of care.

#### **Why it matters:**

- Enhances visibility to our patients at risk for falls, pressure injuries, deconditioning, and promotes early and frequent mobilization, reducing length of stay!
- Promotes early detection of delirium – a driver of longer stays and worse patient outcomes.
- Supports safer medication use and better discharge planning.
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- Acute/Inpatient (to include ED & Peri-Op)
- Ambulatory/WIC

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

- All NLH Hospitals (excluding Mayo)

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

- All Clinical Staff
-

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### Therapies: Occupational, Physical, Speech, & Respiratory

#### All Ambulatory & Inpatient Areas

#### **IMPORTANT:** Update to ServiceNow Ticket Process

**WHAT:** ServiceNow was recently updated to ensure work aligns with NLH Strategic Initiatives, facilitate high-quality system design of technology solutions, and optimize the use of limited resources.

#### **Please Note: The break-fix ticketing process has not changed**

The updated fields are listed below. The intent of these additions is to fully understand the core issue vs. limiting the focus on the solution requested. It also ensures information needed to process the ticket is obtained sooner in the lifecycle.

- Description
- Objectives / Outcomes
- Strategic Alignment
- Financial Impact
- What is the risk of this does not move forward
- Scope of impact

#### **Is the pathway for approval of my ticket changing also?**

- Yes, we will require a VP level approval to proceed. The NLH VPs have been notified about this change.

#### **Will this update prevent the submission of great ideas?**

- That is not the intent, and it should not. Though more questions need to be answered up front, the hope is that these ideas are even better thought out at the time of submitting the ticket.

**WHY:** Request governance is an evolving process. These changes ensure work happening in our technology space support NLH priorities and enhance the delivery of high-quality care.

**WHEN:** Effective Immediately

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

- Acute/Inpatient
- Ambulatory/WIC

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

- All NLH Member Organizations

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

- All Staff

**Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2***

**WHAT:** The Modernized Vital Sign component and Clinical Entry Workspace will be implemented within the Workflow Mpages.

**Modernized Vital Sign Component**

- The Modernized Vital Sign component will allow documentation of:
  - Vital Signs
  - Pain Location, Pain Scale, and Pain Score
  - Measurements
- **Temperature** and **Temperature Method** will be combined in one documentation field in the Vital Signs component, Interactive View and I&O, and PowerForms.

**Clinical Entry Workspace**

- Located on the right side of the MPages.
  - Providers and nurses will document components that feed their Dynamic Documentation Notes and the Patient Discharge Summary.
  - Provides an efficient method to search for and open PowerForms.
    - PowerForms can be saved as a favorite.
  - View PowerForm documentation.
  - Modification of documentation from the Vital Sign component and PowerForms can be performed within this space.
-

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**WHY:** Implementing Modernized Vital Signs Component and Clinical Entry Workspace within the MPage is the first step towards new functionality called Integrated Charting. Integrated Charting provides workflow efficiencies.

**WHEN:** **Monday, June 2, 2025**

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

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

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

- All NLH Member Organizations (excluding Mayo)

**WHO:** **The change will affect the following staff:**

- Ambulatory RNs and LPNs
- Clinical Staff
- Imaging
- MAs
- Nurses
- Nurse Techs
- Providers
- Rehab and Respiratory Therapy

**EDUCATION STRATEGY:** **Online Promise Point Simulation Education [Available Now!](#)**

### **All PowerForm and Dynamic Documentation Users**

- Curriculum Name: Clinical Entry Workspace
  - NOLH-1840.15 PCTRV Use the Clinical Entry Workspace
    - Duration 6 minutes

### **Inpatient and Surgical Clinical Staff**

- Curriculum Name: Modernized Vitals-Clinical v1
    - NOLH-1030 ACTAMB Document from the Vital Signs Component
      - Duration 29 minutes
    - NOLH-1040 ACTAMB Document Vital Signs in iView
      - Duration 4 minutes
-

### Ambulatory and ED Clinical Staff

- Curriculum: Modernized Vitals-Clinical v2
  - NOLH-1030 ACTAMB Document from the Vital Signs Component
    - Duration 29 mins!
  - NOLH-1035 ACTAMB Document Temperature in a PowerForm
    - Duration 2 mins!
  - NOLH-1040 ACTAMB Document Vital Signs in iView
    - Duration 4 mins!

### Flyer-based education

#### HOW:

### Required Online Education in the PromisePoint Community

- Online Simulator Education – **Available Now!**
  - URL: [www.promisepoint.com/northernlighthealth](http://www.promisepoint.com/northernlighthealth)
  - Username:
    - **NLH Employees:** Seven-digit employee number with leading zeros, e.g., 0098765
    - **Contracted Employees:** Username provided at the time of hire
  - Initial Password: password
    - Initial password is all lowercase.
    - If PromisePoint password has been previously set-up, please use that password.
  - **Need a password reset?** [Click this link to reach out to Health Informatics](#) (resets are available M-F, 08:00-16:30).



**IMPORTANT: Video education must be completed before go-live.**

#### KEY UPCOMING DATES:

Date: May 5

PromisePoint Simulation Education Opens

Date: May 30

DUE: All Assigned Education

Date: June 2

Go-Live Focused Rounding by Health Informatics

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## EHR Updates

May 15 – May 21, 2025

### A Note of Thanks

Learning how to use the new tools and workflows is the first step towards adoption. True adoption will help us care for our patients and grow within our expanding, highly connected health system. Your partnership is key to making this a reality and we appreciate your ongoing support.

### Banner Bar Updates – effective 05/27/25

**WHAT:** The Banner Bar custom fields will be updated to include BMAT (Bedside Mobility Assessment) and Delirium Scores. With this change, ACO and COVID will be removed.

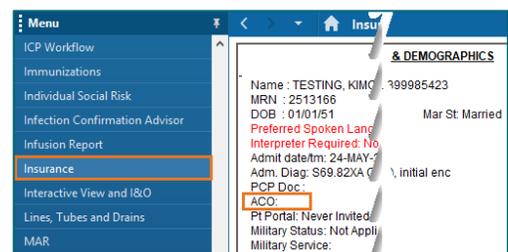


### Alternative Location for COVID

- COVID Information can be found:
  - Orders Component: will display any orders placed for a COVID swab.
  - Results Review: will show the results of any COVID test taken.
  - Lab Flowsheet component on MPages: will show COVID testing results.
- Isolation information will also fire to the Banner Bar to inform staff of a Modified Contact/Droplet precaution.

### Alternative Location to find ACO (Accountable Care Organization)

- ACO can be found in the Insurance tab of the patient chart for those needing that information.



**WHY:** Quick View. Better Care.

**BMAT** and **Delirium** status are now visible in the banner bar – giving providers real-time insight into **mobility and cognitive status** at the point of care.

**Why it matters:**

- Enhances visibility to our patients at risk for falls, pressure injuries, deconditioning, and promotes early and frequent mobilization, reducing length of stay!
- Promotes early detection of delirium – a driver of longer stays and worse patient outcomes.
- Supports safer medication use and better discharge planning.
- Enhances team communication across nursing, therapy, and providers.

The upgrade strengthens clinical decision-making and supports safer, more coordinated care to facilitate better patient outcomes.

**WHEN:** Tuesday, May 27, 2025

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

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

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

- All NLH Hospitals (excluding Mayo)