From the Office of Health Informatics

Northern Light Health
Oracle Health (Cerner) Millennium
EHR Updates

May 15 – May 21, 2025

Table of Contents

Behavioral Health Staff 6

All Ambulatory & Inpatient Care Areas 6

IMPORTANT: Update to ServiceNow Ticket Process 6

Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2* 7

Banner Bar Updates – *effective 05/27/25* 10

Care Managers 11

Ambulatory 11

IMPORTANT: Update to ServiceNow Ticket Process 11

Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2* 12

Banner Bar Updates – *effective 05/27/25* 15

Inpatient 17

IMPORTANT: Update to ServiceNow Ticket Process 17

Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2* 18

Avoidable Days/Denials MPage Update 21

Banner Bar Updates – *effective 05/27/25* 22

Clinical Decision Support Updates 24

Weekly Newsletter 24

Imaging Staff & Radiologists 24

IMPORTANT: Update to ServiceNow Ticket Process 24

Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2* 25

Banner Bar Updates – *effective 05/27/25* 28

Lab 30

IMPORTANT: Update to ServiceNow Ticket Process 30

Rho(D) Immune Globulin (RhoGAM/Rhophylac) Administration Update 31

Banner Bar Updates – *effective 05/27/25* 33

Leadership 34

Ambulatory/WIC 34

IMPORTANT: Update to ServiceNow Ticket Process 34

Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2* 36

Emergency 38

IMPORTANT: Update to ServiceNow Ticket Process 38

Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2* 40

Inpatient 42

IMPORTANT: Update to ServiceNow Ticket Process 42

Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2* 44

Avoidable Days/Denials MPage Update 47

Peri-Op 48

IMPORTANT: Update to ServiceNow Ticket Process 48

Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2* 49

Nursing, CNA, Medical Assistants 52

Ambulatory/WIC 52

IMPORTANT: Update to ServiceNow Ticket Process 52

Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2* 53

Banner Bar Updates – *effective 05/27/25* 56

Emergency 58

IMPORTANT: Update to ServiceNow Ticket Process 58
Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2* 59
Rho(D) Immune Globulin (RhoGAM/Rhophylac) Administration Update 62
Banner Bar Updates – *effective 05/27/25* 64

Inpatient 65

IMPORTANT: Update to ServiceNow Ticket Process 65
Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2* 67
Rho(D) Immune Globulin (RhoGAM/Rhophylac) Administration Update 69
Banner Bar Updates – *effective 05/27/25* 71
Patient Plan of Care CareCompass Task Time Change 73

Peri-Op 73

IMPORTANT: Update to ServiceNow Ticket Process 73
Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2* 75
Pre-Admission Assessment Form Update – Preprocedure Instructions 77
Rho(D) Immune Globulin (RhoGAM/Rhophylac) Administration Update 78
Banner Bar Updates – *effective 05/27/25* 80

Nutrition 81

Inpatient Only 81

IMPORTANT: Update to ServiceNow Ticket Process 81
Banner Bar Updates – *effective 05/27/25* 83

Patient Service Representatives 84

Ambulatory/WIC Only 84

IMPORTANT: Update to ServiceNow Ticket Process 84
Banner Bar Updates – *effective 05/27/25* 85

Pharmacists & Pharmacy Technicians 87

Ambulatory/WIC 87

IMPORTANT: Update to ServiceNow Ticket Process 87
Banner Bar Updates – *effective 05/27/25* 88

Inpatient/ED/Peri-Op 90

IMPORTANT: Update to ServiceNow Ticket Process 90
Rho(D) Immune Globulin (RhoGAM/Rhophylac) Administration Update 91
Banner Bar Updates – *effective 05/27/25* 93

Physicians, Physician Assistants, Nurse Practitioners 94

Ambulatory/WIC 94

IMPORTANT: Update to ServiceNow Ticket Process 94
Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2* 96
Banner Bar Updates – *effective 05/27/25* 98

Emergency 100

IMPORTANT: Update to ServiceNow Ticket Process 100
Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2* 101
Rho(D) Immune Globulin (RhoGAM/Rhophylac) Administration Update 104
Banner Bar Updates – *effective 05/27/25* 106

Inpatient 107

IMPORTANT: Update to ServiceNow Ticket Process 107
Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2* 109
Avoidable Days/Denials MPage Update 112
Rho(D) Immune Globulin (RhoGAM/Rhophylac) Administration Update 113
Banner Bar Updates – *effective 05/27/25* 115

Peri-Op 116

IMPORTANT: Update to ServiceNow Ticket Process 116
Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2* 118

Rho(D) Immune Globulin (RhoGAM/Rhophylac) Administration Update....120
Banner Bar Updates – *effective 05/27/25* 122

Therapies: Occupational, Physical, Speech, & Respiratory....124

All Ambulatory & Inpatient Areas....124

IMPORTANT: Update to ServiceNow Ticket Process 124
Modernized Vitals and Clinical Entry Workspace – *Deadline May 30, Go-Live June 2*....125
Banner Bar Updates – *effective 05/27/25* 128

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**

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

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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  - NOLH-1035 ACTAMB Document Temperature in a PowerForm
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Flyer-based education

HOW:

Required Online Education in the PromisePoint Community

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

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.
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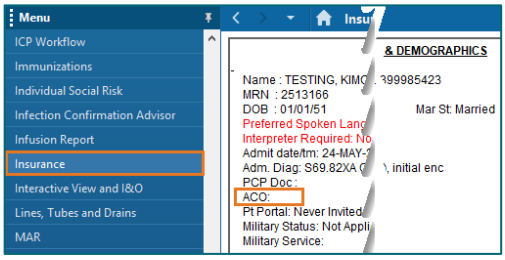
Alternative Location to find ACO (Accountable Care Organization)

- 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):**

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- All NLH Hospitals (excluding Mayo)

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Care Managers

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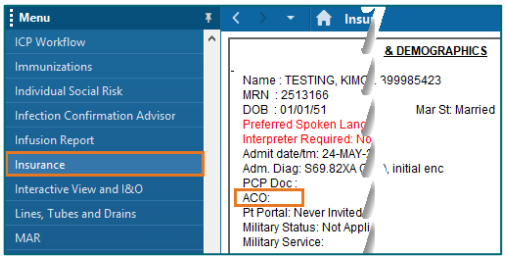

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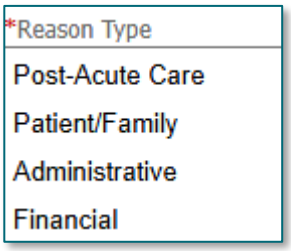
Avoidable Days/Denials MPage Update

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.

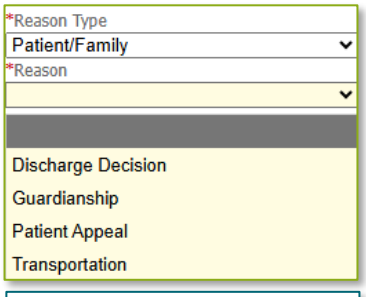


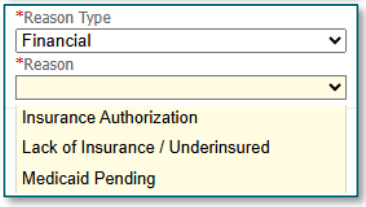
Reason Type

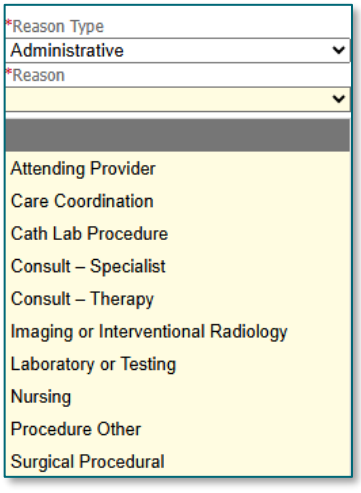
- Four options are available within **Reason Type**.

Reason

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







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*

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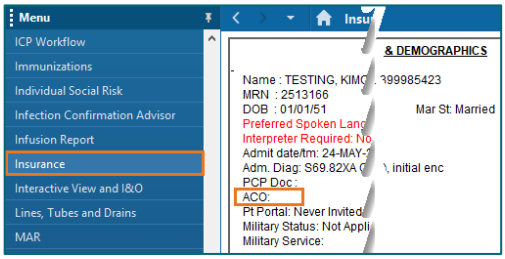

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- Enhances visibility to our patients at risk for falls, pressure injuries, deconditioning, and promotes early and frequent mobilization, reducing length of stay!
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The upgrade strengthens clinical 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):**

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At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

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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	CARD Cath Inpatient	Same day procedure orders added Virtual viewing updated to include Mercy and AR Gould
5/28/2025	Inpatient	Cytokine Release Syndrome (CRS) Management - tocilizumab if indicated	Management of Grade 1 CRS updates. Mercy and EMMC Only

Imaging Staff & Radiologists

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

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

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EDUCATION STRATEGY:

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All PowerForm and Dynamic Documentation Users

- Curriculum Name: Clinical Entry Workspace
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Flyer-based education

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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.
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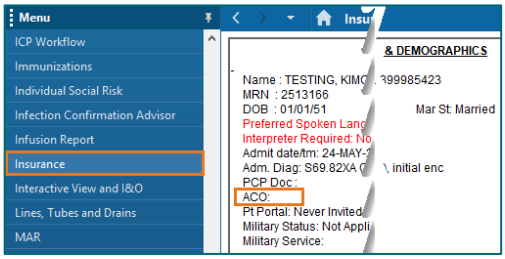

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Lab

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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:**

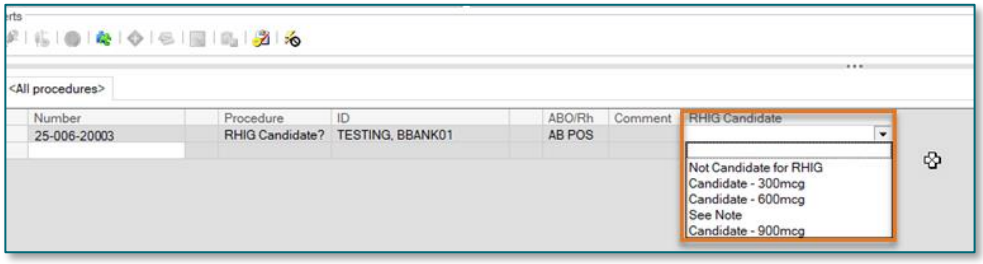
- All Staff

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.

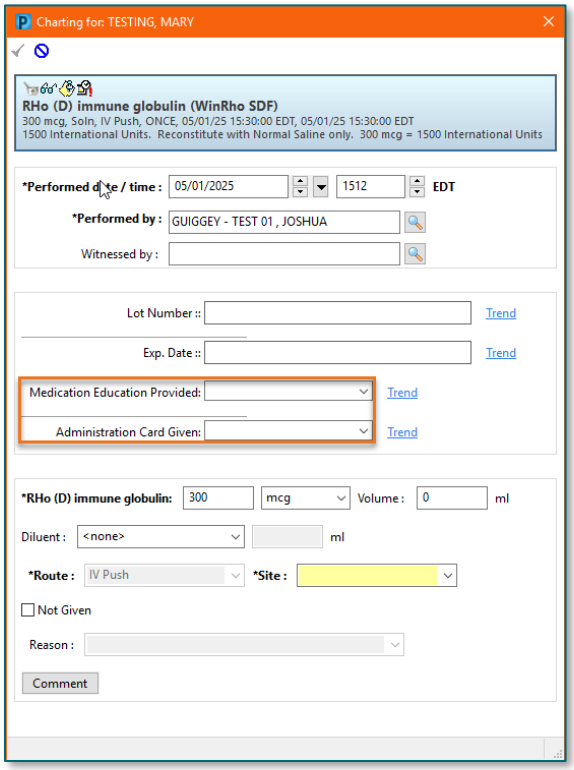
Blood Bank/Nursing/Pharmacy

- 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**.



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

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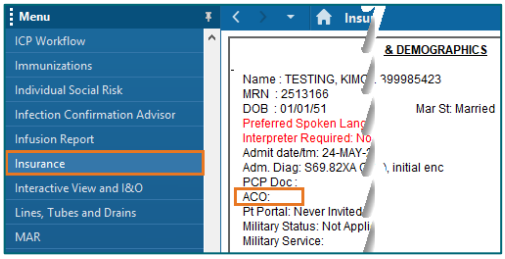

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- Acute/Inpatient (to include ED & Peri-Op)
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At the following NLH Member Organization(s):

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Leadership

Ambulatory/WIC

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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

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EDUCATION STRATEGY:

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Flyer-based education

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Emergency

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    - **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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  - **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

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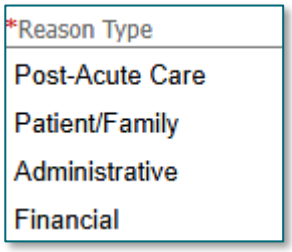
Avoidable Days/Denials MPage Update

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.

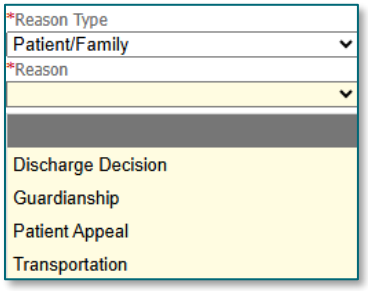


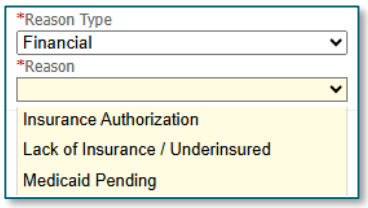
Reason Type

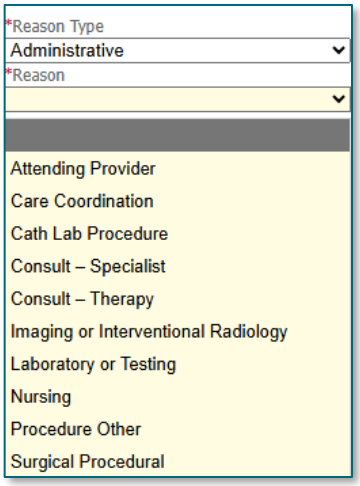
- Four options are available within **Reason Type**.

Reason

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







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

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

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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    - Duration 29 mins!
  - NOLH-1035 ACTAMB Document Temperature in a PowerForm
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Flyer-based education

HOW:

Required Online Education in the PromisePoint Community

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KEY UPCOMING DATES:

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Nursing, CNA, Medical Assistants

Ambulatory/WIC

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):**

- Acute/Inpatient
- Ambulatory/WIC

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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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:
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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)
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Flyer-based education

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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.
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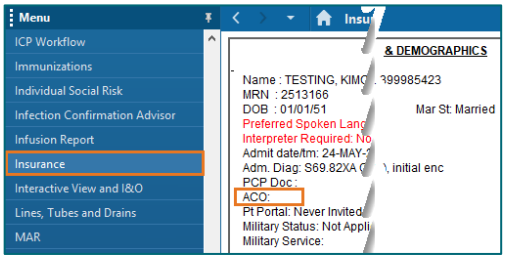

WHY: **Quick View. Better Care.**

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):**

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- 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

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):**

- Acute/Inpatient
- Ambulatory/WIC

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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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

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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):**

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- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Mayo)

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

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

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

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Inpatient and Surgical Clinical Staff

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Flyer-based education

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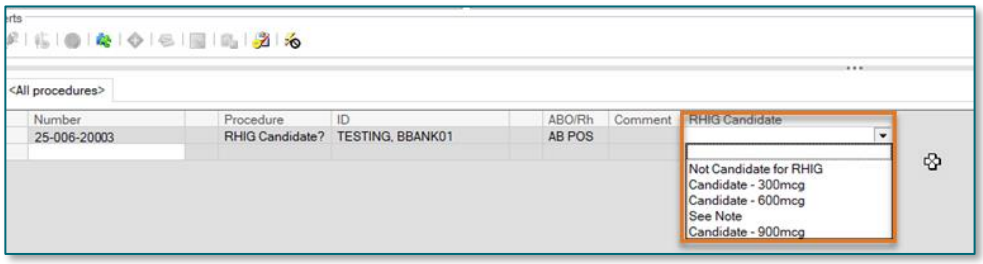
Rho(D) Immune Globulin (RhoGAM/Rhophylac) Administration Update

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.

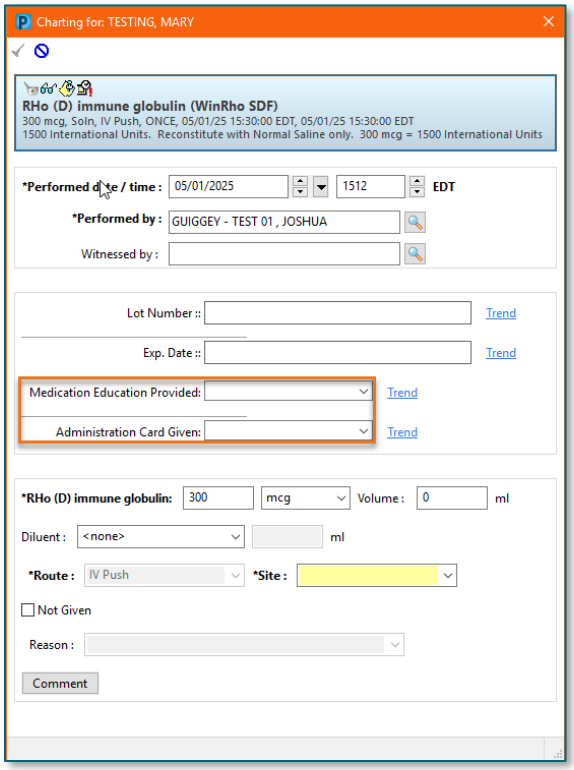
Blood Bank/Nursing/Pharmacy

- 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**.



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*

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Alternative Location for COVID

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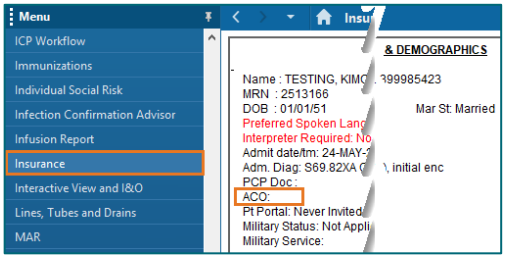

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WHEN: **Tuesday, May 27, 2025**

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

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

Inpatient

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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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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):**

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- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Mayo)

WHO:

The change will affect the following staff:

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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

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

HOW:

Required Online Education in the PromisePoint Community

- **Online Simulator Education – Available Now!**
  - **URL:** 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**
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A Note of Thanks

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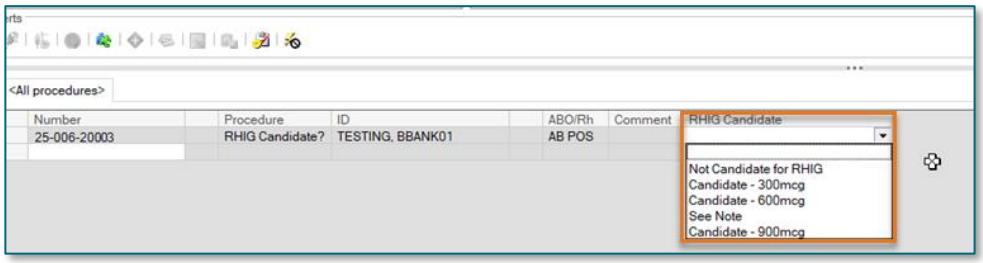
Rho(D) Immune Globulin (RhoGAM/Rhophylac) Administration Update

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.**
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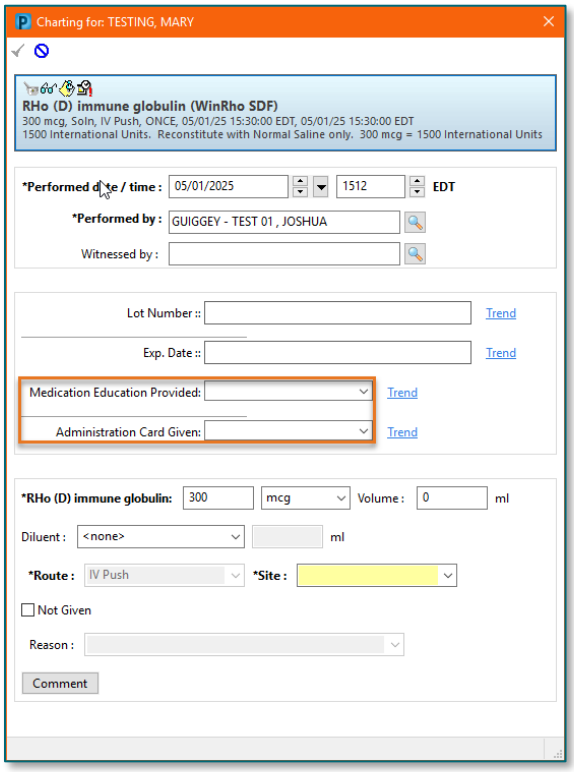

Providers

- 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.

- 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.

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- COVID Information can be found:
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Alternative Location to find ACO (Accountable Care Organization)

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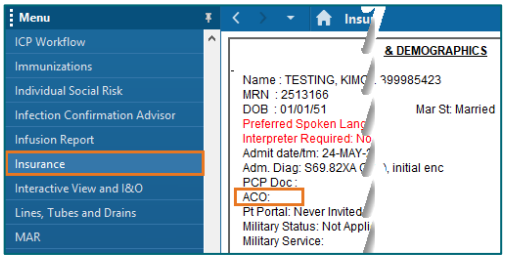

WHY: **Quick View. Better Care.**

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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- 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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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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- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

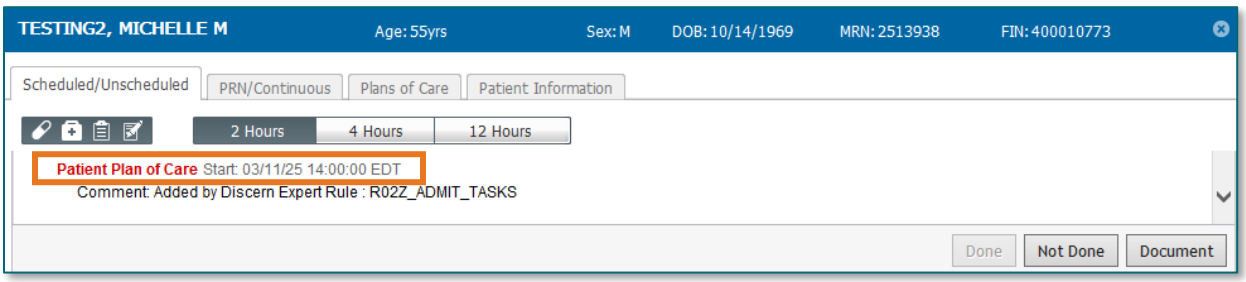
WHO: **The change will affect the following staff at the above noted locations:**

- 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.



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**

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Acute/Inpatient

At the following NLH Member Organization(s):
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WHO: **The change will affect the following staff at the above noted locations:**
Nursing

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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WHEN: **Effective Immediately**

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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

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

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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.

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

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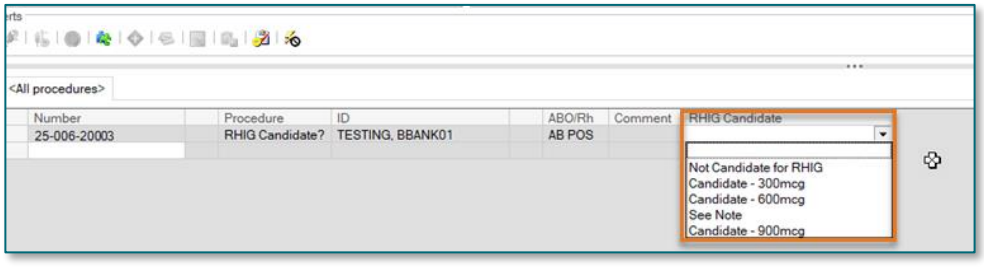

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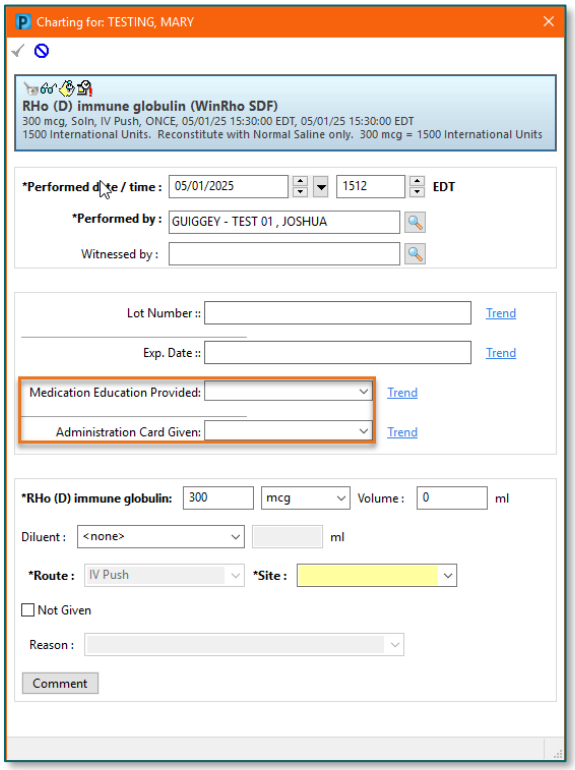

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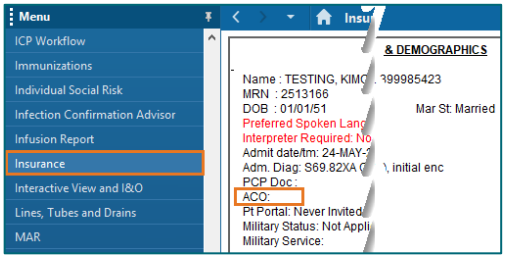

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Nutrition

Inpatient Only

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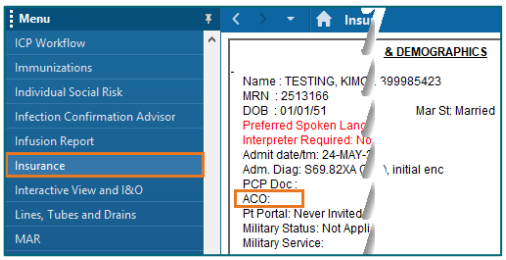

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Patient Service Representatives

Ambulatory/WIC Only

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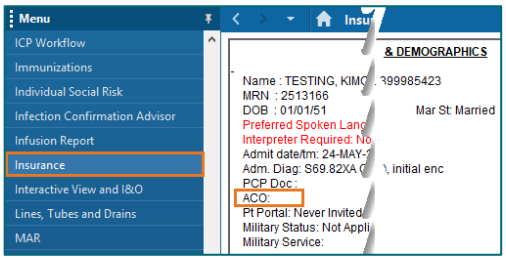

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Pharmacists & Pharmacy Technicians

Ambulatory/WIC

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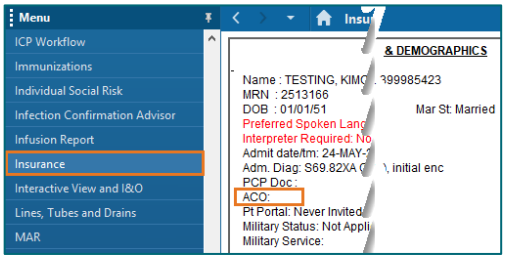

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Why it matters:

- 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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- 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/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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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:**

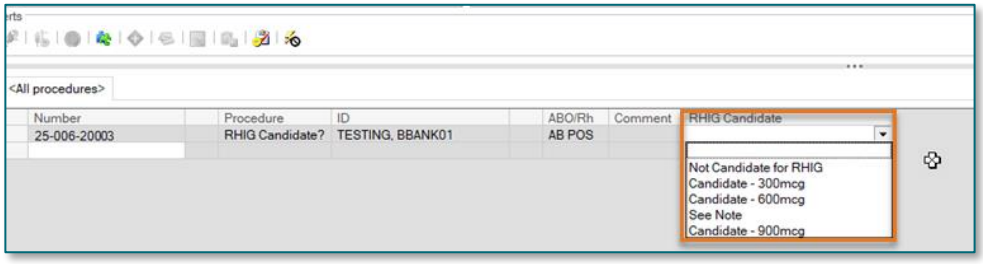
- All Staff

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.

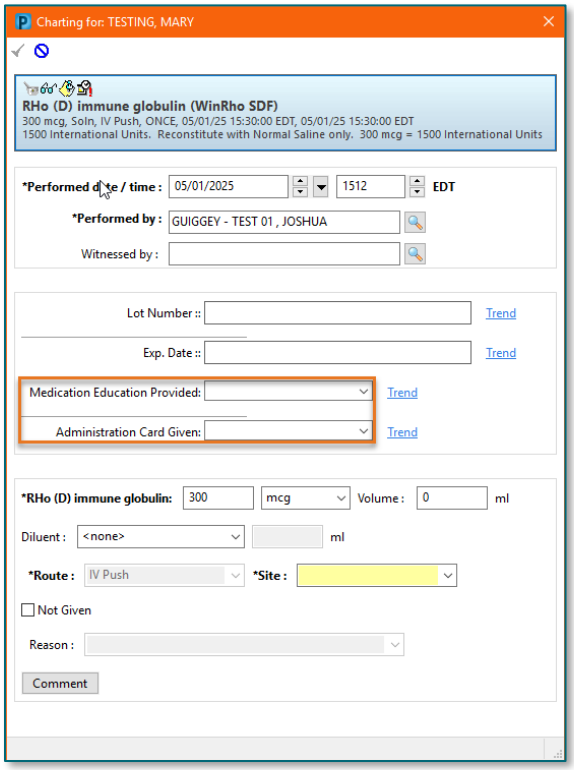
Blood Bank/Nursing/Pharmacy

- 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**.



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):**

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At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- 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:
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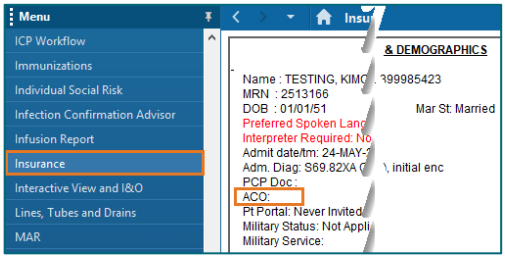

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WHO: **The change will affect the following staff at the above noted locations:**

- All Clinical Staff

Physicians, Physician Assistants, Nurse Practitioners

Ambulatory/WIC

IMPORTANT: Update to ServiceNow Ticket Process

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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**

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The change will affect the following staff:

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- Clinical Staff
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- Nurse Techs
- Providers
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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
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Ambulatory and ED Clinical Staff

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Flyer-based education

HOW:

Required Online Education in the PromisePoint Community

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

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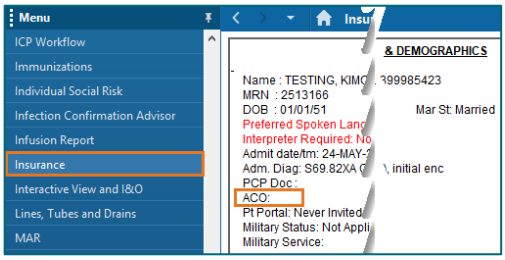

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Emergency

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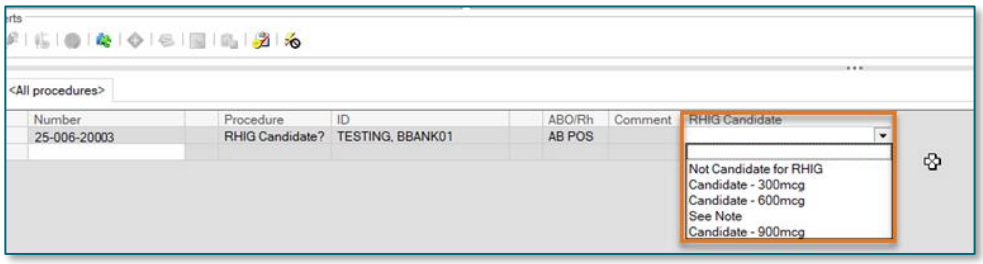

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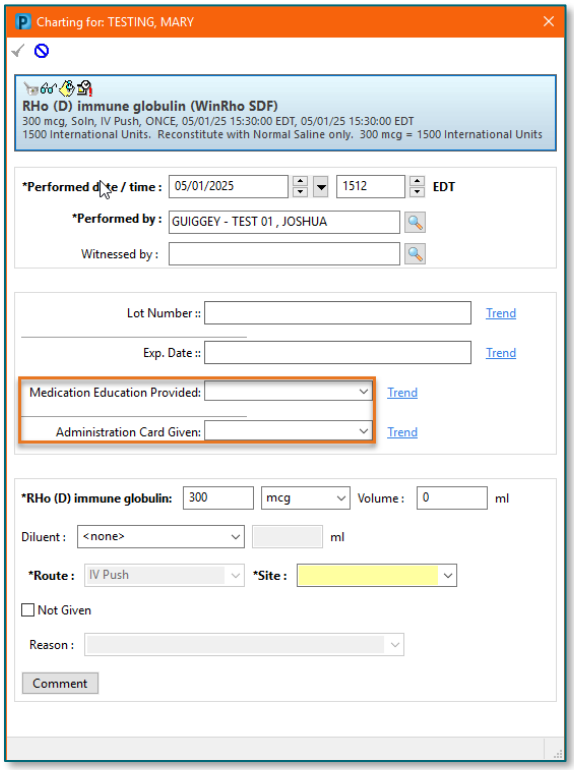

Providers

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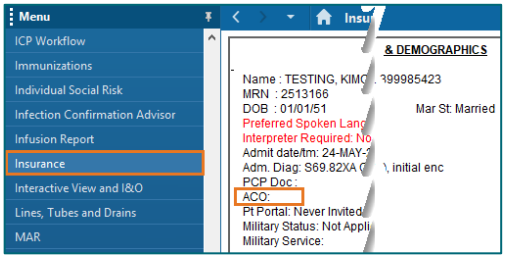

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Inpatient

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  - NOLH-1040 ACTAMB Document Vital Signs in iView
    - Duration 4 mins!

Flyer-based education

HOW:

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- **Online Simulator Education – Available Now!**
  - **URL:** 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
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IMPORTANT: Video education must be completed before go-live.

KEY UPCOMING DATES:

Date: May 5	**PromisePoint Simulation Education Opens**
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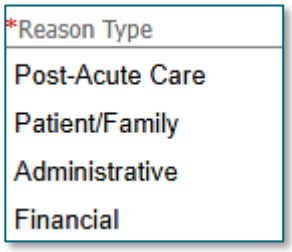
A Note of Thanks

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.

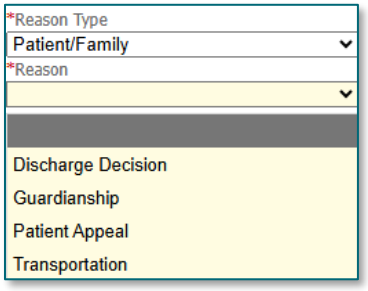


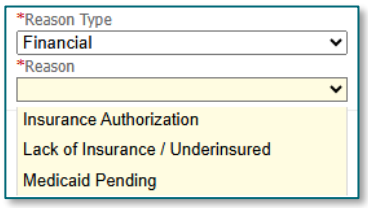
Reason Type

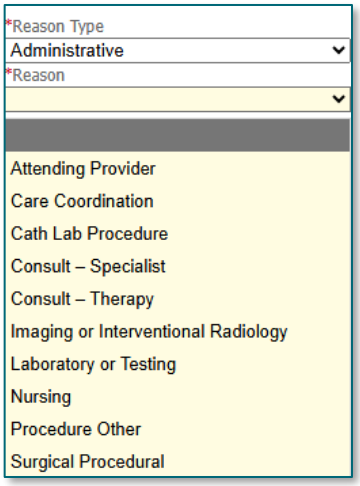
- Four options are available within **Reason Type**.

Reason

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







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:**

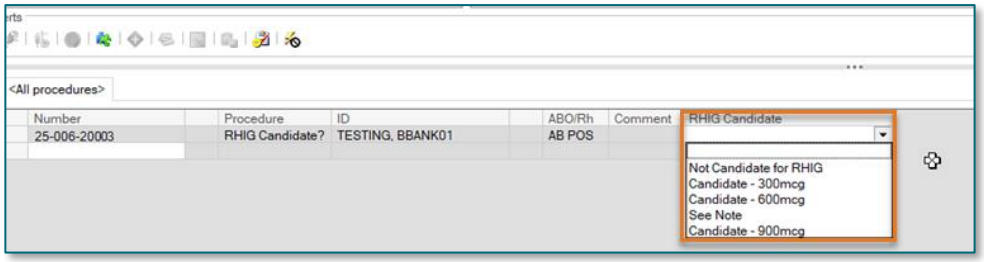
- Care Management
- Leadership Reviewing Reports
- Providers

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.

- 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**.
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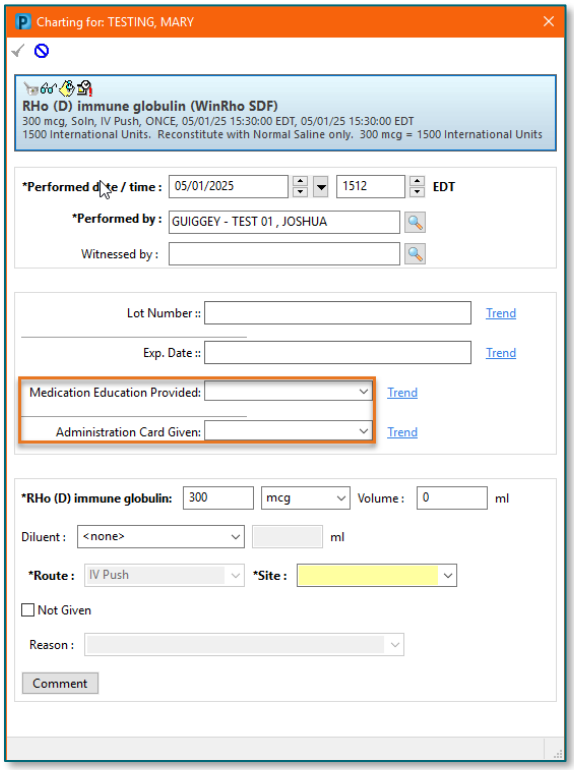

Providers

- 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.
- 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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  - Lab Flowsheet component on MPages: will show COVID testing results.
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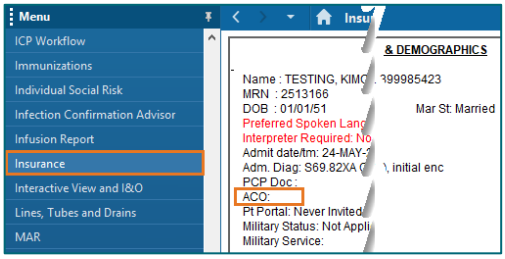
Alternative Location to find ACO (Accountable Care Organization)

- 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

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
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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?

- 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.
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- 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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- 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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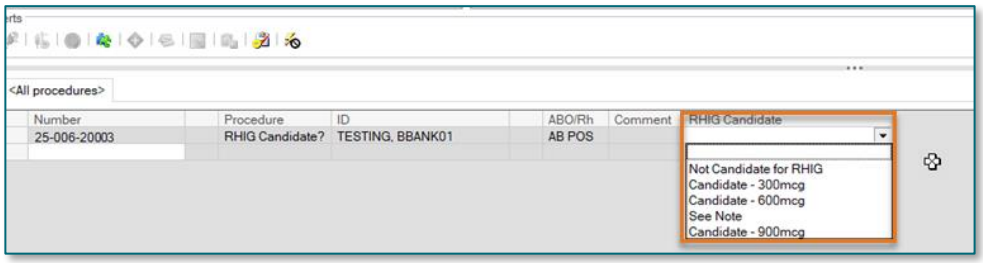

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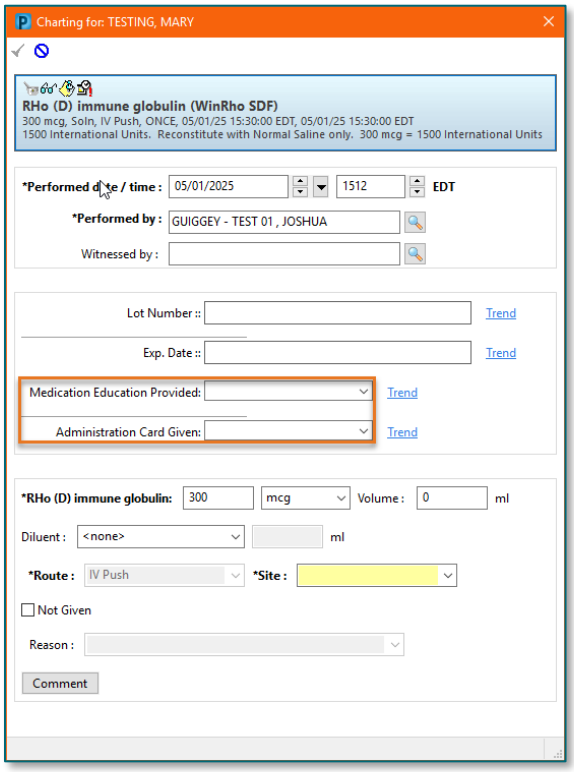

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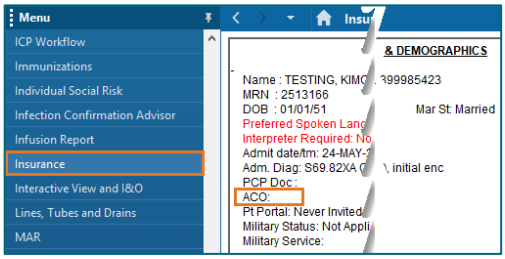

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Therapies: Occupational, Physical, Speech, & Respiratory

All Ambulatory & Inpatient Areas

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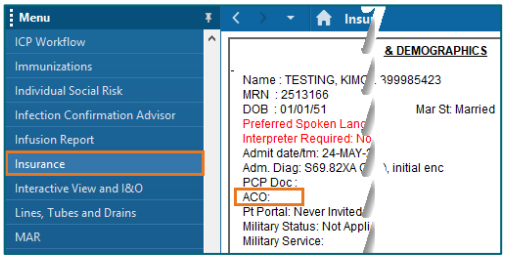

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