



Oracle Health (Cerner) Millennium EHR Updates

Week of September 10 – September 16, 2026

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

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Behavioral Health Staff

Ambulatory Only

New CC AMB Pharmacist (LAB) Field

WHAT: A new **CC AMB Pharmacist (LAB)** field has been added to ambulatory lab orders.

The screenshot shows a web-based EHR interface for a lab order. At the top, there is a header bar with patient information: myNLH No, Age 22 years, DOB 09/27/2003, MRP 2591153, FN 0478254956, Dose Wgt 78 kg, PCP/NEED MD, RND. Below this, there are tabs for 'Check Interactions', 'External Rx History', and 'Rx Plans (0): No Benefit Found'. The main content area shows a list of orders for 'HAMP FIN-478254956' with a status of 'Admitted 12/01/2025 10:29 EST'. A specific order is selected, showing details for 'CBC without Differential-Q'. The form includes fields for 'Specimen Type' (BLOOD), 'Collection Priority' (Routine), 'Order for Future Visit' (Yes/No), 'Nurse Collect' (Yes/No), 'Consulting Physician', and 'Performing Location (ARLN)'. A new field, 'CC AMB Pharmacist (Lab)', is highlighted with a red box and contains a dropdown menu with a selection icon.

WHY: The new field will allow ambulatory pharmacists to be copied on lab orders that are proposed on behalf of, or ordered by a provider, ensuring both the provider and ambulatory pharmacist receive the lab results.

WHEN: Wednesday, September 9, 2026

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

- Ambulatory

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Ambulatory Pharmacist
 - Clinical Staff
 - Providers
-

EHR Updates

Week of September 10 – September 16, 2026

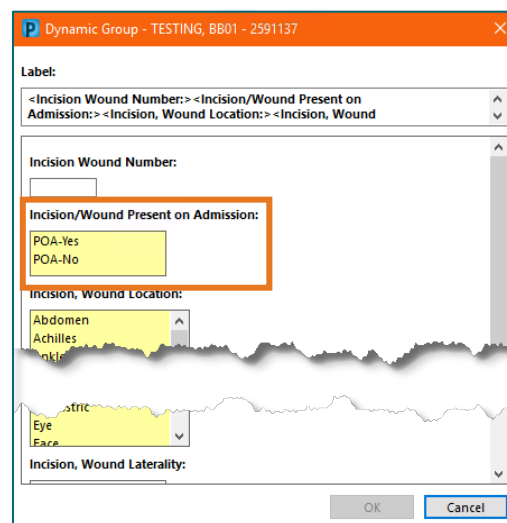
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Incision/Wound/Skin Dynamic Group Update

WHAT: The **Incision/Wound/Skin** dynamic group label has been updated to include **Incision/Wound Present on Admission**.

When documenting a wound:

- **POA – Yes:** Selected when the wound is present at the time of hospital admission.
- **POA – No:** Selected when the wound developed during the patient's hospital stay.



To support consistent documentation, the following documentation has been **removed** from the **Incision/Wound/Skin** dynamic group:

- **Present on admission** within **Assessment Activity**
- **POA (Insert Date/Time if known)**
- **Ulcer Present on Admission** (displayed when Abnormality Type of Non-pressure ulcer was selected)

◇ Assessment Activity	Assessment Activity	✕
◇ Status	New wound assessment	
◇ Abnormality Color	Reassessment	

WHY: The change helps ensure that **Present on Admission** documentation remains consistent throughout the patient's hospital stay, reducing the risk of conflicting or duplicate documentation and improving the accuracy of wound records.

WHEN: Tuesday, September 15, 2026

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- MAs
- Nursing
- Physical Therapists
- Wound Nurses

Inpatient Only

Height and Weight Method Required

WHAT: **Height Method** and **Weight Method** are now required when documenting a patient's height and dosing weight in the following PowerForms:

- Height/Dosing Weight Form
- ED Triage
- ASC ENDO Preadmission Assessment
- ASC Preadmission Assessment
- ASC Preprocedure Checklist
- Pre-Admission Assessment Form
- Preprocedure Checklist Form

Height/Dosing Weight			
Height	182	cm	6 ft 0 Inch
Dosing Weight		kg	
In kg			
Method			
Method			

WHY: Requiring documentation of the **Height Method** and **Weight Method** provides greater transparency regarding how patient height and weight values were obtained. The enhancement supports clinical decision-making by enabling pharmacists and caregivers to readily identify the source of these measurements, helping to improve medication dosing accuracy, patient safety, and overall documentation quality.

WHEN: Monday, September 14, 2026

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Nurse Techs
- Nursing

BH Restraints Update

WHAT: The restraint **Start Time** field will be removed from the **Initiate activity** within restraint documentation. Going forward, **Start Time** and **End Time** will be documented and viewed only within the **Discontinue activity** in iView. Staff should access the Discontinue activity to review or update these time values.

NOTE: A new CareCompass task will also populate to remind nursing to inactivate the Restraint or Seclusion Dynamic Group once documentation is complete.

Restraint Episodes	
<Restraint>	
Restraint Activity	Discontin...
*Restraint Start Time (Imminent Risk)	
*Restraint Discontinue Time	
*Total Time for This Restraint Episode	Minutes
*Restraint Continue Assessment 15min/2hr	
*Restraint Physical Assessment 15min/2hrs	
*Intervention/Release	
Seclusion Episodes	
<Seclusion>	
Seclusion Activity	Discontin...
*Seclusion Start Time (Imminent Risk)	
*Seclusion Discontinue Time	
*Total Time for This Seclusion Episode	Minutes
*Seclusion Continue Assessment 15min/2hr	
*Seclusion Physical Assessment 15min/2hrs	
*Intervention/Release	
Restraint/Seclusion Notification	
Provider Notified	
Provider Notification Method	
Person/Guardian Notified	
Person/Guardian Notification Method	
TR Acadia Face to Face Eval	
Restraint/Seclusion Debrief	
Debrief-Medication Administered	
Debrief-Previous Episodes This Visit	
Debrief-De-escalation Technique Attempt	
Debrief-Suggested Interv(TreatmentPlan)	
Debrief-Eval of Restraints Application	

WHY: The change is intended to streamline documentation and ensure time-related information is maintained in a single location within the workflow.

WHEN: Tuesday, September 15, 2026

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

- Inpatient

At the following NLH Member Organization(s):

- NL Acadia

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

- Nursing

Incision/Wound/Skin Dynamic Group Update

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To support consistent documentation, the following documentation has been **removed** from the **Incision/Wound/Skin** dynamic group:

- **Present on admission** within **Assessment Activity**
- **POA (Insert Date/Time if known)**
- **Ulcer Present on Admission** (displayed when Abnormality Type of Non-pressure ulcer was selected)

◇ Assessment Activity	Assessment Activity
◇ Status	New wound assessment
◇ Abnormality Color	Reassessment

WHY: The change helps ensure that **Present on Admission** documentation remains consistent throughout the patient's hospital stay, reducing the risk of conflicting or duplicate documentation and improving the accuracy of wound records.

WHEN: Tuesday, September 15, 2026

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

EHR Updates

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

- MAs
- Nursing
- Physical Therapists
- Wound Nurses

Clinical Decision Support Updates

Weekly Newsletter

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

Release Date	Venues Affected	CDS Tool	Summary
9/15/2026	Inpatient	Code Stroke Inpatient STAT	Multiple updates to align with current guidance from national stroke organizations, including substantial changes to imaging orders
9/15/2026	ED	ED Code Stroke	Multiple updates to align with current guidance from national stroke organizations, including substantial changes to imaging orders
9/15/2026	ED	ED JPP Stroke Symptoms Acute	Clarification of patient care orders and changes to lab orders to align with current guidance from national stroke organizations
9/15/2026	Inpatient/ED	COPD Bronchitis	Pulmonary Rehab Phase 2 Referral order added, viewed to EMMC ONLY
9/15/2026	Inpatient/ED	Ineligibility for Electrolyte Replacement Protocol Alert	New alert for patients meeting PowerPlan exclusion criteria for potassium and magnesium replacement protocols

From the Office of Health Informatics

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Nursing, CNA, Medical Assistants

Ambulatory/WIC

New CC AMB Pharmacist (LAB) Field

WHAT: A new **CC AMB Pharmacist (LAB)** field has been added to ambulatory lab orders.

The screenshot shows a patient's lab order in an EHR system. At the top, patient information is displayed: mH4 H No, Age 22 years, Gender Male, DOB 09/27/2003, MRN 22991153, FA478254956, Lc: HAMF, Phone (207) 939-0462, Dose Wgt 75 kg, Isolation N/A, PCP NEED MD, INFO, Primary Contact: NEED MD, NPG, Record Exchange Last sync 10 d. Below this, there are tabs for 'Check Interactions', 'External Rx History', and 'Rx Plans (0) No Benefit Found'. The main section is titled 'Orders for Signature' and shows a list of orders. One order is selected: 'CBC without Differential-Q'. The details for this order are shown below, including 'Specimen Types: BLOOD', 'Start Date/Time: 09/06/2026 11:31 EDT', 'Collection Priority: Routine', 'PERFORMED OUTSIDE OF ENHS: Yes', 'Nurse Collect: Yes', 'Consulting Physician: [blank]', and 'Performing Location (ARLN): Northern Light Health Non-R...'. The 'CC AMB Pharmacist (Lab)' field is highlighted with a red box.

WHY: The new field will allow ambulatory pharmacists to be copied on lab orders that are proposed on behalf of, or ordered by a provider, ensuring both the provider and ambulatory pharmacist receive the lab results.

WHEN: Wednesday, September 9, 2026

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

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- All NLH Hospitals (excluding Mayo)

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- Ambulatory Pharmacist
 - Clinical Staff
 - Providers
-

EHR Updates

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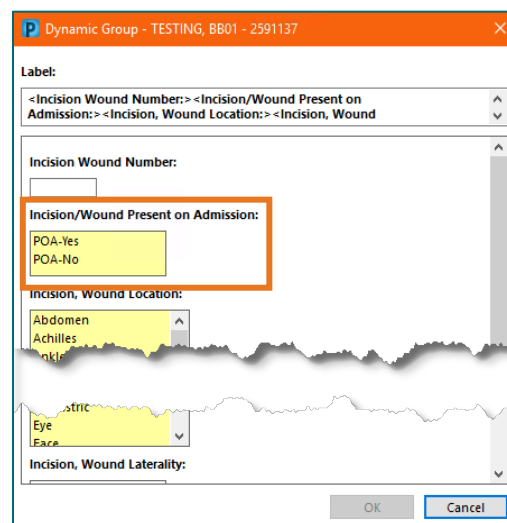
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Incision/Wound/Skin Dynamic Group Update

WHAT: The **Incision/Wound/Skin** dynamic group label has been updated to include **Incision/Wound Present on Admission**.

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- Nursing
- Physical Therapists
- Wound Nurses

Emergency

Height and Weight Method Required

WHAT: **Height Method** and **Weight Method** are now required when documenting a patient's height and dosing weight in the following PowerForms:

- Height/Dosing Weight Form
- ED Triage
- ASC ENDO Preadmission Assessment
- ASC Preadmission Assessment
- ASC Preprocedure Checklist
- Pre-Admission Assessment Form
- Preprocedure Checklist Form

Height/Dosing Weight			
Height	182	cm	6 ft 0 Inch
Dosing Weight		kg	
In kg			
Method			
Method			

WHY: Requiring documentation of the **Height Method** and **Weight Method** provides greater transparency regarding how patient height and weight values were obtained. The enhancement supports clinical decision-making by enabling pharmacists and caregivers to readily identify the source of these measurements, helping to improve medication dosing accuracy, patient safety, and overall documentation quality.

WHEN: Monday, September 14, 2026

EHR Updates

Week of September 10 – September 16, 2026

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Nurse Techs
- Nursing

Incision/Wound/Skin Dynamic Group Update

WHAT: The **Incision/Wound/Skin** dynamic group label has been updated to include **Incision/Wound Present on Admission**.

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WHEN: Tuesday, September 15, 2026

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- MAs
- Nursing
- Physical Therapists
- Wound Nurses

Inpatient

Height and Weight Method Required

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- ED Triage
- ASC ENDO Preadmission Assessment
- ASC Preadmission Assessment
- ASC Preprocedure Checklist
- Pre-Admission Assessment Form
- Preprocedure Checklist Form

Height/Dosing Weight			
Height	182 cm	6 ft 0 Inch	Method
Dosing Weight		kg	Method
In kg			

EHR Updates

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WHY: Requiring documentation of the **Height Method** and **Weight Method** provides greater transparency regarding how patient height and weight values were obtained. The enhancement supports clinical decision-making by enabling pharmacists and caregivers to readily identify the source of these measurements, helping to improve medication dosing accuracy, patient safety, and overall documentation quality.

WHEN: Monday, September 14, 2026

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Nurse Techs
- Nursing

Update: I&O Record (NICU) Feeding Documentation

WHAT: New feeding options will be added to the **I&O Record (NICU)** PowerForm in the **Feeding Volume and Caloric Intake** section to support documentation of breast milk fortified with Neosure powder at commonly used caloric concentrations:

- Breast Milk with Neosure 22 cal
 - Breast Milk with Neosure 24 cal
 - Breast Milk with Neosure 26 cal
-

WHY: The update streamlines workflow while ensuring feeding information is documented accurately and consistently for infant care and operational needs.

I & O Record (NICU) - TESTING, POPPY P

*Performed on: 09/04/2026 11:24 EDT

Feeding Volume and Caloric Intake

Prostate/Surgifort

☐ Similac Advance 22 cal
☐ Enfamcare
☐ Neosure
☐ Breast Milk 22 cal with Similac HMF
☐ Breast Milk 22 cal with Enfamil HMF
☐ Alimentum 22 kcal
☐ Enfamil Premature 22 Calorie (PE 22)
☐ Breast Milk with Neosure 22 cal
☐ Other:

☐ Similac Advance 24 cal
☐ Similac Special Care 24 Calorie
☐ Enfamil Premature 24 Calorie
☐ Breast Milk 24 cal with Similac HMF
☐ Breast Milk 24 cal with Enfamil HMF
☐ Enfamil 24 Cal (Term)
☐ Neosure 24
☐ Nestle Good Start 24 Cal
☐ Breast Milk with Neosure 24 cal
☐ Other:

☐ Similac Advance 26 cal
☐ Breast Milk with Neosure 26 cal
☐ Other:

mL x 0.75 kcal/mL =
 mL
 mL
 mL x 0.8 kcal/mL =
 mL
 mL
 mL x 0.86 kcal/mL =
 mL
 mL

☐ P0
☐ PG
☐ P0
☐ PG
☐ P0
☐ PG

WHEN: Monday, September 14, 2026

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 Staff

EHR Updates

Week of September 10 – September 16, 2026

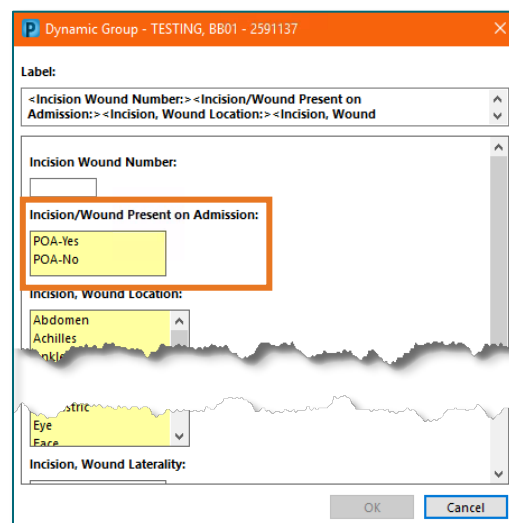
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Incision/Wound/Skin Dynamic Group Update

WHAT: The **Incision/Wound/Skin** dynamic group label has been updated to include **Incision/Wound Present on Admission**.

When documenting a wound:

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To support consistent documentation, the following documentation has been **removed** from the **Incision/Wound/Skin** dynamic group:

- **Present on admission** within **Assessment Activity**
- **POA (Insert Date/Time if known)**
- **Ulcer Present on Admission** (displayed when Abnormality Type of Non-pressure ulcer was selected)

◇ Assessment Activity	Assessment Activity
◇ Status	New wound assessment
◇ Abnormality Color	Reassessment

WHY: The change helps ensure that **Present on Admission** documentation remains consistent throughout the patient's hospital stay, reducing the risk of conflicting or duplicate documentation and improving the accuracy of wound records.

WHEN: Tuesday, September 15, 2026

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- MAs
- Nursing
- Physical Therapists
- Wound Nurses

Peri-Op

NEW Perioperative Tracking Board Communication Icon

WHAT: A new communication icon will be added to the Perioperative Tracking Board to identify patients who have received special preoperative diet instructions from Anesthesia.



NOTE: For more information about the Perioperative Tracking Board Communication Icons click [here](#).

WHY: The icon improves visibility of patients with non-standard preoperative diet requirements, prompting the care team to confirm compliance upon admission, reducing procedure delays.

WHEN: Effective Immediately

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 Acadia)

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

- Nursing
- Providers

Height and Weight Method Required

WHAT: **Height Method** and **Weight Method** are now required when documenting a patient's height and dosing weight in the following PowerForms:

Week of September 10 – September 16, 2026

- Height/Dosing Weight Form
- ED Triage
- ASC ENDO Preadmission Assessment
- ASC Preadmission Assessment
- ASC Preprocedure Checklist
- Pre-Admission Assessment Form
- Preprocedure Checklist Form

Height/Dosing Weight			
Height	182 cm	6 ft 0 Inch	Method
Dosing Weight		In kg	Method

WHY: Requiring documentation of the **Height Method** and **Weight Method** provides greater transparency regarding how patient height and weight values were obtained. The enhancement supports clinical decision-making by enabling pharmacists and caregivers to readily identify the source of these measurements, helping to improve medication dosing accuracy, patient safety, and overall documentation quality.

WHEN: Monday, September 14, 2026

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Nurse Techs
- Nursing

Incision/Wound/Skin Dynamic Group Update

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

EHR Updates

Week of September 10 – September 16, 2026

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

- MAs
- Nursing
- Physical Therapists
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Pharmacists & Pharmacy Technicians

Ambulatory/WIC

Pharmacist AMB Workflow MPage

WHAT: A new **Pharmacist AMB Workflow MPage** will be introduced to support **ambulatory and specialty pharmacy workflows**. The MPage is designed to improve workflow efficiency and provide easier access to key patient and medication information. Enhancements include:

Documentation Filter Enhancements

- The Documents component will allow filtering for additional categories, improving chart review efficiency.

Enhanced Diagnostics Component

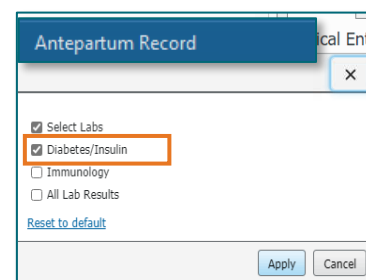
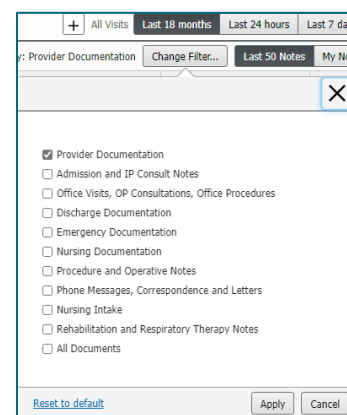
- Outpatient imaging and test results will be available within the Diagnostics component.

Endocrinology-Specific Workflow Functionality

- The Antepartum Record has been added to the Table of Contents menu.
- The Diabetes Results Flowsheet will be available to review.

Medication Reconciliation

- The ability to complete medication reconciliation has been added directly within the Pharmacist AMB Workflow MPage.



From the Office of Health Informatics

EHR Updates

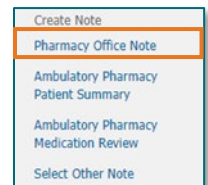
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NOTE: Medication Reconciliation education is available [here](#).

Pharmacy Office Note

- A new Pharmacy Office note type has been added within the Create Note section, improving the organization and accessibility of ambulatory pharmacy documentation.



NOTE: The new Pharmacy Office Note is located in the Pharmacy Notes folder within the Office Notes parent folder. Note filtering instructions are available [here](#).

WHY: These enhancements support efficient pharmacist workflows, accurate documentation, and timely patient care through improved access to patient information.

WHEN: Wednesday, September 9, 2026

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

- Acute/Inpatient
- Ambulatory

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:

- Pharmacists

New CC AMB Pharmacist (LAB) Field

WHAT: A new **CC AMB Pharmacist (LAB)** field has been added to ambulatory lab orders.

A screenshot of an EHR lab order form. The form is titled 'CBC without Differential-Q' and includes various fields for patient information, order details, and lab specifications. A red box highlights the new 'CC AMB Pharmacist (LAB)' field, which is currently empty. Other fields include 'Specimen Type' (BLOOD), 'Collection Priority' (Routine), 'Start Date/Time' (08/06/2026 11:31 EDT), 'Order for Future Visit' (Yes/No), 'Horse Collect' (Yes/No), 'Consulting Physician' (Northern Light Health Home R...), and 'Performing Location (AELN)' (Northern Light Health Home R...).

EHR Updates

Week of September 10 – September 16, 2026

WHY: The new field will allow ambulatory pharmacists to be copied on lab orders that are proposed on behalf of, or ordered by a provider, ensuring both the provider and ambulatory pharmacist receive the lab results.

WHEN: Wednesday, September 9, 2026

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

- Ambulatory

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Ambulatory Pharmacist
- Clinical Staff
- Providers

Physicians, Physician Assistants, Nurse Practitioners

Ambulatory/WIC

New CC AMB Pharmacist (LAB) Field

WHAT: A new **CC AMB Pharmacist (LAB)** field has been added to ambulatory lab orders.

The screenshot displays the myNLH EHR interface for a lab order. At the top, patient information is shown: myNLH No. 10478254956, Age 22 years, Gender Male, DOB 01/27/2003, MRN 2391153, FIN 478254956, LOCHAMP, Phone (507) 939-0482, Dose Wgt 78 kg, and PCP/NEED MD, INFO. Below this, the order is for 'CBC without Differential-Q' with a start date of 08/01/2025 at 10:29:42 EST. The order is for a 'BLOOD, Routine' specimen. The 'Details for CBC without Differential-Q' section shows fields for 'Specimen Type' (BLOOD), 'Start Date/Time' (08/06/2025 11:31 EDT), 'Collection Priority' (Routine), 'Order for Future Visit' (Yes), 'Nurse Collect' (Yes), and 'Performing Location (ARLN)' (Northern Light Health Non-R...). The 'CC AMB Pharmacist (LAB)' field is highlighted with a red box and contains the text 'CC AMB Pharmacist (LAB)'. The 'Special Instructions' field is empty.

WHY: The new field will allow ambulatory pharmacists to be copied on lab orders that are proposed on behalf of, or ordered by a provider, ensuring both the provider and ambulatory pharmacist receive the lab results.

WHEN: Wednesday, September 9, 2026

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

- Ambulatory

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Ambulatory Pharmacist
- Clinical Staff
- Providers

Peri-Op

NEW Perioperative Tracking Board Communication Icon

WHAT: A new communication icon will be added to the Perioperative Tracking Board to identify patients who have received special preoperative diet instructions from Anesthesia.



NOTE: For more information about the Perioperative Tracking Board Communication Icons click [here](#).

WHY: The icon improves visibility of patients with non-standard preoperative diet requirements, prompting the care team to confirm compliance upon admission, reducing procedure delays.

WHEN: Effective Immediately

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 Acadia)
-

EHR Updates

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

- Nursing
- Providers

Therapies: Occupational, Physical, Speech, & Respiratory

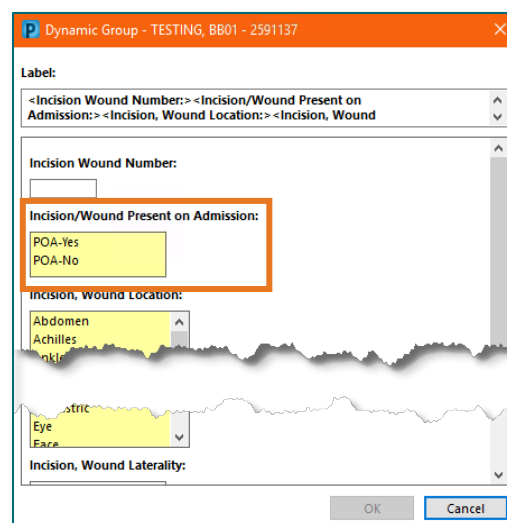
Ambulatory

Incision/Wound/Skin Dynamic Group Update – PT Only

WHAT: The **Incision/Wound/Skin** dynamic group label has been updated to include **Incision/Wound Present on Admission**.

When documenting a wound:

- **POA – Yes:** Selected when the wound is present at the time of hospital admission.
- **POA – No:** Selected when the wound developed during the patient's hospital stay.



To support consistent documentation, the following documentation has been **removed** from the **Incision/Wound/Skin** dynamic group:

- **Present on admission** within **Assessment Activity**
- **POA (Insert Date/Time if known)**
- **Ulcer Present on Admission** (displayed when Abnormality Type of Non-pressure ulcer was selected)

◇ Assessment Activity	Assessment Activity	✕
◇ Status	New wound assessment	
◇ Abnormality Color	Reassessment	

WHY: The change helps ensure that **Present on Admission** documentation remains consistent throughout the patient's hospital stay, reducing the risk of conflicting or duplicate documentation and improving the accuracy of wound records.

WHEN: Tuesday, September 15, 2026

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- MAs
- Nursing
- Physical Therapists
- Wound Nurses

Inpatient/ED

Respiratory Therapy Facial Skin Integrity iView Update

WHAT: The **Facial Skin Integrity** field within the Respiratory Therapy iView band will be updated from a **single-select** field to a **multi-select** field. The enhancement allows multiple applicable responses to be documented at the same time.

If **Breakdown** is selected, the **Nurse Notified** field will populate. In addition, a new **Location of Breakdown** field will also populate and is also multi-select if needed.

The screenshot displays the 'Facial Skin Integrity' field in the Respiratory Therapy iView band. The field is now a multi-select dropdown menu. The dropdown is open, showing the following options: 'No breakdown or redness', 'Redness, no breakdown', 'Breakdown' (which is selected), 'N/A - patient trached', 'Barrier applied', and 'Other' (which is also selected). Below the main dropdown, there is a sub-dropdown for 'Location of Breakdown' which is also open, showing options: 'Nasal Bridge', 'Nares', 'Tip of Nose', 'Sides of Mouth', 'Above Ears', and 'Other'.

WHY: The change simplifies respiratory therapy documentation by reducing unnecessary clicks and navigation. Currently, documenting Facial Skin Integrity and Barrier Applied requires users to save charting, return to the band, and use **Add Result** to enter additional information.

WHEN: Monday, September 14, 2026

EHR Updates

Week of September 10 – September 16, 2026

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

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

At the following NLH Member Organization(s):

- All Northern Light Hospitals (excluding Mayo)

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

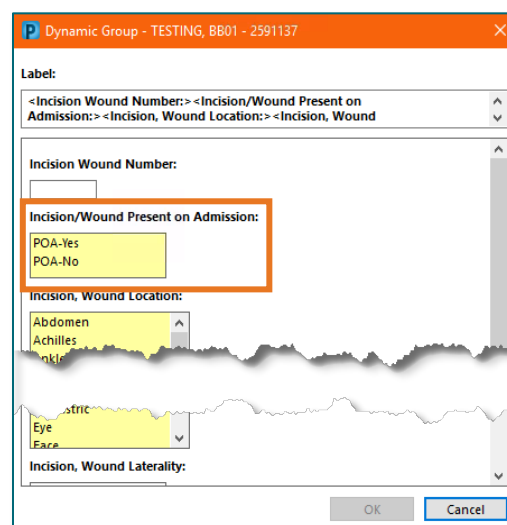
- Respiratory Therapy

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◇ Assessment Activity	Assessment Activity	✕
◇ Status	New wound assessment	
◇ Abnormality Color	Reassessment	

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EHR Updates

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WHEN: Tuesday, September 15, 2026

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- MAs
- Nursing
- Physical Therapists
- Wound Nurses