



Oracle Health (Cerner) Millennium EHR Updates

Week of September 24 – 30, 2026

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

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Behavioral Health Staff

Ambulatory

2026-2027 Influenza and COVID Immunization Screening Form Updates

WHAT: Annual updates have been made to both Influenza and COVID Screening Forms.

Highlights

- A highlighted header has been added to remind staff that when screening a patient who is also an NLH employee, selecting **NLH Employee, SHARE with HR/WH** will automatically send the vaccine administration information to Human Resources and WorkHealth. The patient/employee no longer needs to forward this information to their manager.

Influenza Vaccine Screening/ Order Form		
Screening period: SEPTEMBER 1 - APRIL 30 (Vaccine orders will post via the Rule ONLY during this time frame)		
Ask NLH employees for consent to share with NLH HR/ Work Health. Indicate SHARE or Do NOT Share. Selecting SHARE transmits vaccine record to Work Health. ☒ NLH Employee, SHARE with HR/WH ☐ NLH Employee, Do NOT Share with HR/WH ☐ Not NLH Employee, Patient, Hospital ☐ Not NLH Employee, Patient, Physician Office/WIC/Outpatient	Employee #: 	For patients unable to be screened now, document 'Unable to Screen' to set reminder alert in 24 hours. ☒ Vaccine accepted ☐ Vaccine declined ☐ Unable to screen ☐ Vaccine not available
		Has Patient received Influenza Vaccine in THIS 2026-2027 season? ☐ No ☐ Yes and patient was 6 mo to 8 yrs old ☐ Yes and patient was 9 yrs or older

- Step-by-step guidance for the COVID-19 screening forms is available here:
 - [Inpatient COVID-19 Vaccine Immunization Screening Form](#)
 - [Ambulatory COVID-19 Vaccine Immunization Screening Form](#)
 - It is important to note that COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.
- Detailed step-by-step guidance for the Influenza screening forms can be found here:
 - [Influenza Vaccine Screening-Order Workflow](#)

IMPORTANT: Inpatient areas: Rule-based ordering from both Influenza and COVID-19 screening forms will generate orders from September 1, 2026 through April 30, 2027.

WHY: These updates include alignments with the most recent vaccine schedule recommendations and specifically NLH Anti-Microbial Stewardship vaccine guidance.

WHEN: Effective Immediately

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
- Pharmacists
- Providers

Rheumatology Lab Order Name Changes

WHAT: Rheumatology lab orders are being updated to streamline ordering and align order names with current terminology.

Order Updates

- **Adalimumab Level, Rheum**, will be replaced by **Adalimumab Level**.
- The following order names are being updated to remove **IBD**:
 - **Adalimumab Anti-drug Antibody for IBD** will be renamed **Adalimumab Anti-Drug Antibody**.
 - **Adalimumab Level and Anti-drug Antibody for IBD** will be renamed **Adalimumab Level and Anti-Drug Antibody**.

WHY: These updates are being made to reduce confusion when selecting Adalimumab-related lab orders and to ensure the most accurate order is used.

WHEN: Monday, September 28, 2026

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

- Acute/Inpatient
- Ambulatory (excludes WIC)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
- Providers

Inpatient

2026-2027 Influenza and COVID Immunization Screening Form Updates

WHAT: Annual updates have been made to both Influenza and COVID Screening Forms.

Highlights

- A highlighted header has been added to remind staff that when screening a patient who is also an NLH employee, selecting **NLH Employee, SHARE with HR/WH** will automatically send the vaccine administration information to Human Resources and WorkHealth. The patient/employee no longer needs to forward this information to their manager.

Influenza Vaccine Screening/ Order Form

Screening period: **SEPTEMBER 1 - APRIL 30**
(Vaccine orders will post via the Rule ONLY during this time frame.)

Ask NLH employees for consent to share with NLH HR/ Work Health.
Indicate SHARE or Do NOT Share.

Selecting SHARE transmits vaccine record to Work Health.

☒ NLH Employee, SHARE with HR/WH
☐ NLH Employee, Do NOT Share with HR/WH
☐ Not NLH Employee. Patient, Hospital
☐ Not NLH Employee. Patient, Physician Office/WIC/Outpatient

Employee #:

For patients unable to be screened now, document "Unable to Screen" to set reminder alert in 24 hours.

☒ Vaccine accepted
☐ Vaccine declined
☐ Unable to screen
☐ Vaccine not available

Reason unable to screen:

Has Patient received Influenza Vaccine in THIS 2026-2027 season?

☐ No
☐ Yes and patient was 6 mo to 8 yrs old
☐ Yes and patient was 9 yrs or older

- Step-by-step guidance for the COVID-19 screening forms is available here:
 - [Inpatient COVID-19 Vaccine Immunization Screening Form](#)
 - [Ambulatory COVID-19 Vaccine Immunization Screening Form](#)
 - It is important to note that COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.

- Detailed step-by-step guidance for the Influenza screening forms can be found here:
 - [Influenza Vaccine Screening-Order Workflow](#)

IMPORTANT: Inpatient areas: Rule-based ordering from both Influenza and COVID-19 screening forms will generate orders from September 1, 2026 through April 30, 2027.

WHY: These updates include alignments with the most recent vaccine schedule recommendations and specifically NLH Anti-Microbial Stewardship vaccine guidance.

WHEN: Effective Immediately

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
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Rheumatology Lab Order Name Changes

WHAT: Rheumatology lab orders are being updated to streamline ordering and align order names with current terminology.

Order Updates

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-

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WHY: These updates are being made to reduce confusion when selecting Adalimumab-related lab orders and to ensure the most accurate order is used.

WHEN: Monday, September 28, 2026

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

- Acute/Inpatient
- Ambulatory (excludes WIC)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
- Providers

Clinical Decision Support Updates

Weekly Newsletter

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

Release Date	Venues Affected	CDS Tool	Summary
9/29/2026	Inpatient	PED General Admission	CDS Review. Removed unused orders and updated module section. EMMC and TAMC ONLY
10/6/2026	Inpatient	Acute Heart Failure CHF Module	Adding jardiance with decision support notes.

Lab

Rheumatology Lab Order Name Changes

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Order Updates

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-

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- **Adalimumab Level and Anti-drug Antibody for IBD** will be renamed **Adalimumab Level and Anti-Drug Antibody**.

WHY: These updates are being made to reduce confusion when selecting Adalimumab-related lab orders and to ensure the most accurate order is used.

WHEN: **Monday, September 28, 2026**

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

- Acute/Inpatient
- Ambulatory (excludes WIC)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
- Providers

Nursing, CNA, Medical Assistants

Ambulatory/WIC

2026-2027 Influenza and COVID Immunization Screening Form Updates

WHAT: Annual updates have been made to both Influenza and COVID Screening Forms.

Highlights

- A highlighted header has been added to remind staff that when screening a patient who is also an NLH employee, selecting **NLH Employee, SHARE with HR/WH** will automatically send the vaccine administration information to Human Resources and WorkHealth. The patient/employee no longer needs to forward this information to their manager.
-

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Influenza Vaccine Screening/ Order Form

Screening period: SEPTEMBER 1 - APRIL 30
(Vaccine orders will post via the Rule ONLY during this time frame.)

Ask NLH employees for consent to share with NLH HR/ Work Health.
Indicate SHARE or Do NOT Share.
Selecting SHARE transmits vaccine record to Work Health.

☒ NLH Employee, SHARE with HR/wH
☐ NLH Employee, Do NOT Share with HR/wH
☐ Not NLH Employee, Patient, Hospital
☐ Not NLH Employee, Patient, Physician Office/WIC/Outpatient

Employee #:

For patients unable to be screened now, document "Unable to Screen" to set reminder alert in 24 hours.

☒ Vaccine accepted
☐ Vaccine declined
☐ Unable to screen
☐ Vaccine not available

Reason unable to screen:

Has Patient received Influenza Vaccine in THIS 2026-2027 season?

☐ No
☐ Yes and patient was 6 mo to 8 yrs old
☐ Yes and patient was 9 yrs or older

- Step-by-step guidance for the COVID-19 screening forms is available here:
 - [Inpatient COVID-19 Vaccine Immunization Screening Form](#)
 - [Ambulatory COVID-19 Vaccine Immunization Screening Form](#)
 - It is important to note that COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.
- Detailed step-by-step guidance for the Influenza screening forms can be found here:
 - [Influenza Vaccine Screening-Order Workflow](#)

IMPORTANT: Inpatient areas: Rule-based ordering from both Influenza and COVID-19 screening forms will generate orders from September 1, 2026 through April 30, 2027.

WHY: These updates include alignments with the most recent vaccine schedule recommendations and specifically NLH Anti-Microbial Stewardship vaccine guidance.

WHEN: Effective Immediately

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
- Pharmacists
- Providers

Rheumatology Lab Order Name Changes

WHAT: Rheumatology lab orders are being updated to streamline ordering and align order names with current terminology.

Order Updates

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- The following order names are being updated to remove **IBD**:
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WHY: These updates are being made to reduce confusion when selecting Adalimumab-related lab orders and to ensure the most accurate order is used.

WHEN: Monday, September 28, 2026

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

- Acute/Inpatient
- Ambulatory (excludes WIC)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
- Providers

Mercy Pain Clinic Procedural Documentation (*Go-Live October 5*)

WHAT: The Mercy Pain Clinic procedural documentation will be standardized to align with Surgical Services, Operating Room, and Endoscopy procedural documentation workflows, improving documentation consistency and procedural work capture. As part of the updated workflow, Medical Assistants will have access to a new position titled **Surginet MA Periop**, which will provide procedure-specific MPages and documentation tools to support the procedural

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documentation process. Updated workflow will include the use of the following documentation tools:

- Capacity Management
- iView
- Medication Administration Record (MAR)
- MPages
- Surginet

NOTE: For more in-depth workflow education, please refer to the detailed educational flyer found [here](#).

WHY: Aligning documentation with Surgical Services will improve workflow efficiency, reduce documentation errors, enhance patient care, and support more consistent procedural work capture across care settings.

WHEN: Monday, October 5, 2026

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

- Ambulatory
- Peri-Op

At the following NLH Member Organization(s):

- Mercy (Pain Clinic)

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

- Medical Assistants
- Nurses

Emergency

2026-2027 Influenza and COVID Immunization Screening Form Updates

WHAT: Annual updates have been made to both Influenza and COVID Screening Forms.

Highlights

- A highlighted header has been added to remind staff that when screening a patient who is also an NLH employee, selecting **NLH Employee, SHARE with HR/WH** will automatically send the vaccine administration
-

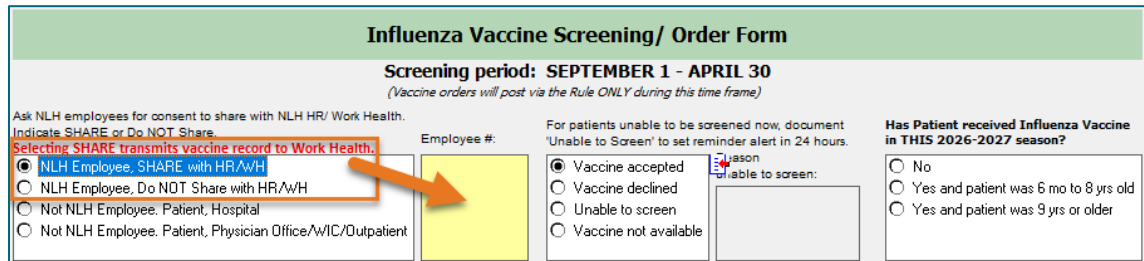
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information to Human Resources and WorkHealth. The patient/employee no longer needs to forward this information to their manager.



The form is titled "Influenza Vaccine Screening/ Order Form". It includes a screening period of "SEPTEMBER 1 - APRIL 30" with a note that vaccine orders will post via the Rule ONLY during this time frame. The form is divided into several sections. The first section asks NLH employees for consent to share with NLH HR/ Work Health, with options: "NLH Employee, SHARE with HR/WH" (selected), "NLH Employee, Do NOT Share with HR/WH", "Not NLH Employee, Patient, Hospital", and "Not NLH Employee, Patient, Physician Office/WIC/Outpatient". An orange box highlights the first option, and an orange arrow points to it. The second section is for patients unable to be screened now, with options: "Vaccine accepted" (selected), "Vaccine declined", "Unable to screen", and "Vaccine not available". The third section asks if the patient has received an influenza vaccine in the 2026-2027 season, with options: "No", "Yes and patient was 6 mo to 8 yrs old", and "Yes and patient was 9 yrs or older".

- Step-by-step guidance for the COVID-19 screening forms is available here:
 - [Inpatient COVID-19 Vaccine Immunization Screening Form](#)
 - [Ambulatory COVID-19 Vaccine Immunization Screening Form](#)
 - It is important to note that COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.
- Detailed step-by-step guidance for the Influenza screening forms can be found here:
 - [Influenza Vaccine Screening-Order Workflow](#)

IMPORTANT: Inpatient areas: Rule-based ordering from both Influenza and COVID-19 screening forms will generate orders from September 1, 2026 through April 30, 2027.

WHY: These updates include alignments with the most recent vaccine schedule recommendations and specifically NLH Anti-Microbial Stewardship vaccine guidance.

WHEN: Effective Immediately

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)
-

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

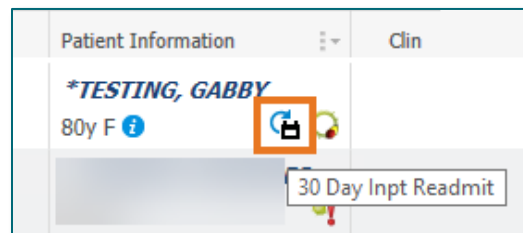
- Clinical Staff
- Pharmacists
- Providers

Reminder: ED LaunchPoint: 30-Day Inpatient Readmission Risk

WHAT: The **30 Day Inpt Readmit** icon displayed on ED LaunchPoint provides visibility into a patient's recent hospitalization history. Awareness of a recent inpatient utilization may help support clinical decision-making, care coordination, and discharge planning.

30-Day Inpatient Readmission Risk

- Patients presenting to the Emergency Department who have had an inpatient hospitalization within the previous 30 days will display the **30 Day Inpt Readmit** icon within the **Patient Information** column on **ED LaunchPoint**.
 - Hover over the icon to view.



WHY: Reducing avoidable 30-day readmissions is an organizational priority due to the impact on patient outcomes, quality metrics, and reimbursement. Providers should be aware of the readmission-risk indicator so higher-risk patients can be identified and appropriate interventions can be considered.

WHEN: Current functionality – reminder only

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

- ED Only

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

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

- ED Nursing
 - ED Providers
-

Reminder: Nursing Handoff and Transfer Communication

WHAT: This reminder reviews documentation of nursing handoffs and transfer communication in the Nursing Handoff/Transport Communication section of any Quick View band within Interactive View and I&O (iView).

NOTE: Document nurse report given whenever care is handed off to another nurse, including shift change, break coverage, return from a procedure, or transfer.

Document For Each Handoff:

- Report Given, including whether the report occurred at the bedside
- Name of the person who gave and received the report
- Handoff comments as applicable
- Whether the Orders and Plan of Care were reviewed
- Lines traced when a line is present at the time of handoff; otherwise select N/A (not applicable)

The screenshot shows the 'Adult Quick View' band in the EHR interface. The 'Nursing Handoff/Transport Communication' section is expanded, showing a list of items to be documented. A dropdown menu is open for 'Report Given', with options 'At bedside' and 'Not at bedside' visible.

Find Item	Result
	09/15/2026 13:02 EDT
Adult Quick View	
Vital Signs	
Caregiver Rounding	
Activities of Daily Living	
Equipment/Devices	
Environmental Safety Management	
Ice/Warm Pack Application	
Bladder Scan/ Postvoid Residual	
Provider Notification	
Nursing Handoff/Transport Communication	
Family Involvement	
Post Skin Response	

Report Given	At bedside	Not at bedside
Anticipated Discharge ...		
Patient ID Band on and ...		
Report Given		
Nurse Giving Report		
Nurse Receiving Report		
Handoff Comments		
Orders Reviewed		
Plan of Care Reviewed		
Lines Traced		
Transfer		
Mode of Arrival		
Transport Destination		
Patient Equipment		
Shift Summary		
On Unit		
Off Unit		

NOTE: Only one nurse needs to document each handoff. Follow department or manager guidance to determine whether the nurse giving or receiving the report completes the documentation.

NOTE: Review the [Nurse Handoff MPage flyer](#) for additional details on nurse handoff.

WHY: Chart audits have identified low compliance with documenting nurse handoff/transfer communication.

[Northern Light Health Policy 30-101](#), Patient Assessment, Education, and Documentation, states that high-quality documentation is an integral component of care delivery. Comprehensive and accurate documentation ensures accurate communication and reflects the care, treatment, and services provided by the care team.

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The policy also states that documentation is an essential element of safe, quality, evidence-based nursing practice; contributes to the patient story; and should be completed in near real time unless patient circumstances dictate otherwise.

A. Adult Med-Surg/Intermediate Level of Care Minimum Assessment and Documentation Guidelines	
Admission Assessment and Documentation <i>Utilizing the Admission Workflow MPage Required within 24 hours of Admission</i>	Patient Assessment and Documentation Every Shift <i>OR</i> as Ordered, Per Policy, or Change in Patient Condition
Allergies Admission History Adult Infectious Disease Risk Screening General Info Interpreter Services – per patient need Advance Directive CSSRS (Columbia Suicide Severity Rating Scale) Nutrition Sexuality and Reproductive Spiritual / Visitors Social History (Tobacco, Alcohol, Substance Use, Abuse/Neglect, Vaping) Social Determinates of Health Procedure History Education Needs	Adult Systems Assessment iView Band Head to Toe Physical Assessment Morse Fall Risk Scale Braden Assessment Annotated Narrative Note bCAM for patients 65 years of age and older BMAT (Bedside Mobility Assessment Tool) Adult Lines Devices Procedures iView Band Central Line Necessity Foley Catheter Necessity Adult Quick View iView Band Nursing Handoff/Transport Communication Patient Education iView Band Education related to disease process, medication regimen, pain management, and plan of care

NOTE: Above is a screenshot from the Northern Light Health Policy 30-101. Although the screenshot states this is for Adult Med-Surg, this applies to all areas. Please review the policy for specifics based on location.

WHEN: Effective immediately

WHERE: The reminder 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 and Acadia)

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

- Nursing Staff

Inpatient

2026-2027 Influenza and COVID Immunization Screening Form Updates

WHAT: Annual updates have been made to both Influenza and COVID Screening Forms.

Highlights

- A highlighted header has been added to remind staff that when screening a patient who is also an NLH employee, selecting **NLH Employee, SHARE**
-

with HR/WH will automatically send the vaccine administration information to Human Resources and WorkHealth. The patient/employee no longer needs to forward this information to their manager.

Influenza Vaccine Screening/ Order Form

Screening period: SEPTEMBER 1 - APRIL 30
(Vaccine orders will post via the Rule ONLY during this time frame)

Ask NLH employees for consent to share with NLH HR/ Work Health.
Indicate SHARE or Do NOT Share.

Selecting SHARE transmits vaccine record to Work Health.

☒ NLH Employee, SHARE with HR/WH
☐ NLH Employee, Do NOT Share with HR/WH
☐ Not NLH Employee, Patient, Hospital
☐ Not NLH Employee, Patient, Physician Office/WIC/Outpatient

Employee #:

For patients unable to be screened now, document 'Unable to Screen' to set reminder alert in 24 hours.

☒ Vaccine accepted
☐ Vaccine declined
☐ Unable to screen
☐ Vaccine not available

Reason unable to screen:

Has Patient received Influenza Vaccine in THIS 2026-2027 season?

☐ No
☐ Yes and patient was 6 mo to 8 yrs old
☐ Yes and patient was 9 yrs or older

- Step-by-step guidance for the COVID-19 screening forms is available here:
 - [Inpatient COVID-19 Vaccine Immunization Screening Form](#)
 - [Ambulatory COVID-19 Vaccine Immunization Screening Form](#)
 - It is important to note that COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.
- Detailed step-by-step guidance for the Influenza screening forms can be found here:
 - [Influenza Vaccine Screening-Order Workflow](#)

IMPORTANT: Inpatient areas: Rule-based ordering from both Influenza and COVID-19 screening forms will generate orders from September 1, 2026 through April 30, 2027.

WHY: These updates include alignments with the most recent vaccine schedule recommendations and specifically NLH Anti-Microbial Stewardship vaccine guidance.

WHEN: Effective Immediately

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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Week of September 24 – September 30, 2026

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

- Clinical Staff
- Pharmacists
- Providers

Reminder: Nursing Handoff and Transfer Communication

WHAT: This reminder reviews documentation of nursing handoffs and transfer communication in the Nursing Handoff/Transport Communication section of any Quick View band within Interactive View and I&O (iView).

NOTE: Document nurse report given whenever care is handed off to another nurse, including shift change, break coverage, return from a procedure, or transfer.

Document For Each Handoff:

- Report Given, including whether the report occurred at the bedside
- Name of the person who gave and received the report
- Handoff comments as applicable
- Whether the Orders and Plan of Care were reviewed
- Lines traced when a line is present at the time of handoff; otherwise select N/A (not applicable)

The screenshot displays the EHR interface. On the left, the 'Adult Quick View' band is visible, listing various patient care items. The 'Nursing Handoff/Transport Communication' item is highlighted. On the right, the 'Nursing Handoff/Transport Communication' section is expanded, showing a list of items to be documented. A 'Report Given' dialog box is open, allowing the user to select 'At bedside' or 'Not at bedside'.

NOTE: Only one nurse needs to document each handoff. Follow department or manager guidance to determine whether the nurse giving or receiving the report completes the documentation.

NOTE: Review the [Nurse Handoff MPage flyer](#) for additional details on nurse handoff.

WHY: Chart audits have identified low compliance with documenting nurse handoff/transfer communication.

From the Office of Health Informatics

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[Northern Light Health Policy 30-101](#), Patient Assessment, Education, and Documentation, states that high-quality documentation is an integral component of care delivery. Comprehensive and accurate documentation ensures accurate communication and reflects the care, treatment, and services provided by the care team.

The policy also states that documentation is an essential element of safe, quality, evidence-based nursing practice; contributes to the patient story; and should be completed in near real time unless patient circumstances dictate otherwise.

A. Adult Med-Surg/Intermediate Level of Care Minimum Assessment and Documentation Guidelines	
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Allergies Admission History Adult Infectious Disease Risk Screening General Info Interpreter Services – per patient need Advance Directive CSSRS (Columbia Suicide Severity Rating Scale) Nutrition Sexuality and Reproductive Spiritual / Visitors Social History (Tobacco, Alcohol, Substance Use, Abuse/Neglect, Vaping) Social Determinates of Health Procedure History Education Needs	Adult Systems Assessment iView Band Head to Toe Physical Assessment Morse Fall Risk Scale Braden Assessment Annotated Narrative Note bCAM for patients 65 years of age and older BMAT (Bedside Mobility Assessment Tool) Adult Lines Devices Procedures iView Band Central Line Necessity Foley Catheter Necessity Adult Quick View iView Band Nursing Handoff/Transport Communication Patient Education iView Band Education related to disease process, medication regimen, pain management, and plan of care

NOTE: Above is a screenshot from the Northern Light Health Policy 30-101. Although the screenshot states this is for Adult Med-Surg, this applies to all areas. Please review the policy for specifics based on location.

WHEN: Effective immediately

WHERE: The reminder 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 and Acadia)

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

- Nursing Staff
-

EHR Updates

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Rheumatology Lab Order Name Changes

WHAT: Rheumatology lab orders are being updated to streamline ordering and align order names with current terminology.

Order Updates

- **Adalimumab Level, Rheum**, will be replaced by **Adalimumab Level**.
- The following order names are being updated to remove **IBD**:
 - **Adalimumab Anti-drug Antibody for IBD** will be renamed **Adalimumab Anti-Drug Antibody**.
 - **Adalimumab Level and Anti-drug Antibody for IBD** will be renamed **Adalimumab Level and Anti-Drug Antibody**.

WHY: These updates are being made to reduce confusion when selecting Adalimumab-related lab orders and to ensure the most accurate order is used.

WHEN: Monday, September 28, 2026

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

- Acute/Inpatient
- Ambulatory (excludes WIC)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
 - Providers
-

Peri-Op

2026-2027 Influenza and COVID Immunization Screening Form Updates

WHAT: Annual updates have been made to both Influenza and COVID Screening Forms.

Highlights

- A highlighted header has been added to remind staff that when screening a patient who is also an NLH employee, selecting **NLH Employee, SHARE with HR/WH** will automatically send the vaccine administration information to Human Resources and WorkHealth. The patient/employee no longer needs to forward this information to their manager.

Influenza Vaccine Screening/ Order Form

Screening period: **SEPTEMBER 1 - APRIL 30**
(Vaccine orders will post via the Rule ONLY during this time frame)

Ask NLH employees for consent to share with NLH HR/ Work Health.
Indicate SHARE or Do NOT Share.

Selecting SHARE transmits vaccine record to Work Health.

☒ NLH Employee, SHARE with HR/WH
☐ NLH Employee, Do NOT Share with HR/WH
☐ Not NLH Employee, Patient, Hospital
☐ Not NLH Employee, Patient, Physician Office/WIC/Outpatient

Employee #:

For patients unable to be screened now, document "Unable to Screen" to set reminder alert in 24 hours.

☒ Vaccine accepted
☐ Vaccine declined
☐ Unable to screen
☐ Vaccine not available

Reason unable to screen:

Has Patient received Influenza Vaccine in THIS 2026-2027 season?

☐ No
☐ Yes and patient was 6 mo to 8 yrs old
☐ Yes and patient was 9 yrs or older

- Step-by-step guidance for the COVID-19 screening forms is available here:
 - [Inpatient COVID-19 Vaccine Immunization Screening Form](#)
 - [Ambulatory COVID-19 Vaccine Immunization Screening Form](#)
 - It is important to note that COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.
- Detailed step-by-step guidance for the Influenza screening forms can be found here:
 - [Influenza Vaccine Screening-Order Workflow](#)

IMPORTANT: Inpatient areas: Rule-based ordering from both Influenza and COVID-19 screening forms will generate orders from September 1, 2026 through April 30, 2027.

WHY: These updates include alignments with the most recent vaccine schedule recommendations and specifically NLH Anti-Microbial Stewardship vaccine guidance.

EHR Updates

Week of September 24 – September 30, 2026

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WHEN: Effective Immediately

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
- Pharmacists
- Providers

Reminder: Nursing Handoff and Transfer Communication

WHAT: This reminder reviews documentation of nursing handoffs and transfer communication in the Nursing Handoff/Transport Communication section of any Quick View band within Interactive View and I&O (iView).

NOTE: Document nurse report given whenever care is handed off to another nurse, including shift change, break coverage, return from a procedure, or transfer.

Document For Each Handoff:

- Report Given, including whether the report occurred at the bedside
- Name of the person who gave and received the report
- Handoff comments as applicable
- Whether the Orders and Plan of Care were reviewed
- Lines traced when a line is present at the time of handoff; otherwise select N/A (not applicable)

The screenshot displays the EHR interface. On the left, the 'Adult Quick View' band is visible, listing various patient care items. The 'Nursing Handoff/Transport Communication' item is highlighted. On the right, the 'Nursing Handoff/Transport Communication' section is expanded, showing a list of items to be documented. The 'Report Given' item is highlighted, and a dropdown menu is open, showing options: 'At bedside' and 'Not at bedside'. The 'At bedside' option is selected.

Find Item	Critical
Result	
09/15/2026 13:02 EDT	
Nursing Handoff/Trans...	
Anticipated Discharge ...	
Patient ID Band on and ...	
Report Given	Report Given
Nurse Giving Report	At bedside
Nurse Receiving Report	Not at bedside
Handoff Comments	
Orders Reviewed	
Plan of Care Reviewed	
Lines Traced	
Transfer	
Mode of Arrival	
Transport Destination	
Patient Equipment	
Shift Summary	
On Unit	
Off Unit	

From the Office of Health Informatics

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NOTE: Only one nurse needs to document each handoff. Follow department or manager guidance to determine whether the nurse giving or receiving the report completes the documentation.

NOTE: Review the [Nurse Handoff MPage flyer](#) for additional details on nurse handoff.

WHY: Chart audits have identified low compliance with documenting nurse handoff/transfer communication.

[Northern Light Health Policy 30-101](#), Patient Assessment, Education, and Documentation, states that high-quality documentation is an integral component of care delivery. Comprehensive and accurate documentation ensures accurate communication and reflects the care, treatment, and services provided by the care team.

The policy also states that documentation is an essential element of safe, quality, evidence-based nursing practice; contributes to the patient story; and should be completed in near real time unless patient circumstances dictate otherwise.

A. Adult Med-Surg/Intermediate Level of Care Minimum Assessment and Documentation Guidelines	
Admission Assessment and Documentation Utilizing the Admission Workflow MPage Required within 24 hours of Admission	Patient Assessment and Documentation Every Shift OR as Ordered, Per Policy, or Change in Patient Condition
Allergies Admission History Adult Infectious Disease Risk Screening General Info Interpreter Services – per patient need Advance Directive CSSRS (Columbia Suicide Severity Rating Scale) Nutrition Sexuality and Reproductive Spiritual / Visitors Social History (Tobacco, Alcohol, Substance Use, Abuse/Neglect, Vaping) Social Determinates of Health Procedure History Education Needs	Adult Systems Assessment iView Band Head to Toe Physical Assessment Morse Fall Risk Scale Braden Assessment Annotated Narrative Note bCAM for patients 65 years of age and older BMAT (Bedside Mobility Assessment Tool) Adult Lines Devices Procedures iView Band Central Line Necessity Foley Catheter Necessity Adult Quick View iView Band Nursing Handoff/Transport Communication Patient Education iView Band Education related to disease process, medication regimen, pain management, and plan of care

NOTE: Above is a screenshot from the Northern Light Health Policy 30-101. Although the screenshot states this is for Adult Med-Surg, this applies to all areas. Please review the policy for specifics based on location.

WHEN: Effective immediately

EHR Updates

Week of September 24 – September 30, 2026

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WHERE: The reminder 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 and Acadia)

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

- Nursing Staff

Mercy Pain Clinic Procedural Documentation (*Go-Live October 5*)

WHAT: The Mercy Pain Clinic procedural documentation will be standardized to align with Surgical Services, Operating Room, and Endoscopy procedural documentation workflows, improving documentation consistency and procedural work capture. As part of the updated workflow, Medical Assistants will have access to a new position titled **Surginet MA Periop**, which will provide procedure-specific MPages and documentation tools to support the procedural documentation process. Updated workflow will include the use of the following documentation tools:

- Capacity Management
- iView
- Medication Administration Record (MAR)
- MPages
- Surginet

NOTE: For more in-depth workflow education, please refer to the detailed educational flyer found [here](#).

WHY: Aligning documentation with Surgical Services will improve workflow efficiency, reduce documentation errors, enhance patient care, and support more consistent procedural work capture across care settings.

WHEN: Monday, October 5, 2026

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

- Ambulatory
 - Peri-Op
-

At the following NLH Member Organization(s):

- Mercy (Pain Clinic)

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

- Medical Assistants
- Nurses

Pharmacists & Pharmacy Technicians

Ambulatory/WIC

2026-2027 Influenza and COVID Immunization Screening Form Updates

WHAT: Annual updates have been made to both Influenza and COVID Screening Forms.

Highlights

- A highlighted header has been added to remind staff that when screening a patient who is also an NLH employee, selecting **NLH Employee, SHARE with HR/WH** will automatically send the vaccine administration information to Human Resources and WorkHealth. The patient/employee no longer needs to forward this information to their manager.

Influenza Vaccine Screening/ Order Form		
Screening period: SEPTEMBER 1 - APRIL 30 (Vaccine orders will post via the Rule ONLY during this time frame)		
Ask NLH employees for consent to share with NLH HR/ Work Health. Indicate SHARE or Do NOT Share. Selecting SHARE transmits vaccine record to Work Health. ☒ NLH Employee, SHARE with HR/WH ☐ NLH Employee, Do NOT Share with HR/WH ☐ Not NLH Employee, Patient, Hospital ☐ Not NLH Employee, Patient, Physician Office/WIC/Outpatient	Employee #: 	For patients unable to be screened now, document 'Unable to Screen' to set reminder alert in 24 hours. ☒ Vaccine accepted ☐ Vaccine declined ☐ Unable to screen ☐ Vaccine not available Reason unable to screen:
Has Patient received Influenza Vaccine in THIS 2026-2027 season? ☐ No ☐ Yes and patient was 6 mo to 8 yrs old ☐ Yes and patient was 9 yrs or older		

- Step-by-step guidance for the COVID-19 screening forms is available here:
 - [Inpatient COVID-19 Vaccine Immunization Screening Form](#)
 - [Ambulatory COVID-19 Vaccine Immunization Screening Form](#)
 - It is important to note that COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.
 - Detailed step-by-step guidance for the Influenza screening forms can be found here:
 - [Influenza Vaccine Screening-Order Workflow](#)
-

EHR Updates

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IMPORTANT: Inpatient areas: Rule-based ordering from both Influenza and COVID-19 screening forms will generate orders from September 1, 2026 through April 30, 2027.

WHY: These updates include alignments with the most recent vaccine schedule recommendations and specifically NLH Anti-Microbial Stewardship vaccine guidance.

WHEN: Effective Immediately

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
- Pharmacists
- Providers

Rheumatology Lab Order Name Changes

WHAT: Rheumatology lab orders are being updated to streamline ordering and align order names with current terminology.

Order Updates

- **Adalimumab Level, Rheum**, will be replaced by **Adalimumab Level**.
- The following order names are being updated to remove **IBD**:
 - **Adalimumab Anti-drug Antibody for IBD** will be renamed **Adalimumab Anti-Drug Antibody**.
 - **Adalimumab Level and Anti-drug Antibody for IBD** will be renamed **Adalimumab Level and Anti-Drug Antibody**.

WHY: These updates are being made to reduce confusion when selecting Adalimumab-related lab orders and to ensure the most accurate order is used.

WHEN: Monday, September 28, 2026

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

- Acute/Inpatient
- Ambulatory (excludes WIC)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
- Providers

Inpatient/ED/Peri-Op

2026-2027 Influenza and COVID Immunization Screening Form Updates

WHAT: Annual updates have been made to both Influenza and COVID Screening Forms.

Highlights

- A highlighted header has been added to remind staff that when screening a patient who is also an NLH employee, selecting **NLH Employee, SHARE with HR/WH** will automatically send the vaccine administration information to Human Resources and WorkHealth. The patient/employee no longer needs to forward this information to their manager.

Influenza Vaccine Screening/ Order Form

Screening period: **SEPTEMBER 1 - APRIL 30**
(Vaccine orders will post via the Rule ONLY during this time frame.)

Ask NLH employees for consent to share with NLH HR/ Work Health.
Indicate SHARE or Do NOT Share.
Selecting SHARE transmits vaccine record to Work Health.

☒ NLH Employee, SHARE with HR/WH
☐ NLH Employee, Do NOT Share with HR/WH
☐ Not NLH Employee. Patient, Hospital
☐ Not NLH Employee. Patient, Physician Office/WIC/Outpatient

Employee #:

For patients unable to be screened now, document "Unable to Screen" to set reminder alert in 24 hours.

☒ Vaccine accepted
☐ Vaccine declined
☐ Unable to screen
☐ Vaccine not available

Has Patient received Influenza Vaccine in THIS 2026-2027 season?

☐ No
☐ Yes and patient was 6 mo to 8 yrs old
☐ Yes and patient was 9 yrs or older

- Step-by-step guidance for the COVID-19 screening forms is available here:
 - [Inpatient COVID-19 Vaccine Immunization Screening Form](#)
 - [Ambulatory COVID-19 Vaccine Immunization Screening Form](#)

EHR Updates

Week of September 24 – September 30, 2026

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- It is important to note that COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.
- Detailed step-by-step guidance for the Influenza screening forms can be found here:
 - [Influenza Vaccine Screening-Order Workflow](#)

IMPORTANT: Inpatient areas: Rule-based ordering from both Influenza and COVID-19 screening forms will generate orders from September 1, 2026 through April 30, 2027.

WHY: These updates include alignments with the most recent vaccine schedule recommendations and specifically NLH Anti-Microbial Stewardship vaccine guidance.

WHEN: Effective Immediately

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
- Pharmacists
- Providers

Rheumatology Lab Order Name Changes

WHAT: Rheumatology lab orders are being updated to streamline ordering and align order names with current terminology.

Order Updates

- **Adalimumab Level, Rheum**, will be replaced by **Adalimumab Level**.
 - The following order names are being updated to remove **IBD**:
-

- **Adalimumab Anti-drug Antibody for IBD** will be renamed **Adalimumab Anti-Drug Antibody**.
- **Adalimumab Level and Anti-drug Antibody for IBD** will be renamed **Adalimumab Level and Anti-Drug Antibody**.

WHY: These updates are being made to reduce confusion when selecting Adalimumab-related lab orders and to ensure the most accurate order is used.

WHEN: **Monday, September 28, 2026**

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

- Acute/Inpatient
- Ambulatory (excludes WIC)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
- Providers

Physicians, Physician Assistants, Nurse Practitioners

Ambulatory/WIC

NEW PREVENT Score PowerForm

WHAT: A new **PREVENT Score** PowerForm is available. The current EMR only includes the ASCVD PCE 2018 risk assessment calculator. Beginning August 2025, the American Heart Association (AHA) recommends using the **PREVENT** Calculator for ASCVD risk assessment.

EHR Updates

Week of September 24 – September 30, 2026

NOTE: Providers can access the PREVENT Score PowerForm from Recommendations if the patient has a Cardiovascular Risk Assessment Recommendation, Clinical Entry Workspace, or within the AdHoc component.

PREVENT Cardiovascular Risk Score		
ACCESS THE PREVENT CALCULATOR ON THE INTERNET AT THIS ADDRESS: https://professional.heart.org/en/guidelines-and-statements/prevent-calculator Consider making it a favorite. <i>Below find the last recorded values that you will need for the calculator.</i> <i>Once you have completed the calculator, enter the results in these boxes.</i>		
10 Year CVD Risk Score	10 Year ASCVD Risk Score	Most Recent Recorded Results
		eGFR (CKD-EPI): 88 (03/23/2026 09:07) Body Mass Index: 25.71 kg/m2 (09/03/2026 12:59)
30 year CVD Risk Score	30 year ASCVD Risk Score	
Previously Documented Risk Scores		
No qualifying results found.		

PREVENT Score PowerForm

- Providers will access the **PREVENT** calculator through the external internet website.
- Providers will complete all required calculator fields and generate the risk assessment results.
- The calculated results from the **PREVENT** calculator will then need to be documented in the **PREVENT Score** PowerForm.
- If any previously documented **PREVENT** risk scores have been documented, those results will be displayed at the bottom of the **PREVENT Score** PowerForm for reference.

NOTE: Filling out the 10-year risk will satisfy the recommendation for 5 years.

WHY: The PowerForm was developed to help align current EMR tools with the latest AHA guidance, support ASCVD risk assessment, and improve preventive care documentation across the PCSL.

WHEN: Tuesday, September 22, 2026

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

- Ambulatory (excludes WIC)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

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

- Providers

2026-2027 Influenza and COVID Immunization Screening Form Updates

WHAT: Annual updates have been made to both Influenza and COVID Screening Forms.

Highlights

- A highlighted header has been added to remind staff that when screening a patient who is also an NLH employee, selecting **NLH Employee, SHARE with HR/WH** will automatically send the vaccine administration information to Human Resources and WorkHealth. The patient/employee no longer needs to forward this information to their manager.

Influenza Vaccine Screening/ Order Form			
Screening period: SEPTEMBER 1 - APRIL 30 (Vaccine orders will post via the Rule ONLY during this time frame)			
Ask NLH employees for consent to share with NLH HR/ Work Health. Indicate SHARE or Do NOT Share.			
☒ NLH Employee, SHARE with HR/WH ☐ NLH Employee, Do NOT Share with HR/WH ☐ Not NLH Employee, Patient, Hospital ☐ Not NLH Employee, Patient, Physician Office/WIC/Outpatient		Employee #:	
For patients unable to be screened now, document 'Unable to Screen' to set reminder alert in 24 hours.		Has Patient received Influenza Vaccine in THIS 2026-2027 season?	
☒ Vaccine accepted ☐ Vaccine declined ☐ Unable to screen ☐ Vaccine not available		☐ No ☐ Yes and patient was 6 mo to 8 yrs old ☐ Yes and patient was 9 yrs or older	

- Step-by-step guidance for the COVID-19 screening forms is available here:
 - [Inpatient COVID-19 Vaccine Immunization Screening Form](#)
 - [Ambulatory COVID-19 Vaccine Immunization Screening Form](#)
 - It is important to note that COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.
- Detailed step-by-step guidance for the Influenza screening forms can be found here:
 - [Influenza Vaccine Screening-Order Workflow](#)

EHR Updates

Week of September 24 – September 30, 2026

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IMPORTANT: Inpatient areas: Rule-based ordering from both Influenza and COVID-19 screening forms will generate orders from September 1, 2026 through April 30, 2027.

WHY: These updates include alignments with the most recent vaccine schedule recommendations and specifically NLH Anti-Microbial Stewardship vaccine guidance.

WHEN: Effective Immediately

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
- Pharmacists
- Providers

Rheumatology Lab Order Name Changes

WHAT: Rheumatology lab orders are being updated to streamline ordering and align order names with current terminology.

Order Updates

- **Adalimumab Level, Rheum**, will be replaced by **Adalimumab Level**.
- The following order names are being updated to remove **IBD**:
 - **Adalimumab Anti-drug Antibody for IBD** will be renamed **Adalimumab Anti-Drug Antibody**.
 - **Adalimumab Level and Anti-drug Antibody for IBD** will be renamed **Adalimumab Level and Anti-Drug Antibody**.

WHY: These updates are being made to reduce confusion when selecting Adalimumab-related lab orders and to ensure the most accurate order is used.

WHEN: Monday, September 28, 2026

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

- Acute/Inpatient
- Ambulatory (excludes WIC)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
- Providers

Emergency

2026-2027 Influenza and COVID Immunization Screening Form Updates

WHAT: Annual updates have been made to both Influenza and COVID Screening Forms.

Highlights

- A highlighted header has been added to remind staff that when screening a patient who is also an NLH employee, selecting **NLH Employee, SHARE with HR/WH** will automatically send the vaccine administration information to Human Resources and WorkHealth. The patient/employee no longer needs to forward this information to their manager.

Influenza Vaccine Screening/ Order Form

Screening period: **SEPTEMBER 1 - APRIL 30**
(Vaccine orders will post via the Rule ONLY during this time frame.)

Ask NLH employees for consent to share with NLH HR/ Work Health.
Indicate SHARE or Do NOT Share.
Selecting SHARE transmits vaccine record to Work Health.

☒ **NLH Employee, SHARE with HR/WH**
☐ NLH Employee, Do NOT Share with HR/WH
☐ Not NLH Employee. Patient, Hospital
☐ Not NLH Employee. Patient, Physician Office/WIC/Outpatient

Employee #:

For patients unable to be screened now, document 'Unable to Screen' to set reminder alert in 24 hours.
☒ Vaccine accepted
☐ Vaccine declined
☐ Unable to screen
☐ Vaccine not available

Has Patient received Influenza Vaccine in THIS 2026-2027 season?
☐ No
☐ Yes and patient was 6 mo to 8 yrs old
☐ Yes and patient was 9 yrs or older

- Step-by-step guidance for the COVID-19 screening forms is available here:
 - [Inpatient COVID-19 Vaccine Immunization Screening Form](#)
 - [Ambulatory COVID-19 Vaccine Immunization Screening Form](#)

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Week of September 24 – September 30, 2026

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- It is important to note that COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.
- Detailed step-by-step guidance for the Influenza screening forms can be found here:
 - [Influenza Vaccine Screening-Order Workflow](#)

IMPORTANT: Inpatient areas: Rule-based ordering from both Influenza and COVID-19 screening forms will generate orders from September 1, 2026 through April 30, 2027.

WHY: These updates include alignments with the most recent vaccine schedule recommendations and specifically NLH Anti-Microbial Stewardship vaccine guidance.

WHEN: Effective Immediately

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

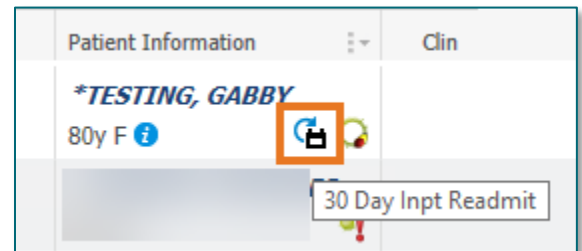
- Clinical Staff
- Pharmacists
- Providers

REMINDER: ED LaunchPoint: 30-Day Inpatient Readmission Risk

WHAT: The **30 Day Inpt Readmit** icon displayed on ED LaunchPoint provides visibility into a patient's recent hospitalization history. Awareness of a recent inpatient utilization may help support clinical decision-making, care coordination, and discharge planning.

30-Day Inpatient Readmission Risk

- Patients presenting to the Emergency Department who have had an inpatient hospitalization within the previous 30 days will display the **30 Day Inpt Readmit** icon within the **Patient Information** column on **ED LaunchPoint**.
 - Hover over the icon to view.



WHY: Reducing avoidable 30-day readmissions is an organizational priority due to the impact on patient outcomes, quality metrics, and reimbursement.

Providers should be aware of the readmission-risk indicator so higher-risk patients can be identified and appropriate interventions can be considered.

WHEN: Current functionality – reminder only

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

- ED Only

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

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

- ED Nursing
- ED Providers

Mass General Brigham TeleStroke Consult (*Go-Live October 1*)

WHAT: Mass General Brigham TeleStroke Consultation requests and documentation will be integrated into Oracle Cerner.

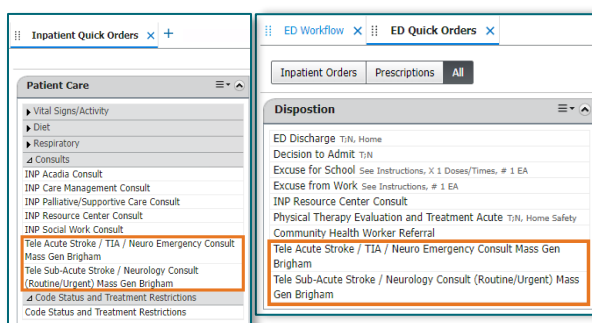
Consult Orders and Neurology Consult Note

- **NL Mercy Emergency and Inpatient Providers** will have access to one of two Mass General Brigham consult orders, based on the patient's clinical presentation:

EHR Updates

Week of September 24 – September 30, 2026

- **Tele Acute Stroke / TIA / Neuro Emergency Consult Mass Gen Brigham**
- **Tele Sub-Acute Stroke / Neurology Consult (Routine/Urgent) Mass Gen Brigham**
- **Emergency and Inpatient Providers at NL AR Gould, Blue Hill, CA Dean, Maine Coast, and Seabcoook Valley Hospitals will use Tele Acute Stroke / TIA / Neuro Emergency Consult Mass Gen Brigham.**



- Upon signature by the Mass General Brigham physician, the neurology consultation note is automatically returned to Oracle Cerner and can be accessed through **Provider Handoff, Documentation, Notes, and Message Center Results FYI.**

NOTE: Click [here](#) to review the Mass General Brigham TeleStroke Consult flyer for the complete workflow, order locations, downtime process, and support information.

WHY: The integrated workflow is intended to **streamline stroke consultation requests, support automatic documentation, reduce manual steps, and promote efficient, timely delivery of stroke care.**

WHEN: Thursday, October 1, 2026

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

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia, EMMC, and Mayo)

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

- Emergency Providers
 - Inpatient Providers
-

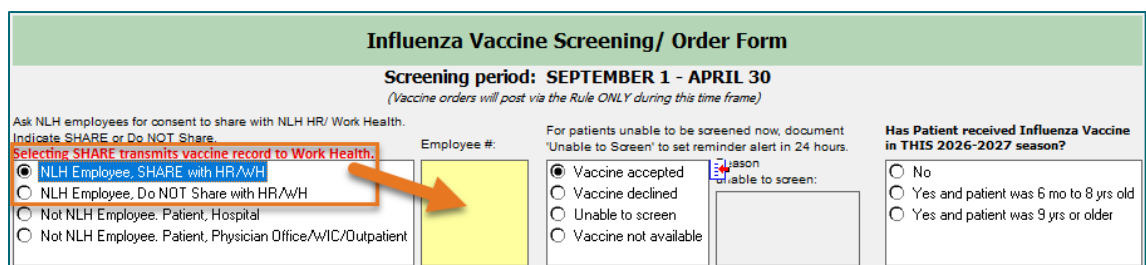
Inpatient

2026-2027 Influenza and COVID Immunization Screening Form Updates

WHAT: Annual updates have been made to both Influenza and COVID Screening Forms.

Highlights

- A highlighted header has been added to remind staff that when screening a patient who is also an NLH employee, selecting **NLH Employee, SHARE with HR/WH** will automatically send the vaccine administration information to Human Resources and WorkHealth. The patient/employee no longer needs to forward this information to their manager.



- Step-by-step guidance for the COVID-19 screening forms is available here:
 - [Inpatient COVID-19 Vaccine Immunization Screening Form](#)
 - [Ambulatory COVID-19 Vaccine Immunization Screening Form](#)
 - It is important to note that COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.
- Detailed step-by-step guidance for the Influenza screening forms can be found here:
 - [Influenza Vaccine Screening-Order Workflow](#)

IMPORTANT: Inpatient areas: Rule-based ordering from both Influenza and COVID-19 screening forms will generate orders from September 1, 2026 through April 30, 2027.

WHY: These updates include alignments with the most recent vaccine schedule recommendations and specifically NLH Anti-Microbial Stewardship vaccine guidance.

EHR Updates

Week of September 24 – September 30, 2026

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WHEN: Effective Immediately

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
- Pharmacists
- Providers

Rheumatology Lab Order Name Changes

WHAT: Rheumatology lab orders are being updated to streamline ordering and align order names with current terminology.

Order Updates

- **Adalimumab Level, Rheum**, will be replaced by **Adalimumab Level**.
- The following order names are being updated to remove **IBD**:
 - **Adalimumab Anti-drug Antibody for IBD** will be renamed **Adalimumab Anti-Drug Antibody**.
 - **Adalimumab Level and Anti-drug Antibody for IBD** will be renamed **Adalimumab Level and Anti-Drug Antibody**.

WHY: These updates are being made to reduce confusion when selecting Adalimumab-related lab orders and to ensure the most accurate order is used.

WHEN: Monday, September 28, 2026

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

- Acute/Inpatient
- Ambulatory (excludes WIC)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)
-

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

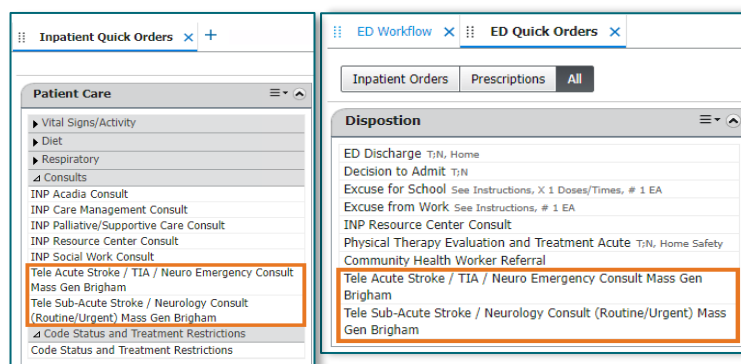
- Clinical Staff
- Providers

Mass General Brigham TeleStroke Consult (*Go-Live October 1*)

WHAT: Mass General Brigham TeleStroke Consultation requests and documentation will be integrated into Oracle Cerner.

Consult Orders and Neurology Consult Note

- **NL Mercy Emergency and Inpatient Providers** will have access to one of two Mass General Brigham consult orders, based on the patient's clinical presentation:
 - **Tele Acute Stroke / TIA / Neuro Emergency Consult Mass Gen Brigham**
 - **Tele Sub-Acute Stroke / Neurology Consult (Routine/Urgent) Mass Gen Brigham**
- Emergency and Inpatient Providers at **NL AR Gould, Blue Hill, CA Dean, Maine Coast, and Seabcoook Valley Hospitals** will use **Tele Acute Stroke / TIA / Neuro Emergency Consult Mass Gen Brigham**.



- Upon signature by the Mass General Brigham physician, the neurology consultation note is automatically returned to Oracle Cerner and can be accessed through **Provider Handoff, Documentation, Notes, and Message Center Results FYI**.

EHR Updates

Week of September 24 – September 30, 2026

NOTE: Click [here](#) to review the Mass General Brigham TeleStroke Consult flyer for the complete workflow, order locations, downtime process, and support information.

WHY: The integrated workflow is intended to **streamline stroke consultation requests, support automatic documentation, reduce manual steps, and promote efficient, timely delivery of stroke care.**

WHEN: Thursday, October 1, 2026

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

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia, EMMC, and Mayo)

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

- Emergency Providers
- Inpatient Providers

Peri-Op

2026-2027 Influenza and COVID Immunization Screening Form Updates

WHAT: Annual updates have been made to both Influenza and COVID Screening Forms.

Highlights

- A highlighted header has been added to remind staff that when screening a patient who is also an NLH employee, selecting **NLH Employee, SHARE with HR/WH** will automatically send the vaccine administration information to Human Resources and WorkHealth. The patient/employee no longer needs to forward this information to their manager.

The screenshot shows the 'Influenza Vaccine Screening/ Order Form' with a green header. Below the header, it states 'Screening period: SEPTEMBER 1 - APRIL 30' and '(Vaccine orders will post via the Rule ONLY during this time frame)'. The form is divided into several sections. The first section, 'Ask NLH employees for consent to share with NLH HR/ Work Health. Indicate SHARE or Do NOT Share', has a highlighted option: 'NLH Employee, SHARE with HR/WH'. An orange arrow points to this option. Other options include 'NLH Employee, Do NOT Share with HR/WH', 'Not NLH Employee, Patient, Hospital', and 'Not NLH Employee, Patient, Physician Office/WIC/Outpatient'. The second section, 'For patients unable to be screened now, document "Unable to Screen" to set reminder alert in 24 hours. (Vaccine orders will post via the Rule ONLY during this time frame)', has options: 'Vaccine accepted', 'Vaccine declined', 'Unable to screen', and 'Vaccine not available'. The third section, 'Has Patient received Influenza Vaccine in THIS 2026-2027 season?', has options: 'No', 'Yes and patient was 6 mo to 8 yrs old', and 'Yes and patient was 9 yrs or older'. There is also a field for 'Employee #' and a 'Reason unable to screen:' field.

- Step-by-step guidance for the COVID-19 screening forms is available here:
 - [Inpatient COVID-19 Vaccine Immunization Screening Form](#)
 - [Ambulatory COVID-19 Vaccine Immunization Screening Form](#)
 - It is important to note that COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.
- Detailed step-by-step guidance for the Influenza screening forms can be found here:
 - [Influenza Vaccine Screening-Order Workflow](#)

IMPORTANT: Inpatient areas: Rule-based ordering from both Influenza and COVID-19 screening forms will generate orders from September 1, 2026 through April 30, 2027.

WHY: These updates include alignments with the most recent vaccine schedule recommendations and specifically NLH Anti-Microbial Stewardship vaccine guidance.

WHEN: Effective Immediately

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
- Pharmacists
- Providers