



Oracle Health (Cerner) Millennium EHR Updates

Week of March 5 – March 11, 2026

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

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Behavioral Health Staff

All Ambulatory & Inpatient Care Areas

NEW ORDER: Non-Sputum

WHAT: Laboratory orders for tuberculosis will be updated to **MTB Complex and Rifampin Resist PCP, Non-Sputum** and **MTB Complex and Rifampin Resist PCR**.

- Mycobacterium tuberculosis PCR, Non-Resp and Mycobacterium tuberculosis PCR, Respiratory will no longer be available to order.



NOTE: Any order favorites will be impacted and will need to be updated. Click [here](#) for more information on Order Favorites.

WHY: Order updates are occurring to improve turnaround time on results.

WHEN: Wednesday, March 11, 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:

- Clinical Staff
- Pharmacists
- Providers

Ambulatory Only

Behavioral Health Home (BHH) Only Progress Note Update – *effective March 19, 2026*

WHAT: The **Behavioral Health Home (BHH) Progress Note** has been updated to include a **Service Provided Time** section. When the service **start** and **end** times are

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entered, the system will now automatically calculate the **total duration** of the service.

NOTE: If the total service time is **less than five minutes**, please select **Service Provided less than 5 minutes**.

The screenshot shows a form titled "Behavioral Health Home Progress". It contains several input fields and radio button options. The "BHH Service Provided Time (Minutes)" field is highlighted in blue. Below it, there are two "Service provided" time fields (start and stop) and a "Total provided service time" field. A "Service provided less than 5 minutes" section has a "Yes" radio button. The "Type of Encounter" section includes "With Client" and "Collateral" categories, each with radio button options for different encounter types like "Face to face", "televideo per client request", "Text", "telephonic per client request", "Email", and "Other".

WHY: This update is being implemented to align with regulatory requirements to record the exact start and stop times for services provided.

WHEN: Thursday, March 19, 2026

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

- Ambulatory

At the following NLH Member Organization(s):

- NL Behavioral Health Homes

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

- Behavioral Health Coordinators
- Clinicians
- Family Support Specialists
- Nurse Care Managers
- Peer Support Specialists

Inpatient Only

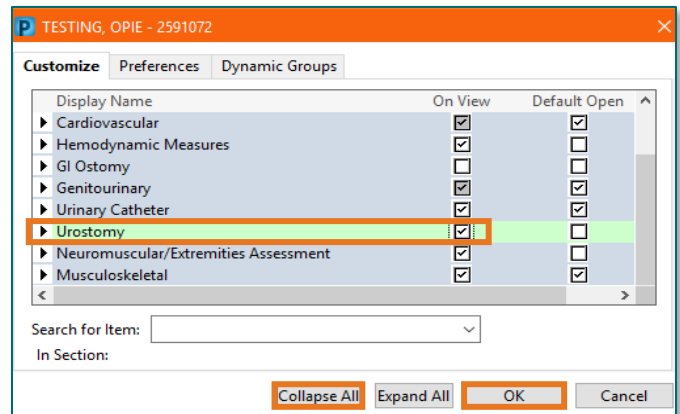
REMINDER: Documenting Nephrostomy Tube Output

WHAT: Specific **Nephrostomy Tube** output can be documented within the **Urostomy** dynamic group.

- From the **System Assessment** iView band, select **Customize View** icon.



- Click **Collapse All** button to make it easier to locate the available sections.
- Select **Urostomy**.
- Click **OK**.
 - The **Urostomy** dynamic group displays in the System Assessment iView band menu.



- Open the **Urostomy** dynamic group, selecting **Nephrostomy** and **Left** or **Right Flank** for the dynamic group label.
- Document Nephrostomy details as applicable.
- In **Output**, document the urine output from the nephrostomy tube.
- In the **Intake and Output** iView band, the output from the nephrostomy tube will display.

Urostomy	
Nephrostomy Right flank	
Stoma Assessment	
Stoma Size	cm
Stoma Condition	
Skin Around Stoma	
Pouch Type	
Pouch Part Number	
Pouch Opening Size	
Pouch Status	
Urostomy Care	
Equipment/Supplies	
Treatment Response	
Complications	
Psychosocial Adjustment To	
Output	mL 65

Output Total	65
Urine Output	
Stool	
Emesis Output	
Urostomy Output	65
Nephrostomy Right flank	
Output	mL 65

NOTE: **Nephrostomy (Left)** and **Nephrostomy (Right)** can also be pulled into the **Intake and Output iView band** using **Customize View**.

Output Total	
Urine Output	
Urine Voided	mL
Urine Count	
Nephrostomy(Left)	mL
Urine Count Description	

WHY: A nephrostomy tube drains urine directly from the kidney, bypassing the bladder. Because of this, documenting its output separately is essential for several reasons:

1. Accurate assessment of kidney function per kidney.
2. Early detection of complications.
3. Guides clinical decisions.
4. Separates drainage sources.

WHEN: Effective Immediately

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Nursing

REMINDER: Tap-and-Go (TAG) System Education

WHAT: Reminder on proper use of Tap-and-Go (TAG) systems to ensure efficient performance and reduce system load.

When stepping away from a workstation

- **DO:**
 - Simply **tap badge** on the reader.
 - This places the session **on hold** and allows it to resume quickly.
- **Do NOT:**
 - Select **Log Off**

NOTE: Password prompt will occur every 4 hours.

When ending shift

- **Only at the end of the workday:**
 - Select **Log Off** to close out the session completely.

WHY: This reduces unnecessary system logins, improves TAG performance, and clinician's workflow efficiency.

WHEN: Effective Immediately

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 (excludes Mayo)

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

- All clinical staff
-

Care Managers

Inpatient

REMINDER: Tap-and-Go (TAG) System Education

WHAT: Reminder on proper use of Tap-and-Go (TAG) systems to ensure efficient performance and reduce system load.

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

- All clinical staff
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EHR Updates

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Clinical Decision Support Updates

Weekly Newsletter

- Please reference our [CDS Portal](#) for additional information and previous newsletters.
- Any questions should be directed to our [CDS Team](#) for review.

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

Release Date	Venues Affected	CDS Tool	Summary
3/17/2026	Inpatient	Pharmacist Only Consults	New PowerPlan containing pharmacy consult orders. For pharmacist use ONLY
3/17/2026	Inpatient	Pharmacist Only Restricted Medications	Pharmacy consult orders removed. For pharmacist use ONLY
3/17/2026	Inpatient	Pediatric Intensive Care Unit Admission PICU	CDS Review. Updates include removal of unused orders and weight based filtering added for pain control medications. EMMC only
3/18/2026	Inpatient	PED Piperacillin-tazobactam (Zosyn)	Addition of mg/kg dose clarification

Leadership

Ambulatory/WIC

CareAware VitalsLink - Northern Light Cancer Care – Lafayette Infusion Clinic Level 2 Only

WHAT: The implementation of **CareAware VitalsLink** on **Welch Allyn** mobile devices enables the electronic capture of patient vital signs and their seamless integration into the electronic health record (EHR).

This initiative will be deployed in phases across all member organizations, with this representing Phase 1 of the rollout.

As part of the workflow, clinical staff will scan their employee badge and the patient's ID bracelet prior to obtaining vital signs to ensure accurate patient identification and proper documentation.

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NOTE: Badge Barcode scanning access is required to use this workflow. Users who do not have badge scanning capability (Travelers, Student nurses, and anyone with a second sign on) should proceed using their existing workflow by tapping Continue Without Login.

WHY: To support safer, more efficient patient care by improving the accuracy and timeliness of vital sign documentation.

CareAware VitalsLink on Welch Allyn mobile devices reduces manual entry, minimizes documentation errors, and streamlines bedside workflows by automatically integrating patient vital signs into the electronic health record allowing clinicians to spend more time focused on patient care.

Click [here](#) for more information on using VitalsLink.

Required Video education available in Promise Point – course NOLH-1064.

WHEN: Tuesday, March 10, 2026

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

- Acute/Inpatient
- Ambulatory

At the following NLH Member Organization(s):

- Northern Light Cancer Care – Lafayette Infusion Clinic Level 2
- Northern Light Eastern Maine Medical Center – Grant 4 Cardiac

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

- MA's
- Nurse Tech's
- RN's

UPDATE: PCSL Auto Text – *Primary Care Managers Only*

WHAT: Three Auto Texts have been discontinued and replaced with two updated streamlined Auto Text. All PCP staff should use the updated Auto Texts:

Auto Text removed

- /pcsl_clerical_message*
 - /pcsl_clinical_message*
 - /pcsl_message*
-

EHR Updates

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Updated Auto Text

- /pcsladmin*
- /pcslclinical*

WHY: As part of the transition out of the Message Management pilot phase, we will be removing all pilot-phase auto texts that were previously in use.

WHEN: Effective Immediately

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

- Ambulatory Primary Care

At the following NLH Member Organization(s):

- All NLH Hospitals

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

- Clinical Staff
- Manager's
- PSR's

Inpatient

CareAware VitalsLink EMMC Only

WHAT: The implementation of **CareAware VitalsLink** on **Welch Allyn** mobile devices enables the electronic capture of patient vital signs and their seamless integration into the electronic health record (EHR).

This initiative will be deployed in phases across all member organizations, with this representing Phase 1 of the rollout.

As part of the workflow, clinical staff will scan their employee badge and the patient's ID bracelet prior to obtaining vital signs to ensure accurate patient identification and proper documentation.

NOTE: Badge Barcode scanning access is required to use this workflow. Users who do not have badge scanning capability (Travelers, International nurses, Student nurses, and anyone with a second sign on) should proceed using their existing workflow by tapping Continue Without Login.

WHY: To support safer, more efficient patient care by improving the accuracy and timeliness of vital sign documentation.

CareAware VitalsLink on Welch Allyn mobile devices reduces manual entry, minimizes documentation errors, and streamlines bedside workflows by automatically integrating patient vital signs into the electronic health record allowing clinicians to spend more time focused on patient care.

Click [here](#) for more information on using VitalsLink.

Required Video education available in Promise Point – course NOLH-1064.

WHEN: Tuesday, March 10, 2026

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

- Acute/Inpatient
- Ambulatory

At the following NLH Member Organization(s):

- Northern Light Cancer Care – Lafayette Infusion Clinic Level 2
- Northern Light Eastern Maine Medical Center – Grant 4 Cardiac

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

- MA's
- Nurse Tech's
- RN's

Nursing, CNA, Medical Assistants

Ambulatory/WIC

CareAware VitalsLink - Northern Light Cancer Care – Lafayette Infusion Clinic Level 2 Only

WHAT: The implementation of **CareAware VitalsLink** on **Welch Allyn** mobile devices enables the electronic capture of patient vital signs and their seamless integration into the electronic health record (EHR).

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Required Video education available in Promise Point – course NOLH-1064.

WHEN: Tuesday, March 10, 2026

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

- Acute/Inpatient
- Ambulatory

At the following NLH Member Organization(s):

- Northern Light Cancer Care – Lafayette Infusion Clinic Level 2
- Northern Light Eastern Maine Medical Center – Grant 4 Cardiac

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

- MA's
 - Nurse Tech's
 - RN's
-

NEW ORDER: Non-Sputum

WHAT: Laboratory orders for tuberculosis will be updated to **MTB Complex and Rifampin Resist PCP, Non-Sputum** and **MTB Complex and Rifampin Resist PCR**.

- Mycobacterium tuberculosis PCR, Non-Resp and Mycobacterium tuberculosis PCR, Respiratory will no longer be available to order.



NOTE: Any order favorites will be impacted and will need to be updated. Click [here](#) for more information on Order Favorites.

WHY: Order updates are occurring to improve turnaround time on results.

WHEN: Wednesday, March 11, 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:

- Clinical Staff
- Pharmacists
- Providers

UPDATE: PCSL Auto Text

WHAT: Three Auto Texts have been discontinued and replaced with two updated streamlined Auto Text. All PCP staff should use the updated Auto Texts:

Auto Text removed

- /pcsl_clerical_message*
- /pcsl_clinical_message*
- /pcsl_message*

Updated Auto Text

- /pcsladmin*
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-

EHR Updates

Week of March 5 – March 11, 2026

WHY: As part of the transition out of the Message Management pilot phase, we will be removing all pilot-phase auto texts that were previously in use.

WHEN: Effective Immediately

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

- Ambulatory Primary Care

At the following NLH Member Organization(s):

- All NLH Hospitals

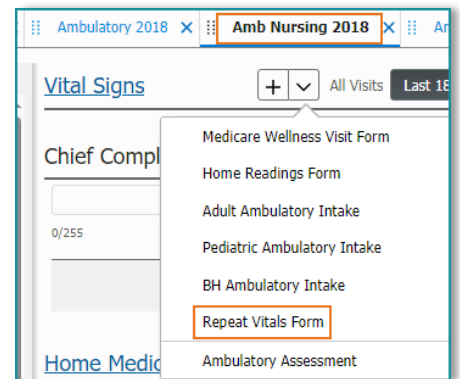
WHO: The change will affect the following staff at the above noted locations:

- Clinical Staff
- Manager's
- PSR's

UPDATE: Repeat Vitals Form

WHAT: Repeat vitals will now be available in the Vital Signs component dropdown within the **Amb Nursing 2018** MPage.

NOTE: As a reminder, this form can be saved as a favorite within Clinical Entry Workspace. Click [here](#) for more information.



WHY: The addition of this form within the components will allow ambulatory clinical staff to easily access the Repeat Vitals form.

WHEN: Tuesday, March 3, 2026

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

- Ambulatory (excludes WIC)

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:

- Clinical Staff
-

Emergency

NEW ORDER: Non-Sputum

WHAT: Laboratory orders for tuberculosis will be updated to **MTB Complex and Rifampin Resist PCP, Non-Sputum** and **MTB Complex and Rifampin Resist PCR**.

- Mycobacterium tuberculosis PCR, Non-Resp and Mycobacterium tuberculosis PCR, Respiratory will no longer be available to order.



NOTE: Any order favorites will be impacted and will need to be updated. Click [here](#) for more information on Order Favorites.

WHY: Order updates are occurring to improve turnaround time on results.

WHEN: Wednesday, March 11, 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:

- Clinical Staff
- Pharmacists
- Providers

REMINDER: Documenting Nephrostomy Tube Output

WHAT: Specific **Nephrostomy Tube** output can be documented within the **Urostomy** dynamic group.

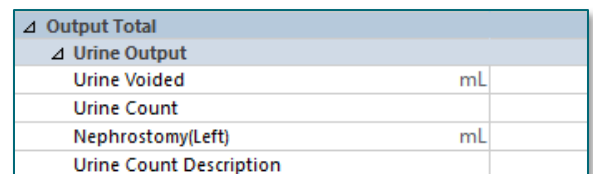
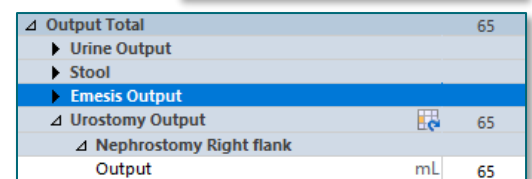
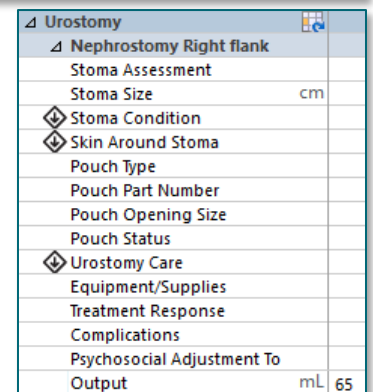
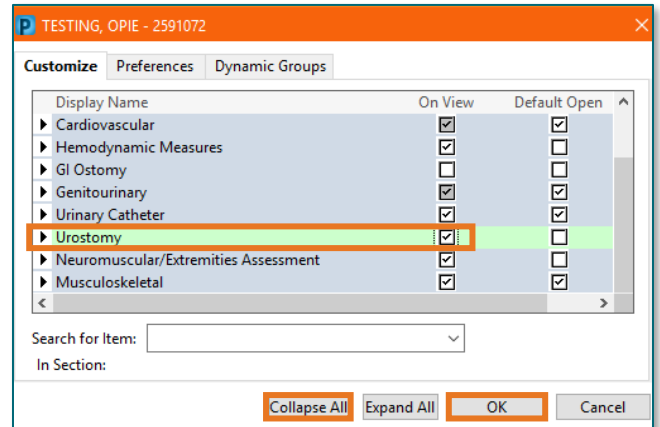
- From the **System Assessment** iView band, select **Customize View** icon.



EHR Updates

Week of March 5 – March 11, 2026

- Click **Collapse All** button to make it easier to locate the available sections.
- Select **Urostomy**.
- Click **OK**.
 - The **Urostomy** dynamic group displays in the System Assessment iView band menu.
- Open the **Urostomy** dynamic group, selecting **Nephrostomy** and **Left** or **Right Flank** for the dynamic group label.
- Document Nephrostomy details as applicable.
- In **Output**, document the urine output from the nephrostomy tube.
- In the **Intake and Output** iView band, the output from the nephrostomy tube will display.



NOTE: **Nephrostomy (Left)** and **Nephrostomy (Right)** can also be pulled into the **Intake and Output iView band** using **Customize View**.

WHY: A nephrostomy tube drains urine directly from the kidney, bypassing the bladder. Because of this, documenting its output separately is essential for several reasons:

1. Accurate assessment of kidney function per kidney.
2. Early detection of complications.
3. Guides clinical decisions.
4. Separates drainage sources.

WHEN: Effective Immediately

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Nursing

REMINDER: Tap-and-Go (TAG) System Education

WHAT: Reminder on proper use of Tap-and-Go (TAG) systems to ensure efficient performance and reduce system load.

When stepping away from a workstation

- **DO:**
 - Simply **tap badge** on the reader.
 - This places the session **on hold** and allows it to resume quickly.
- **Do NOT:**
 - Select **Log Off**

NOTE: Password prompt will occur every 4 hours.

When ending shift

- **Only at the end of the workday:**
 - Select **Log Off** to close out the session completely.

WHY: This reduces unnecessary system logins, improves TAG performance, and clinician's workflow efficiency.

WHEN: Effective Immediately

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

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- All NLH Hospitals (excludes Mayo)

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

- All clinical staff
-

EHR Updates

Week of March 5 – March 11, 2026

Inpatient

CareAware VitalsLink EMMC Only

WHAT: The implementation of **CareAware VitalsLink** on **Welch Allyn** mobile devices enables the electronic capture of patient vital signs and their seamless integration into the electronic health record (EHR).

This initiative will be deployed in phases across all member organizations, with this representing Phase 1 of the rollout.

As part of the workflow, clinical staff will scan their employee badge and the patient's ID bracelet prior to obtaining vital signs to ensure accurate patient identification and proper documentation.

NOTE: Badge Barcode scanning access is required to use this workflow. Users who do not have badge scanning capability (Travelers, Student nurses, and anyone with a second sign on) should proceed using their existing workflow by tapping Continue Without Login.

WHY: To support safer, more efficient patient care by improving the accuracy and timeliness of vital sign documentation.

CareAware VitalsLink on Welch Allyn mobile devices reduces manual entry, minimizes documentation errors, and streamlines bedside workflows by automatically integrating patient vital signs into the electronic health record allowing clinicians to spend more time focused on patient care.

Click [here](#) for more information on using VitalsLink.

Required Video education available in Promise Point – course NOLH-1064.

WHEN: Tuesday, March 10, 2026

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

- Acute/Inpatient
- Ambulatory

At the following NLH Member Organization(s):

- Northern Light Cancer Care – Lafayette Infusion Clinic Level 2
 - Northern Light Eastern Maine Medical Center – Grant 4 Cardiac
-

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

- MA's
- Nurse Tech's
- RN's

NEW ORDER: Non-Sputum

WHAT: Laboratory orders for tuberculosis will be updated to **MTB Complex and Rifampin Resist PCP, Non-Sputum** and **MTB Complex and Rifampin Resist PCR**.

- Mycobacterium tuberculosis PCR, Non-Resp and Mycobacterium tuberculosis PCR, Respiratory will no longer be available to order.



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- Clinical Staff
- Pharmacists
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REMINDER: Documenting Nephrostomy Tube Output

WHAT: Specific **Nephrostomy Tube** output can be documented within the **Urostomy** dynamic group.

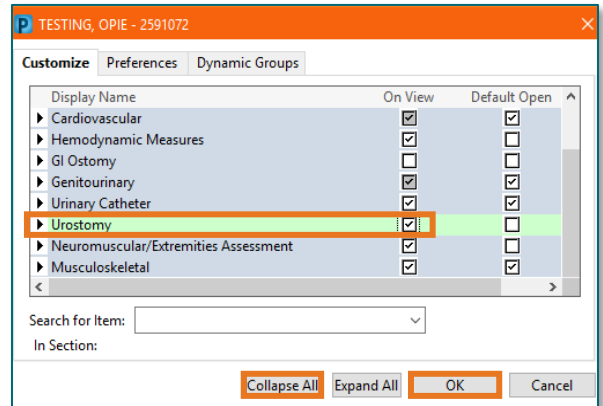
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- Document Nephrostomy details as applicable.
- In **Output**, document the urine output from the nephrostomy tube.
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Urostomy	
Nephrostomy Right flank	
Stoma Assessment	
Stoma Size	cm
Stoma Condition	
Skin Around Stoma	
Pouch Type	
Pouch Part Number	
Pouch Opening Size	
Pouch Status	
Urostomy Care	
Equipment/Supplies	
Treatment Response	
Complications	
Psychosocial Adjustment To	
Output	mL 65

Output Total	65
Urine Output	
Stool	
Emesis Output	
Urostomy Output	65
Nephrostomy Right flank	
Output	mL 65

NOTE: **Nephrostomy (Left)** and **Nephrostomy (Right)** can also be pulled into the **Intake and Output iView band** using **Customize View**.

Output Total	
Urine Output	
Urine Voided	mL
Urine Count	
Nephrostomy(Left)	mL
Urine Count Description	

WHY: A nephrostomy tube drains urine directly from the kidney, bypassing the bladder. Because of this, documenting its output separately is essential for several reasons:

1. Accurate assessment of kidney function per kidney.
2. Early detection of complications.
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4. Separates drainage sources.

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

- Nursing

REMINDER: Tap-and-Go (TAG) System Education

WHAT: Reminder on proper use of Tap-and-Go (TAG) systems to ensure efficient performance and reduce system load.

When stepping away from a workstation

- **DO:**
 - Simply **tap badge** on the reader.
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- **Do NOT:**
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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 (excludes Mayo)

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

- All clinical staff
-

EHR Updates

Week of March 5 – March 11, 2026

Peri-Op

NEW ORDER: Non-Sputum

WHAT: Laboratory orders for tuberculosis will be updated to **MTB Complex and Rifampin Resist PCP, Non-Sputum** and **MTB Complex and Rifampin Resist PCR**.

- Mycobacterium tuberculosis PCR, Non-Resp and Mycobacterium tuberculosis PCR, Respiratory will no longer be available to order.



NOTE: Any order favorites will be impacted and will need to be updated. Click [here](#) for more information on Order Favorites.

WHY: Order updates are occurring to improve turnaround time on results.

WHEN: Wednesday, March 11, 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:

- Clinical Staff
- Pharmacists
- Providers

REMINDER: Documenting Nephrostomy Tube Output

WHAT: Specific **Nephrostomy Tube** output can be documented within the **Urostomy** dynamic group.

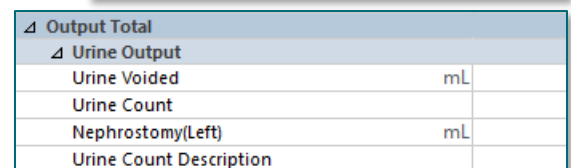
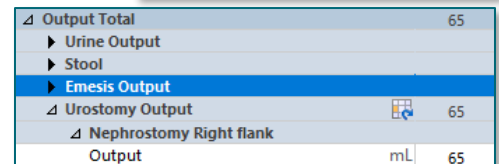
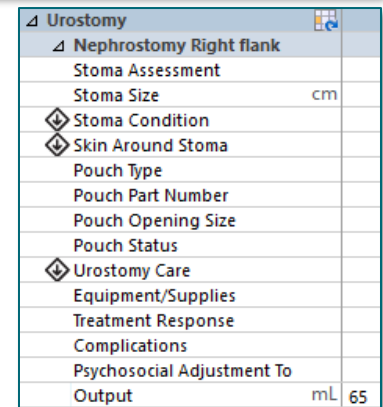
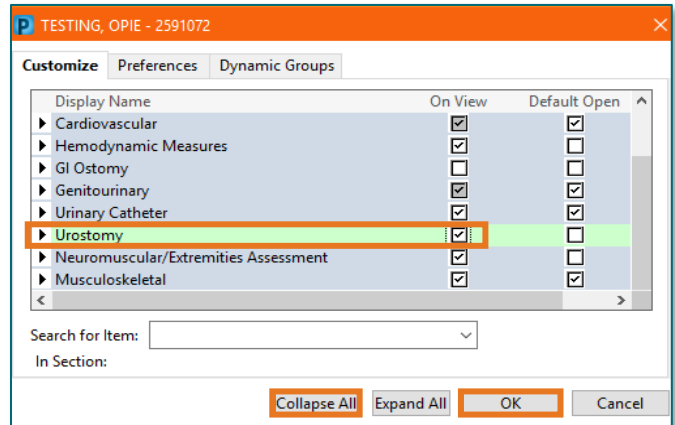
- From the **System Assessment** iView band, select **Customize View** icon.



EHR Updates

Week of March 5 – March 11, 2026

- Click **Collapse All** button to make it easier to locate the available sections.
- Select **Urostomy**.
- Click **OK**.
 - The **Urostomy** dynamic group displays in the System Assessment iView band menu.
- Open the **Urostomy** dynamic group, selecting **Nephrostomy** and **Left** or **Right Flank** for the dynamic group label.
- Document Nephrostomy details as applicable.
- In **Output**, document the urine output from the nephrostomy tube.
- In the **Intake and Output** iView band, the output from the nephrostomy tube will display.



NOTE: **Nephrostomy (Left)** and **Nephrostomy (Right)** can also be pulled into the **Intake and Output iView band** using **Customize View**.

WHY: A nephrostomy tube drains urine directly from the kidney, bypassing the bladder. Because of this, documenting its output separately is essential for several reasons:

1. Accurate assessment of kidney function per kidney.
2. Early detection of complications.
3. Guides clinical decisions.
4. Separates drainage sources.

WHEN: **Effective Immediately**

EHR Updates

Week of March 5 – March 11, 2026

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Nursing

REMINDER: Tap-and-Go (TAG) System Education

WHAT: Reminder on proper use of Tap-and-Go (TAG) systems to ensure efficient performance and reduce system load.

When stepping away from a workstation

- **DO:**
 - Simply **tap badge** on the reader.
 - This places the session **on hold** and allows it to resume quickly.
- **Do NOT:**
 - Select **Log Off**

NOTE: Password prompt will occur every 4 hours.

When ending shift

- **Only at the end of the workday:**
 - Select **Log Off** to close out the session completely.

WHY: This reduces unnecessary system logins, improves TAG performance, and clinician's workflow efficiency.

WHEN: Effective Immediately

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 (excludes Mayo)

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

- All clinical staff
-

Patient Service Representatives

Ambulatory/WIC

UPDATE: PCSL Auto Text

WHAT: Three Auto Texts have been discontinued and replaced with two updated streamlined Auto Text. All PCP staff should use the updated Auto Texts:

Auto Text removed

- /pcsl_clerical_message*
- /pcsl_clinical_message*
- /pcsl_message*

Updated Auto Text

- /pcsladmin*
- /pcslclinical*

WHY: As part of the transition out of the Message Management pilot phase, we will be removing all pilot-phase auto texts that were previously in use.

WHEN: Effective Immediately

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

- Ambulatory Primary Care

At the following NLH Member Organization(s):

- All NLH Hospitals

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

- Clinical Staff
 - Manager's
 - PSR's
-

EHR Updates

Week of March 5 – March 11, 2026

Pharmacists & Pharmacy Technicians

Ambulatory/WIC

NEW ORDER: Non-Sputum

WHAT: Laboratory orders for tuberculosis will be updated to **MTB Complex and Rifampin Resist PCP, Non-Sputum** and **MTB Complex and Rifampin Resist PCR**.

- Mycobacterium tuberculosis PCR, Non-Resp and Mycobacterium tuberculosis PCR, Respiratory will no longer be available to order.



NOTE: Any order favorites will be impacted and will need to be updated. Click [here](#) for more information on Order Favorites.

WHY: Order updates are occurring to improve turnaround time on results.

WHEN: Wednesday, March 11, 2026

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

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At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Clinical Staff
- Pharmacists
- Providers

Physicians, Physician Assistants, Nurse Practitioners

Ambulatory/WIC

Fluency Phone Dictation Number Transition

WHAT: The **Fluency Phone dictation** service is migrating to a cloud-based platform and will now utilize a **new call-in number**. All **ID number** inquiries and **PIN** update

requests will be handled directly by **IKS Health (Aquity Solutions)** rather than the NLH Help Desk. If the current dictation number has been saved as a speed dial, please update to the new number below.

New Phone Dictation Number

- **Primary:** 833-396-4099

Aquity Solutions PIN Support Number

- 1-888-DICTATE (888-342-8283, option 2)

WHY: This transition to a cloud-based dictation platform is intended to improve system reliability, enhance performance, and ensure better long-term support for end users. By moving ID and PIN support to IKS Health (Aquity Solutions), users will have direct access to specialized assistance, reducing wait times and streamlining issue resolution. Overall, these updates are designed to create a more efficient and consistent dictation experience.

WHEN: Tuesday, March 10, 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:

- Providers

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EHR Updates

Week of March 5 – March 11, 2026

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

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Emergency

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REMINDER: Tap-and-Go (TAG) System Education

WHAT: Reminder on proper use of Tap-and-Go (TAG) systems to ensure efficient performance and reduce system load.

EHR Updates

Week of March 5 – March 11, 2026

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When ending shift

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WHY: This reduces unnecessary system logins, improves TAG performance, and clinician's workflow efficiency.

WHEN: Effective Immediately

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Inpatient

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EHR Updates

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EHR Updates

Week of March 5 – March 11, 2026

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

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- Providers

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Peri-Op

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EHR Updates

Week of March 5 – March 11, 2026

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