



Northern Light Health Oracle Health (Cerner) Millennium EHR Updates

May 8 – May 14, 2025

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Behavioral Health Staff

Ambulatory

Reminder – Inter-Office Communication

WHAT: Providers receiving **Inter-Office Communications** within **Message Center** from practices outside their own physical practice, will be alerted to not place orders on the originating message. Placing orders on another FIN location will not populate to the correct **Multi-Patient Task List** or **Referral Management** tool to process the order or referral. A [Between Visit Encounter](#) must be created to place orders by the receiving provider.

Sending Inter-Communication

- Within **Message Center**, click the subject dropdown to select **Inter-office Communication**.

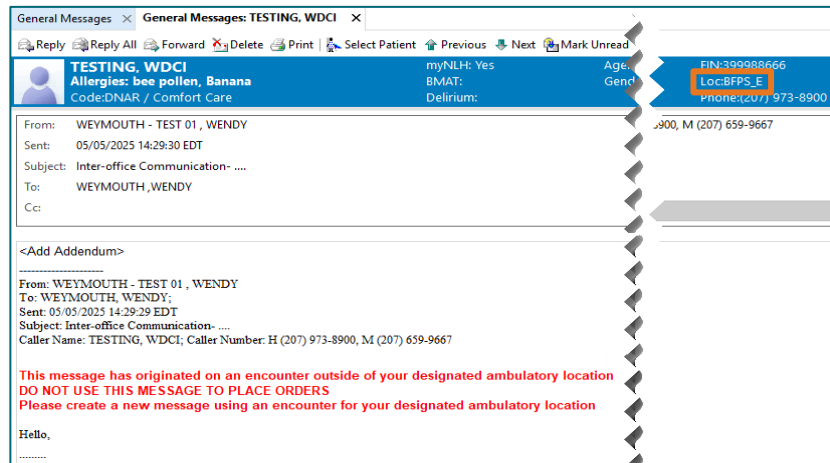
The screenshot shows the 'New Message' form in the Message Center. The subject dropdown is set to 'Inter-office Communication'. A red warning box at the bottom states: 'This message has originated on an encounter outside of your designated ambulatory location. DO NOT USE THIS MESSAGE TO PLACE ORDERS. Please create a new message using an encounter for your designated ambulatory location.'

WHY: Timely referral processing is crucial for ensuring patient safety and satisfaction.

NOTE: Reference LOC in the Banner Bar of the received message to identify the location encounter before placing orders.

EHR Updates

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WHEN: Effective Immediately

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

- Ambulatory (including Acadia 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:

- All Ambulatory Providers and Staff

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

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

Modernized Vital Sign Component

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

Clinical Entry Workspace

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

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

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

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

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

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Mayo)

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

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

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

All PowerForm and Dynamic Documentation Users

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

Inpatient and Surgical Clinical Staff

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

Ambulatory and ED Clinical Staff

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

Flyer-based education

HOW: Required Online Education in the PromisePoint Community

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



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

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

**KEY
UPCOMING
DATES:**

Date: May 5

PromisePoint Simulation Education Opens

Date: May 30

DUE: All Assigned Education

Date: June 2

Go-Live Focused Rounding by Health Informatics

A Note of Thanks

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

Inpatient Care Areas

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

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

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Clinical Entry Workspace

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

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

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

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Mayo)

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

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

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 - **NLH Employees:** Seven-digit employee number with leading zeros, e.g., 0098765
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- **Initial Password:** password
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Billing/Coding

Infusion Charge Forms

WHAT: The following **Infusion Charge Forms** will be retired and removed from AdHoc.

- Infusion and Injection Charging
- Mercy Infusion Clinic Charges
- SVH Infusion Clinic Charges

To capture any infusion related charges, use the following form(s):

- Infusion Clinic Charges
- Monoclonal Antibody Infusion Charges

WHY: These forms are being removed to:

- Simplify and standardize forms used for placing charges
 - Ensure correct charges are used
 - Reduce maintenance of multiple forms
 - Enhance consistency
-

WHEN: Tuesday, May 13, 2025

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

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

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:

- Billing/Coding Staff
- Clinical Staff

Care Managers

Ambulatory

Reminder – Inter-Office Communication

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Sending Inter-Communication

- Within **Message Center**, click the subject dropdown to select **Inter-office Communication**.

The screenshot shows the 'New Message' window with the following fields: Patient, Caller, To*, CC, Provider, and Subject. The Subject dropdown is set to 'Inter-office Communication'. Below the Subject field are buttons for 'Transition of Care', 'Browse Documents', and 'Other Attachments'. A red banner at the bottom of the form contains the following text: 'This message has originated on an encounter outside of your designated ambulatory location. DO NOT USE THIS MESSAGE TO PLACE ORDERS. Please create a new message using an encounter for your designated ambulatory location.'

WHY: Timely referral processing is crucial for ensuring patient safety and satisfaction.

NOTE: Reference LOC in the Banner Bar of the received message to identify the location encounter before placing orders.

The screenshot shows the 'General Messages: TESTING, WDCI' window. The banner bar displays patient information: TESTING, WDCI, Allergies: bee pollen, Banana, Code:DNAR / Comfort Care. The message body shows the subject 'Inter-office Communication' and a red banner at the bottom with the following text: 'This message has originated on an encounter outside of your designated ambulatory location. DO NOT USE THIS MESSAGE TO PLACE ORDERS. Please create a new message using an encounter for your designated ambulatory location.'

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Inpatient

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

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

STRATEGY: **All PowerForm and Dynamic Documentation Users**

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Flyer-based education

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Patient Pharmacy Alert: Meds to Beds (EMMC, Maine Coast, Mercy)

WHAT: A new **Discern alert** will appear **upon chart closure** when the following situation has occurred:

- Patient is enrolled in the Meds to Beds program by selecting 'Yes' in the **Accepts Meds to Bed Program** section.

- This is performed using the **Meds to Beds Program Form** tasked to nursing via **CareCompass**, embedded in the **Preprocedure Checklist Form**, and accessible from **AdHoc**.

- If at time of chart closure, the current **Patient Pharmacy** is **not** updated to the correct retail pharmacy providing Meds to Beds, the alert will appear.
- Upon receiving the alert, update **Patient Pharmacy** to correct retail pharmacy by selecting **Return to Chart**, **OK**, and follow the [Patient Preferred Pharmacy workflow](#).

Current Retail Pharmacies Providing Meds to Beds Services

- NL Eastern Maine Medical Center: NL Pharmacy Riverside
- NL Maine Coast Hospital: NL Pharmacy Downeast
- NL Mercy Hospital: NL Pharmacy Fore River

NOTE: NL Acadia Hospital is excluded from this alert.

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WHY: This alert is to reduce delays with patient discharges for hospitals who offer Meds to Beds services when patients are enrolled in the program and the correct retail pharmacy is **not** defined in the chart, leading to prescriptions being sent to an incorrect retail pharmacy.

WHEN: Monday, May 12, 2025

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

- Acute/Inpatient (to include Peri-Op)

At the following NLH Member Organization(s):

- NL Eastern Maine Medical Center
- NL Maine Coast Hospital
- NL Mercy Hospital

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

- All clinical staff, excluding providers

Clinical Decision Support Updates

Weekly Newsletter

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

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

Release Date	Venues Affected	CDS Tool	Summary
5/21/2025	Inpatient	CARD Ablation Inpatient	Addition of post-op PRN knee immobilizer
5/21/2025	Inpatient	CARD Cath Inpatient	Addition of post-op PRN knee immobilizer
5/21/2025	Inpatient	CARD Structural Heart Inpatient	Addition of post-op PRN knee immobilizer
5/21/2025	Outpatient	OP CARD Cath	Addition of post-op PRN knee immobilizer
5/21/2025	Outpatient	OP CARD Pacemaker ICD Ablation	Addition of post-op PRN knee immobilizer

Imaging Staff & Radiologists

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

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

At the following NLH Member Organization(s):

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

- Ambulatory RNs and LPNs
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- Providers
- Rehab and Respiratory Therapy

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

All PowerForm and Dynamic Documentation Users

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

Inpatient and Surgical Clinical Staff

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

Ambulatory and ED Clinical Staff

- Curriculum: Modernized Vitals-Clinical v2
 - NOLH-1030 ACTAMB Document from the Vital Signs Component
 - Duration 29 mins!
-

- NOLH-1035 ACTAMB Document Temperature in a PowerForm
 - Duration 2 mins!
- NOLH-1040 ACTAMB Document Vital Signs in iView
 - Duration 4 mins!

Flyer-based education

HOW:

Required Online Education in the PromisePoint Community

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

KEY UPCOMING DATES:

Date: May 5

PromisePoint Simulation Education Opens

Date: May 30

DUE: All Assigned Education

Date: June 2

Go-Live Focused Rounding by Health Informatics

A Note of Thanks

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EHR Updates

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Lab

Siemens DimEXL Reference Range Updates

WHAT: Reference Ranges for Random Urine Microalbumin and Random Urine Creatine results will be updating.

New Ranges

- UMALB R
 - 0 Minutes to 150 Years 0 - 19.9 mg/L
- UCREAT R
 - 0 Minutes to 6 Months 2 - 28 mg/dL Male/Female
 - 7 Months to 11 Months 2 - 31 mg/dL Male/Female
 - 1 Years to 2 Years 2 - 110 mg/dL Male/Female
 - 3 Years to 8 Years 2 - 130 mg/dL Male/Female
 - 9 Years to 12 Years 2 - 160 mg/dL Male/Female
 - 12 Years and Greater 20 - 275 mg/dL Female
 - 12 Years to 150 Years 20 - 320 mg/dL Male

WHY: The update is coming from Siemens DimEXL.

WHEN: Tuesday May 13, 2025

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding CA Dean and EMMC)

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

- Clinical Staff
 - Laboratory Staff
 - Providers
-

Siemens DimEXL Updates – Mercy Only

WHAT: Mercy Hospital Laboratory is scheduled to change the platform of our chemistry. There will be changes to reference ranges, test name changes, and changes to the troponin protocol. This new assay is referred to as a **high sensitivity troponin assay** for its ability to detect troponin values at or above the limit of detection.

Key differences include:

- Since a high % of "normal" individuals will have detectable troponin, serial monitoring to detect rising or falling values (aka "dynamic" pattern) is key to proper interpretation of results.
- Extremely precise: coefficient of variation $\leq 10\%$ at the 99th percentile upper reference limit.
 - Values should not bounce around due to background analytical "noise".
- Whole number reporting in pg/mL: measuring range is 4-25,000 pg/mL; values below 4 pg/mL are reported as < 4 pg/mL while values greater than 27,000 are reported as $>25,000$ pg/mL.
- Values from this troponin assay cannot be compared to any other troponin assay.
- This algorithm for ruling in or ruling out an MI with the Siemens hsTnI assay is as follows:
 - 0 hr < 8 pg/mL AND 2 hr change < 7 pg/mL - MI ruled out
 - 0 hr ≥ 120 pg/mL OR 2 hr change ≥ 20 pg/mL - MI ruled in
 - Does not meet either of the above: Observe.
- Gender specific reference (normal) ranges (as defined by the 99th percentile upper reference limit):
 - Women: ≤ 51 pg/mL
 - Men: ≤ 76 pg/mL

NOTE: For those patients who do not meet the rule in or rule out criteria above (observation category) a third troponin will be drawn 2 hours after the second troponin. A change in troponin ≥ 20 pg/mL compared to the baseline troponin supports a diagnosis of myocardial infarction.

The following interpretative comment will chart with each result:
"Results exceeding the upper reference limit (as defined by the 99th percentile by sex) indicate myocardial injury. While cardiac specific,

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troponins are not specific for myocardial infarction (MI) and elevated levels may be seen in other disease states that involve the heart muscle. ACC/ESC/AHA guidelines and the Universal Definition of MI recommend serial sampling to determine a rising and/or falling pattern to distinguish an acute ischemic etiology from other etiologies. Troponin results should always be used in conjunction with clinical signs and symptoms.”

WHY: The update is coming from Siemens DimEXL.

WHEN: Tuesday May 13, 2024

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

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

At the following NLH Member Organization(s):

- NLH Mercy

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

- Clinical Staff
- Laboratory Staff
- Providers

Rho(D) Immune Globulin (RhoGAM/Rhophylac) Administration Update – effective 05/19/25

WHAT: The ordering and documentation of **Rho(D) immune globulin** products: **(RhoGAM/Rhophylac)** will change from a blood bank driven process to one that involves medication orders and MAR documentation by nursing.

Blood Bank/Nursing/Pharmacy

- Member organization laboratory sites will continue to provide Rho(D) immune globulin testing. This includes algorithms to determine maternal necessity and dosing.
-

- Within **PathNet**, a new **RHIG Candidate** column will be added to allow documentation pertaining to candidacy for Rho(D) administration.

Number	Procedure	ID	ABO/Rh	Comment	RHIG Candidate
25-006-20003	RHIG Candidate?	TESTING, BBANK01	AB POS		Not Candidate for RHIG Candidate - 300mcg Candidate - 600mcg See Note Candidate - 900mcg

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

Charting for TESTING, MARY

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

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

*Performed by: GUIGGEY - TEST 01, JOSHUA

Witnessed by:

Lot Number: Trend

Exp. Date: Trend

Medication Education Provided: Trend

Administration Card Given: Trend

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

Diluent: <none> ml

*Route: IV Push *Site: Trend

☐ Not Given

Reason: Trend

Comment

Providers

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

EHR Updates

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

WHY: Rho(D) immune globulin products have National Drug Codes and should be ordered and documented as a medication for proper billing and reimbursement. Medication order and documentation will help leverage safety benefits from drug/drug interactions and barcode scanning. Currently, when provided by blood bank, NLH cannot fully capitalize on 340b savings. Upon medication administration processes, immense cost savings will now be possible

WHEN: Monday, May 19, 2025

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

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Laboratory/Blood Bank
- Nursing
- Pharmacists
- Providers

Leadership

Ambulatory/WIC

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

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

Modernized Vital Sign Component

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

Clinical Entry Workspace

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

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

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

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

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

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Mayo)
-

EHR Updates

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

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

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

All PowerForm and Dynamic Documentation Users

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

Inpatient and Surgical Clinical Staff

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

Ambulatory and ED Clinical Staff

- Curriculum: Modernized Vitals-Clinical v2
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 - Duration 29 mins!
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 - Duration 2 mins!
 - NOLH-1040 ACTAMB Document Vital Signs in iView
 - Duration 4 mins!

Flyer-based education

HOW:

Required Online Education in the PromisePoint Community

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**KEY
UPCOMING
DATES:**

Date: May 5

PromisePoint Simulation Education Opens

Date: May 30

DUE: All Assigned Education

Date: June 2

Go-Live Focused Rounding by Health Informatics

A Note of Thanks

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Emergency

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

WHAT:

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

EHR Updates

May 8 – May 14, 2025

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Modernized Vital Sign Component

- The Modernized Vital Sign component will allow documentation of:
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Clinical Entry Workspace

- Located on the right side of the MPages.
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- Modification of documentation from the Vital Sign component and PowerForms can be performed within this space.

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

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

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

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

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Mayo)
-

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

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

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Ambulatory and ED Clinical Staff

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Flyer-based education

EHR Updates

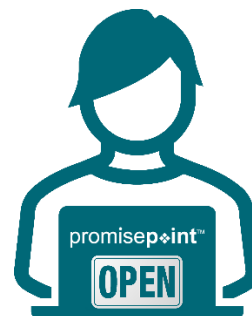
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HOW:

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Inpatient

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

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

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- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Mayo)
-

EHR Updates

May 8 – May 14, 2025

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WHO:

The change will affect the following staff:

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

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

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Peri-Op

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

WHAT:

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EHR Updates

May 8 – May 14, 2025

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Modernized Vital Sign Component

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

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

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- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Mayo)
-

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

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

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Flyer-based education

EHR Updates

May 8 – May 14, 2025

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HOW:

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Nursing, CNA, Medical Assistants

Ambulatory/WIC

Reminder – Inter-Office Communication

WHAT: Providers receiving **Inter-Office Communications** within **Message Center** from practices outside their own physical practice, will be alerted to not place orders

on the originating message. Placing orders on another FIN location will not populate to the correct **Multi-Patient Task List** or **Referral Management** tool to process the order or referral. A [Between Visit Encounter](#) must be created to place orders by the receiving provider.

Sending Inter-Communication

- Within **Message Center**, click the subject dropdown to select **Inter-office Communication**.

The screenshot shows the 'New Message' window. The 'Subject' dropdown is highlighted with a blue selection bar and contains the text 'Inter-office Communication'. Below the subject field, there are buttons for 'Attachments', 'Transition of Care', 'Browse Documents', and 'Other Attachments'. At the bottom of the form, a red-bordered box contains the following text: 'This message has originated on an encounter outside of your designated ambulatory location. DO NOT USE THIS MESSAGE TO PLACE ORDERS. Please create a new message using an encounter for your designated ambulatory location.'

WHY: Timely referral processing is crucial for ensuring patient safety and satisfaction.

NOTE: Reference LOC in the Banner Bar of the received message to identify the location encounter before placing orders.

The screenshot shows a received message in the 'General Messages' window. The header bar displays patient information: 'TESTING, WDCI', 'Allergies: bee pollen, Banana', 'Code:DNAR / Comfort Care', 'myNLH: Yes', 'BMAT: Delirium:', 'Age: 900, M (207) 659-9667', and 'Loc:BFPS_E'. Below the header, the message content shows the 'From' field as 'WEYMOUTH - TEST 01, WENDY' and the 'Subject' as 'Inter-office Communication-'. At the bottom of the message, a red-bordered box contains the following text: 'This message has originated on an encounter outside of your designated ambulatory location. DO NOT USE THIS MESSAGE TO PLACE ORDERS. Please create a new message using an encounter for your designated ambulatory location.'

WHEN: Effective Immediately

EHR Updates

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

- Ambulatory (including Acadia (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:

- All Ambulatory Providers and Staff

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

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

Modernized Vital Sign Component

- The Modernized Vital Sign component will allow documentation of:
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Clinical Entry Workspace

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

WHEN: Monday, June 2, 2025

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

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

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Mayo)

WHO: The change will affect the following staff:

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

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

All PowerForm and Dynamic Documentation Users

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Ambulatory and ED Clinical Staff

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EHR Updates

May 8 – May 14, 2025

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Flyer-based education

HOW:

Required Online Education in the PromisePoint Community

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



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

KEY UPCOMING DATES:

Date: May 5

PromisePoint Simulation Education Opens

Date: May 30

DUE: All Assigned Education

Date: June 2

Go-Live Focused Rounding by Health Informatics

A Note of Thanks

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

Phlebitis Score Reference Text Update

WHAT: Phlebitis Score **reference text** has been updated to align with the ability to document 0 to 5.

WHY: Reference text has been updated to align with Infusion Nursing Standards (INS).

WHEN: **Monday, May 12, 2025**

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

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

- Nursing

Infusion Charge Forms

WHAT: The following **Infusion Charge Forms** will be retired and removed from AdHoc.

- Infusion and Injection Charging
- Mercy Infusion Clinic Charges
- SVH Infusion Clinic Charges

To capture any infusion related charges, use the following form(s):

- Infusion Clinic Charges
- Monoclonal Antibody Infusion Charges

WHY: These forms are being removed to:

- Simplify and standardize forms used for placing charges
- Ensure correct charges are used
- Reduce maintenance of multiple forms
- Enhance consistency

WHEN: **Tuesday, May 13, 2025**

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May 8 – May 14, 2025

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

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

At the following NLH Member Organization(s):

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

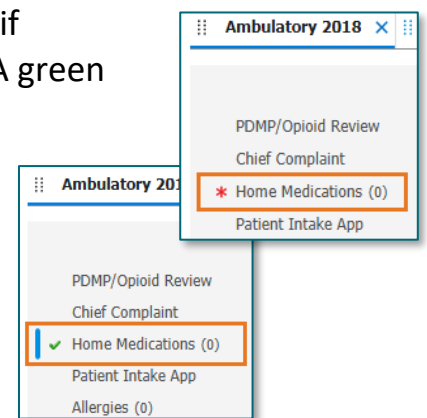
WHO: The change will affect the following staff at the above noted locations:

- Clinical Staff
- Billing/Coding Staff

Required Medication Reconciliation MPage Notifier

WHAT: The **Home Medication** component located within the **Ambulatory 2018** and **AMB Pediatrics 2018** MPage will show a **red asterisk** if **medication reconciliation has not been completed**. A green checkmark will appear when Outpatient Medication Reconciliation is complete.

NOTE: RN/LPN/MAs using the provider Ambulatory 2018 and Pediatrics 2018 MPage will see a red asterisk. This should be viewed as a reminder to update Medication History.



WHY: Ensuring an accurate patient medication list requires updating the **Medication History** and completing the **Outpatient Medication Reconciliation** at every visit. This helps to provide patients with an accurate medication list when the Ambulatory Patient Visit Summary is generated.

WHEN: Wednesday, May 14, 2025

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

- Ambulatory

At the following NLH Member Organization(s):

- All NLH Primary and Pediatric Care locations (excluding Acadia and Mayo)
-

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

- Primary and Pediatric Care Clinical Staff
- Primary and Pediatric Care Providers
- Residents

Siemens DimEXL Reference Range Updates

WHAT: Reference Ranges for Random Urine Microalbumin and Random Urine Creatine results will be updating.

New Ranges

- UMALB R
 - 0 Minutes to 150 Years 0 - 19.9 mg/L
- UCREAT R
 - 0 Minutes to 6 Months 2 - 28 mg/dL Male/Female
 - 7 Months to 11 Months 2 - 31 mg/dL Male/Female
 - 1 Years to 2 Years 2 - 110 mg/dL Male/Female
 - 3 Years to 8 Years 2 - 130 mg/dL Male/Female
 - 9 Years to 12 Years 2 - 160 mg/dL Male/Female
 - 12 Years and Greater 20 - 275 mg/dL Female
 - 12 Years to 150 Years 20 - 320 mg/dL Male

WHY: The update is coming from Siemens DimEXL.

WHEN: Tuesday May 13, 2025

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding CA Dean and EMMC)

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

- Clinical Staff
 - Laboratory Staff
 - Providers
-

EHR Updates

May 8 – May 14, 2025

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Siemens DimEXL Updates – Mercy Only

WHAT: Mercy Hospital Laboratory is scheduled to change the platform of our chemistry. There will be changes to reference ranges, test name changes, and changes to the troponin protocol. This new assay is referred to as a **high sensitivity troponin assay** for its ability to detect troponin values at or above the limit of detection.

Key differences include:

- Since a high % of "normal" individuals will have detectable troponin, serial monitoring to detect rising or falling values (aka "dynamic" pattern) is key to proper interpretation of results.
- Extremely precise: coefficient of variation $\leq 10\%$ at the 99th percentile upper reference limit.
 - Values should not bounce around due to background analytical "noise".
- Whole number reporting in pg/mL: measuring range is 4-25,000 pg/mL; values below 4 pg/mL are reported as < 4 pg/mL while values greater than 27,000 are reported as >25,000 pg/mL.
- Values from this troponin assay cannot be compared to any other troponin assay.
.....
- This algorithm for ruling in or ruling out an MI with the Siemens hsTnI assay is as follows:
 - 0 hr < 8 pg/mL AND 2 hr change < 7 pg/mL - MI ruled out
 - 0 hr ≥ 120 pg/mL OR 2 hr change ≥ 20 pg/mL - MI ruled in
 - Does not meet either of the above: Observe.
- Gender specific reference (normal) ranges (as defined by the 99th percentile upper reference limit):
 - Women: ≤ 51 pg/mL
 - Men: ≤ 76 pg/mL

NOTE: For those patients who do not meet the rule in or rule out criteria above (observation category) a third troponin will be drawn 2 hours after the second troponin. A change in troponin ≥ 20 pg/mL compared to the baseline troponin supports a diagnosis of myocardial infarction.

The following interpretative comment will chart with each result:
“Results exceeding the upper reference limit (as defined by the 99th percentile by sex) indicate myocardial injury. While cardiac specific, troponins are not specific for myocardial infarction (MI) and elevated levels may be seen in other disease states that involve the heart muscle. ACC/ESC/AHA guidelines and the Universal Definition of MI recommend serial sampling to determine a rising and/or falling pattern to distinguish an acute ischemic etiology from other etiologies. Troponin results should always be used in conjunction with clinical signs and symptoms.”

WHY: The update is coming from Siemens DimEXL.

WHEN: Tuesday May 13, 2024

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

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

At the following NLH Member Organization(s):

- NLH Mercy

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

- Clinical Staff
- Laboratory Staff
- Providers

Emergency

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

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

Modernized Vital Sign Component

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

EHR Updates

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

Clinical Entry Workspace

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

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

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

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

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

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Mayo)

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

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

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

All PowerForm and Dynamic Documentation Users

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

Inpatient and Surgical Clinical Staff

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

Ambulatory and ED Clinical Staff

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

Flyer-based education

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

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



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- **Initial Password:** password
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**KEY
UPCOMING
DATES:**

Date: May 5

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WHY: Reference text has been updated to align with Infusion Nursing Standards (INS).

WHEN: **Monday, May 12, 2025**

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At the following NLH Member Organization(s):

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

- Nursing
-

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WHAT: The following **Infusion Charge Forms** will be retired and removed from AdHoc.

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- Mercy Infusion Clinic Charges
- SVH Infusion Clinic Charges

To capture any infusion related charges, use the following form(s):

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WHEN: Tuesday, May 13, 2025

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At the following NLH Member Organization(s):

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- UCREAT R
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WHY: The update is coming from Siemens DimEXL.

WHEN: Tuesday May 13, 2025

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

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- Ambulatory

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding CA Dean and EMMC)

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

- Clinical Staff
- Laboratory Staff
- Providers

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-

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WHY: The update is coming from Siemens DimEXL.

WHEN: Tuesday May 13, 2024

EHR Updates

May 8 – May 14, 2025

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

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

At the following NLH Member Organization(s):

- NLH Mercy

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

- Clinical Staff
- Laboratory Staff
- Providers

Rho(D) Immune Globulin (RhoGAM/Rhophylac) Administration Update – effective 05/19/25

WHAT: The ordering and documentation of **Rho(D) immune globulin** products: **(RhoGAM/Rhophylac)** will change from a blood bank driven process to one that involves medication orders and MAR documentation by nursing.

Blood Bank/Nursing/Pharmacy

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

Number	Procedure	ID	ABO/Rh	Comment	RHIG Candidate
25-006-20003	RHIG Candidate?	TESTING, BBANK01	AB POS		<div>Not Candidate for RHIG Candidate - 300mcg Candidate - 600mcg See Note Candidate - 900mcg</div>

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

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

Charting for: TESTING, MARY

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

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

*Performed by: GUIGGEY - TEST 01, JOSHUA

Witnessed by:

Lot Number: Trend

Exp. Date: Trend

Medication Education Provided: Trend

Administration Card Given: Trend

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

Diluent: <none> ml

*Route: IV Push *Site:

☐ Not Given

Reason:

Comment

Providers

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

WHY: Rho(D) immune globulin products have National Drug Codes and should be ordered and documented as a medication for proper billing and reimbursement. Medication order and documentation will help leverage safety benefits from drug/drug interactions and barcode scanning. Currently, when provided by blood bank, NLH cannot fully capitalize on 340b savings. Upon medication administration processes, immense cost savings will now be possible

WHEN: Monday, May 19, 2025

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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 Mayo)

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

- Laboratory/Blood Bank
- Nursing
- Pharmacists
- Providers

Inpatient

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

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

Modernized Vital Sign Component

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

Clinical Entry Workspace

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

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

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

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

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

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

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Mayo)

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

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

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

All PowerForm and Dynamic Documentation Users

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

Inpatient and Surgical Clinical Staff

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

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May 8 – May 14, 2025

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- NOLH-1040 ACTAMB Document Vital Signs in iView
 - Duration 4 minutes

Ambulatory and ED Clinical Staff

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

Flyer-based education

HOW:

Required Online Education in the PromisePoint Community

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



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

KEY UPCOMING DATES:

Date: May 5 **PromisePoint Simulation Education Opens**

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

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

A Note of Thanks

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Patient Pharmacy Alert: Meds to Beds (EMMC, Maine Coast, Mercy)

WHAT: A new **Discern** alert will appear **upon chart closure** when the following situation has occurred:

- Patient is enrolled in the Meds to Beds program by selecting 'Yes' in the **Accepts Meds to Bed Program** section.
 - This is performed using the **Meds to Beds Program Form** tasked to nursing via **CareCompass**, embedded in the **Preprocedure Checklist Form**, and accessible from **AdHoc**.
- If at time of chart closure, the current **Patient Pharmacy** is **not** updated to the correct retail pharmacy providing Meds to Beds, the alert will appear.
- Upon receiving the alert, update **Patient Pharmacy** to correct retail pharmacy by selecting **Return to Chart**, **OK**, and follow the [Patient Preferred Pharmacy workflow](#).

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Current Retail Pharmacies Providing Meds to Beds Services

- NL Eastern Maine Medical Center: NL Pharmacy Riverside
- NL Maine Coast Hospital: NL Pharmacy Downeast
- NL Mercy Hospital: NL Pharmacy Fore River

NOTE: NL Acadia Hospital is excluded from this alert.

WHY: This alert is to reduce delays with patient discharges for hospitals who offer Meds to Beds services when patients are enrolled in the program and the correct retail pharmacy is **not** defined in the chart, leading to prescriptions being sent to an incorrect retail pharmacy.

WHEN: Monday, May 12, 2025

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

- Acute/Inpatient (to include Peri-Op)

At the following NLH Member Organization(s):

- NL Eastern Maine Medical Center
- NL Maine Coast Hospital
- NL Mercy Hospital

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

- All clinical staff, excluding providers

Phlebitis Score Reference Text Update

WHAT: Phlebitis Score **reference text** has been updated to align with the ability to document 0 to 5.

WHY: Reference text has been updated to align with Infusion Nursing Standards (INS).

WHEN: Monday, May 12, 2025

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

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

- Nursing

Infusion Charge Forms

WHAT: The following **Infusion Charge Forms** will be retired and removed from AdHoc.

- Infusion and Injection Charging
- Mercy Infusion Clinic Charges
- SVH Infusion Clinic Charges

To capture any infusion related charges, use the following form(s):

- Infusion Clinic Charges
- Monoclonal Antibody Infusion Charges

WHY: These forms are being removed to:

- Simplify and standardize forms used for placing charges
- Ensure correct charges are used
- Reduce maintenance of multiple forms
- Enhance consistency

WHEN: Tuesday, May 13

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

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

At the following NLH Member Organization(s):

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

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

- Clinical Staff
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-

EHR Updates

May 8 – May 14, 2025

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Siemens DimEXL Reference Range Updates

WHAT: Reference Ranges for Random Urine Microalbumin and Random Urine Creatine results will be updating.

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 - 12 Years and Greater 20 - 275 mg/dL Female
 - 12 Years to 150 Years 20 - 320 mg/dL Male

WHY: The update is coming from Siemens DimEXL.

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- Ambulatory

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding CA Dean and EMMC)

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

- Clinical Staff
 - Laboratory Staff
 - Providers
-

Siemens DimEXL Updates – Mercy Only

WHAT: Mercy Hospital Laboratory is scheduled to change the platform of our chemistry. There will be changes to reference ranges, test name changes, and changes to the troponin protocol. This new assay is referred to as a **high sensitivity troponin assay** for its ability to detect troponin values at or above the limit of detection.

Key differences include:

- Since a high % of "normal" individuals will have detectable troponin, serial monitoring to detect rising or falling values (aka "dynamic" pattern) is key to proper interpretation of results.
- Extremely precise: coefficient of variation $\leq 10\%$ at the 99th percentile upper reference limit.
 - Values should not bounce around due to background analytical "noise".
- Whole number reporting in pg/mL: measuring range is 4-25,000 pg/mL; values below 4 pg/mL are reported as < 4 pg/mL while values greater than 27,000 are reported as >25,000 pg/mL.
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May 8 – May 14, 2025

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The following interpretative comment will chart with each result:
“Results exceeding the upper reference limit (as defined by the 99th percentile by sex) indicate myocardial injury. While cardiac specific, troponins are not specific for myocardial infarction (MI) and elevated levels may be seen in other disease states that involve the heart muscle. ACC/ESC/AHA guidelines and the Universal Definition of MI recommend serial sampling to determine a rising and/or falling pattern to distinguish an acute ischemic etiology from other etiologies. Troponin results should always be used in conjunction with clinical signs and symptoms.”

WHY: The update is coming from Siemens DimEXL.

WHEN: Tuesday May 13, 2024

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

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

At the following NLH Member Organization(s):

- NLH Mercy

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

- Clinical Staff
- Laboratory Staff
- Providers

Rho(D) Immune Globulin (RhoGAM/Rhophylac) Administration Update – effective 05/19/25

WHAT: The ordering and documentation of **Rho(D) immune globulin** products: **(RhoGAM/Rhophylac)** will change from a blood bank driven process to one that involves medication orders and MAR documentation by nursing.

Blood Bank/Nursing/Pharmacy

- Member organization laboratory sites will continue to provide Rho(D) immune globulin testing. This includes algorithms to determine maternal necessity and dosing.
-

- Within **PathNet**, a new **RHIG Candidate** column will be added to allow documentation pertaining to candidacy for Rho(D) administration.

Number	Procedure	ID	ABO/Rh	Comment	RHIG Candidate
25-006-20003	RHIG Candidate?	TESTING, BBANK01	AB POS		<div> RHIG Candidate <ul style="list-style-type: none"> Not Candidate for RHIG Candidate - 300mcg Candidate - 600mcg See Note Candidate - 900mcg </div>

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

Charting for: TESTING, MARY

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

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

*Performed by: GUIGGEY - TEST 01, JOSHUA

Witnessed by:

Lot Number: Trend

Exp. Date: Trend

Medication Education Provided: Trend

Administration Card Given: Trend

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

Diluent: <none> ml

*Route: IV Push *Site: Trend

☐ Not Given

Reason: Trend

Comment

Providers

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

EHR Updates

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

WHY: Rho(D) immune globulin products have National Drug Codes and should be ordered and documented as a medication for proper billing and reimbursement. Medication order and documentation will help leverage safety benefits from drug/drug interactions and barcode scanning. Currently, when provided by blood bank, NLH cannot fully capitalize on 340b savings. Upon medication administration processes, immense cost savings will now be possible

WHEN: Monday, May 19, 2025

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

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Laboratory/Blood Bank
- Nursing
- Pharmacists
- Providers

Peri-Op

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

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

Modernized Vital Sign Component

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

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

Clinical Entry Workspace

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

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

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

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

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

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Mayo)

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

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

EHR Updates

May 8 – May 14, 2025

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

All PowerForm and Dynamic Documentation Users

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

Inpatient and Surgical Clinical Staff

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

Ambulatory and ED Clinical Staff

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

Flyer-based education

HOW: Required Online Education in the PromisePoint Community

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



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

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

**KEY
UPCOMING
DATES:**

Date: May 5

PromisePoint Simulation Education Opens

Date: May 30

DUE: All Assigned Education

Date: June 2

Go-Live Focused Rounding by Health Informatics

A Note of Thanks

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

Counts Verification Segment Update in SurgiNet

WHAT: Counts Verification Segment in Perioperative Doc will have a new question added: **“Adjunct sponge counting technology (if applicable)?”**

Final Counts

☒ Surgical Team Notified of Count Results:

☒ Yes

☐ No: See Segment Text

Nurse Verbally Confirms the count is correct:

☒ Yes ☐ No

Adjunct sponge counting technology used (if applicable)?

☒ Yes ☐ No

Initial Counts	Final Counts	Instruments	Final Count Result	Time Throat Pack Out	Surgical Team Notified of Count Results	Adjunct sponge counting technology used (if applicable)?
Items Included in Final Count		TEDRICK DO, PHILLIP D	Correct (0.20 met)	05/02/25 14:49:00	Yes	Yes
Final Counts Performed By						
Time Bite Block Out		05/02/25 14:49:00				
Nurse Verbally Confirms the count is correct	Yes					
Last Modified By:	FIITS, JOSHUA	05/02/25 14:49:38				
Post-Care Text:	E.50 Evaluates results of the surgical count 0.20 Patient is free from unintended retained foreign objects					

EHR Updates

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WHY: The documentation ensures sites that have this technology can capture this information, so the intraoperative record is complete and accurate.

WHEN: Thursday, May 8, 2025

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

- Peri-Op 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:

- Circulator Nurses

Patient Pharmacy Alert: Meds to Beds (EMMC, Maine Coast, Mercy)

WHAT: A new **Discern** alert will appear **upon chart closure** when the following situation has occurred:

- Patient is enrolled in the Meds to Beds program by selecting 'Yes' in the **Accepts Meds to Bed Program** section.
 - This is performed using the **Meds to Beds Program Form** tasked to nursing via **CareCompass**, embedded in the **Preprocedure Checklist Form**, and accessible from **AdHoc**.
- If at time of chart closure, the current **Patient Pharmacy** is **not** updated to the correct retail pharmacy providing Meds to Beds, the alert will appear.

Meds to Beds Program

Complete this section for Acadia, EMMC, Maine Coast and SVH (Inpatients Only) patients on

Accepts Meds to Beds Program

☒ Yes
☐ No
☐ Unable to respond

Anticipated Discharge Date OR Outpatient Surgery Date: 05/07/2025

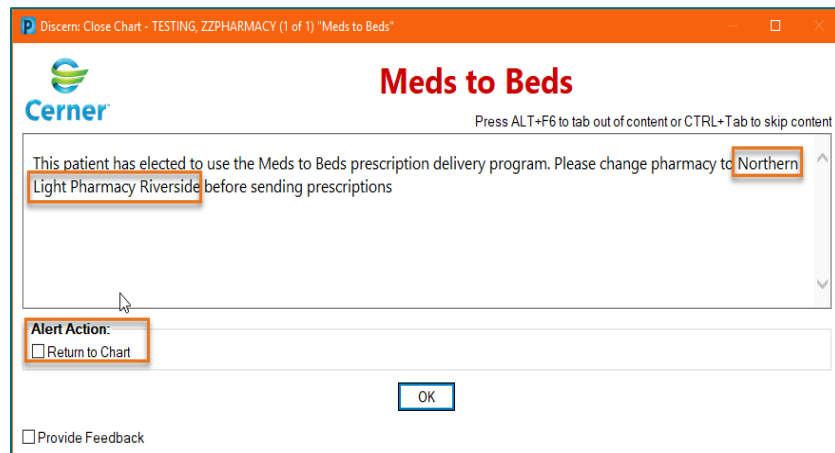
When you are ready to leave the hospital, we have a pharmacy that will deliver your discharge medications to your bedside so you have them before you leave the hospital. Bedside medication delivery is accurate and convenient. May I sign you up for this service?

Remember, if the patient chooses to participate in the program, please update the Preferred Pharmacy.

Person to Contact for Prescription Co-Pay: test

Contact Phone Number: 123-4567

- Upon receiving the alert, update **Patient Pharmacy** to correct retail pharmacy by selecting **Return to Chart**, **OK**, and follow the [Patient Preferred Pharmacy workflow](#).



Current Retail Pharmacies Providing Meds to Beds Services

- NL Eastern Maine Medical Center: NL Pharmacy Riverside
- NL Maine Coast Hospital: NL Pharmacy Downeast
- NL Mercy Hospital: NL Pharmacy Fore River

NOTE: NL Acadia Hospital is excluded from this alert.

WHY: This alert is to reduce delays with patient discharges for hospitals who offer Meds to Beds services when patients are enrolled in the program and the correct retail pharmacy is **not** defined in the chart, leading to prescriptions being sent to an incorrect retail pharmacy.

WHEN: Monday, May 12, 2025

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

- Acute/Inpatient (to include Peri-Op)

At the following NLH Member Organization(s):

- NL Eastern Maine Medical Center
 - NL Maine Coast Hospital
 - NL Mercy Hospital
-

EHR Updates

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

- All clinical staff, excluding providers

Phlebitis Score Reference Text Update

WHAT: Phlebitis Score **reference text** has been updated to align with the ability to document 0 to 5.

WHY: Reference text has been updated to align with Infusion Nursing Standards (INS).

WHEN: Monday, May 12, 2025

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

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

- Nursing

Infusion Charge Forms

WHAT: The following **Infusion Charge Forms** will be retired and removed from AdHoc.

- Infusion and Injection Charging
- Mercy Infusion Clinic Charges
- SVH Infusion Clinic Charges

To capture any infusion related charges, use the following form(s):

- Infusion Clinic Charges
- Monoclonal Antibody Infusion Charges

WHY: These forms are being removed to:

- Simplify and standardize forms used for placing charges
 - Ensure correct charges are used
 - Reduce maintenance of multiple forms
 - Enhance consistency
-

WHEN: Tuesday, May 13, 2025

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

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

At the following NLH Member Organization(s):

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

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

- Clinical Staff
- Billing/Coding Staff

Siemens DimEXL Reference Range Updates

WHAT: Reference Ranges for Random Urine Microalbumin and Random Urine Creatine results will be updating.

New Ranges

- UMALB R
 - 0 Minutes to 150 Years 0 - 19.9 mg/L
- UCREAT R
 - 0 Minutes to 6 Months 2 - 28 mg/dL Male/Female
 - 7 Months to 11 Months 2 - 31 mg/dL Male/Female
 - 1 Years to 2 Years 2 - 110 mg/dL Male/Female
 - 3 Years to 8 Years 2 - 130 mg/dL Male/Female
 - 9 Years to 12 Years 2 - 160 mg/dL Male/Female
 - 12 Years and Greater 20 - 275 mg/dL Female
 - 12 Years to 150 Years 20 - 320 mg/dL Male

WHY: The update is coming from Siemens DimEXL.

WHEN: Tuesday May 13, 2025

EHR Updates

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding CA Dean and EMMC)

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

- Clinical Staff
- Laboratory Staff
- Providers

Siemens DimEXL Updates – Mercy Only

WHAT: Mercy Hospital Laboratory is scheduled to change the platform of our chemistry. There will be changes to reference ranges, test name changes, and changes to the troponin protocol. This new assay is referred to as a **high sensitivity troponin assay** for its ability to detect troponin values at or above the limit of detection.

Key differences include:

- Since a high % of "normal" individuals will have detectable troponin, serial monitoring to detect rising or falling values (aka "dynamic" pattern) is key to proper interpretation of results.
 - Extremely precise: coefficient of variation $\leq 10\%$ at the 99th percentile upper reference limit.
 - Values should not bounce around due to background analytical "noise".
 - Whole number reporting in pg/mL: measuring range is 4-25,000 pg/mL; values below 4 pg/mL are reported as < 4 pg/mL while values greater than 27,000 are reported as >25,000 pg/mL.
 - Values from this troponin assay cannot be compared to any other troponin assay.
 - This algorithm for ruling in or ruling out an MI with the Siemens hsTnI assay is as follows:
 - 0 hr < 8 pg/mL AND 2 hr change < 7 pg/mL - MI ruled out
 - 0 hr ≥ 120 pg/mL OR 2 hr change ≥ 20 pg/mL - MI ruled in
 - Does not meet either of the above: Observe.
-

- Gender specific reference (normal) ranges (as defined by the 99th percentile upper reference limit):
 - Women: ≤ 51 pg/mL
 - Men: ≤ 76 pg/mL

NOTE: For those patients who do not meet the rule in or rule out criteria above (observation category) a third troponin will be drawn 2 hours after the second troponin. A change in troponin ≥ 20 pg/mL compared to the baseline troponin supports a diagnosis of myocardial infarction.

The following interpretative comment will chart with each result:
“Results exceeding the upper reference limit (as defined by the 99th percentile by sex) indicate myocardial injury. While cardiac specific, troponins are not specific for myocardial infarction (MI) and elevated levels may be seen in other disease states that involve the heart muscle. ACC/ESC/AHA guidelines and the Universal Definition of MI recommend serial sampling to determine a rising and/or falling pattern to distinguish an acute ischemic etiology from other etiologies. Troponin results should always be used in conjunction with clinical signs and symptoms.”

WHY: The update is coming from Siemens DimEXL.

WHEN: Tuesday May 13, 2024

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

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

At the following NLH Member Organization(s):

- NLH Mercy

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

- Clinical Staff
 - Laboratory Staff
 - Providers
-

EHR Updates

May 8 – May 14, 2025

Patient Service Representatives

Ambulatory Only

Reminder – Inter-Office Communication

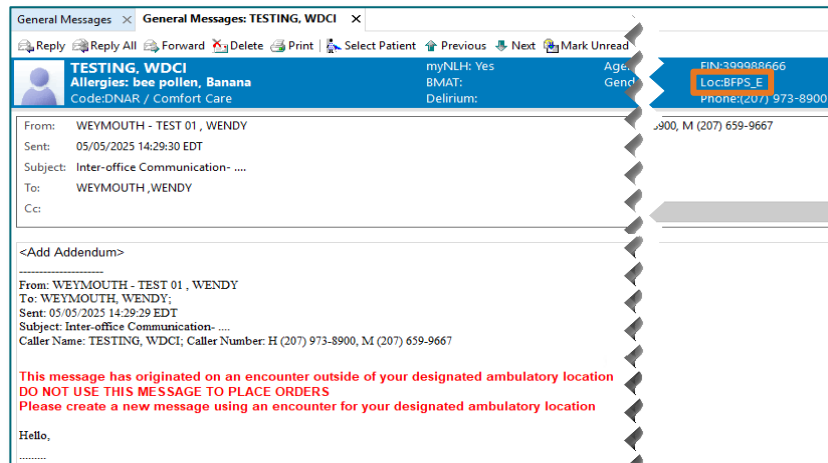
WHAT: Providers receiving **Inter-Office Communications** within **Message Center** from practices outside their own physical practice, will be alerted to not place orders on the originating message. Placing orders on another FIN location will not populate to the correct **Multi-Patient Task List** or **Referral Management** tool to process the order or referral. A [Between Visit Encounter](#) must be created to place orders by the receiving provider.

Sending Inter-Communication

- Within **Message Center**, click the subject dropdown to select **Inter-office Communication**.

WHY: Timely referral processing is crucial for ensuring patient safety and satisfaction.

NOTE: Reference LOC in the Banner Bar of the received message to identify the location encounter before placing orders.



WHEN: Effective Immediately

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

- Ambulatory (including Acadia 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:

- All Ambulatory Providers and Staff

Pharmacists & Pharmacy Technicians

Inpatient/ED/Peri-Op

Patient Pharmacy Alert: Meds to Beds (EMMC, Maine Coast, Mercy)

WHAT: A new **Discern alert** will appear **upon chart closure** when the following situation has occurred:

EHR Updates

May 8 – May 14, 2025

- Patient is enrolled in the Meds to Beds program by selecting 'Yes' in the **Accepts Meds to Bed Program** section.

- This is performed using the **Meds to Beds Program Form** tasked to nursing via **CareCompass**, embedded in the **Preprocedure Checklist Form**, and accessible from **AdHoc**.

- If at time of chart closure, the current **Patient Pharmacy** is **not** updated to the correct retail pharmacy providing Meds to Beds, the alert will appear.
- Upon receiving the alert, update **Patient Pharmacy** to correct retail pharmacy by selecting **Return to Chart**, **OK**, and follow the [Patient Preferred Pharmacy workflow](#).

Current Retail Pharmacies Providing Meds to Beds Services

- NL Eastern Maine Medical Center: NL Pharmacy Riverside
- NL Maine Coast Hospital: NL Pharmacy Downeast
- NL Mercy Hospital: NL Pharmacy Fore River

NOTE: NL Acadia Hospital is excluded from this alert.

WHY: This alert is to reduce delays with patient discharges for hospitals who offer Meds to Beds services when patients are enrolled in the program and the correct retail pharmacy is **not** defined in the chart, leading to prescriptions being sent to an incorrect retail pharmacy.

WHEN: Monday, May 12, 2025

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

- Acute/Inpatient (to include Peri-Op)

At the following NLH Member Organization(s):

- NL Eastern Maine Medical Center
- NL Maine Coast Hospital
- NL Mercy Hospital

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

- All clinical staff, excluding providers

Rho(D) Immune Globulin (RhoGAM/Rhophylac) Administration Update – effective 05/19/25

WHAT: The ordering and documentation of **Rho(D) immune globulin** products: **(RhoGAM/Rhophylac)** will change from a blood bank driven process to one that involves medication orders and MAR documentation by nursing.

Blood Bank/Nursing/Pharmacy

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

Number	Procedure	ID	ABO/Rh	Comment	RHIG Candidate
25-006-20003	RHIG Candidate?	TESTING, BBANK01	AB POS		<div> Not Candidate for RHIG Candidate - 300mcg Candidate - 600mcg See Note Candidate - 900mcg </div>

EHR Updates

May 8 – May 14, 2025

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

The screenshot shows a software interface titled "Charting for TESTING, MARY". It contains a form for documenting the administration of Rho(D) Immune Globulin (WinRho SDF). The form includes fields for "Performed date / time" (05/01/2025 1512 EDT), "Performed by" (GUIGGEY - TEST 01, JOSHUA), and "Witnessed by". There are also fields for "Lot Number" and "Exp. Date", each with a "Trend" link. Two dropdown menus are highlighted with an orange box: "Medication Education Provided" and "Administration Card Given", both with "Trend" links. Below these are fields for "*Rho (D) immune globulin" (300 mcg), "Volume" (0 ml), "Diluent" (<none> ml), "*Route" (IV Push), and "*Site" (a yellow-highlighted dropdown). There is a checkbox for "Not Given", a "Reason" dropdown, and a "Comment" button at the bottom.

Providers

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

WHY: Rho(D) immune globulin products have National Drug Codes and should be ordered and documented as a medication for proper billing and reimbursement. Medication order and documentation will help leverage safety benefits from drug/drug interactions and barcode scanning. Currently, when provided by blood bank, NLH cannot fully capitalize on 340b savings. Upon medication administration processes, immense cost savings will now be possible

WHEN: Monday, May 19, 2025

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

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Laboratory/Blood Bank
- Nursing
- Pharmacists
- Providers

Physicians, Physician Assistants, Nurse Practitioners

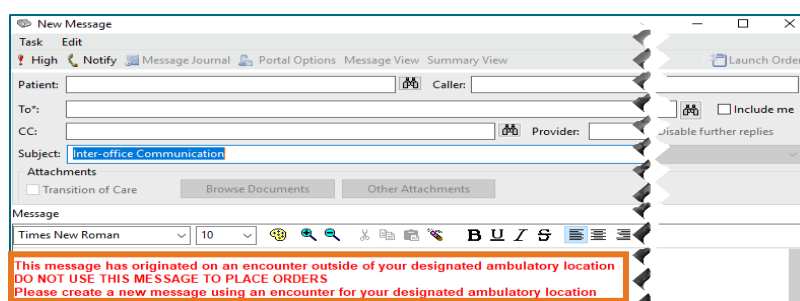
Ambulatory/WIC

Reminder – Inter-Office Communication

WHAT: Providers receiving **Inter-Office Communications** within **Message Center** from practices outside their own physical practice, will be alerted to not place orders on the originating message. Placing orders on another FIN location will not populate to the correct **Multi-Patient Task List** or **Referral Management** tool to process the order or referral. A [Between Visit Encounter](#) must be created to place orders by the receiving provider.

Sending Inter-Communication

- Within **Message Center**, click the subject dropdown to select **Inter-office Communication**.

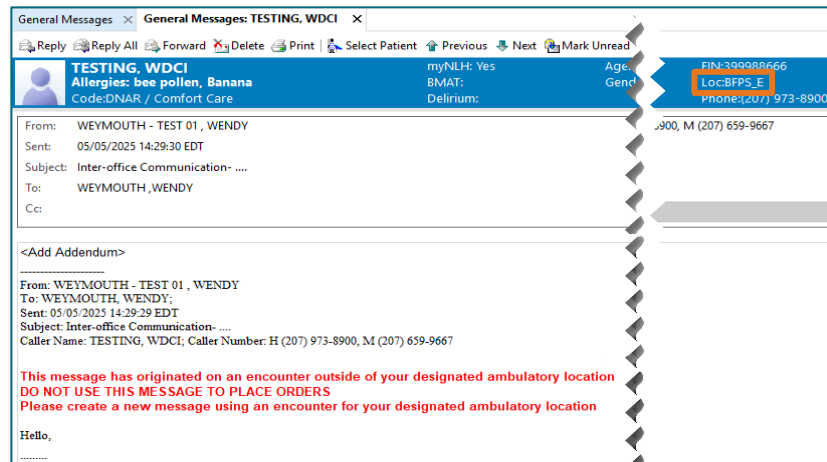


EHR Updates

May 8 – May 14, 2025

WHY: Timely referral processing is crucial for ensuring patient safety and satisfaction.

NOTE: Reference LOC in the Banner Bar of the received message to identify the location encounter before placing orders.



WHEN: Effective Immediately

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

- Ambulatory (including Acadia 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:

- All Ambulatory Providers and Staff

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

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

Modernized Vital Sign Component

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

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

Clinical Entry Workspace

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

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

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

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

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

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Mayo)

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

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

EHR Updates

May 8 – May 14, 2025

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

All PowerForm and Dynamic Documentation Users

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

Inpatient and Surgical Clinical Staff

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

Ambulatory and ED Clinical Staff

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

Flyer-based education

HOW: Required Online Education in the PromisePoint Community

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



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

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

**KEY
UPCOMING
DATES:**

Date: May 5

PromisePoint Simulation Education Opens

Date: May 30

DUE: All Assigned Education

Date: June 2

Go-Live Focused Rounding by Health Informatics

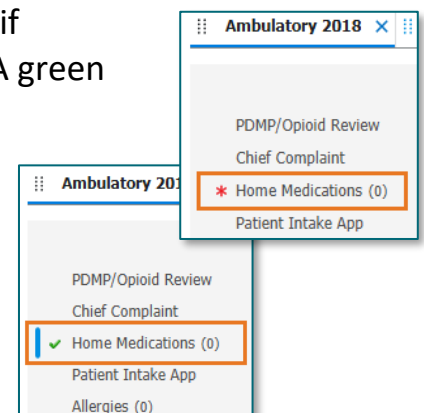
A Note of Thanks

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

Required Medication Reconciliation MPage Notifier

WHAT: The **Home Medication** component located within the **Ambulatory 2018** and **AMB Pediatrics 2018** MPage will show a **red asterisk** if **medication reconciliation has not been completed**. A green checkmark will appear when Outpatient Medication Reconciliation is complete.

NOTE: RN/LPN/MAs using the provider Ambulatory 2018 and Pediatrics 2018 MPage will see a red asterisk. This should be viewed as a reminder to update Medication History.



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WHY: Ensuring an accurate patient medication list requires updating the Medication History and completing the Outpatient Medication Reconciliation at every visit. This helps to provide patients with an accurate medication list when the Ambulatory Patient Visit Summary is generated.

WHEN: Wednesday, May 14, 2025

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

- Ambulatory

At the following NLH Member Organization(s):

- All NLH Primary and Pediatric Care locations (excluding Acadia and Mayo)

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

- Primary and Pediatric Care Clinical Staff
- Primary and Pediatric Care Providers
- Residents

Siemens DimEXL Reference Range Updates

WHAT: Reference Ranges for Random Urine Microalbumin and Random Urine Creatine results will be updating.

New Ranges

- UMALB R
 - 0 Minutes to 150 Years 0 - 19.9 mg/L
- UCREAT R
 - 0 Minutes to 6 Months 2 - 28 mg/dL Male/Female
 - 7 Months to 11 Months 2 - 31 mg/dL Male/Female
 - 1 Years to 2 Years 2 - 110 mg/dL Male/Female
 - 3 Years to 8 Years 2 - 130 mg/dL Male/Female
 - 9 Years to 12 Years 2 - 160 mg/dL Male/Female
 - 12 Years and Greater 20 - 275 mg/dL Female
 - 12 Years to 150 Years 20 - 320 mg/dL Male

WHY: The update is coming from Siemens DimEXL.

WHEN: Tuesday May 13, 2025

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding CA Dean and EMMC)

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

- Clinical Staff
- Laboratory Staff
- Providers

Siemens DimEXL Updates – Mercy Only

WHAT: Mercy Hospital Laboratory is scheduled to change the platform of our chemistry. There will be changes to reference ranges, test name changes, and changes to the troponin protocol. This new assay is referred to as a **high sensitivity troponin assay** for its ability to detect troponin values at or above the limit of detection.

Key differences include:

- Since a high % of "normal" individuals will have detectable troponin, serial monitoring to detect rising or falling values (aka "dynamic" pattern) is key to proper interpretation of results.
 - Extremely precise: coefficient of variation $\leq 10\%$ at the 99th percentile upper reference limit.
 - Values should not bounce around due to background analytical "noise".
 - Whole number reporting in pg/mL: measuring range is 4-25,000 pg/mL; values below 4 pg/mL are reported as < 4 pg/mL while values greater than 27,000 are reported as >25,000 pg/mL.
 - Values from this troponin assay cannot be compared to any other troponin assay.
-

EHR Updates

May 8 – May 14, 2025

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- This algorithm for ruling in or ruling out an MI with the Siemens hsTnI assay is as follows:
 - 0 hr < 8 pg/mL AND 2 hr change < 7 pg/mL - MI ruled out
 - 0 hr ≥ 120 pg/mL OR 2 hr change ≥ 20 pg/mL - MI ruled in
 - Does not meet either of the above: Observe.
- Gender specific reference (normal) ranges (as defined by the 99th percentile upper reference limit):
 - Women: ≤ 51 pg/mL
 - Men: ≤ 76 pg/mL

NOTE: For those patients who do not meet the rule in or rule out criteria above (observation category) a third troponin will be drawn 2 hours after the second troponin. A change in troponin ≥ 20 pg/mL compared to the baseline troponin supports a diagnosis of myocardial infarction.

The following interpretative comment will chart with each result:
“Results exceeding the upper reference limit (as defined by the 99th percentile by sex) indicate myocardial injury. While cardiac specific, troponins are not specific for myocardial infarction (MI) and elevated levels may be seen in other disease states that involve the heart muscle. ACC/ESC/AHA guidelines and the Universal Definition of MI recommend serial sampling to determine a rising and/or falling pattern to distinguish an acute ischemic etiology from other etiologies. Troponin results should always be used in conjunction with clinical signs and symptoms.”

WHY: The update is coming from Siemens DimEXL.

WHEN: Tuesday May 13, 2024

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

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

At the following NLH Member Organization(s):

- NLH Mercy
-

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

- Clinical Staff
- Laboratory Staff
- Providers

Emergency

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

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

Modernized Vital Sign Component

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

Clinical Entry Workspace

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

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

EHR Updates

May 8 – May 14, 2025

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WHEN: Monday, June 2, 2025

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

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

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Mayo)

WHO: The change will affect the following staff:

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

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

All PowerForm and Dynamic Documentation Users

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

Inpatient and Surgical Clinical Staff

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

Ambulatory and ED Clinical Staff

- Curriculum: Modernized Vitals-Clinical v2
 - NOLH-1030 ACTAMB Document from the Vital Signs Component
 - Duration 29 mins!
-

- NOLH-1035 ACTAMB Document Temperature in a PowerForm
 - Duration 2 mins!
- NOLH-1040 ACTAMB Document Vital Signs in iView
 - Duration 4 mins!

Flyer-based education

HOW:

Required Online Education in the PromisePoint Community

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



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

KEY UPCOMING DATES:

Date: May 5

PromisePoint Simulation Education Opens

Date: May 30

DUE: All Assigned Education

Date: June 2

Go-Live Focused Rounding by Health Informatics

A Note of Thanks

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

EHR Updates

May 8 – May 14, 2025

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Siemens DimEXL Reference Range Updates

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WHY: The update is coming from Siemens DimEXL.

WHEN: Tuesday May 13, 2025

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

- All NLH Hospitals (excluding CA Dean and EMMC)

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

- Clinical Staff
 - Laboratory Staff
 - Providers
-

Siemens DimEXL Updates – Mercy Only

WHAT: Mercy Hospital Laboratory is scheduled to change the platform of our chemistry. There will be changes to reference ranges, test name changes, and changes to the troponin protocol. This new assay is referred to as a **high sensitivity troponin assay** for its ability to detect troponin values at or above the limit of detection.

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 - 0 hr < 8 pg/mL AND 2 hr change < 7 pg/mL - MI ruled out
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- Gender specific reference (normal) ranges (as defined by the 99th percentile upper reference limit):
 - Women: ≤ 51 pg/mL
 - Men: ≤ 76 pg/mL

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EHR Updates

May 8 – May 14, 2025

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The following interpretative comment will chart with each result:
“Results exceeding the upper reference limit (as defined by the 99th percentile by sex) indicate myocardial injury. While cardiac specific, troponins are not specific for myocardial infarction (MI) and elevated levels may be seen in other disease states that involve the heart muscle. ACC/ESC/AHA guidelines and the Universal Definition of MI recommend serial sampling to determine a rising and/or falling pattern to distinguish an acute ischemic etiology from other etiologies. Troponin results should always be used in conjunction with clinical signs and symptoms.”

WHY: The update is coming from Siemens DimEXL.

WHEN: Tuesday May 13, 2024

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

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

At the following NLH Member Organization(s):

- NLH Mercy

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

- Clinical Staff
- Laboratory Staff
- Providers

Rho(D) Immune Globulin (RhoGAM/Rhophylac) Administration Update – effective 05/19/25

WHAT: The ordering and documentation of **Rho(D) immune globulin** products: **(RhoGAM/Rhophylac)** will change from a blood bank driven process to one that involves medication orders and MAR documentation by nursing.

Blood Bank/Nursing/Pharmacy

- Member organization laboratory sites will continue to provide Rho(D) immune globulin testing. This includes algorithms to determine maternal necessity and dosing.
-

- Within **PathNet**, a new **RHIG Candidate** column will be added to allow documentation pertaining to candidacy for Rho(D) administration.

Number	Procedure	ID	ABO/Rh	AB POS	Comment	RHIG Candidate
25-006-20003	RHIG Candidate?	TESTING, BBANK01				Not Candidate for RHIG Candidate - 300mcg Candidate - 600mcg See Note Candidate - 900mcg

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

Charting for: TESTING, MARY

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

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

*Performed by: GUIGGEY - TEST 01, JOSHUA

Witnessed by:

Lot Number: Trend

Exp. Date: Trend

Medication Education Provided: Trend

Administration Card Given: Trend

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

Diluent: <none> ml

*Route: IV Push *Site: Trend

☐ Not Given

Reason: Trend

Comment

Providers

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

EHR Updates

May 8 – May 14, 2025

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

WHY: Rho(D) immune globulin products have National Drug Codes and should be ordered and documented as a medication for proper billing and reimbursement. Medication order and documentation will help leverage safety benefits from drug/drug interactions and barcode scanning. Currently, when provided by blood bank, NLH cannot fully capitalize on 340b savings. Upon medication administration processes, immense cost savings will now be possible

WHEN: Monday, May 19, 2025

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

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Laboratory/Blood Bank
- Nursing
- Pharmacists
- Providers

Inpatient

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

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

Modernized Vital Sign Component

- The Modernized Vital Sign component will allow documentation of:
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WHEN: **Monday, June 2, 2025**

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- Providers
- Rehab and Respiratory Therapy

EHR Updates

May 8 – May 14, 2025

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

All PowerForm and Dynamic Documentation Users

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 - Duration 6 minutes

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Flyer-based education

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EHR Updates

May 8 – May 14, 2025

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WHEN: Tuesday May 13, 2025

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

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- Ambulatory

At the following NLH Member Organization(s):

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

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- Laboratory Staff
- Providers

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- Ambulatory

At the following NLH Member Organization(s):

- NLH Mercy
-

EHR Updates

May 8 – May 14, 2025

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

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- Laboratory Staff
- Providers

Rho(D) Immune Globulin (RhoGAM/Rhophylac) Administration Update – effective 05/19/25

WHAT: The ordering and documentation of **Rho(D) immune globulin** products: **(RhoGAM/Rhophylac)** will change from a blood bank driven process to one that involves medication orders and MAR documentation by nursing.

Blood Bank/Nursing/Pharmacy

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

The screenshot displays a software interface with a table. The table has the following columns: Number, Procedure, ID, ABO/Rh, Comment, and RHIG Candidate. The first row of data shows: Number 25-006-20003, Procedure RHIG Candidate?, ID TESTING, BBANK01, ABO/Rh AB POS, and Comment. The RHIG Candidate column has a dropdown menu open, showing the following options: Not Candidate for RHIG, Candidate - 300mcg, Candidate - 600mcg, See Note, and Candidate - 900mcg. The dropdown menu is highlighted with an orange border.

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

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

Charting for: TESTING, MARY

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

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

*Performed by: GUIGGEY - TEST 01, JOSHUA

Witnessed by:

Lot Number: Trend

Exp. Date: Trend

Medication Education Provided: Trend

Administration Card Given: Trend

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

Diluent: <none> ml

*Route: IV Push *Site: Trend

☐ Not Given

Reason:

Comment

Providers

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

WHY: Rho(D) immune globulin products have National Drug Codes and should be ordered and documented as a medication for proper billing and reimbursement. Medication order and documentation will help leverage safety benefits from drug/drug interactions and barcode scanning. Currently, when provided by blood bank, NLH cannot fully capitalize on 340b savings. Upon medication administration processes, immense cost savings will now be possible

WHEN: Monday, May 19, 2025

EHR Updates

May 8 – May 14, 2025

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At the following NLH Member Organization(s):

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Peri-Op

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

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

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

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- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Mayo)

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EHR Updates

May 8 – May 14, 2025

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 - Initial password is all lowercase.
 - If PromisePoint password has been previously set-up, please use that password.
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IMPORTANT: Video education must be completed before go-live.

KEY UPCOMING DATES:

Date: May 5

PromisePoint Simulation Education Opens

Date: May 30

DUE: All Assigned Education

Date: June 2

Go-Live Focused Rounding by Health Informatics

A Note of Thanks

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Siemens DimEXL Reference Range Updates

WHAT: Reference Ranges for Random Urine Microalbumin and Random Urine Creatine results will be updating.

New Ranges

- UMALB R
 - 0 Minutes to 150 Years 0 - 19.9 mg/L
- UCREAT R
 - 0 Minutes to 6 Months 2 - 28 mg/dL Male/Female
 - 7 Months to 11 Months 2 - 31 mg/dL Male/Female
 - 1 Years to 2 Years 2 - 110 mg/dL Male/Female
 - 3 Years to 8 Years 2 - 130 mg/dL Male/Female
 - 9 Years to 12 Years 2 - 160 mg/dL Male/Female
 - 12 Years and Greater 20 - 275 mg/dL Female
 - 12 Years to 150 Years 20 - 320 mg/dL Male

WHY: The update is coming from Siemens DimEXL.

WHEN: Tuesday May 13, 2025

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding CA Dean and EMMC)
-

EHR Updates

May 8 – May 14, 2025

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

- Clinical Staff
- Laboratory Staff
- Providers

Siemens DimEXL Updates – Mercy Only

WHAT: Mercy Hospital Laboratory is scheduled to change the platform of our chemistry. There will be changes to reference ranges, test name changes, and changes to the troponin protocol. This new assay is referred to as a **high sensitivity troponin assay** for its ability to detect troponin values at or above the limit of detection.

Key differences include:

- Since a high % of "normal" individuals will have detectable troponin, serial monitoring to detect rising or falling values (aka "dynamic" pattern) is key to proper interpretation of results.
 - Extremely precise: coefficient of variation $\leq 10\%$ at the 99th percentile upper reference limit.
 - Values should not bounce around due to background analytical "noise".
 - Whole number reporting in pg/mL: measuring range is 4-25,000 pg/mL; values below 4 pg/mL are reported as < 4 pg/mL while values greater than 27,000 are reported as >25,000 pg/mL.
 - Values from this troponin assay cannot be compared to any other troponin assay.
 - This algorithm for ruling in or ruling out an MI with the Siemens hsTnI assay is as follows:
 - 0 hr < 8 pg/mL AND 2 hr change < 7 pg/mL - MI ruled out
 - 0 hr ≥ 120 pg/mL OR 2 hr change ≥ 20 pg/mL - MI ruled in
 - Does not meet either of the above: Observe.
 - Gender specific reference (normal) ranges (as defined by the 99th percentile upper reference limit):
 - Women: ≤ 51 pg/mL
 - Men: ≤ 76 pg/mL
-

NOTE: For those patients who do not meet the rule in or rule out criteria above (observation category) a third troponin will be drawn 2 hours after the second troponin. A change in troponin ≥ 20 pg/mL compared to the baseline troponin supports a diagnosis of myocardial infarction.

The following interpretative comment will chart with each result:
“Results exceeding the upper reference limit (as defined by the 99th percentile by sex) indicate myocardial injury. While cardiac specific, troponins are not specific for myocardial infarction (MI) and elevated levels may be seen in other disease states that involve the heart muscle. ACC/ESC/AHA guidelines and the Universal Definition of MI recommend serial sampling to determine a rising and/or falling pattern to distinguish an acute ischemic etiology from other etiologies. Troponin results should always be used in conjunction with clinical signs and symptoms.”

WHY: The update is coming from Siemens DimEXL.

WHEN: Tuesday May 13, 2024

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

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

At the following NLH Member Organization(s):

- NLH Mercy

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

- Clinical Staff
- Laboratory Staff
- Providers

Therapies: Occupational, Physical, Speech, & Respiratory

All Ambulatory & Inpatient Areas

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

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

EHR Updates

May 8 – May 14, 2025

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Modernized Vital Sign Component

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

Clinical Entry Workspace

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

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

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

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

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

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Mayo)
-

WHO:

The change will affect the following staff:

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

**EDUCATION
STRATEGY:**

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

All PowerForm and Dynamic Documentation Users

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

Inpatient and Surgical Clinical Staff

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

Ambulatory and ED Clinical Staff

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

Flyer-based education

EHR Updates

May 8 – May 14, 2025

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HOW:

Required Online Education in the PromisePoint Community

- **Online Simulator Education – Available Now!**
 - URL: www.promisepoint.com/northernlighthouse
 - Username:
 - **NLH Employees:** Seven-digit employee number with leading zeros, e.g., 0098765
 - **Contracted Employees:** Username provided at the time of hire
 - **Initial Password:** password
 - Initial password is all lowercase.
 - If PromisePoint password has been previously set-up, please use that password.
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