From the Office of Health Informatics

Northern Light Health

Oracle Health (Cerner) Millennium EHR Updates

Week of October 29 – November 4, 2026

For more information on how to navigate this Flash Flyer effectively, click here.

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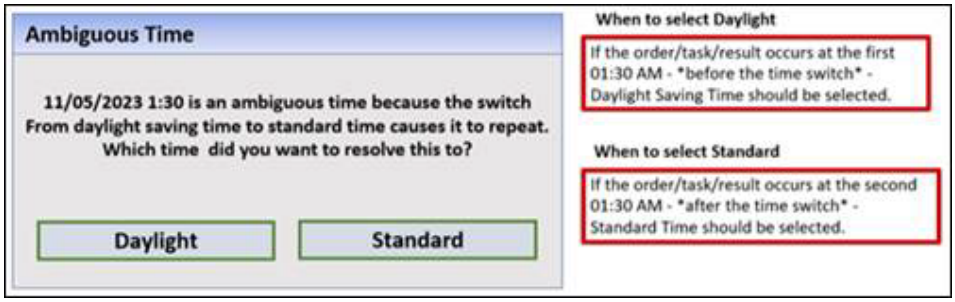
All Millennium Users

Millennium Fall Time Change Ambiguous Message November 1, 2026

WHAT: Daylight savings this year is **November 1, 2026**, and as a reminder, downtime is NOT required during a daylight savings time event. **However, please note that some users may see the following Ambiguous Time message if a clinical action is scheduled to occur during the duplicate hour (from 1:00 am to 1:59 am). This is not an error and is perfectly normal**.



WHY: Users that encounter this message may address it by choosing one of the following:

- Select **Daylight** if the action is to take place in the **FIRST 1:00 to 1:59 hour**.
- Select **Standard** if the action is to take place in the **SECOND 1:00 to 1:59 hour**.

NOTE: FetaLink will remain available during the time change. If there are any new patients that occur during the ambiguous timeframe, they will need to be placed on the monitor and then will need to be retro associated after the time change is over.

Annotations will display after the patient is retroactively associated. Patients can be disassociated during this timeframe and finalized after the DST is completed.

NOTE: You can continue to monitor patients using FetaLink. Cerner recommends that you also maintain paper records during the two hours surrounding the DST time change. FetaLink+ continues to display any data captured by FetaLink during this time.

WHEN: **Sunday, November 1, 2026**

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

- Ambulatory
- Inpatient

At the following NLH Member Organization(s):

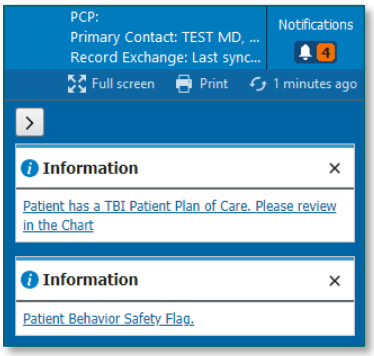
- All NLH Locations (excluding Mayo)

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

- All Millennium Users

UPDATE: SmartZone Alerts

WHAT: Most SmartZone Alerts now include a dismissal option. Users can select the × icon within the alert to dismiss it.



- Dismissing an alert hides it only for that user until the triggering condition occurs again. The alert remains visible to other users.

Suicidal Risk Alerts

Suicidal Risk Alerts cannot be dismissed:

- SZ_SUICIDAL_ALERT
- SZ_*SUICIDAL_ALERT_ACAD*

If a **Depression Follow-Up Alert** is **active** when the **Suicidal Risk Alert** is triggered, the Depression Follow-Up Alert will be **suppressed and replaced** by the **Suicidal Risk Alert** (SZ_SUICIDAL_ALERT)**.**

- This change does not apply to inpatient Acadia Suicidal Risk Alert workflows, which remain unchanged.

NOTE: For additional information, review the SmartZone Alerts flyer .

WHY: Dismissing SmartZone Alerts that are no longer relevant helps reduce alert clutter while ensuring alerts reappear if the triggering condition occurs again.

WHEN: **Tuesday, November 3, 2026**

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

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

At the following NLH Member Organization(s):

- All NLH Locations (excluding Mayo)

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

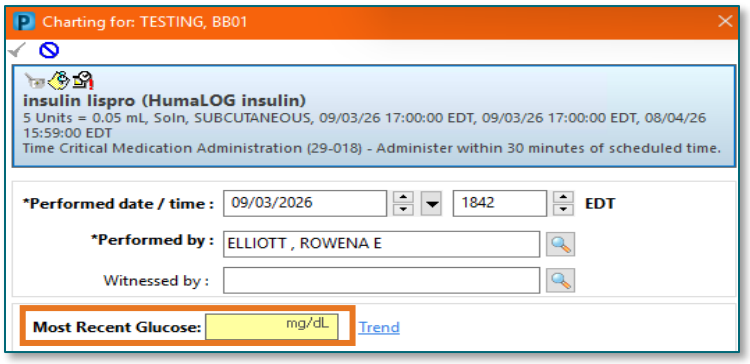
- All Oracle Health Millennium Users

Behavioral Health Staff

Ambulatory

Most Recent Glucose Required in Med Admin Window for Insulin

WHAT: The **Most Recent Glucose** field is now a required entry when documenting insulin administration in the Med Admin Window.



NOTE: If the most recent glucose result is not available when the Med Admin Window is opened, close the window and reopen it after the blood glucose result is available.

WHY: Blood glucose measurements are frequently obtained and documented by a nurse tech. Requiring nurses to review and enter the patient's most recent glucose value at the time of insulin administration promotes awareness of current blood sugar levels, supports safe medication administration practices, and helps reduce the risk of insulin being administered without verification of the most recent glucose level.

WHEN: **Effective Immediately**

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

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

At the following NLH Member Organization(s):

- All NLH Locations (excluding Mayo)

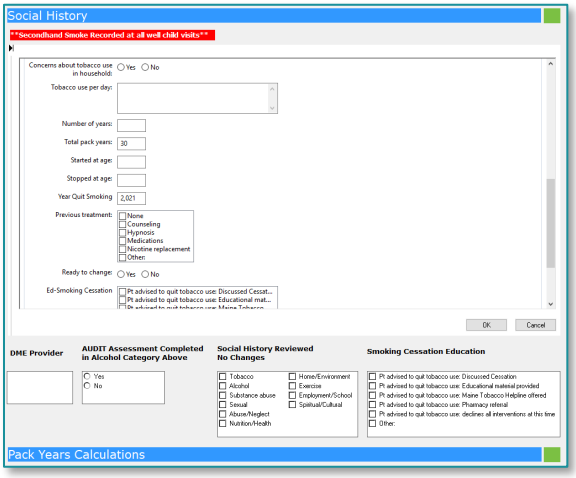
WHO: **The change will affect the following staff at the above noted locations:**

- Nursing

Reminder: Complete Tobacco Social History Section

WHAT: For all current and former smokers, complete the **entire Tobacco section** within the Social History component, including all questions regardless of whether they are marked with a black star.

- Document pack years
- Use the scroll bar within the Tobacco section to view and complete additional questions that are often missed
- Confirm the box under Smoking Cessation Education is checked so the appropriate lung cancer screening recommendation is triggered when applicable.



NOTE: Refer to the Lung Cancer Screening Workflow flyer and the Social History flyer for more information on the complete workflows.

WHY: Complete tobacco history documentation helps identify eligible patients and ensures lung cancer screening recommendations are triggered when appropriate.

WHEN: **Effective Immediately**

WHERE: **This reminder applies to the following area(s):**

- Ambulatory
- Inpatient (includes ED & Peri-Op)

At the following NLH Member Organization(s):

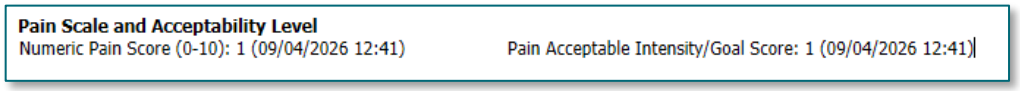
- All NLH Locations

WHO: **This reminder applies to the following staff at the above noted locations:**

- Clinical Staff

NEW Pain Scale Auto Text

WHAT: A new auto text **/pain_scale** will be available. The auto text automatically pulls pre- and post-procedure pain scores from iView, eliminating the need for manual lookup.



WHY: The auto text reduces manual data entry in clinical notes and increases documentation efficiency.

WHEN: **Monday, November 2, 2026**

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

- Acute/Inpatient
- Ambulatory/WIC
- ED
- Peri-Op

At the following NLH Member Organization(s):

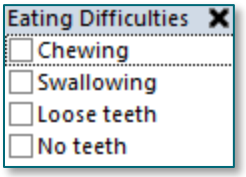
- All NLH Locations (excluding Mayo)

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

- Clinical Staff
- Providers

Inpatient

Nutrition Screen Update



WHAT: Documentation of **Chewing Difficulties** or **Swallowing Difficulties** under **Eating Difficulties** in the **Gastrointestinal** section within Interactive View and I&O will no longer automatically generate a Dietitian consult.

WHY: Chewing and swallowing difficulties are not indications that require Dietitian intervention for diet order modifications. Removing this trigger will reduce unnecessary consults and ensure Dietitian referrals are generated only when clinically appropriate.

WHEN: **Effective Immediately**

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

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

At the following NLH Member Organization(s):

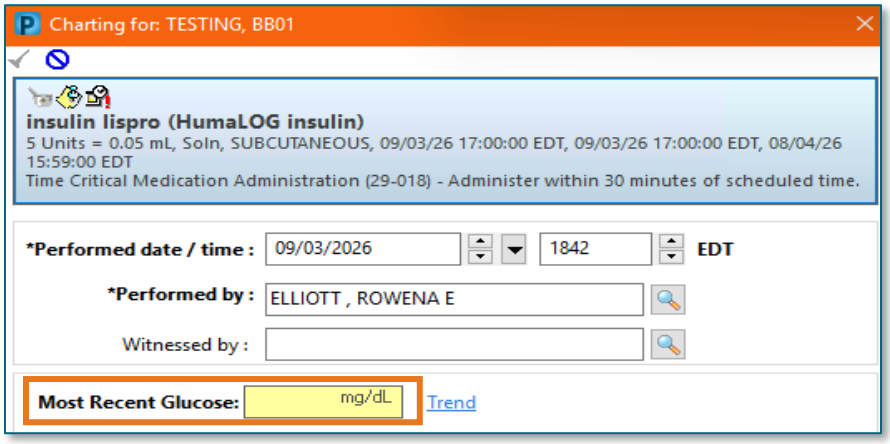
- All NLH Hospitals (excluding Mayo)

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

- Dietitians
- Nursing

Most Recent Glucose Required in Med Admin Window for Insulin

WHAT: The **Most Recent Glucose** field is now a required entry when documenting insulin administration in the Med Admin Window.



NOTE: If the most recent glucose result is not available when the Med Admin Window is opened, close the window and reopen it after the blood glucose result is available.

WHY: Blood glucose measurements are frequently obtained and documented by a nurse tech. Requiring nurses to review and enter the patient's most recent glucose value at the time of insulin administration promotes awareness of current blood sugar levels, supports safe medication administration practices, and helps reduce the risk of insulin being administered without verification of the most recent glucose level.

WHEN: **Effective Immediately**

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

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

At the following NLH Member Organization(s):

- All NLH Locations (excluding Mayo)

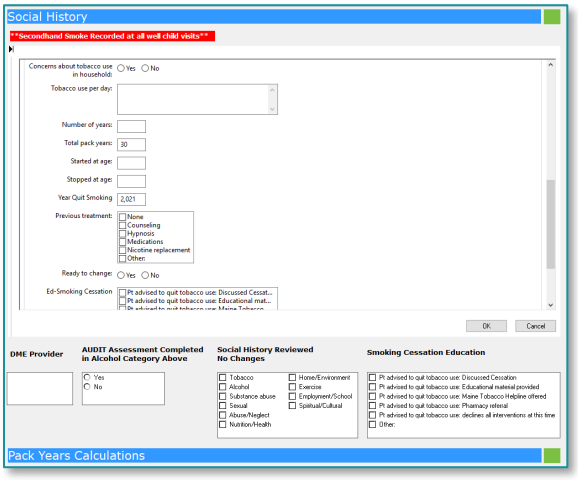
WHO: **The change will affect the following staff at the above noted locations:**

- Nursing

Reminder: Complete Tobacco Social History Section

WHAT: For all current and former smokers, complete the **entire Tobacco section** within the Social History component, including all questions regardless of whether they are marked with a black star.

- Document pack years
- Use the scroll bar within the Tobacco section to view and complete additional questions that are often missed
- Confirm the box under Smoking Cessation Education is checked so the appropriate lung cancer screening recommendation is triggered when applicable.



NOTE: Refer to the Lung Cancer Screening Workflow flyer and the Social History flyer for more information on the complete workflows.

WHY: Complete tobacco history documentation helps identify eligible patients and ensures lung cancer screening recommendations are triggered when appropriate.

WHEN: **Effective Immediately**

WHERE: **This reminder applies to the following area(s):**

- Ambulatory
- Inpatient (includes ED & Peri-Op)

At the following NLH Member Organization(s):

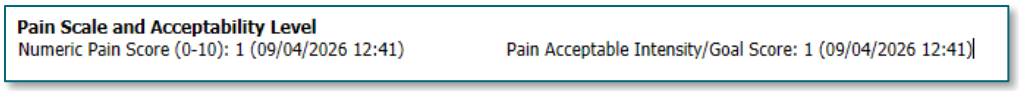
- All NLH Locations

WHO: **This reminder applies to the following staff at the above noted locations:**

- Clinical Staff

NEW Pain Scale Auto Text

WHAT: A new auto text **/pain_scale** will be available. The auto text automatically pulls pre- and post-procedure pain scores from iView, eliminating the need for manual lookup.



WHY: The auto text reduces manual data entry in clinical notes and increases documentation efficiency.

WHEN: **Monday, November 2, 2026**

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

- Acute/Inpatient
- Ambulatory/WIC
- ED
- Peri-Op

At the following NLH Member Organization(s):

- All NLH Locations (excluding Mayo)

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

- Clinical Staff
- Providers

Omnicell Technology Conversion – Acadia *(Go-Live 11/10 – 11/17/26)*

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern **Omnicell** platform. This transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and **Anywhere** RN, which enables remote medication queuing for Omnicell dispensing within **PowerChart** and **FirstNet**.

NOTE: For more information about Oracle Cerner Omnicell Anywhere RN, click here. Additional training materials and resources are available on the Omnicell Training website, and education for this transition will be provided through HealthStream.

WHY: This transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

WHEN: **Tuesday, November 10, 2026 – Tuesday, November 17, 2026**

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

- Acute/Inpatient

At the following NLH Member Organization(s):

- Acadia Hospital

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

- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets *(Go-Live: November 10)*
- **Pharmacy:** Omnicell Controlled Substance Manager *(Go-Live: November 18)*
- **Anesthesia (ECT) and Pharmacy:** Omnicell XT Anesthesia Workstation *(Go-Live: November 10)*

Patient's Own Insulin Pump Workflow

WHAT: A new standardized workflow has been implemented for hospitalized patients who continue to self-manage their own insulin pump. The workflow establishes a consistent process for assessing whether a patient can safely continue using their insulin pump during hospitalization and introduces new orders, documentation requirements, and monitoring responsibilities for the interdisciplinary care team.

The new workflow includes:

- A **Patient's Own Insulin Pump PowerPlan** for provider ordering
- Standardized documentation of insulin pump information and settings
- A **Patient Agreement to Self-Manage Insulin Pump**
- An **Insulin Pump Information Sheet**
- An **Insulin Pump Bedside Logbook**

- Nursing assessment and documentation requirements, including reassessment of the patient's ability to safely self-manage the pump at least every 12 hours

For more information regarding Inpatient Nursing workflows, click here.
For more information regarding Inpatient Provider workflows, click here.

WHY: To improve patient and medication safety by establishing a consistent, organization-wide process for patients who continue to use their own insulin pump while hospitalized. The new workflow ensures that insulin pump therapy is appropriately assessed, ordered, monitored, and documented in the medical record, while clearly defining responsibilities for the patient and interdisciplinary care team.

WHEN: **Wednesday, November 4, 2026**

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

- Acute/Inpatient

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:**

- Inpatient Nurses
- Inpatient Pharmacists
- Inpatient Providers

Clinical Decision Support Updates

Weekly Newsletter

➢ **Any questions should be directed to our CDS Team for review.**

Release Date	Venues Affected	CDS Tool	Summary
11/10/2026	Inpatient	PED Asthma Module	CDS Review. Removal of unused and duplicate orders. EMMC Only
11/10/2026	Inpatient	Phenobarbital for Alcohol (ETOH) Withdrawal Treatment or Prophylaxis	Removal of external calculator and restructured for use with embedded dose calculator.

Leadership

Ambulatory/WIC

Omnicell Technology Conversion – Mercy *(Go-Live 10/12 – 11/24/26)*

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern **Omnicell** platform. This transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and **Anywhere** RN, which enables remote medication queuing for Omnicell dispensing within **PowerChart** and **FirstNet**.

NOTE: For more information about Oracle Cerner Omnicell Anywhere RN, click here. Additional training materials and resources are available on the Omnicell Training website, and education for this transition will be provided through HealthStream.

WHY: This transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

WHEN: **Monday, October 12, 2026 – Tuesday, November 24, 2026**

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

- Acute/Inpatient
- ED
- Peri-Op
- WIC (Gorham and Windham)

At the following NLH Member Organization(s):

- Mercy

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

- **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation *(Go-Live: October 12)*
- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets *(Go-Live: October 26)*

- **Pharmacy:** Omnicell Controlled Substance Manager *(Go-Live: November 24)*

Emergency

Omnicell Technology Conversion – Mercy *(Go-Live 10/12 – 11/24/26)*

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern **Omnicell** platform. This transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and **Anywhere** RN, which enables remote medication queuing for Omnicell dispensing within **PowerChart** and **FirstNet**.

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WHY: This transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

WHEN: **Monday, October 12, 2026 – Tuesday, November 24, 2026**

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

- Acute/Inpatient
- ED
- Peri-Op
- WIC (Gorham and Windham)

At the following NLH Member Organization(s):

- Mercy

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

- **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation *(Go-Live: October 12)*
- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets *(Go-Live: October 26)*

- **Pharmacy:** Omnicell Controlled Substance Manager *(Go-Live: November 24)*

Inpatient

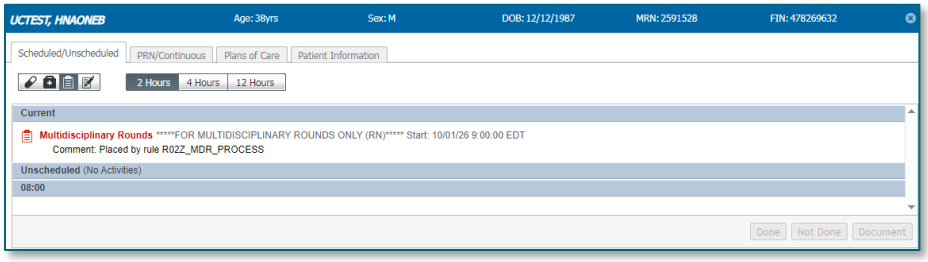
Multidisciplinary Rounding Nursing Workflow – Phased Go-Lives *(see details)*

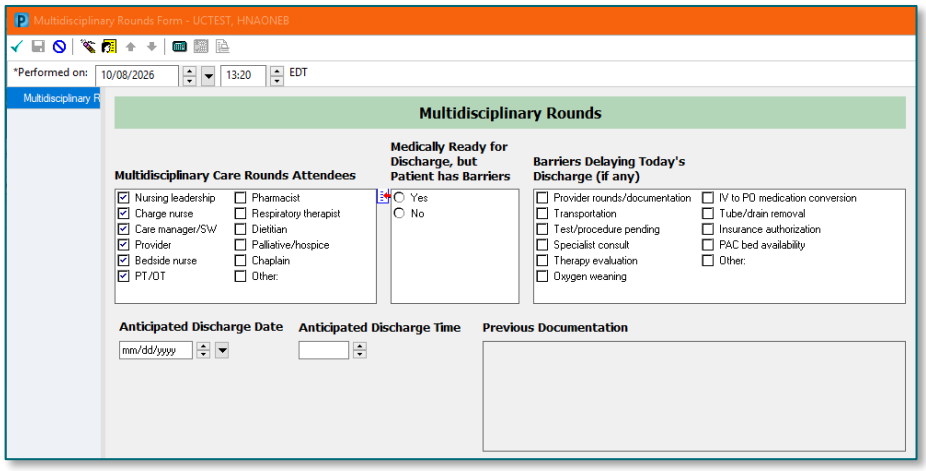
WHAT: A new Multidisciplinary Rounding (MDR) workflow will support documentation of rounding discussions, follow-up needs, and discharge barriers within Oracle Health Millennium.

Multidisciplinary Rounding Nursing Tasks

Nursing staff will complete MDR documentation using the MDR form available within the **Activities** column through **CareCompass**.

NOTE: For detailed workflow instructions, screenshots, and exceptions, please review the **Completing Multidisciplinary Rounding Tasks Nursing Workflow here**.





WHY: This workflow provides a standardized location to document multidisciplinary rounding discussions, follow-up needs, and discharge barriers, improving visibility and supporting coordinated patient care.

WHEN: **Tuesday, November 3, 2026 @ Mercy**
Tuesday, November 10, 2026 @ Blue Hill and Maine Coast
Tuesday, November 17, 2026 @ CA Dean, EMMC (ICU, KP03, M3S, P6), and SVH
Tuesday, December 1, 2026 @ EMMC (G4, G5, G6 Oncology)
Tuesday, December 8, 2026 @ ARG and EMMC (5CCU, 5INT-P5, Intermediate Care-G1)

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

- Acute/Inpatient

At the following NLH Member Organization(s):

- AR Gould
- Blue Hill
- CA Dean
- EMMC
- Maine Coast
- Mercy Hospital
- Sebasticook Valley

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

- Assistant Nursing Managers
- Charge Nurses
- Nursing Managers

Omnicell Technology Conversion – Mercy *(Go-Live 10/12 – 11/24/26)*

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern **Omnicell** platform. This transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and **Anywhere** RN, which enables remote medication queuing for Omnicell dispensing within **PowerChart** and **FirstNet**.

NOTE: For more information about Oracle Cerner Omnicell Anywhere RN, click here. Additional training materials and resources are available on the

Omnicell Training website, and education for this transition will be provided through HealthStream.

WHY: This transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

WHEN: **Monday, October 12, 2026 – Tuesday, November 24, 2026**

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

- Acute/Inpatient
- ED
- Peri-Op
- WIC (Gorham and Windham)

At the following NLH Member Organization(s):

- Mercy

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

- **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation *(Go-Live: October 12)*
- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets *(Go-Live: October 26)*
- **Pharmacy:** Omnicell Controlled Substance Manager *(Go-Live: November 24)*

Omnicell Technology Conversion – Acadia *(Go-Live 11/10 – 11/17/26)*

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern **Omnicell** platform. This transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and **Anywhere** RN, which enables remote medication queuing for Omnicell dispensing within **PowerChart** and **FirstNet**.

NOTE: For more information about Oracle Cerner Omnicell Anywhere RN, click here. Additional training materials and resources are available on the Omnicell Training website, and education for this transition will be provided through HealthStream.

WHY: This transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

WHEN: **Tuesday, November 10, 2026 – Tuesday, November 17, 2026**

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

- Acute/Inpatient

At the following NLH Member Organization(s):

- Acadia Hospital

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

- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets *(Go-Live: November 10)*
- **Pharmacy:** Omnicell Controlled Substance Manager *(Go-Live: November 18)*
- **Anesthesia (ECT) and Pharmacy:** Omnicell XT Anesthesia Workstation *(Go-Live: November 10)*

Peri-Op

Omnicell Technology Conversion – Mercy *(Go-Live 10/12 – 11/24/26)*

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern **Omnicell** platform. This transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and **Anywhere** RN, which enables remote medication queuing for Omnicell dispensing within **PowerChart** and **FirstNet**.

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WHY: This transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

WHEN: **Monday, October 12, 2026 – Tuesday, November 24, 2026**

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

- Acute/Inpatient
- ED
- Peri-Op
- WIC (Gorham and Windham)

At the following NLH Member Organization(s):

- Mercy

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

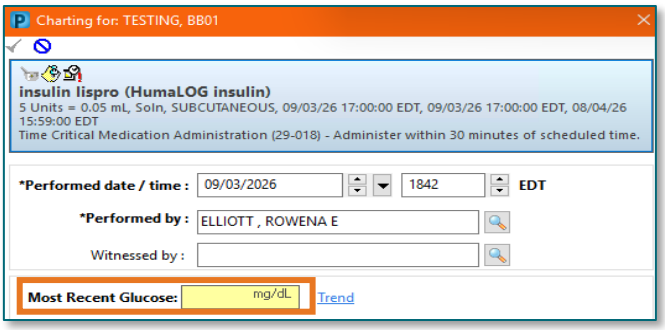
- **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation *(Go-Live: October 12)*
- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets *(Go-Live: October 26)*
- **Pharmacy:** Omnicell Controlled Substance Manager *(Go-Live: November 24)*

Nursing, CNA, Medical Assistants

Ambulatory/WIC

Most Recent Glucose Required in Med Admin Window for Insulin

WHAT: The **Most Recent Glucose** field is now a required entry when documenting insulin administration in the Med Admin Window.



NOTE: If the most recent glucose result is not available when the Med Admin Window is opened, close the window and reopen it after the blood glucose result is available.

WHY: Blood glucose measurements are frequently obtained and documented by a nurse tech. Requiring nurses to review and enter the patient's most recent glucose value at the time of insulin administration promotes awareness of current blood sugar levels, supports safe medication administration practices, and helps reduce the risk of insulin being administered without verification of the most recent glucose level.

WHEN: **Effective Immediately**

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

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

At the following NLH Member Organization(s):

- All NLH Locations (excluding Mayo)

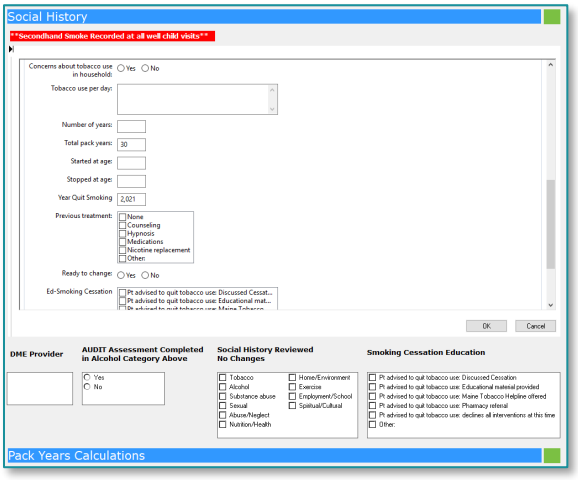
WHO: **The change will affect the following staff at the above noted locations:**

- Nursing

Reminder: Complete Tobacco Social History Section

WHAT: For all current and former smokers, complete the **entire Tobacco section** within the Social History component, including all questions regardless of whether they are marked with a black star.

- Document pack years
- Use the scroll bar within the Tobacco section to view and complete additional questions that are often missed
- Confirm the box under Smoking Cessation Education is checked so the appropriate lung cancer screening recommendation is triggered when applicable.



NOTE: Refer to the Lung Cancer Screening Workflow flyer and the Social History flyer for more information on the complete workflows.

WHY: Complete tobacco history documentation helps identify eligible patients and ensures lung cancer screening recommendations are triggered when appropriate.

WHEN: **Effective Immediately**

WHERE: **This reminder applies to the following area(s):**

- Ambulatory
- Inpatient (includes ED & Peri-Op)

At the following NLH Member Organization(s):

- All NLH Locations

WHO: **This reminder applies to the following staff at the above noted locations:**

- Clinical Staff

Quest Order Naming Update

WHAT: The following order descriptions have been updated from NAAT to PCR:

- 10186 – Epstein-Barr Virus DNA, Quantitative, Real-Time PCR, Plasma
- 10600 – Cytomegalovirus DNA, Quantitative Real-Time PCR, Plasma

WHY: The order descriptions are being updated to reflect the current PCR testing method, as the NAAT method is no longer in use.

WHEN: **Thursday, October 29, 2026**

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

- Acute/Inpatient (to include ED)
- Ambulatory/WIC

At the following NLH Member Organization(s):

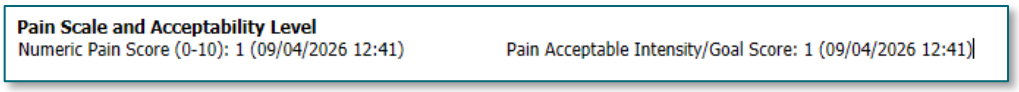
- All NLH Locations (excluding Acadia and Mayo)

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

- Clinical Staff
- Providers

NEW Pain Scale Auto Text

WHAT: A new auto text **/pain_scale** will be available. The auto text automatically pulls pre- and post-procedure pain scores from iView, eliminating the need for manual lookup.



WHY: The auto text reduces manual data entry in clinical notes and increases documentation efficiency.

WHEN: **Monday, November 2, 2026**

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

- Acute/Inpatient
- Ambulatory/WIC
- ED
- Peri-Op

At the following NLH Member Organization(s):

- All NLH Locations (excluding Mayo)

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

- Clinical Staff
- Providers

Mercy Pain Clinic Procedural Documentation

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

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

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

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

WHEN: **Phase 1: October 5, 2026** – Begin scheduling appointments dated **November 2** or later in the new scheduling book.

Phase 2: November 2, 2026 – SurgiNet procedural documentation goes live.

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

- Ambulatory
- Peri-Op

At the following NLH Member Organization(s):

- Mercy (Pain Clinic)

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

- Medical Assistants
- Nurses

Omnicell Technology Conversion – Mercy *(Go-Live 10/12 – 11/24/26)*

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern **Omnicell** platform. This transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and **Anywhere** RN, which enables remote medication queuing for Omnicell dispensing within **PowerChart** and **FirstNet**.

NOTE: For more information about Oracle Cerner Omnicell Anywhere RN, click here. Additional training materials and resources are available on the Omnicell Training website, and education for this transition will be provided through HealthStream.

WHY: This transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

WHEN: **Monday, October 12, 2026 – Tuesday, November 24, 2026**

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

- Acute/Inpatient
- ED
- Peri-Op
- WIC (Gorham and Windham)

At the following NLH Member Organization(s):

- Mercy

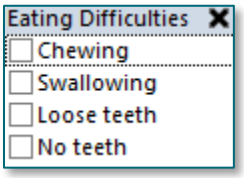
WHO: **The change will affect the following staff at the above noted locations starting on noted dates:**

- **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation *(Go-Live: October 12)*
- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets *(Go-Live: October 26)*
- **Pharmacy:** Omnicell Controlled Substance Manager *(Go-Live: November 24)*

Emergency

Nutrition Screen Update

WHAT: Documentation of **Chewing Difficulties** or **Swallowing Difficulties** under **Eating Difficulties** in the **Gastrointestinal** section within Interactive View and I&O will no longer automatically generate a Dietitian consult.



WHY: Chewing and swallowing difficulties are not indications that require Dietitian intervention for diet order modifications. Removing this trigger will reduce unnecessary consults and ensure Dietitian referrals are generated only when clinically appropriate.

WHEN: **Effective Immediately**

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

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

At the following NLH Member Organization(s):

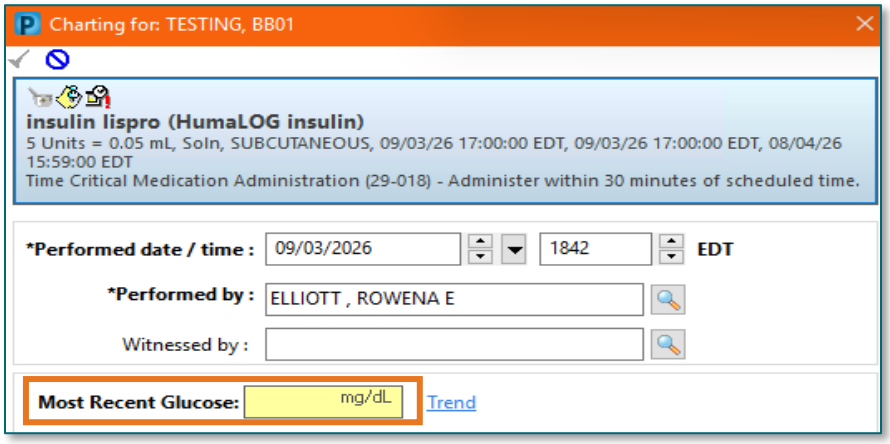
- All NLH Hospitals (excluding Mayo)

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

- Dietitians
- Nursing

Most Recent Glucose Required in Med Admin Window for Insulin

WHAT: The **Most Recent Glucose** field is now a required entry when documenting insulin administration in the Med Admin Window.



NOTE: If the most recent glucose result is not available when the Med Admin Window is opened, close the window and reopen it after the blood glucose result is available.

WHY: Blood glucose measurements are frequently obtained and documented by a nurse tech. Requiring nurses to review and enter the patient's most recent glucose value at the time of insulin administration promotes awareness of current blood sugar levels, supports safe medication administration practices, and helps reduce the risk of insulin being administered without verification of the most recent glucose level.

WHEN: **Effective Immediately**

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

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

At the following NLH Member Organization(s):

- All NLH Locations (excluding Mayo)

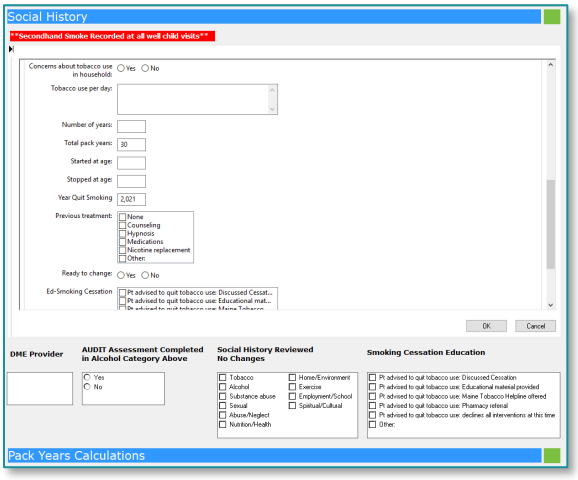
WHO: **The change will affect the following staff at the above noted locations:**

- Nursing

Reminder: Complete Tobacco Social History Section

WHAT: For all current and former smokers, complete the **entire Tobacco section** within the Social History component, including all questions regardless of whether they are marked with a black star.

- Document pack years
- Use the scroll bar within the Tobacco section to view and complete additional questions that are often missed
- Confirm the box under Smoking Cessation Education is checked so the appropriate lung cancer screening recommendation is triggered when applicable.



NOTE: Refer to the Lung Cancer Screening Workflow flyer and the Social History flyer for more information on the complete workflows.

WHY: Complete tobacco history documentation helps identify eligible patients and ensures lung cancer screening recommendations are triggered when appropriate.

WHEN: **Effective Immediately**

WHERE: **This reminder applies to the following area(s):**

- Ambulatory
- Inpatient (includes ED & Peri-Op)

At the following NLH Member Organization(s):

- All NLH Locations

WHO: **This reminder applies to the following staff at the above noted locations:**

- Clinical Staff

Quest Order Naming Update

WHAT: The following order descriptions have been updated from NAAT to PCR:

- 10186 – Epstein-Barr Virus DNA, Quantitative, Real-Time PCR, Plasma
- 10600 – Cytomegalovirus DNA, Quantitative Real-Time PCR, Plasma

WHY: The order descriptions are being updated to reflect the current PCR testing method, as the NAAT method is no longer in use.

WHEN: **Thursday, October 29, 2026**

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

- Acute/Inpatient (to include ED)
- Ambulatory/WIC

At the following NLH Member Organization(s):

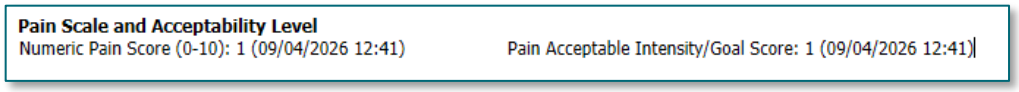
- All NLH Locations (excluding Acadia and Mayo)

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

- Clinical Staff
- Providers

NEW Pain Scale Auto Text

WHAT: A new auto text **/pain_scale** will be available. The auto text automatically pulls pre- and post-procedure pain scores from iView, eliminating the need for manual lookup.



WHY: The auto text reduces manual data entry in clinical notes and increases documentation efficiency.

WHEN: **Monday, November 2, 2026**

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

- Acute/Inpatient
- Ambulatory/WIC
- ED
- Peri-Op

At the following NLH Member Organization(s):

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Omnicell Technology Conversion – Mercy *(Go-Live 10/12 – 11/24/26)*

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern **Omnicell** platform. This transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and **Anywhere** RN, which enables remote medication queuing for Omnicell dispensing within **PowerChart** and **FirstNet**.

NOTE: For more information about Oracle Cerner Omnicell Anywhere RN, click here. Additional training materials and resources are available on the Omnicell Training website, and education for this transition will be provided through HealthStream.

WHY: This transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

WHEN: **Monday, October 12, 2026 – Tuesday, November 24, 2026**

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

- Acute/Inpatient
- ED
- Peri-Op
- WIC (Gorham and Windham)

At the following NLH Member Organization(s):

- Mercy

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

- **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation *(Go-Live: October 12)*
- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets *(Go-Live: October 26)*
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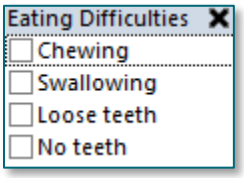
Inpatient

Nutrition Screen Update

WHAT: Documentation of **Chewing Difficulties** or **Swallowing Difficulties** under **Eating Difficulties** in the **Gastrointestinal** section within Interactive View and I&O will no longer automatically generate a Dietitian consult.



WHY: Chewing and swallowing difficulties are not indications that require Dietitian intervention for diet order modifications. Removing this trigger will reduce unnecessary consults and ensure Dietitian referrals are generated only when clinically appropriate.

WHEN: **Effective Immediately**

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

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Most Recent Glucose Required in Med Admin Window for Insulin

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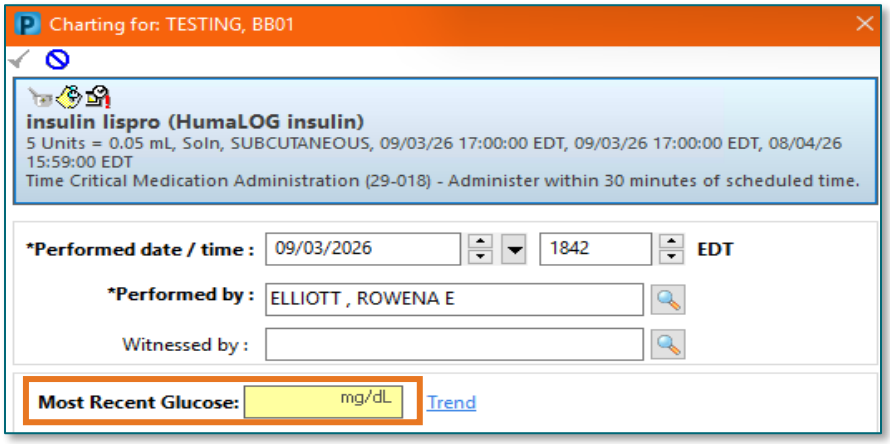

NOTE: If the most recent glucose result is not available when the Med Admin Window is opened, close the window and reopen it after the blood glucose result is available.

WHY: Blood glucose measurements are frequently obtained and documented by a nurse tech. Requiring nurses to review and enter the patient's most recent glucose value at the time of insulin administration promotes awareness of current blood sugar levels, supports safe medication administration practices, and helps reduce the risk of insulin being administered without verification of the most recent glucose level.

WHEN: **Effective Immediately**

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

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

At the following NLH Member Organization(s):

- All NLH Locations (excluding Mayo)

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

- Nursing

Reminder: Complete Tobacco Social History Section

WHAT: For all current and former smokers, complete the **entire Tobacco section** within the Social History component, including all questions regardless of whether they are marked with a black star.

- Document pack years
- Use the scroll bar within the Tobacco section to view and complete additional questions that are often missed
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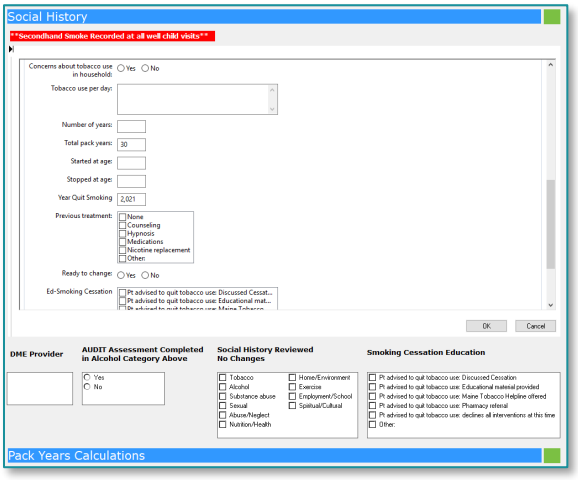


NOTE: Refer to the Lung Cancer Screening Workflow flyer and the Social History flyer for more information on the complete workflows.

WHY: Complete tobacco history documentation helps identify eligible patients and ensures lung cancer screening recommendations are triggered when appropriate.

WHEN: **Effective Immediately**

WHERE: **This reminder applies to the following area(s):**

- Ambulatory
- Inpatient (includes ED & Peri-Op)

At the following NLH Member Organization(s):

- All NLH Locations

WHO: **This reminder applies to the following staff at the above noted locations:**

- Clinical Staff

Quest Order Naming Update

WHAT: The following order descriptions have been updated from NAAT to PCR:

- 10186 – Epstein-Barr Virus DNA, Quantitative, Real-Time PCR, Plasma
- 10600 – Cytomegalovirus DNA, Quantitative Real-Time PCR, Plasma

WHY: The order descriptions are being updated to reflect the current PCR testing method, as the NAAT method is no longer in use.

WHEN: **Thursday, October 29, 2026**

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

- Acute/Inpatient (to include ED)
- Ambulatory/WIC

At the following NLH Member Organization(s):

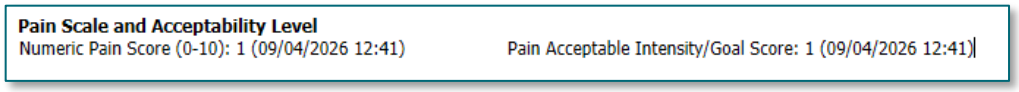
- All NLH Locations (excluding Acadia and Mayo)

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

- Clinical Staff
- Providers

NEW Pain Scale Auto Text

WHAT: A new auto text **/pain_scale** will be available. The auto text automatically pulls pre- and post-procedure pain scores from iView, eliminating the need for manual lookup.



WHY: The auto text reduces manual data entry in clinical notes and increases documentation efficiency.

WHEN: **Monday, November 2, 2026**

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

- Acute/Inpatient
- Ambulatory/WIC
- ED
- Peri-Op

At the following NLH Member Organization(s):

- All NLH Locations (excluding Mayo)

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

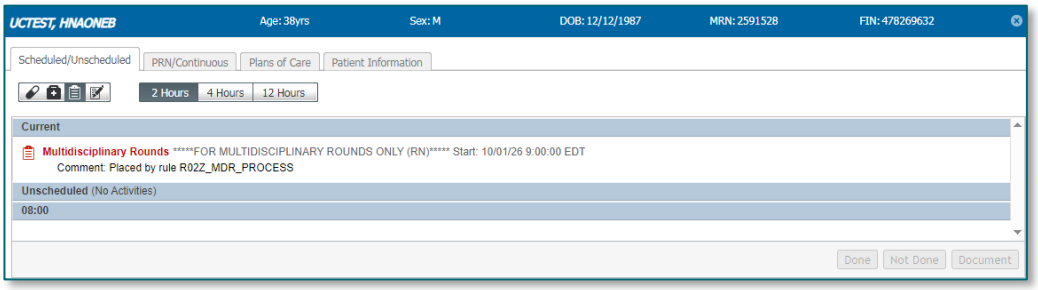
- Clinical Staff
- Providers

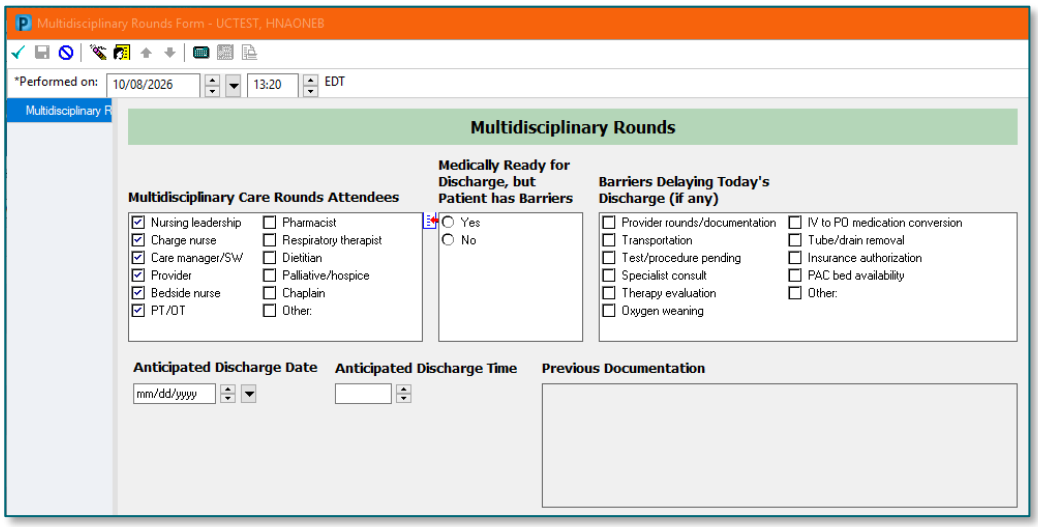
Multidisciplinary Rounding Nursing Workflow – Phased Go-Lives *(see details)*

WHAT: A new Multidisciplinary Rounding (MDR) workflow will support documentation of rounding discussions, follow-up needs, and discharge barriers within Oracle Health Millennium.

Multidisciplinary Rounding Nursing Tasks

Nursing staff will complete MDR documentation using the MDR form available within the **Activities** column through **CareCompass**.





NOTE: For detailed workflow instructions, screenshots, and exceptions, please review the **Completing Multidisciplinary Rounding Tasks Nursing Workflow here**.

WHY: This workflow provides a standardized location to document multidisciplinary rounding discussions, follow-up needs, and discharge barriers, improving visibility and supporting coordinated patient care.

WHEN: **Tuesday, November 3, 2026 @ Mercy**
Tuesday, November 10, 2026 @ Blue Hill and Maine Coast
Tuesday, November 17, 2026 @ CA Dean, EMMC (ICU, KP03, M3S, P6), and SVH
Tuesday, December 1, 2026 @ EMMC (G4, G5, G6 Oncology)
Tuesday, December 8, 2026 @ ARG and EMMC (5CCU, 5INT-P5, Intermediate Care-G1)

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

- Acute/Inpatient

At the following NLH Member Organization(s):

- AR Gould
- Blue Hill
- CA Dean
- EMMC
- Maine Coast
- Mercy Hospital
- Sebasticook Valley

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

- Assistant Nursing Managers
- Charge Nurses
- Nursing Managers

Patient's Own Insulin Pump Workflow

WHAT: A new standardized workflow has been implemented for hospitalized patients who continue to self-manage their own insulin pump. The workflow establishes a consistent process for assessing whether a patient can safely continue using their insulin pump during hospitalization and introduces new orders, documentation requirements, and monitoring responsibilities for the interdisciplinary care team.

The new workflow includes:

- A **Patient's Own Insulin Pump PowerPlan** for provider ordering
- Standardized documentation of insulin pump information and settings
- A **Patient Agreement to Self-Manage Insulin Pump**
- An **Insulin Pump Information Sheet**
- An **Insulin Pump Bedside Logbook**
- Nursing assessment and documentation requirements, including reassessment of the patient's ability to safely self-manage the pump at least every 12 hours

For more information regarding Inpatient Nursing workflows, click here.
For more information regarding Inpatient Provider workflows, click here.

WHY: To improve patient and medication safety by establishing a consistent, organization-wide process for patients who continue to use their own insulin pump while hospitalized. The new workflow ensures that insulin pump therapy is appropriately assessed, ordered, monitored, and documented in the medical record, while clearly defining responsibilities for the patient and interdisciplinary care team.

WHEN: **Wednesday, November 4, 2026**

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

- Acute/Inpatient

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:**

- Inpatient Nurses
- Inpatient Pharmacists
- Inpatient Providers

Omnicell Technology Conversion – Mercy *(Go-Live 10/12 – 11/24/26)*

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern **Omnicell** platform. This transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and **Anywhere** RN, which enables remote medication queuing for Omnicell dispensing within **PowerChart** and **FirstNet**.

NOTE: For more information about Oracle Cerner Omnicell Anywhere RN, click here. Additional training materials and resources are available on the Omnicell Training website, and education for this transition will be provided through HealthStream.

WHY: This transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

WHEN: **Monday, October 12, 2026 – Tuesday, November 24, 2026**

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

- Acute/Inpatient
- ED
- Peri-Op
- WIC (Gorham and Windham)

At the following NLH Member Organization(s):

- Mercy

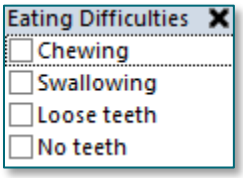
WHO: **The change will affect the following staff at the above noted locations starting on noted dates:**

- **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation *(Go-Live: October 12)*
- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets *(Go-Live: October 26)*
- **Pharmacy:** Omnicell Controlled Substance Manager *(Go-Live: November 24)*

Peri-Op

Nutrition Screen Update

WHAT: Documentation of **Chewing Difficulties** or **Swallowing Difficulties** under **Eating Difficulties** in the **Gastrointestinal** section within Interactive View and I&O will no longer automatically generate a Dietitian consult.



WHY: Chewing and swallowing difficulties are not indications that require Dietitian intervention for diet order modifications. Removing this trigger will reduce unnecessary consults and ensure Dietitian referrals are generated only when clinically appropriate.

WHEN: **Effective Immediately**

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

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

At the following NLH Member Organization(s):

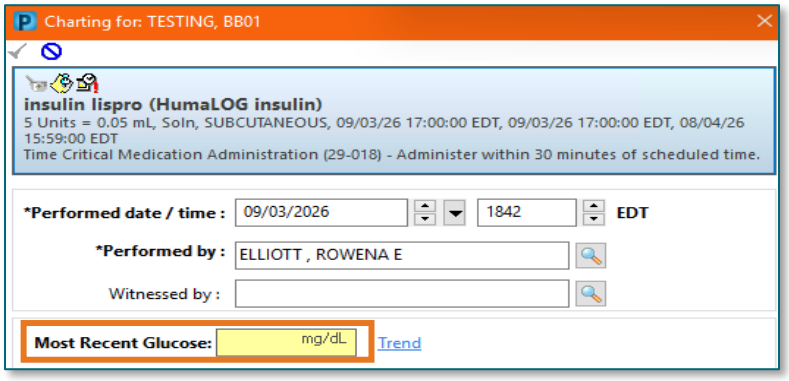
- All NLH Hospitals (excluding Mayo)

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

- Dietitians
- Nursing

Most Recent Glucose Required in Med Admin Window for Insulin

WHAT: The **Most Recent Glucose** field is now a required entry when documenting insulin administration in the Med Admin Window.



NOTE: If the most recent glucose result is not available when the Med Admin Window is opened, close the window and reopen it after the blood glucose result is available.

WHY: Blood glucose measurements are frequently obtained and documented by a nurse tech. Requiring nurses to review and enter the patient's most recent glucose value at the time of insulin administration promotes awareness of current blood sugar levels, supports safe medication administration practices, and helps reduce the risk of insulin being administered without verification of the most recent glucose level.

WHEN: **Effective Immediately**

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

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

At the following NLH Member Organization(s):

- All NLH Locations (excluding Mayo)

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

- Nursing

Reminder: Complete Tobacco Social History Section

WHAT: For all current and former smokers, complete the **entire Tobacco section** within the Social History component, including all questions regardless of whether they are marked with a black star.

- Document pack years
- Use the scroll bar within the Tobacco section to view and complete additional questions that are often missed
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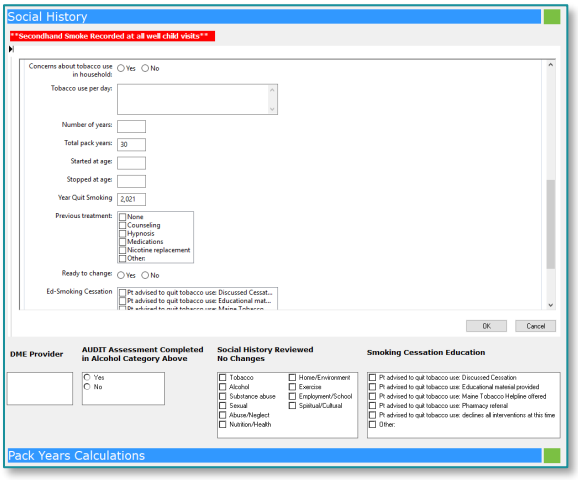


NOTE: Refer to the Lung Cancer Screening Workflow flyer and the Social History flyer for more information on the complete workflows.

WHY: Complete tobacco history documentation helps identify eligible patients and ensures lung cancer screening recommendations are triggered when appropriate.

WHEN: **Effective Immediately**

WHERE: **This reminder applies to the following area(s):**

- Ambulatory
- Inpatient (includes ED & Peri-Op)

At the following NLH Member Organization(s):

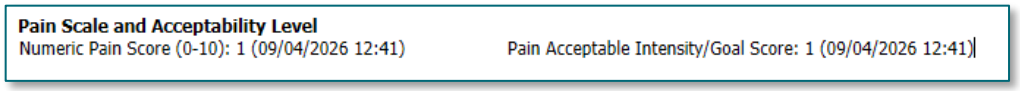
- All NLH Locations

WHO: **This reminder applies to the following staff at the above noted locations:**

- Clinical Staff

NEW Pain Scale Auto Text

WHAT: A new auto text **/pain_scale** will be available. The auto text automatically pulls pre- and post-procedure pain scores from iView, eliminating the need for manual lookup.



WHY: The auto text reduces manual data entry in clinical notes and increases documentation efficiency.

WHEN: **Monday, November 2, 2026**

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

- Acute/Inpatient
- Ambulatory/WIC
- ED
- Peri-Op

At the following NLH Member Organization(s):

- All NLH Locations (excluding Mayo)

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

- Clinical Staff
- Providers

Mercy Pain Clinic Procedural Documentation

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

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

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

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

WHEN: **Phase 1: October 5, 2026** – Begin scheduling appointments dated **November 2** or later in the new scheduling book.

Phase 2: November 2, 2026 – SurgiNet procedural documentation goes live.

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

- Ambulatory
- Peri-Op

At the following NLH Member Organization(s):

- Mercy (Pain Clinic)

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

- Medical Assistants
- Nurses

Omnicell Technology Conversion – Mercy *(Go-Live 10/12 – 11/24/26)*

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern **Omnicell** platform. This transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and **Anywhere** RN, which enables remote medication queuing for Omnicell dispensing within **PowerChart** and **FirstNet**.

NOTE: For more information about Oracle Cerner Omnicell Anywhere RN, click here. Additional training materials and resources are available on the

Omnicell Training website, and education for this transition will be provided through HealthStream.

WHY: This transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

WHEN: **Monday, October 12, 2026 – Tuesday, November 24, 2026**

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

- Acute/Inpatient
- ED
- Peri-Op
- WIC (Gorham and Windham)

At the following NLH Member Organization(s):

- Mercy

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

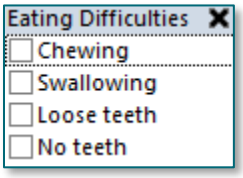
- **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation *(Go-Live: October 12)*
- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets *(Go-Live: October 26)*
- **Pharmacy:** Omnicell Controlled Substance Manager *(Go-Live: November 24)*

Nutrition

Inpatient Only

Nutrition Screen Update

WHAT: Documentation of **Chewing Difficulties** or **Swallowing Difficulties** under **Eating Difficulties** in the **Gastrointestinal** section within Interactive View and I&O will no longer automatically generate a Dietitian consult.



WHY: Chewing and swallowing difficulties are not indications that require Dietitian intervention for diet order modifications. Removing this trigger will reduce unnecessary consults and ensure Dietitian referrals are generated only when clinically appropriate.

WHEN: **Effective Immediately**

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

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

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Dietitians
- Nursing

Pharmacists & Pharmacy Technicians

Ambulatory/WIC

Omnicell Technology Conversion – Mercy *(Go-Live 10/12 – 11/24/26)*

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern **Omnicell** platform. This transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and **Anywhere** RN, which enables remote medication queuing for Omnicell dispensing within **PowerChart** and **FirstNet**.

NOTE: For more information about Oracle Cerner Omnicell Anywhere RN, click here. Additional training materials and resources are available on the Omnicell Training website, and education for this transition will be provided through HealthStream.

WHY: This transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

WHEN: **Monday, October 12, 2026 – Tuesday, November 24, 2026**

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

- Acute/Inpatient
- ED
- Peri-Op
- WIC (Gorham and Windham)

At the following NLH Member Organization(s):

- Mercy

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

- **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation *(Go-Live: October 12)*
- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets *(Go-Live: October 26)*
- **Pharmacy:** Omnicell Controlled Substance Manager *(Go-Live: November 24)*

Inpatient/ED/Peri-Op

Omnicell Technology Conversion – Mercy *(Go-Live 10/12 – 11/24/26)*

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern **Omnicell** platform. This transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and **Anywhere** RN, which enables remote medication queuing for Omnicell dispensing within **PowerChart** and **FirstNet**.

NOTE: For more information about Oracle Cerner Omnicell Anywhere RN, click here. Additional training materials and resources are available on the Omnicell Training website, and education for this transition will be provided through HealthStream.

WHY: This transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

WHEN: **Monday, October 12, 2026 – Tuesday, November 24, 2026**

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

- Acute/Inpatient
- ED
- Peri-Op
- WIC (Gorham and Windham)

At the following NLH Member Organization(s):

- Mercy

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

- **Anesthesia and Pharmacy:** Omnicell XT Anesthesia Workstation *(Go-Live: October 12)*
- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets *(Go-Live: October 26)*
- **Pharmacy:** Omnicell Controlled Substance Manager *(Go-Live: November 24)*

Omnicell Technology Conversion – Acadia *(Go-Live 11/10 – 11/17/26)*

WHAT: Northern Light Health is moving from its existing BD Pyxis system to the modern **Omnicell** platform. This transition will introduce automated dispensing cabinets, anesthesia workstations, central pharmacy dispensing solutions, and **Anywhere** RN, which enables remote medication queuing for Omnicell dispensing within **PowerChart** and **FirstNet**.

NOTE: For more information about Oracle Cerner Omnicell Anywhere RN, click here. Additional training materials and resources are available on the Omnicell Training website, and education for this transition will be provided through HealthStream.

WHY: This transition standardizes and modernizes medication management technology across Northern Light Health to support a smoother, more efficient process for managing medications in daily patient care and pharmacy settings.

WHEN: **Tuesday, November 10, 2026 – Tuesday, November 17, 2026**

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

- Acute/Inpatient

At the following NLH Member Organization(s):

- Acadia Hospital

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

- **Clinical Staff and Pharmacy:** Omnicell XT Automated Dispensing Cabinets *(Go-Live: November 10)*
- **Pharmacy:** Omnicell Controlled Substance Manager *(Go-Live: November 18)*
- **Anesthesia (ECT) and Pharmacy:** Omnicell XT Anesthesia Workstation *(Go-Live: November 10)*

Physicians, Physician Assistants, Nurse Practitioners

Ambulatory/WIC

Quest Order Naming Update

WHAT: The following order descriptions have been updated from NAAT to PCR:

- 10186 – Epstein-Barr Virus DNA, Quantitative, Real-Time PCR, Plasma
- 10600 – Cytomegalovirus DNA, Quantitative Real-Time PCR, Plasma

WHY: The order descriptions are being updated to reflect the current PCR testing method, as the NAAT method is no longer in use.

WHEN: **Thursday, October 29, 2026**

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

- Acute/Inpatient (to include ED)
- Ambulatory/WIC

At the following NLH Member Organization(s):

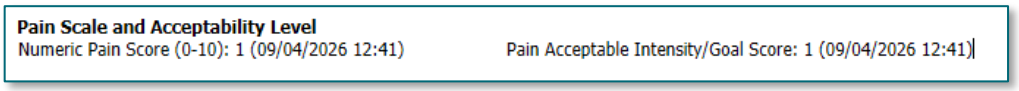
- All NLH Locations (excluding Acadia and Mayo)

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

- Clinical Staff
- Providers

NEW Pain Scale Auto Text

WHAT: A new auto text **/pain_scale** will be available. The auto text automatically pulls pre- and post-procedure pain scores from iView, eliminating the need for manual lookup.



WHY: The auto text reduces manual data entry in clinical notes and increases documentation efficiency.

WHEN: **Monday, November 2, 2026**

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

- Acute/Inpatient
- Ambulatory/WIC
- ED
- Peri-Op

At the following NLH Member Organization(s):

- All NLH Locations (excluding Mayo)

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

- Clinical Staff
- Providers

Emergency

Quest Order Naming Update

WHAT: The following order descriptions have been updated from NAAT to PCR:

- 10186 – Epstein-Barr Virus DNA, Quantitative, Real-Time PCR, Plasma
- 10600 – Cytomegalovirus DNA, Quantitative Real-Time PCR, Plasma

WHY: The order descriptions are being updated to reflect the current PCR testing method, as the NAAT method is no longer in use.

WHEN: **Thursday, October 29, 2026**

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

- Acute/Inpatient (to include ED)
- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Locations (excluding Acadia and Mayo)

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

- Clinical Staff
- Providers

NEW Pain Scale Auto Text

WHAT: A new auto text **/pain_scale** will be available. The auto text automatically pulls pre- and post-procedure pain scores from iView, eliminating the need for manual lookup.

WHY: The auto text reduces manual data entry in clinical notes and increases documentation efficiency.

WHEN: **Monday, November 2, 2026**

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

- Acute/Inpatient
- Ambulatory/WIC
- ED
- Peri-Op

At the following NLH Member Organization(s):

- All NLH Locations (excluding Mayo)

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

- Clinical Staff
- Providers

Inpatient

Quest Order Naming Update

WHAT: The following order descriptions have been updated from NAAT to PCR:

- 10186 – Epstein-Barr Virus DNA, Quantitative, Real-Time PCR, Plasma
- 10600 – Cytomegalovirus DNA, Quantitative Real-Time PCR, Plasma

WHY: The order descriptions are being updated to reflect the current PCR testing method, as the NAAT method is no longer in use.

WHEN: **Thursday, October 29, 2026**

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

- Acute/Inpatient (to include ED)
- Ambulatory/WIC

At the following NLH Member Organization(s):

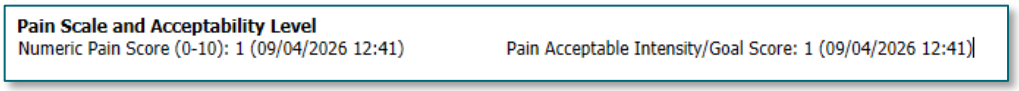
- All NLH Locations (excluding Acadia and Mayo)

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

- Clinical Staff
- Providers

NEW Pain Scale Auto Text

WHAT: A new auto text **/pain_scale** will be available. The auto text automatically pulls pre- and post-procedure pain scores from iView, eliminating the need for manual lookup.



WHY: The auto text reduces manual data entry in clinical notes and increases documentation efficiency.

WHEN: **Monday, November 2, 2026**

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

- Acute/Inpatient
- Ambulatory/WIC
- ED
- Peri-Op

At the following NLH Member Organization(s):

- All NLH Locations (excluding Mayo)

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

- Clinical Staff
- Providers

Patient's Own Insulin Pump Workflow

WHAT: A new standardized workflow has been implemented for hospitalized patients who continue to self-manage their own insulin pump. The workflow establishes a consistent process for assessing whether a patient can safely continue using their insulin pump during hospitalization and introduces new orders, documentation requirements, and monitoring responsibilities for the interdisciplinary care team.

The new workflow includes:

- A **Patient's Own Insulin Pump PowerPlan** for provider ordering
- Standardized documentation of insulin pump information and settings

- A **Patient Agreement to Self-Manage Insulin Pump**
- An **Insulin Pump Information Sheet**
- An **Insulin Pump Bedside Logbook**
- Nursing assessment and documentation requirements, including reassessment of the patient's ability to safely self-manage the pump at least every 12 hours

For more information regarding Inpatient Nursing workflows, click here.
For more information regarding Inpatient Provider workflows, click here.

WHY: To improve patient and medication safety by establishing a consistent, organization-wide process for patients who continue to use their own insulin pump while hospitalized. The new workflow ensures that insulin pump therapy is appropriately assessed, ordered, monitored, and documented in the medical record, while clearly defining responsibilities for the patient and interdisciplinary care team.

WHEN: **Wednesday, November 4, 2026**

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

- Acute/Inpatient

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

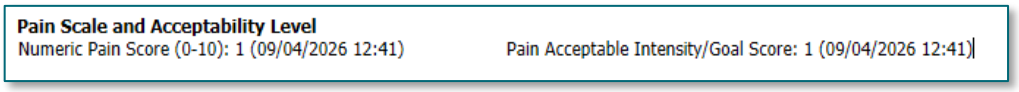
WHO: **The change will affect the following staff at the above noted locations:**

- Inpatient Nurses
- Inpatient Pharmacists
- Inpatient Providers

Peri-Op

NEW Pain Scale Auto Text

WHAT: A new auto text **/pain_scale** will be available. The auto text automatically pulls pre- and post-procedure pain scores from iView, eliminating the need for manual lookup.



WHY: The auto text reduces manual data entry in clinical notes and increases documentation efficiency.

WHEN: **Monday, November 2, 2026**

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

- Acute/Inpatient
- Ambulatory/WIC
- ED
- Peri-Op

At the following NLH Member Organization(s):

- All NLH Locations (excluding Mayo)

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

- Clinical Staff
- Providers

Therapies: Respiratory

Inpatient/ED Only

Respiratory Therapy Anywhere RN Functionality

WHAT: Respiratory Therapists will now be able to use **Anywhere RN**, which supports remote medication queuing for Omnicell dispensing within **PowerChart** and **FirstNet**.

NOTE: For more information about Oracle Cerner Omnicell Anywhere RN, click here.

WHY: The update provides Respiratory Therapists with the ability to queue medications directly from Oracle Health (Cerner), supporting more efficient medication retrieval.

WHEN: **Wednesday, November 4, 2026**

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

- Acute/Inpatient
- ED

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 starting on noted dates:**

- Respiratory Therapists