



NEXT External Release Notes 2025.9

Release Overview

This release delivers a powerful mix of new integrations, visibility tools, and clinical enhancements—all designed to streamline operations, strengthen compliance, and improve care coordination across your communities.

From expanding data connectivity through our new **Integrator API** to delivering deeper insights with enhanced **reporting and tracking tools**, this update helps teams work more efficiently, communicate more clearly, and stay focused on resident care.

Highlights

- **Integrator API** – Enable secure, real-time data exchange with partner platforms through a standardized, permission-based interface.
- **Clinical Reporting Enhancements** – Access three powerful new reports—**Unscheduled Services**, **Service Plans by Provider**, and **Evaluation Status**—for deeper operational insight and care transparency.
- **Plan of Care eSign** – Simplify signature collection and tracking with built-in eSign capabilities directly within the Resident Chart.
- **New State Form: PA ARL Documentation of Medical Evaluation** – Generate a compliant, auto-filled form to meet Pennsylvania ARL requirements.
- **Service Delivery Tab in Schedule** – View and export service delivery details without leaving your schedule.
- **EMAR Enhancements** – Strengthen medication management with smarter duplicate detection, improved order tracking, and an all-new Potential Duplicate Dashboard.

Each enhancement in this release is built to increase efficiency, accuracy, and confidence across your workflows—helping your teams deliver exceptional care with greater visibility and control.

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Integrator API

We're excited to announce the **Integrator API**, designed to give partner platforms secure, real-time access to resident data through a standardized interface. This new API streamlines data sharing while maintaining strict control over what information is shared and with whom.

Overview

The Integrator API provides partner systems with segmented access to resident data—such as census and demographic details—based on permissions defined for each integration. It also supports **real-time updates** via webhooks, ensuring partners receive immediate notifications when resident data changes.

Core Features

- **Partner Identity & Access Management**
Partners receive unique, AWS-managed credentials to securely access data according to established business agreements.
- **Real-Time Data Notifications**
Webhook subscriptions allow partners to automatically receive updates as resident data changes, filtered by the event types they choose.
- **Secure Authentication**
All API access is controlled through partner-specific credentials, ensuring data privacy and compliance.
- **Streamlined Partner Onboarding**
Partners receive a welcome email with credential setup instructions and API documentation, providing immediate access to authorized data domains.

Clinical

New Report: Unscheduled Services Report

Give teams and families a clear view of extra care provided between planned visits.

We've added a new **Unscheduled Services Report** to help communities easily track all confirmed unscheduled services within a selected date range.

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What's New

A streamlined, embedded report that lists every unscheduled service completed outside of scheduled service plans. View key details and roll-up totals to understand what extra care is being delivered.

Report Details

Columns include:

- **Resident Name** – Residents who received an unscheduled service during the selected date range.
- **Service Type** – The type of unscheduled service that was provided.
- **Completed Date/Time** – When the service was completed.
- **Minutes** – Confirmed time spent on each service.

Note: The report includes all confirmed unscheduled services in the date range selected, including entries with zero minutes.

Totals & Insights

At the bottom of the report, view:

- **Total Minutes** – A grand total of all confirmed minutes across listed services.

Why It Matters

- **Transparent family communication** – Clearly show the extra care provided between scheduled services.
- **Care level justification** – Use documented minutes and visits to support care level reviews and updates.
- **Operational insight** – Identify trends in unscheduled service demand by resident and service type.

Where To Find It

Go to **Clinical > Reports > Unscheduled Service Report** to open the report.



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← Reports

☰ **Unscheduled Service Report** ▾

Completed Date Resident Name

▾ ▾

Resident Name ↕	Service Type ▾	Completed Date ▾	Time ↕	Minutes ▾
Anderson, Donna	Activities: Reminders	07/03/2025	03:29 PM	10
Holzworth, Katie	Ambulation: Cueing/Standby	05/09/2025	03:42 PM	5
Holzworth, Katie	Activities: Reminders	06/13/2025	04:09 PM	10
Holzworth, Katie	Activities: Reminders	09/05/2025	12:52 PM	10
Morth, Howard	Ambulation: Cueing/Standby	03/22/2025	08:18 PM	5

SUMMARY ▾ **40**

5 rows – 6 columns Total Minutes ▾

New Report: Service Plans by Provider

See exactly which services are assigned to which provider roles—bringing clarity to workload and care coverage.

We've added a new **Service Plans by Provider** report to give clinical teams an at-a-glance view of every resident's active service plan and the roles responsible for each service.

Why It Matters

- **Better visibility** – Review provider assignments and confirm that each service plan has the right provider coverage.
- **Improved accuracy** – Quickly spot gaps or overlaps in scheduled care.

What's in the Report

The report organizes all active service plans by provider role, displaying key service and scheduling details.

Columns include:

- **Time** – Scheduled time of day for each service.
- **Resident Name** – Displays resident last and first name.

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- **Unit** – The resident’s current unit or room.
- **Service Name** – The scheduled service type.
- **Minutes** – Duration of the service in minutes.
- **Hours/Month** – Average monthly hours, calculated by service frequency.
- **PRN** – Indicates if the service is PRN (Yes/No).
- **Days** – Days of the week the service is scheduled (M, Tu, W, Th, F, Sa, Su).
- **Role** – Provider role assigned to the service.
- **Recurrence** – Planned frequency of the service.

At the bottom, you’ll find a **Totals** line summarizing total minutes and hours per month across all services.

Filters are available to view data by Resident, Service, Role, Time or PRN status.

How Totals Are Calculated

- Monthly hours are based on an average month length of **30.438 days**.

Where to Find It

Go to **Clinical > Reports > Service Plans by Provider** to open the embedded report.

← Reports

Provider Service Plan

Resident: (3) Holzworth, Katie, Anderson, Donna Jean, H... | Service Name: Select values | Role: Select values | Time: Select values | PRN: Select values

Service Plan by Provider Role

Community	Time	Resident	Unit	Service Name	Minutes	Hrs Mnth	PRN	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Role	Recurrence
Red-Door House	6:00 PM	Anderson, Donna Jean	04	Weight Check	0	0.00	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	AM	Anderson, Donna Jean	04	Transfer Ind	0	0.00	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	Bedtime	Holly, Houston	08	Transfer Ind	0	0.00	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	PM	Anderson, Donna Jean	04	Transfer Ind	0	0.00	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	AM	Holzworth, Katie	02	Transfer Assist 1	10	5.05	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	NOC	Holzworth, Katie	02	Transfer Assist 1	10	5.05	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	PM	Holzworth, Katie	02	Transfer Assist 1	10	5.05	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	AM	Holzworth, Katie	02	Toileting: Assist of 1	5	2.53	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	Mid day	Holzworth, Katie	02	Toileting: Assist of 1	5	2.53	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	PM	Holzworth, Katie	02	Toileting: Assist of 1	5	2.53	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	AM	Holzworth, Katie	02	Safety Checks	5	2.53	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	NOC	Holzworth, Katie	02	Safety Checks	5	2.53	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	PM	Holzworth, Katie	02	Safety Checks	5	2.53	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	AM	Anderson, Donna Jean	04	Behavior: Wandering	10	5.05	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	AM	Holly, Houston	08	Behavior: Wandering	10	5.05	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	AM	Holzworth, Katie	02	Behavior: Wandering	10	5.05	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	NOC	Anderson, Donna Jean	04	Behavior: Wandering	10	5.05	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	NOC	Holzworth, Katie	02	Behavior: Wandering	10	5.05	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	PM	Anderson, Donna Jean	04	Behavior: Wandering	10	5.05	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	AM	Anderson, Donna Jean	04	Behavior: Verbally inappropriate	10	5.05	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	PM	Anderson, Donna Jean	04	Behavior: Verbally inappropriate	10	5.05	No	X	X	X	X	X	X	X	Caregiver	DAILY
Red-Door House	PRN	Holzworth, Katie	02	Behavior: Redirection	15	0.25	Yes								Caregiver	AS_NEEDED
SUMMARY					640	312.61	53.53									
72 rows - 26 columns					Total Minutes	Total Hrs	Sun Hrs/Mo	Mon Hrs/Mo	Tue Hrs/Mo	Wed Hrs/Mo	Thu Hrs/Mo	Fri Hrs/Mo	Sat Hrs/Mo			

New Report: Evaluation Status

Get a complete view of every evaluation—its progress, participants, and history—all in one place.

The new **Evaluation Status Report** gives Clinical Providers and above a centralized way to monitor evaluations across all residents and prospects. See where each evaluation stands, who’s involved, and how it’s progressed through each stage.



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Why It Matters

- **Full transparency** – Track evaluation progress from creation through review to ensure timely completion and compliance.
- **Faster follow-up** – Quickly identify overdue or pending evaluations and address workflow bottlenecks.
- **Audit-ready visibility** – Access complete lifecycle details, including timestamps and user roles, in one place.

What's in the Report

This report consolidates every evaluation in the system into a single, sortable table with powerful filtering options by **evaluation type**, **status**, **date range**, and **resident/prospect name**.

Summary Columns include:

- **Status** – Current evaluation status (Draft, Completed, Signed, Finalized, Reviewed).
- **Completed On Date** – When the evaluation was completed.
- **Resident** – Full name of the resident or prospect.
- **Unit** – Current unit or room (if assigned).
- **Evaluation** – Name or title of the evaluation.
- **Score** – Evaluation score (if applicable).
- **Completed By Name** – Name of the staff member who completed the evaluation.
- **Person Type** – Indicates whether the record belongs to a Resident or Prospect.

Drill-Down: Lifecycle Details

Expand any row to view the full evaluation history, including timestamps and the users responsible for each stage:

- **Created** – Date/time, person, and title of the creator.
- **Completed By** – Date/time, person, and title of the completer.
- **Signed** – Date/time, person, and title of the signer (if applicable).
- **Finalized** – Date/time, person, and title of the finalizer.
- **Reviewed** – Date/time, person, and title (if the evaluation was reviewed).

Note: Lifecycle details load dynamically as you expand each row—no page refresh required.



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← Reports

Evaluation Status Report

Status	Completed On Date	Resident	Unit	Evaluation	Score	Completed By Name	Person Type
Draft	> 09/01/2025	Black-Green, Hudson	19	Pet Safety Eval	---	Kern, Myriah	Resident
Completed	> 09/05/2025	Mason, Molly	20	Level of Care	8.98	Kern, Myriah	Resident
Signed	∨ 04/01/2025	Larson, Mike	11	Red Door House Level of Care	5.75	Kern, Myriah	Resident

Activity	Date/Time	Person	Title
Created	08/29/2025 10:15 AM	Kern, Myriah	RN
Completed by	04/01/2025 10:15 AM	Kern, Myriah	RN
Signed	08/29/2025 01:38 PM	Kern, Myriah	RN
Finalized			

Signed	> 08/29/2025	May, Misty	14 - B	Red Door House Level of Care	6	Kern, Myriah	Resident
Completed	> 09/01/2025	Holly, Houston	08	Level of Care	8.46	Kern, Myriah	Resident

Access & Permissions

- Available to **Clinical Providers and above**.
- View-only access—evaluations cannot be edited from within the report.

Where to Find It

Navigate to **Clinical** → **Reports** → **Evaluation Status** to open the report.

Service Delivery Tab in Schedule

Easily view and export service delivery details—right from your schedule.

We've enhanced the **Schedule** module with a new **Service Delivery** tab, giving clinical teams a unified view of scheduled and completed services alongside their delivery status and notes. This improvement helps providers and coordinators monitor care delivery in real time—without switching between modules.

Why It Matters

- **Better visibility** – See all scheduled, completed, and missed services directly within the Schedule view.
- **Improved coordination** – Bridge the gap between clinical and billing teams with shared, consistent data.
- **Simplified auditing** – Access and export delivery data for reviews and compliance in one place.

What's New

A new **Service Delivery** tab appears in the **Schedule** module for Clinical Providers and above.

From here, users can **view, filter, sort, and export** service delivery information in read-only format.

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Report Columns

The tab includes detailed, sortable columns (customizable by user):

- **Scheduled** – Scheduled date/time of the service. For unscheduled or PRN services, shows the actual completion date/time.
- **Resident** – Displays resident name (Last, First).
- **Service** – The service catalog name.
- **Notes** – Notes recorded in Daily Care.
- **Minutes** – Planned or actual minutes if adjusted at delivery.
- **Status** – Service completion state: *Completed, Not Completed, Missed, Review, or No Status*.
- **Unscheduled** – Indicates if the service was unscheduled (Yes/No).
- **PRN** – Indicates if the service was PRN (Yes/No).

Optional Columns:

- **Cancel Reason** – Reason for cancellation, if applicable.
- **Provider** – Assigned provider.
- **Service Plan ID** – Reference ID for the associated service plan.

Sorting, Filtering & Search

- **Sorting:** All columns are sortable; default order is reverse chronological by Scheduled Date/Time.
- **Filtering:** Filter by any column value for targeted analysis.
- **Search:** Perform partial or full-text searches across all fields.

Access & Permissions

- **Available To:** Clinical Providers and above
- **Location:** **Schedule** → **Service Delivery**
- **Access Type:** Read-only view with filtering and export capabilities

Date Range

The Service Delivery tab displays data from **45 days into the past**, giving teams full visibility into recent care activity.

The new Service Delivery tab centralizes schedule and care delivery data—helping teams stay aligned, efficient, and informed about every service provided.

Enhancement: Evaluation Configuration & Scheduling

Easily clear outdated scoring and scheduling settings for a cleaner, more accurate evaluation setup.



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We've added new flexibility in managing evaluation configurations—making it simpler to reset scoring groups or scheduling rotations when evaluation setups need to change.

Clear Scoring Group Configurations

You can now completely clear all **Scoring Group** configurations from an evaluation when adjustments are needed.

What's New:

- Select **"None"** to remove all existing scoring groups.
- A **confirmation message** appears before changes are saved.
- Once saved with "None," scoring details are permanently cleared and must be reconfigured if needed later.

Why It Matters:

This improvement streamlines configuration updates and helps ensure evaluation scoring reflects your current assessment needs—without unnecessary complexity.

Clear Scheduling Rotations

Community Managers now have the ability to unschedule evaluations directly, helping maintain accurate, up-to-date schedules.

What's New:

- Mark evaluations as **"No Schedule"** to remove outdated or unused rotations.
- Automatically **clears cloned schedule configurations** and **unenrolls residents** from those evaluations.
- Includes a **confirmation message** before saving to prevent accidental removal.

Why It Matters:

This enhancement keeps evaluation schedules current and relevant—reducing clutter and ensuring that only active, accurate schedules remain in use.

Plan of Care eSign

We've introduced a streamlined way to collect and track Plan of Care signatures directly within the Resident Chart using eSign. This feature enhances efficiency, reduces manual steps, and provides clear visibility into the status of signature requests.

Highlights

- **Request Signatures:** New option in the **Actions** menu for the **Plan of Care** section.
- **Guided Workflow:** A new "Request Signatures" modal walks users through selecting an effective date, preparer, signer, and recipient email.
- **Smart Email Handling**
 - Automatically detects and displays available contact/resident email addresses.
 - Allows adding a new email directly within the modal.
 - Saves new addresses when added to a resident or contact record.



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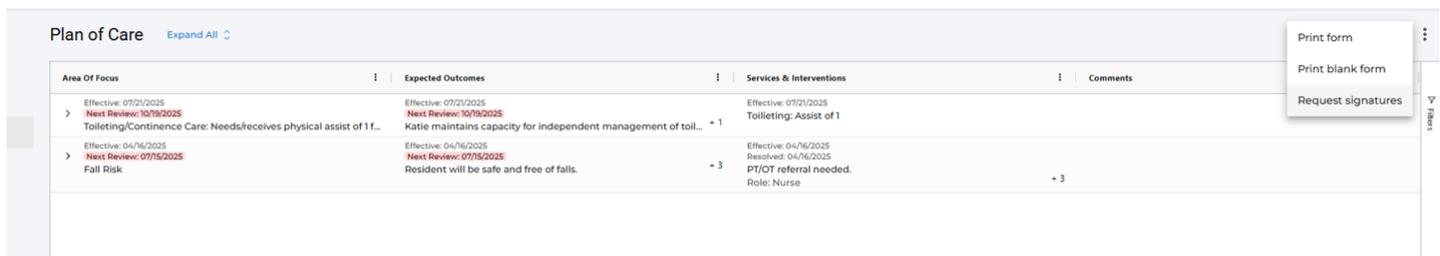
- **Include Comments Toggle:** Option to include or exclude comments and review activity when sending forms.
- **Real-Time Feedback:** Confirmation messages display when new emails are saved or when signature requests are sent or fail.

Access

- Available to **Clinical Providers** and above.
- Only visible when **eSign** is enabled for the community and **Plan of Care** is configured in Clinical Configuration.

Navigation

- **Resident Chart > Services > Plan of Care > Actions > Request Signatures**



Area Of Focus	Expected Outcomes	Services & Interventions	Comments
Effective: 07/21/2025 Next Review: 10/19/2025 Toileting/Continence Care: Needs/receives physical assist of 1 f.	Effective: 07/21/2025 Next Review: 10/19/2025 Katie maintains capacity for independent management of toil.. + 1	Effective: 07/21/2025 Toileting: Assist of 1	
Effective: 04/16/2025 Next Review: 07/15/2025 Fall Risk	Effective: 04/16/2025 Next Review: 07/15/2025 Resident will be safe and free of falls. + 3	Effective: 04/16/2025 Rescheduled: 04/16/2025 PT/OT referral needed. Role: Nurse	+ 3

New State Form: PA ARL Documentation of Medical Evaluation

Easily generate a compliant medical evaluation form for Pennsylvania ARL communities.

We've added a new **ARL Documentation of Medical Evaluation** printed form to meet Pennsylvania state regulatory requirements. This enhancement ensures that medical evaluation details can be produced directly from your system—accurately and efficiently.

What's New

- A standardized **ARL Documentation of Medical Eval** form is now available as a printable document.
- The form automatically pulls key data from **evaluations** and the **resident profile**, minimizing manual entry.
- The workflow includes setting up the evaluation, completing the record, and printing the form directly from the resident's profile.

Why It Matters

- **Regulatory compliance** – Meet Pennsylvania ARL documentation standards in an approved format.
- **Time savings** – Automatically populate required fields from existing data.
- **Accuracy & consistency** – Ensure all printed forms align with the resident's most up-to-date evaluation information.

Where to Find It

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Navigate to a resident record, complete the required evaluation, and select **Actions**
 → **Print Evaluation** to generate the form.

Adult Residential Licensing - Documentation of Medical Evaluation (DME)			
Resident Information		Evaluation Information	
Name: Polly PA	Type (Check one) <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> STATUS CHANGE	Date Resident Evaluated: 10/30/2025	Date Form Completed: 10/30/2025
Date of Birth:			
(1) - General Physical Examination	Height: 5'7"	Weight: 230	Pulse Rate: 88
Blood Pressure: 120/80	Temperature: 98.1		
(2) - Medical Diagnoses, Physical / Mental	(3) - Medical Information Pertinent to Diagnoses and Treatment, if applicable		
1. HTN			
2.			
3.			
FOR ADDITIONAL DIAGNOSES, SEE "DIAGNOSES ADDENDUM" BELOW			
(4) Special Health or Dietary Needs	(6) - Immunization History		
<input type="checkbox"/> None <input type="checkbox"/> This resident CAN safely use or avoid poisonous materials <input type="checkbox"/> Secured Dementia Care (For SDCU admissions only) <input checked="" type="checkbox"/> Other - SEE "NEEDS ADDENDUM" BELOW	Are immunizations current? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
	Td/Tdap Date: 10/30/2025	Influenza Date: 10/30/2025	
(5) - Allergies	Other Immunizations (List Date and Type): 10/30/2025		
<input type="checkbox"/> None <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Listed Below: ASA			
(7) - Medications	Ability to Self-Administer Medications - Check all that apply:		
<input type="checkbox"/> None OR SEE "MEDICATION ADDENDUM" BELOW	<input type="checkbox"/> Can self-administer - no assistance from others <input checked="" type="checkbox"/> Can self-administer - assistance to store medications in a secure place <input type="checkbox"/> Can self-administer - assistance in remembering schedule <input type="checkbox"/> Can self-administer - assistance in offering medications at prescribed times <input type="checkbox"/> Can self-administer - assistance in opening container or locked storage area <input type="checkbox"/> Can self-administer some medications but not others - See MED. ADDENDUM OR <input type="checkbox"/> Cannot self-administer medications		

Clinical Fixes & Improvements

Enhanced reliability in clinical data and integration processes.

This release includes important corrections and safeguards to ensure accurate care assignments and smoother data synchronization across integrated systems.

Cares Assignments Restored and Secured

An issue affecting the visibility of **Daily Care services** for residents has been resolved.

- Preventive database updates were applied to strengthen data integrity and prevent similar assignment issues in the future.

Impact: Care assignments now populate correctly for all residents, ensuring full continuity in service delivery and reporting.

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Meal Plan & Legacy ID Sync

Webhooks now trigger when **Legacy IDs** and **Meal Plans** are added through the Billing Sync.

- Validation confirmed successful webhook activity for both fields after updates.
- Note: Allergies continue to sync during the initial migration only, as designed.

Impact: Integration between Billing and NEXT now delivers consistent, real-time updates for meal plans and resident identifiers—improving accuracy and reducing manual reconciliation.

EMAR

Dashboard: Potential Duplicate Medications

Identify and resolve duplicate medication orders quickly—right from your dashboard.

The new **Potential Duplicate Dashboard** gives medication management teams an on-demand view of all possible duplicate medication orders. Designed for **Med Managers and above**, this tool helps prevent medication conflicts, support safer care, and maintain accurate resident profiles.

Why It Matters

- **Proactive safety** – Spot and resolve duplicate medication orders before they cause confusion or risk.
- **Better visibility** – View all flagged potential duplicates in one centralized dashboard.
- **Audit-ready documentation** – Every review action and resolution is logged for accountability.

What's New

Potential Duplicate Determination outside of Receive Orders.

The system automatically identifies potential duplicate medication orders based on:

- **Active Ingredient**
- **Generic Product Identifier (GPI)**

Validation runs automatically when:

- Orders are received from the pharmacy or added to the MAR manually.



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Each match is stored as a **Potential Duplicate** record and appears on the dashboard for review. EMAR automatically revalidates orders if new matches occur later (previous “Not a Duplicate” marks are cleared for re-evaluation).

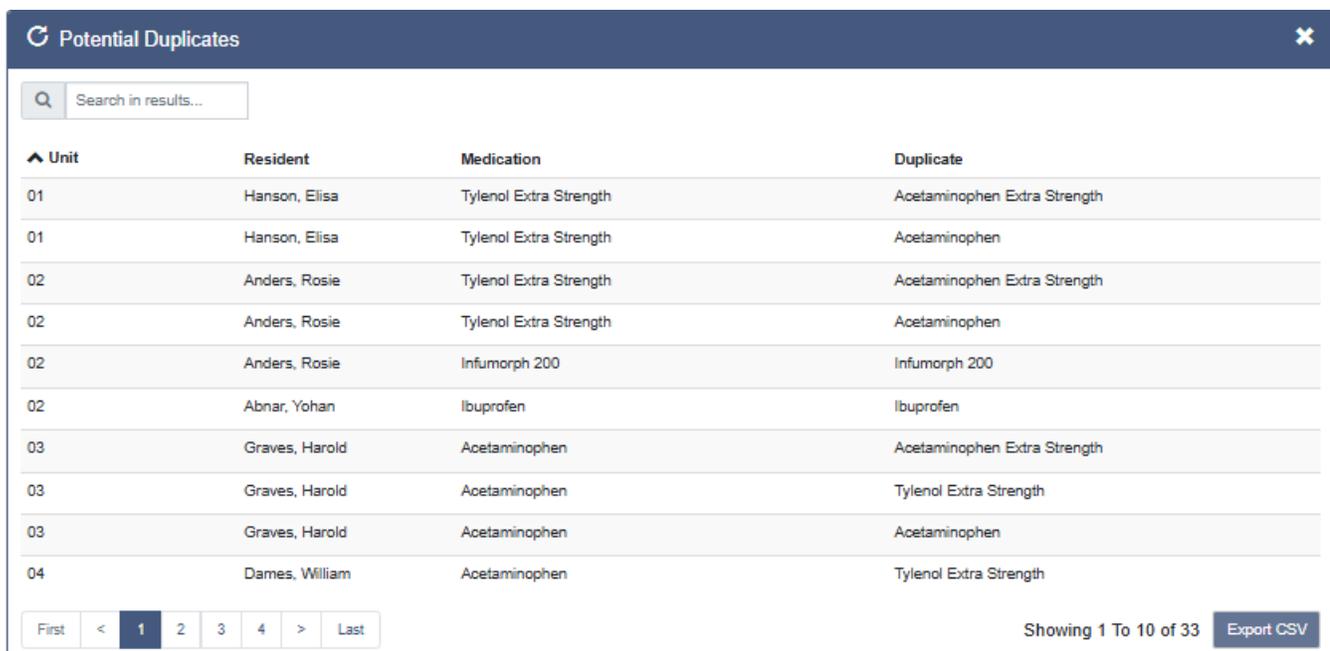
Users can:

- **Mark as “Not a Duplicate”** to clear resolved items from the dashboard.
- **Manage or end** true duplicate orders directly from the dashboard.

Dashboard Widget

A dedicated **Potential Duplicates** widget appears on the dashboard for quick access.

- Includes a **search bar**, **sortable grid**, and **pagination controls**.



Unit	Resident	Medication	Duplicate
01	Hanson, Elisa	Tylenol Extra Strength	Acetaminophen Extra Strength
01	Hanson, Elisa	Tylenol Extra Strength	Acetaminophen
02	Anders, Rosie	Tylenol Extra Strength	Acetaminophen Extra Strength
02	Anders, Rosie	Tylenol Extra Strength	Acetaminophen
02	Anders, Rosie	Infumorph 200	Infumorph 200
02	Abnar, Yohan	Ibuprofen	Ibuprofen
03	Graves, Harold	Acetaminophen	Acetaminophen Extra Strength
03	Graves, Harold	Acetaminophen	Tylenol Extra Strength
03	Graves, Harold	Acetaminophen	Acetaminophen
04	Dames, William	Acetaminophen	Tylenol Extra Strength

Review & End Order Modals

- **Review Duplicates Modal**
Compare two potential duplicates side-by-side. Mark as *Not a Duplicate* or manage the orders directly.

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Review Potential Duplicate



Anders, Rosie
Unit: 02 DOB:01/12/1928
Code Status: Resuscitate

Hide Details

Allergies

DRUG: Penicillin -
MODERATE_TO_SEV:
- hives. rash

Diagnoses

Essential (primary)
hypertension
Hypertension: New

Diet

Likes: Fruits
Dislikes: Vegetables
Low Sodium

Medication 1

Infumorph 200 ⓘ
High Alert Medication

1 APPLICATION(200 MG/20ML (10 MG/ML))
Place under tongue as needed for pain
Drug Code (NDC): 00841603901
RX: ATM565
FON: ATM565
Start Date: 08/29/2025 00:00

Source: Internal
Schedule: PRN
Passing Times: PRN

Manage End Order

Medication 2

Infumorph 200 ⓘ

1 APPLICATION(200 MG/20ML (10 MG/ML))
Place under tongue as needed for pain
Drug Code (NDC): 00841603901
RX: ATM564
FON: ATM564
Start Date: 09/08/2025 08:31

Source: Internal
Schedule: PRN
Passing Times: PRN

Manage End Order

Mark Pair as Not A Duplicate Close

- **End Order Modal:**

- End a medication order safely with required **reason/note entry** and **date/time validation**.
- The system prevents early terminations if the end date precedes the last administration.

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End Order



Anders, Rosie
Unit: 02 DOB:01/12/1928
Code Status: Resuscitate

Allergies
DRUG: Penicillin -
MODERATE_TO_SEV:
- hives, rash

Diagnoses
Essential (primary)
hypertension
Hypertension: New

Diet
Likes: Fruits
Dislikes: Vegetables
Low Sodium

Hide Details

Infumorph 200 ⓘ
High Alert Medication

1 APPLICATION(200 MG/20ML (10 MG/ML))
Place under tongue as needed for pain

Stop Existing Order On: November 1, 2025  PRN

Preview Schedule

Oct 2025	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun							
← Nov 2025 →	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
PRN	S1																														

Reason for editing the order

Reason:

Note:

Audit Tracking

Every time a user marks a pair as *Not a Duplicate*, an **Ignore Duplicate** audit entry is created, logging:

- Date/time of action
- User details
- Resident and medication information
- Comments entered at the time of dismissal

This ensures full traceability for all duplicate resolution activities.

Where to Find It

Navigate to your EMAR **Dashboard** and add the **Potential Duplicates** widget (if not already visible).

Use this view to:

- Review all flagged medication pairs.
- Validate or dismiss duplicates.

NEXT Release Notes

- End orders safely with complete audit tracking.

The Potential Duplicate Dashboard brings medication safety to the forefront—helping teams maintain clean medication profiles, reduce duplicate risks, and strengthen clinical oversight.

Enhancement: Physician Order Sheet

Clearer physician documentation with added print and signature lines.

To improve clarity and compliance on printed records, the **Physician Order Sheet** now includes a designated line for the physician's printed name in addition to the existing signature line.

What's New

- A new line appears directly below the **Physician Signature** line for easier identification.
- Both **Signature** and **Date** fields are clearly labeled and aligned for consistent presentation.

Why It Matters

- **Improved legibility** – Ensures each physician's name is clearly displayed alongside their signature.

Medication and Treatment Deletion Capability

We've added a new permission-based feature that allows authorized users to **delete medications or treatments entered in error**, helping maintain clean and accurate medication lists in the MAR/TAR.

Med Managers and above can now remove medications or treatments that were entered incorrectly, provided the order has **no administration history**. This enhancement supports better data accuracy while maintaining full audit visibility.

Medication Management Enhancements

Improved order accuracy, traceability, and duplicate detection.

This release strengthens the accuracy of medication management workflows by improving how orders are tracked, validated, and matched within EMAR.

Track User & Witness Details in Order History



NEXT Release Notes

Medication order history now includes clear visibility into **who created** each order.

- User information is automatically saved and displayed within **Manage Order History** and **Manage Order Details**.
- Provides full transparency into order creation for stronger compliance and audit tracking.

Why it matters: Teams can easily confirm order origin and accountability—improving documentation accuracy and oversight.

Smarter Duplicate & Mismatch Detection

Order matching logic has been refined to prioritize **Generic Product Identifier (GPI)** comparison before matching by medication name.

- An order is only flagged as a mismatch when **both** GPI and medication names differ.
- Reduces false mismatch alerts for refills and renewals.

Why it matters: Increases confidence that mismatch alerts reflect true discrepancies—saving time and reducing confusion during reconciliation.

Accurate GPI Assignment from NDC

EMAR now automatically retrieves the correct GPI from the medication library if not provided by pharmacy integration.

- Enhances duplicate detection and order matching logic for safety and consistency.

Why it matters: Strengthens data accuracy and supports safer medication management by ensuring every order carries the right GPI information.

EMAR Fixes & Improvements

This release includes several important updates to improve accuracy, reliability, and consistency across EMAR medication workflows.

These enhancements ensure smoother daily operations, correct data handling, and a more predictable user experience for clinical teams.

Audit Trail – User Filter

The **User Name filter** in the Audit Trail now correctly narrows results to the selected user. Teams can confidently review audit logs by staff members for faster record validation and accountability.

NEXT Release Notes

Potential Duplicate Logic – Improved Order Validation

- EMAR now flags **potential duplicate** orders even when NDCs differ, but GPI values are unavailable.
- PRN medication logic updated to avoid **gaps in availability** during order replacement.

These refinements improve medication safety and ensure uninterrupted resident care.

Order Handling & Schedule Integrity

- Confirmed orders retain their **“New Order – Confirmed”** status after editing.
- The **Save All Edits** button now activates correctly when making any valid change.

Together, these updates ensure accurate order timing and consistent status handling during medication reconciliation.

Medication Profile Enhancements

- The **“New Order”** badge now displays on Medication Profiles.
- **Self-admin orders** from pharmacies now display and schedule correctly in the MAR.
- The **Stop/Discontinue** button is available for Organization Administrators.

These updates restore the expected functionality and improve medication profile accuracy for all users.

Medication Display & Cycle Logic

- The **Bio Tests modal** now displays **Generic Names** for clarity and consistency.
- Custom cycle creation no longer triggers validation errors when only one schedule row is used.

Rx30 – Pharmacy Integration

We're thrilled to announce our new integration with **Rx30 Pharmacy**, expanding seamless data exchange between your community and pharmacy partners. This integration enables real-time syncing of medication details, ensuring greater accuracy and efficiency in resident care.

