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**PLEASE READ: Inpatient Provider APeX Updates - May 2025 (Effective 5/13/25)**

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**From** Disseminate Apex changes/updates to UCSF faculty <APEX\_INPT\_PROV@LISTSRV.UCSF.EDU>  
on behalf of

Nord, Devin <0000004da690cc66-dmarc-request@LISTSRV.UCSF.EDU>

**Date** Tue 2025-05-06 2:46 PM

**To** APEX\_INPT\_PROV@LISTSRV.UCSF.EDU <APEX\_INPT\_PROV@LISTSRV.UCSF.EDU>

## Inpatient Provider APeX Updates - May 2025

Inpatient Provider

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**Unless otherwise indicated, go-live for these changes is:**

**Tuesday, May 13, 2025**

## Lab Centralization and Modernization (Beaker)

**Audience:** UCSF and BCH Providers

**Change:** On **May 31, 2025**, UCSF Health will transition to Beaker, a modern and intuitive laboratory information system (LIS) integrated with APeX, our electronic health record platform. Beaker will replace

Sunquest, Cerner CoPath, and most SCC Soft products currently in use at UCSF Health & BCH Oakland locations.

### Training:

This change will impact all providers and clinical support staff involved in specimen collection or processing. To ensure a smooth transition and maintain our high standards of patient care, comprehensive training will be provided.

### Training Components:

#### eLearning Module:

- A designated eLearning module will be available for completion. This module is designed to provide detailed information about the new processes and procedures. It will be accessible online, allowing you to complete it at your convenience.

#### Tip Sheets:

- In addition to the eLearning module, tip sheets will be provided. These documents will offer quick reference guides and practical tips for the new system. Review of these tip sheets is essential as they become available to ensure you are up-to-date with the latest information.

#### Action Required:

- **Complete the eLearning Module:** All providers and clinical support staff must complete the designated eLearning module. Instructions on accessing and completing the module will be provided shortly.
- **Review Tip Sheets:** Regularly check for new tip sheets and review them thoroughly. These will be available on the APeX Training Knowledge Bank.
  - [Inpatient Provider Lab Collection Process with Beaker Online Training](#)
  - [INP: Providers Lab Collection Process with Beaker](#)
  - [INP: Providers Ordering Add-on Labs](#)
  - [INP: Providers Ordering Blood Products](#)
  - [AMB/INP: Providers Surgical Pathology/Bone Marrow Add-ons](#)
  - [AMB/INP: Providers Sign and Hold Lab Orders for Radiology Procedures](#)

Additional resources are available in the [APeX Training Knowledge Bank](#) and on the [Lab Centralization and Modernization | APeX Hub](#).

## Beaker/Spring 2025 Upgrade Training Zoom Support

APeX Upgrade support will be available from **Saturday, May 31<sup>st</sup>, to Monday, June 2<sup>nd</sup>**, from **7 am to 5 pm**. For assistance, click the **APeX Training Support** button on the Epic toolbar to launch the Zoom training support bridge.



*APeX Training Support on Hyperspace toolbar*

## Updates to Pre-Procedural Checklist (ProcDoc)

**Audience:** All Users

**Reason for Change:** Update procedure documentation to reflect the Universal Protocol Policy, as well as to make the pre-procedural process more efficient.

**Go Live Date:** 4/8/2025

**Description & Workflow:** When performing a bedside procedure in the inpatient setting, the recommended APeX tool is the ProcDoc form. The pre-procedural checklist (consent & time out) in all ProcDoc forms has been updated to reflect changes in the Universal Protocol Policy and has also been simplified for a more streamlined checklist experience. Links to the policies have also been included.

The screenshot displays the 'Lumbar Puncture' form in the APeX system. At the top, it shows the procedure name, the provider (Bokser, Seth J., MD), and the date/time (4/16/2025, 3:33 PM). Below this, the 'Consent Process' section is highlighted with a red border. It includes a link to the 'Consent Policy' and a 'Consent' dropdown menu with options: 'Not indicated (minor/low risk)', 'Obtained', and 'Emergency exception' (which is selected and has a red error icon). Below the dropdown, there is a checkbox for 'Written consent form completed by consenting provider and signed by patient, parent, or guardian/surrogate decision maker' with a yellow warning icon. The text 'The informed consent discussion included:' is followed by a list of items: '- Diagnosis and proposed procedure', '- Risks, benefits, side effects, likelihood of success, anticipated recuperation, and alternative options', and '- Patient's questions related to the procedure were answered'. Below this, there is a link to the 'Interpreter Policy' and a 'Certified interpreter' dropdown menu with options: 'Not indicated', 'Used to translate', and 'Used to verify discussion with non-certified interpreter' (which is selected and has a yellow warning icon). The 'Universal Protocol - Time Out Checklist' section is also highlighted with a red border. It includes a link to the 'Universal Protocol Policy' and a checkbox for 'Verified patient, procedure, site, and laterality (if appropriate)'.

*Informaticists: Aris Oates, Katie Grouse*

*SME: Jackie Nemer*

*Analyst: Christy Sedore, David Limas*

## Updates to Line Procedure Documentation (ProcDoc)

**Audience:** All Users

**Reason for Change:** Streamline documentation of various line procedures and only display fields relevant to the type of line.

**Description & Workflow:** Separating the bundled Central Line form into separate forms for the following procedures:

- Central Line
- PICC
- Midline
- Hemodialysis Line

Line: Central      Performed by: Mansour, Karim M. MD  
Authorized by: Mansour, Karim M. MD      View Charges   Providers   Remove

**Pre-procedure details**

Indication(s) ☐ new indication for line   existing line with suspected infection   malfunction of existing line   additional lumen(s) needed

Skin preparation ☐ chlorhexidine & isopropyl alcohol (CloraPrep)   chlorhexidine (Hibiclen, CHG)  
povidone-iodine (Betadine)   other (comment)

Indicate which infection prevention techniques were followed:   Select All   Deselect All

Antiseptic use ☐ antiseptic used during central venous catheter insertion

Skin prep agent dried ☐ skin prep agent completely dried prior to procedure

Hand hygiene ☐ provider performed hand hygiene prior to central venous catheter insertion

All maximal sterile barriers used ☐ all sterile barriers (gloves, gown, cap, mask and large sterile drape) used

If not all, indicate which sterile barriers WERE used:

☐ Gloves   ☐ Gown  
☐ Cap   ☐ Mask

☐ Not all infection prevention techniques above were used due to a medical exception

**Sedation**

Procedural sedation ☐ Yes   No

**Anesthetic agents (see MAR for exact dosages)**

Anesthetic used ☐ none   topical application   local infiltration   nerve block

**Procedure details**

Location ☐ L internal jugular   L subclavian   L femoral  
R internal jugular   R subclavian   R femoral

Patient position ☐ supine   reverse Trendelenburg   Trendelenburg

Catheter type ☐ single lumen   double lumen   triple lumen   quad lumen

Catheter size ☐ 1 Fr   1.4 Fr   2.8 Fr   3.5 Fr   4.5 Fr   5.5 Fr   7.5 Fr   8.5 Fr   9.5 Fr   11 Fr   13 Fr  
1.1 Fr   1.9 Fr   3 Fr   4 Fr   5 Fr   7 Fr   8 Fr   9 Fr   10 Fr   12 Fr   14 Fr

Catheter features ☐ Power Line   ☐ Antimicrobial impregnated

Guidance ☐ ultrasound   ☐ landmarks

Catheter insertion depth (cm)

Number of attempts ☐ 1   2   3 or more

Successful placement ☐ yes   no

Estimated blood loss ☐ <1 mL   <5 mL   other (comment)

**Post-procedure details**

Post-procedure ☐ line sutured   dressing applied   chlorhexidine (CHG) impregnated dressing applied   chlorhexidine (CHG) patch applied   sutureless securement device

Instrument verification ☐ Wire and dilator count verified, all wires and dilators used present and intact, on procedure tray after completion of procedure and prior to disposal  
No wire or dilator used during procedure   other (comment)

Assessment ☐ blood return through all ports   placement verified by x-ray   placement verified by ECG tip location device   other (comment)

Procedure tolerance ☐ tolerated   procedure terminated due to patient's clinical status   procedure terminated at patient's request

Complications ☐ none   unable to advance catheter   unable to cannulate vein   other (comment)

**Comments**

SME: Jackie Nemer

Analyst: Christy Sedore

## New Pre-Procedural Checklists for Lumbar Puncture, Paracentesis, and Thoracentesis (ProcDoc)

**Audience:** All Users

**Reason for Change:** Provide important safety information.

**Go-Live Date:** 4/22/25

**Description & Workflow:** New pre-procedural checklists have been added to Lumbar Puncture, Paracentesis, and Thoracentesis procedures.

Lumbar Puncture

Performed by: Karim M Mansour, MD

Authorized by: Karim M Mansour, MD

View Charges

Providers

Remove

Pre-procedure details

Procedure purpose

diagnostic only

therapeutic and diagnostic

Indications

altered mental status

CNS lesion

demyelinating disease

elevated ICP

encephalitis

headache

meningitis

neuropathy

subarachnoid hemorrhage

other (comment)

Pre-procedure checklist

☐ I have reviewed the recent lab results and confirmed that this patient does not have current nor prior evidence of a coagulopathy that would serve as a contraindication to this procedure

☐ I have confirmed that this patient has not received blood thinning agents that would serve as a contraindication to this procedure

☐ I have confirmed that this patient does not need brain imaging OR I have reviewed the most recent brain imaging and ruled out conditions that would serve as a contraindication to this procedure

☐ I have confirmed that the appropriate labs are ordered for this fluid and have reviewed the amount of fluid to be collected

☐ I have notified the bedside nurse or assistant that I am performing this procedure

Skin preparation

chlorhexidine & isopropyl alcohol (CloraPrep)

chlorhexidine (Hibiclen, CHG)

povidone-iodine (Betadine)

other (comment)

SME: Jackie Nemer

Analyst: Cami Rutledge

## New Patient Prescription Report in Discharge Navigator

**Audience:** UCSF

**Reason for Change:** Provide an efficient way to access information on the status of discharge prescriptions, such as fill status and patient cost, sent to UCSF outpatient pharmacies.

**Description & Workflow:** The current workflow requires you to go to the *Discharge Navigator*, click **Meds to Beds Status**, and then click **RX Details** to access information regarding discharge prescriptions filled at UCSF outpatient pharmacies. This method is not intuitive because the information is hidden within the *Meds to Beds Status*. Adding the patient prescriptions report to the discharge navigator allows more straightforward and more efficient access to patients' discharge prescription status without the need to contact outpatient pharmacies.

Discharge

Discharge
Discharge Readmit
Discharge Checklist
Discharge - Deceased

Discharge Planning
Problem List
Expected Discha...
Discharge Milest...
Meds to Beds St...
Patient Prescripti...
Hospital Service
Pending Referrals
Social Drivers
FindHelp
Booked Appts
Other Follow-up

Discharge Orders
OurPractice Ad...
Cosign Orders
Immunizations
Set Home Pharm...
Rx Routing
Amb Med Dispen...
Discharge Orders

After Visit Summary
Discharge Instru...
Diet Inst
Activity Inst
Educ. Material
Med Sched

Patient Prescriptions

McTest, Pam #80009380 (Acct:30000779) (23 y.o.) (Adm: 09/03/21)
10F-1051-1051-2L

Patient Price is only relevant when the prescription is in the **Ready to Dispense** status. The amount noted is for informational purposes only. Patient Prices are subject to change depending on all terms, conditions, limitations, and exclusions of the member's insurance contract at time of service.

Fill Status	Description
Pending Fill	Fill has been received, but still needs to be adjudicated (billed to insurance), clinically reviewed by a pharmacist, etc.
Ready to Fill	Adjudication, clinical review, and all other blocking flags like the Consult Provider flag, Financial Assistance flag, etc. have been resolved.
Fill Initiated	Prescription label has printed.
Filled	Prescription has been filled.
Ready to Verify	Fill needs pharmacist verification.
Verified	Pharmacist verification is complete.
Ready to Dispense	Fill is ready to be sold.
Picked up	Patient has picked up the fill/prescription is sold.
Delivered	Fill has been delivered via courier or bedside delivery.
Mailed	Fill has been mailed.

Prescription Fills from 4/15/2025 to 4/29/2025  
No prescription fills during this date range.

Close
Previous
Next

Informaticist: Kevin Voong

SME: Elaine Chiang

Analyst: Melissa Chen

## Utilization Management Admission Order Guidance

**Audience:** UCSF Parnassus

**Reason for Change:** Offer a status recommendation to the admitting provider without slowing the process or causing unnecessary disruption and distracting communication requests.

**Description & Workflow:** Admission Status decision-making is the process of selecting Inpatient or Observation Status for the prospective hospitalization of a patient. Presently, this process takes place without support from utilization management.

Following organizational investment in UM-RNs and in keeping with recent Deloitte recommendations, and industry best practices, this process seeks to apply Utilization Management decision support to this process, without slowing or inhibiting the natural evolution of the admission process itself. This process will target admissions from the Emergency Room.

Order guidance displays in the admission order with admission status recommendations from utilization management.

Admit to Inpatient

Utilization Management recommends Observation status

POE Utilization Manager Recommendations

	Value	Time	User
POE Review Recommendation	Place in Observation	4/18/2025 2:46 PM	Davidson, Heather S, RN
POE Contact Method	Phone-On File	4/18/2025 2:46 PM	Davidson, Heather S, RN

Generated on 4/18/25 2:46 PM

Service:

Level of Care: **Acute** Critical Care Transitional Care (TCU/Stepdown)

Attending Physician

Admitting Physician

CUCINA, RUSSELL JOSEPH

Diagnosis

Assign 1st call to treatment team (e.g. your primary team list, like Medicine A1, Peds Hosp Orange 1, Acute Care Surgery Rounding Team, etc. If not sure, select "Provider not confirmed")

PROVIDER, NOT CONFIRMED

Bed request comments

Patient Class: **Inpatient**

Comments: [Add Comments](#)

Next Required Link Order

Accept

Cancel

Informaticist: Natalia Kelley

SME: James Donovan, Jeffrey Echternach

Analyst: Nishawnda Ellis

## New Staff Masking Order

**Audience:** UCSF

**Reason for Change:** Patient safety

**Go Live Date:** 5/1/2025

**Description & Workflow:** When mandatory masking ends on 5/1, a new face mask sign instructing staff who enter a patient's room to don a face mask will be available for ordering by providers.

The following services will continue to require staff masking when caring for patients admitted to any inpatient unit, given the inherently immunocompromised patient populations:

- Adult Hematology, Blood & Marrow Transplant, and Cellular Therapy (HBC)
- Adult Lung Transplant
- Pediatric Solid Organ Transplant

These patients may continue to be in shared rooms unless otherwise indicated (e.g., on immunocompromised precautions or isolation), but staff masking is expected when entering patient room, regardless of which patient in the room the staff is caring for.

Post mask sign on door. All staff are expected to don mask in this patient's room. ✓ Accept ✗ Cancel

Priority:  Routine

Frequency:  Continuous

Starting:  Today Tomorrow For:  Hours Days Weeks

At:  1550

Starting: **Today 1550** Ending: **Until Specified**

Comments: + [Add Comments](#)

Reference Links: 

- [Face Mask Sign](#)

ⓘ Next Required Link Order ✓ Accept ✗ Cancel

SME: Vivian Huang, Michele Downing, Debbie Yokoe

Analyst: Sean Wehrly

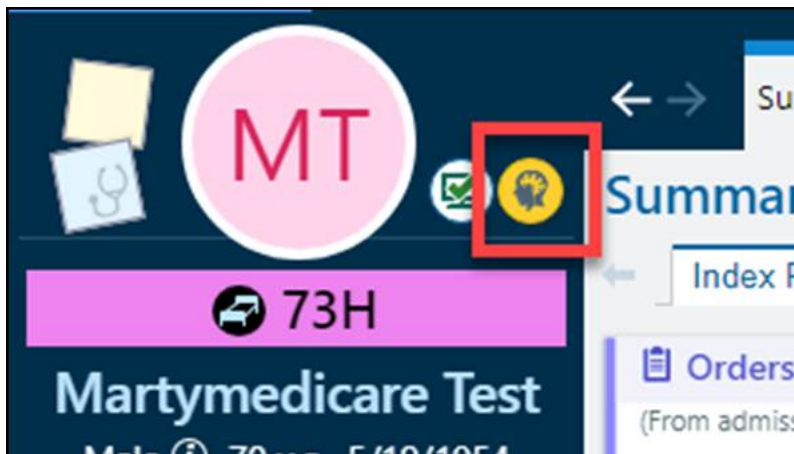
## New Cognitive Impairment Storyboard Alert

**Audience:** UCSF and Marin

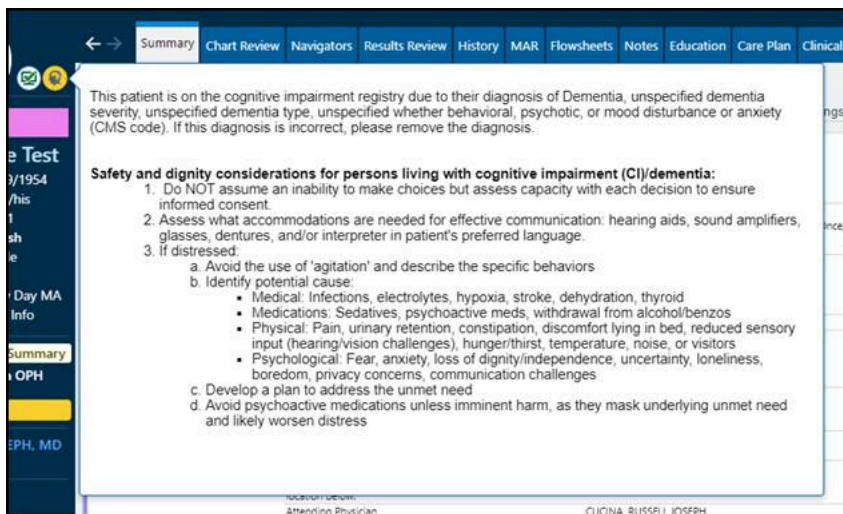
**Reason for Change:** Patients with cognitive impairments need special care, and guidelines for them are not widely known. This update was made to prevent possible workplace violence from confused patients as well as to provide additional context to remind staff to assess for consent for patients with dementia (and to not assume they CAN or CANNOT be consented due to their diagnosis).

**Description & Workflow:** Patients (50 yrs and older) with cognitive impairment get added to the UCSF Dementia Registry.

A new icon will appear at the top of the Storyboard if the patient is on the UCSF Dementia Registry.



Hovering over the icon will provide guidelines for how to care for these patients. This alert will span across all encounters and be automatically added and will remain there unless manually removed.



Informaticist: Tip Tilton

SME: Stephanie Rogers, Sasha Binfordd

Build Analyst: Maggie Polak

## Implementation of ONclick

**Audience impacted:** West Bay, East Bay

**Reason for change:** Our patients are the most vulnerable within the first 30-days following discharge. Navigating appointments and adjusting to new treatments, medications, and lifestyle changes can be difficult for patients and their caregivers.

### Brief description & workflow:

To help offer support during this crucial time, UCSF is partnering with ONclick to offer eligible patients a 30-day transitional care service program after their discharge.

Services include:

- Coordinating care with post-acute providers
- Promoting self-management through education with patients and caregivers
- Linking patients to community resources
- Collaborating with outpatient clinical teams

ONclick will contact eligible patients after discharge to offer their services. Patients can accept or decline this service. If accepted, ONclick will bill Medicare Part B at no cost to the patient.

Eligible patients will have the following message in their After-Visit Summary (AVS) at discharge. Please direct them to contact 1-888-399-0497 or [info@onclickhealth.com](mailto:info@onclickhealth.com) for any questions.

## ONClick Assistance

### ONclick Healthcare Services

You may be eligible for OnClick. OnClick is partnering with UCSF Health to offer our patients a 30-day transitional care service program after their discharge. If you are eligible for services, an OnClick representative will contact you by phone. You have the option to accept or decline this service. If you opt into the program, OnClick will bill Medicare Part B at no cost to you.



The flyer for ONclick Healthcare Services features the company logo and a QR code in the top left. Below them, a paragraph explains the 30-day transitional care program. A central diagram titled 'What We Do...' shows a 'Patient' at the center, surrounded by six service areas: Assess Care, Educate/Provide, Assess/Engage, Assess Community Resources, Manage, and Coordinate. To the right, an illustration of a city skyline and a house is shown above text stating that a Care Navigator will contact the patient within 24-48 hours of discharge. Below this, a bulleted list of services includes confirming well-being, understanding the discharge plan, medication schedule, follow-up appointments, and telehealth visits. A final paragraph mentions continued telephonic monitoring and community resource coordination. At the bottom, a contact number is provided.

**ONclick**  
HEALTHCARE

ONclick Healthcare is a participating Medicare program that provides Transitional Care Management (TCM) to patients post discharge. We partner with hospitals and health plans to bridge the gap by supporting patients in their homes for 30 days from discharge.

**What We Do...**

- Assess Care
- Educate/Provide
- Assess/Engage
- Assess Community Resources
- Manage
- Coordinate

**Patient**

You can reach us at 1-888-399-0497

One of our Care Navigators will contact you within 24-48 hours after discharge where they will:

- Confirm your general well-being.
- Confirm understanding of your discharge plan.
- Make sure you understand your medication schedule.
- Check that you have your follow up appointments scheduled.
- Schedule a follow up telehealth visit with our Nurse Practitioner.

You will have continued telephonic monitoring to assess your health status and provide appropriate intervention as necessary. Community resources and coordination of care with available family members is done on as needed basis.

Please note that claims for OnClick Healthcare Services will be processed under your Medicare Part B plan and are subject to your plan provisions.

SME: Misti Meador

Analyst: Gena Schmidt

## SlicerDicer Go-Live: Wave 3

**Audience:** All Users

**Reason for Change:** Provide additional Self-Service Reporting Tools to all users with Reporting Workbench Access.

**Description & Workflow:** Use SlicerDicer to find data you need to investigate a hunch. You can refine your searches on the fly to better understand the data. In Hyperdrive, examine trends, drill down to line-level details, and jump to related records to follow up.

SlicerDicer has several Essentials tutorials to help you discover the core features, which are accessible in every data model using the Tutorials menu in the upper right corner of the screen. Many data models also have customized Story tutorials that walk you through common workflows specific to the data model.

**Go-Live Date:** May 31, 2025

Learn more about SlicerDicer by reviewing the following eLearning's:

[Overview of SlicerDicer \[RPT050\]](#)

[Creating Populations in SlicerDicer \[RPT051\]](#)

[SlicerDicer Weekly Office Hours until May 29, 2025](#)

Date	Time	Meeting Link
Wednesday's	3:40 pm – 4:30 pm	<a href="#">JOIN</a>
Thursday's	8:10 am – 9:00 am	<a href="#">JOIN</a>

## SlicerDicer Data Models Available in Wave 3

Clinical	Revenue	Operational
Abstracted Surgical Procedures	Medication Billing Transactions	Inpatient Tasks
Anesthesia Records	Medication Inventory Balance Updates	
Births	Medication Inventory Purchase Requests]	
Immunizations Administered	Prescription Adjudications	
Lab Specimens and Test	Buckets (HB)	
Lab Tasks	Open AR (HB)	
Lab Component Results	Open AR (PB)	
NHSN Antimicrobial Usage		
NHSN Patient Days		
Patient Infections		
Patient Isolations		
Pregnancies		
Quality Improvement Abstractions		
Surgeries and Invasive Procedures		
Syndromic Surveillance Events		

## APeX Reporting Upgrade Resources

Review the [Reporting APeX Spring Upgrade 2025](#) Newsletter for all Reporting upgrade changes. These changes include Reporting Workbench, Radar Dashboards and SlicerDicer.

## APeX Reporting Workbench Basics Instructor Led Training

Need to see the next APeX Reporting Workbench Basics class offering? [Click here](#) to see a list of all upcoming APeX Reporting Workbench classes.

## APeX Reporting Office Hours

APeX Reporting Team members and EIA are hosting Office Hours monthly. Get answers to your questions on APeX Reporting content and workflows, and Tableau Dashboards. This is a forum to provide end users with immediate training support, there is no set agenda, however we do provide a Reporting Tip each session.

Below is the upcoming schedule for Office Hours:

### [APeX Reporting Office Hours Meeting Link](#)

Date	Time
<b>May 15, 2025</b>	12:10pm - 1:00pm
<b>June 5, 2025</b>	12:10pm - 1:00pm
<b>June 19, 2025</b>	12:10pm - 1:00pm
<b>July 3, 2025</b>	12:10pm - 1:00pm
<b>July 17, 2025</b>	12:10pm - 1:00pm

## Spring Upgrade and Beaker Go-Live – Saturday, May 31, 2025

UCSF will be having its Spring Upgrade and Beaker Go-Live on Saturday, May 31, 2025.

- Inpatient Provider Spring Upgrade 2025 newsletter: [Inpatient Provider APeX Spring Upgrade 2025](#)

### Audience Legend

**All Users:** All APeX Inpatient Providers at any location

**MarinHealth:** MarinHealth Hospital

**UCSF:** All UCSF locations in San Francisco; including Parnassus, Mt. Zion and Langley Porter

**BCH:** Benioff Children's Hospital-Oakland and Mission Bay (Pediatric Specific Changes)

### APeX New Hire Training Schedule

Need to see when the next APeX Training class offering? [Click here](#) to see a list of all upcoming Apex classes.

### For Newcomers, Join our LISTSERV!

If you were forwarded this announcement and you want to receive the Inpatient Provider Monthly Updates directly, join our [ListServ](#).

[The APeX Knowledge Bank- Website](#)

**Disclaimer:** You are receiving this monthly update because your APeX responsibilities contain inpatient provider security; including but not limited to: Order Entry, Note Writing, Admitting, Discharge, Transfer, etc. Content in this update is for educational and informational purposes. Please review for latest APeX inpatient provider updates.

#### **Always Remember Your Responsibilities for Use for the Electronic Health Record**

Apex is the legal electronic health record for patients at the UCSF Medical Center. All users have the following responsibilities:

- Assure that all information is entered correctly and accurately and within your scope of practice.
- Stay up to date on changes in Apex.
- Follow all UCSF Policies & Procedures on use of the electronic health record.
- Report any issues or problems to your manager and/or IT Service Desk at (415) 514-APeX (2739).

Inpatient Orders / Kaleidoscope (Ophthalmology) / Care Everywhere Trainer  
UCSF Health

**APeX/Epic-Clinical Systems**

University of California, San Francisco

mobile: 415.215.0919

[Devin.Nord@ucsf.edu](mailto:Devin.Nord@ucsf.edu)

**My StrengthsFinders Strengths**

*Context – Empathy – Adaptability – Connectedness – Individualization*

