

# Ambulatory Essential APeX Fall Upgrade 2025

## Ambulatory Users

UCSF Health will upgrade to APeX Epic May 2025 version on **Saturday, October 4, 2025.**

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## Fall 2025 Upgrade Training Zoom Support

**Audience:** All Users

APeX Upgrade support will be available from **Saturday, October 4th to Friday, October 10th** from 7:30 am to 5:30 pm. For assistance, click **APeX Training Support** on Epic toolbar to launch Zoom training support bridge.



Thank you and we look forward to assisting you!

## New Rehab Module for PT/OT/SLP

**Audience:** PT/OT/SLP

The Rehab module builds on the core foundation of Ambulatory and Inpatient features to help physical therapists, occupational therapists, speech-language pathologists, and other staff take care of patients in outpatient, inpatient, and inpatient rehabilitation facility (IRF) settings.

In preparation for the Rehab Module Implementation on **October 4, 2025**, physical therapists, occupational therapists, speech-language pathologists are strongly recommended to complete the Rehab Module Overview eLearnings to be prepared for Go-Live.

1. **eLearning Module:** All PT/OT/SLPs are encouraged to complete the designated eLearning module. This training is strongly recommended and should be completed by October 4, 2025.

**Rehab Module Overview eLearnings:**

[INP: Inpatient Rehab APeX Online Training \(1 hr\)](#)

[AMB: Outpatient Rehab APeX Online Training \(1.5 hrs\)](#)

2. **Training Playground:** You will have the opportunity to practice in the Training Playground, utilizing the Rehab Module Overview to familiarize yourself with new workflow activities.

**Rehab Hyperdrive TRN Playground Logins:**

Inpatient: [INP Ancillary APeX Training Playground Logins](#)

Outpatient: [REH APeX Training Playground Logins](#)

**Rehab Module Overview Outline:** [Rehab Module Overview](#)

# Care Before Clicks – Documenting Assessments by Exception

**Audience:** Nurses (Periop, IP, ED, Peds, L&D)

**Reason for change:** Over the years, nurses have shared that flowsheets and narrators have become more cluttered, inconsistent, and repetitive—slowing them down, making key information hard to find, and taking time away from patient care.

**Brief Description & Workflow:** We’re going back to basics for assessments with documentation by exception. That means: if it’s WDL (Within Defined Limits), you don’t need to chart the normal all the time. Just focus on the abnormal stuff for the most part. Flowsheets are less cluttered, so you can spend less time clicking and more time with your patients. Documentation will follow a streamlined approach that prioritizes charting by exception. WDL (Within Defined Limits) statements are standardized across care areas to ensure consistency, while aligned flowsheet rows provide a shared view of patient information, improving reporting and reducing redundancy.

Initial assessments require comprehensive documentation, but ongoing assessments focus only on abnormalities or changes from WDL. Visual clutter is minimized by completing rows once resolved and reactivating them when needed. This approach improves clarity, efficiency, and teamwork across specialties while reducing the time spent documenting normals.

	0800	1100	7/29/2025 1115	1130	1200
<b>Respiratory</b>					
<input checked="" type="checkbox"/> Respiratory (WDL)	WDL	X			WDL
<input checked="" type="checkbox"/> Respiratory Effort		Labored	Return to WDL		
<input checked="" type="checkbox"/> Bilateral Lobe Sounds		Crackles	Coarse	Return to WDL	

For more information, go to <https://tiny.ucsf.edu/carebeforeclicksassessments> or scan this QR code while on site/ VPN.



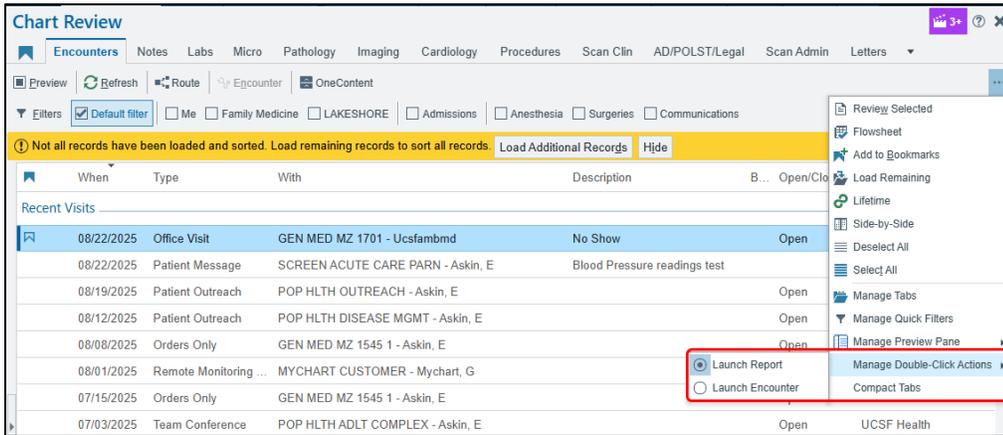
Informaticists: Amy Kangwankij & Jennifer Corbel; Analysts: Mary Barfield, Gena Schmidt, Cami Rutledge, Maggie Polak, Ryan Mendonca, Vandana Prakash, Brenda Burt

# New Double-Click Setting in Chart Review



**Audience:** All Users

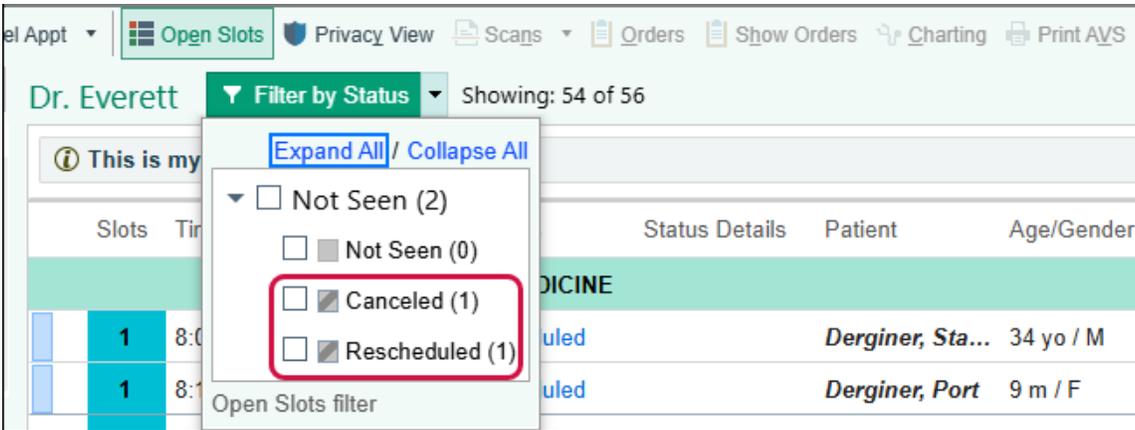
By default, double-clicking an encounter in Chart Review opens the encounter report. Clinicians can now change the setting so that double-clicking opens the encounter itself. This update helps reduce extra clicks when editing or adding encounters.



# See Only Active Appointments in Open Slots

**Audience:** All Users

The Open Slots view now supports filtering by canceled and rescheduled appointments. Use this to quickly focus on available time or to review only those visits, with filtering limited to the Not Seen group so scheduled visits aren't hidden by accident.



**Note:** Canceled and rescheduled appointments remain visible for 12 hours after the appointment time before dropping off the schedule.

# CC Results to Providers Outside Your Organization

## Audience: Providers

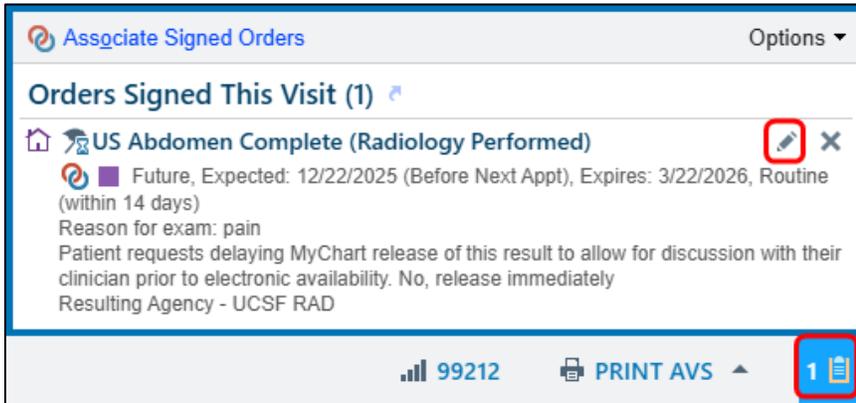
Previously, only internal recipients could be CC'd order results. Now, clinicians can add external providers and free text recipients to the CC List on results from the Order Composer, Enter/Edit Results, and CC Results from Visit Taskbar activities.

The screenshot shows a form titled "US Pelvis Limited (Radiology Performed)". At the top right, there are "Accept" and "Cancel" buttons. The form includes several sections: "Status" with options Normal, Standing, and Future; "Expected Date" with a calendar icon and buttons for Today, Tomorrow, 1 Week, 2 Weeks, 1 Month, 3 Months, 6 Months, and 1 Year, plus an "Approx." checkbox; "Comment" with buttons for After Clinic Visit, Before Next Appt, Before Surgery, and With Next Clinic Visit; "Expires" with a date field (2/28/2026) and buttons for 1 Month, 2 Months, 3 Months, 4 Months, 6 Months, and 1 Year; "Priority" with buttons for Routine (within 14 days), ASAP (within 72 hrs), and Today (within 24 hrs), plus a "Scheduled (set expected date)" option; "Class" with buttons for Ancillary Performed, Clinic Performed, and Imaging External; "Resulting Agency" with a dropdown menu showing UCSF RAD; "Reason for exam" with a text input field; "Patient requests delaying MyChart release of this result to allow for discussion with their clinician prior to electronic availability." with buttons for "Yes, delay 5 calendar days" and "No, release immediately"; "Process Instructions" with a text area containing contact information for the Reading Room Practice Coordinators; "Comments" with a "+ Add Comments" button; "Scheduling Instructions" with a text area containing "Ultrasound Ultrasound imaging, also called ultrasound scanning or sonography, involves exposing part of the body to high-f..."; "Modifiers" with a dropdown menu; and "CC Results" with buttons for PCP 1, Care Team 2, Treatment Team 3, Free Text 4, and My List 5, plus a "Remove All 0" button and an "Add recipients" text input field. A red box highlights the "CC Results" section. At the bottom left, there is a "Next Required" button, and at the bottom right, there are "Accept" and "Cancel" buttons.

Clinicians can add CC recipients to both signed orders and unsigned orders by clicking the CC Results button from the Visit Taskbar. If there are both unsigned and signed orders on the patient encounter, both types appear in the CC List activity, and clinicians can select which recipients to CC for each order.

The screenshot shows a window titled "CC List". At the top, there is an "Add Recipients" button and a dropdown menu with options PCP 1, Care Team 2, Treatment Team 3, Free Text 4, and My List 5. Below this is a text input field for "Enter recipients". The window is divided into two sections: "Signed Orders" and "Unsigned Orders". Each section has a table with "Orders" and "Recipients" columns. Under "Signed Orders", there is one row with the order "US PELVIS LIMITED (RADIOLOGY PERFORMED)". Under "Unsigned Orders", there is one row with the order "Lipid Panel (incl. LDL, HDL, Total Chol. and Trig.)". At the bottom right, there are "Accept" and "Cancel" buttons.

To add CC result recipients to an *unresulted* order in a signed encounter, open an addendum. From the addendum, go to the Visit Taskbar and select Signed Orders. Edit the order, add the additional recipients as usual, and sign the order.



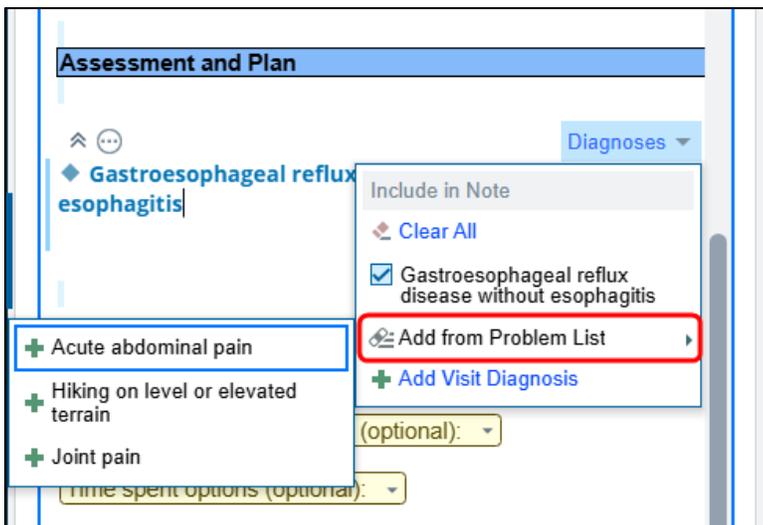
For more information, please read the [CC Results to Providers Outside of the Organization](#) tip sheet.

## Faster Workflow for Adding Problems to Diagnosis-Aware Notes



**Audience:** Providers

For providers using Diagnosis-Aware notes: A new *Add from Problem List* option appears in the Diagnoses dropdown menu, showing a submenu of problems that have not yet been marked as an encounter diagnoses. With a single click, the selected problem is added as an encounter diagnosis and inserted into the note. This improvement saves clicks and eliminates the need to leave the note and navigate to the Problem List activity.



For more guidance on Diagnosis-aware/Problem-Oriented notes, please see [Problem-Oriented Charting in Notes](#) tip sheet.

## See the Relative and Exact Date for All Results

**Audience:** All Users

To make reviewing and understanding historical results easier, clinicians can now choose to always show exact dates in addition to the relative date in Chart Review, In Basket, and Results Review.

**Hepatitis B Surface Antigen**  
Status: Final result Dx: Healthcare maintenance  
Test Result Released: Yes (seen)  
Specimen Information: Inactive - Serum; Blood

0 Result Notes

Component	6 mo ago
Ref Range & Units	
Hep B surf Ag	NEG
Resulting Agency	UCSF/China Basin

Specimen Collected: 02/21/25 14:03 Last Resulted: 02/22/25 12:45

Current state showing only relative date for result

**Hepatitis B Surface Antigen**  
Status: Final result Dx: Exposure to blood  
Test Result Released: No  
Specimen Information: Blood

0 Result Notes

Component	3 mo ago (5/9/25)	3 mo ago (5/7/25)
Ref Range & Units		
Hepatitis B Surface Antigen	Negative	Negative
Resulting Agency	CB Lab	CB Lab

Specimen Collected: 05/09/25 01:15 Last Resulted: 05/09/25 01:19

Future state showing both relative and exact dates for result

By default, relative dates and exact dates will appear when there are multiple results in the same time period. If a clinician wants to see exact and relative dates for all results, they can select the new **Always show exact dates** checkbox from the Results Personalizations window.

**Albumin (Microalbumin), spot urine**  
Status: Edited Result - FINAL Dx: Hypertension, unspecified type  
Test Result Released: Yes (not seen)

0 Result Notes | [View Follow-Up Encounter](#)

Component	1 mo ago
Ref Range & Units	
Albumin (Microalbumin), spot urine	4.5
mg/g	
Albumin	4.4
mg/g	
Albumin, Serum	4.3
mg/g	
Resulting Agency	PH Lab

**Results Personalizations**  
 Show Ref Range on hover  
 Always show exact dates

# More Efficient Documentation for Family History

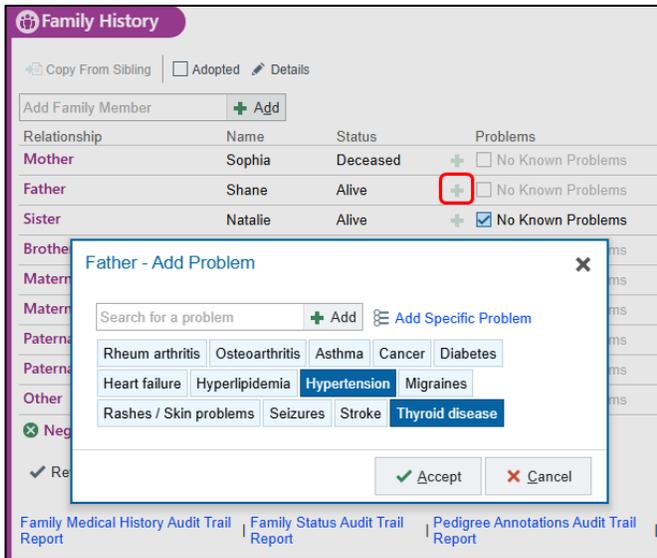


**Audience:** All Users

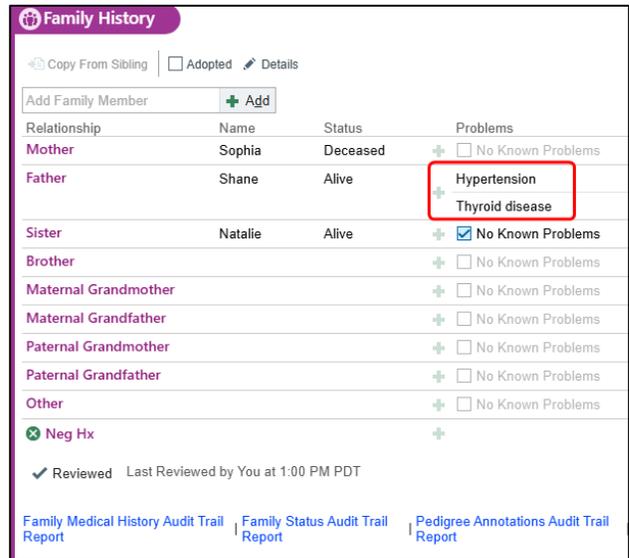
Clinicians can document a patient's family history more efficiently. To use the improved view, toggle **View as List** in the Family History section.



Add problems for each relative by clicking the green plus sign. The Add Problem window will appear with speed buttons for common diagnoses. Use the search field to find additional problems.



Add Problem window with speed buttons for common dx

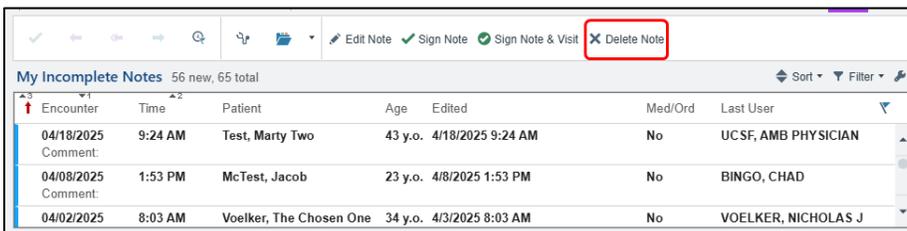


Selected diagnoses display in table for each relative

# Delete Incomplete Notes Directly from In Basket

**Audience:** All Users

My Incomplete Note messages now have a **Delete Note** button, allowing users to remove incomplete notes without having to open the encounter.



# Therapy Plans and Treatment Plans Update (SFSM ONLY)

**Audience:** SFSM Providers

**Reason for Change:** Updating Therapy Plan workflows to standardize clinical content and take advantage of new Epic features to improve scheduling. Treatment Plans are used for managing chemotherapy treatment in APeX.

## Description & Workflow:

### Therapy Plans

The Therapy Plan activity is a centralized tool for managing long-term therapy. Therapy Plans at SM infusion center will include scheduling requests and have a standard format for orders.

- For more information on Therapy Plans, access the [tip sheet](#) and [video](#).
- For more information on *releasing* a Therapy Plan, access the [video](#).

### Treatment Plans

Chemotherapy is managed from Treatment Plans in the Oncology Treatment activity. To create a treatment plan, oncologists will select a protocol template and modify it into a treatment plan to best fit the patient's needs.

- For more information on Treatment Plans, access the [tip sheet](#) and [video](#).

*Informaticist/SME: Aris Oates, Katie O'Connor; Analyst: Darlin Johnsen, Jason Hoesly*

# Clearer Communication with Labeled Color Dots



**Audience:** All Users

The color dots/flags on the Schedule can now have customized labels. Clinic leadership can create and edit labels for their department, reducing confusion for providers and staff. This update also makes color flags more accessible for those with visual impairments.

GEN MED MZ 1701 (All Providers)							Filter by Status	Appointments: 2
Color	P..	Self-Reg Status	Status	Status Details	NP-...	Time	Checked In	
	Running Late	<input type="checkbox"/> Not Started	Scheduled		-	9:00 AM		
	Needs Translator	<input type="checkbox"/> Not Started	Visit in Progress	Checked in: 9:08 AM	-	10:00 AM	9:08 AM	

These labels appear when hovering over a dot and can also be displayed directly in the Color column by turning on the *Show Label in Column* toggle.

For further instructions, please see the [Customize Schedule Color Dot/Flag Labels](#) tip sheet.

# Updates to Wound Documentation & Burn Assessments



**Audience:** All RNs (Periop, IP, ED, Peds, L&D, AMB)

**Reason for Change:** To enhance wound documentation. The Wound Care Module consolidates wound types, provides more detailed burn assessment documentation, and ensures consistent activation of care plans to support better patient outcomes.

**Brief Description & Workflow:** The Wound LDA now consolidates burns, incisions, pressure injuries, and other wound types into a unified workflow. Users can search for “Wound” and select specific types, simplifying the documentation process. Enhanced burn assessment tools provide more comprehensive capabilities for accurate documentation.

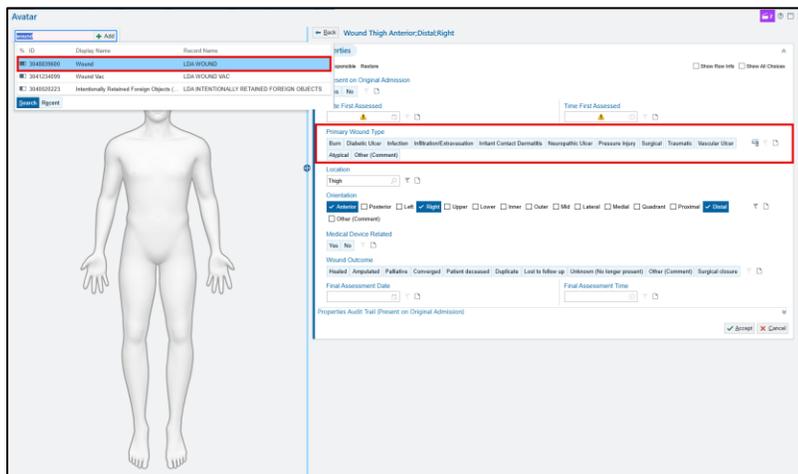
**Inpatient Only:** The system also automatically activates the ‘Pressure Injury, At Risk and Actual - Neonatal/Pediatrics or Adults’ care plan when a pressure injury is documented, eliminating manual initiation.

Click the following links to view the **Wound Care & Burn Documentation Updates:**

- [Tip sheet](#)
- [Video](#)



**Note:** Existing Wound LDA’s prior to this change will continue in the existing format. All new Wound LDAs will go through the following process starting 10/4/2025



SMEs/Informatics: Lisa Sikora & Katie O'Connor; Analyst: Kate Chater & Casey Burke

# Alcohol Use Questions Now Linked Between SDOH and History

## Audience: Clinical Staff

Alcohol screening responses are now shared between the Social Drivers of Health (SDOH) section and the History activity eliminating the need to document the same responses twice. Responses entered in either location will automatically appear in the other.

In the Alcohol section of History, staff will now see the full AUDIT-C assessment instead of just a link, making it easier to review current information without reentering details. This change helps reduce duplicate screening and ensures consistent documentation across the chart.

**History**

**Alcohol**

Q1: How often do you have a drink containing alcohol?  
2-4 times a month **4** taken 5 months ago  
Never | Monthly or less | 2-4 times a month | 2-3 times a week | 4 or more times a week | Patient unable to answer | Patient declined

Q2: How many drinks containing alcohol do you have on a typical day when you are drinking?  
1 or 2 **4** taken 5 months ago  
Patient does not drink | 1 or 2 | 3 or 4 | 5 or 6 | 7 to 9 | 10 or more | Patient unable to answer | Patient declined

Q3: How often do you have six or more drinks on one occasion?  
Monthly **4** taken 5 months ago  
Never | Less than monthly | Monthly | Weekly | Daily or almost daily | Patient unable to answer | Patient declined

Additional Alcohol Use Documentation - Drinks (0 Standard Drinks per Week)  
Alcohol Use  
Yes | Not Currently | Never  
Drinks per Week  
Comments

# More Inclusive Gender Identity Option

## Audience: All Users

Gender identity choice options have changed in the following way: The term "Other" has been replaced with "Not Listed" as part of a standard update provided by Epic. The wording for these choice options are dictated by Epic and cannot be locally customized. "Not Listed" is intended to describe gender identity options that are not listed, and the patient can then enter a free-text response. Patients who do not wish to specify a gender identity should select "Declines to answer."

**Sexual Orientation and Gender Identity SmartForm**

SOGI data should be self-reported by patients. Do not make assumptions about identity. Since gender and sexual minority patients will not be apparent to providers, these questions should be asked of all patients. You can explain to patients that these are standard questions asked of all patients at UCSF Medical Center.

Patient's chosen name (First name only):

Patient's pronouns: choose not to disclose | she/her | **he/him** | they/them

**Gender Identity**

Patient's gender identity: Female | Male | Transgender Female | Transgender Male  
**Not Listed** | Nonbinary / Gender Queer | Declines to answer

Gender identity:

Patient's sex assigned at birth: Female | **Male** | Declines to answer | Something else

**Sexuality**

Patient's sexual orientation: Straight | Bisexual | Something else | **Gay** | Lesbian | Asexual  
Declines to answer | Queer | Pansexual

**Organ Inventory**

Organs the patient currently has:  breasts  cervix  ovaries  uterus  vagina  penis  prostate  testes

# Send Direct Links to Help Patients Finish Questionnaires

**Audience:** Clinical and Registration Staff

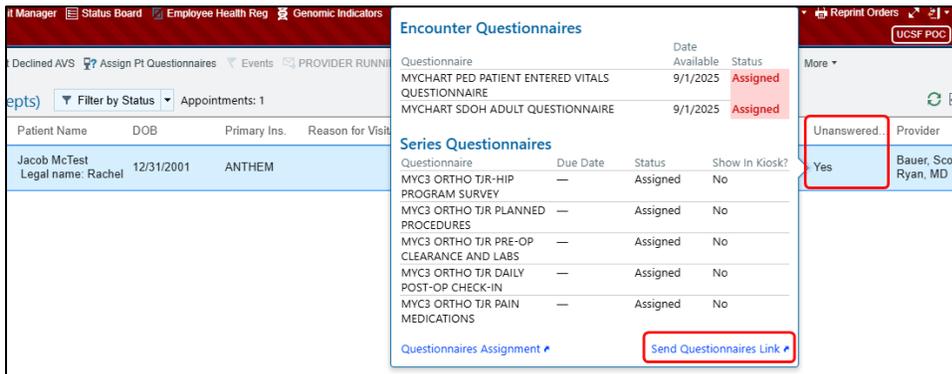
If a patient has unfinished questionnaires at the time of their visit, staff can now send a direct link to their unanswered questionnaires to complete while they wait. Because patients can now complete questionnaires on their own devices, captive mode (i.e., the ability for patients to answer questionnaires on a clinic workstation) is turned off by default to improve security.



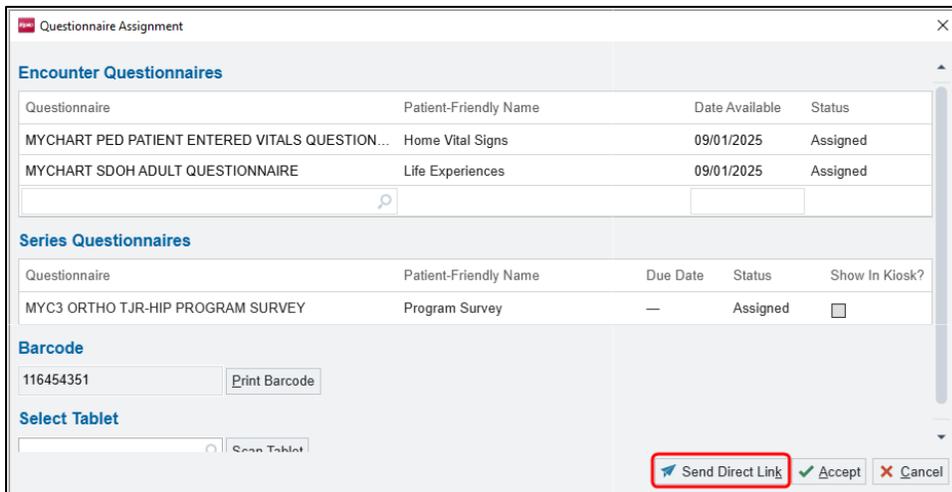
**Note:** This unfinished questionnaire workflow is available even if the patient does not have a MyChart account.

To send a direct link:

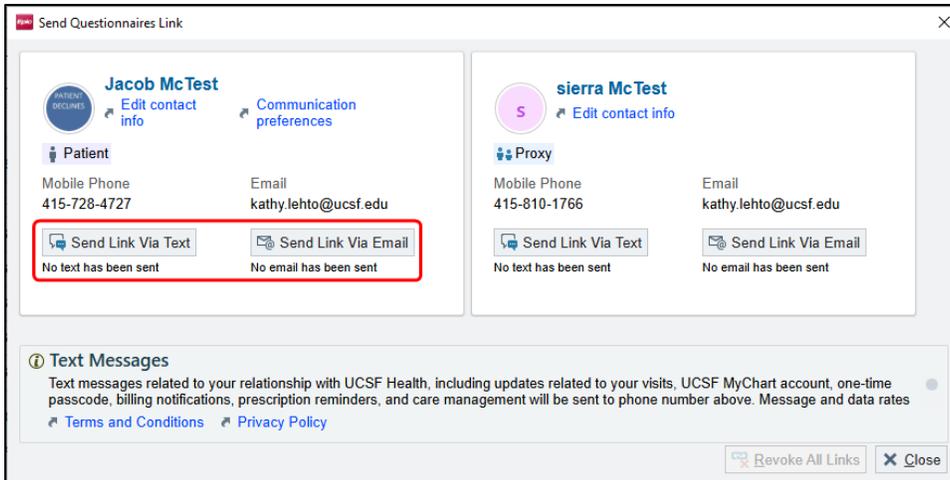
- Hover over the **Unanswered questionnaires?** column in the schedule and then click **Send Questionnaires Link**.



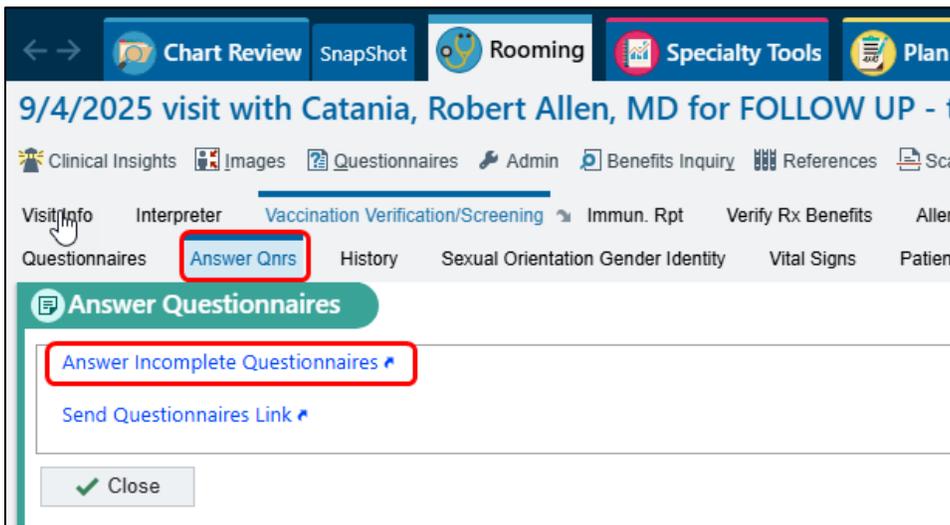
- Or click **Send Direct Link** in the Questionnaire Assignment activity or navigator section.



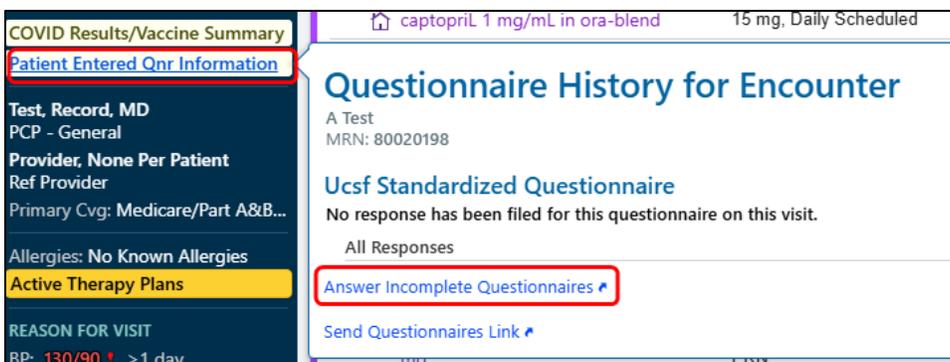
Staff can choose **Send Link Via Text** or **Send Link Via Email** in the Send Questionnaires Link activity.



If the patient can't complete the questionnaire themselves (e.g., no smartphone, no MyChart account), use the **Answer Questionnaires** section in the Rooming activity to discuss the questions with the patient and document on their behalf.



Answer Incomplete Questionnaires link in Rooming activity

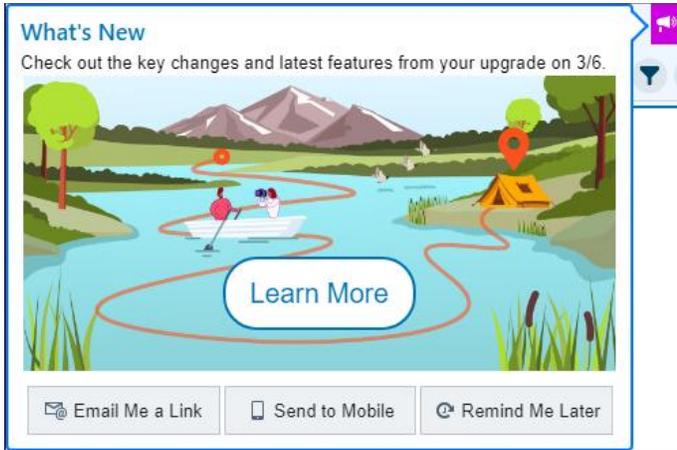


Answer Incomplete Questionnaires link from Storyboard

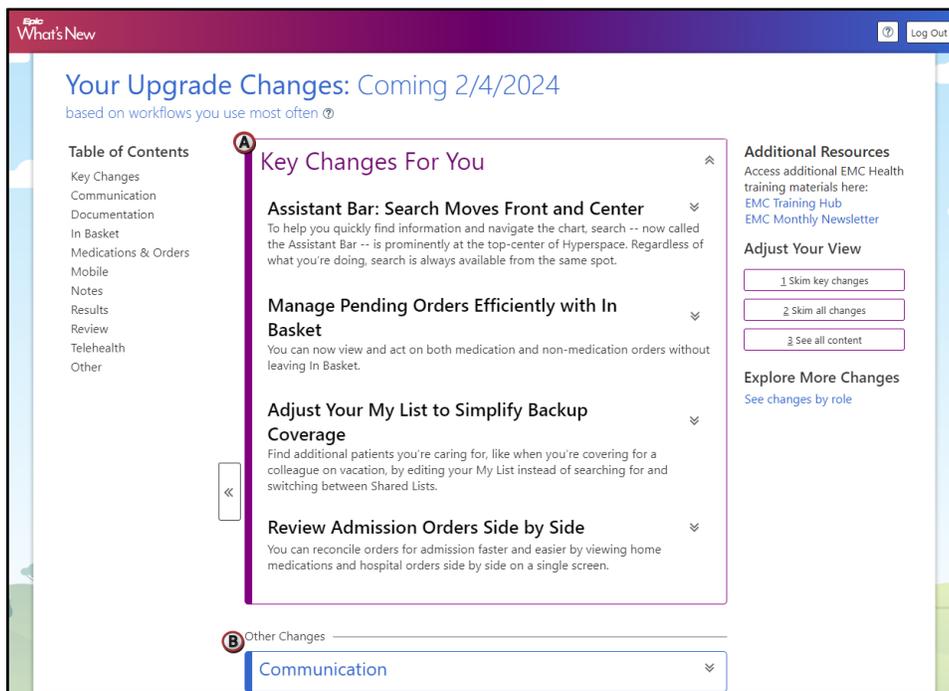
# New In-System Notifications for Upgrade Training

**Audience:** All Users

Starting with future upgrades, staff will see a What's New notification in their home workspace two weeks before the upgrade. This notification links to a personalized page that highlights the changes most relevant to their day-to-day work. The goal is to make it easier for staff to prepare by focusing on the features they actually use, rather than sorting through broad updates.



When staff open the notification, they'll see a tailored list of upgrade changes based on their Epic usage. Key updates are featured at the top, while additional changes are organized by workflow so staff can explore them as needed.



This new tool helps reduce the amount of content staff need to review while still ensuring they're aware of the most impactful changes for their role.

## Signal Data Now Available via SlicerDicer

Over the past two years, Epic developed Inpatient Nursing into Signal to provide more automated access to data and peer benchmarks. Alongside this work, SlicerDicer models were built to enable deep, custom analysis of the User Action Log for all users of Hyperspace and mobile clients.

Operational Leaders can use the User Action Log Data Model to review Activity Usage, User Shifts (When a user logs in and ends when the user has been inactive for four hours, and Inpatients Tasks identifying whenever tasks were completed, canceled, or skipped and what documentation was required.

For more information, review the [SlicerDicer User Action Log Data Models](#) Guide.

For additional SlicerDicer Resources visit the APeX Knowledge Bank: [SlicerDicer | APeX Training](#)

## APeX Reporting Office Hours

APeX Reporting Team members and EIA are hosting Office Hours monthly. Get answers to your questions on APeX Reporting content including Reporting Workbench, SlicerDicer and Radar Dashboards, 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
September 18, 2025	12:10pm - 1:00pm
October 2, 2025	12:10pm - 1:00pm
October 16, 2025	12:10pm - 1:00pm
November 6, 2025	12:10pm - 1:00pm

## 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.

## Ambulatory Specialty/Other Upgrade Updates

Please review [Ambulatory Specialty/Other APeX Fall Upgrade 2025](#) for upgrade changes aimed towards specialties/smaller audiences and/or changes that do not directly impact all ambulatory users.

## Application-Specific APeX Fall Upgrade Newsletters

Explore the full APeX Fall Upgrade 2025 newsletters for each APeX application below:

- [ADT Patient Access](#)↗
- [ASAP Emergency Department](#)↗
- [Anesthesia](#)↗
- [Beacon Provider](#)↗
- [Beaker](#)↗
- [Cadence Scheduling & Registration](#)↗
- [Clindoc – Inpatient Nursing & Ancillary Staff](#)↗
- [Clindoc – Inpatient Provider](#)↗
- [Hospital Billing](#)↗
- [Optime](#)↗
- [Phoenix](#)↗
- [Radiant](#)↗
- [Reporting](#)↗
- [Research](#)↗
- [Willow](#)↗

## Want the Latest APeX Updates?

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- 🔔 Catch up on previous [Ambulatory Updates](#)↗
- 🔔 See [Inpatient Provider Announcements](#)↗

## Need APeX Training or Resources?

- 📖 Find upcoming classes in the [APeX New Hire Training Schedule](#)↗
- 📖 Browse guides and tip sheets in our [APeX Knowledge Bank](#)↗
- 📖 Stay current on upgrades and events at the [APeX Hub](#)↗
- 💡 Still have questions? Connect with us directly at [ApeXTraining@ucsf.edu](mailto:ApeXTraining@ucsf.edu)↗

**Disclaimer: You are receiving this monthly update because your APeX responsibilities contain Ambulatory security, including but not limited to reviewing patient charts, rooming patients, placing orders, writing notes, documenting within activities in an encounter, or managing support staff with Ambulatory responsibilities. Content included here is for educational and informational purposes.**

### **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).