

Inpatient Provider APeX Updates - September 2025

Inpatient Provider

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Retiring eConsult Inpatient Orders

Audience: All Users, Inpatient eConsult Orders only

Reason for Change: Align with the expanded functionality of new consult orders to simplify order types.

Description & Workflow: The eConsult orders will no longer be available to order INPATIENT.

Providers will now use the regular consult order regardless of the type of consult (eConsult vs. Consult).

Consulting Services can still, at their discretion and if relevant in discussion with the primary team, complete the consult request as an eConsult simply by writing an eConsult templated note.

Importantly, eConsults can still be ordered in the Ambulatory setting.

Affected Services:

- eConsult to Adult Genetics (Inpatient)
- eConsult to Allergy (Inpatient)
- eConsult to Cardiology (Inpatient)
- eConsult to Endocrinology (Inpatient)
- eConsult to Gastroenterology (Inpatient)
- eConsult to Hematology (Inpatient)
- eConsult to Infectious Disease (Inpatient)
- eConsult to Kidney Transplant (Inpatient)

- eConsult to Neurology (Inpatient)
- eConsult to Pediatric Dermatology
- eConsult to Pediatric Genetics (Inpatient)
- eConsult to Pediatric Infectious Disease (Inpatient)
- eConsult to Pediatrics (Inpatient)
- eConsult to Psychiatry (Inpatient)
- eConsult to Pulmonology (Inpatient)
- eConsult to Rheumatology (Inpatient)

For more information on how to request or complete an eConsult, click here.

Informaticist/SME: Raman Khanna, Michelle Mourad

Analyst: Michele Souligny

Unsigned Inpatient Note Retention Post-Discharge

Audience: All Users

Reason for Change: To align with Medical Records policy regarding unsigned notes.

Description & Workflow: Unsigned, inpatient notes will only be retained for 60 days after discharge.

After 60 days, any unsigned notes will be deleted.

Informaticist: Aris Oates
Analyst: Christy Sedore

RN Flu Vaccine Screening

Audience: All Users

Reason for Change: To support the new nurse-driven protocol for screening and ordering flu

vaccines.

Description & Workflow: Nurses will now be screening patients for flu vaccination as a supplement to the provider workflows for the same. Patients who do not meet criteria for receiving a flu vaccine will still trigger the provider workflows to assess again closer to discharge.

Informaticist: Tip Tilton

SME: Michelle Macal

Analyst: Brenda Burt

CSSRS BPAs

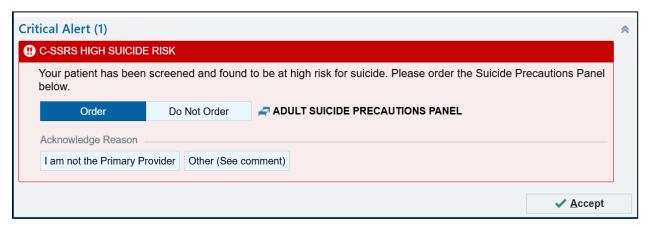
Audience: All Users

Reason for Change: To optimize the care for patients who are moderate and high risk for suicide, updates have been made to the CSSRS workflow.

Description & Workflow: When a patient screens Moderate or High Risk for suicide based on the CSSRS tool:

- There is an automatic Voalte alert and/or consult to social work, providers, and/or the Code Care team. Before, nurses were responsible for manually contacting these teams via Voalte.
- If a patient is high risk for CSSRS, providers will see a BPA in the chart prompting them to order the Suicide Risk Panel

The BPAs will continue to appear until appropriate documentation is completed.



Informaticist: Raman Khanna

SME: Michelle Macal Analyst: Bruce Pierre

Meds to Beds Ordering Updates

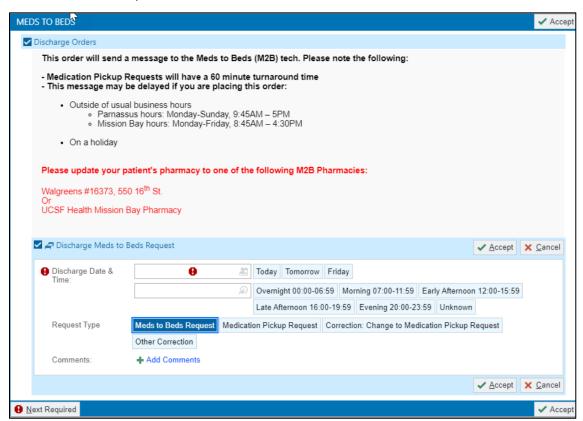
Audience: UCSF (Parnassus & Mission Bay Only)

Reason for Change: Expanding hours for Meds to Beds at Parnassus, improving user experience with the order.

Description & Workflow: Place the Meds to Beds order from the Discharge Navigator. Once signed, a page including the specific patient and Request Type will go out to the appropriate pharmacy based on the patient's location.

Meds to Beds Order Updates

- Added the Mission Bay Outpatient Pharmacy to Meds to Beds workflow. This will be the default pharmacy unless a user selects 16th St Walgreens.
- The Parnassus Meds to Beds pharmacy is now open on weekends. Pages can now be sent from 9am-5pm daily.
- Condensed the order questions into one "Request Type" question to help minimize the amount of clicking.
- The response entered for "Request Type" will display in the name of the order (see screenshots)



Informaticist: Raman Khanna

SME: Vicki Jue

Analyst: Bruce Pierre

Chart Review Updates and Filters

Audience: All Users

Reason for Change: To improve how imaging studies are displayed and make them more consistent with how other results are displayed in Chart Review, we have made important updates to the **Imaging** tab in Chart Review. These changes are part of our ongoing efforts to support your workflow and ensure reliable access to critical clinical data.

- Prior to July 2025, studies displayed in the Imaging tab were sorted by the "Last Updated" column. However, that column had to be removed due to data integrity issues.
- Sorting was then arranged by "Order Date" starting in July 2025, but this led to difficulties finding the most recently performed studies.
- Starting 9/9/2025, the Imaging tab will now default to sorting by "End Exam Date", ensuring the most recently completed studies are clearly visible
- This arrangement is more consistent with how we display completed lab work, which sorts by Collect Date/Time

Description & Workflow:

Imaging & Lab Tab Updates

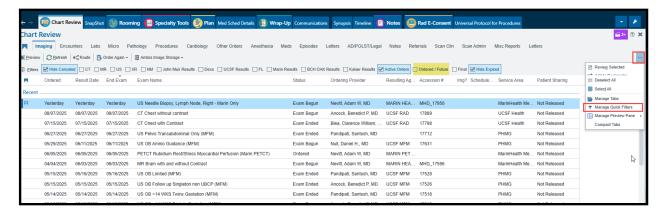


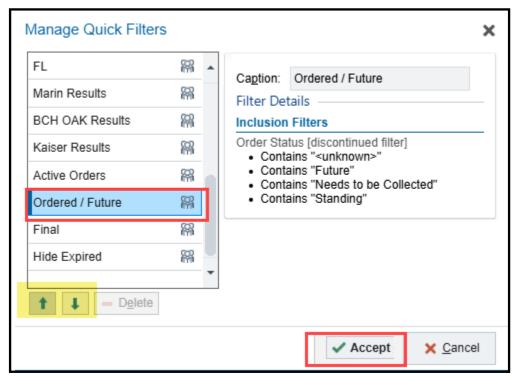
Updated Default Sorting (Imaging tab only)

- New standard: Imaging tab now defaults to sorting by End Exam Date so that both completed and upcoming exams are displayed in a logical order.
- Removed: "Last Updated" column (due to data integrity issues).

Improved Filter Placement

 In both Imaging and Lab tabs, the "Ordered/Future" filter has been moved next to the "Hide Cancelled" filter for quicker access during chart review.







The "Ordered/Future" filter has been relocated next to the "Hide Cancelled" filter, making it easier to access and use during chart review.

Informaticist/SME: Kaite Grouse

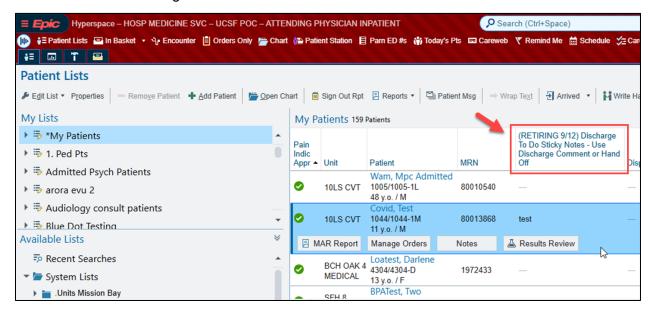
Analyst: Shyunika Bolden

Retiring Discharge To-Do Sticky Note Patient List Column

Audience: All Users

Reason for Change: Not the source of truth for discharge comments, and is rarely used

Description & Workflow: The Discharge To Do Sticky Note Patient List column is being retired. Use Handoff and the Discharge Comments column instead.



Informaticist/SME: Natalia Kelley, Sarah Imershein

Analyst: Kate Chater

NG/OG Tube Order Updates

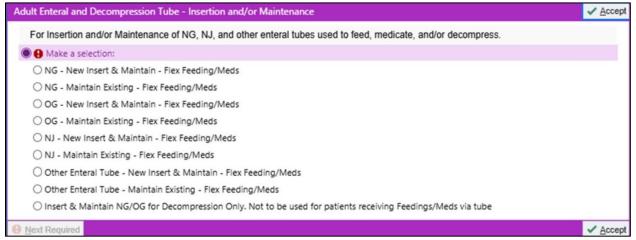
Audience: All Users

Reason for Change: Appropriate Insert & Maintain orders with an appropriate mechanism to check placement were not consistently being ordered, and so it was decided to panel the orders together to have all the correct orders and questions.

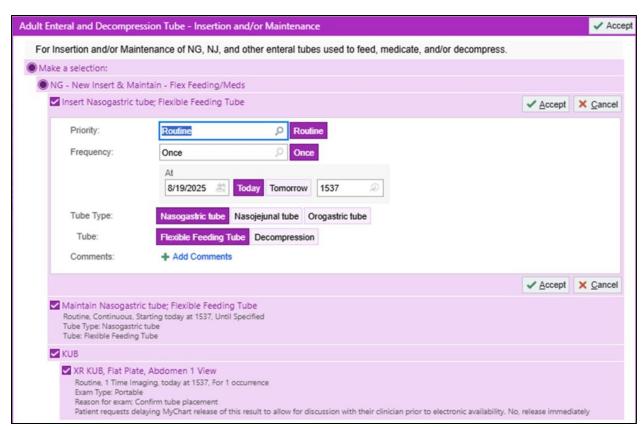
Description & Workflow: The panel is broken down into 2 parts: Insert/Maintain tubes for feeding and Insert/Maintain for decompression only. Based on location and Adult vs. Peds, the provider will get the appropriate confirmation method (KUB vs. pH vs. CXR).

The new orderable panels are:

- Adult Enteral and Decompression Tube Insertion and/or Maintenance
- Peds Enteral and Decompression Tube Insertion and/or Maintenance



Adult Enteral and Decompression Tube - Insertion and/or Maintenance Order Panel



NG - New Insert & Maintain - Flex Feeding/Meds

Informaticist/SME: Amy Kangwankij, Craig Johnson, Raman Khanna, Michael Lang

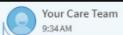
Analyst: Michele Souligny

Gentle MyChart Proxy Expiration Notification – Deceased Patients

Audience: All Users

Reason for Change: To send the proxy of a deceased patient a MyChart notification with ample time and support resources.

Description & Workflow: A patient proxy who has lost a loved one is now sent a gentle MyChart message with resources and support, as well as the timeframe for patient proxy expiration. A patient proxy has access for 90 days and will be given a dynamic date in their notification. Grief and bereavement resources are provided, as well as steps on how to request a copy of a loved one's medical record. Notification messages are additionally translated into Spanish, Russian, Simplified Chinese, and Traditional Chinese.



Dear Call IV Test:

Our hearts are with you during this difficult time. While there are no words that can ease your pain, we hope the following resources will offer you some solace and support:

UCSF Health Grief and Bereavement Resources https://www.ucsfhealth.org/education/bereavement-resources-and-services

We also wanted to give you time to print out copies of any messages or medical information you would like for your files. So, your access to Abc Test's MyChart account will remain available to you until 11/10/2025.

We hope that reviewing your loved one's MyChart will provide some comfort during this challenging and emotional time, and that it will offer you the opportunity to gather any information you would like to save.

To request a copy of your loved one's medical records, please contact UCSF Medical Records, Release of Information Unit, at (415) 353-2221or visit https://www.ucsfhealth.org/medical-records for more information. Please note, you will need to provide a copy of one of the following: death certificate, executor paperwork, or probate documents. Medical records can only be released to the next of kin listed in

If you need technical support to access your loved one's MyChart account, please call the UCSF MyChart help desk at (415) 514-6000. Thank you for allowing UCSF Health to be a part of your and your loved one's journey.

Informaticist/SME: Patient Communications/Decedent Affairs

Analyst: Damon Catania

Pronoun Selection Added to Demographics Navigator

Audience: All Users

Reason for Change: To support accurate collection of pronouns within the patient record

Brief Description & Workflow: Using the Demographics navigator, staff can now record the patient's pronouns. The Sexual Orientation Gender Identity (SOGI) form has been updated to collect "she/her", "he/him", and "they/them" to match the Demographics navigator.





Note: While the system will allow recording of more than one pronoun, to avoid confusion, ask the patient which set of pronouns is their top preference when being seen at UCSF, and mark only that pronoun.

Informaticists/SMEs: Dr. Maria Byron, Dr. Maddie Deutsch; Build Analyst: Dre Graeser

Auto-Reconciliation of Patient History Questionnaire Responses

Audience: All Users

Reason for Change: To facilitate provider workflow and help meet Joint Commission requirements

Brief Description & Workflow: Patient History Questionnaire responses will now automatically file into the patient's history without the need for clinical review.

Filed patient responses will be indicated by a patient icon when viewing in the History tab, History section of the inpatient navigators tab, and Note templates.



For more details on this update, please review the <u>Auto-Reconciliation of Patient History Questionnaire</u> Responses tip sheet.

Informaticist/SME: Dr. Katie Grouse, Dr. Nicole Ling

Analyst: Damon Catania

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? <u>Click here</u> 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).