

CLIN DOC APeX Fall Upgrade 2025

Inpatient RNs and Ancillaries – West Bay, East Bay, Marin

UCSF Health will upgrade to APeX (Epic) May 2025 version on **October 4th, 2025**

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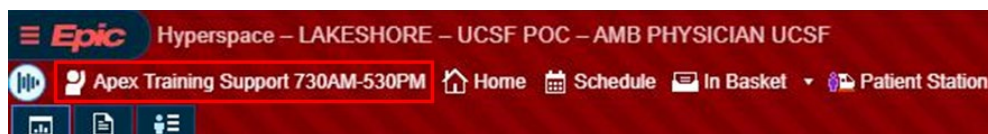
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APeX Training Zoom Support for Fall 2025 Upgrade

Date: **Saturday, October 4th to Friday, October 10th**

Time: **7:30 AM to 5:30 PM**

APeX Training support will be available from **Saturday, October 4th to Friday, October 10th from 7:30 AM to 5:30 PM**. For assistance, please click on the **APeX Training Support** button located on the Epic toolbar to launch the Zoom training support bridge.



Thank you and we look forward to assisting you!

Care Before Clicks

Care Before Clicks – Documenting Assessments by Exception

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

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
Respiratory					
Respiratory (WDL)	WDL	X			WDL
Respiratory Effort		Labored	Return to WDL		
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.



Analysts: Mary Barfield, Gena Schmidt, Cami Rutledge, Maggie Polak, Ryan Mendonca, Vandana Prakash, Brenda Burt

Informaticists: Amy Kangwankij & Jennifer Corbell

Treatment Teams

Sign In to Multiple Roles at Once

If you're working more than one role for a shift, like as the nurse for a few patients and as the charge nurse for the department, you can sign in to both roles at the same time when you start your shift, so you don't need to do it more than once or add yourself to patients' treatment teams manually

To add another role, search in the Add role field

A screenshot of a web application interface titled "Roles and Times". It features a search bar labeled "Add role" with a green plus icon to its right. Below the search bar, a list item is visible, showing a checked checkbox, the text "Clinical Nurse" with a pencil icon, and "0 departments | 0 patients". A red rectangular box highlights the "Add role" search bar.

If a charge nurse is also providing care they will see the entire department in the Brain. Also the charge nurse, or any other additional relationship, expires at the shift end time. The next day the charge nurse will be available but not pre-checked.

Roles and Times Add role +

- ☒ **Clinical Nurse** ✎
 - 1 department | 0 patients ⤴
 - Departments
 - 14L MEDICINE 🗑
- ☐ **Charge Nurse** 🗑
 - 1 department | 26 patients ⤵

Admission, Transfer, and Discharge

Related Discharge Milestones are Grouped

See which discharge tasks are related and track their overall progress with milestone groups. A **Day of Discharge** group has been created.

Discharge Milestones and Delays (* = auto-completed by chart documentation) Stop Planning ↺ ↻ ⬆ ⬇

Medically ready 1 of 11 milestones

Milestones + Add Standard Default None ⓧ

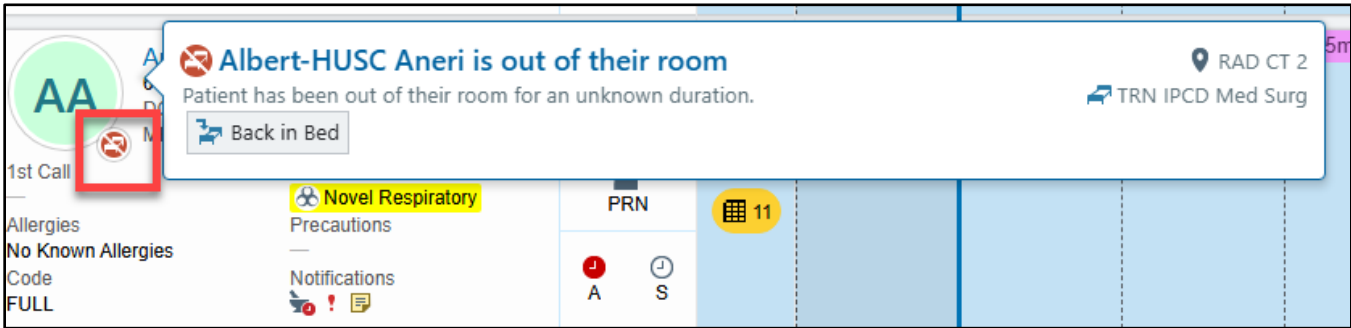
- ☐ **Day of Discharge 0 of 6** ⤴
 - ☐ 🕒 *Discharge Order MD/NP/PA 🕒 ✕
 - ☐ 🕒 *Discharge Med Rec MD/NP/PA 🕒 ✕
 - ☐ 🕒 *Print AVS Nurse 🕒 ✕
 - ☐ 🕒 *Meds to Beds Pharmacy 🕒 ✕
 - ☐ 🕒 Medications Returned (from Pharmacy) Nurse 🕒 ✕
 - ☐ 🕒 Belongings Returned (Safe/Security) Nurse 🕒 ✕
- ☒ **General Milestones 1 of 5** ⤴
 - ☒ 🕒 *CM Durable Medical Equipment Case Management 🕒 ✕
 - ☐ 🕒 *Nursing patient education Nurse 🕒 ✕

✓ Close ⬆ Previous ⬇ Next

Patient Availability

Check a Patient's Current Availability

To help plan your work, you can see whether a patient is available using an icon in the Brain. Hover over the icon for details about the patient's current location and upcoming schedule.



This can also be viewed from the storyboard



Blood Administration

Find Total Transfused Volumes Faster

When you're looking at a patient's blood transfusion history, you can now see the total volumes a patient has received of each product at a glance from the header rows, in addition to the units.

Abridge, Testone DOB: 6/25/1984 Unit: 10F Room: 1031 Bed: 1031-1L

Profile Due Meds Req Doc Blood Transfusion History

Nursing: For blood administration, refer to the Blood Administration report

Blood Transfusion History [Expand All](#) [Collapse All](#)

View: **72 Hours** 4 Days Encounter Long term Sort by: Product **Time**

Not Started RBC: 1 unit

Available to Release RBC: 1 unit

Completed RBC: 300 mL (1 unit) PLATELETS: 250 mL (1 unit) FFP: 250 mL (1 unit)

Date	End	Product	Transfused	Location	Enter "Yes" if transfusion reaction suspected
08/27/25	(3 units) 800 mL				
	1257	FFP	250 mL	10F	
	1257	PLATELETS	250 mL	10F	
	1257	RBC	300 mL	10F	

When volume documentation is missing, hover over the question mark (?) for more information. If you see approximated units (~), some of the units are from a massive transfusion protocol (MTP) that has only volume documented.

Nursing: For blood administration, refer to the Blood Administration report

Blood Transfusion History

View: **72 Hours** 4 Days Encounter Long term

Not Started RBC: 1 unit

Available to Release RBC: 1 unit

Transfusing RBC: ? mL (1 unit) **Transfuse RBC: 2 Units (1 remaining)**

Start 08/25 09:15 Last Action New Bag

1 unit with no volume documented

Chart Review and Snapshot

Always Show Exact Dates for Results

If you prefer the clarity of exact dates for test results, you can choose to show them alongside relative dates for results in Chart Review.

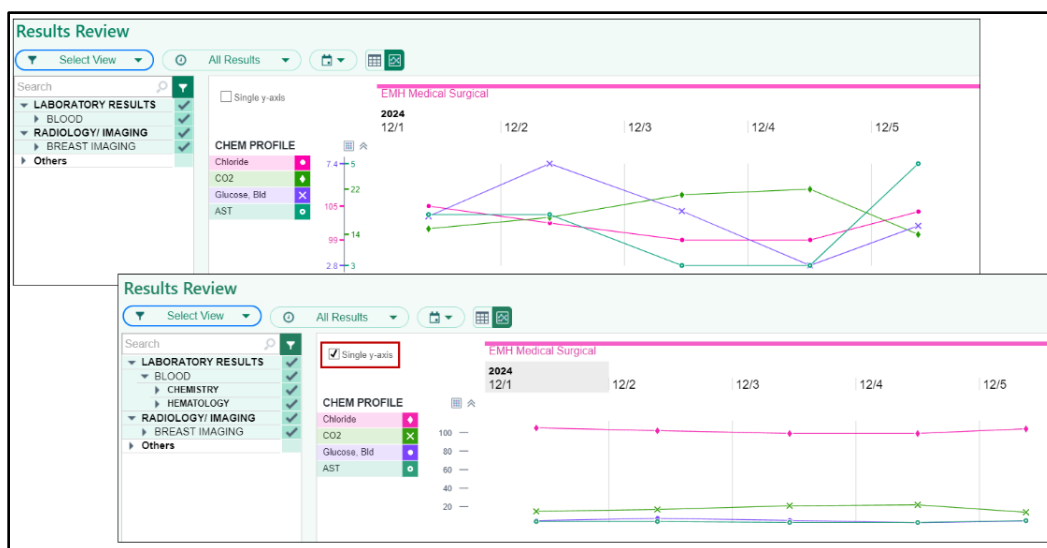
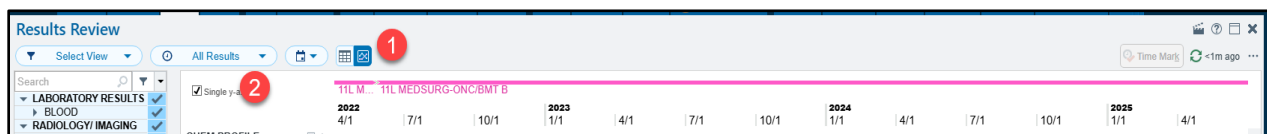
Hover over the 3 dots on the right side. Select **Always show exact dates**

CBC w/Auto Diff Status: Final result Next appt: None Dx: Fever, unspecified Test Result Released: No 0 Result Notes								
Component	Ref Range & Units	5/28/25 2302	5/28/25 2302	5/28/25 2259	5/24/25 2316	5/16/25 0712	5/16/25 0712	5/16/25 0600
WBC	3.4 - 10.0 x10E9/L	5.0		5.9	5.0	5.9	5.9	5.7
RBC	4.40 - 5.90 x10E12/L	5.00		4.82	5.00	5.00	5.00	4.50
Hemoglobin	13.6 - 17.5 g/dL	15.0		14.0	15.0	15.0	15.0	14.5
Hematocrit	41.0 - 53.0 %	45.0		42.0	45.0	54.0 ▲	54.0 ▲	55.0 ▲
MCV		90		90	90	80	80	83

Graph Results Review Data on a Single Y-axis

To help make graphs easier to interpret when comparing rows of data with a similar range, like results for the same lab taken at different locations, you can now view each trend line on a consistent y-axis. If you use the Synopsis activity, you'll see the same change there.

1. Select the graph button
2. Select **Single y-axis**

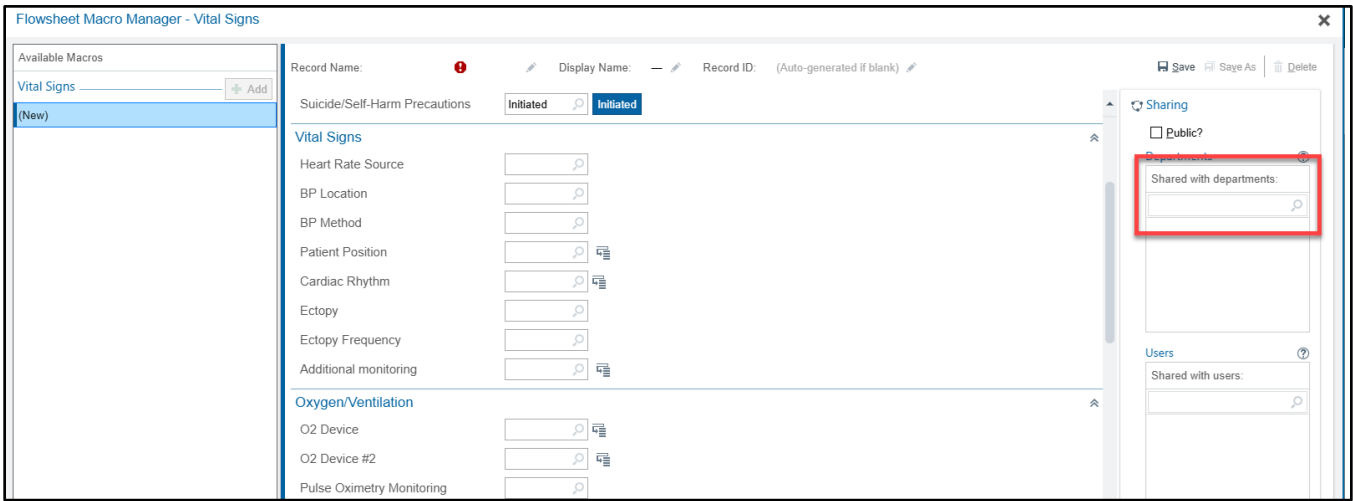


Documentation Flowsheets

Share Your Flowsheet Macros with Your Department

When you build a macro that could speed up assessments for all your peers, share it with your entire department all at once instead of listing individual users.

From the Flowsheet Macro Manager enter the department name in **Shared with departments**



History

Reconcile Birth History from Other Organizations in History

If a patient has birth history information from an outside organization, that information now appears for reconciliation right where you normally document patient history, allowing you to review and file it to the patient's chart with a few clicks.

History

Birth History

Reconcile outside history below. [Not Now] [Keep All] [Discard All]

Birth length: 0.5 m Birth Date: 1/23/2025 Age: 27 days APGAR 1: 8

Birth weight: 7 lb 0.9 oz Birth Time: [] APGAR 5: 10

Birth head circ: 33.39" (34) ⚠️ Gestation age: 39w 0d APGAR 10: 10

Discharge weight: 7 lb 11.5 oz () Delivery method: Vaginal, Spontaneous

Gained 10.6 oz (0.301 kg) Duration of labor: 8 hr 30 min

Feeding method: Breast Fed

Hospital Information

Days in hospital: 2 ⚠️ Hospital name: St. Mary's ⚠️ Hospital location: Madison

Comments:

[No complications.]

Reconcile outside history above. [Not Now] [Keep All] [Discard All]

[Mark as Reviewed] Never Reviewed [Audit Trail Report](#)

LDAs

Old Wounds Are Removed from the Avatar Automatically

To reduce manual cleanup, wounds that haven't been assessed in 180 days are now removed automatically—you'll get a warning in the LDA Avatar two weeks before a wound is removed to let you know in advance. In this example, the third wound in the list, on the left upper leg, will be removed automatically within the next two weeks.

Avatar

Add LDA (Alt+L)
Add
(1) Wound

View back

Warnings

Wound Without Recent Assessments

The system will remove wounds that have not been assessed recently. Items with this icon will be removed in the next two weeks. If a wound is still present on the patient, document an assessment. Otherwise, specify its outcome and close.

Active LDAs and Wound Care

Limit to Avatar View
Active
Removed
Sort by: Type

Wound 09/20/24 Left:Lower Abdomen Date First Assessed/Time First Assessed: 09/20/24 0928 Present on Original Admission: Yes Wound Location Orientation: Left:Lower Location: Abdomen	112 days
Wound 09/20/24 Traumatic Anterior:Right Knee Date First Assessed/Time First Assessed: 09/20/24 0920 Primary Wound Type: Traumatic Wound Location Orientation: Anterior:Right Location: Knee	112 days
Wound 09/20/24 Neuropathic Anterior:Left:Proximal Upper Leg Date First Assessed/Time First Assessed: 09/20/24 0944 Primary Wound Type: Neuropathic Wound Location Orientation: Anterior:Left:Proximal Upper Location: Leg	112 days

Medication Administration

Mark Medications As Prepared, Not Pended

When you're preparing a medication for a patient, the Admin form prompts you to use the new Prepared action, instead of pending a Given or New Bag action, to more accurately describe what you're doing. When you document the Prepared action, confirm the time that you're planning to administer the medication. This action will only be available when working from a Med Room Workstation..

lactulose solution 20 g
Dose: 20 g : Oral : 3 times daily

Order Information

Ordered Admin Dose: 20 g = 30 mL
Concentration: 20 g/30 mL
Dispense Location: EMH Central Pharmacy
Frequency: 3 times daily
Route: Oral
Ordered Dose: 20 g
Administration Window: 60 minutes from the due time
Priority: Routine
Order ID: 1030678
Order Start Time: Today 02/07/25 at 0945

Next Actions

02/07	1130	1500	2100
Prepared (Given)	Due	Due	Due

Administration Details

Action
Prepared
Scheduled Action
Given

Date
Time
02/07/2025
1130

Comment

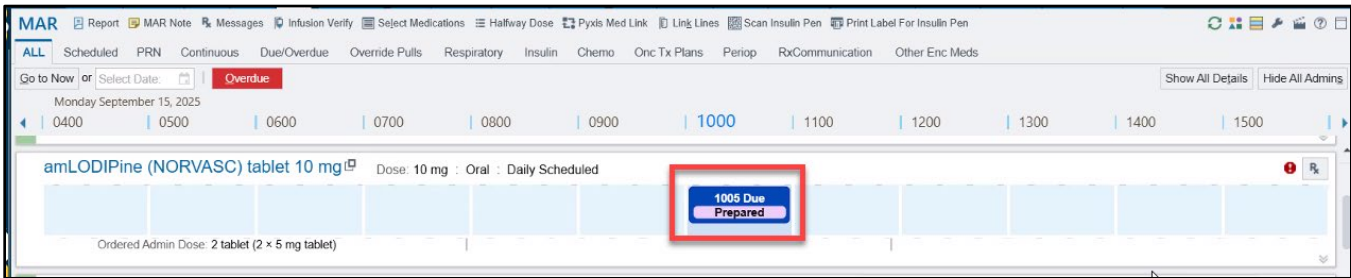
Route
Oral

Site

Dose
20 g

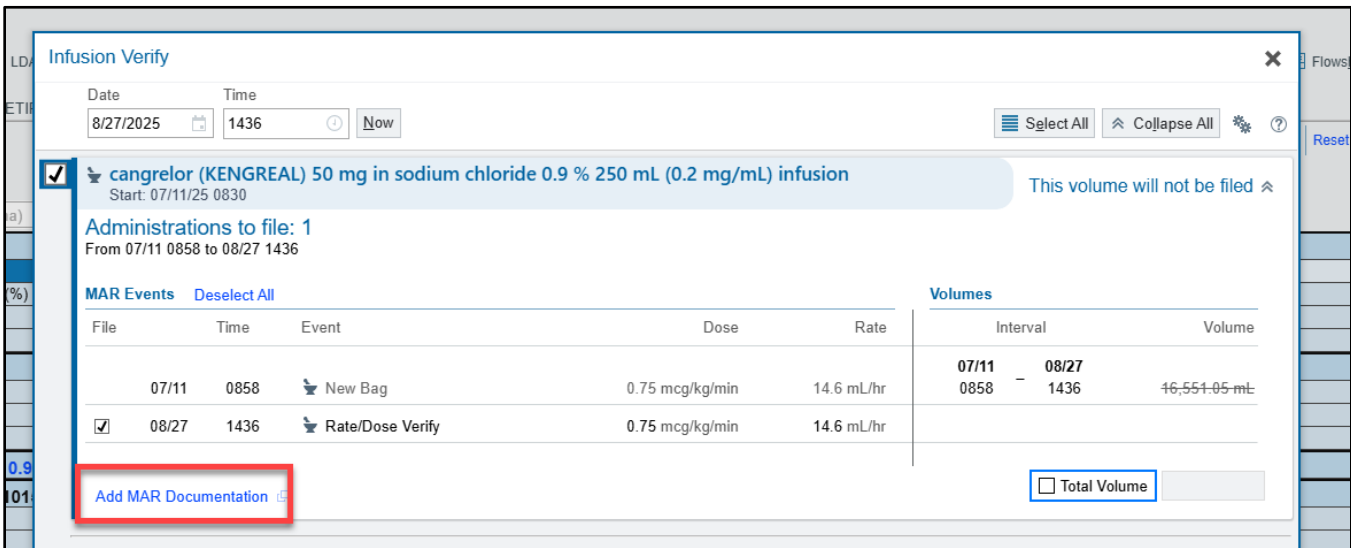
Scheduled Time
Confirm the time entered is when the medication is due to be administered.

The medication will still needs to be documented in the patient room to complete the medication administration It will have a status of **Prepared** on the MAR



Add Missed MAR Documentation from Infusion Verify

When you're reviewing volumes in Infusion Verify and you realize that you need to document that you already stopped an infusion, you can add that documentation without needing to go back to the MAR.



Medication Dispensing

Quickly Preview Cart Dispenses for an Order

When you're sending a medication message to the pharmacy, the report in the message now shows you upcoming cart dispenses for that medication, making it easier to determine whether you need to request a dispense.

🔔 Upcoming Dispenses on Cart: PARN INPATIENT - IV BAGS

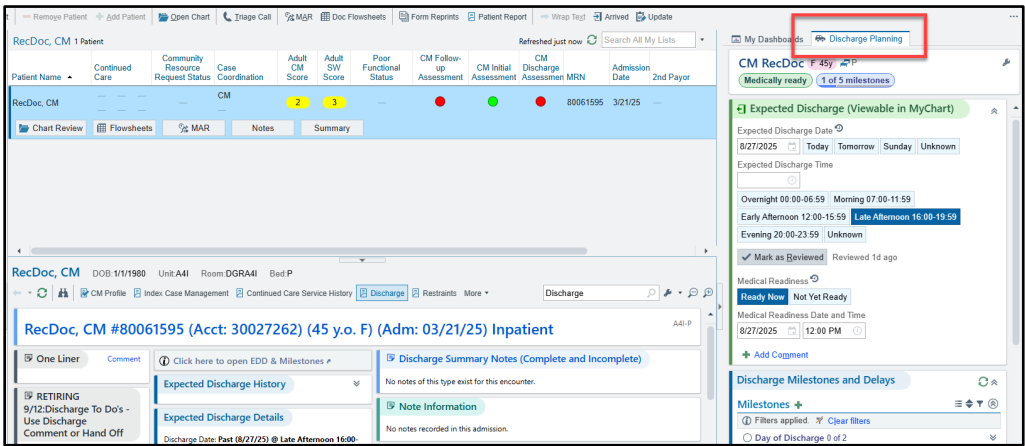
Date/Time	Due Times
09/08 0600	09/08 2100

Miscellaneous

Discharge Planning in the Sidebar

Depending on your role, you can now open Discharge Planning in the sidebar of Patient Lists and/or a patient's hospital chart. This sidebar allows you to more quickly and efficiently document a patient's discharge planning information such as Expected Discharge Date or Time by allowing you to view Discharge Planning and patient information simultaneously.

For all users, the Discharge Planning activity now opens in the sidebar in Patient Lists.



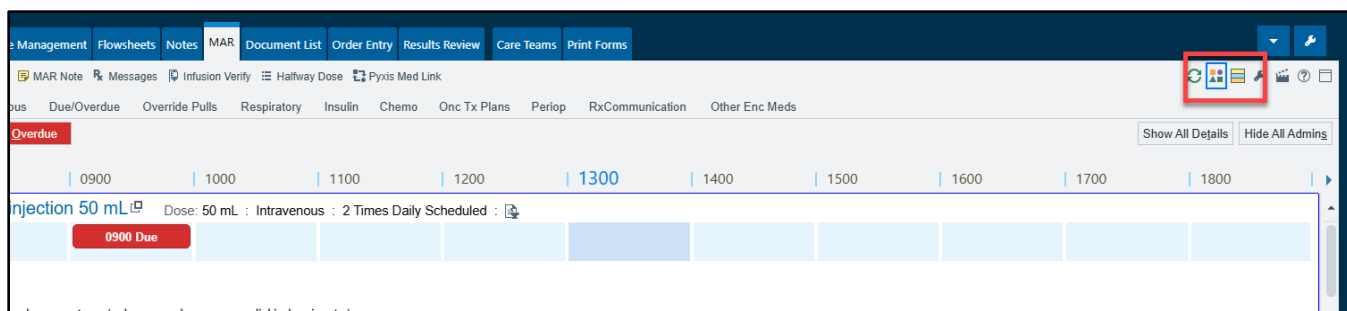
For Case Managers and Social Workers, this is available in Sidebar Reports in the patient's chart as well.

Inclusively Document a Patient's Gender Identity When It's Not Listed

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 can not 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**

Notes and Summary Screens Are Cleaner

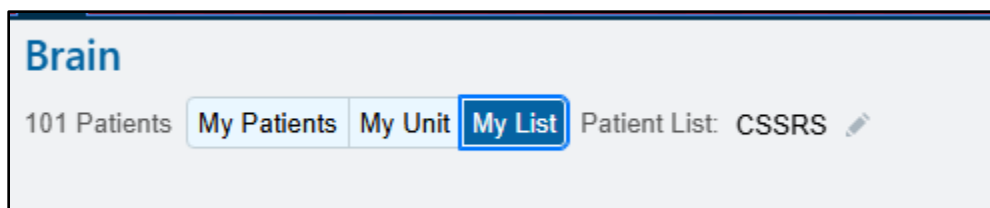
A few rarely used buttons, in the MAR, Summary, Flowsheets, and Notes activities., have moved behind a new menu at the top, so you can keep your focus on more commonly accessed tasks.



Work List and Brain

More Ways to View Patients in the Brain

Three different views are now available in the Brain to help you when you have a duty in addition to caring for your assigned patients, such as working as the charge nurse: patients assigned to you, all the patients on your unit, and a My List of your choice, such as all patients with a certain condition.

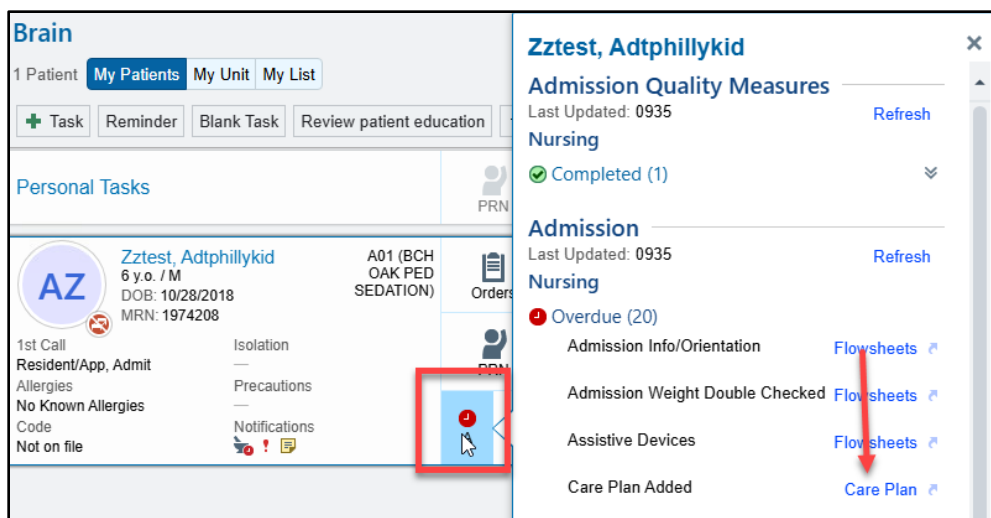


Patient Education

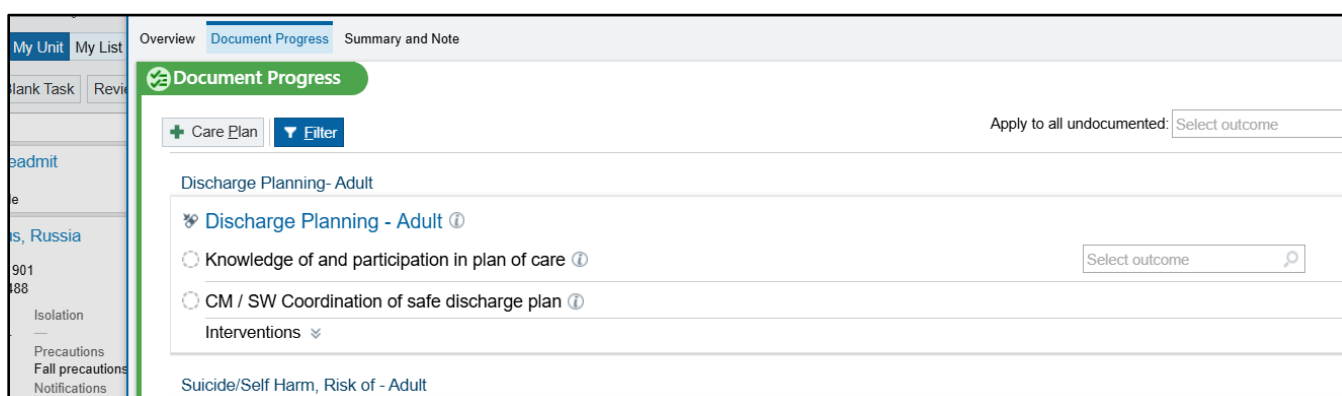
Document Care Plans and Patient Education from the Brain

When you click a care plan or patient education task in the Brain, you can document in a window that appears, right in the activity.

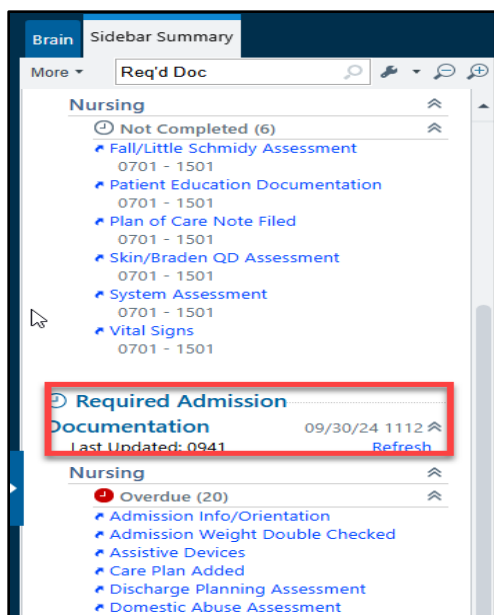
Select **Req Doc** to open and document **Care Plan** or **Patient Education** directly in the Brain.



After selecting, the activity opens in a pop up in the Brain.



These can also be accessed from the Brain Sidebar in the patients chart.



Patient Tracking

Drag and Drop to Transfer Non-Delivering Patients

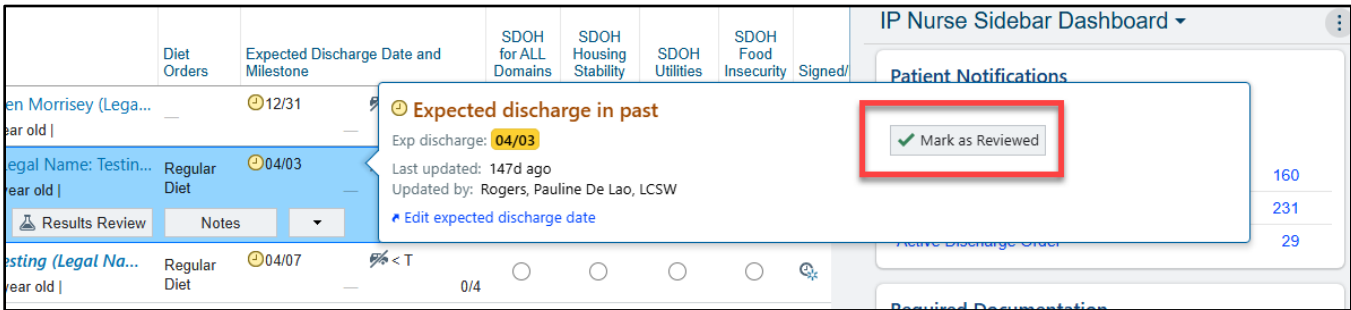
You can transfer a patient who doesn't have an ADT L&D Status, such as a postpartum patient who is readmitted for complications, by dragging and dropping in the L&D Manager and the L&D Map.

Labor (33 of 59 occupied)						
Bed	Name	Dil	Eff	St	RN	Pt. Class
TRN O...	Bigwheel, Zara-OBUC	—	—	—	—	IP
TRN O...	Blasterball, Zara-OBUC	—	—	—	—	IP
TRN O...	—	—	—	—	—	—
TRN O...	—	—	—	—	—	—
TRN O...	—	—	—	—	—	—
TRN O...	—	—	—	—	—	—
TRN O...	—	—	—	—	—	—
TRN O...	—	—	—	—	—	—

Patient/Encounter Activities

Review Discharge Readiness Dates Faster in Patient Lists

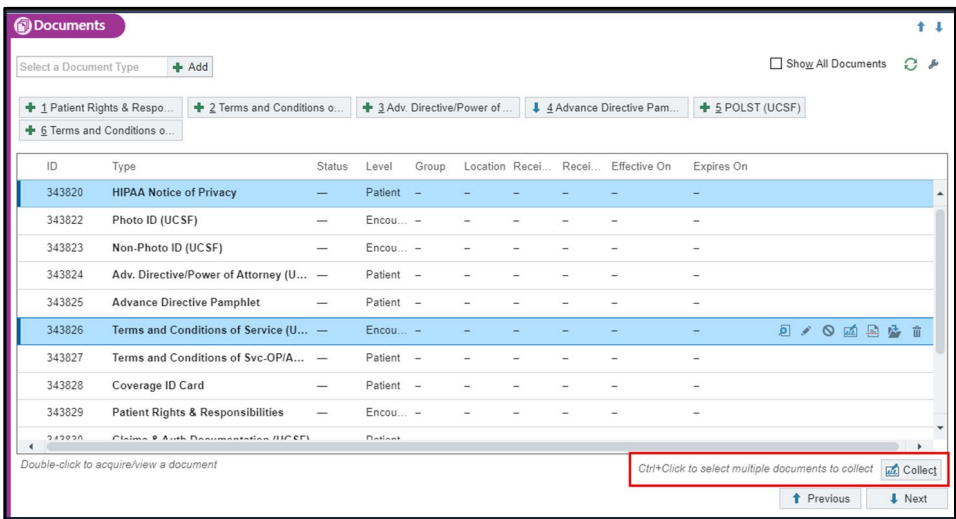
To save time, you can mark a patient's expected discharge date and medical readiness date as reviewed directly from the hover bubble for those columns, so you don't have to open the Discharge Planning activity.



Scans and Media

Select, Collect, and View Multiple Documents

In the Document List, Ctrl+click to select multiple documents and click Collect. After the first document is scanned, signed, or viewed, you can move to the next document without leaving the document collection window.



E-Signature Document Collector

1 **HIPAA Notice of Privacy [343820]** 2 Terms and Conditions of Service (UC...) 3 Patient Rights & Responsibilities [343... 4 Adv. Directive/Power of Attorney (UC...

to: **Patient** Signature needed

About Document
 Received by: [Name]
 Received date/time: 8/19/2025 11:48 PM
 Status: [Status]
 Effective date/time: 8/19/2025 11:48 PM
 Expiration date/time: [Expiration date/time]
 Group: [Group]
 Location: [Location]
 Description: [Description]
 Document Content
 Signed by: [Signature]
 Relationship: [Relationship]
 Date: [Date]
 Representative: [Representative]
 Witnesses: [Name] 1

NOTICE OF PRIVACY PRACTICE ACKNOWLEDGEMENT OF RECEIPT

The UCSF Notice of Privacy Practice provides information about how we may use and disclose protected health information about you.

In addition to the copy we have provided you, copies of the current notice are available by accessing our website at <http://www.ucsfhealth.org> and may be obtained throughout UCSF Health System.

I acknowledge that I have received the Notice of Privacy Practice.

Patient **Sign Here**

Signature of Patient or Patient's Representative

NOTICE OF PRIVACY PRACTICE ACKNOWLEDGEMENT OF RECEIPT

Social Drivers and Networks

Document Alcohol Use Only in History

Documentation in the Alcohol section updates patient social drivers of health, and you see the full assessment instead of a link. For IP areas, this replaces the Single Item Screener for alcohol that was being used previously. Responses will be visible in the SDOH wheel and tracked by the Social work team.

Navigators

Admission Transfer Discharge Discharge - Interfacility Discharge - Deceased

Social History

Set Unanswered to Never

Tobacco

Smoking

Alcohol

Q1: How often do you have a drink containing alcohol?
 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?
 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?
 Never Less than monthly Monthly Weekly Daily or almost daily Patient unable to answer Patient declined

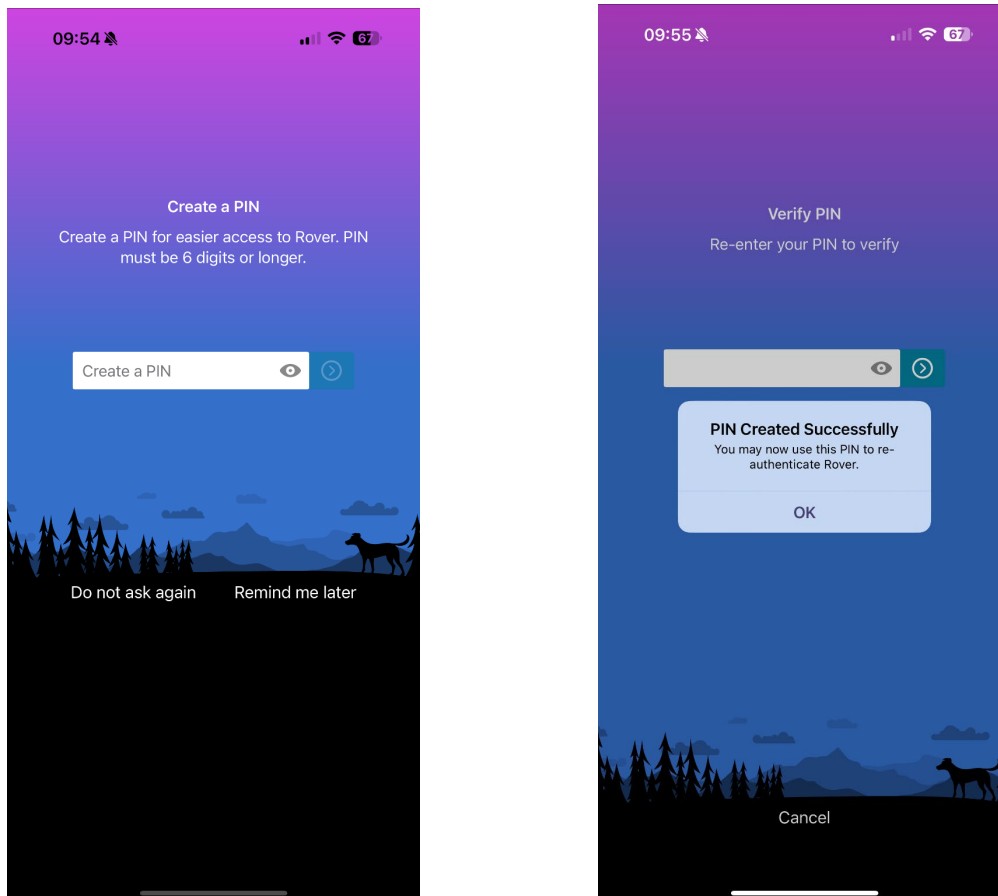
Additional Alcohol Use Documentation - Drinks (0 Standard Drinks per Week)

Rover

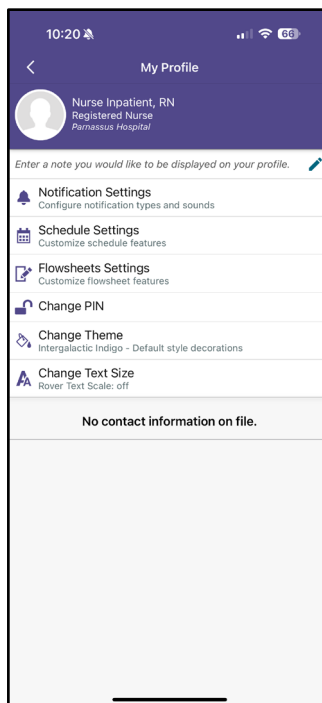
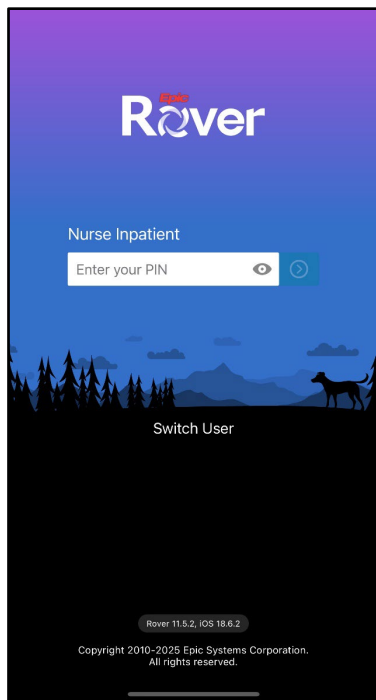
Rover logins easier and more efficient

Users can now create and use a unique 6-digit pin for subsequent logins to Rover. After first authenticating with your full username and password and the Rover application times out after 20 minutes of inactivity, users can use their new pin to subsequently log back into the application as opposed to having to re-enter their full APeX password.

Upon logging into Rover for the first time after this change, you will be prompted to create your 6 digit pin and verify it.



Your pin can be used for subsequent logins for the next 12 hours before needing to authenticate with a full username and password.



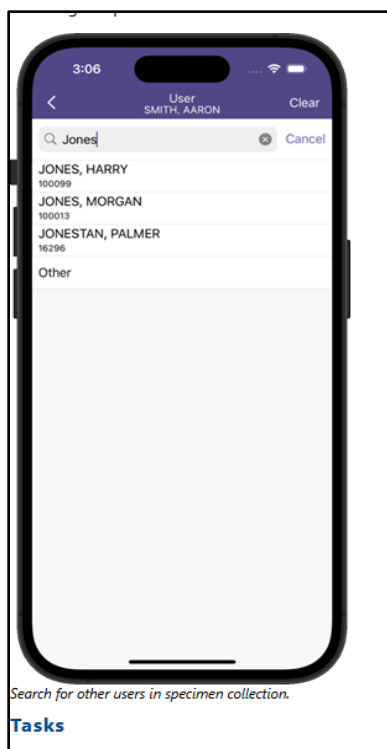
If you manually log out of Rover via the Epic button within the application or there is a period of 2 or more hours of inactivity within the app, you will also need to authenticate with your full username and password again upon logging back into Rover.

If you forget or want to change your pin, you may do so by selecting 'Switch User' and reauthenticating with your username and password. Once logged in, go to the Epic button > Click your Name > Change Pin. Enter your username and password and then select a new pin

Orders and Collection

Easier Documentation of Specimen Collection User and Department in Rover

If you do collection in Rover, you can now search for and select other users and departments, saving time and reducing errors when documenting specimen collection information.



Reporting

APeX Reporting Upgrade Resources

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

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 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

New PCMC Dashboards

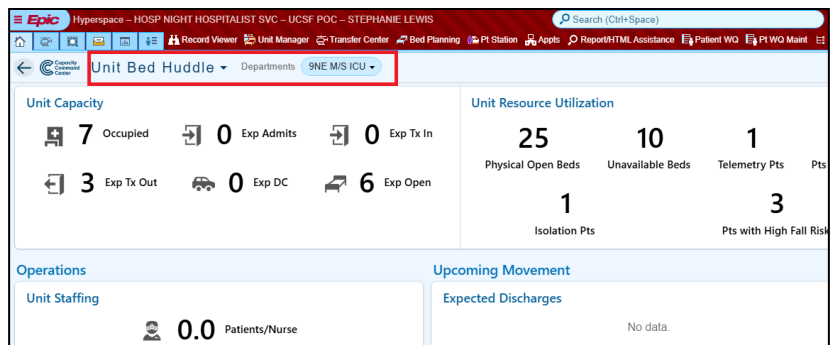
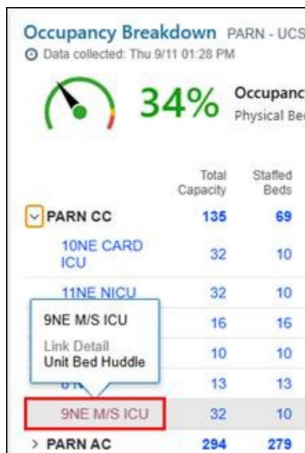
New and improved features for PCMC Dashboards that will enhance data accessibility and streamline workflows.

Unit Bed Huddle Dashboard

Gain access to unit-level insights including:

- Capacity
- Utilization
- Estimated Date of Discharge (EDD)
- Discharge milestones
- Bed requests
- Outgoing transfers
- Staffing

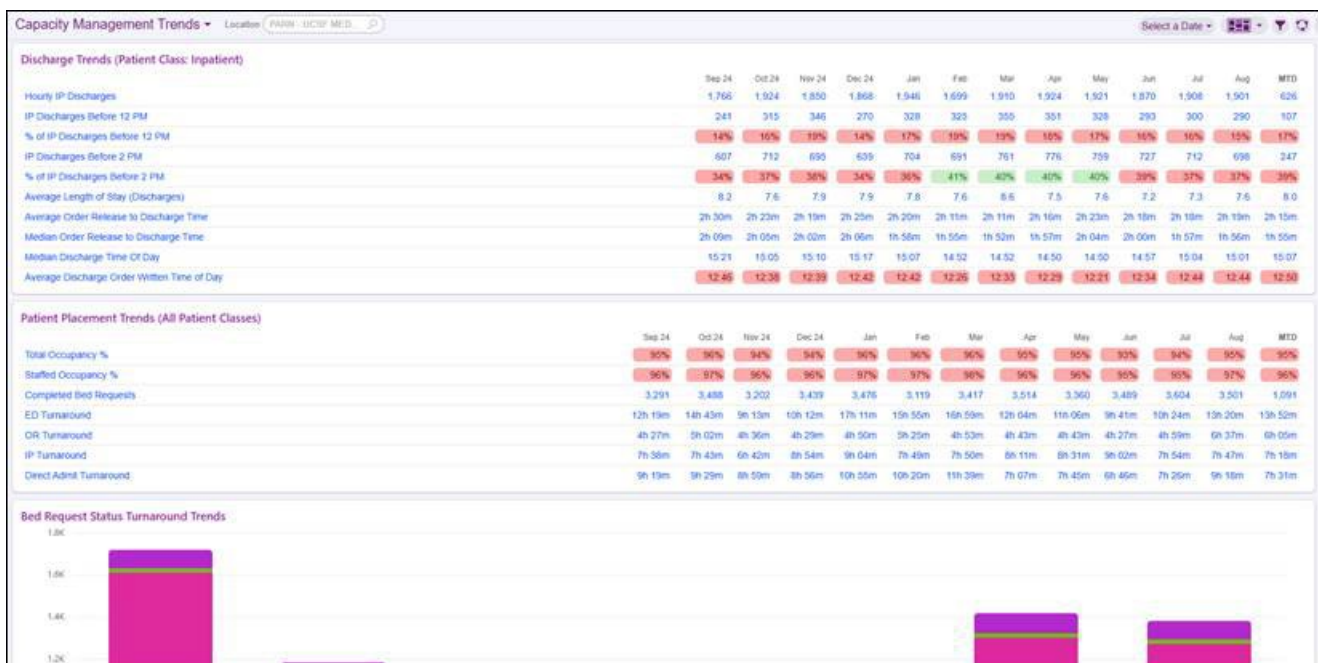
To view the Unit Bed Huddle Dashboard, click on department hyperlinks within the Capacity Management.



Capacity Trends Dashboard

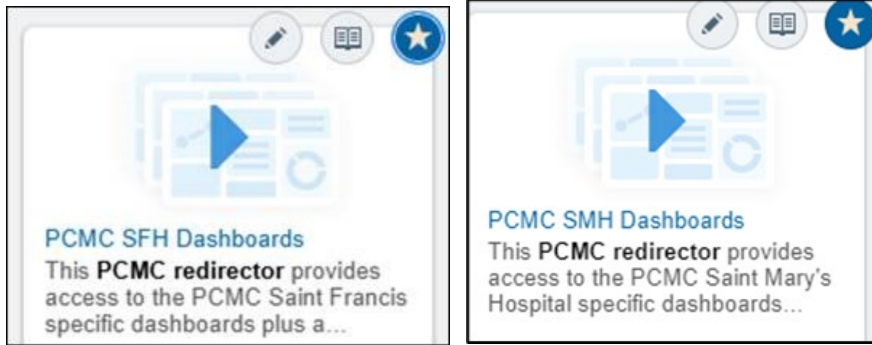
Visualize trending metrics across:

- Bed requests
- Patient placement
- Discharges



Hospital-Specific Dashboard Redirectors

New redirectors for St. Mary's and Saint Francis hospitals will group patient capacity and throughput dashboards by location, making it easier for users to access relevant data.



For information on how to favorite the dashboard redirector, review the [Favorite a Dashboard Redirector](#) Tip Sheet.

Retired PCMC Dashboard

Discharge Management Dashboard

This dashboard will be retired. Please, reference discharge milestones to track discharge-related tasks.

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 **APeX Inpatient Nursing & Patient Care Services (Clin Doc) Monthly Updates** directly, join [APEXIPRNUUPDATE LISTSERV](#).

To view previous **APeX Inpatient Nursing & Patient Care Services (Clin Doc) Monthly Updates**, click [here](#)

[The APeX Knowledge Bank- Website](#)

Disclaimer: You are receiving this monthly update because you have been identified as an end user with APeX Inpatient Nursing & Patient Care Services (Clin Doc) security. Content in this update is for educational and informational purposes. Please review for latest APeX Clin Doc 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).