

Ambulatory APeX Monthly Updates - June 2026

Ambulatory Users

Unless otherwise indicated, updates in this edition go live: **June 9, 2026**

June's Featured Updates	
<p>AI-Powered Draft Replies↗</p> <p>Use AI-generated drafts as a starting point when responding to Pt Advice messages</p>	<p>E-Consent Coming July 14↗</p> <p>Electronic consents will soon be available for ambulatory procedures</p>
<p>Disabilities & Accommodations↗</p> <p>New patient indicators support accommodation planning and equitable care</p>	<p>Document Types Streamlined↗</p> <p>Existing document types have been standardized, with new document types added and outdated types retired</p>

June's Updates by Section	
<i>Click any title below to jump directly to that section</i>	
High Impact Updates	2
Clinical Workflow Updates	6
Documentation Updates	10
System Standardization Updates	13
Training Resources & Announcements	16

High Impact Updates

Changes that affect patient care, documentation, ordering or other workflows that impact daily work

Viewing and Documenting Patient Disabilities & Accommodations	2
In Basket ART (Augmented Response Technology): AI-Generated Draft Replies	3
Coming Soon: E-Consent for Ambulatory Procedures	4
Remove Medical Advice Message Option for Residents	4
Requiring a Therapy Plan Provider	4
Ceftriaxone Injection Route Updates	5

Viewing and Documenting Patient Disabilities & Accommodations

Audience impacted: UCSF Front Desk Staff and AMB Clinical Staff

Reason for Change: The ability/functional limitation status of patients, as well as any necessary accommodations were not completely or consistently assessed, captured, and displayed for use throughout UCSF Health. The Abilities & Accommodations Workgroup created a workflow that supports standardizing documentation, display, and updates of patients' disability and accommodation status.




Description & Workflow: UCSF is committed to provide reasonable accommodations whenever possible. The display information in the storyboard will help ensure that all members of the care teams have the information needed to consistently provide necessary accommodations for safe, compassionate, and equitable care. and ensuring patients have equal access to our services.

Patients are offered the *Abilities and Accommodation Questionnaire* as part of the eCheck-In or Check-In process for upcoming visits at all UCSF outpatient departments. Clinical staff can view and plan accordingly for patients who may have accommodation needs for an upcoming scheduled outpatient visit by reviewing the Schedule.

Status Displays on the Storyboard, DAR and Schedule:

- **Accommodations Needed:** Accommodations are selected on SmartForm/Questionnaire
- **No Disabilities/Accommodations:** Patient answered questions, no accommodations were requested
- **Abilities Not Screened:** SmartForm/Questionnaire has not been answered or if one of the six ACS questions was not answered

Hovering over the new column displays any requested accommodations.

 One Cat Male, 94 y.o., 1/1/1932 MRN: 97715475 Language: English No ACP	 One Cat Male, 94 y.o., 1/1/1932 MRN: 97715475 Language: English No ACP	 One Cat Male, 94 y.o., 1/1/1932 MRN: 97715475 Language: English No ACP
COVID Results/Vaccine Summary	COVID Results/Vaccine Summary	COVID Results/Vaccine Summary
Abilities Not Screened	No Disabilities/Accommodations	+Disabilities/Accommodations

For Front Desk workflows please review the [Abilities & Accommodations Guide for Front Desk Staff](#).

For Clinical staff workflows please review the [Abilities & Accommodations Guide for Clinical Staff](#).

SME/Informaticist: Aris Oates, MD, Rhiannon Croci BSN, RN NI-BC, Adrian Tomes, MD and Amy Kangwankij, RN
 Analyst: Damon Catania (MyChart), Bridget David (Ambulatory), Billy Harris (ADT), Maggie Polak (ClinDoc), Brandon Wade (ASAP)

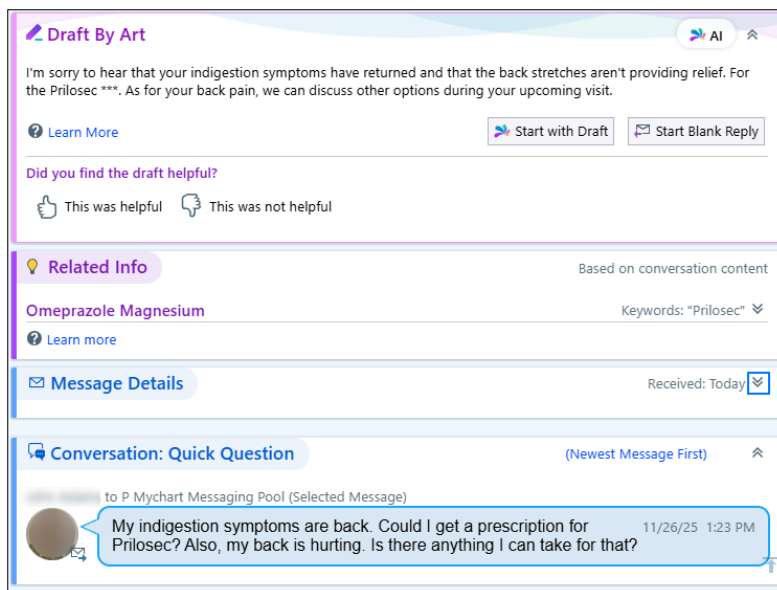
In Basket ART (Augmented Response Technology): AI-Generated Draft Replies

Audience: UCSF Attendings and APPs

Reason for Change: To help respond more quickly to patient medical advice request messages, In Basket now shows an AI-generated reply draft.

Description & Workflow: These drafts can serve as a starting point for patient communication and can be edited for accuracy. If the generated text doesn't meet your needs, you can start a new blank reply instead.

For more information, please see the [tip sheet](#).



Informaticist/SME: Maria Byron, Julie O'Brien, Rosie Krauter, Katie O'Connor, Kristin Lyman, Burak Ersoy; Analyst: Jeff Hanneman

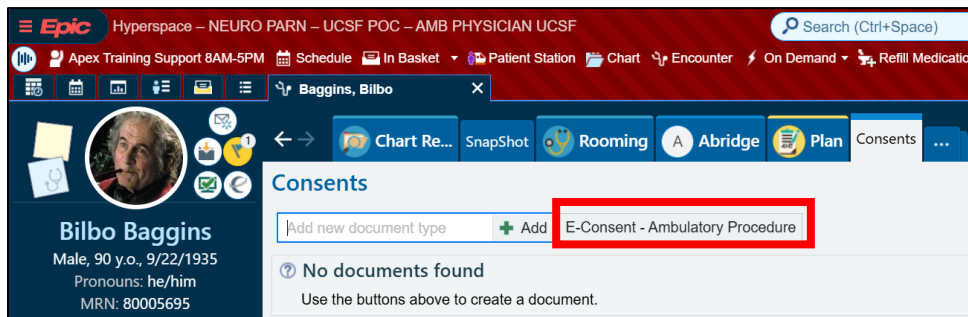
Coming Soon: E-Consent for Ambulatory Procedures

Audience: UCSF & BCH providers who perform procedures

Go-live Date: July 14th, 2026

Reason for Change: To improve documentation of informed consent for Ambulatory procedures.

Brief Description & Workflow: Proceduralists will be able to create an Ambulatory procedure E-Consent form from either the Consents tab or the Quick Procedures tab in clinical encounters. Patient signatures can be collected via Topaz Signature Pads that are being installed in ambulatory clinics.



For more information and to prepare for go-live, please refer to the following resources:

- [Ambulatory Procedure e-Consent Reference Guide](#)
- [Ambulatory Procedure e-Consent FAQ](#)
- [Ambulatory Procedure e-Consent Overview Presentation](#)

SME/Informaticist: Grouse, Katie, MD; Build Analyst(s): Casey Burke, Charlee Day

Remove Medical Advice Message Option for Residents

Audience: All Residents at any location

Reason for Change: To prevent residents from initiating billable e-Visit encounters.

Brief Description & Workflow: The **Medical Advice Message** button in In Basket allows users to convert the current encounter into a billable e-Visit. This functionality will remain available for appropriate user types; however, residents will no longer see or use this option.

SME/Informaticist: Nicole Appelle, MD; Build Analyst: Nick Voelker

Requiring a Therapy Plan Provider

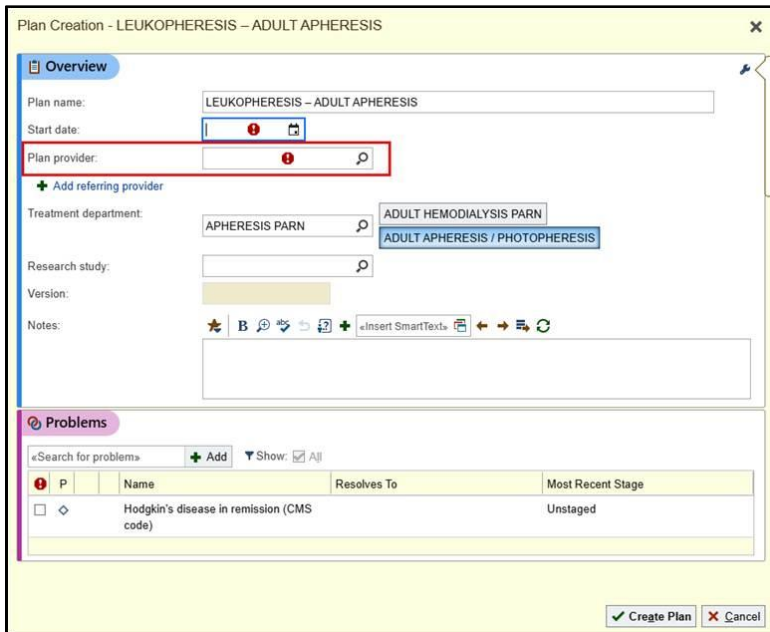
Audience Providers Referring to Infusion Center, Infusion Center Staff

Reason for Change: Without a Therapy Plan provider, gaps in communication and technical limitations surround Therapy Plan workflows. Requiring a Plan Provider when a Therapy Plan is created aligns UCSF with technical and clinical best practices, while opening the door to enhanced future functionality from Epic.

Description & Workflow: If a new Therapy Plan is created or an existing Therapy Plan's properties are edited, a Plan Provider must be assigned before the plan is created. A red stop sign will now

appear in the Plan Provider field. Existing plans will not be affected, and clinical staff will be able to begin/complete treatments and release orders normally.

For more information, please see the [tip sheet](#).



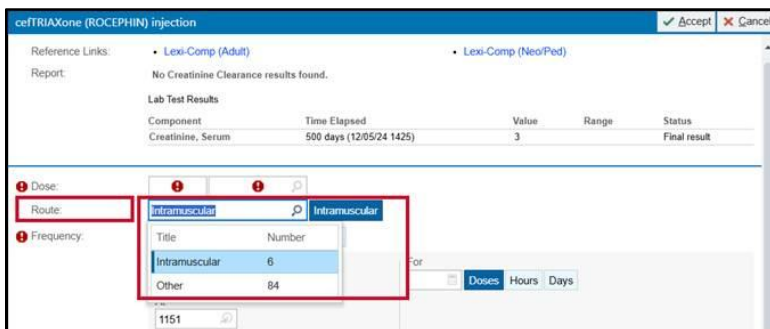
SME/Informaticists: *The Therapy Plan Capability Leadership, AC3 Leadership, Aris Oates, Katie O'Connor; Build Analyst: Sarah Kohut*

Ceftriaxone Injection Route Updates

Audience: All Ordering Clinicians (Except those in the OR/procedural setting)

Reason for Change: Following a CDC led, multistate investigation of serious adverse events that occurred within 6 hours of injectable ceftriaxone receipt and resulted in death or required CPR, the UCSF Infectious Disease Pharmacy Specialists have updated guidance to recommend AGAINST IV PUSH administration of ceftriaxone outside of OR/procedural areas.

Description & Workflow: Ceftriaxone injection orders have had the Intravenous route option removed; intramuscular remains an option for administration. For intravenous use, ceftriaxone should only be administered intravenously via IV infusion, NOT as an IV push.



Informaticist: *Whitnee Molidor, PharmD; Analyst: Shalini Bhargava, PharmD*

Clinical Workflow Updates

Enhancements or system improvements that affect clinical workflows or patient care activities

- CSF Collection Label Improvement6
- Document Multi-Component Immunizations in the MAR7
- Meds to Beds Status Report Print Group Update7
- Cardiology Chart Review Tab - Quick Filter Updates8

CSF Collection Label Improvement

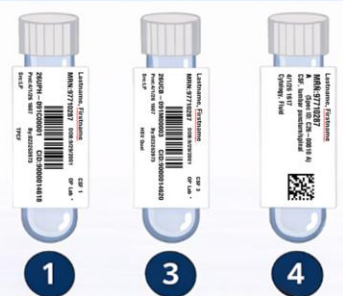
Audience Impacted: RNs, Neuro PAs, OR RN’s, Lab Processing, Lab Techs

Reason for Change: CSF tests have been printing off too many labels, causing confusion about which labels should be affixed to specimen containers, which should be sent to the lab alongside specimen containers, and which should be discarded.

Brief Description & Workflow: Now, all CSF tests will be assigned to 1 of the 4 tubes in the standard CSF collection kit and labels will print accordingly with “CSF 1” “CSF 2” “CSF 3” and “CSF 4” in the top right corner. The maximum number of labels that may print is 5, as cytology will always print separately. Extra labels should always be placed in the bag alongside labeled specimens and sent to the lab. Extra tubes should always be labeled with generic visit/registration labels. See infographic below:

CSF TUBE LABELING

✔ **USE PRINTED LABELS**





1 3 4

Printed Label Printed Label Printed Label

⚠ **ADDITIONAL (UNLABELED) TUBES**

Lastname, Firstname
 MRN: 97710287 HAR: 70065739 CSN:
 DOB: 9/29/2001 (24 yr) M
 Adm Date: 04/01/2026





2 Affix a **GENERIC** or **VISIT/REGISTRATION** patient label to each additional tube.

✔ **ALL TUBES REQUIRE A LABEL**

Use **printed labels** for collected tubes. If any extra tubes are collected, use a generic or visit/registration patient label.

SME/Informaticist(s): Katie Grouse, Julie Therien, Simone Arvisais-Anhalt, Jacob Spector; Build Analyst: Sky Aulita

Document Multi-Component Immunizations in the MAR

Audience: Nursing/Clinicians who Administer Immunizations

Description & Workflow: The MAR now can document multi-component immunizations. For example, if a vaccine is comprised of a powder component that needs to be combined with a liquid component before administration – each component can now be scanned for complete documentation.



Note: This new build format has been applied to Menveo, Pentacel, and Shingrix (2-component) with plans to expand to newly P&T approved Penmenvy. We are currently analyzing which other medication records to re-build using this format.

Example of 2 component immunization in the MAR:

The screenshot displays the MAR interface for a medication order. The medication is DTaP-IPV-Hib (Pentacel) vaccine (vials 1 & 2, mixed), with a dose of 0.5 mL, administered intramuscularly once. The order information includes the ordered admin dose, dispense location (EMH Central Pharmacy), route (Intramuscular), and administration window (60 minutes from the due time). The administration details show the action 'Given' on 07/10/2025 at 1430, administered at the Left Anterior Thigh site. The immunization info section highlights two components: ActHIB component (vial 2 of 2) and DTaP-IPV component (vial 1 of 2), both scanned. The product is Pentacel by Sanofi Pasteur, and the VIS Presented Date is 7/10/2025.

Analyst: Vincent Le, PharmD, Melissa Chen, Ryan Lund

Meds to Beds Status Report Print Group Update

Audience: All Adult UCSF, including Community Medical Centers (Stanyan & Hyde), inpatient clinicians viewing the report, Peds Mission Bay inpatient clinicians viewing the report

Reason for Change: Previously, only some of the Meds to Beds (M2B) flowsheet rows documented by pharmacy were included in the Meds to Beds Status report, which is visible to clinicians in the Discharge Navigators. Adding all the items that pharmacy documents to the Care Team, especially nursing, will improve transparency and help them avoid waiting on a medication delivery before telling the patient they may leave.

Description & Workflow: This change to the print group will allow clinicians to view with whom the delivery was coordinated, the delivery location, the delivery outcome, and any free-text notes the pharmacy may have entered. It will also show, when applicable, the M2B cancellation reason.

Value	Time	User	
Is Patient Interested?	Yes	11/16/2023 10:27 AM	Chen, Melissa
Is Patient Enrolled?	Yes	4/24/2025 3:35 PM	Chen, Melissa
Delivery Coordinated with	whitnee molidor pharmD	8/5/2025 11:51 AM	Molidor, Whitnee
Scheduled Delivery Date	08/06/25	8/5/2025 11:51 AM	Molidor, Whitnee
Scheduled Delivery Window	1 pm to 2 pm	8/5/2025 11:51 AM	Molidor, Whitnee
Delivery Location	pt room	8/5/2025 11:51 AM	Molidor, Whitnee
Notes	test 2	8/11/2025 9:01 AM	Molidor, Whitnee
Delivery Outcome	Delivery Completed	4/2/2026 11:00 AM	Sedore, Christy M

Informaticist: Tip Tilton; Build Analyst: Christy Sedore

Cardiology Chart Review Tab - Quick Filter Updates

Audience: All Users

Reason for Change: To eliminate confusion of misleading quick filters and better align the Cardiology Chart Review tab with other tabs, particularly the Imaging tab.

Brief Description & Workflow: The following Quick Filter updates will be made:

- Remove the “Completed” filter
- Add the “Final”, “Ordered/Future”, “Hide Expired”, “Hide Canceled”, and “Hide ECG” filters
- Select the “Hide Expired” and “Hide Canceled” filters by default



Note: Clinicians can still create/set/edit their own quick filters to further customize their Chart Review filtering.

For more information, see the [tip sheet](#)

Img?	Date	Accession #	Description	Status	Patient Sharing	Ordering Provider
6 Months Ago						
<input checked="" type="checkbox"/>	10/05/2025		ECG 12 Lead	Active	Not Released	Khanna, Raman R, MD
1 Year Ago						
<input type="checkbox"/>	06/10/2024		TransThoracic Echo Routine	Active	Not Released	Barnett, Christopher F, MD

Informaticists/SMEs: Katie Grouse, Michael Lang; Analyst: Sarah Kohut

New Urgent Care Follow-Up SmartPhrase

Audience: All Users

Reason for Change: To standardize urgent care follow-up information for inclusion in the After Visit Summary (AVS) and other patient communications.

Original Go-Live Date: May 12, 2026

Brief Description & Workflow: A new SmartPhrase, **.URGENTCAREFOLLOWUP**, is now available for broad use across Ambulatory clinics. The SmartPhrase includes information about UCSF Parnassus and Mission Bay urgent care clinics, Express Care on-demand video visits, and guidance on when patients should present to the Emergency Department versus urgent care. This SmartPhrase can be added to the AVS or other patient communications, including discharge instructions following inpatient stays or procedures, when same-day follow-up care may be needed.

SME/Informaticist: Guy Shochat, MD; Build Analyst: Nick Voelker

Documentation Updates

Changes to chart documentation, scanned records, and document management or maintenance

- New Urgent Care Follow-Up SmartPhrase**9
- New Document Type for Adv. Directive/POA (missing info)**..... 10
- Media Manager Enhancement** 11
- Document Type Updates** 11

New Document Type for Adv. Directive/POA (missing info)

Audience: All Providers

Reason for Change: Many patients submit ACP documents that are missing dates and signatures. Although these documents have value because they contain information about a patient’s wishes for care, they are not legally binding. This new category – **Adv. Directive POA (missing info)** creates a way to flag ACP documents that don’t meet strict legal standards, but which we want to include in the medical record.

Description & Workflow: The new document type “Adv. Directive/POA (missing info)” will be visible in all the same places (Storyboard, ACP navigator) as the legally binding versions. Below is a list of the commonly accepted ACP document types and a screenshot of the new ACP document type.

ACP Document Category	Requirements
200096 - Adv. Directive/Power of Attorney (UCSF)	Catch-all Category for many ACP document types - Must include all signatures and dates
200376 - Adv. Directive/POA (missing info)	Catch-all Category for ACP document types that are missing signatures and dates
200068 - DNR (Do Not Resuscitate) Documentation	Must include required signatures and dates.
500012 - End of Life Option Act (BCH OAK)	Must include required signatures and dates.
200099 - POLST (UCSF)	Must include required signatures and dates.

Informaticist/SME: Raman Khanna; Analyst: Christy Sedore, Allie Linares, Nick Lowy, Derrick Sy

Media Manager Enhancement

Audience: UCSF SF, BCH OAK, Marin and Community Affiliates

Description & Workflow: The **Chart Review** button is now available on the Media Manager activity toolbar, allowing end users to quickly access chart review functionality while managing documents and media. This update enhances navigation and simplifies access to patient chart information directly within the Media Manager workflow.

Chart Review button now in Media Manager activity toolbar

Build Analyst: Alexandria Linares

Document Type Updates

Audience: All Roles

Description & Workflow: This update streamlines document management by standardizing existing document types. It includes consolidating naming conventions, deactivating duplicate or outdated records, and aligning practices across UCSF and BCH Oak environments. Additionally, new scanning document types have been introduced, complete with defined document type IDs, chart review destinations, and record levels.

Document types with a new name

Doc Type ID	Document Type Current Name
Accounting of Disclosure (UCSF)	Accounting of Disclosure
Administrative Documents Enc (BCH OAK)	Administrative Documents Enc
Administrative Documents Pt (BCH OAK)	Administrative Documents Pt
Care Everywhere Opt Out (BCH OAK)	Care Everywhere Opt Out
Claims & Auth Documentation (UCSF)	Claims & Auth Documentation

Copay Assistance Program (UCSF)	Copay Assistance Program
Dog Therapy Program (UCSF)	Dog Therapy Program
Durable Medical Equipment Doc (BCH OAK)	Durable Medical Equipment
Handwriting Sample (UCSF)	Handwriting Sample
Legal Document (UCSF)	Legal Document (Encounter)
Legal Document Patient Level (BCH OAK)	Legal Document (Patient)

Document Types that have been Deactivated

Doc Type ID
Admin Documents (Encounter) (UCSF)
Administrative Documents Pt (UCSF)
Coverage ID Card (BCH OAK)
Handwriting Sample (BCH OAK)
HIM ROI Authorization (BCH OAK)
Legal Document Encounter Level (BCH OAK)

New Document Types added to the system

Doc Type ID	Doc Type ID	Chart Review Tab	Level
Healthcare Facility Transfer Form	200374	Scan Clin	Encounter
Pharmacy Request	200375	Scan Clin	Patient
Informal ACP	200376	Scan Clin + AD/POLST/Legal	Patient
Test Requestion Form	200377	Scan Clin	Encounter
Consent- Chemotherapy	200378	Scan Clin	Encounter
IRF PAI Final	200379	Scan Clin	Encounter
Opioid Agreement	200380	Scan Clin	Patient

SME: Hope Johnson /Build Analyst: Alexandria Linares

System Standardization Updates

Changes that affect shared tools, workflows, and information used across multiple departments and specialties

Discontinuation of Duplicate Labcorp Faxed Lab Results..... 13

Updated Verbiage and Look for Voter Registration..... 13

Referral Standardization 14

Discontinuation of Duplicate Labcorp Faxed Lab Results

Audience: UCSF & BCH

Reason for Change: To eliminate duplicate Labcorp lab result faxes that are already available in APeX and reduce unnecessary manual work for staff.

Brief Description & Workflow: Fax delivery of Labcorp lab results that are already interfaced into APeX will be discontinued. Staff will no longer receive duplicate faxed lab results and should review all lab results directly within APeX. This change will reduce manual handling, scanning, and duplicate provider notifications.

SME/Informaticist: Maria Byron; Build Analyst: Kristie Fowler

Updated Verbiage and Look for Voter Registration

Audience: All Users


Reason for Change: Enhancement

Brief Description & Workflow: Starting with our next election time (August, September, October, and the first three days of November we will be displaying a new QR code and verbiage, helping our patients with information on how to register to vote. This will be available in multiple languages and visible in all AVS's (ED, INP and Ambulatory areas).

Your Health. Your Voice. Your Vote.

Voting helps decide health care issues and other issues that affect you and your community. **Take the first step: register to vote or check your voter registration status today.**

- Visit: Vote.health/ucsf-ehr
- Or scan the QR code to get started:



Don't have a fixed address?
That's okay. If you're experiencing homelessness, you can still vote. Write a place you stay often, like nearby cross-streets (e.g., Polk St & Grove St).

Questions?
Call the California Secretary of State at (800) 345-VOTE (8683).call the California Secretary of State at (800) 345-VOTE (8683).

Voter Registration information with barcode for quick scan access on AVS

Referral Standardization

Audience: All Users

Reason for change: To standardize and consolidate referrals for ease of user lookup and system maintenance.

Brief Description & Workflow: The referral standardization team is working with various groups to improve referrals. Referral standardization will be an ongoing effort, with multiple specialty referrals going live each month.

Referrals and Go-Live Dates: All referrals listed below are going live on June 9, 2026

Updated referrals:

- Referral to Audiology [REF7]
- Referral to Otolaryngology, Head and Neck Surgery & Subspecialties [REF23]

Related referrals being deactivated:

- DISCHARGE REFERRAL TO OTOLARYNGOLOGY, HEAD AND NECK SURGERY [REF3057]
- AMB REFERRAL TO FACIAL PLASTIC SURGERY [REF369]
- DISCHARGE REFERRAL TO FACIAL PLASTIC SURGERY [REF3137]
- AMB REFERRAL TO HEAD AND NECK SURGICAL ONCOLOGY [REF309]

Additional Referral Workflow Update:

UCSF Clinicians can place a referral to our network affiliates who are on the UCSF instance of on APeX using the Destination order question “button.” This applies to those specialty referrals that have been updated to the new referral format. See Tipsheet: Sending Referrals to Affiliate and External Organizations

Current Affiliate organizations that can be referred to using the Destination button include (with more to come!):

- California Pacific Orthopedics (“Cal Pac Ortho”)
- UC Berkeley Optometry Clinic (“UC Berkeley”)
- Peninsula Gastroenterology Medical Group (“Peninsula GI”)

Referral Improvements include:

- Consolidation of referrals by specialty, subspecialty, discharge, and different referrals based on location (UCSF, BCH Oakland, MarinHealth, etc.)
- Standardization of referral workspace
- Includes enhanced feature: sidebar guidance with instructions of when and how to get the patient referred
- Improves the referral and decision tree workflow



Note: Locate referral orders by searching “Referral To” without additional qualifiers such as “Amb” or “Discharge”

Review the [Referrals to Specialty Standardization](#) Tip Sheet for more information about the referral standardization efforts.

Informaticist/SME: Laura Hill-Sakurai, MD, Nicole Ling, MD, Lisa DeAngelis and Specialty SMEs; Analyst: Ambulatory and Patient Access Teams

Training Resources & Announcements

Training opportunities, reminders, and important information from the Health IT Training & Education

Reminder: Closure of Shattuck Training Classrooms	16
Reporting Office Hours	16
Audience Legend	17
Want the Latest APeX Updates?	17
Need APeX Training or Resources?	17

Reminder: Closure of Shattuck Training Classrooms

Effective July 1, 2026, all APeX training sessions will transition from the Oakland Shattuck facility to our San Francisco Embarcadero location. Moving forward, all training programs **will be held exclusively at the Embarcadero site**.

Please note the following:

- The training schedule and cadence will remain unchanged
- LMS will be updated to reflect the new location, ensuring teams have access to the latest information

We kindly ask that you share this update with your teams and plan accordingly. Should you have any questions or require additional support, please don't hesitate to contact us at ApexTraining@ucsf.edu.

Thank you for your cooperation as we navigate this transition.

SME: Health IT Training & Education Center of Excellence

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
June 4, 2026	12:10 pm - 1:00 pm
June 18, 2026	12:10 pm - 1:00 pm

Audience Legend

All Users: All APeX Ambulatory Users at any location, including Stanyan and Hyde

MarinHealth: UCSF MarinHealth Clinics

Community Affiliates: Community Clinics that use APeX

UCSF: All UCSF locations in San Francisco; including UCSF Benioff Children's clinics in Oakland and Mission Bay.

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

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🔔 See [Inpatient Provider Announcements](#)↗

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📅 Stay current on upgrades and events at the [APeX Hub](#)↗

💡 Still have questions? Connect with the us directly at ApeXTraining@ucsf.edu↗

Disclaimer: You are receiving this monthly update because your APeX access includes Ambulatory security. This may involve responsibilities such as reviewing patient charts, rooming patients, placing orders, writing notes, documenting in encounters, or supporting staff with Ambulatory workflows. The content in this update is provided 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).