

Ambulatory APeX Monthly Updates – February 2026

All Ambulatory Users

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**Unless otherwise indicated, these changes go live on:
February 10, 2026**

Updates to Conversation Display for In Basket Results Messages

Audience: All Users

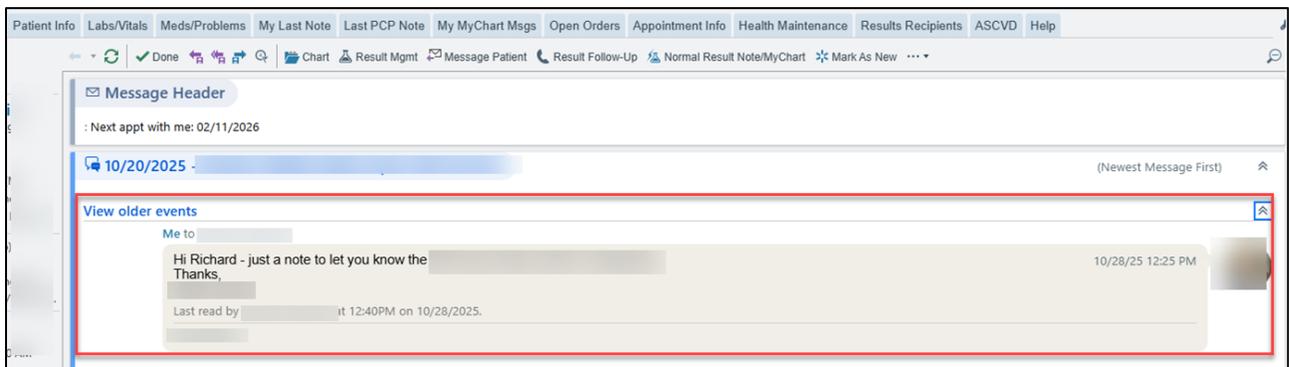
Reason for Change: To realign with Epic foundation and ongoing In Basket improvement efforts.

Brief Description & Workflow: Epic updated how the conversation thread displays for In Basket Results messages. The goal is to reduce clutter and make it easier to understand the context before you act on a result.

Go-Live Date: February 10, 2026

What's changing:

- The conversation thread now appears above the result so you can quickly see recent communication related to that result.



- Appointment information and questionnaire submissions are filtered out to reduce clutter
- Only the three most recent events stay expanded. Anything older is automatically collapsed.



Why it matters:

- If a patient uses “Ask a Question” in MyChart before you review the result, that message will be visible as part of the same conversation.
- This supports workflows like Result Follow-Up by keeping the discussion and the result together.
- If you want to focus only on the result, you can collapse the conversation using the expand/collapse arrow.

Informaticist/SME: Dr. Katie Grouse; Build Analyst: Dolores O'Rourke

Rover Dual Sign-Off Now Supports 6-Digit PIN Login

Audience: All Rover Users at any location that currently have access to Rover and perform dual sign-off

Reason for Change: To speed up dual sign-off in Rover by allowing clinicians to authenticate with their existing 6-digit PIN instead of re-entering a full password.

Brief Description & Workflow: Rover already prompts clinicians to create a 6-digit PIN after their first login, and that PIN can be used for up to 12 hours (typically a shift) before a username and password are required again. With this update, the same 6-digit PIN can now be used to complete the dual sign-off workflow in Rover, making the second-sign workflow faster and reducing repeated password entry. During dual sign-off, the second nurse can either scan their badge and then enter their PIN, or enter their user ID and then enter their PIN. After the 12-hour window expires, the user will be prompted to authenticate with their username and password before continuing.

SME/Informaticist: Tip Tilton; Build Analyst: Brandon Wade

Teen MyChart Users No Longer Have Ability to eSign

Audience: All Users

Reason for Change: To reduce confusion by ensuring eSignature requests for teen patient documents are completed by the legal guardian

Brief Description & Workflow: Teen MyChart users will no longer be able to electronically sign (eSign) documents in MyChart. Going forward, when an eSignature request is sent either manually or through eCheck-In (electronic check-in), the teen will not be prompted to sign and the request will be completed by the legal guardian when applicable. Staff workflows for sending eSignature requests do not change, but teams should be prepared to redirect questions from teens to their legal guardian proxy for signing.

Informaticist/SME: Privacy Workgroup; Build Analyst: Kathy Lehto

RSV Care Gap Expanded to Adults Ages 50–75 With Increased Risk

Audience: All Users

Reason for Change: To align the RSV vaccine Care Gap with updated CDC recommendations for adults at increased risk of severe RSV disease.

Brief Description & Workflow:

The RSV vaccine Care Gap will now include patients ages 50–75 who have an increased risk of severe RSV. The Care Gap will also include a risk score calculation to help identify which patients meet increased risk criteria based on documented conditions.

This update may cause the RSV Care Gap to appear for more patients than before. When it does, open the Care Gap details to review the risk score and the eligibility logic for that specific patient. The

workflow has not changed, so continue using your current process to confirm eligibility, discuss vaccination, and place or document the RSV vaccine as you do today.

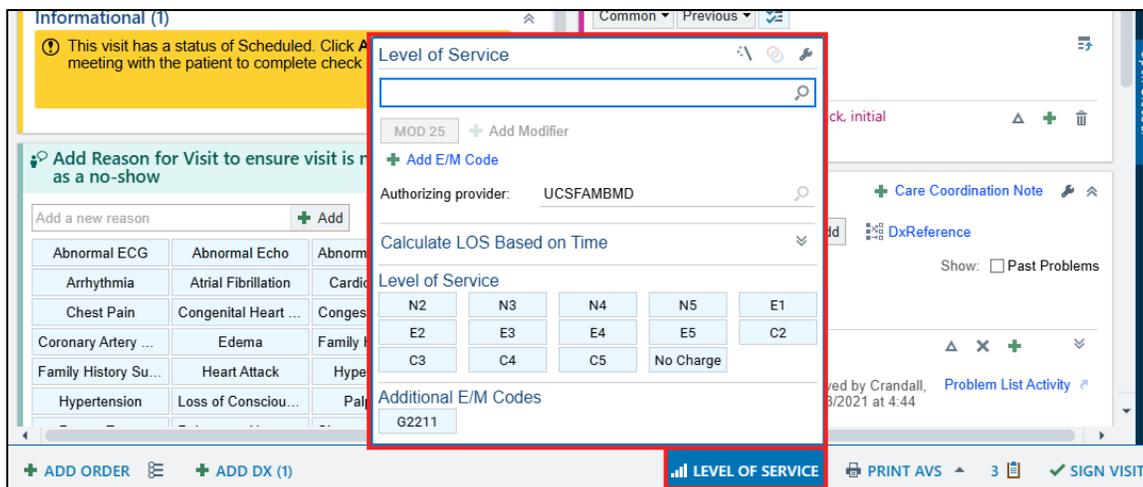
Informaticist/SME: Nicole Appelle, MD; HM Committee ; Build Analyst: Terry Mayo

Change: Level of Service (LOS) Moving to Visit Taskbar at MHMN

Audience: Non-Dermatology Clinics at MarinHealth Medical Network (MHMN)

Reason for Change: To improve access to LOS documentation

Brief Description & Workflow: LOS is moving to the Visit Taskbar at non-Dermatology MHMN clinics. To enter a LOS, click **Level of Service** in the taskbar to open a pop-up where you can enter LOS and E/M codes. Charge Capture will still be available in Wrap-Up.



Informaticist/SME: J. Michael Graham, MD, MHMN APeX Physician Lead; Build Analyst: Liz Clifton, APeX Ambulatory

Expansion of Tuberculosis Risk Screening and Care Gaps to Adult Patients

Audience: Primary Care Clinical Users

Reason for Change: To expand Tuberculosis Risk Screening to all Primary Care patients per California requirements

Brief Description & Workflow: Screening questions and Health Maintenance Care Gaps related to Tuberculosis Risk Screening are being expanded to all adult patients. The expansion of the questionnaire is due to California requirements that Tuberculosis Risk Screening be completed.

Health Maintenance Care Gaps are also being expanded to adult patients to help support the screening process. For adult patients who screen negative, the Tuberculosis Risk Screening Care Gap will complete as a one-time Care Gap. For positive screens, it will format as a Yearly Care Gap (similar to the format for Pediatric patients).

Where similar MyChart questionnaires are assigned, a Tuberculosis Risk Screening MyChart questionnaire will be assigned to pertinent Visit Types if the patient is overdue for the applicable Care Gap.

Informaticist/SME: Adult Health Maintenance Committee; Build Analysts: Alvin Hendrix, Marty Schroeder

Referral Updates

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. The 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 February 10, 2026.

Updated referrals:

- Referral to Ophthalmology & Subspecialties [REF57]
- Referral to Optometry & Subspecialties [REF58]
- Referral to Orthopaedics & Subspecialties [REF62]
- Referral to Sports Medicine & Subspecialties [REF062]

Related referrals being deactivated:

- ZZZAMB REFERRAL TO GENERAL OPHTHALMOLOGY / OPTOMETRY (FROM PRIMARY CCARE) [REF571]
- ZZZDISCHARGE REFERRAL TO OPHTHALMOLOGY [REF3051]
- ZZZAMB REFERRAL TO OPHTHALMOLOGY - CATARACT COORDINATION [REF572]
- ZZZREFERRAL TO INTEGRATED SPINE SERVICE (FROM DGIM) [REF871]
- ZZZREFERRAL TO SPINE SURGERY [REF102]
- ZZZREFERRAL TO NON-OPERATIVE SPINE (FROM SURGERY) [REF377]
- ZZZREFERRAL TO ORTHOPEDIC ONCOLOGIC SURGERY [REF252]

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

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
February 5, 2025	12:10 pm - 1:00 pm
February 18, 2025	12:10 pm - 1:00 pm

Audience Legend

All Users: All APeX Ambulatory Users at any location

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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 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).