

Ambulatory APeX Updates - April 2026

Ambulatory Users

Unless otherwise indicated, changes in this edition go live **April 14, 2026**

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New Question on Tests with CSF Specimens

Audience: All Clinical Users

Reason for Change: The lab has identified a need to be able to quickly confirm CSF test priority in the event of insufficient specimen volume.

Description & Workflow: A new question now appears when scanning collected CSF specimen labels into APeX. A window will appear requesting the ordering provider's contact information and/or the priority of tests to perform if there is not enough CSF to run all tests. This question is not required but strongly recommended if the collecting team feels there could be insufficient specimen volume. This will help facilitate communication between the lab and the ordering provider and ensure the highest priority tests are conducted, while reducing the risk of needing to repeat lumbar punctures.

Specimen Collection

Pre-collection Steps
✓ Answer collection questions

Collection Sequence
⊙ CSF 1
Glucose, CSF
Protein Total, CSF
Oligoclonal Bands, CSF

Patient Questions

For CSF collections, multiple labels will print. Scan all labels, even if not used. Each container should have one label affixed. Send all containers and any extra labels to the lab.

Answer: Acknowledge
Comment: Acknowledge

If there is a chance CSF sample is insufficient for all ordered tests, please enter either your phone number/contact information or the tests in order of priority (first = highest, last = lowest). If CSF volume is not adequate, tests will be run in order of priority and lower priority tests will be cancelled.

Oligoclonal	Enter a comment
Glucose	Enter a comment
	Enter a comment

Cerebrospinal fluid Specimens

⊙ CSF 1 (CSF, lumbar puncture/spinal)

Glucose, CSF Scheduled: 4/6/2026 1147
min volume = 0.2 mL

Protein Total, CSF Scheduled: 4/6/2026 1147
min volume = 0.35 mL

Oligoclonal Bands, CSF Scheduled: 4/6/2026 1147
min volume = 0.7 mL

We are also updating all ambulatory lumbar puncture referrals to neurology to include this question from the ordering provider, so the proceduralist or clinical staff inputting this information can find it in the referral. Please submit a service now ticket if you would like to add this question to other specialty LP referrals.

Question appears in Collection as: If there is a chance CSF sample is insufficient for all ordered tests, please enter your phone number/contact information or the tests in order of priority (first = highest, last = lowest).

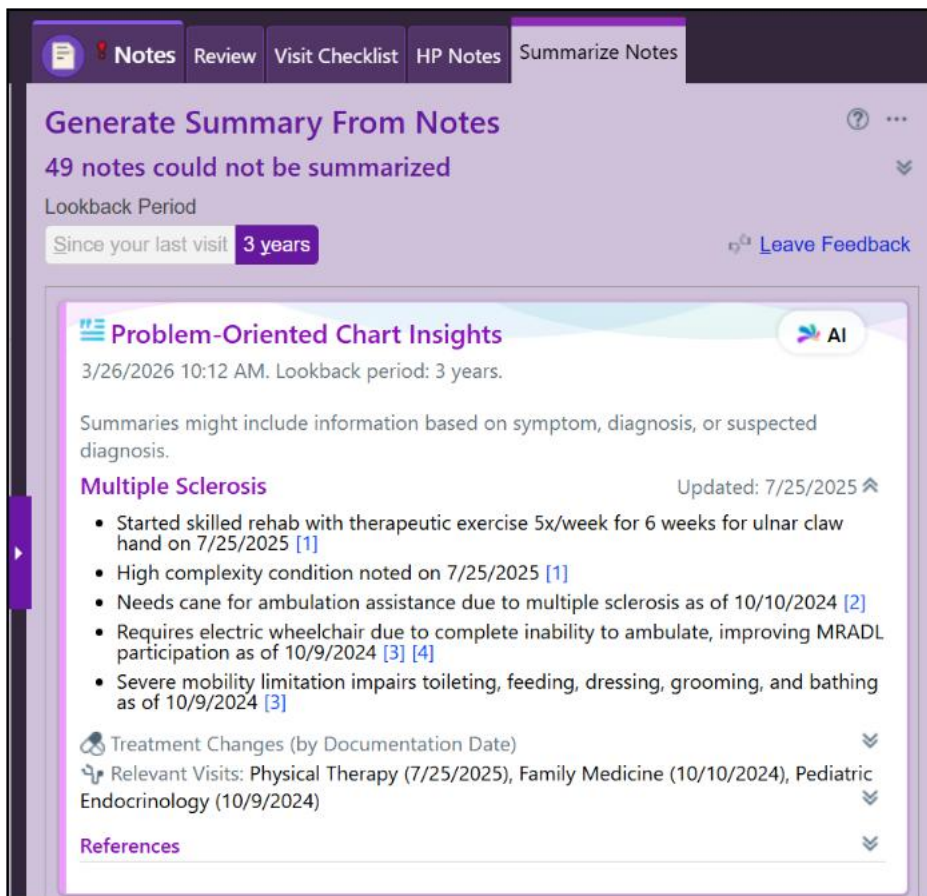
New Generative AI Summary Tool: Outpatient Insights

Audience: MDs, APPs, Rehab, and Utilization Management (UCSF, BCH, Stanyan/Hyde)

Reason for Change: To provide access to an ambulatory chart summarization tool to help clinicians get up to speed on patients before visits.

Description & Workflow: Use generative AI to summarize notes and generate a summary for outpatient visits. Both narrative and problem-oriented summaries can be generated. Summaries are generated automatically for patients with qualifying scheduled appointments approximately 24 hours prior to the scheduled visit.

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



Informaticist/SME: Maria Byron (MD), Julie O'Brien (MD), Aris Oates (MD), Rosie Krauter (APP), Ijeoma Aylor (Rehab), Tip Tilton (Utilization Management) ; Build Analyst: Jeff Hanneman

Improved Access to Outpatient Behavioral Health Encounters

Audience: All Users

Reason for Change: To allow for easier visibility of outpatient behavioral health encounters.

Brief Description & Workflow: Clinical users will no longer be required to use Break-the-Glass (BTG) to access Outpatient Behavioral Health encounters, including BCH Oak, Pritzker Outpatient, and Marin Health Clinics.

BTG will remain in place for inpatient encounters at LPPHC and Stanyan/Hyde and will continue to apply to users who do not work in those inpatient areas. Non-clinical users will still require BTG for both outpatient and inpatient Behavioral Health encounters.

SME/Informaticists: Julie O'Brien, Mike Lang; Build Analyst: Lindsay DeHart

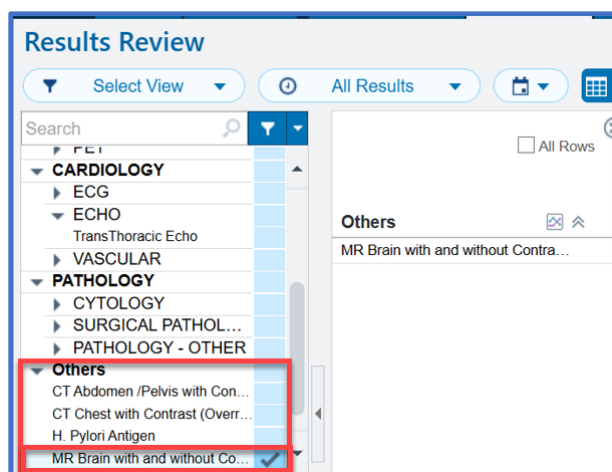
Imaging Result Tree Enhancement - Modality Group Alignment

Audience: Ordering Providers

Reason for Change: Currently, all Overread and Storage orders are grouped under the “Other” category in Result Review activity, which limits efficient identification and review of imaging results.

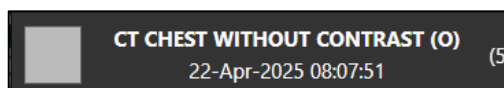
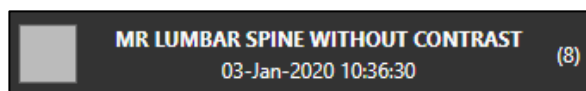
Brief Description & Workflow: Overread and Storage orders will be reclassified from “Other” and reimported into the appropriate Procedure Modality Groups within Results Review.

Previous:



Updated:

Additionally, image naming will be standardized to include “(Storage)” and “(Overread)” in Chart Review and Results Review, while eUnity will display the abbreviations “(S)” for storage scans and “(O)” for overread scans.



Examples of current naming convention

Examples of updated naming convention

Informaticists: Dr. Katie Grouse and Dr. Hailey Choi, Build Analyst: Jason Boone, Leanne Markle

First Fill Date for Outpatient Prescriptions

Audience: Providers/Pharmacists

Go-Live Date: 3/10/2026

Reason for Change: Allow the first fill date to be entered for any medication (previously only controlled meds) to help ensure that pharmacies dispense meds to patients at appropriate times relative to the start date entered.

Description & Workflow: The First Fill Date field will now be available for all medications, as it was previously only shown for controlled meds. An alert will now trigger if the start date of the prescription is in the future but the first fill date is left blank. The alert will recommend (not require) that the first fill date be entered. Some pharmacies may treat the start date as the first fill date, so providing a first fill date

that precedes the start date may help prevent unnecessary delays for patients picking up their medications before the prescribed start date.

acetaminophen (TYLENOL) 325 mg tablet

Reference Links: Lexi-Comp (Adult), Lexi-Comp (Neo/Ped), UCSF Pain Education - Acetaminophen, Boxed Warning

Order Instructions:

Product: ACETAMINOPHEN 325 MG TABLET

Sig Method: Specify Dose, Route, Frequency

Dose: 650 mg, 325 mg, 650 mg

Route: Oral

Frequency: Every 4 Hours PRN, Q4H PRN, Q6H PRN

PRN Reasons: Pain, Temp >= 38.5 C

Duration: 30 days, 90 days, 1 year

Starting: 2/27/2026, Ending: , First fill: (highlighted with red box and arrow)

Dispense: Days/Fill: Full (0 Days), 30 Days, 90 Days

Quantity: 60 tablet, Refill: 0, 1, 2, 3, 11

Patient Sig: Take 2 tablets (650 mg total) by mouth every 4 (four) hours as needed for Pain or Temp >= 38.5 C

First Fill Date field in order composer

OurPractice Advisory -

Recommend Adding a First Fill Date

You have entered a Start Date in the future. To allow the patient to pick up their medication before the Start Date, enter a First Fill date

Accept Cancel

OurPractice Advisory

SME/Informaticists: Katie Grouse, Michael Lang; Build Analyst: Rich Gelera

Expansion of Depression Screening and Opioid Stewardship Care Gaps

Audience: Primary Care Clinical Users

Reason for Change: Expand Depression Screening and Opioid Stewardship-related Care Gaps for all Primary Care Patients

Brief Description & Workflow: The Care Gaps related to Depression Screening and Opioid Stewardship are currently live at various Primary Care clinics but not all. With this change, these Care Gaps will be active for all patients in Primary Care that meet pertinent clinical criteria.

For the Depression Screening Care Gaps, this includes an Annual Depression Screening Care Gap for most Primary Care patients and a Depression Monitoring Care Gap for patients that meet clinical criteria.

The Opioid Stewardship Care Gaps include a Urine Toxicology Care Gap and Provider Agreement Care Gap that will appear for patients that meet clinical criteria.

The clinical criteria that have been in place are not changing as part of this change. We are just expanding and standardizing for all Primary Care patients. If you are seeing these Care Gaps for your patients prior to this change, this does not impact you.

SME/Informaticist: Adult Health Maintenance Committee; Analyst: Marty Schroeder, Healthy Planet

PFT Orders Updated: Resulting Agency Now Selectable

Audience: All Users

Reason for Change: To standardize pulmonary function test (PFT) ordering workflows across locations

Brief Description & Workflow: Starting April 14, 2026, with the go-live of Morgan Scientific's Compas2 software at Mount Zion, a new Adult Outpatient PFT Orders panel will be available for ordering. The orders now include a **Resulting Agency** field, enabling users to select where the tests will be performed. Additionally, the Mount Zion Adult Pulmonary Function Test [PFT40] order will be retired.

The screenshot displays the 'Adult Outpatient PFT Orders' panel. At the top, there is a blue header with the title and an 'Accept' button. Below the header, there is a text area with instructions: 'For a general evaluation of pulmonary function, the combination of spirometry and Diffusing Capacity (DLCO) is most often adequate. For following airway function in particular as in CF and asthma, spirometry alone is adequate. For all options, if baseline testing suggests airflow obstruction (low FEV1/FVC) and post-bronchodilator testing has not been performed on the patient in this laboratory previously, post-bronchodilator (albuterol) spirometry will be performed time permitting.' Below this, another text area states: 'Please postpone your patient's PFT test if they have had any of these surgeries or conditions: eye, sinus or middle ear surgery in the last 10 days; brain, thoracic or abdominal surgery in the last 4 weeks; heart attack in the last week. Avoid PFT testing in patients with cerebral aneurysm or late-term pregnancy.'

The main form area is titled 'Spirometry' and includes several fields and options:

- Status:** Normal, Standing, Future (selected)
- Expected Date:** 3/31/2026, Today, Tomorrow, 1 Week, 2 Weeks, 1 Month, 3 Months, 6 Months, 1 Year (selected), and an 'Approx.' checkbox.
- Comment:** After Clinic Visit, Before Next Appt, Before Surgery, With Next Clinic Visit
- Expires:** 3/31/2027, 1 Month, 2 Months, 3 Months, 4 Months, 6 Months, 1 Year (selected)
- Class:** Ancillary Performed (selected), Clinic Performed, Hospital Performed
- Resulting Agency:** A dropdown menu with a red error icon and a search icon, highlighted with a red box.
- Describe Clinical Scenario:** A text input field.
- Does the patient have a tracheostomy or laryngectomy?:** Tracheostomy, Laryngectomy, None (selected)
- Scheduling Instructions:** Please call 415-476-2995 to schedule an appointment at Parnassus. Please call 415-885-7755 to schedule an ...
- Comments:** Add Comments
- Additional Order Details:** A collapsed section.

At the bottom of the form, there are 'Accept' and 'Cancel' buttons.

Example of Resulting Agency field within the Spirometry order in the Adult Outpatient PFT Orders panel

Resulting Agency:

ID	Name	Address	City	State	Zip	Phone	Fax
747	HYDE PULMONARY FUNCTION LAB						
31	MT. ZION PULMONARY FUNCTION LAB						
25	PARNASSUS PULMONARY FUNCTION LAB						
741	STANYAN PULMONARY FUNCTION LAB						

Example of Resulting Agency options

SME/Informaticist: Kristie Fowler; Build Analyst: Justin Newman

BAL Studies Change to Specimen Source

Audience: All Clinical Users

Reason for Change: Upon ordering BAL studies, the ordering provider will not always know the specific Lung specimen laterality yet and therefore needs to select an appropriate source that is broad enough and indicates to update the specific specimen source later in the workflow once it is known in more detail.

Description & Workflow: Going forward, the ordering provider should select Specimen Source of Lung *UPDATE AT COLLECTION* when ordering. The collection process from Collection activity, printing labels and scanning to collect remain the same, adding update of the Specimen Source to document the collection specimen source info accurately once it is known.

AFB Non-Respiratory Culture

Priority: Routine

Frequency: Once In AM(Lab)

At: Today Tomorrow

Submitter:

Specimen Type:

Specimen Source:

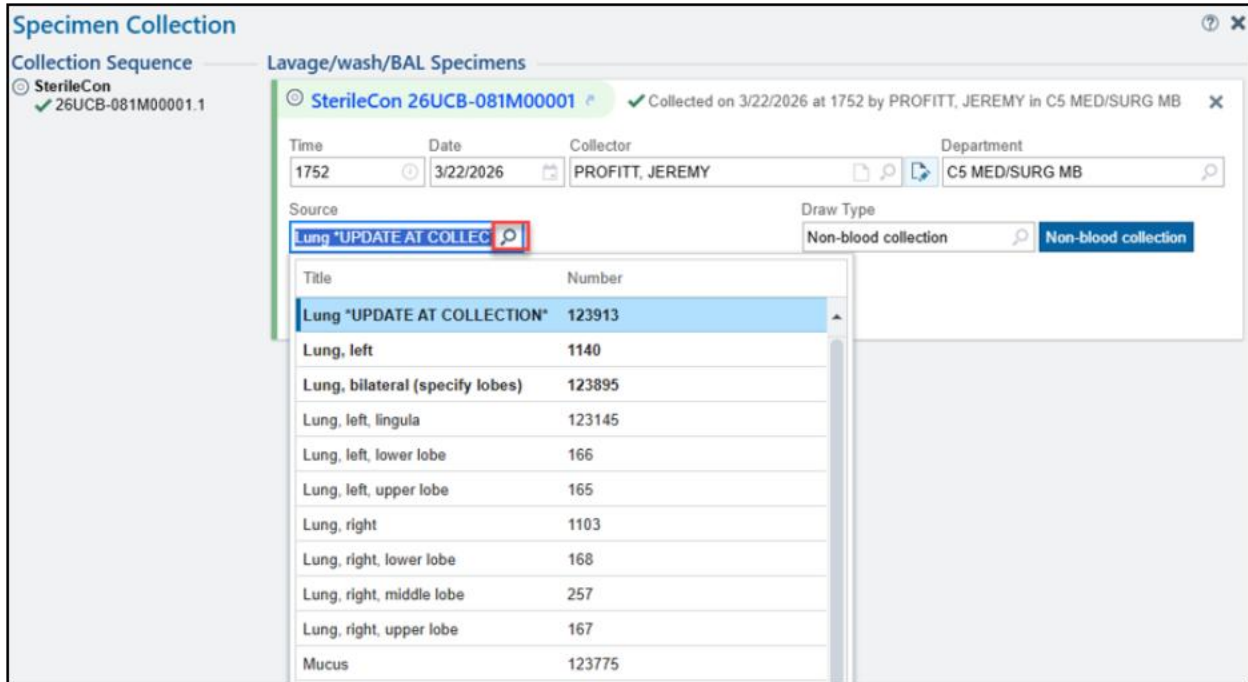
Add-on: No add-on specimen found
Patient requests delaying MyChart release of this result to allow for discussion with their clinician prior to electronic availability.
 No, release immediately

Comments:

Reference Links: [UCSF Lab Manual](#)

Next Required Link Order

Specimen Source at Ordering



Specimen Source update at Collection

Analyst: Jeremy Bell

Updated MAR action of New Bag/Syringe

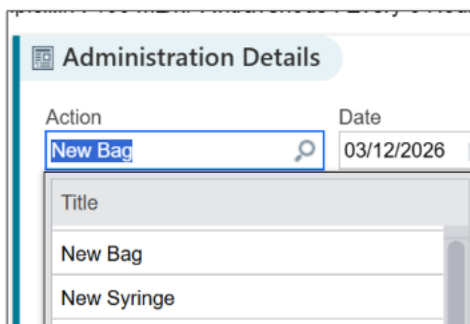
Audience: All Users who administer medications

Reason for Change: Two MAR actions, New Bag and New Syringe, have the same function and have caused confusion when a medication can be dispensed as both a bag and a syringe.

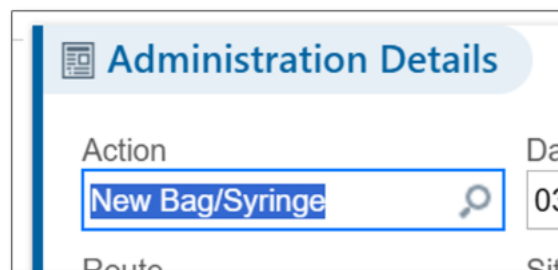
Description & Workflow:

The MAR actions of 'New Bag' and 'New Syringe' will now be one MAR action of 'New Bag/Syringe'. This will decrease the cognitive burden for the administering clinician to choose the correct MAR action when the correct one does not default and alleviate technical maintenance to map the build.

Before



After



SME/Informaticisst: Amy Kangwankij, Craig Johnson; Build Analyst: Mary Barfield, Vincent Le

Flag Scanned Document for Chart Correction Workflow

Audience: All APeX Users

You no longer need to submit a ticket for scanned document correction in APeX.

This applies when:

- The document is attached to the wrong patient
- The document is linked to the incorrect encounter.
- The content in the scanned document is incorrect or incomplete.
- The document requires additional review for correction.

Simply flag the document directly in APeX, and it will be sent to the appropriate team for review and correction. Refer to the tipsheet for detailed instructions: [Flag Scanned Documents](#)

Reminder: Upcoming APeX Training Changes

Please review these updates to help you and your teams prepare for upcoming training transitions.

Initial APeX Training for Nurses Moving to Amplifire

Audience: Nursing & Operational Leadership

Reason for Change: To modernize APeX training with an adaptive, self-paced learning model that improves efficiency and supports a consistent level of APeX knowledge.

Brief Description & Workflow: Initial APeX training for nurses is moving to Amplifire, an adaptive learning platform that adjusts to each learner. This change will phase out current instructor-led and group-based training for a more flexible format that can be completed independently.

Starting in April, new nurses in Ambulatory, ED, Inpatient, and Perioperative areas will complete their initial APeX training in Amplifire. Additional nursing specialties and roles will transition in phases. This update is intended to reduce time away from clinical work, improve accessibility, and help ensure a standard baseline of APeX knowledge across nursing roles.

SME: Health IT Training & Education Center of Excellence

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

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. 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 went live on the date next to the referral.

Updated referrals:

- Referral to Acupuncture [REF1] – went live 3/9/2026
- Referral to Nutrition [REF50] – went live 3/4/2026

Related referrals being deactivated:

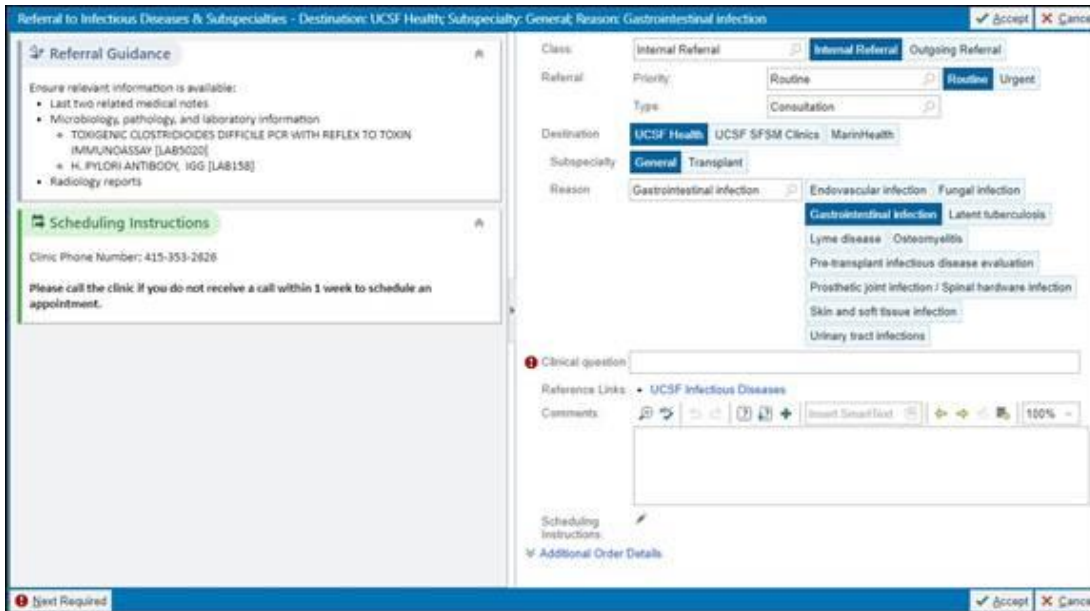
- ZZZDISCHARGE REFERRAL TO NUTRITION [REF3045]

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
April 2, 2026	12:10 pm - 1:00 pm
April 16, 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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- 💡 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).