UCSF Health
APeX Training

Ambulatory APeX Monthly Updates — September 2026

All Ambulatory Users

Unless otherwise indicated, updates in this edition go live on **September 9, 2026**

Contents

In Basket AI-Generated Draft Replies Automatically Turn Off When Not in Use

Audience: Attending Physicians and APPs

Reason for Change: To reduce unnecessary AI-generated drafts, In Basket Augmented Response Technology (ART) will now automatically stop generating replies in certain In Basket folders when clinicians are not actively using the feature. This may also help reduce AI-related costs by limiting ART usage when drafts are not needed.

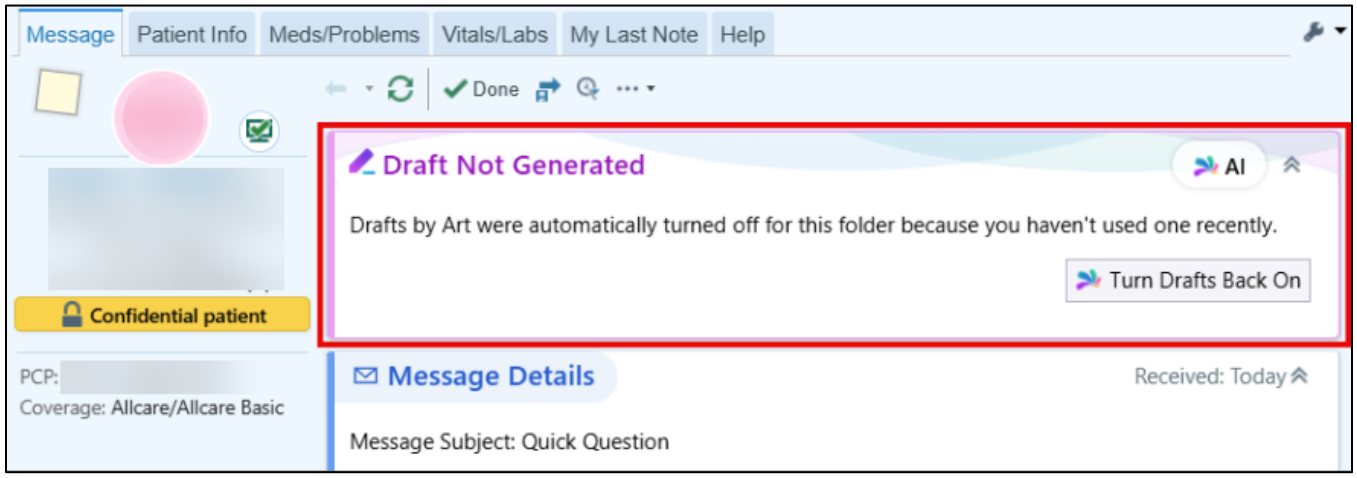
Description & Workflow: ART will no longer generate draft replies for **Patient Advice Request** and **Results** messages when:

- A clinician has manually opted out by collapsing the **Drafts by ART** section and selecting **Collapse by Default**.
- A clinician has **not used an ART draft in their last 30 patient messages** sent from that folder.

When ART has been automatically turned off, clinicians will see **Draft Not Generated** when they expand the Drafts by ART section.

To begin receiving drafts again:

1. Expand the **Drafts by ART** section.
2. Click **Turn Drafts Back On**.
3. ART will begin generating drafts for future messages in that folder.



For more information, please see the tip sheet↗

Informaticist: Maria Byron, Julie O'Brien, Rosanne Krauter ; SME: Kristin Lyman ; Analyst: Jeff Hanneman

Outpatient Type & Screen: New 2-Tube Collection Option for Patients With a Known RBC Antibody History at an Outside Hospital

Audience: UCSF Health ambulatory providers and nursing staff, and phlebotomy teams, particularly those working in infusion center areas

Reason for Change: To reduce transfusion delays and avoid repeat specimen collection when additional blood bank testing is required.

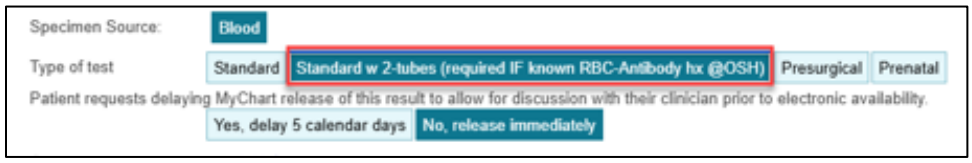
Brief Description & Workflow: Providers can now select the 2-tube option when placing an outpatient/house Type & Screen lab order - see picture. This option is especially important for patients with a known history of RBC antibodies identified at an outside hospital.

For patients where an RBC antibodies was previously identified by the UCSF laboratory, APeX will automatically generate a 2-tube collection - even if the Standard option is selected.

In either scenario, APeX will generate a background task to collect 2-tubes, ensuring that the specimens can support both the Type & Screen and additional blood bank testing required, without delays.

For more information, please see tip sheet↗.

In the future, more information will be available in the sidebar of the Type & Screen lab order.



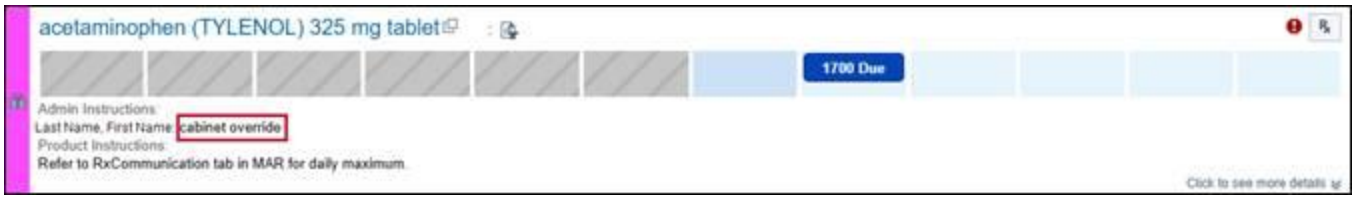
SMEs: Dr. Nambiar, Dr. Arora / Analyst: Aleli Kay Phung

Pyxis Medstation Override Pull to the Pharmacy Order Verification Queue

Audience: Inpatient and Infusion Nurses, Respiratory Therapists (Excludes Marin)

Reason for Change: To streamline the review of Pyxis override pulls and facilitate a timely linking of orders.

Brief Description & Workflow: Override pulls from Pyxis Medstations located on inpatient (non-procedural) and infusion center locations will now populate an order for review within the Pharmacist Order Verification Queue. If there is no corresponding order on the patient's profile and one is not entered within 1 hour, the nurse or overriding clinician should expect notification(s) from pharmacy of the need for an APeX order to account for the Pyxis overrides.



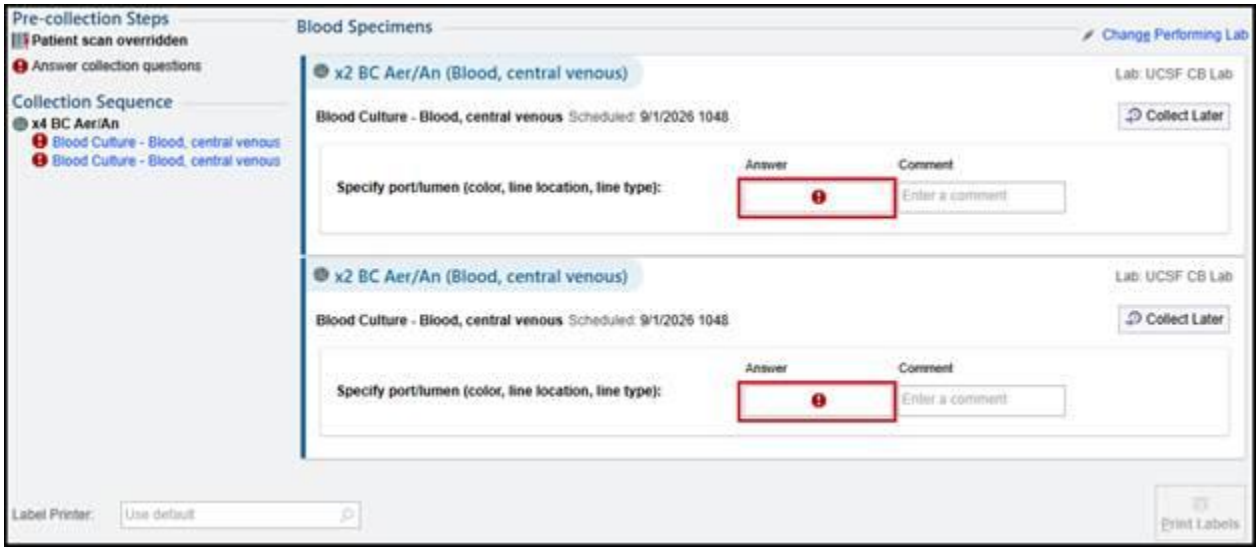
Informaticist: Allison Pollock, PharmD; SME: Mike Trillanes, PharmD; Analyst: Shalini Bhargava, PharmD

Central Blood Culture Lab Orders Specify Port/Lumen Documentation

Audience: All Nurses

Reason for Change: Nursing procedure states that lumen and line are specified when sending blood cultures. This was entered in a field in Beaker, but the field did not have a hard stop, and compliance was 50% or lower. Providers use this lumen and line information to make clinical decisions for care.

Brief Description & Workflow: During the lab collection process for central blood cultures the specified port/lumen field is required to be completed. The workflow is prior to printing the specimen label, enter specific port/lumen by documenting the color, line location, line type. It is important to document the color first as the specimen label will display the lumen on the label to help assist in accurate labeling of container.



SME/Informaticist: Lindsay Bolt; Lori Fineman; Craig Johnson; Analyst: Jeremy Profitt

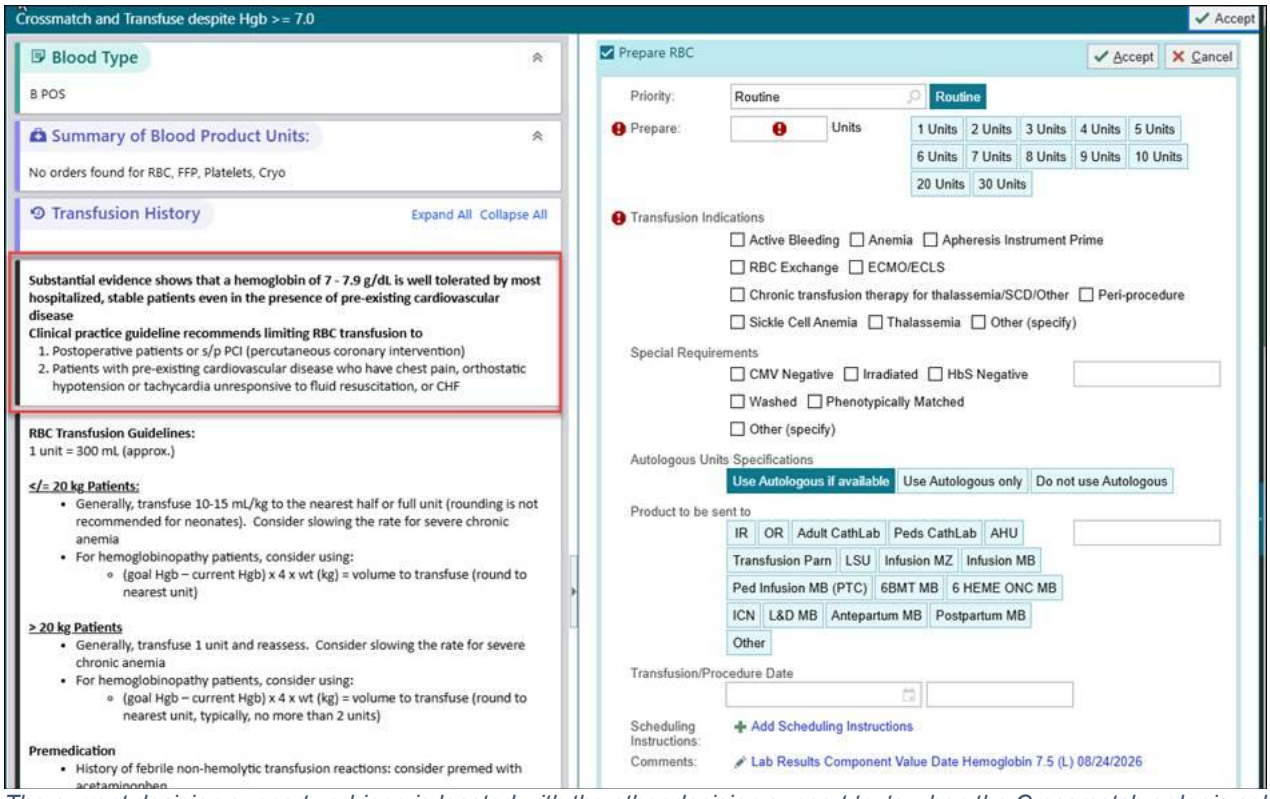
Red Blood Cell (RBC) Blood Transfusion Updates

Audience: Ambulatory Providers

Reason for Change: To align RBC transfusion practices with evidence-based guidelines to prevent unnecessary RBC transfusions.

Description & Workflow: Updates have been made to the inpatient adult blood transfusion order set. The updates aim to guide ordering providers on the appropriate indications for RBC transfusions to avoid unnecessary transfusions. Specifically, ordering providers will be required to acknowledge when RBCs are ordered for hemoglobin levels above 7.

Acknowledge when ordering RBCs for Hgb levels above 7



The current decision support verbiage is located with the other decision support texts when the Crossmatch order is selected

Informaticist/SME: Armond Esmaili, Aris Oates, Raman Khanna; Analyst: Aleli Kay Phung

Updates to Generative AI Summary Tool: Outpatient Insights

Audience: Providers, Residents/Fellows, Rehab, Case Management, Social Work, and Utilization Management (UCSF, BCH, Stanyan/Hyde)

Reason for Change: Pre-generating summaries only for active users reduces costs spent on unused summaries. Saving screen space for other sidebar activities outside of an encounter reduces distractions for clinicians and staff by showing Outpatient Insights only when relevant. Scan a patient's chart summary organized by body system, that same grouping used in the Problem List, and control how much detail is visible at a glance, making it faster to focus on the most relevant problems.

Go-Live Date: 8/13/26

Description & Workflow: Three updates went into effect on 8/13 for Outpatient Insights summaries:

- Automatic generation for Outpatient Insights will be disabled if you haven't viewed a summary for 5 consecutive days of scheduled visits with summaries generated. Automatic generation will be re-enabled once you manually generate a summary.

- When viewing a chart outside of an encounter (e.g., in Chart Review), the Chart Insights sidebar activity will only appear if a summary already exists for that patient. Inside the encounter workspace, behavior is unchanged, and the Chart Insights sidebar activity will continue to appear by default even if no summary exists yet.
- Problem-Oriented Summary reflects the following additional user-driven settings:
  - Switch between sorting Outpatient Insights summaries by body system or last updated date
  - Personalize how problem sections expand and collapse by default in the Chart Insights Settings menu

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

Update to STANDARDMEDS / STANDARDENCMEDS SmartLink

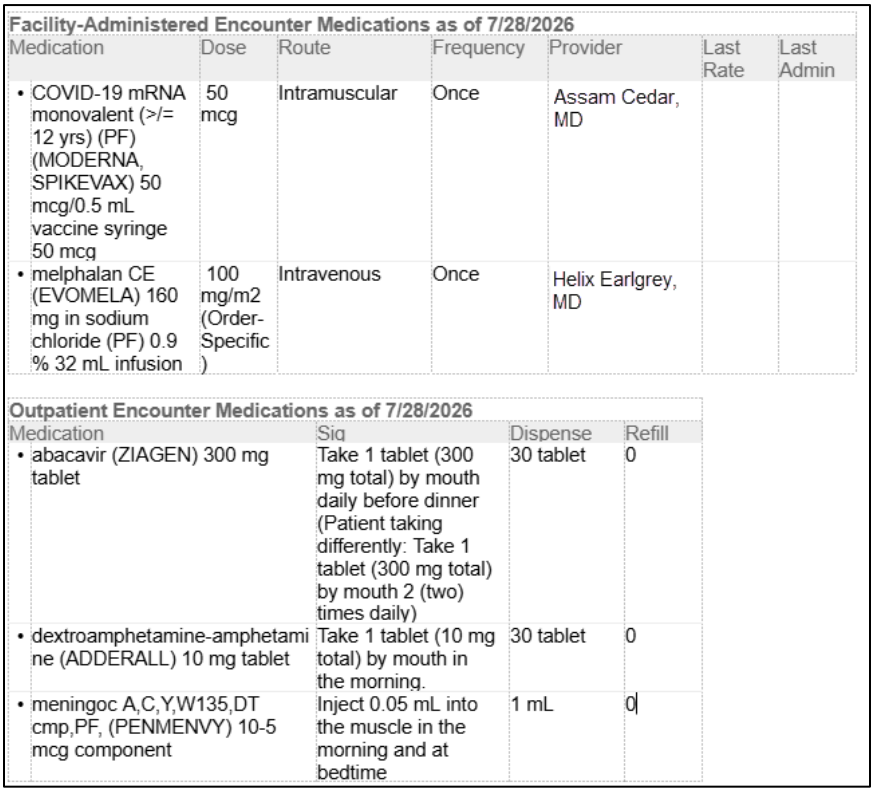
Audience: All Users

Reason for Change: To make the outpatient medication list more concise and easier to review by removing unnecessary columns and facility-administered medications.

Brief Description & Workflow: The **STANDARDMEDS** SmartLink, also known as **STANDARDENCMEDS**, has been updated in standard note templates to remove the **Dispense** and **Refill** columns and exclude **facility-administered medications**.

If you need to retain these columns and include facility-administered medications, use the **ENCMED** SmartLink instead. Contact your division leadership to request an update to a standard note template.

Before:



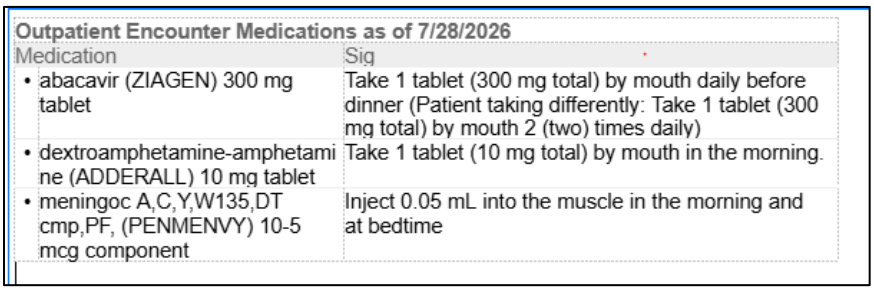
Facility-Administered Encounter Medications as of 7/28/2026

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• COVID-19 mRNA monovalent (>/= 12 yrs) (PF) (MODERNA, SPIKEVAX) 50 mcg/0.5 mL vaccine syringe 50 mcg	50 mcg	Intramuscular	Once	Assam Cedar, MD		
• melphalan CE (EVOMELA) 160 mg in sodium chloride (PF) 0.9 % 32 mL infusion	100 mg/m2 (Order-Specific)	Intravenous	Once	Helix Earlgrey, MD		

Outpatient Encounter Medications as of 7/28/2026

Medication	Sig	Dispense	Refill
• abacavir (ZIAGEN) 300 mg tablet	Take 1 tablet (300 mg total) by mouth daily before dinner (Patient taking differently: Take 1 tablet (300 mg total) by mouth 2 (two) times daily)	30 tablet	0
• dextroamphetamine-amphetamine (ADDERALL) 10 mg tablet	Take 1 tablet (10 mg total) by mouth in the morning.	30 tablet	0
• meningoc A,C,Y,W135,DT cmp,PF, (PENMENVY) 10-5 mcg component	Inject 0.05 mL into the muscle in the morning and at bedtime	1 mL	0

After:



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• meningoc A,C,Y,W135,DT cmp,PF, (PENMENVY) 10-5 mcg component	Inject 0.05 mL into the muscle in the morning and at bedtime

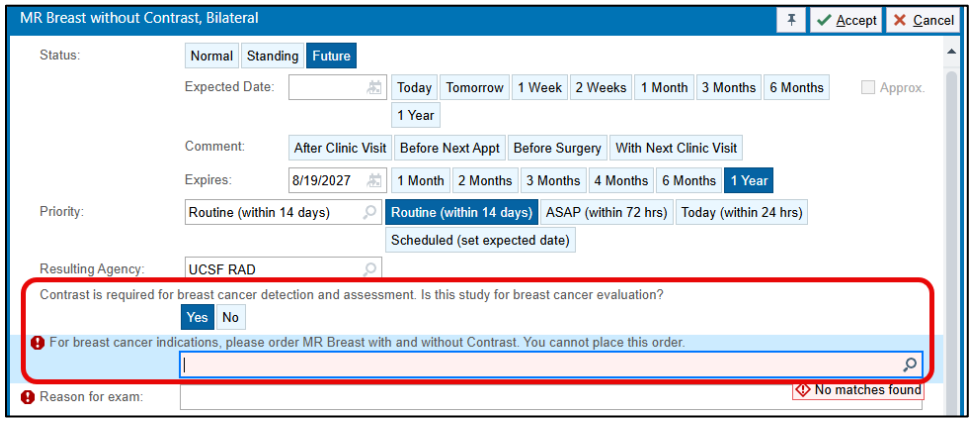
Informaticist: Dr. Grouse / Aris Oates; SME: Dr. Graham; Build Analyst: Dre Graeser

New Required Question on MR Breast without Contrast Orders

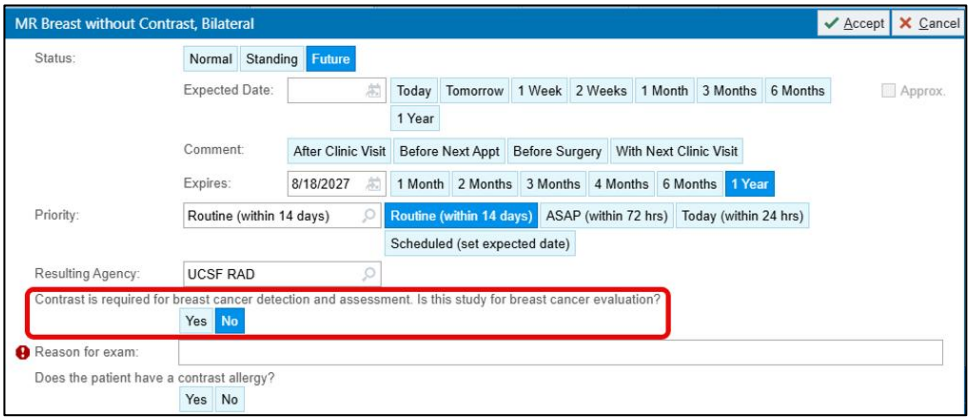
Audience: Radiant, Ambulatory providers

Reason for Change: To help ensure appropriate imaging is ordered, as contrast is required for breast cancer detection and assessment.

Description & Workflow: When ordering an MR breast without contrast exam, providers will now be required to indicate whether the exam is being ordered for breast cancer evaluation. If yes, the order cannot be placed.



If answered No, they can continue:



Informaticist: Hailey Choi, Orders Office Hours, SME: Tatiana Kelil, Build analyst: Grace Lin

Inactivating FL Cystogram Cath, Film and Interpret [IMG2082]

Audience: All Users, Ambulatory, IP

Reason for Change: To avoid confusion for ordering users between similarly named orders

Description & Workflow: The FL Cystogram Cath, Film and Interpret [IMG2082] order is being inactivated. Please order FL cystogram Cath, Film and Interpret [IMG2235] going forward.

SME: David Gospe, Informaticist: Dr. Hailey Choi, Build Analyst: Yifang Nie

Aura for Guardant Health Testing is Live September 9th, 2026

Audience: UCSF Ordering Providers, Pathology and Lab Staff. MHMC is not supported at this time.

Reason for Change: Ordering Guardant tests through APeX (utilizing the Aura interface) makes ordering faster, easier and streamlines results return to the patient's chart

Description & Workflow: Clinicians can now order Guardant Health Oncology Panel tests seamlessly in APeX. This workflow replaces filling out paper requisitions or in another portal. Questions required by the labs are included at ordering and sent via the interface. The new Guardant Health Oncology Panel tests can only be ordered for outpatients, via outpatient encounters. Other Guardant testing workflows remain unchanged.

Ordering in APeX is not only more efficient but the results appear in the patient's chart alongside the results of any other orders, no downloads or faxed results are required! Results are returned directly to the patient's chart and ordering/authorizing providers receive an In Basket message like other test results.

Impacted areas include oncology and cancer centers at UCSF Health and BCH locations. Aura tests are not currently available for MHMC providers.

Tip sheet for Ordering Providers is available on the Knowledge Bank as Aura Implementation for Guardant Health↗.

Analyst: Ellie Homen; Informatics: C. Hseih, S. Arvisais-Anhalt, J. Spector, J. Wild

Aura for Natera Testing is Live September 9th, 2026

Audience: UCSF Ordering Providers, Pathology and Lab Staff. MHMC is not supported at this time.

Reason for Change: Ordering Natera tests through APeX (utilizing the Aura interface) makes ordering faster, easier and streamlines results return to the patient's chart

Description & Workflow: Clinicians can now order six tests and three order panels seamlessly in APeX. This workflow replaces filling out paper requisitions or in another portal. Questions required by the labs are included at ordering and sent via the interface. The new Natera tests can only be ordered for outpatients, via outpatient encounters. Other Natera testing workflows remain unchanged.

Ordering in APeX is not only more efficient but the results appear in the patient's chart alongside the results of any other orders, no downloads or faxed results are required! Results are returned directly to the patient's chart and ordering/authorizing providers receive an In Basket message like other test results.

Impacted areas include oncology, transplant and prenatal departments as well as genetic counselors at UCSF Health and BCH locations. Aura tests are not currently available for MHMC providers.

Tip sheet for Ordering Providers is available on the Knowledge Bank as Aura Implementation for Natera Tests↗.

Analyst: Ellie Homen; Informatics: C. Hseih, S. Arvisais-Anhalt, J. Spector, J. Wild

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.

All existing documents will remain in the system under their original naming conventions. However, if a document type change only removes a location descriptor, those documents will now appear using the simplified document name only.

Document types with a new name:

Current Name	Updated Name	Deactivated	Replacement Document	Replacement Document Type ID
Transfer Agreement (UCSF)	Transfer Agreement			
Transfer Center (UCSF)	Transfer Center			
Transfer Center (BCH Oak)		Yes	Transfer Center	200230
Worker's Comp Documentation (UCSF)	Worker's Comp Documentation			
Transfer Center (UCSF)	Transfer Center			

New document types will expand available scanning options while ensuring documents are indexed to the appropriate Chart Review tab and the correct filing level (patient- or encounter-level).

Overall, these enhancements will create a more consistent and controlled document management workflow, improve data integrity, and facilitate more reliable downstream access for Health Information Management (HIM), coding, and clinical teams.

SME: Hope Johnson; Build Analyst: Alexandria Linares

How to Request Scanning Document Type Updates

Audience: All APeX Users excluding MHMC

Description & Workflow: All document type changes

All document type changes (activations, deactivations, and new builds) now require a formal ticket to ensure governance and traceability. Please refer to How To Request a New Scanning Document Type for the complete request process.

End users will see a cleaner, standardized set of document types in Media Manager, reducing confusion and improving scanning accuracy.

Scanning Sub-Committee: Hope Johnson & Alexandria Linares

APeX Tip of the Month: Check Your Voalte Number

Audience: Ambulatory providers and staff who use Voalte in ambulatory setting

Check the phone number associated with your account to make sure it is accurate. Depending on your setup, this may be your assigned CareWeb phone number, your cell phone number, or no phone number at all.

To review or update the phone number associated with your Voalte Me account, visit the **Voalte Information** website: https://applet.ucsfmedicalcenter.org/voalteInformation↗

NOTE: UCSF sign-in is required, so each user must check their own information; others, including administrators, cannot complete this for you.

💡 Got an APeX tip that's made your day easier?

Share it with us and we may feature it in a future newsletter!

APeX Reporting Training is Moving to Amplifire

Audience: Operational Leadership

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

Brief Description & Workflow: APeX Reporting Workbench and SlicerDicer training 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 October, all staff needing Reporting Training will complete their APeX Report training in Amplifire. September will serve as a transition period, and staff attending the APeX Reporting Workbench instructor-led training will have a hybrid experience that includes completing Amplifire during the scheduled class with an instructor. This update is intended to provide an on-demand training when the staff need it, improve accessibility to APeX Reporting tools, and support a standard level of APeX Reporting knowledge across all roles.

Staff are encouraged to attend Reporting Office Hours with the APeX Reporting Team members and get answers to questions on APeX Reporting content and workflows. Reporting Office Hours is a forum to provide end users with immediate training support.

Please go to the REPORTING | APeX Training Page for the current Office Hour Schedule and Zoom Link.

SME: Health IT Training & Education Center of Excellence

Training Resources & Announcements

Reporting Office Hours

APeX Reporting Team members host office hours monthly. Get answers to your questions on APeX Reporting content and workflows. This is a forum to provide end users with immediate training support; there is no set agenda.

Join us for APeX Reporting Office Hours from 12:10 pm - 1:00 pm on the dates below.

Date	Time	Zoom Link
September 3, 2026	12:10 pm - 1:00 pm	Join APeX Reporting Office Hours↗
September 17, 2026	12:10 pm - 1:00 pm	
October 1, 2026	12:10 pm - 1:00 pm	
October 15, 2026	12:10 pm - 1:00 pm	

Patient Access Office Hours

Get answers to your questions on new releases and other training-related topics, including template build, registration errors, and advanced scheduling techniques. This is a forum with no set agenda, meant to provide staff with APeX Patient Access training support.

Date	Time	Zoom Link
September 9, 2026	**9:00 am - 10:00 am**	Join Patient Access Office Hours↗
October 13, 2026	**9:00 am - 10:00 am**	
November 10, 2026	**9:00 am - 10:00 am**	

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)

Want the Latest APeX Updates?

🔔 Get monthly news straight to your inbox! Join the Ambulatory LISTSERV↗

🔔 Catch up on previous Ambulatory Updates↗

🔔 See Inpatient Provider Announcements↗

Need APeX Training or Resources?

📚 Find upcoming classes in the APeX New Hire Training Schedule↗

📚 Browse guides and tip sheets in our APeX Knowledge Bank↗

📚 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).