UCSF Health
APeX Training

Inpatient Provider APeX September Update – Effective 9/9/26

Inpatient Provider

In this edition:

Admit Order Clarification Orders Now Available at BCH Oakland

Audience: BCH

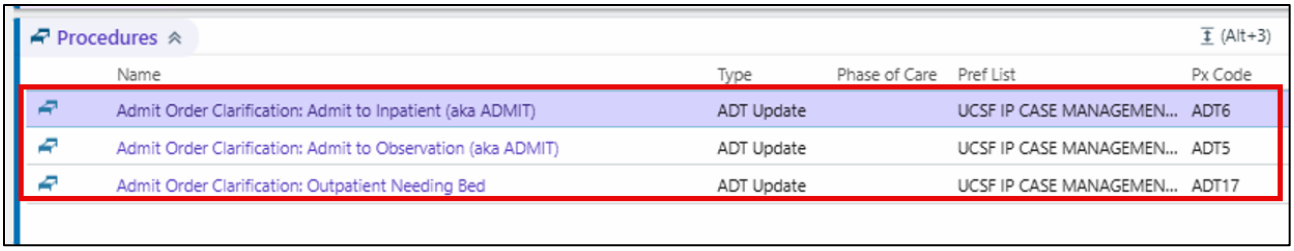
Reason for Change: To establish a consistent Utilization Management (UM) workflow across BCH Oakland and other UCSF facilities. Expanding Admit Order Clarification orders to BCH Oakland will support prospective assignment of the appropriate patient status, reduce avoidable inpatient level-of-care denials and retrospective rework, and help prevent delays in reimbursement.

Description and Workflow: Admit Order Clarification orders, previously restricted to West Bay, will now be available at BCH Oakland.

When Utilization Management determines that a patient's status should be changed or clarified, the UM nurse will pend the appropriate **Admit Order Clarification** order in APeX and notify the treating provider to review and sign the order.

The treating provider retains responsibility for the final order and should review the pended order before signing. If the provider does not agree with, or does not sign the pended order, it will not become an active/completed order.

This change aligns the BCH Oakland workflow with the existing West Bay process.



Informaticist: Michael Lang, MD

SME: James Donovan

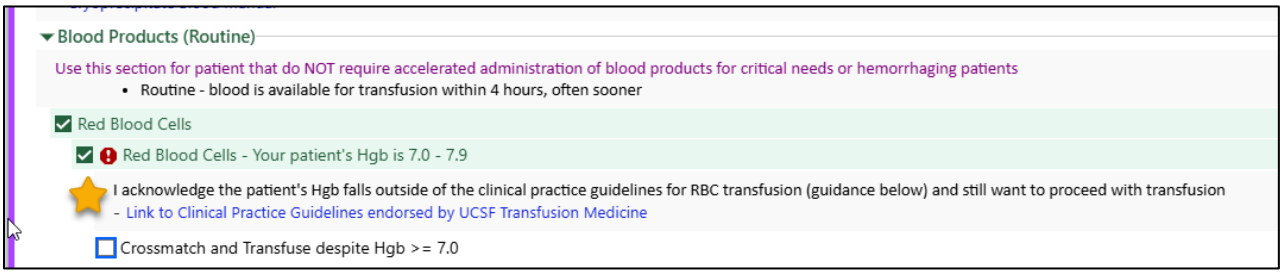
Analyst: Kristie Fowler

Red Blood Cell (RBC) Blood Transfusion Updates

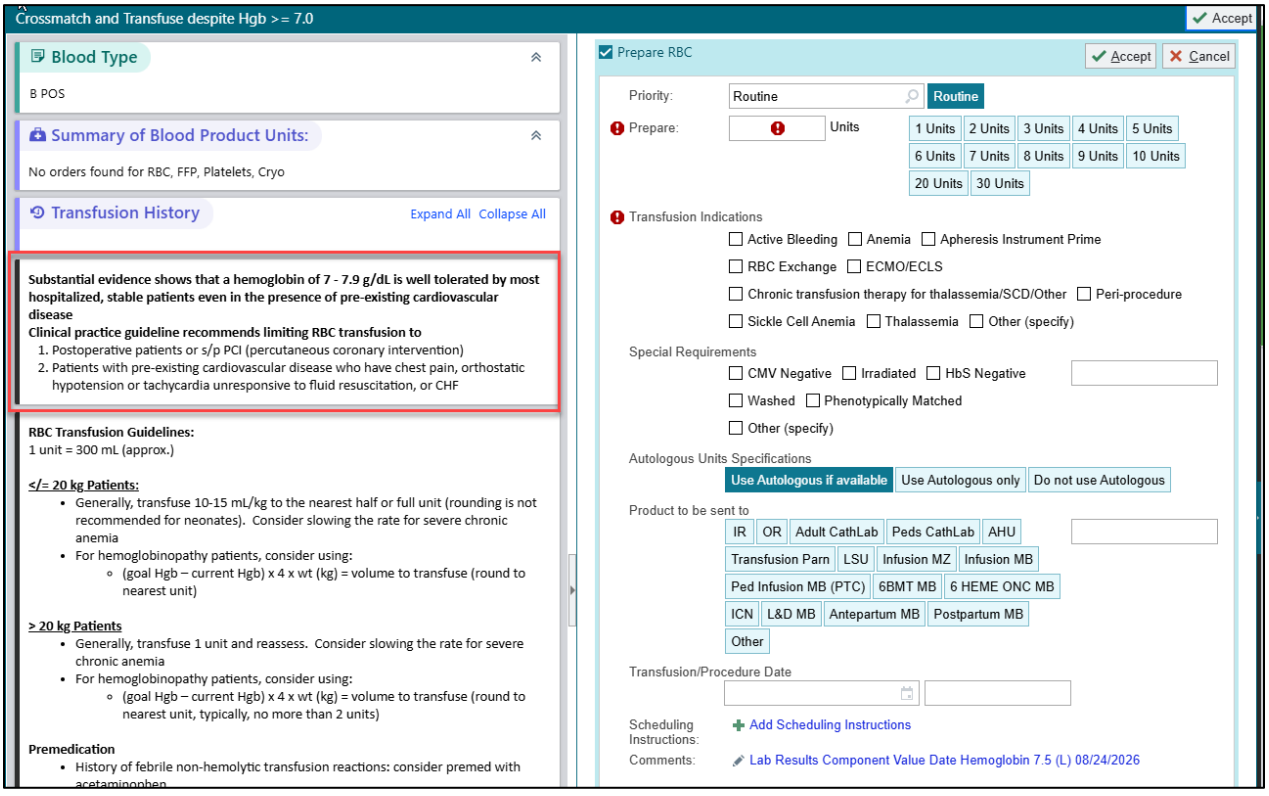
Audience: UCSF

Reason for Change: 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 Hbg 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

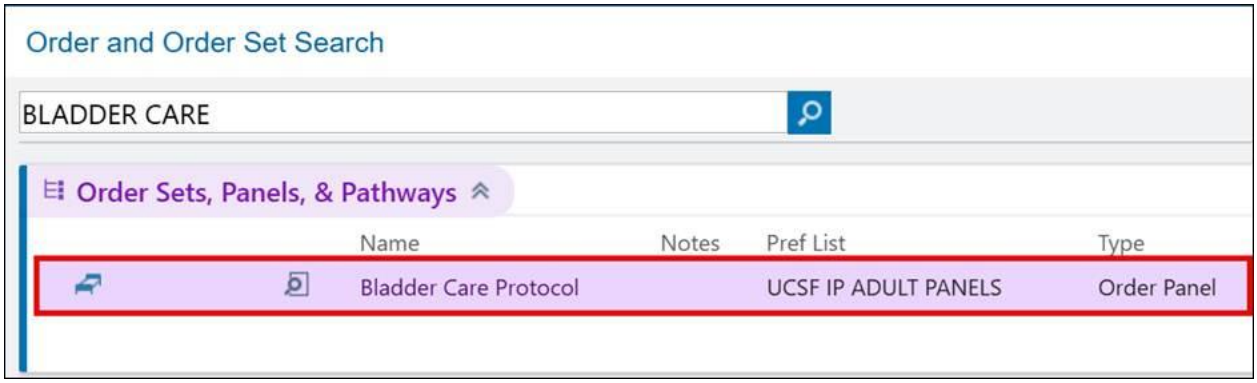
Analyst: Aleli Kay Phung

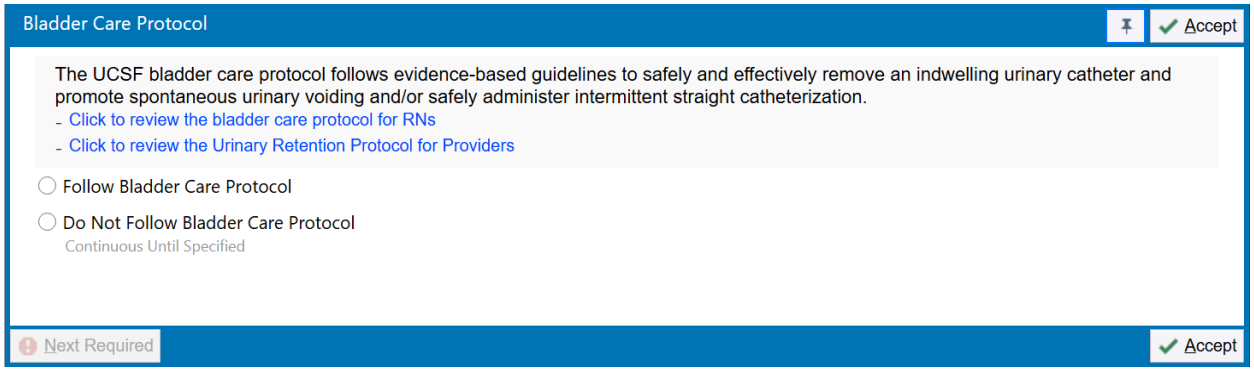
Bladder Care Protocol Order Panel

Audience: All UCSF Adult Services except OB

Reason for Change: To encourage the correct, evidence-based protocol to be used for straight catheterization and bladder care.

Description & Workflow: NUR385 Straight Cath will no longer be available as a standalone order. Providers should use the existing Bladder Care Protocol Panel to place this order **(excluding Obstetrics & Pediatrics)**.





Informaticist/SME: Catherine Lau

Analyst: Kristie Fowler

New OPA Promotes Evidence-Based Treatment for Opioid-Induced Pruritus

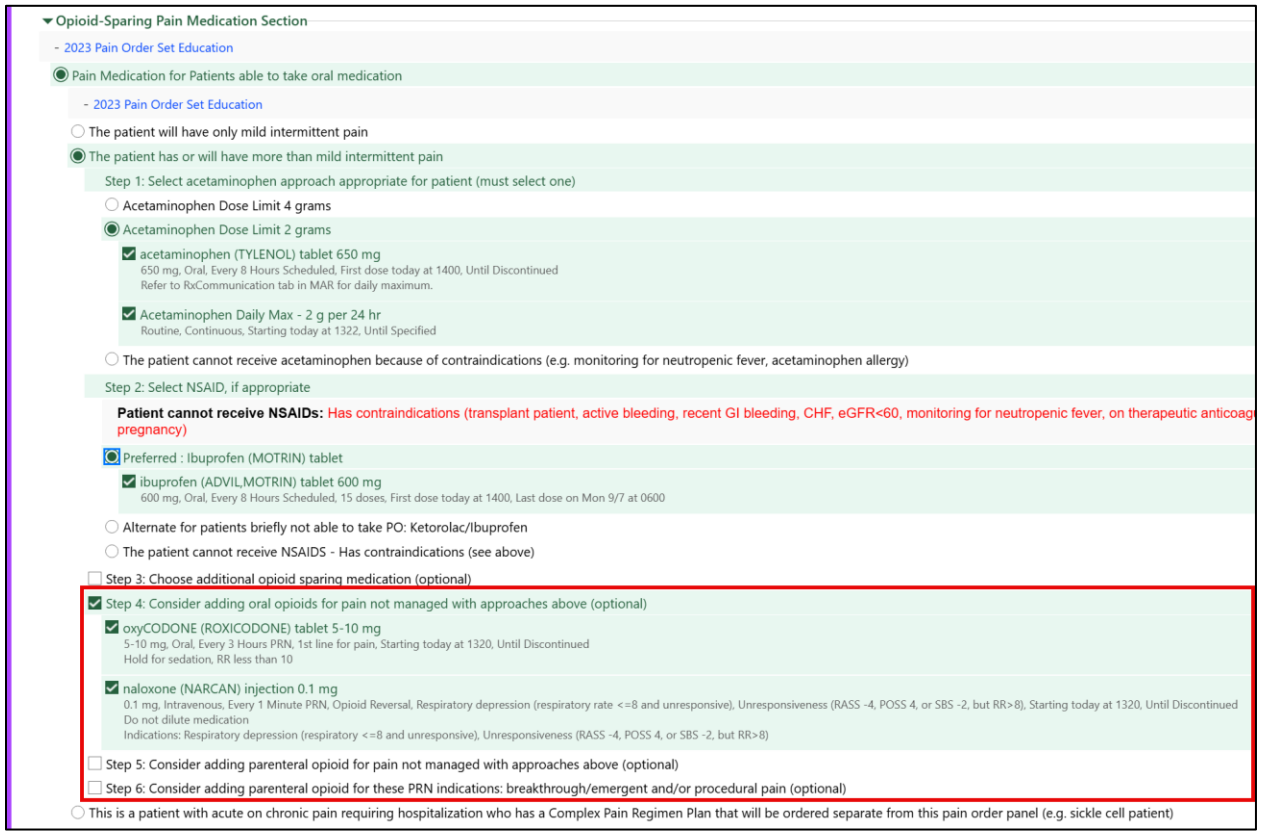
Audience: UCSF, Stanyan & Hyde, MarinHealth

Reason for Change: Promote safer, evidence-based treatment of opioid-induced pruritus by reducing use of IV and PO diphenhydramine.

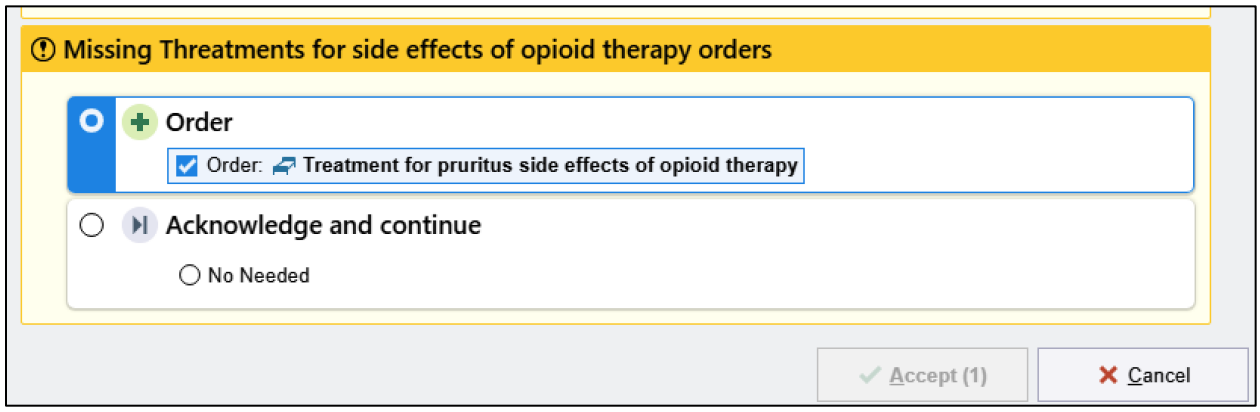
Description & Workflow: A new OurPractice Advisory (OPA) will appear when providers order the Adult Opioid Sparing Medications panel and select additional opioid options in Steps 4, 5, or 6.

When ordering the Adult Opioid Sparing Medications (NOT NPO panel) either independently or as part of the Core Admission Order Set:

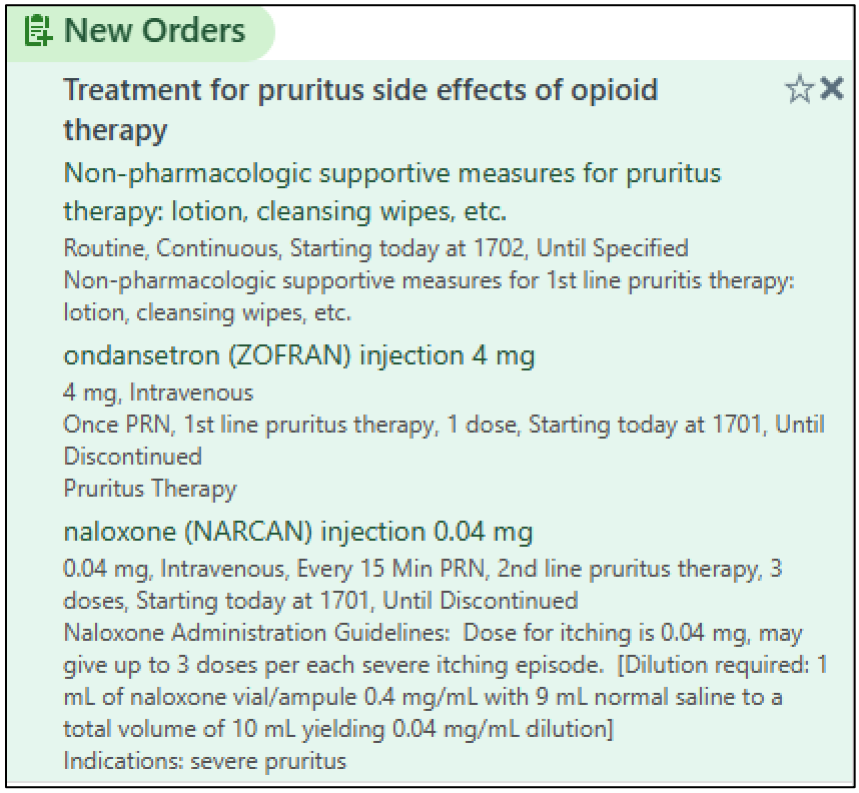
1. Select **The patient has or will have more than mild intermittent pain**
2. Complete the appropriate acetaminophen and NSAID selections
3. Select an additional opioid option in Step 4, 5, or 6



When you attempt to sign the orders, the new **Missing Treatments for side effects of opioid therapy orders** OPA will appear. From the advisory, select the recommended treatment for pruritus side effects of opioid therapy order**,** or acknowledge the advisory and continue when appropriate



Once the order is accepted, it will appear in the order sidebar.



Informaticist/SME: Catherine Lau

Analyst: Zhi Liang

New Provider Post-Fall Evaluation Note Template

Audience: UCSF

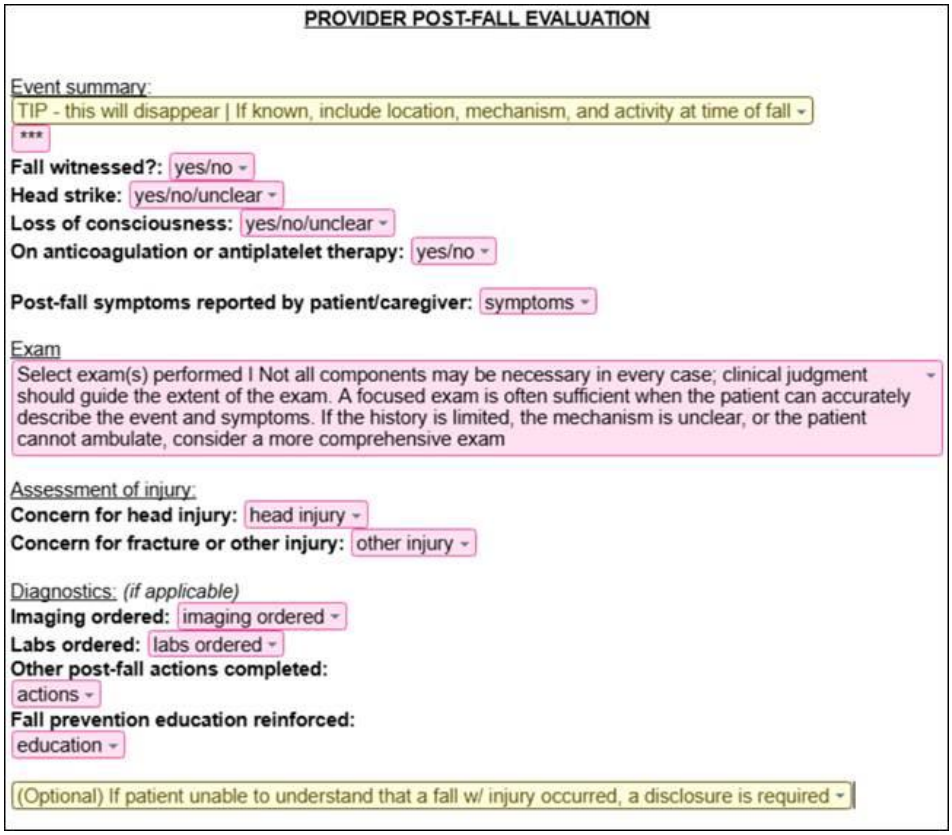
Reason for Change: To support thorough and consistent provider documentation following a patient fall.

Description and Workflow: A new Provider Post-Fall Evaluation note template is available to help providers efficiently document their assessment after a patient fall.

When creating a note using the “Falls” note type, the new template will automatically default. The template includes:

- **Event summary:** Fall circumstances, such as whether the fall was witnessed, head strike, LOC, etc.
- **Exam:** Selection of the appropriate post-fall exam components
- **Assessment of injury:** Documentation of concern for head or other injury
- **Diagnostics and follow-up:** Imaging, labs, other post-fall actions, and reinforcement of fall-prevention education

Providers should complete the applicable portions of the template based on their clinical assessment and judgment.



PROVIDER POST-FALL EVALUATION

Event summary:
TIP - this will disappear | If known, include location, mechanism, and activity at time of fall
***
Fall witnessed?: yes/no
Head strike: yes/no/unclear
Loss of consciousness: yes/no/unclear
On anticoagulation or antiplatelet therapy: yes/no

Post-fall symptoms reported by patient/caregiver: symptoms

Exam
Select exam(s) performed I Not all components may be necessary in every case; clinical judgment should guide the extent of the exam. A focused exam is often sufficient when the patient can accurately describe the event and symptoms. If the history is limited, the mechanism is unclear, or the patient cannot ambulate, consider a more comprehensive exam

Assessment of injury:
Concern for head injury: head injury
Concern for fracture or other injury: other injury

Diagnostics: *(if applicable)*
Imaging ordered: imaging ordered
Labs ordered: labs ordered
Other post-fall actions completed:
actions
Fall prevention education reinforced:
education

(Optional) If patient unable to understand that a fall w/ injury occurred, a disclosure is required

Informaticist/SME: Dr. Raman Khanna

Analyst: Christy Sedore

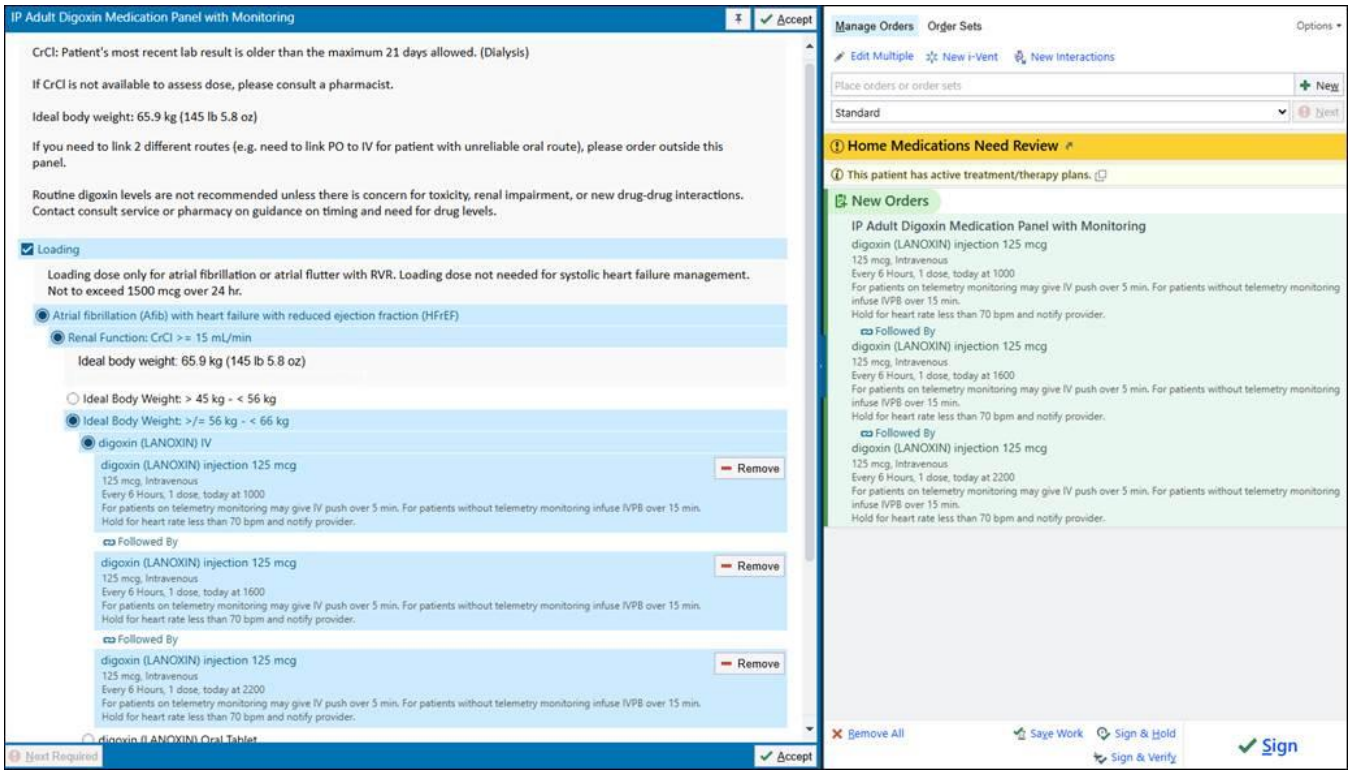
Adult Digoxin Order Panel Updates

Audience: UCSF, Stanyan & Hyde (Adult Patients)

Reason for Change: The adult digoxin order panel is being updated to provide improved clinical decision support for loading and maintenance dosing. The changes are intended to support more appropriate dose selection based on indication, ideal body weight, and renal function, and to reduce the risk of inappropriate dosing and potential digoxin toxicity.

Description & Workflow: The order panel, *IP Adult Digoxin Medication Panel with Monitoring,* has been updated to provide clearer clinical decision support for loading, maintenance, and monitoring. Key updates include:

- **Loading:** Dosing is guided by indication, renal function, ideal body weight, and route, with updated administration and hold parameters.
- **Maintenance:** Dosing is guided by renal function, with instructions to start maintenance 24 hours after the last loading dose or 48 hours after the last loading dose for patients with renal impairment.
- **Labs:** Routine digoxin levels are not recommended unless clinically indicated; random and trough level options remain available.



SME: Marissa Hom, Sherif Fanous; Informaticist: John Kapisarov; Analyst: Venkateswarlu Juttukonda

APeX Reporting Training is Moving to Amplifire

Audience: Operational Leadership

Reason for Change: To provide on-demand, modernized 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

Audience Legend

All Users: All APeX Inpatient Providers at any location

MarinHealth: MarinHealth Hospital

UCSF: All UCSF locations in San Francisco; including Parnassus, Mount Zion, and Langley Porter

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

Stanyan & Hyde: UCSF Stanyan & Hyde hospitals

Training Resources & Staying Updated

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

Disclaimer: You are receiving this monthly update because your APeX responsibilities contain inpatient provider security; including but not limited to: Order Entry, Note Writing, Admitting, Discharge, Transfer, etc. Content in this update is for educational and informational purposes. Please review for latest APeX inpatient provider 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).