

Inpatient Provider APeX Spring Upgrade 2026

Inpatient Provider

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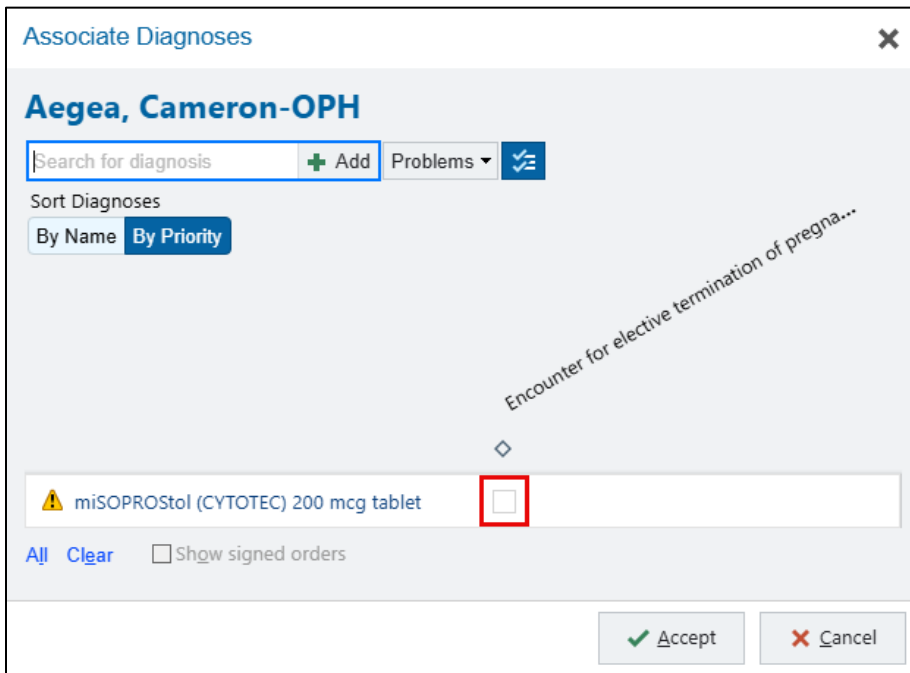
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Abortion-Related Medications and Patient Privacy

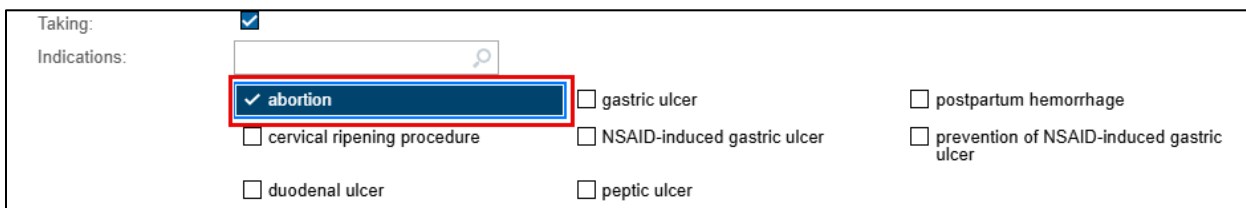
Audience: All Inpatient Providers

Description & Workflow: To support patient privacy and comply with state regulations, Epic may filter certain abortion-related medications, diagnoses, and procedures from Care Everywhere and other external records. While some medications are always excluded, others are only filtered when they are clearly linked to an abortion-related diagnosis or indication. Proper documentation is essential to ensure the correct information is shared—or withheld—when records are exchanged.

To ensure appropriate privacy protections, be sure to associate relevant medication orders with the correct diagnosis or indication.



Associate order with a diagnosis

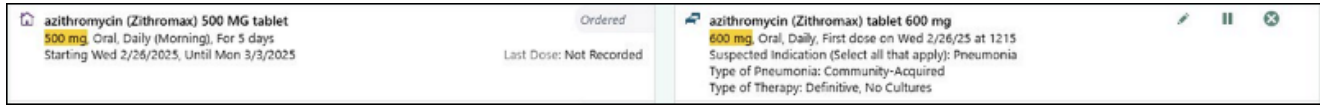


Add an indication of use in the Order Composer

Concise Order Summaries in Medication Reconciliation

Audience: All Inpatient Providers

Description & Workflow: When you reconcile outpatient medication orders, the instructions that appear are now shorter and more provider-focused, and the system highlights any differences between the inpatient and outpatient versions of a medication.



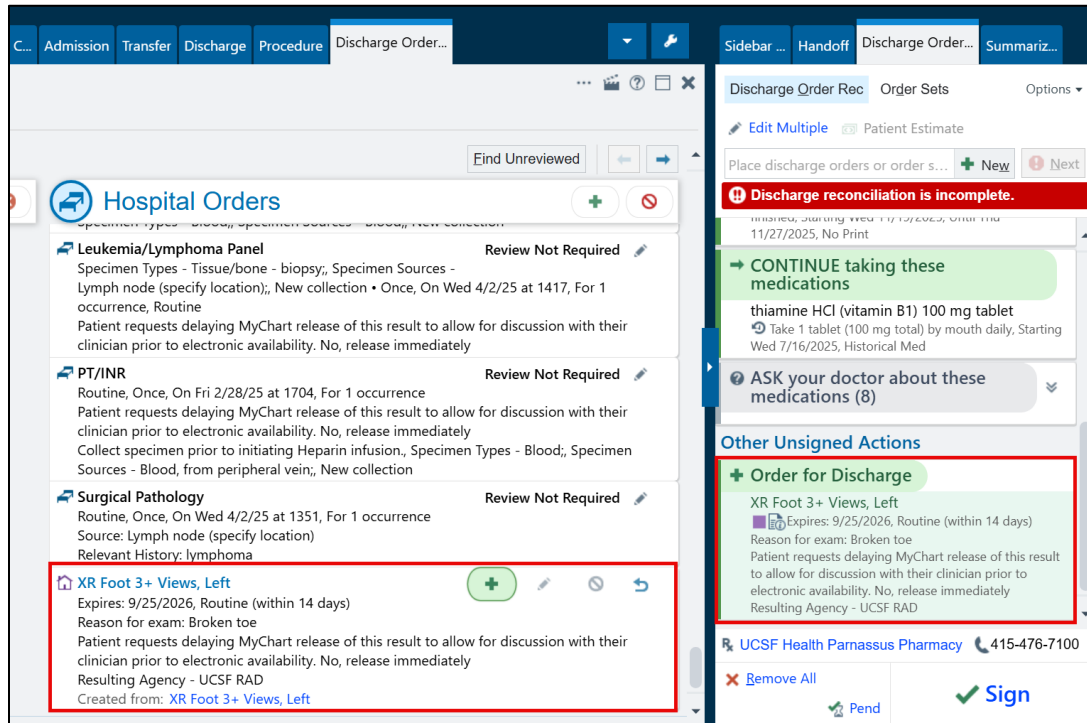
The dose is highlighted to indicate there are different values between the outpatient and inpatient orders of the medication.

If you want to review the patient-facing instructions, preview the AVS to see the exact instructions that will appear for the patient.

Reorder Inpatient Procedures at Discharge

Audience: All Inpatient Providers

Description & Workflow: You can convert an inpatient procedure—such as a diet order, wound care instructions, or a non-urgent imaging order that can be done in an outpatient setting—into a discharge order right from the Discharge Medication Reconciliation Navigator, eliminating the need to switch activities and potentially re-enter information. This feature is turned on for **labs, micro, imaging, and pathology** orders only.



Informaticist/SME: Raman Khanna

Analyst: Bruce Pierre

See When Patients Picked Up Their Medications

Audience: All Inpatient Providers

Description & Workflow: When reviewing a patient’s Medication Dispense History, providers can now see the Sold field, which corresponds to when the patient actually picked up the medication, in addition to when the pharmacy filled the order.

The screenshot shows a table titled "Medication Dispense History (from 4/3/2025 to 7/1/2025)". The table has columns for Strength, Dispensed, Sold, Days Supply, Quantity, Provider, and Pharmacy. The 'Sold' column contains the date 6/30/2025, which is highlighted with a red box. Below the table are sections for Disclaimer and External Sources.

Medication Dispense History (from 4/3/2025 to 7/1/2025)							Expand All	Collapse All
Amphetamine-Dextroamphetamine								
ADDERALL, 10MG, 10 MG PO tablet	Strength 10 mg	Dispensed 06/27/2025	Sold 6/30/2025	Days Supply 30	Quantity 30 each	Provider Shah, Vijay, MD	Pharmacy ALS External Pharmacy	

Disclaimer
Certain dispenses may not be available or accurate in this report, including over-the-counter medications, low cost prescriptions, prescriptions paid for by the patient or non-participating sources, or errors in insurance claims information. The provider should independently verify medication history with the patient.

External Sources

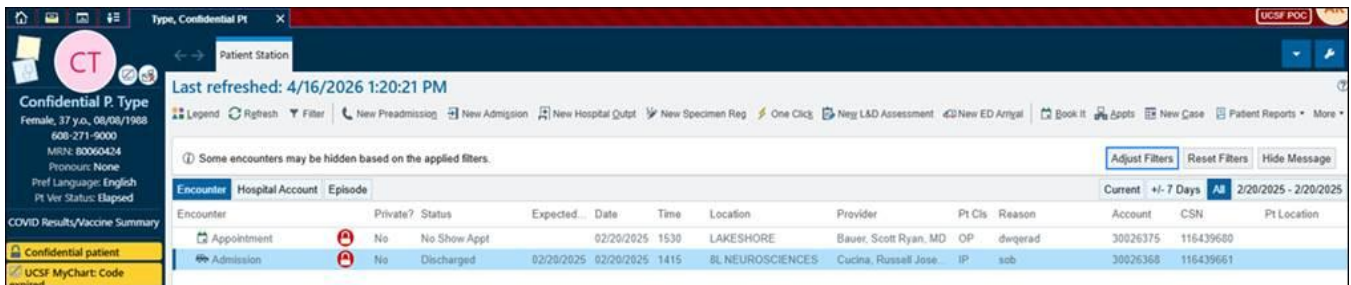
New Private Column in Patient Station

Audience: All Inpatient Providers

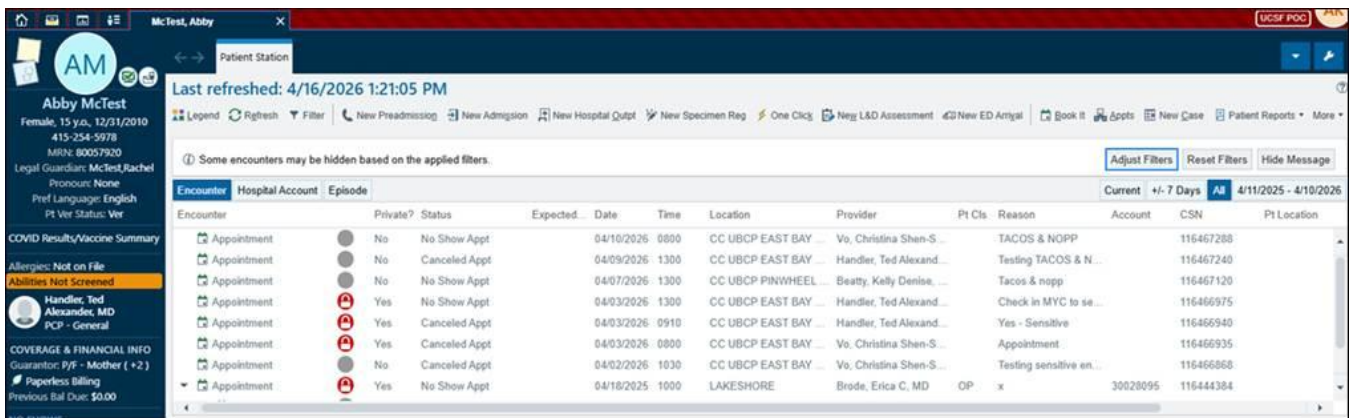
Reason for Change: To clearly distinguish between Private encounters and Confidential patients, as the current lock icon represents both and may be misleading.

Description & Workflow: A new “Private?” column has been added to Patient Station to indicate whether an encounter is Private. Users should reference this column to confirm encounter status

- Yes = Private
- Blank/No = Not Private



The lock icon will still appear, but may represent either a Confidential patient or a Private encounter, and should not be used alone to determine status.



Informaticists: Dr Mike Lang, Dr Julie O'Brien

Analysts: Gianna Rogerson, Anne Kroeger

Enhancement of the Discharge Readmit Workflow

Audience: UCSF, BCH, Stanyan & Hyde

Reason for Change: Expand use cases for the Discharge Readmit workflow.

Description & Workflow: The Discharge Readmit order helps move patients between hospitals on different licenses, while preserving the orders between the two sites. It also generates a pre-admit encounter at the receiving hospital, facilitating patient movement between separately licensed UCSF facilities. Previously, the order could be used only in specific scenarios, depending on the facility and the direction of patient movement. The expanded order and the coordination with multiple transfer centers has expanded the functionality, the order will now update the potential receiving facilities based on the entered service (see below).

The screenshot shows the 'Discharge Readmit - Create Pre-Admission or Transfer Intake' form. The 'To Service' field is set to 'Pediatric Trauma'. The 'Patient Transfer Center Region' is 'UCSF Medical Center - Mission Bay & BCH Oakland'. The 'Discharge Readmit Accepting Facility' dropdown is open, showing several options: 'BCH INPATIENT', 'PARN - UCSF MEDICAL CENTER HOSPITAL - 505 PARNASSUS AVE', 'MZ - CLINICS AND SURGERY CENTER - 1600 DIVISADERO ST', 'UCSF HEALTH ST MARY'S REVENUE LOCATION', 'UCSF HEALTH SAINT FRANCIS REVENUE LOCATION' (with a 'BCH INPATIENT' tag), and 'MB ADULT INPATIENT'.

For Pediatric Inpatient

The screenshot shows the 'Discharge Readmit - Create Pre-Admission or Transfer Intake' form. The 'To Service' field is 'Psychiatry'. The 'Discharge Readmit Accepting Unit' dropdown is open, showing 'PSYCH IP MZ', 'SFH PSYCH IP', and 'SMH 5N PSYCH'. The 'Level of Care' dropdown is open, showing 'Acute', 'Critical Care', and 'Transitional Care (TCU/Stepdown)'. The 'Accepting Physician' field is empty. The 'Patient Class' dropdown is set to 'Inpatient'.

For Psychiatry

The screenshot shows the 'Discharge Readmit - Create Pre-Admission or Transfer Intake' form. The 'To Service' field is 'Physical Medicine and Rehabilitation'. The 'Patient Transfer Center Region' is 'SFSM Transfer Center'. The 'Discharge Readmit Accepting Facility' dropdown is open, showing the same options as in the Pediatric Trauma screenshot: 'BCH INPATIENT', 'PARN - UCSF MEDICAL CENTER HOSPITAL - 505 PARNASSUS AVE', 'MZ - CLINICS AND SURGERY CENTER - 1600 DIVISADERO ST', 'UCSF HEALTH ST MARY'S REVENUE LOCATION', 'UCSF HEALTH SAINT FRANCIS REVENUE LOCATION' (with a 'BCH INPATIENT' tag), and 'MB ADULT INPATIENT'.

For Rehab

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

Informaticist/SME: Aris Oates, Michelle Mourad

Analyst: Matt Doell, Phillip Wico

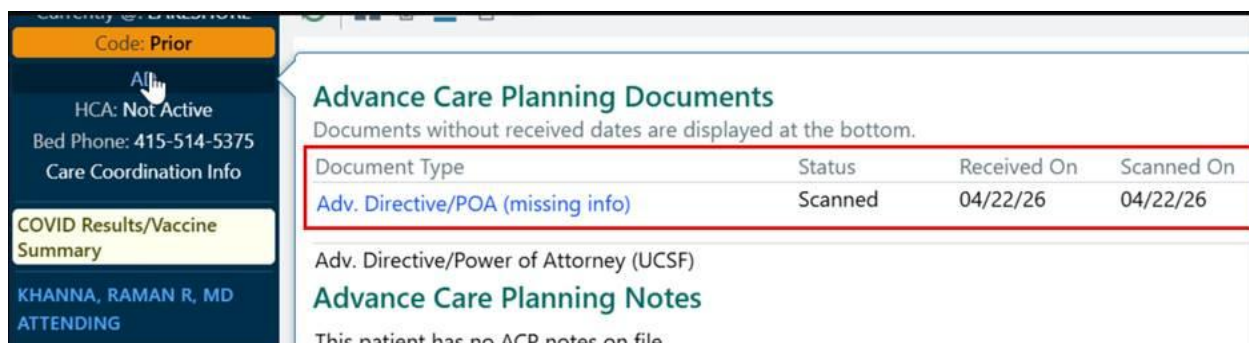
New Document Type for Adv. Directive/POA (missing info)

Audience: All Inpatient 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

Inpatient Insights AI Patient Summaries

Audience: UCSF, BCH, Stanyan & Hyde Residents and Fellows

Reason for Change: The tool is being expanded to GME (Residents & Fellows)

Description & Workflow: Inpatient Insights uses generative AI to create three concise summaries from the current hospitalization:

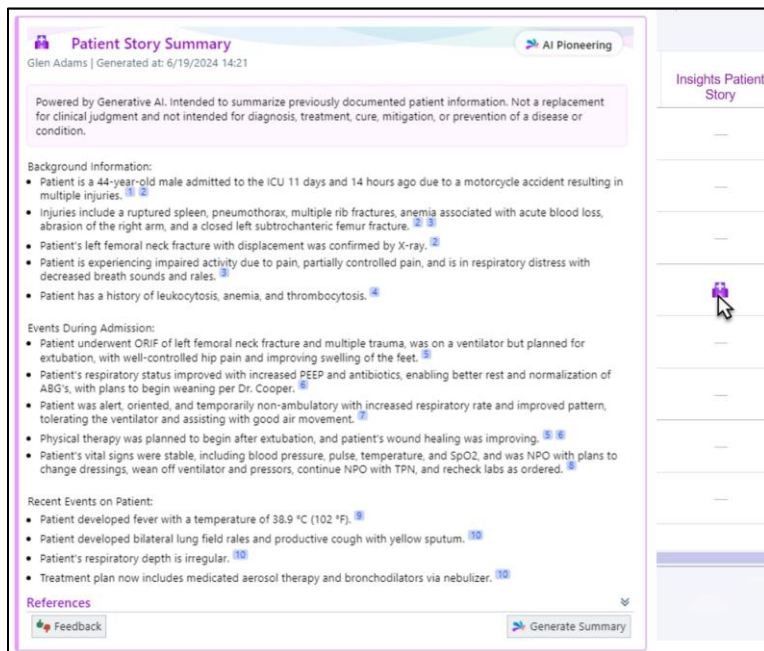
- **Patient Story** – Background, admission details, and hospital course (ideal when assuming care)
- **Recent Events** – Key changes in the last 36 hours
- **Notes Summary** – Highlights from recent documentation

Access Summaries:

- From **Patient Lists** (add Insights columns and generate from toolbar)
- In the **Summary tab** (search “AI Inpatient Summarization”)
- In role-specific reports (Daily Rounds)

⚠️ Reminder: AI summaries may contain inaccuracies. Always verify in the chart and do not copy/paste into notes. Use the **Feedback** button to help communicate feedback.

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



Informaticist: Smitha Ganeshan, Cat Blebea, Aris Oates

SME: Burak Ersoy, Kristin Lyman

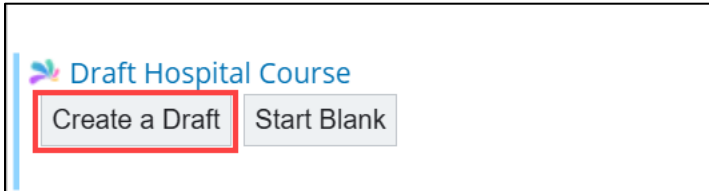
Analyst: Jeff Hanneman

Draft Hospital Course in Discharge Summary with AI

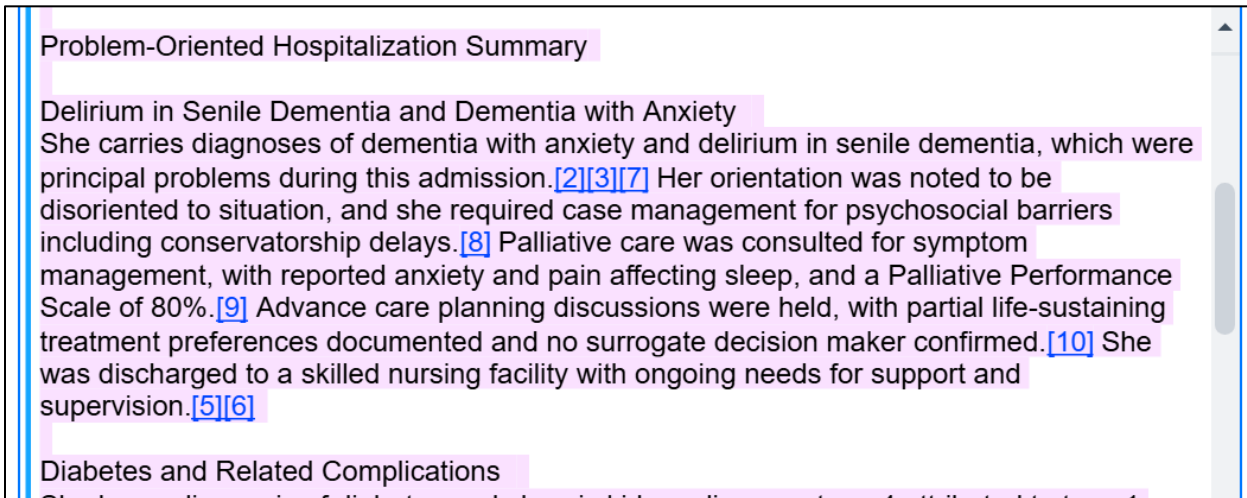
Audience: UCSF, BCH, Stanyan & Hyde Residents and Fellows

Reason for Change: The tool is being expanded to GME (Residents & Fellows)

Description & Workflow: The Draft Hospital Course tool uses generative AI to generate a draft hospital course note for the discharge summary, serving as a starting point for the provider to edit. The draft hospital course note appears in a SmartSection in the applicable part of standard discharge summary templates.



Draft Hospital Course SmartSection



AI-generated draft hospital course in discharge summary

For more information on Draft Hospital Course, see the [tip sheet](#).

Informaticists: Smitha Ganeshan, Benjamin Rosner, Aris Oates, Roseanne Krauter

SME: Kristin Lyman, Burak Ersoy

Analyst: Jeff Hanneman

Meds to Beds Status – Report Update

Audience: UCSF, BCH (Mission Bay), Stanyan & Hyde

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

Analyst: Christy Sedore

Haloperidol (Haldol) IV Updates

Audience: UCSF (Adults)

Reason for Change: To enhance patient safety with IV haloperidol use through standardized dosing and QTc monitoring guidance.

Description & Workflow: Updates have been made to IV haloperidol ordering and administration to support decreased required monitoring and align with the updated haloperidol guideline:

- QTc monitoring is required for single doses ≥ 5 mg or cumulative doses ≥ 25 mg/24 hours, including daily ECG and documentation in the MAR
- Provider notification is required for QTc ≥ 500 ms, polymorphic VT, or inability to obtain ECG prior to first dose
- An updated haloperidol IV panel (adults) guides appropriate ordering based on dose thresholds and includes a link to the clinical guideline
- MAR documentation has been updated to standardize QTc reporting and follow-up

These changes aim to promote safe prescribing and consistent monitoring practices.

haloperidol IV panel (adult) ✓ Accept

IV haloperidol requires QTc monitoring (daily ECG) for:

- Single dose ≥ 5 mg, or
- Cumulative dose ≥ 25 mg/24 hrs

If QTc ≥ 500 ms or polymorphic VT occurs - document risk/benefit review to continue

Dose range orders are not permitted

- Haloperidol IV Guideline (adult)

haloperidol IV < 5 mg/dose or < 25 mg/24 hours
Intravenous, Every 6-Hours PRN, hallucinations or psychosis; Notify provider if most recent QTc within the past 24 hours is ≥ 500 ms or polymorphic VT is present if med should be administered or held.

haloperidol IV ≥ 5 mg/dose or ≥ 25 mg/24 hours

Next Required ✓ Accept

New Orders

haloperidol IV panel (adult)

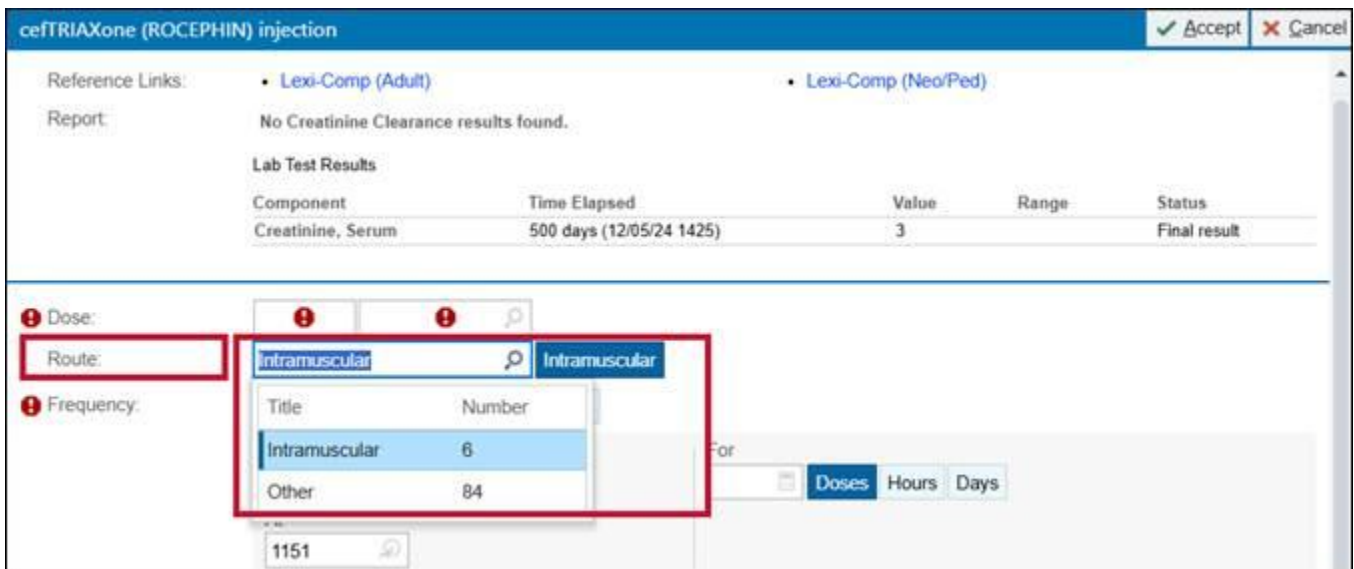
Informaticist/SME: Elise Hazlewood, Mike Trillanes, Elise Wozniak, Amy Kangwankij, Craig Johnson, John Kapisarov; Analyst: Vincent Le

Ceftriaxone Injection Route Updates

Audience: All Inpatient Providers (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

SQ DKA Management for Adults

Audience: UCSF, Stanyan & Hyde (Adults)

Reason for Change: Adults in mild to moderate DKA can be safely managed with SQ insulin. SQ insulin option added for managing mild-moderate DKA in Adults.

Description & Workflow: SQ option added to existing IV Order Set for DKA management with SQ rapid-acting insulin every 4 hours. POCT glucose checks will be done every 2 hours with SQ and remain as hourly glucose checks with IV option. IV option will remain available.

Orders Clear All Orders

IP ADULT DKA IV and SQ Orders Manage User Versions Remove Order Sets

This order set is meant for ICU/ED/Transitional Care only

Clinical Guidance

Information

For the selection of which DKA/Hyperosmolar Coma (HHS) orders:
 DKA: Glucose >200 mg/dl, beta-Hydroxybutyrate > 3.0 mmol/L, pH <7.3 and/or bicarbonate <18 mmol/L
 eDKA: Glucose <200 mg/dl, beta-Hydroxybutyrate > 3.0 mmol/L, pH <7.3 and/or bicarbonate <18 mmol/L
 HHS: Glucose >600 mg/dl, beta-Hydroxybutyrate < 3.0 mmol/L, pH >7.3 and/or bicarbonate >15 mmol/L

Pick either intravenous insulin or Subcutaneous insulin. (general suggested criteria listed below)

- Intravenous Insulin (for DKA or HHS)
 - Location: ER, TCU, ICU
 - Mental Status: Alert/Drowsy/Stupor/Coma
 - Initial Lab Values: Glucose >200 mg/dl
beta-Hydroxybutyrate > 6.0 mmol/L
pH <7.0
Bicarbonate <10 mmol/L
- Subcutaneous insulin (for mild to moderate DKA)
 - Location ER, TCU, ICU (not required)
 - Mental Status: Alert/Drowsy
 - Initial Lab Values: Glucose >200 mg/dl
beta-Hydroxybutyrate 3.0- 6.0 mmol/L
pH >7.0
Bicarbonate 10 to <18 mmol/L

[- DKA Order Guidelines](#)

DKA Management

DKA Orders

- DKA IV Insulin Orders (For Severe DKA)
- DKA Sub-Q Insulin Orders (For Mild to Moderate DKA)

insulin aspart (NovoLOG) SQ injection

Weight based dosing (Units/kg) is recommended for SQ insulin aspart

insulin aspart (NovoLOG) injection 100 units/mL pen
 6 Units, Subcutaneous, Every 4 Hours Scheduled, First dose today at 0900, Until Discontinued
 For ED/ICU/TCU units only: SQ DKA management orders

- For patient weight 40-60 Kg
10 Units, Subcutaneous, Every 4 Hours Scheduled, Starting 4/17/26, For ED/ICU/TCU units only: SQ DKA management orders
- For patient weight 60-90 Kg
14 Units, Subcutaneous, Every 4 Hours Scheduled, Starting 4/17/26, For ED/ICU/TCU units only: SQ DKA management orders
- For patient weight 90-110 Kg
18 Units, Subcutaneous, Every 4 Hours Scheduled, Starting 4/17/26, For ED/ICU/TCU units only: SQ DKA management orders
- For patient weight 110-130 Kg
22 Units, Subcutaneous, Every 4 Hours Scheduled, Starting 4/17/26, For ED/ICU/TCU units only: SQ DKA management orders
- For patient weight 130-150 Kg
26 Units, Subcutaneous, Every 4 Hours Scheduled, Starting 4/17/26, For ED/ICU/TCU units only: SQ DKA management orders
- For patient weight > 150 Kg
30 Units, Subcutaneous, Every 4 Hours Scheduled, Starting 4/17/26, For ED/ICU/TCU units only: SQ DKA management orders
- insulin aspart (NovoLOG) injection 100 units/mL pen (Non weight based)
Subcutaneous, Every 4 Hours Scheduled, Starting 4/17/26, For ED/ICU/TCU units only: SQ DKA management orders

Informaticist/SME: Robert Rushakoff, Esther Rov-Ikpah

Analyst: Juttukonda Venkateswarlu, Chris Collins

Calculate Doses for Newborns Based on Birth Weight

Audience: BCH

Description & Workflow: When you place weight-based medication orders for newborns, whose weight can fluctuate on an hourly basis, you can select a weight type of **Birth** to calculate the medication's dose using the newborn's birth weight. Birth weight dosing is available for seven days after a patient's birth date.

Birth weight dosing options are available for:

- Gentamicin
- Ampicillin
- Medications that do not have a weight override
- Neonatal TPN

When the birth weight option is no longer valid for a patient, such as if the actual recorded weight exceeds birth weight, providers are required to select a different dosing weight type when placing new orders or modifying active orders.

The screenshot shows a medication order interface. At the top, there are dose selection buttons: '12 mg/kg', '10 mg/kg', '12 mg/kg' (highlighted in purple), and '15 mg/kg'. Below this is a 'Weight Type' section with three options: 'Recorded' (2.948 kg), 'Birth' (3.175 kg, highlighted in purple and enclosed in a red box), and 'Order-Specific Weight'. To the right, 'Additional Details' shows 'Birth weight: 3.175 kg (22 hours ago)'. At the bottom, the 'Calculated dose' is displayed as '38.4 mg = 1.2 mL'.

Analyst: Dwight Utzman, PharmD

Simplified Documentation for Negative Pregnancy Tests

Audience: BCH

Description & Workflow: You can now mark patients as not pregnant without entering a menstrual status when those details aren't relevant or appropriate, such as if you're quickly recording a negative pregnancy test in the emergency department without asking about the patient's menstrual cycle.

The screenshot shows the 'OB/Gyn Status' form. A red box highlights the 'Pregnancy Status' section, which includes buttons for 'Pregnant', 'Not Pregnant' (selected), and 'Unknown'. Below this is the 'Menstrual status' section with a warning icon and a 'Having periods' button. The 'Last Menstrual Period' section has a date field, an 'Unknown' button, and radio buttons for 'Exact' and 'Approximate'. The 'Breastfeeding' section has a checked 'Mark As Reviewed' button and a 'Never Reviewed' button. At the bottom are 'Restore' and 'Close' buttons.

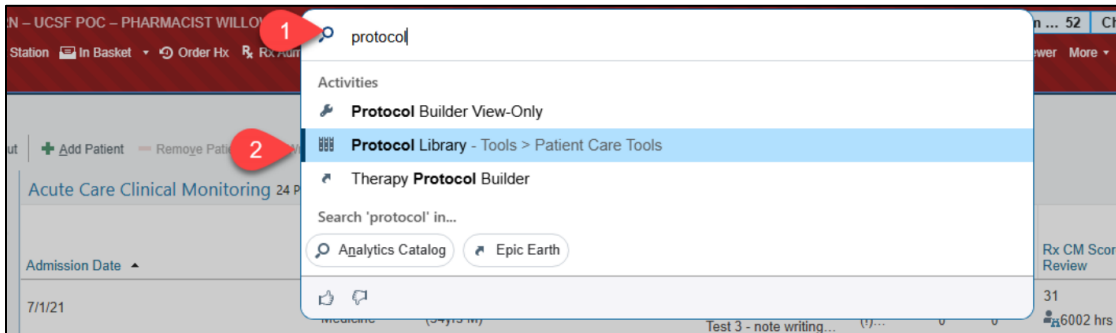
Review Protocols in Advance with the Protocol Library

Audience: All Inpatient Providers

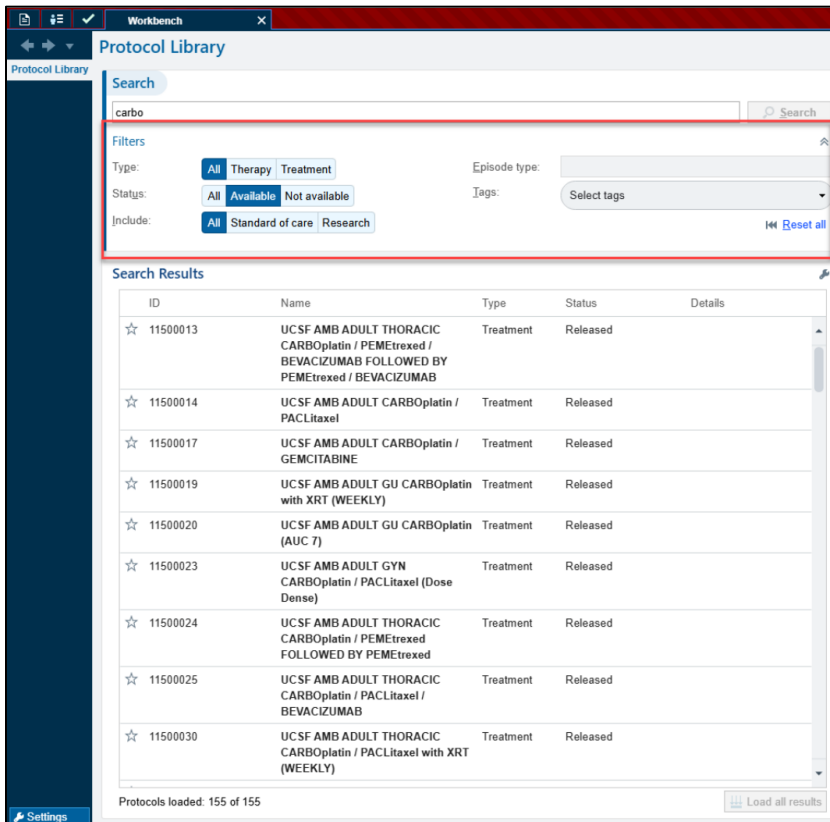
Description & Workflow: When preparing for an upcoming visit in which you'll select a protocol for a patient's therapy or treatment plan, use the Protocol Library to review relevant protocols (e.g., carboplatin protocols) in advance.

To access the Protocol Library:

1. In the Assistant Bar, type **Protocol**
2. Select **Protocol Library**



When searching, various filters are available to narrow down your search.



Enter Exact Dosage Times for Specialized Medications

Audience: All Inpatient Providers

Description & Workflow: When a prescription requires a precise schedule, such as for a medication that treats Parkinson's disease, select the **Exact Times Sig Method** in the *Order Composer* and **enter the exact dosage times**. This feature is only available for certain medications.



Note: Reorders from the outpatient prescription to the inpatient medication order upon admission will carry over these exact times.

carbidopa-levodopa (SINEMET CR) 25-100 mg SR tablet

Reference Links: Lexi-Comp (Adult) Lexi-Comp (Neo/Ped)

Order Instructions:

Product: CARBIDOPA ER 25 MG-LEVODOPA 100 MG TABLET,EXTENDED RELEASE

Sig Method: Specify Dose, Route, Frequency Taper/Ramp Use Free Text **Exact Times**

Multiple Dosages:

Times	Dose	1 tablet	2 tablet
06:30	1 tablet	1 tablet	2 tablet
13:00	1 tablet	1 tablet	2 tablet
19:00	1 tablet	1 tablet	2 tablet

For: 365 Days 30 days 90 days 1 year

Starting: 3/5/2026 Ending: 3/5/2027 First fill:

Route: Oral

Dispense: Days/Fill: Full (365 Days) 30 Days 90 Days

Quantity: 90 tablet Refill: 0 1 2 3 11

Total Supply: 30 Days

The supply of 30 days is below the duration of 365 days.

Update Dispense to 30 Days and 11 Refills

Dispense As Written

Mark long-term: CARBIDOPA/LEVODOPA

Patient Sig: Take 1 tablet by mouth at 6:30 AM and 1 tablet at 1:00 PM and 1 tablet at 7:00 PM.

When you enter exact dosage times with the Exact Times sig method, the *Patient Sig* and *AVS* show your specific times.

START taking these medications

	Morning	Around Noon	Evening
carbidopa-levodopa 25-100 mg SR tablet Commonly known as: SINEMET CR Start taking on: March 5, 2026	✓	✓	✓

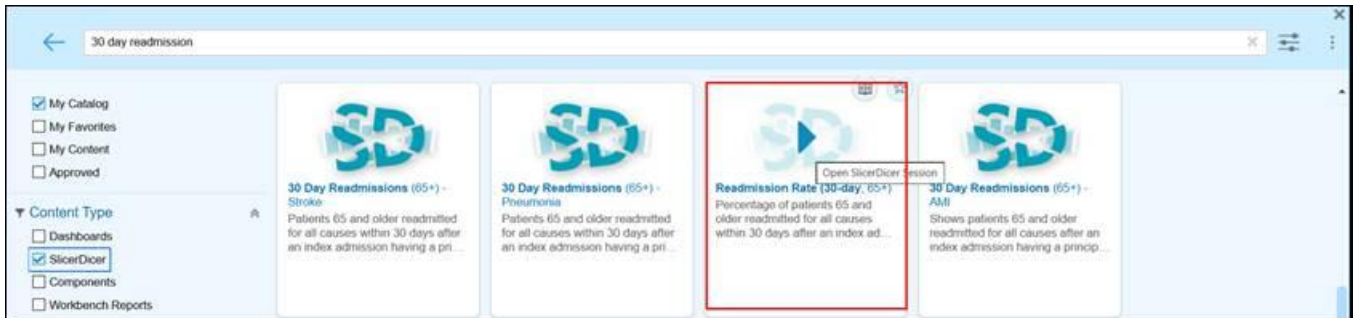
Take 1 tablet by mouth at 6:30 AM and 1 tablet at 1:00 PM and 1 tablet at 7:00 PM.

Analyst: Ryan Lund

Reporting

SlicerDicer Session: Review 30-Day Readmissions

Use the new Readmission Rate (30-day, 65+) session to monitor readmission trends for patients 65 and older as part of your regular quality review or readmission reduction workflow. Search in the Analytics Catalog—or use the Load option in SlicerDicer—to find the new session.



APeX Reporting Upgrade Resources

Review the [Reporting APeX Spring Upgrade 2026](#) Announcement for all Reporting upgrade changes. These changes include Reporting Workbench, SlicerDicer and Radar Dashboards.

RPT: SlicerDicer Overview Instructor-Led Training

Need to see the next APeX SlicerDicer Overview class offering? [Click here](#) to see a list of all upcoming APeX SlicerDicer Overview classes.

RPT: Reporting Workbench Basics Instructor-Led Training

Need to see the next APeX Reporting Workbench Basics class offering? [Click here](#) to see a list of all upcoming APeX Reporting Workbench classes.

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
May 21, 2026	12:10pm - 1:00pm
June 3, 2026	12:10pm - 1:00pm
June 17, 2026	12:10pm - 1:00pm

Specialty Upgrade Newsletters

Ambulatory: [Ambulatory Essential APeX Spring Upgrade 2026](#)

Haiku/Canto: [Haiku/Canto APeX Spring Upgrade 2026](#)

Beacon (Oncology): [Beacon Provider APeX Spring Upgrade 2026](#)

Reporting: [Reporting APeX Spring Upgrade 2026](#)

Audience Legend

All Inpatient Providers: All APeX Inpatient Providers at any location

MarinHealth: MarinHealth Hospital

UCSF: All UCSF locations in San Francisco; including Parnassus, Mt. 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

Want the Latest APeX Updates?

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- 📖 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 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).