UCSF Health
APeX Training

Ambulatory APeX Monthly Updates — August 2026

All Ambulatory Users

Unless otherwise indicated, updates in this edition go live on **August 11, 2026**

August's Featured Updates

In Basket Out of Contact Comments ↗

Patient-Facing comments for Out of Contact occasions have been standardized

APeX Tip of the Month: Result Colors ↗

Did you know In Basket result colors each have a specific meaning?

August's Updates by Section

Click any title below to jump directly to that section

Clinical Workflow Updates

Enhancements or system improvements that affect clinical workflows or patient care activities

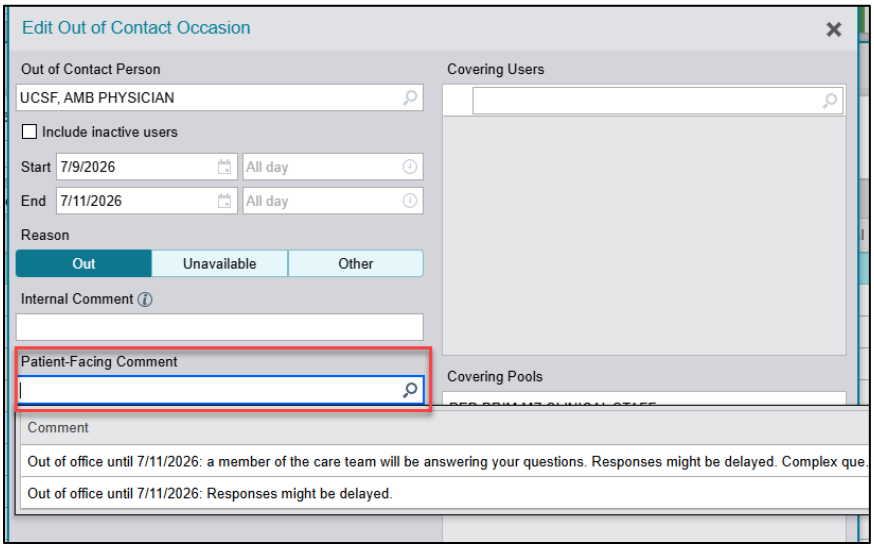
Update to In Basket Out of Contact Patient-Facing Comment

Audience: All In Basket Users who use the Out of Contact option

Reason for Change: To allow clearer expectation-setting for fellow clinicians and patients regarding message responses while out of office.

Brief Description & Workflow: When creating a new Out of Contact occasion, users have two standardized options for the Patient-Facing comment:

- [Default option] Out of office until dd/mm/yyyy: a member of the care team will be answering your questions. Responses might be delayed. Complex questions might not be answered until I return.
- Out of office until dd/mm/yyyy: Responses might be delayed.



For more information, please review the In Basket Out of Contact Notification tip sheet for more details.

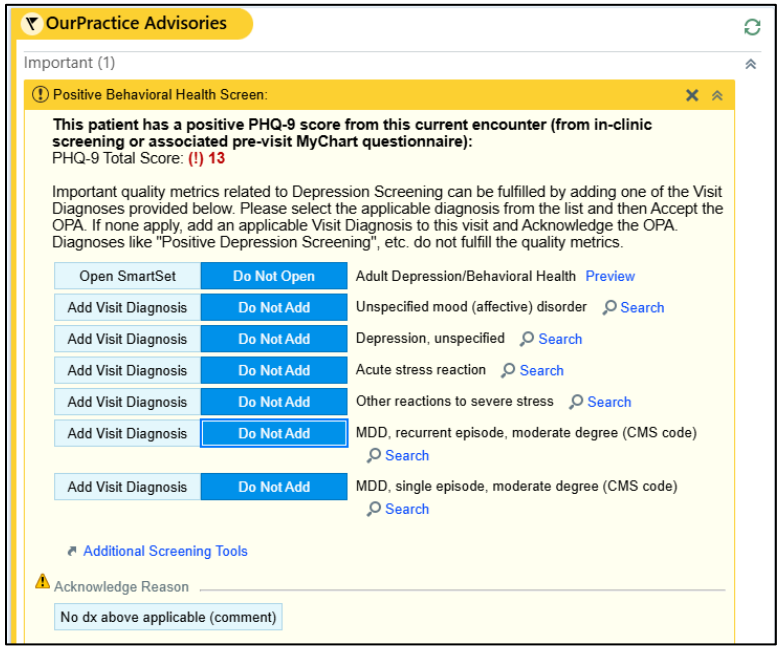
SME/Informaticist: Dr. Katie Grouse, Dr. Maria Byron; Build Analyst: Derrick Sy

Updates to the Positive PHQ-9 OPA for Adult Patients

Audience: UCSF, MarinHealth, & Community Affiliates Providers that utilize the PHQ-9

Reason for Change: To ensure quality metrics are met and improve ease of documentation, the options available in the existing positive PHQ-9 OurPractice Alert (OPA) for adult patients have been updated

Brief Description & Workflow: The existing OPA alert for positive PHQ-9 adult patients has been updated to include additional visit diagnoses. The existing SmartSet remains selectable if providers deem that most appropriate. If neither the SmartSet nor the provided Visit Diagnoses are appropriate, providers can select **No dx above applicable (comment)** to acknowledge the OPA. The overall workflow is not changing; this OPA will continue to fire when an adult patient has a positive PHQ-9 in the associated encounter, whether it's answered in-clinic or through a pre-visit MyChart questionnaire.



SME/Informaticist: Nicole Appelle, MD; Build Analyst: Marty Schroeder

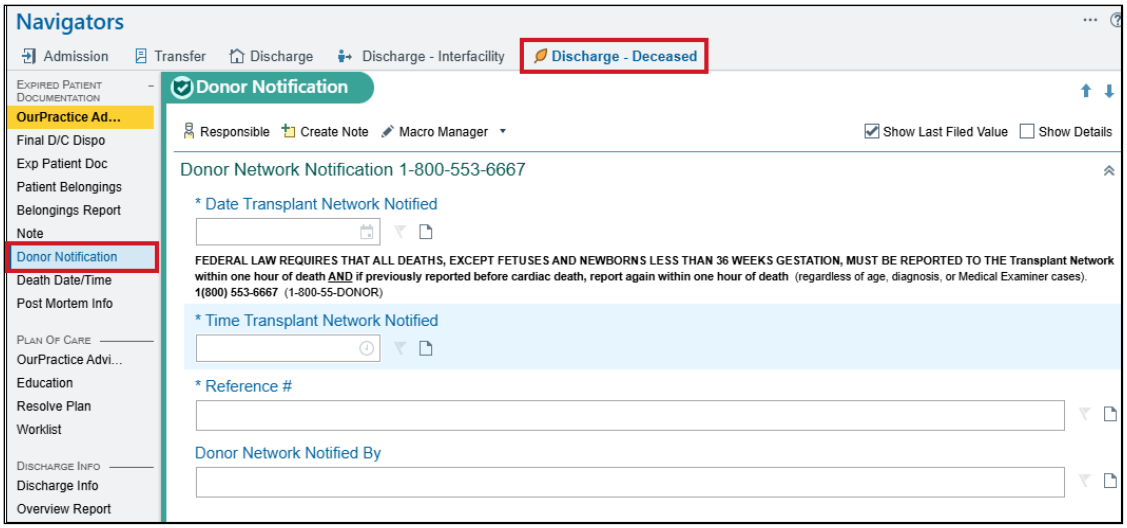
RN Documentation of Referrals to Donor Network West (DNW)

Audience: Nurses that Use Discharge-Deceased Navigator or Communication Navigator

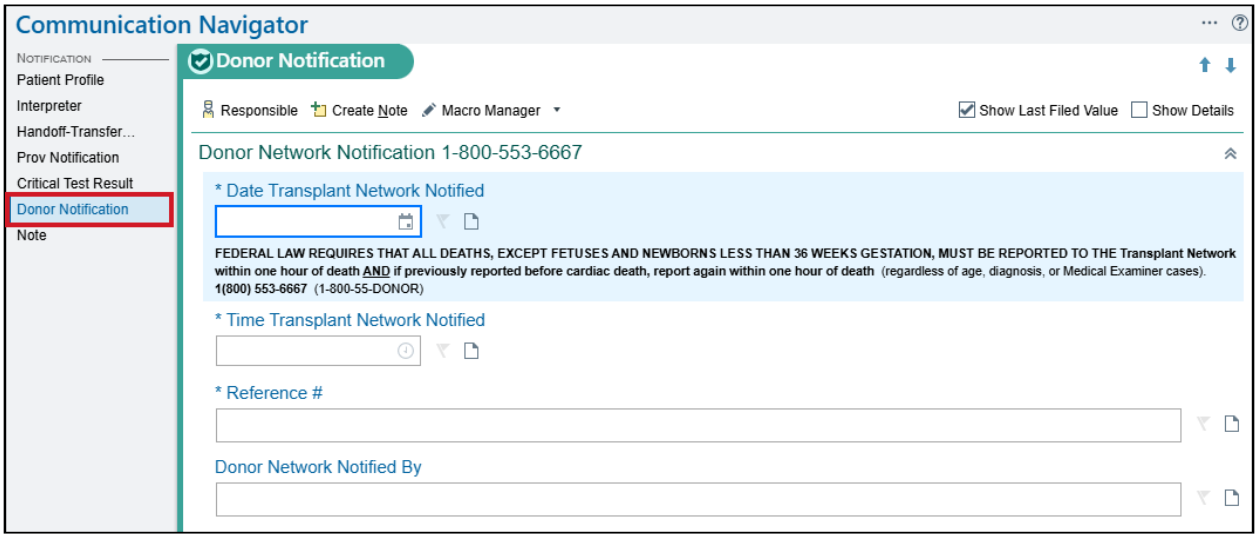
Reason for Change: To allow RNs the ability to document referrals to Donor Network West with associated date, time, and reference number.

Brief description & workflow: Currently, only providers have access to document referrals to DNW and RNs can view only. This change allows RNs to document referrals, as well. There are no changes to when referrals are required, but documenting referrals in the record is a new workflow for RNs.

Discharge-Deceased Navigator > Donor Notification:



Communication Navigator > Donor Notification:



SME/Informaticist: Craig Johnson, Amy Larsen, Mary Barfield

New Pediatric Crohn's Disease Activity Index (PCDAI) Documentation Tool

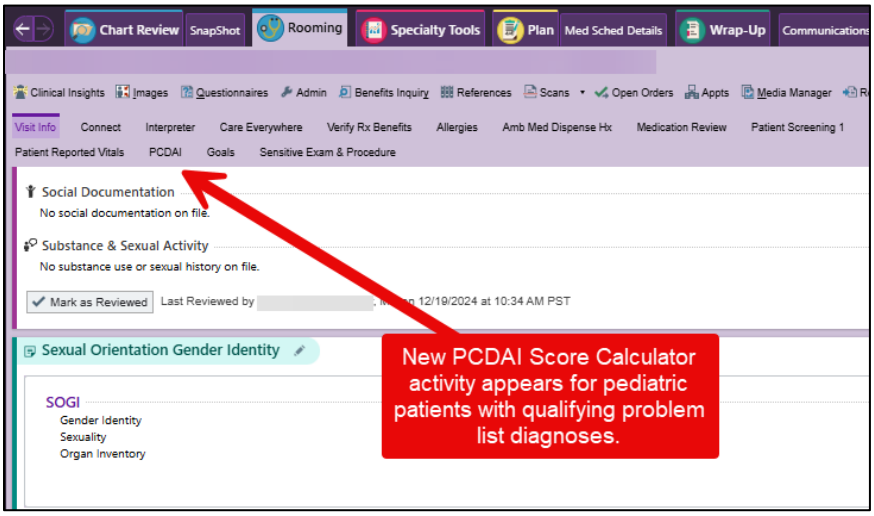
Audience: All Users

Reason for Change: To streamline documentation and support standardized disease activity tracking.

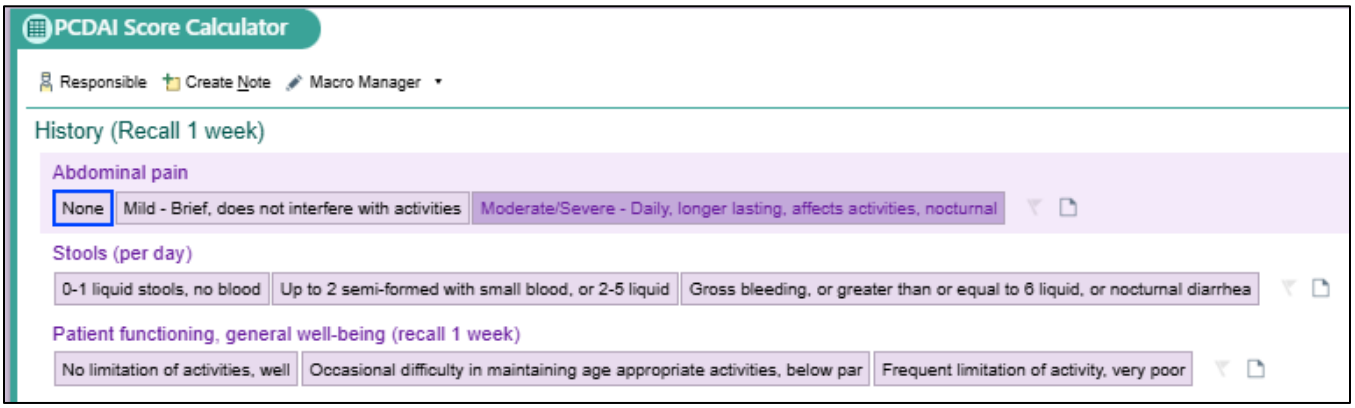
Brief Description & Workflow: A new Pediatric Crohn's Disease Activity Index (PCDAI) documentation tool will be available in APeX for eligible pediatric patients with qualifying IBD/Crohn's disease diagnoses. When patient criteria are met, a PCDAI activity will automatically appear in the Rooming tab of the default outpatient navigator. This activity enables providers to:

- Document PCDAI scoring using an embedded navigator flowsheet.
- Track PCDAI scores over time.

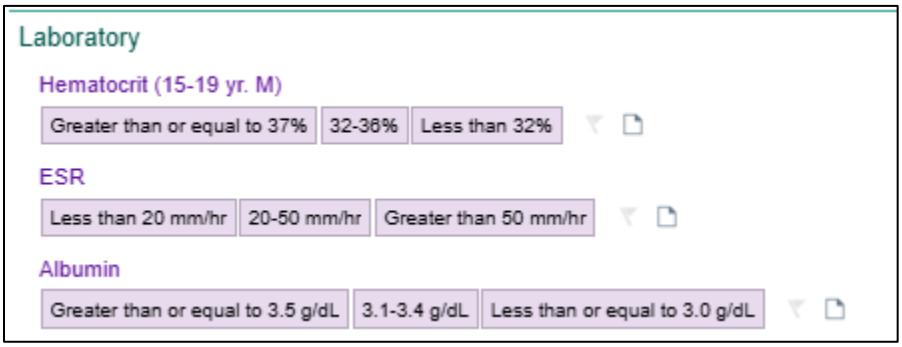
- Use the .PCDAI SmartLink to insert documented responses and the cumulative score directly into visit notes.



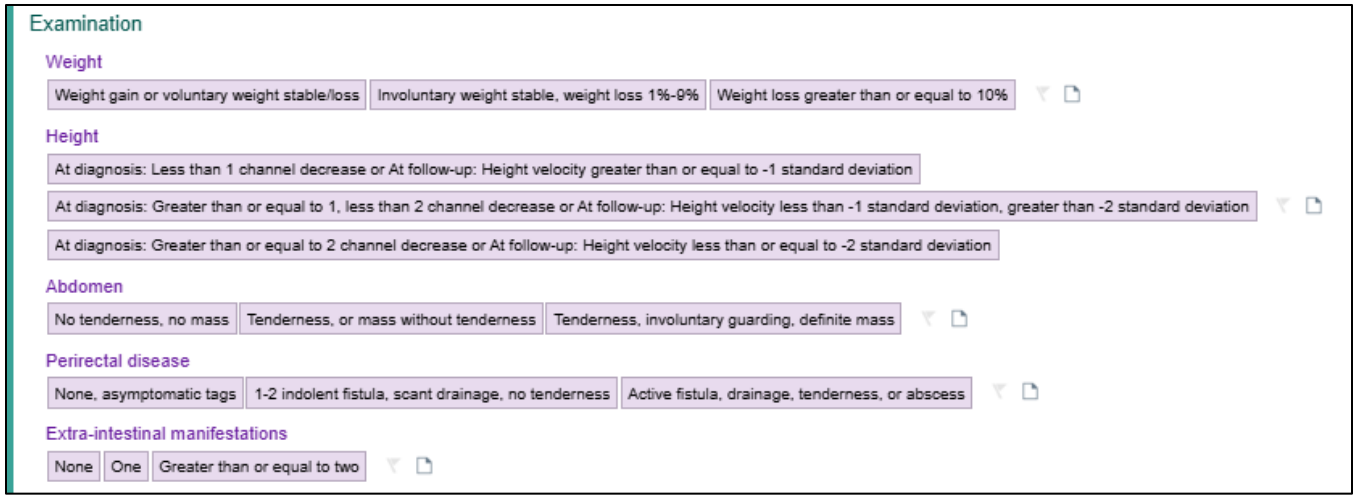
The new PCDAI scoring tool includes the following sections:



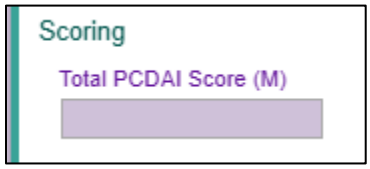
History section with abdominal pain, stools (per day) and general well-being fields



Laboratory section with Hematocrit, ESR and Albumin fields



Examination section weight, height, abdomen, perirectal disease, and extra-intestinal manifestation fields



The tool will display a total PCDAI Score based on documentation

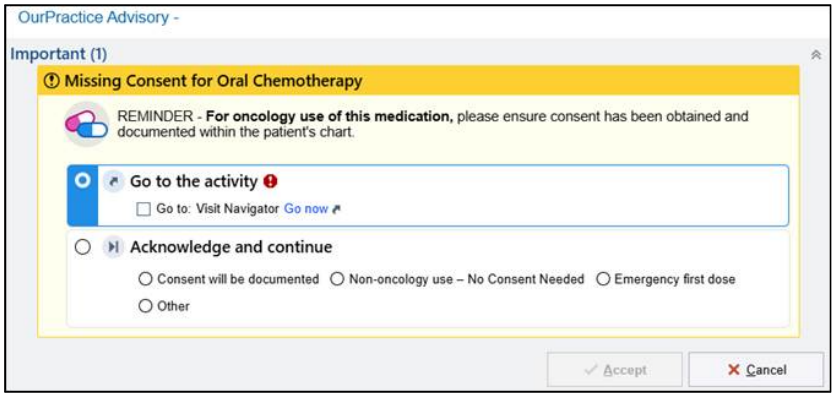
Build Analyst: Reynold Lee

OPA for Oral Chemo e-Consent

Audience: West Bay Providers (Inpatient and Ambulatory) and Pharmacists working with patients 18 years or older. Excludes Pediatrics, UCSF Stanyan and Hyde Hospitals.

Reason for Change: To ensure patients have required consent on file for oral chemotherapies.

Brief Description & Workflow: Patients are required to have a documented consent when receiving cancer directed therapy. To support this requirement for oral medications, an OPA alert will appear in APeX when oral cancer directed therapy has been ordered and no e-consent is on file within the chart. Prescribers should ensure risk conversations have occurred with the patient and complete the documentation, as prompted in the alert.



Informaticist: Allison Pollock, PharmD, Huat Lim, MD; SME: Alan Chin, PharmD; Analyst: Rajeev Sawhney, PharmD

Aura Interface for Caris Life Science Reference Lab Order

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

Reason for Change: Ordering Caris Assure® test 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 Caris Life Sciences Assure® test seamlessly in APeX. This workflow replaces filling out Caris requisitions on paper or in the Caris portal. Questions required by the Caris lab are included at ordering and sent via the interface. The new Caris Assure® test can only be ordered for outpatients, via outpatient encounters. Other Caris 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 cancer center and genetic counseling 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 Caris Life Sciences Assure® Test.

Analyst: Ellie Homan; Informatics: C. Hsieh, S. Arvisais-Anhalt, J. Spector, J. Wild

System Standardization Updates

Changes that affect shared tools, workflows, and information used across multiple departments and specialties

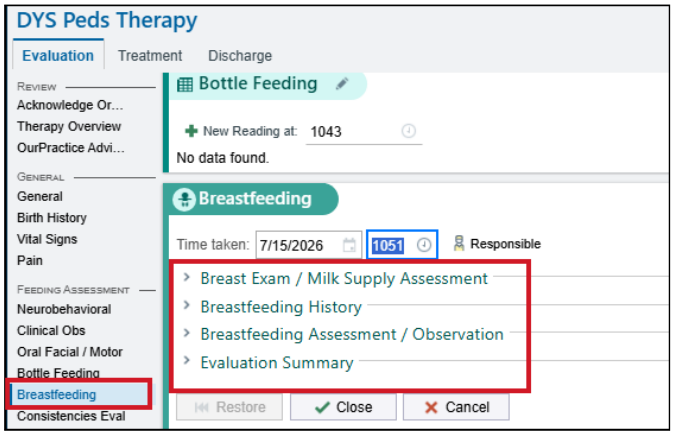
Breastfeeding Navigator Section Updates

Audience: Inpatient and Outpatient Dysphagia Clinicians

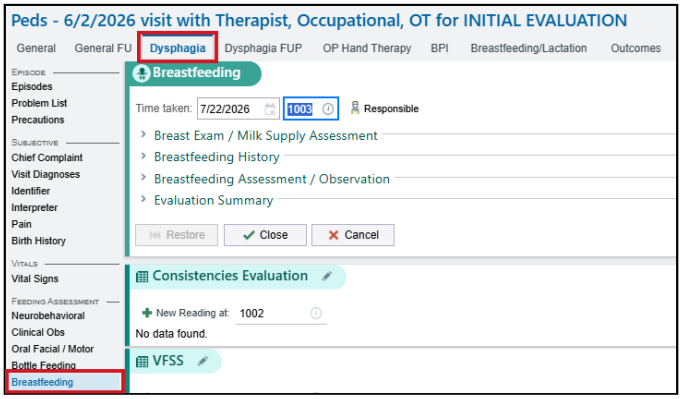
Reason for Change: To reformat the previous Breastfeeding section and documentation so that it is now collapsible, contains more relevant information, and pulls into note templates appropriately.

Brief description & workflow: To document the new Breastfeeding section, open the collapsed sections as needed. Users' documentation from the last 12 hours will now populate the note.

DYS Peds Therapy Breastfeeding section:



Dysphagia navigator Breastfeeding section:



SME/Informaticist: MaryAnn Linh, Ijeoma Aylor; Analyst: Brenda Burt, Chantal Giunta

Order Placement in On-the-Fly Encounters Disabled for Research SVC

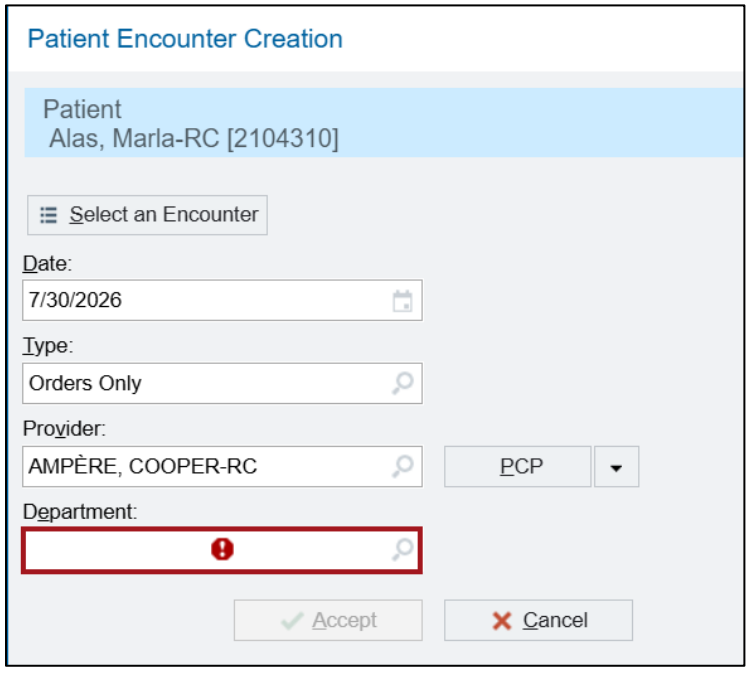
Audience impacted: All Research Users

Reason for Change: Aligning Research SVC with the behavior of other SVC Departments. Placing orders for certain medications out of SVCs puts the 340B program at risk.

Description & Workflow: Users may no longer place orders through Research SVC. An OPA (Our Practice Advisory) will now trigger anytime a user tries to place orders in on-the-fly encounters that has an SVC Department. There are the two OPA's that will be seen if a user tries to place orders in on-the-fly encounter from an SVC.

- OPA when the encounter first opens: "You will not be able to place orders from this encounter, please close out this encounter and create an on-the-fly encounter with an outpatient clinic as the encounter department."
- Second Sign rule to prevent ordering from these encounters: "Orders cannot be placed on the fly from an SVC. To place ad hoc orders on a patient, create an on-the-fly encounter with an outpatient clinic as the encounter department."

Note: You can still place orders in on-the-fly encounters, however you need to create the encounter in your home clinic department.



Analyst: Rachel Young, Research; 340B Program Team

Specialty Plan of Care Notes Now Reflect the “Effective From” Date

Audience: Clinicians utilizing specialty plans of care

Reason for Change: To reformat the previous Breastfeeding section and documentation so that it is now collapsible, contains more relevant information, and pulls into note templates appropriately.

Brief Description & Workflow: Specialty Plan of Care note service dates will consistently reflect the Effective From date of the associated Specialty Plan of Care. This applies both when a Specialty Plan of Care is initially finalized and when an existing finalized plan is later edited and re-signed. Regardless of when the plan is modified, the associated Specialty Plan of Care note will continue to display the plan's Effective From date, ensuring that the note reflects the intended service period rather than the date it was edited or signed.

Build Analyst: Reynold Lee

Documentation Updates

Changes to scanned records and document management or maintenance

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

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 Doc Type Name- AUGUST RELEASE	Updated Doc Type Name	Level	Doc Type ID	Status	Replacement Document if the original Document is deactivated	Replacement Doc Type ID
Medicare OP OBS Notice-MOON (UCSF)	Medicare OP OBS Notice-MOON	Encounter	200315	Active		
NOFO NOFI Billing Records (UCSF)	NOFO NOFI Billing Records	Encounter	200126	Active		
Non-Photo ID (UCSF)	Non-Photo ID	Encounter	200100	Active		
NoSurpriseAct Disclosure Notice (UCSF)	NoSurpriseAct Disclosure Notice	Patient	200349	Active		
NoSurpriseAct Disclosure Notice(BCH OAK)			500053	**Deactivated**	NoSurpriseAct Disclosure Notice	200349
Out of State MD to MD Consult (UCSF)	Out of State MD to MD Consult	Patient	200357	Active		
Out of State MD to MD Consult (BCH Oak)			500058	**Deactivated**	Out of State MD to MD Consult	200357
Pediatric Conservatorship (UCSF)	Pediatric Conservatorship	Patient	200328	Active		
Pediatric Court Order (UCSF)	Pediatric Court Order	Patient	200325	Active		
Pediatric Custody Order (UCSF)	Pediatric Custody Order	Patient	200326	Active		
Pediatric Guardianship (UCSF)	Pediatric Guardianship	Patient	200327	Active		
Pediatric Protective Order (UCSF)	Pediatric Protective Order	Patient	200330	Active		
Pediatric Third Party Consent (UCSF)	Pediatric Third Party Consent	Patient	200329	Active		
Photo ID (UCSF)	Photo ID	Encounter	100000	Active		
Photo ID (BCH Oak)			500031	**Deactivated**	Photo ID	100000
Pt Agreement - Financial Resp (UCSF)	Pt Agreement - Financial Resp	Encounter	200109	Active		
Statement Of Disagreement (UCSF)	Statement Of Disagreement	Patient	300318	Active		
Consent - Chemotherapy	Consent - Cancer Directed Therapy	Encounter	200378	Active		

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.

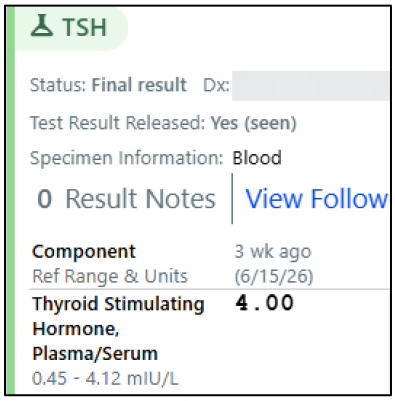
SME: Hope Johnson; Build Analyst: Alexandria Linares

APeX Tip of the Month

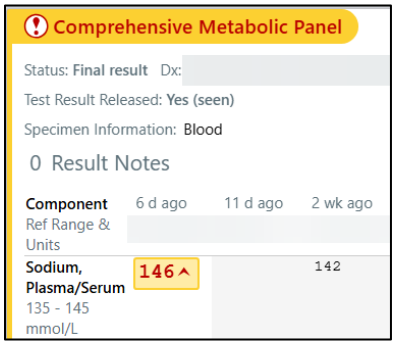
Understanding In Basket Result Colors

Ever wonder what the color coding on your In Basket results actually means? Here's a quick breakdown:

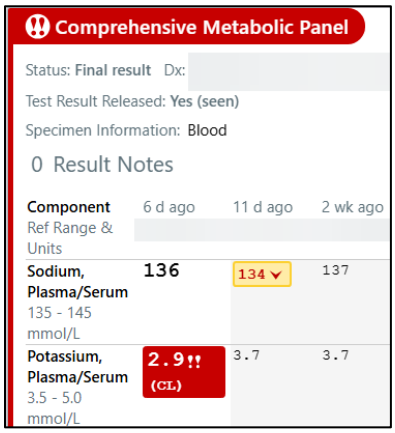
- **Green:** the result is **Normal**



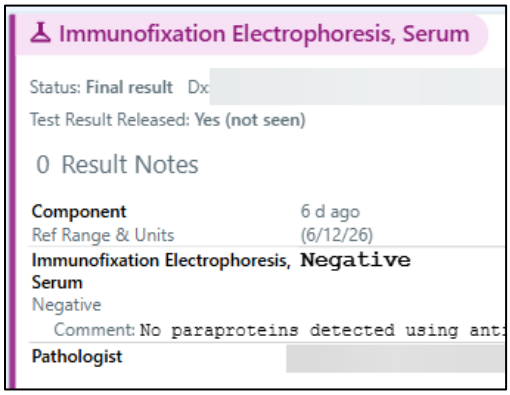
- **Yellow (!):** the result is **Abnormal**



- **Red (!!):** the result is **Critical.** The lab will also follow up with a phone call for Critical results



- **Pink:** the result isn't flagged as Normal or Abnormal. Check the reference range and patient's chart to determine if follow-up is needed.



💡 Got an APeX tip that's made your day easier? Share it with us and we may feature it in a future newsletter!

Training Resources & Announcements

Training opportunities, reminders, and important information from Health IT Training & Education

Initial APeX Training for LVNs and MAs Moving to Amplifire

Audience: Ambulatory 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 ambulatory LVN and MA staff 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 September, new LVN and MA staff will complete their initial APeX training in Amplifire. August will serve as a transition period, and staff attending the APeX Clinical Staff instructor-led training will have a hybrid experience that includes completing Amplifire in class with an instructor. This update is intended to reduce time away from clinical work, improve accessibility, and support a standard level of APeX knowledge across ambulatory clinical roles.

SME: Health IT Training & Education Center of Excellence

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
August 6, 2026	12:10 pm - 1:00 pm
August 20, 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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📚 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).