MEMORANDUM

TO: Hospital Chief Executive Officers and Emergency Departments

RE: ACES/eCTAS COVID-19 surveillance

Dear Colleagues:

The purpose of this memo is to request your support to adopt the use of the Acute Care Enhanced Surveillance (ACES) system and the electronic Canadian Triage and Acuity Scale (eCTAS) application in your hospital as soon as possible to support enhanced surveillance as part of the provincial COVID-19 response effort.

As you are aware, Ontario continues to identify patients that have tested positive for COVID-19. Ontario’s emergency departments (ED) will be the first stop for many symptomatic patients and the most severe cases will need inpatient care.

Improving the monitoring of ED visits for symptoms related to COVID-19 will assist to identify potential cases and enable earlier isolation to reduce the risk of person-to-person transmission and community spread of the disease. This can also provide an early signal of possible increases in prevalence locally and provincially. By providing more timely and robust updates to health care professionals, public health, and community service partners, we can take informed measures to direct our planning and response appropriately in our communities, with the purpose of protecting the health of Ontarians.

Your hospital currently transmits emergency department and hospital admission data to the ACES or eCTAS to identify abnormal acute care activity and alert public health authorities in real time. If your hospital or network of hospitals does not yet participant in ACES, please contact Dr. Kieran Moore (MOH, KFL&A Public Health and ACES Project Lead) and/or the ACES Team to expedite your enrollment. The ACES Team can be reached through Dr. Moore (kieran.moore@kflaph.ca or 613-549-1232×1121), Dr. Paul Belanger (paul.belanger@kflaph.ca or 613-549-1121×1602), or its website (www.kflaph.ca).
A simple update to the triage/admissions notes will greatly improve the ability of ACES (in concert with eCTAS) to identify potential COVID-19 cases. The accompanying technical document outlines this update, which simply involves including specific key words in triage/admissions notes when COVID-19 is suspected. For further resources regarding COVID-19 and the enhanced surveillance available through ACES, see www.kflaphi.ca/covid.

I would like to request that you share this letter and the accompanying technical document with your appropriate emergency department managers and staff as soon as possible and implement this enhanced COVID-19 reporting immediately.

Should you have any questions regarding the technical aspects of this change, please contact Dr. Paul Belanger at paul.belanger@kflaphi.ca or 613-549-1121x1602.

To reduce the impacts of this (potential) epidemic, the entire health care system will need to work together. Thank you for your ongoing commitment and collaboration.

Yours sincerely,

Dr. David C. Williams
Chief Medical Officer of Health

Attachments

c. Dr. Shelley Deeks, Chief, Communicable Diseases, Emergency Preparedness and Response, PHO