Improving COVID-19 Surveillance through the Acute Care Enhanced Surveillance (ACES) and eCTAS Systems

To: Emergency Department Managers, Physicians and Nurses

Background

The global risk due to the emerging coronavirus outbreak continues to be a major headline at both the local and national level. With the situation changing on a daily basis we are looking to improve the accuracy of our surveillance system and asking those responsible for hospital triaging of both outpatient and inpatient registrations to follow the recommendations below. By helping us improve upon this data source, it will help local public health-related initiatives in your area aimed at combatting this outbreak and aiding in containment. It will also give decision makers at the provincial level a more real-time view of potential community cases that could be indicative of a regional or province-wide influx of cases due to asymptomatic spread of COVID-19.

Recommendations

When entering a patient’s reason for visit OR admission for any emergency department presentation that has the potential to be related to the coronavirus please consider the following:

- The key for picking up these instances will be the consistent use of the key word ‘suspected covid’. This is the text string that our system will use to capture these presentations. This verbiage can appear anywhere within the complaint field but requires the space between the two words.
- Information detailing symptoms (e.g. acute respiratory illness (or ARI), pneumonia, cough, fever), recent travel (travel to ‘specify country’), and potential contact with other cases (contact with covid case) would also benefit our surveillance.
- Complaints can be entered with upper- or lower-case characters. ACES is case insensitive.
- For hospitals using Ontario Health’s electronic Triage and Acuity Scale (eCTAS) system please follow the above recommendations when filling out the ‘subjective assessment notes’ box during triage.

Examples of well-defined complaint fields in ACES (*all contain ‘suspected covid’)

“ACUTE RESPIRATORY ILLNESS WITH SUSPECTED COVID CHINA”

“SUSPECTED COVID PNEUMONIA”

“SUSPECTED COVID COUGH + FEVER UPON RETURN FROM IRAN”

“patient sent for coronavirus testing. Suspected covid after returning home last night from Italy”

“cough since early February, recent work travel to hong kong between jan 26 and feb 3, suspected covid”

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[Logos of Ontario Health and KFL&A Public Health]