

ACUTE CARE ENHANCED SURVEILLANCE (ACES) ADVISORY COUNCIL

MEETING MINUTES

Date: 2015-04-17 **Location:** Teleconference **Start Time:** 1300
Chair: Dr. Kieran Moore **Recorder:** Kathleen Thompson **End Time:** 1400

Present: Dr. Michael Finkelstein, Melissa Helferty (N. Arron's designate), Cameron McDermaid, Clint Shingler, Dr. Brian Schwartz, Michael Spinks, Michael Whelan,

Don McGuinness (designate)

Regrets: Nina Arron, Dr. Paul Belanger, Dr. Jaelyn Caudle, Dr. Howard Ovens,

Guests: Adam van Dijk, Allan Varrette

1.0 Welcome and Introductions

Roll call was taken by K. Moore and he extended a welcome to A. Varrette and A. van Dijk who would be providing updates later in the meeting.

2.0 Approval of Agenda

The agenda for the meeting of 2015-04-17 was approved.

3.0 Approval of Minutes – 2014-10-27

The ACES Advisory Council approved the minutes of 2014-10-27 with minor revisions. It was decided that the *Pan Am & Parapan American Games* would be referred to in the minutes by using the following abbreviation: P/PAG.

4.0 Approval of Terms of Reference

Suggested revisions to the terms of reference were reviewed and approved.

5.0 Updates (presentation by KFL&A Public Health)

5.1 Hospital Update

A. Varrette provided an update on hospital participation in ACES system. There is 123 acute care hospitals across the province connected to ACES, with a few more currently in process. During the last year, 23 hospitals were added to the system, with efforts focused on expanding the geographic footprint of ACES in the Toronto area in time for the P/PAG. K. Moore advised that event coverage is currently within the 90% range, with 4 acute care hospitals outstanding.

ACTION: K. Moore and A. Varrette will continue efforts to ensure complete coverage of the P/PAG acute care sector in time for the event. B. Schwartz and M. Finkelstein offered to provide assistance should K. Moore request it.

5.2 P/PAG Preparation

For the duration of the Games, ACES will be monitoring the following syndromes: asthma, COPD, cellulitis, sepsis, smoke inhalation, environmental, gastroenteritis, toxicological, opioids, respiratory, mental health, alcohol, orthopedic fractures, and influenza-like-illness (ILI). These syndrome categories were rigorously validated to ensure maximum capability of the system for this event.

ACTION:

- **K. Moore, B. Mosley, and A. van Dijk will deliver an ACES and PHIMS Workshop to the P/PAG team members at the Emergency Management Branch, Public Health Ontario and Toronto Public Health. This workshop will be held in Toronto. K. Thompson will co-ordinate a mutually convenient date in early June.**
- **Prior to July, web seminars on the usage of ACES and PHIMS will be delivered to those who are supporting the P/PAG and those local public health agencies within the geographic footprint.**
- **During P/PAG, Q&A sessions will be held daily at 10:00 AM, and K. Moore will be on call 24/7.**

5.3 Validation of Syndromes

The original eight syndromes for infectious disease have been replaced by nearly 80 syndromes. These syndromes are specific to issues of public health importance and range from surgical admissions, medical renewals and socially-oriented visits to general respiratory complaints, ingestion of toxicological substances, and complications of alcohol. The validation of these syndromes is accomplished by correlating case counts of each syndrome against the counts from the “gold standard” ICD-10 coded visit records available from the National Ambulatory Care Reporting System (NACRS). While the process of validating these syndromes is ongoing, there are 11 syndromes performing at or better than 70%, with 14 close to deployment that will be of particular use during P/PAG. The remaining syndromes will be analyzed and modified as required over the coming year and will be available to our users as ACES is rolled out. K. Moore reported that a biostatistician has been hired to assist in this process.

5.4 Validation of Admissions

K. Moore reported that extracting data by keyword searches will be available.

5.5 2015 Deliverables

K. Moore asked the ACES Advisory Council members to review the ACES Annual Report. Feedback and suggestions are welcome and can be e-mailed directly to K. Moore.

5.6 Asthma Mapper

K. Moore reported that the Asthma Mapper is expected to go live this summer, and will be able to assist with such questions as:

- Are there environmental conditions present which pose and increased risk of causing asthma related illness in the public?
- Are there specific pollens/air quality conditions today which could increase my risk of an asthma attack?
- How many people have presented at the ER with asthma related illness?
- Is there an 'asthma season'? How long does it typically last?
- Are there areas of the province at a higher risk of asthma related illness, either owing to environmental or human made factors?

It was noted that this is the first real time application tool for chronic disease surveillance.

5.7 ILI Mapper

The ILI Mapper now displays respiratory data along with data from the province to give users the most up-to-date information throughout the influenza season. The success of this mapping tool will be expanded to other public health issues of importance such as gastrointestinal illness, asthma, and respiratory syncytial virus. The current ILI Mapper will be modified with updated cut-offs using historical summer ILI data so the site will also be useful during the P/PAG.

The ILI Mapper stop light system needs to be evaluated.

As Google analytics is a more recent feature, it is not possible to do a comparison from last year. It was noted that the website has had a good uptake in the second year.

5.8 RSV Mapper

The RSV Mapper should be ready to go live in the Fall.

6.0 **Canadian Emergency Department Information System (CEDIS) Introduction and Impact**

K. Moore reported that CEDIS will be rolling out ???

Next Meeting: TBC

Chair signature: _____

Recorder signature: _____