

ACES

Newsletter

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RECRUITMENT:

Since the last ACES newsletter was released, we are pleased to welcome the following 14 facilities to the system:

Cambridge Memorial Hospital, Kemptville District Hospital, Centre for Addiction and Mental Health, Winchester District and Memorial Hospital, St. Mary's General Hospital, Sunnybrook Health Sciences Centre, Southlake Regional Health Centre, Headwaters Health Care Centre, West Parry Sound Health Centre, Clinton Public Hospital, Seaforth Community Hospital, Alexandra Marine and General Hospital, St. Mary's Memorial Hospital, Stratford General Hospital

The ACES system currently receives data from 159 acute care facilities. We currently have just 12 hospitals remaining before reaching our goal of full provincial coverage.

“ ACES HAS ALLOWED OUR SMALL CAPACITY HEALTH UNIT TO EFFECTIVELY AND EFFICIENTLY CONDUCT SURVEILLANCE” - ACES USER

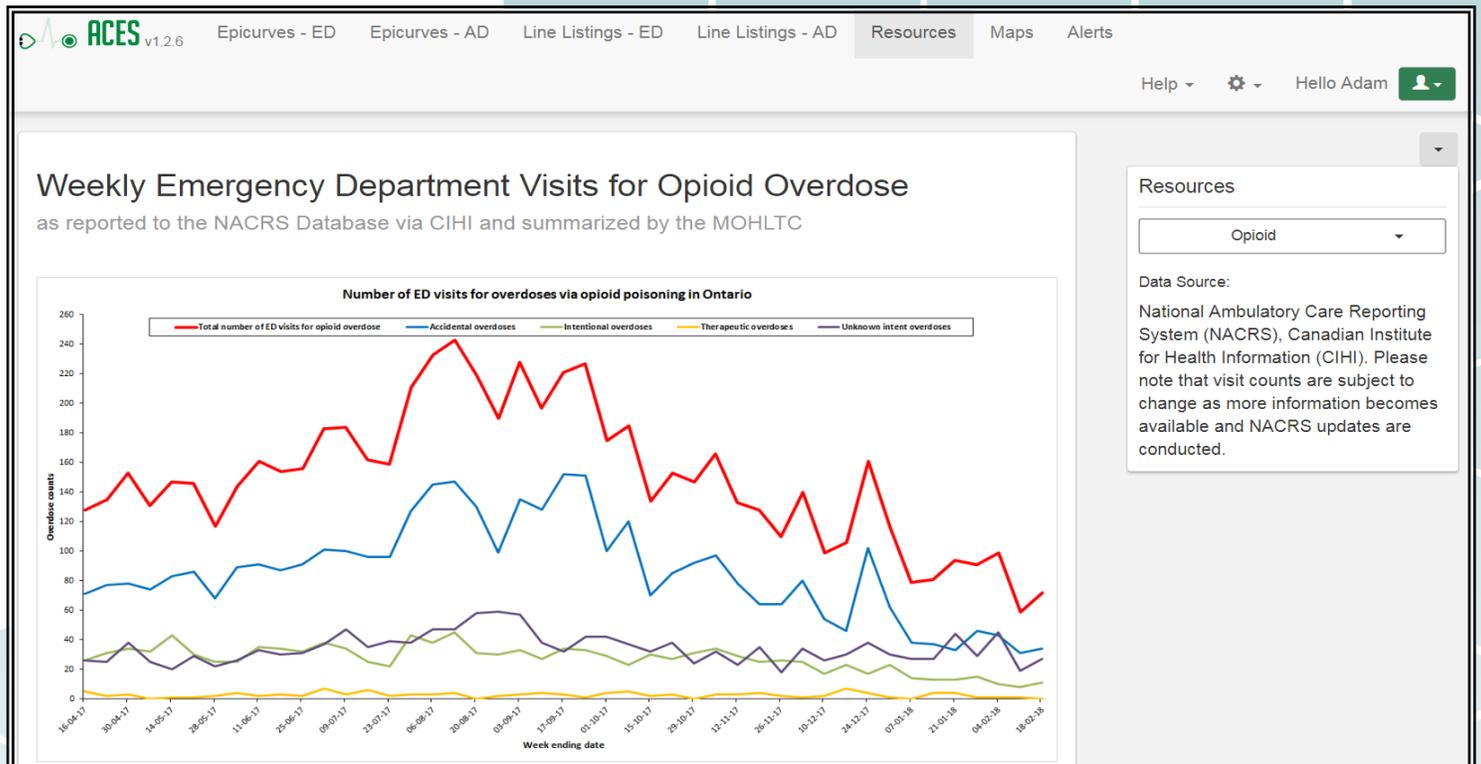
WE'VE BEEN BUSY...

- The ACES homepage now features a self-registration tool for new user accounts.
- Training videos are complete! Look for an email from our team shortly with a link to where you can view them. These videos will facilitate quicker access to ACES for new users, and be updated when significant changes are made to the system.
- To combat over-alerting, we reduced the number of syndromes which are run through our alert algorithms from 80 to 29. These 29 syndromes were chosen for their public health relevance. Users can still use all 80 syndromes on the Epicurve, Line Listings and Maps tabs in ACES.
- A new “Resources” tab was added which currently showcases Influenza and Opioid data obtained from outside data sources (i.e., NACRS and DAD). Further detail on this new feature can be found on the Epi Corner page of this newsletter.
- We updated the User Manual to reflect changes to the system, and added screenshots and descriptions for new features.

EPI CORNER

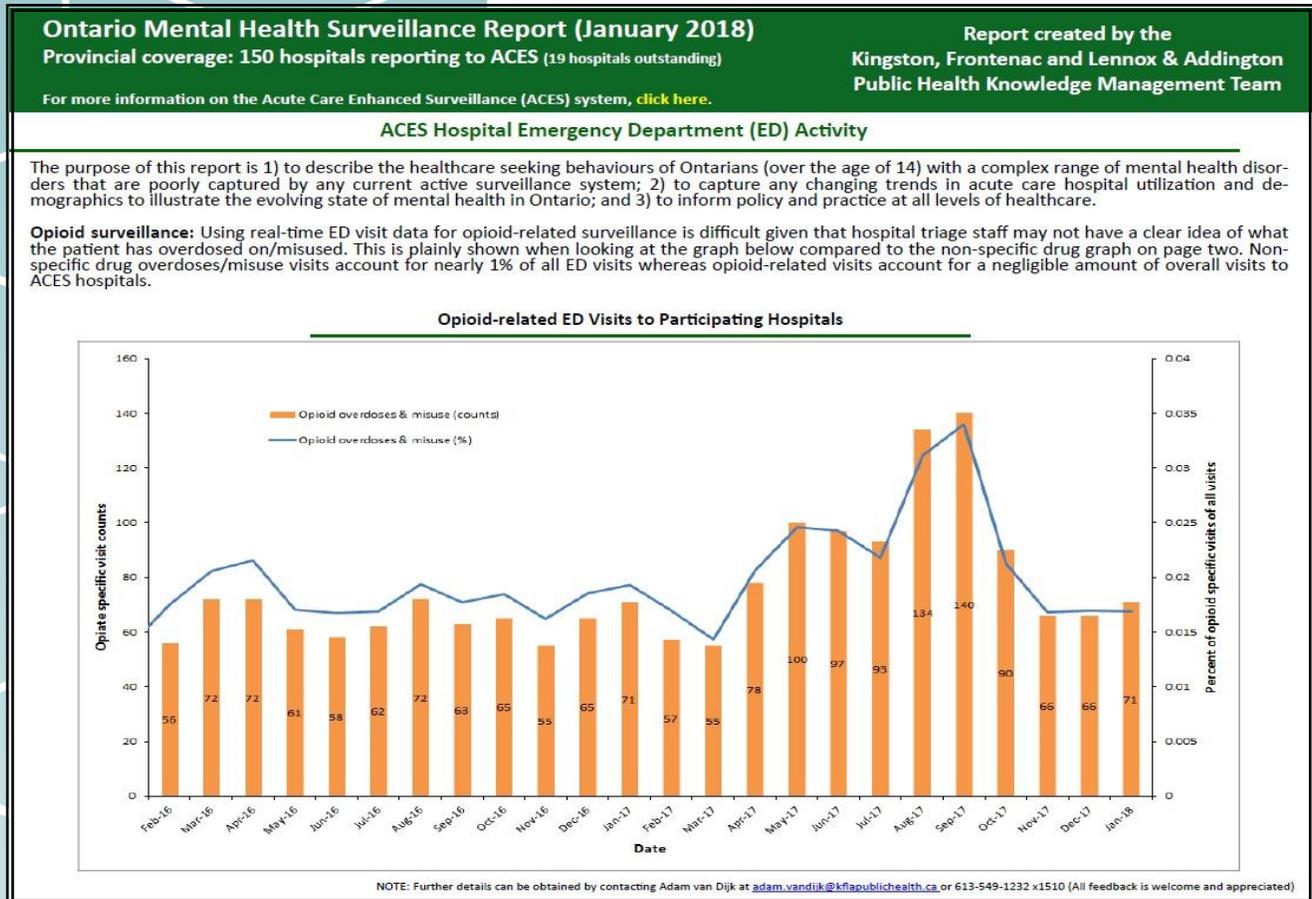
This past fall, the ACES development team added a new tab to allow us to insert graphs and figures produced using data sources outside of the real-time hospitals feeds currently populating ACES. Our first foray using this new feature was the creation of an 'Opioid' resource, which is comprised of two graphs using the weekly CIHI+ data for opioid overdose tracking. We have simply taken the aggregated provincial data which is sent out broadly by the Ministry and created one graph showcasing overdose counts broken down by intent type (shown below), while another graph shows age group breakdowns of the same data.

More recently, our team has added another resource type to the drop down menu which is labelled 'Influenza'. This resource is made up of 4 tables and includes data sent to us by the Ministry from the NACRS and DAD databases on a monthly basis. These tables were created in response to a lack of morbidity and mortality data this respiratory season due to influenza. This data is the same data that analysts can pull out of Intellihealth, however we are obtaining it months before it becomes available within the IntelliHealth database. ICD codes J9-11 are pulled for us on the 15th business day of each month and once we receive the data, it is formatted and published in the 4 aforementioned tables. The data is presented as unsuppressed counts because of the security measures already in place that guide the ACES system. This in turn allows us to grant all ACES users access to this data as they are bound by the systems rigid privacy constraints. This data is also presented at a higher level of aggregation, with suppression of cell counts under 5, on our public facing [ILI Mapper](#) website. For more information please contact Adam van Dijk adam.vandijk@kflaph.ca.



RELATED PRODUCTS

With ACES receiving funding from the Ministry of Health and Long-Term Care, the team was asked to create a provincial report leveraging ACES data reporting some of the mental health related syndromes within the system. The Ontario Mental Health Surveillance Report (sample page shown below) is produced monthly and captures data such as opioid-related visits and admissions along with non-specific toxicological data, alcohol abuse, mental health complaints, and suicidal ideations. While the data is not broken down by health unit or LHIN geographies, some of the graphs are subdivided into age groups. The report is sent out to a mailing list kept by the Ministry but if any of our ACES users are not getting this report and would like to receive it please email Adam van Dijk.



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