ACES NEWSLETTER

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-Threat Risk Assessment summary and response

- An introduction to new ACES derivative products; the Surge and Opioid Monitors

- Updates to the system and tips about how to get the most out of your experience

- New partnerships

WE'VE BEEN BUSY

ACES has grown a lot over it's 11 years in operation, and the team at KFL&A have updated the user manual to reflect those changes. In the newest version you'll find updates on: ACES syndromes, new and changed features, and an expanded user interface guide.

We would like to welcome Kemptville District Hospital, and Renfrew Victoria Hospital as our newest ACES hospital partners.

"ACES has been our go-to data source for our opioid surveillance work. The timeliness of the data sets it apart from other data sources. We're able to monitor it on a daily basis to look for sudden changes in overdose activity, and it would be an invaluable data source in the event of an urgent response activity. " - Anonymous User

THREAT RISK ASSESSMENT

ACES underwent a Threat Risk Assessment in the winter of 2015. The system passed the test, and we were given constructive suggestions about how to optimize its security measures. Many of these suggestions are now part of a c omprehensive monthly auditing routine.

Within these audits, we monitor things like internal database access—which staff have access to which aspects of the database, for what purpose, and for how long? Externally, we employ techniques to detect suspicious activity such as multiple password attempt failures, and access from outside the province of Ontario.

Some more high-level threat detection generates an alert for staff as soon as an aberation is detected, while the rest of the data gathered through these audits is reviewed by project staff and management on a monthly basis.

ACES TIPS & FACTS

- Short descriptions of each of the 80 syndromes in ACES can be found on page 60 of the user manual.

- You can find other pertinent ACES documents including: the data sharing agreement, brochure, confidentiality agreement, user manual, and more on our website under Projects -> ACES

- The Influenza-Like Illness (ILI) Mapper is a free, publically-accessible tool that uses the respiratory data gathered by ACES to detect, monitor, and describe annual influenza season. Surge capacity, virus progression, and infection rates are used to help health care providers plan and implement strategies for protecting the public.

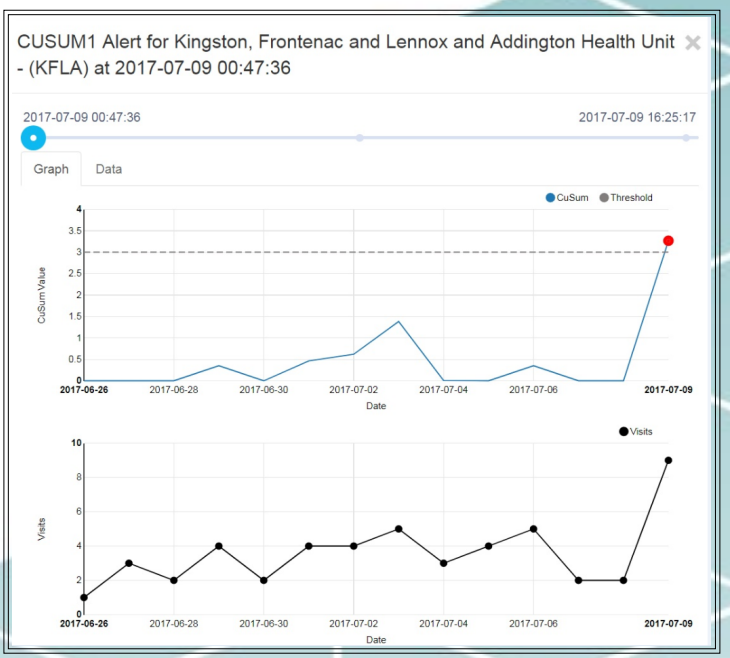
- A new feature has been added by popular demand, users now have the option to download line listings!

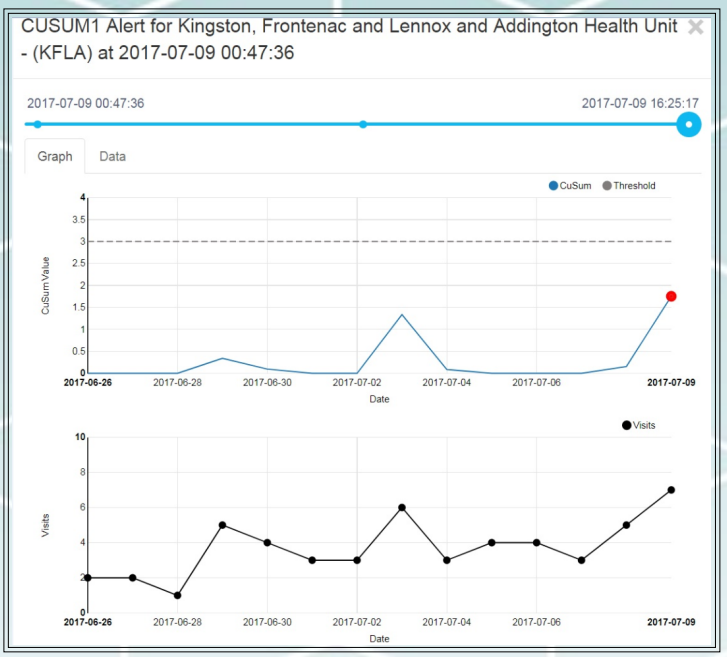
- Users can get help from the ACES team by selecting "open a ticket" from the "Help" drop down menu on the navigation bar.

EPI CORNER

Generally, when the ACES team pushes a new version of the system into production a mass email to all active users gets sent out to give an overview of the new features or improvements. In this section, we will highlight some of those changes we feel may not have been easily understood by users or changes that have been made that were minor in nature that did not necessitate a mass email update. You may also find some tips and tricks in this section that could help you leverage ACES more than you currently are.

One such new feature relates to the ACES "Alerts" section and the pop-up window that appears when users click a specific alert. In the past, if an alert had ended the information in the pop-up was displayed at the end time of the alert. This did not give users the ability to see the beginning of alert when the threshold for the alert was triggered. Users can now use the slider bar at the top of the alert window and move through the entire time span of said alert and each time a visit came in for the syndrome in question to see how that new record affected the alert status. The below pictures show a CUSUM1 alert for the KFLA region, the first figure shows the state of the alert when it was initially triggered and the second figure shows the state of the alert when it ended and the alert no longer met its defined rules.





RELATED PRODUCTS

In an effort to leverage the most out of the ACES data we receive, the team has recently developed two 'monitors' using the business intelligence software, Power BI. The first of these tools is the Ontario Acute Care Surge monitor and the second is the Opioid and Toxicological monitor. Both of these tools are public facing and give users the ability to view ACES data in ways that were previously not possible within the ACES system itself.

The surge monitor is updated every hour throughout the day and provides visit volume data for every hospital that sends data to the ACES system (nearly 85% of Ontario hospitals). The tool was created mainly for provincial stakeholders and individual hospitals as a quick and easy way to view up to the hour surge levels. Users are also able to view hourly visits over the past seven days and the data can also be broken down by CTAS score which can better define surge status based on acuity scores for each visit. Threshold levels have also been calculated based on the average hourly volumes at each hospital over the past year to give a benchmark for comparison to the current day.

The opioid monitor is updated daily and not only pulls in ACES data but also pulls in gold standard visit and admission data from the NACRS and DAD databases managed by CIHI. This tool focuses on ICD-10 coded data for opiate related poisonings as well as real-time data from ACES. While the CIHI data is considered the gold standard, the data set is not available in a timely manner which is why users can compare that historic data to daily data from ACES. Providing both sets of data gives a clearer picture of the opioid epidemic and while triage data from ACES underestimates the real-time burden of this public health threat, it does allow users to identify cases of overdose they wouldn't have been able to identify in a timely manner before. Links to both of these tools can be found below and if you would like further information on either please email kflaphi@kflaph.ca

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