

ACUTE CARE ENHANCED SURVEILLANCE (ACES) ADVISORY COUNCIL

MEETING MINUTES

Date: 2018-10-01

Location: Teleconference

Start Time: 11:00am

Chair: Dr. Paul Belanger

Recorder: Lara Gardner

End Time: 12:00pm

Present: L. Segan, A. Bell, M. Finkelstein, M. Whelan, D. McGuinness, C. McDermaid, C. Shingler, H. Ovens, P. Belanger

Regrets: K. Moore, B. Schwartz

Guests: J. Price, D. Battams, A. Varrette, L. Gardner, A. Maier

1. Recruitment

L. Gardner reports that there are nine outstanding hospitals in the province not yet partnered with ACES. These include: Haldimand War Memorial, West Haldimand General Hospital, Norfolk General Hospital, Almonte General Hospital, St. Francis Memorial Hospital, Deep River and District Hospital, Stevenson Memorial Hospital, Groves Memorial Hospital, and North Wellington Healthcare Corporation (two sites). C. Shingler notes that while some effort ought to be made to onboard these hospitals, it will be of primary importance to ensure that the hospitals already online with ACES transmit their admissions data and not just emergency visits. It is suggested that LHIN leads and those on the AAC who can work with KFL&A ACES staff engage with hospitals to drive forward the need to send admissions data.

Action item: KFL&A to create a spreadsheet listing the data types received which is to then be shared with the AAC.

2. Data Quality

A .Maier updates the AAC on work performed to better understand data quality from each of the hospitals partnered with ACES. CIHI “gold standard” data was used to compare against visits recorded in ACES. At the time of this writing, 99% of emergency department

visits and 84% of admissions for the province were being captured. Work done to understand the specifics of data quality yielded the following observations:

- An estimated 1.5% of all admissions data to ACES are duplicate records, all of which are coming from 35-45 hospitals.
- Approximately 10 hospitals do not send admissions data for women admitted in labour and/or their newborn.
- Some hospitals send age calculated year-year without accounting for date of birth. For instance, a person visiting the hospital in June whose birthday is in November may be counted as the age they will be instead of the age they currently are.

Hospitals with the greatest impact were identified to focus efforts to improve data quality first on them. These hospitals included: Princess Margaret Hospital of the University Health Network, Scarborough and Rouge Valley including General and Birchmount sites, Halton Health Care Services including Oakville, Milton, and Georgetown sites, and finally North York General Hospital.

Action item: KFL&A ACES team to create a data quality dashboard that will be accessible to the AAC.

Action item: where applicable, AAC members will bring up data quality in upcoming meetings with LHIN leads and other health system partners of relevance to urge them to get the message to hospitals that it is important to provide all relevant good quality data to ACES.

3. LHIN sub-regions

L. Gardner followed-up from the previous AAC meeting noting that LHIN sub-regions have been released. The AAC discusses whether there would be interest sufficient to merit the work of adding these geographies in ACES, and it is decided that while further investigation should be done as it is not a priority at this time. More information about the roles of sub-regions will help inform future strategy.

4. LPHA Mergers

D. Battams reports the successful merger of Oxford and Elgin St. Thomas health units into Southwest Public Health in ACES. The old geographies and their historic data have been maintained. This bodes well for future amalgamations such as that of Huron and Perth.

5. ILI Mapper Updates

D. Battams reports that developers spent time over the summer making various small changes to the ILI Mapper, which are in the [current version of the mapper](#). P. Belanger notes that a survey and focus group informed the changes that were made, though it would be appreciated if the AAC could visit the Mapper themselves and offer any feedback they feel is relevant.

6. Future Considerations

P. Belanger notes that it will be on the agenda for the next AAC meeting to review the Terms of Reference (TOR) for the Council, to see whether any changes need to be made to the TOR or to the membership of the Council.