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NYGH successfully integrates eCTAS with Cerner information system

TORONTO – North York General Hospital has successfully integrated the provincial eCTAS system into the emergency department module of its Cerner information system. That means more ease of access when triage nurses are logged into the Cerner system and want to use the electronic Canadian Triage and Acuity Scale, as they won't have to switch from one system to another.

eCTAS was created by Cancer Care Ontario in 2017 to provide the tools for accurate triage in EDs, so that hospitals across the province would assess acuity levels in patients in a more standardized way. The project was originally launched after an Ontario auditor general's report found that only 37 percent of patients in sample hospitals were triaged appropriately.

The system was rolled out to hospitals in 2018, and according to the eCTAS website, there are now 120 hospitals using the system.

Many of the hospital ERs adopting the solution were moving from a paper-based environment to a cloud-based, computerized system.

That's a big improvement in itself. But for hospitals like North York General, which has a comprehensive electronic information system throughout the organization, including the ED, it was important to integrate eCTAS with the existing computerized ER solution.

North York General did this, and went live with the integrated eCTAS system in October 2018. Moreover, it also partnered with Cancer Care Ontario, and other hospitals, so the integrated solution could be used by all hospitals across Ontario that have the Cerner FirstNet system for emergency departments.

The project is seen as an acknowledge-ment of North York General's expertise in both electronic systems and emergency medicine.

"We were leveraging the emergency-department knowledge in our hospital for the greater good of all Cerner hospitals in the province," said Sandy Marangos, Director, Emergency and Mental Health. "We see large volumes of patients here,

Pictured left to right: North York General's Jennifer Page, Carla Moran-Venegas, Donna Alfoga, Linna Yang.

including pediatric patients, and we are able to help improve healthcare, system-wide. It was the right thing to do."

Sumon Acharjee, Joint CIO for NYGH and the Michael Garron Hospital, said leveraging the IT expertise from hospitals who have advanced e-health infrastructure is the best way to move the health system forward and provide more integrated patient care.

The effort was a collaborative one, with regular meetings and knowledge exchange among NYGH's information technology department staff and ED clinicians, Cancer Care Ontario and the other Cerner hospitals wishing to adopt the solution.

Linna Yang, Manager of Clinical Informatics at NYGH, said that Michael Garron Hospital (the former Toronto East General) was set to go live with the solution in its ED in March, as was the Cornwall General Hospital and Grey Bruce Health Services, in Owen Sound.

Other hospitals planning to use the solution include Mount Sinai Hospital, in Toronto, and Grand River Hospital, in Kitchener, which is a relatively new user of the Cerner information system.

"Each is doing their own testing and tweaking of the system," said Yang. They all have been working closely with NYGH, and have brought up their own concerns. "They've asked, what about this, and what about that, so they could be addressed in the design of the solution."

Andrea Ennis, Clinical Team Manager, Emergency Department, observed the

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triage system is an important element for any hospital. "You have minutes to make a decision that could determine the life or death outcome for the patient," she said.

For this reason, triage nurses are some of the most highly skilled in the department, with excellent reasoning and decision-making abilities. For its part, NYGH has 135 nurses in the ED, with 50 participating in triage.

Carla Moran-Venegas, ED Triage

Nurse and a leader of the eCTAS integration project, noted that a good deal of work was needed to customize the eCTAS system to suit NYGH's processes and workflow. That meant many meetings, and substantial testing and training. "It's complicated, but it leads to a better outcome," she said. "The system is here to support the clinicians, but they needed to know their existing workflows wouldn't be disrupted."

Donna Alfoja, Clinical Application Consultant, Clinical Informatics, said the go-live for the integrated eCTAS system at NYGH was simultaneous with the October activation of the Computerized Provider Order Entry (CPOE) system. It's another important solution for improving patient safety and quality outcomes.

As a result, last fall was a busy time for information technology at the hospital. Nevertheless, the final testing and training at NYGH went smoothly, said Jennifer Page, Clinical Nurse Educator – so much so, that many nurses started adopting the integrated triage system even before the two-week training period was over. "The transition really was seamless," she said.