



eCTAS Release Notes: Version 2.30.0.0

Release Date: Mar 28, 2024

Integrations: **B** - Basic **C** - Complex **WS** - Web Service **CRT** - Certification

Change Type	Details	B	C	WS	CRT
Hospital Requested Enhancement	eCTAS Registration View <ul style="list-style-type: none"> An advanced search option has been added to provide easier access to specific past patient records. The advanced search supports individual episode search by eCTAS ID or ED Visit Number. The timeframe for past record lookup (both date-based and advanced search) has been extended from 120 days to 2 years. 	✓	✓	✓	✓
	Site Level Extract <ul style="list-style-type: none"> The search timeframe for site level extracts has been extended from 120 days to 2 years. Each extract request remains limited to 120 days of data however the start date for the extract period can be any date within the previous 2 years. The start and end date selection fields have been updated to a new date selection tool that provides enhanced date validation. As start and end date selections are modified, the allowed 120 days selection window is automatically maintained. 	✓	✓	✓	✓

Change Type	Details	B	C	WS	CRT
User Interface (UI) Changes	<p>Triage location confirmation on login</p> <ul style="list-style-type: none"> When logging into the eCTAS Clinical Application, all nurses will see a pop-up with the name and logo of the hospital site they are accessing while the application loads in the background. The size of the logo has been increased for improved visibility. If the name or logo does not match the nurse's current work location, they should log out immediately to avoid a potential privacy breach when patient information is sent to the wrong facility. 	✓	✓		
	<p>Administration Console</p> <ul style="list-style-type: none"> An environment label has been added to the Administration Console page header to indicate whether the user is logged into the Conformance or Production environment. The icon shown on the page header has been updated to match the desktop shortcut icon for the tool . A footer has been added to the feature selection screen that provides links to the eCTAS release notes, terms of use, online help, and status page. Usability improvements have been made to tools used by Ontario Health administrators. These tools are not visible to hospital users. 	✓	✓	✓	✓

Change Type	Details	B	C	WS	CRT
	<p>HL7 Message Viewer</p> <ul style="list-style-type: none"> • Timestamps shown within the tool now reflect local hospital time rather than UTC time. This change does not extend to viewing the content of an HL7 message which still displays exactly as it was sent including UTC timestamps. • Labels within HL7 Message Viewer have been updated for consistency: <ul style="list-style-type: none"> ○ The advanced search label 'Episode ID' has been updated to 'eCTAS ID'. ○ The label 'Triage ID' in the Patient Visit column has been updated to 'eCTAS ID'. • The 'Message Type Statuses' table has been renamed to 'Message Status Summary'. The order and content of the summary columns has been modified: <ul style="list-style-type: none"> ○ The 'Sending' column (previously 'Waiting') has moved one position to the left and now displays a count of messages that have been initiated outbound from OH but not yet acknowledged by the receiving site. ○ The 'Delivered' column (previously 'Success') has moved one position to the right and now displays a count of only messages that have been successfully delivered. This message count previously included messages that had been initiated by OH but not acknowledged. ○ The 'Failed' column remains unchanged and displays a total count of failed messages. • The following processing status and delivery status labels within the 'Messages Grouped By Patient Visit' table have been updated for consistency and clarity: <ul style="list-style-type: none"> ○ The processing status 'Sent Successful' is now 'Successful'. ○ The delivery status 'Created' is now 'Processing'. ○ The delivery status 'Queued' is now 'Sending'. 				

Change Type	Details	B	C	WS	CRT
Web Service API Enhancements	<p>API support for CEDIS-specific recommended assessments</p> <ul style="list-style-type: none"> A new API has been added to provide recommended assessment reminders for nurses when specific CEDIS complaints are selected. GetRecommendedAssessmentsByCEDIS returns a list of recommended assessments for a given CEDIS complaint. 			✓	✓

Blood pressure and heart rate warnings for adults

- The episode submission API has been updated to return a warning message when a hypotension/bradycardia/tachycardia condition may exist for an Adult patient and the corresponding modifier has not been selected. If the CTAS score is 3, 4 or 5, the following conditions will trigger a warning when a CTAS score calculation is requested (isCalculateOnly = true):
 - Systolic blood pressure \leq 80 mmHg
 - Heart rate $<$ 40 beats per minute
 - Heart rate $>$ 120 beats per minute
- The following warning codes and messages will be returned by the API:

Condition	Code	Message
HR $<$ 40	80110	You have recorded a pulse rate of less than 40 beats per minute. A higher acuity score may be appropriate. Consider selecting the Hemodynamic Compromise or Shock modifier.
SBP $<$ 81	80120	You have recorded a systolic blood pressure of 80 mmHg or less. A higher acuity score may be appropriate. Consider selecting the Hemodynamic Compromise or Shock modifier.
HR $>$ 120	80130	You have recorded a pulse rate of greater than 120 beats per minute. A higher acuity score may be appropriate. Consider selecting the Hemodynamic Compromise or Shock modifier.
HR $<$ 40 and SBP $<$ 81	80140	You have recorded a systolic blood pressure of 80 mmHg or less and a pulse rate of less than 40 beats per minute. A higher acuity score may be appropriate. Consider selecting the Hemodynamic Compromise or Shock modifier.



Change Type	Details	B	C	WS	CRT			
	<table border="1" data-bbox="410 258 1127 543"> <tr> <td data-bbox="410 258 566 543">HR > 120 and SBP < 81</td> <td data-bbox="566 258 675 543">80150</td> <td data-bbox="675 258 1127 543">You have recorded a systolic blood pressure of 80 mmHg or less and a pulse rate of greater than 120 beats per minute. A higher acuity score may be appropriate. Consider selecting the Hemodynamic Compromise or Shock modifier.</td> </tr> </table> <p data-bbox="396 585 1102 653">Note: This feature can be enabled or disabled at a site level and is disabled by default.</p>	HR > 120 and SBP < 81	80150	You have recorded a systolic blood pressure of 80 mmHg or less and a pulse rate of greater than 120 beats per minute. A higher acuity score may be appropriate. Consider selecting the Hemodynamic Compromise or Shock modifier.				
HR > 120 and SBP < 81	80150	You have recorded a systolic blood pressure of 80 mmHg or less and a pulse rate of greater than 120 beats per minute. A higher acuity score may be appropriate. Consider selecting the Hemodynamic Compromise or Shock modifier.						
	<p data-bbox="396 720 1065 751">Additional vital values accepted on episode submission</p> <ul data-bbox="396 774 1133 1381" style="list-style-type: none"> • Eight new data elements have been added to the list of optional values accepted for a triage submission. The new values include support for a second blood pressure reading, blood pressure reading location, GCS scores for best eye, verbal and motor response and a flag for patients unable or unwilling to provide a pain score. • Descriptions and expected values for the following new fields can be found in the eCTAS Developer Portal: <ul data-bbox="493 1083 889 1381" style="list-style-type: none"> ○ bloodPressureLocationCode ○ bloodPressureSystolic2 ○ bloodPressureDiastolic2 ○ bloodPressureLocationCode2 ○ painScoreUnavailable ○ gcsEye ○ gcsMotor ○ gcsVerbal 			✓	✓			

Change Type	Details	B	C	WS	CRT
Bug Fixes	eCTAS Clinical Application <ul style="list-style-type: none"> A grammar mistake has been corrected within the error message displayed on the Patient Presentation screen when the Paeds cohort is selected, and an estimated age is not provided. The ordering of the best verbal and best motor GCS scores on the triage print report have been reversed to align with the order shown on the triage summary panel. The ordering is now: Eye, Verbal, Motor. An issue where the CEDIS-specific Recommended Assessment panel did not close when entering data in another field on the Triage Assessment screen has been resolved. A minor alignment issue has also been corrected. 	✓	✓		
	eCTAS Registration View <ul style="list-style-type: none"> Font and scale issues with the triage print report in the eCTAS Registration View have been resolved so that the formatting now matches the Clinical Application printout as closely as possible. 	✓	✓	✓	✓
	Inbound HL7 message processing fixes <ul style="list-style-type: none"> An issue that caused rare message processing failures in registration, update, and TOA messages when two messages for the same episode arrived simultaneously has been resolved. New validation has been added to prevent potential message processing failures by limiting ED visit numbers to 40 characters in length. New validation has been added to detect when the patient gender is missing in registration messages. 		✓		

Change Type	Details	B	C	WS	CRT
	<p>Web Service fixes</p> <ul style="list-style-type: none"> • New validation has been added to prevent potential processing failures by limiting ED visit numbers to 40 characters in length. • New validation has been added to return a warning when an invalid triage note code is submitted and an error when a triage note code exceeds the 10-character maximum. • Various formatting issues have been fixed in the documentation available on the eCTAS Developer Portal. 			✓	✓
Performance Improvements	<p>Clinical Application event processing</p> <ul style="list-style-type: none"> • Adjustments have been made to inactivity timeout values to improve Clinical Application event processing times during lower volume overnight hours. 	✓	✓		
	<p>System upgrades</p> <ul style="list-style-type: none"> • System component upgrades and instrumentation enhancements have been made to ensure ongoing system stability and security. 	✓	✓	✓	✓