**eCTAS Visit Triaged Under Incorrect Patient Form**

**Do not add a patient’s personal health information (PHI) to this form**

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| About this Form |
| To minimize privacy risks, and ensure the eCTAS Recent Visit functionality displays the correct information for the correct patient, CCO requires hospitals to immediately report when a patient has been triaged under the wrong name or when other patient identifiers do not match the patient being triaged. CCO will suppress these records from appearing in [Recent Visits Flags](https://help.accesstocare.on.ca/helpfiles/eCTASEndUserOnlineHelp/#t=Triage_Assessment%2FPrevious_Visit_Flag.htm). Use this form to report when a triage has been completed in the eCTAS Application for the wrong patient. Some errors made when triaging the correct patient can be updated or corrected directly in the eCTAS Application and do not need to be reported. For example, if vital signs or triage notes are missed, or require correction, use the [Reassessment](https://help.accesstocare.on.ca/helpfiles/eCTASEndUserOnlineHelp/#t=Triage_Reassessment%2FTriage_Reassessment.htm) feature to capture new or corrected information.All fields marked with an \* are mandatory. |

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| Instructions  |
| 1. Immediately apply a Transfer of Accountability (TOA) to the record(s) in question and ensure the records are no longer on the eCTAS pretriage or triage queues.
2. Complete this form and email to eCTAS@cancercare.on.ca.
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| Error Information |
| Site Where the Error Occurred\*: Click here to enter text. |
| Triage Nurse Name\*: Click here to enter text. | Date Error Occurred\*: Click here to enter text. | Time Error Occurred\*:Click here to enter text. |
| Episode/eCTAS ID\* (appears on the eCTAS Printout):Click here to enter text.  | ED Visit Number\* (generated by hospital HIS): Click here to enter text. |

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| Hospital Contact Information |
| Provide your facility name, and the name of a person who CCO can contact to identify and validate the error. In most cases this should be the hospital’s designated eCTAS Technical Lead. |
| Facility name\*: Click here to enter text. | Date\*: Click here to enter date. |
| Name\*: Click here to enter text. | Position\*: Click here to enter text. |
| Email\*: Click here to enter text. | Business Phone (include ext.)\*: Click here to enter text. |