

Canadian Emergency Department Information System (CEDIS) and why it's important to emergency nurses!

By Pat Walsh

History

The objective of the Canadian Emergency Department Information System (CEDIS) working group is to develop a comprehensive national ED data set that meets the information needs of Canadian EDs (cited CAEP website).

A few years ago, although it feels like only yesterday, NENA and CAEP joined forces and created a working group to look at important data elements that should be captured in ED settings. We recognize that data capture would be easier in sites that were fully or partially electronic. That working group was called the Canadian Emergency Department Information System (CEDIS) and comprised representatives from NENA, Canadian Association of Emergency Physicians (CAEP), AMUQ, the Quebec Emergency Physicians group, Society of Rural Physicians of Canada, and the Canadian Pediatric Society—Emergency.

Other data sets were researched from Australia, the United States and the United Kingdom, as well as the National Ambulatory Care Reporting System (NACRS) data set here in Canada. Key data elements were discussed and

definitions established and posted to CAEP's website. At this point, the group decided to invite the Canadian Institute for Health Information (CIHI) to the table to discuss limitations with NACRS and to build positive relationships for the purpose of adapting the dataset to meet emergency department needs.

What kind of data are going to be collected and why does it matter?

The full list of CEDIS data elements can be accessed through <http://www.caep.ca/template.asp?id=7A2EA6B42AFC4F7F80D62157C8F35601>. Some of the elements in the document are: date and time of arrival, date and time of triage, presenting complaint, time to physician, time to consultant, and so on.

Many emergency departments have long triage wait times, overcrowding and no real way to define why patients are not seen more quickly or what type of patient is coming through the doors and staying in the ED for extended periods of time. Electronic capture of these data makes more sense, as larger volumes of data can be generated and available for reporting and analysis.

Hospitals that sign up with CIHI and NACRS will have access to quarterly reports with national comparisons of data. Established benchmarks will become the norm. This will allow facilities to make sense of their data, enabling them to achieve improved patient outcomes. Without measurement, there is no way to identify or track improvements.

Very exciting work was accomplished in the last five years as complaint-oriented triage was established using the presenting complaint list work done nationally through CEDIS working group. Additionally, the discharge diagnosis project has just been completed. It will enable physicians to abstract their own ED records using a

subset of the ICD 10 codes. This work will soon be published in Canadian Journal of Emergency Medicine (CJEM) and will, over time, influence abstraction of ED visits. Many emergency departments across the country do not abstract ED visits, resulting in the loss of a large volume of data.

Emergency nurses are urged to remain engaged and speak to the data elements that we will be expected to collect. By advocating for nursing data elements, we can also give meaningful feedback to administrators and government, highlighting the way care is delivered in the emergency department by nurses!

In the future!

Work will continue on defining the remaining sets of data elements for both mandatory and optional elements. Indicators derived from a national working group will be incorporated into these data elements, providing uniformity in data collection and reporting for all Canadian emergency departments. Nurses from NENA will continue to advocate and work on behalf of all emergency nurses at the national table.

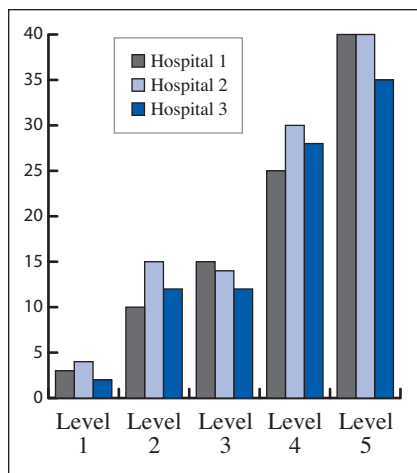
It is an exciting time to be working in Canadian health care, and it is this generation of nurses and doctors who will benefit from improved data about the patients we serve!

Sample report (fictional data)

Time to triage by CTAS score

A full committee listing is available on CAEP's website. The current co-chairs are Dr. D. Sinclair (CAEP) and Pat Walsh, RN (NENA). More on CEDIS can be found by going to the CAEP website, www.caep.ca

Comments or inquiries are welcome and can be directed through the NENA Communication Officer.



Time to triage by CTAS Score