

Panorama Tips & Tricks #33 IOM-Downtime ND Disease Follow up



How to complete case follow up when Panorama Inaccessible

There are several circumstances when Panorama may be inaccessible to users doing ND case follow up

- Scheduled downline
- Unscheduled downtime
- Unable to access Panorama due to constraints of location. Example: Clients that are incarcerated or seen at a mobile clinic

Panorama Downtime- Unscheduled

Enter UAT and search in name field for **Downtime**(last name) **Client**(first name) Link For UAT Copy and paste this link into your browser if you do not have UAT link saved <u>https://mutvrp01.panorama.novascotia.ca/SecurityWeb/Portal</u>

With client in context enter disease and click Investigation Quick Entry. <u>ONLY follow these steps in UAT</u>. DO NOT followed this process when entering cases in Production environment.

Report: V Launch	
Communicable Disease Investigation Encounter Group	A Hide
Disease: Campylobacteriosis	Investigation Quick Entry Create Investigation
Unassociated Encounters (Non-Investigation)	A Hide

When the Investigation Quick Entry screen is displaying click the print button at the top of the page

nvestigation Quicl	k Entry		Save Reset : 🖬 🖨 🗋 📼
Phone Number: -	Address:	Additional ID Type / Additional ID: Provincial health service provider Identifier / -	
Investigation			
Investigation ID: 1810	Status: Open	Disposition: Investigation in progress	Age at time of Investigation: 24 years
Disease: Gonorrhea	PHAC Date/Type: 2019 Oct 01 / Date Reported	Etiologic Agent: Neisseria gonorrhoeae	Authority/Classification: National / Case - Confirmed / 2019 Oct 01
Encounter Group: Sexually T	ransmitted Infections Investigation	Disease: Gonorr	hea
Client Details			^
Health Care Provider:		For full information and features:	
e.g. Provider Last Name,	First Name	(1) Q	Health Services
Health Care Service Delive	ry Location:		Indigenous Information Client Demographics
e.g. SDL Display Name		(1) Q	
Self-identified Indigenous:	▼ Indigenous k	lentity:	First Nations Status:
Ethnicity:	Other Ethnici	ty:	Ethnicity Reported By:
	*		Client Other Provider
Disease Details			✓ <u> </u>
* Primary Authority:	* Classification:	* Classification	Pate: For full information and features:
National	 Case - Confirmed 	~ 2019/10/01	Disease Summary
			Responsible Organization /

This will print a document with all the information from the Quick Entry screen that you can use as a tool to complete case follow up.



Panorama Tips & Tricks #33



IOM-Downtime ND Disease Follow up

Panorama may be inaccessible for a number of reasons. In some instances you may be able to plan for ND follow up

- Follow up completed in area where laptop is prohibited ex jail
- Follow up started and a planned downtime will happen before you are able to reach the client(s)
 - Create the case on the clients Panorama file entering information under the Disease Summary and then navigate to the Quick Entry Screen.
 - Click the print screen at the top of this page (as shown above).

In both scenarios this allows you to then print off all of information that shows on the Quick Entry Screen. You can then record your answers on this document.

NOTE:

 Once you are able to access Panorama all information must to be entered into Panorama and the Quick Entry Screen papers are to be **shredded**. Panorama is your source of legal nursing documentation so this must be completed as soon as Panorama is accessible or upon return to your office if follow up being done away from a laptop. Additionally, timely entry of information in Panorama allows for accurate surveillance activities.

Exception: Progress Notes

If there is a Panorama downtime and Progress Notes have been recorded these can be uploaded under context documents and a note entered under Panorama clinical notes indicating

Case follow up was completed during a Panorama downtime. Progress notes have been uploaded under Context Documents

• Under no circumstances is the documentation that is generated when you print the Quick Entry Screen to be uploaded into Panorama. This is not a legal documentation of case follow up, and does not meet the standards for nursing documentation and will not enable accurate surveillance activities.