



- **1. Search for Client**
- 2. Update Client Phone Number and Address- Create Temporary Address
- **3. Create Chlamydia Investigation**
- 4. Making a Lab Pertinent to an Investigation
- **5. Completing Investigation Information**
- 6. Disease Event History- Including Site and Staging
- 7. Signs and Symptoms
- **8. Documenting Risk Factors**
- 9. Adding an Outcome
- 10. Recording a Medication Other Than a TB or HIV Drug- Other Meds
- 11. Indicate Course Complete- Other Meds
- **12. Uploading a Document to an Investigation**
- 13. Adding a Clinical Note to an Investigation
- 14. Update the Investigation Disposition and Close Investigation
- **15. Adding a Secondary Investigator**





### **Search for a Client**

#### Search for a client

F	Recent Work
<b>-</b> 5	Search
	Search Investigations
	Search Lab
	Search Exposures
	Search Interventions
	Search Clients
	Search Non-Human Subjects
	Search Disease

From the left-hand navigation bar, click on Search Clients

	Search Clients		3	Search Retrieve Reset # 🔒 ?	
	Basic Search Criteria				
1	Client Number:	Client Number Type:	2		Select all that apply:
	Last Name:	First Name:	Middle Name:		Include Indeterminate Clients
	Mother's Name:				
	Gender:				
	Choose one:				
	Date of Birth: yyyy/mm/dd				

Health Card Number is the preferred search for a client

- 1. Client Number Enter the client's Health Card Number. You need to enter all 10 digits
- 2. Client Number Type Select Health Card Number from the drop down list
- 3. Click on the **Search** button

If you do not have the client's Health Card Number, you can search by client name, gender and date of birth

#### Panorama- Chlamydia Case Management





	Search Clients	5	Search Retrieve Reset 🛛 🖓 📍 ?
	Basic Search Criteria		<b>^</b>
1	Client Number: Client Number Type: Client Number Type:  Last Name: Client Number Type: Middle Name:		Select all that apply: Include Inactive Clients Include Indeterminate Clients Use Phonetic Matches
3	Gender:		
	Choose one: Date of Birth: yyyy/mm/dd 4		

- 1. Last Name Enter client's last name
- 2. **First Name** Enter client's first name
- 3. Gender Select the client's gender from the drop-down list
- 4. Date of Birth Enter client's DOB
- 5. Click on the **Search** button

The results of your client search will be displayed in the Search Results table

	Sear	ch Res	ults	_		_				× 👔
				3		4			Client Quick Entry	reate Client
2	Preview Update Set In Context Create Cohort Subje					ubject Summary				
		▼	Client ID 💠	Health Card Number ≎	Last Name	First Name	Gender ≎	Date of Birth	Health Region 🗘	Active \$
		0	5423	9333000001	Summer	Alice	Female	2000 Jan 01	NSHA	Active
1	-	0	5424	9333000002	Summer	Bertha	Female	2000 Jan 01	NSHA	Active
		0	5425	9333000003	Summer	Caitlin	Female	2000 Jan 01	NSHA	Active

- 1. Click the **checkbox** for the client that you want to work with.
- 2. The Action buttons are now activated for that client.
- 3. If you want to review/update the address and telephone information for the client, click the **Update** button.
- 4. If you want to go directly to the client's investigations, click the Subject Summary button

#### If no search results are returned:

- Remove first name and complete search. The client may not have provided their legal name
- Remove DOB and complete search. The client's mm/dd may be reversed.





### **Update Client Telephone Number and Create a Temporary Address**

Note: The nightly Provincial Client Registry load updates the **Primary Home** and **Workplace** telephone numbers & the **Postal Address** and **Primary Home** addresses in Panorama.



From the left-hand navigation, click on Client Demographics

#### **Telephone Number**

View the client's telephone numbers.

Telephone	Numbers				✓ Â
					1 Add
Update	Delete Set Preferred				
8	Number 🗘	Effective From 🔻	Effective To 🗘	Preferred 🔻	
	Primary home: 902-864-2222	2020 Mar 02			$\checkmark$
Total: 1					10 🗸

If the telephone number the client provided is different than what is in Panorama, you will need to add the telephone number.

1. Click on the Add button





Telephone Numbers		× 🔉	
Add Telephone Number	Apply	Reset 🖨 🗙	
Telephone Number:     * Number:       * Country:     1       Canada     1       * Effective From:     To:       2020/06/12     yyyy/mm/dd			
	3	Apply Reset	

- 1. **Number** enter the telephone number
- 2. Usage select mobile contact from the drop-down list
- 3. Click on the **Apply** button

You need to set the mobile contact to preferred.

	Telephone	Numbers			✓ 👔
		2			Add
	Update	Delete Set Preferred			
	8	Number 🗘	Effective From 🔻	Effective To 💠	Preferred *
		Primary home: 902-864-2222	2020 Mar 02		$\checkmark$
1	•	mobile contact: 902-222-2222	2020 Jun 12		
	Total: 2				10 🗸

- 1. Click on the radio button for mobile contact
- 2. Click on the **Set Preferred** button
- 3. Click on the **Save** button (top right-hand area of the screen)





#### Address

View the client's address (es)

Addı	esses	;								× 👔
										1 Add
Up	date	Delete	Set Preferred							
	8	Address Type ≎	Address \$	Address Detail ≎	Effective From 💌	Effective To	Preferred *	Active Household Members \$	Valid \$	On Reserve ≎
		Primary home	99 Summer Landing, Smith Cove, Nova Scotia, Canada		2020 Mar 02		~	1	-	
0		Postal address	66 Summer Landing, Smith Cove, Nova Scotia, B1B1K1, Canada		2019 Nov 04			1	-	

If the client's address in Panorama does not contain a postal code or the address is different than the address the client provided, you will need to add the address.

1. Click on the Add button

	Addresses			*	\$
	Add Address		Apply	Reset	<b>₽</b> ×
	Address Format:	Semi-Structured			
1	* Address Type:	Address on Reserve Administered By:			
2	Unit No.: Street No	: Street Name: Street Type: Street Direction:			
	P.O. Box: STN:	RPO: Rural Route:			
	Country: Canada	Province / Territory: City / Town: Postal Code:     Nova Scotia			
	Other Address Details:				
	* Effective From: To: 2020/06/12	mm/dd			
			3	Apply	Reset

- 1. Address type select Temporary address from the drop-down list
- 2. Address field enter the address including city/town and postal code
- 3. Click on the **Apply** button

Panorama- Chlamydia Case Management





You need to set the temporary address to preferred.

Add	iresses	;								<ul><li>✓ ♠</li></ul>
			2							Add
U	pdate	Delete	Set Preferred							
	8	Address Type ≎	Address \$	Address Detail ≎	Effective From 🔻	Effective To	Preferred *	Active Household Members ≎	Valid ≎	On Reserve
		Primary home	99 Summer Landing, Smith Cove, Nova Scotia, Canada		2020 Mar 02		~	1	-	
	Ð	Temporary address	33 Winter Avenue, Beaver Bank, Nova Scotia, B4G1E6, Canada		2020 Jun 12				_	
		Postal address	66 Summer Landing, Smith Cove, Nova Scotia, B1B1K1, Canada		2019 Nov 04			1	-	
Tot	tal: 3				< < 1					10 🗸

- 1. Click on the radio button for temporary address
- 2. Click on the Set Preferred button
- 3. Click on the **Save** button (top right-hand area of the screen)





#### **Create a Chlamydia Investigation** Search 🗖 sease Notifications Investigation Subject Summary Investigation Summary Investigation Quick Entry Investigation Details From the left-hand navigation, click on Subject Summary Subject Summary 圓 ? ACTIVE Client ID: Name(Last, First Middle) / Gender: Health Card No: Date of Birth / Age: 21398 June, Kim / Female 7700000031 1980 Feb 01 / 40 years Additional ID Type / Phone Number: Address: Additional ID: Primary home: 902-80 Gilby Lane, Beaver Bank, Nova Provincial health service 864-5555 Scotia, B4B4B4, Canada provider identifier / Report: $\mathbf{\sim}$ Launch Sexually Transmitted Infections Investigation ☆ Hide **Encounter Group** ~ Disease: Investigation Quick Entry Create Investigation Unassociated Encounters (Non-Investigation) A Hide 0 encounter(s) total Click Encounter Date for encounter details. Move Selected Encounter(s) To: Unassociated Non-Episode Encounters V Move Non-Episode Encounters Create Encounter Hide Encounter Date Encounter Type Encounter Reasons Organization Location

Confirm an open Chlamydia Investigation does not already exist under the Sexually Transmitted Infections Encounter group. If a closed investigation does exist please consult with a CDC nurse to determine if it's a new infection or treatment failure.

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Sexually Transmitted Infections Investigation Encounter Group			<b>☆</b> Hide
	Disease:	~	Create Investigation

Click Create Investigation under Sexually Transmitted Infections Encounter Group.

Disease Summarv		🛠 Hide
* Disease: * Authority: * Classification D Microorganism: Serotype: Information Source:	Chlamydia   National   2020   / 09   / 28   4     3     Chlamydia trachomatis     5	
Investigation Information	ation	<b>☆</b> Hide
Priority: * Disposition: Investiga	tion in progress 6	

Enter the following information:

- 1. Disease- select Chlamydia from drop-down list
- 2. Authority- select National from drop-down list
- 3. **Classification -** select the classification which fits current case definition (PUI, Probable, Confirmed) from drop-down list
- 4. Classification Date- will auto populate to current date
- 5. Microorganism- select Chlamydia trachomatis from drop-down list
- 6. **Disposition** select Investigation in progress from drop-down list





Responsible Organization / Investigator	<b>☆</b> Hide
* Responsible Organization : Amherst Public Health Office	1
To specify an Organization first click on the 'Find' button. Then search, or type the Then click 'Close' to close.	name of the Organization you wish to specify, select it and click on 'Select' button.
Organization: Top Level > Level 2 (specific one) > Level 3 (specific one)	> [Selected Level 4 Organization] Find Q
* Responsible Organization Workgroup : IOM-Amherst PHO-Unmonitored	✓ 2
* Responsible Organization Date : 2020 / 09 / 28 yyyy mm dd	3
* Investigator Organization : Northern Zone 🗸	
* Investigator Workg 5 IOM-Northern Zone V	
Investigator Name : Samantha McClellan/Amherst PHO V 6	
* Assigned Date : 2020 / 09 / 28 7	

Enter the following information:

- 1. Responsible Organization- Your Public Health Office
- 2. Responsible Organization Workgroup- select IOM- your
- 3. **Responsible Organization date-** auto populates to current date and can be changed as needed
- 4. Investigator Organization- your Zone
- 5. Investigator Workgroup- IOM Your Zone
- 6. Select investigator name- your name
- 7. Assigned date- auto populates to current date and can be changed as needed





* Reporting Source:		
Provider: Ryan SOMME	RS	
Click Find to select a provid	der:	
	Ryan, Medical Doctor, CPSNS ID #: 14209	Find
Please select among the 2	available search methods; Search or Type.	Close X
Type Search		
	Start typing the last name of the Provider. Matches will begin to appear below.	
Name of Provider:	Select the match with the keyboard or mouse. SOMMERS, Ryan, Medical Doctor,	Show Info
		Select
Location: Amherst Public	c Health Office	
and click on 'Select' button.	ry Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location y	cotia Health
To specify a Service Deliver and click on 'Select' button.	ry Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location ye Then click 'Close' to close. tion: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Sc	cotia Health
To specify a Service Deliver, and click on 'Select' button. Service Delivery Local Authority > Northern Zor	ry Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location ye Then click 'Close' to close. tion: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Sc	cotia Health
To specify a Service Deliver and click on 'Select' button.	ry Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location yn Then click 'Close' to close. tion: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Sc ne > Amherst Public Health Office > [Amherst PHO]	cotia Health
To specify a Service Deliver, and click on 'Select' button. Service Delivery Local Authority > Northern Zor	ry Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location yn Then click 'Close' to close. tion: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova So ne > Amherst Public Health Office > [Amherst PHO]	cotia Health
To specify a Service Deliver and click on 'Select' button. Service Delivery Locat Authority > Northern Zot Other:	ry Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location yn Then click 'Close' to close. tion: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Sc ne > Amherst Public Health Office > [Amherst PHO]	cotia Health
To specify a Service Deliver and click on 'Select' button. Service Delivery Locat Authority > Northern Zot Other: Type of Reporting Source:	ry Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location ye Then click 'Close' to close. tion: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Sc ne > Amherst Public Health Office > [Amherst PHO] Lab 2 Lab 3	
To specify a Service Deliver and click on 'Select' button. Service Delivery Locat Authority > Northern Zor Other: Type of Reporting Source:	ry Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location yn Then click 'Close' to close. tion: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Sc ne > Amherst Public Health Office > [Amherst PHO]	cotia Health Find (
To specify a Service Deliver and click on 'Select' button. Service Delivery Locat Authority > Northern Zon Other: Type of Reporting Source:	ry Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location yn Then click 'Close' to close.  tion: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Sc ne > Amherst Public Health Office > [Amherst PHO]  Lab 2 Lab 3 ates is required. 1 [ [ Report Date (Received): 2020 / 09 / 2	eotia Health Find (
To specify a Service Deliver and click on 'Select' button. Service Delivery Locat Authority > Northern Zon Other: Type of Reporting Source:	ry Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location yn Then click 'Close' to close.  tion: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Sc ne > Amherst Public Health Office > [Amherst PHO]  Lab 2 Lab 3 ates is required. 1 [ [ Report Date (Received): 2020 / 09 / 2	eotia Health Find (
To specify a Service Deliver and click on 'Select' button. Service Delivery Locat Authority > Northern Zon Other: Type of Reporting Source:	ry Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location yn Then click 'Close' to close. tion: Panorama Cloud > Province of Nova Scotia > Department of Health and Wellness > Nova Sc ne > Amherst Public Health Office > [Amherst PHO] Lab 2 Lab 3 ates is required. 1 0 1 09 1 2 yyy mm dd 90 1 2	eotia Health Find (

Enter the following information:

- 1. . Reporting Source-will depend on how you were notified of the case.
  - Select **Provider** radio button and search using the **Find** button for reporting HCP if a provider was the first to notify Public Health, ensure to click **Select**
  - Select Location radio button and search using the Find button for resulting lab if the lab was the first to notify Public Health, ensure to click Select
  - Select Other radio button and free text if that is the appropriate selection i.e. DHW or source case etc. was the first to notify Public Health
- 2. Type of Reporting Source select appropriate response from the drop-down list
- 3. Method of Notification- Select appropriate response from the drop-down list
- 4. **Report Date (Received)** auto populates to current date. Change the date to the received date if applicable.
- 5. Click Submit

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After creating an investigation, you are taken to the **Disease Summary** screen

### Making a Lab Pertinent to an Investigation

When a lab has been processed from the Electronic Lab Report Inbox, it sits at the **Subject Summary** level until it is attached to an Investigation by an Investigator.

To find this lab, ensure the investigation is not in context. To put the client **only in** context:

1	Recent Work V Search	Recent Work:
	Search Investigations	1. Client: June, Kim (Client ID: 21398) 2
	Search Lab	- Investigation: Chlamydia

- 1. Go to Recent Work
- 2. Click on the client (not the investigation) hyperlink.

This will bring you to the View Client page.

View Client		?
Client File Status		
Active		
Client Information		
Client ID:	21398	
Client Name:	June, Kîm	
Preferred Alternate Name:		
Health Card Number:	7700000031 - Nova Scotia Health Card	
Date of Birth:	1980 Feb 01	
Age:	40 years	
Gender:	Female	
Gender Identity:		
Other Identity:		
Preferred Address:	80 Gilby Lane, Beaver Bank, Nova Scotia, B4B4B4, Canada	
Preferred Telephone Number:	Primary home: 902-864-5555	
Health Region:	NSHA	
Relationships:		
Alternate Names		
Additional Identifiers		





<ul> <li>Investigation</li> </ul>
Subject Summary
Investigation Summary
Investigation Quick Entry
Investigation Details
▼ Lab
Lab Summary
Electronic Lab Report

#### From the left-hand navigation, click on Lab Summary

	Row Actions:       View/Update Requisition       View/Update Lab Report       2         * Flag indicates sensitivities present										
			Specimen Collection / Imaging Date	Specimen Type / Description	Result Name	Interpreted Result; Result	<u>Flag</u> ▼	Accession ▼ No.	Etiologic Agent	Epi Markers	Result Status
1		Ð	2020 Sep 25	Swab / -	Presence or identity	Positive;			Chlamydia trachomatis	-	Final

On the Lab Summary screen, scroll down to the summary table

- 1. Click the **Radio** button for the lab result that you want to make pertinent to the investigation
- 2. Click the View/Update Lab Report button

Row	v Actions:		· · · · · · · · · · · · · · · · · · ·		0000 0 00			
	3	Subject Invest		976, Chlamydia,	, 2020 Sep 28 💊	Unlink from Investigati		
		Test Annotat	ions:			(4000 characters)	Update Annotation	8
	Test ID	Resulted	<u>Test</u> <u>Name</u>	Specimen	Collection Date	Pertinent Investigations	Test Annotations	Encounter Group
۲	<u>207</u>	✓	NAAT	Swab/ Cervical	2020 Sep 25			Sexually Transmitted Infections Investigation

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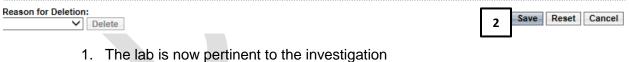
On the Human Lab Report Screen

- 1. Scroll down to the **Selected Tests** section.
- 2. Click the **Radio** button for the specific test name.
- 3. The **Subject Investigations** area will now be activated and the drop down field will contain investigations that you can select from.



1. From the drop-down list, click on the investigation that you want to make the lab pertinent to and click the "Link to Investigation" button.

Row Actions	Delete Test	Set to Canno	ot Report				
	Subject Inves	tigations:			✓ Link to	Investigation	
	Pertinent Inve	estigations:		~	Unlink f	rom Investigation	]
	Test Annotati	ons:			(4000 characters)	date Annotations	
Test ID	Resulted	Test Name	Specimen	Collection Date	Pertinent Investigations	Test Annotations	Encounter Group
<u>     207     207     </u>	~	NAAT	Swab/ Cervical	2020 Sep 25	976, Chlamydia, 2020 Sep 28	1	Sexually Transmitted Infections Investigation



2. Click the Save button

#### Note:

You are still at the Subject Summary Level, with only the Client in context. You need to put your investigation back in context.





To put the investigation into context:



From the Left-Hand navigation, click on Subject Summary.

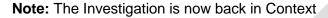
Subject Sum	mary			(
				4
Client ID: 21398	Name(Last, First Middle) / Gender: June, Kim / Female	Health Card No: 7700000031	Date of Birth / Age: 1980 Feb 01 / 40 years	
Phone Number:	Address:	Additional ID Type /		
Primary home: 902- 864-5555	80 Gilby Lane, Beaver Bank, Nova Scotia, B4B4B4, Canada	Additional ID: Provincial health service provider identifier / -		
Sexually Transmitt Encounter Group	ed Infections Investigation		_	
		sease:		ation Quick E
Encounter Group		Bease:		ation Quick E
Encounter Group	Dis 176 - Chlamydia - Open	ease:	Cre	ation Quick E eate Investiga
Encounter Group	Dis 176 - Chlamydia - Open tatus: Investigator: Linked pen Samantha McClellan -		nt): Report Date (Received): 28 September 2020 sif. Date Site(	ation Quick E eate Investiga

1. Click the Hyperlink associated to the current investigation





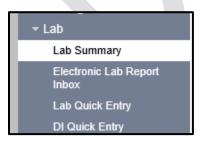
nvestigation	Summary			?
				ACTI
Client ID: 21398	Name(Last, First Middle) / Gender: June, Kim / Female	Health Card No: 7700000031	Date of Birth / Age: 1980 Feb 01 / 40 years	
Phone Number:	Address:	Additional ID Type /		
Drimony homes 000	20 Oilhu Leas, Basus Bask Maus	Additional ID:		
Primary home: 902- 864-5555	80 Gilby Lane, Beaver Bank, Nova Scotia, B4B4B4, Canada	Provincial health service provider identifier / -		
				Investigation
Investigation ID: 976	Status: Open	Disposition: Investigation in progress	Age at time of Investigation: 40 years	
Disease:	PHAC Date/Type:	Etiologic Agent:	Authority/Classification:	
Chlamydia	2020 Sep 25 / Specimen Collection	Chlamydia trachomatis	National / Case - Confirmed / 2020	Sep 28



You can view the Lab by scrolling down the Investigation Summary screen

Lab	Tests							ا \$	lide Lab Test
Lab	)								A Hide Lab
									Lab Summary
	Specimen Collection Date	Specimen Type / Description	Result Name	Interpreted Result; Result	<u>Flag</u> ▼	Accession  No.	Etiologic Agent	Epi Markers	Result Status
Ð	2020 Sep 25	Swab / -	Presence or identity	Positive;			Chlamydia trachomatis	-	Final

Labs can also be viewed from the Lab Summary screen



From the left-hand navigation, click on Lab Summary

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### **Completing Investigation Information**

Additional information needs to be entered into Panorama once the investigation has been created and client interviewed.



From the left-hand navigation, click on Investigation Information

ſ	Investigation Information	
		Investigation History
	Priority:       V         * Disposition:       Investigation in progress       V         Disposition Date:       2020	
1	* Status: Open * Status Date: 2020 Jun 11	
2	Client Home Address at Time of Initial	~
	Sensitive Environment/Occupation:	
	Environment/Occupation Details:	~
		~
		(1000 characters)
	Diagnosis	
	Diagnosis Date:	
	Primary Method of Diagnosis: dd	
	Method of Detection:	

- 1. **Disposition and Disposition Date** are auto-populated when the investigation was created And can be changed as needed
- 2. Status and Status Date are auto-populated when the investigation was created
- 3. Client Home Address at Time of Initial Investigation select the client's address which includes the Postal Code from the drop-down list. If the drop-down options do not include the correct address with the postal code, you will need to update the address.

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4. See reference material on page 3 for Updating Client Address and return to this screen to select from the drop down.

* Status: Open	* Status Date: 2020 Sep 28	
Client Home Address at Time of Initial Investigation:	80 Gilby Lane, Beaver Bank, Nova Scotia, Canada, B4B4B4	~

### **Disease Event History- Including Site and Staging**

Recent Work   Search	Disease Sun	nmary			?
Search Investigations					
Search Lab					ACTIV
Search Exposures	Client ID:	Name(Last, First Middle) / Gender:	Health Card No:	Date of Birth / Age:	
Search Interventions	21398	June, Kim / Female	7700000031	1980 Feb 01 / 40 years	
Search Clients	Phone Number:	Address:	Additional ID Type /		
Search Non-Human Subjects	Primary home: 902- 864-5555	80 Gilby Lane, Beaver Bank, Nova Scotia, B4B4B4, Canada	Additional ID: Provincial health service provider identifier / -		
Search Disease Notifications					Investigation
Investigation	Investigation ID: 976	Status: Open	Disposition: Investigation in progress	Age at time of Investigation: 40 years	
Subject Summary	Disease:	PHAC Date/Type:	Etiologic Agent:	Authority/Classification:	
Investigation Summary	Chlamydia	2020 Sep 28 / Date Reported	Chlamydia trachomatis	National / Case - Confirmed / 202	0 Sep 28
Investigation Quick Entry				Merge	d Investigation No(s
<ul> <li>Investigation Details</li> </ul>	Disease Summary				
Disease Summary	Discuss summary				
Investigation Information					Add New Diseas
Resp. Org / Investigator	Disease Event	976 - Chlamydia			A Hid
Reporting Notifications					<b>X</b> 110
External Sources	PHAC Date / Date Typ	e: Disease Origin: Living o	on Reserve Most of the Time:		
Links & Attachments	2020 Sep 28 / Date Re	ported			
Close Investigation	Disease		Lab Authority / Classificat	tion   Classif. Date	Site(s) Staging
▶ Lab			Result (√ Primary Classifica	ation, $\Delta$ Set by Case Def)	
Encounter Details	Chlamydia	Chlamydia - trachomatis	✓ National / Case	- Confirmed 2020 Sep 28	1 -  -
Signs & Symptoms		uacnomaus			
Outcomes					Update Delete
Incubation & Communicability					

In the Left Hand Navigation select Disease Summary and click the update button.





Isease Eve	nt Details					?
						ACTIVE
Client ID: 21398	Name(Last, First Middle) / Gender: June, Kim / Female	Health Card No: 7700000031	Date of Birth / Age 1980 Feb 01 / 40 ye	ars		
Phone Number: Primary home: 902- 364-5555	Address: 80 Gilby Lane, Beaver Bank, Nova Scotia, B4B4B4, Canada	Additional ID Type / Additional ID: Provincial health service provider identifier / -				
Investigation ID: 976	Status: Open	Disposition: Investigation in progress	Age at time of Investigat 40 years	ion:	▲ Investig	<u>qation</u>
Disease: Chlamydia	PHAC Date/Type: 2020 Sep 28 / Date Reported	Etiologic Agent: Chlamydia trachomatis	Authority/Classification: National / Case - Confirme		Sep 28	
			3	Save	Reset	Cancel
ving on Reserve Mo me:		initial investigation)				
isease Event Hist Disease:						
Aicroorganism:	Chlamydia V					
erotype:						
nformation Source:	~					
te(s): Hold Ctrl and th	hen click to select multiple items.					
1 Available Site Eye Genital Nasopharynx	3:	Add >       < Remove	ted Sites(s):			
Other						

In the Disease Event History box select:

- 1. Select appropriate site and click **Add** to move to Selected site box
- 2. Select appropriate staging
- 3. Save





Signs and Symptoms

#### Note:

These are the response definitions for risk factors and signs & symptoms. This will help you understand what answers should be entered into Panorama.

#### No – the question was asked, and the individual's response was no.

**Not applicable** – only use in situations where the risk factor is not applicable to the client. For example – pregnancy risk factor for a male.

**Not asked** – there is clear indication from a health care provider that they did not ask the specific question, or the interviewer did not ask because of time or the question is awkward/uncomfortable.

**Unable to answer** – the question was asked, and the individual was unable to answer due to being incapable of understanding the question or communicating an answer.

**Unknown** – that question was asked, and the individual indicated that they do not know. If a healthcare provider has reported on the risk factors or signs & symptom, only those that a specific response is provided for are to be recorded as yes, no, not asked, unable to answer. All other risk factors or symptoms should be recorded with a response of unknown. **Unwilling to answer** – the question was asked, and the individual indicated that they were unwilling to answer the question.

**Yes** – the question was asked, and the individual's response was yes.

#### Select Signs and Symptoms from the Left-Hand Navigation

Add Signs and Symptoms from the information reported by the client or physician report form (repeat for all reported Signs & Symptoms)

Row Actions: Select All Update Select All Update	Set Onset Clear Onset Present: Peresent: Yes	3 Onset Date:	Apply Update	4
Sign/Symptom		Recovery  Date/Time	Reported Details By Exist	





					1111			
		Sign/Symptom	<u>Present</u> ▼	<u>Onset Date/Time</u> ▼	Recovery Date/Time	<u>Duration</u> ▼	Reported By 🔻	<u>Details Exist</u> ▼
1	✓	Abdominal pain/discomfort/cramps						No
		Abnormal vaginal bleeding (females)						No
		Asymptomatic						No
		Cervicitis						No
		Chronic pelvic pain (females)						No
		Conjunctivitis						No
		Dyspareunia (females)						No
	✓	Dysuria						No
		Ectopic pregnancy (females)						No
		Epididymis pain (males)						No
		Epididymo-orchitis (males)						No
		Infertility (females)						No
		Pelvic inflammatory disease (females)						No
		Pharyngitis						No
		Pneumonia (infants < 6 months)						No
		Proctitis						No
		Reiter's syndrome						No
		Testicular pain (males)						No
		Urethral discharge						No
		Urethral itch (males)						No
		Urethritis (males)						No
	✓	Vaginal discharge						No

- 1. Click **Checkbox(s)** for S&S. You can multi-select S&S that have the same onset date.
- Present Select Yes from drop-down if symptom reported and select Apply Update
   Onset Date Enter the date the client reported the S&S

Repeat steps #1 and #2 for S&S not present and Apply Update





Row	Actions: Select All Update	Set Onset	Clear Onset					
	Reason for Deletion :	V Delet	Present:		Onset Date			pply Update
_	Sign/Symptom		Onset Date/Time	Recovery	уууу	mm dd Duration	Reported V	Details 🔻
		Fiesen	Oliset Date/Time	Date/Time			By	Exist
	Abdominal pain/discomfort/cramps	No						No
	Abnormal vaginal bleeding (females)	No						No
	Asymptomatic	No						No
	Cervicitis	No						No
	Chronic pelvic pain (females)	No						No
	Conjunctivitis	No						No
	Dyspareunia (females)	No						No
	Dysuria	Yes	2020 Oct 1 00:00 ADT					No
	Ectopic pregnancy (females)	No						No
	Epididymis pain (males)	No						No
	Epididymo-orchitis (males)	No						No
	Infertility (females)	No						<u>No</u>
	Pelvic inflammatory disease (females)	No						No
	Pharyngitis	No						No

The S&S will now be updated in the table (see below)

#### Client reports a symptom that is not in the displayed list of Signs and Symptoms,

Signs and Symptoms are added through the top section of the screen.





Sign or Symptom	
<ul><li>* Required field</li><li>* Sign or Symptom:</li></ul>	1
Preset:	No
Onset:	No
* Present:	Yes 🗸
Onset Date/Time: 2	yyyy mm dd hh mm
Recovery Date/Time:	yyyy mm dd hh mm
Duration:	0 Days + 0 Hours + 0 Minutes(Duration = Recovery Date/Time - Onset Date/Time)
Reported By:	
	3 Add Clear
Row Actions: Select	All Update Set Onset Clear Onset
Reason	for Deletion :     Present:     Onset Date:       V     Delete     /     /       V     Delete     /     /

**1. Sign or Symptom** – Select the sign or symptom from the drop-down list. If the Sign or Symptom is not in the list select **Other** and also enter the sign/symptom in the **Other Sign or Symptom** field (see below)

Sign or Symptom	
<ul><li>* Required field</li><li>* Sign or Symptom:</li></ul>	Other
* Other Sign or Symptom:	loss of smell ×

- 2. Onset Date Enter the date the client reported the S&S. Do not enter a time
- 3. Click Add button
- 4. The S&S will now be updated in the table (see below)

Other: loss of smell	Yes	2020 Jun 15 00:00 ADT		<u>No</u>

Click the **Save** button (Top or Bottom right-hand area of screen)

Panorama-	Chlamydia Ca	ise Management
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Note: If you see this message it indicates that you are leaving without saving your changes.. Click "→ Stay on this page" and click the Save button.

		ovincial health service provider ntifier / -	_
	Window	ws Internet Explorer	<u> </u>
s:	1	Are you sure you want to leave this page?	
C Date/Type: Mar 02 / Most F			der Investigation /
sure		ightarrow Leave this page	
		$\rightarrow$ Stay on this page	Sav
		2	~

### **Documenting Risk Factors**

Subject	^
Client Details	
Client Demographics	
Occupation/Education	
Health Services	
Indigenous Information	
Immigration Information	
Client Warnings	
Client Relationships	
Consent Directives	
Allergies	
Risk Factors	
Imms History Interpretation	

Panorama- Chlamydia Case Management





From the left-hand navigation, click on **Risk Factors** 

Search Lab			ors						Save	Reset	i 🜆 🖨 🤉 🕻
	Inves	stigatio	n								×
Search Exposures	Inves	tigation	ID:	Status:		Disposition			t time of Inves	tigation:	
Search Interventions	<u>976</u>	agaaon		Open		Investigatio	n in progress	40 ye	ars		
Search Clients	Diseas			PHAC Date/Type: 2020 Sep 25 / Specim	an Callestian	Etiologic Ag Chlamydia	gent:	Autho	ority/Classificat	tion: onfirmed / 2020	2 20
Search Non-Human Subjects	Chiam	iyula		2020 Sep 257 Specim	en Collection	Chiamydia	trachomatis	Natio	nai / Case - Co	mirmed / 2020	5ep 28
Search Disease Notifications	Diel	k Facto									<b>~</b>
Investigation ^	RISE	Facio	וכ								
Subject Summary											Add
Investigation Summary	U	pdate	View	Delete Set Respo	nse Set Pertinent						
Investigation Quick Entry					Additional	Reported	Response	Frequency	Date	End Date	Pertinent to
Investigation Details ~		8	Preset \$	Risk Factor 🔺	Information \$	Date \$	¢	¢	Range \$	Reason	Investigation \$
Lab ~				Medical - Co-							
Encounter Details			~	infection with another STBBI							
Signs & Symptoms Outcomes			$\checkmark$	Medical - Previous STI							
Incubation & Communicability				Sexual Behaviour							
Treatment & Interventions ~			$\checkmark$	- A - New sexual partner in past 12							
Medications ~				months							
Exposure Summary			$\checkmark$	Sexual Behaviour - A - E-partnering							
View Client Imms profile				(internet or apps)							
Subject ^			~	- A - Heterosexual							
Client Details v				sex with a bisexual male							
Client Warnings				Sexual Behaviour							
Client Relationships			$\checkmark$	- A - Multiple sexual partners							
Consent Directives ~				(>2 in past 12 months)							
Allergies Risk Factors				Sexual Behaviour - A - Sex with a							
RISK Factors			~	confirmed or							

1. The risk factor table is populated with all presets defined for Chlamydia. Ensure all preset risk factors are showing by clicking the **Drop-down** in the right- hand corner and changing from 10 to "all":

Note: All preset risk factors require a response pertinent to current investigation





#### For preset risk factors that do not contain a response Pertinent to another Investigation:

Update	View	Delete	Set Respo	nse 2	rtinent						
E P	reset ≎	Risk Fa	actor 🔺	Additional Information	\$	Reported Date ≎	Response \$	Frequency \$	Date Range ≎	End Date Reason ≎	Pertinent to Investigatio
	V	Medica infectio another									
isk Factor											✓ [
Set Respon	se								3	Apply	Reset
* Response: No		Q	▼	tisk Factor Pertir	nent to inv	vestigation in cor	itext				
											Apply R
No											
Not Applicat	le		Respo	nse Set Pe	ertinent						
Not Asked Unable to an	iswer			Additional Information	\$	Reported Date ≎	Response \$	Frequency \$	Date Range ≎	End Date Reason ≎	Pertinent to Investigatio
Unknown											
Unwilling to	answer		41								

- 1. Select check box beside risk factors that are present (you may multiselect).
- 2. Click Set Response and select Yes
- 3. Click Apply

Repeat steps #1, #2 and #3 for Risk Factors that are not present





For a preset risk factors that contains a response Pertinent to another Investigation or to add a risk factor that is not a preset:

Risk Facto	ər								✓ ネ 1 Add
Update	View D Preset \$	Risk Factor 👻	Additional Information \$	Reported Date ≎	Response ≎	Frequency	Date Range ≎	End Date Reason ≎	Pertinent to Investigation \$
	$\checkmark$	Travel - Outside of province, but within Canada		2018 Apr 01	Yes				2495 (Hepatitis C)

<u>Do not update</u> a preset Risk Factor that <u>contains a response Pertinent to another Investigation</u>. You will need to add the Risk Factor for the Chlamydia investigation.

1. Click the **Add** button

An area will open above the Risk Factor table. This is where you add a risk factor.

	Risk Factor		<ul><li></li></ul>
	Add Risk Factor	Apply	Reset 🖨 🗙
	Category: 2 * Risk Factor: V Risk Factor Pertinent to inv	estigation in conte	ext
	Additional Information:		
3	* Response: Frequency: Reported By:	•	
	Effective From: Effective To: Find Date Reason: • Reported Da 2020/06/12 yyyy/mm/dd  Reported by Details:	te:	
		4	Apply Reset
			Add
	Update View Delete Set Response Set Pertinent		
	Image: Preset ≎     Risk Factor ▼     Additional Information ≎     Reported Date ≎     Response ≎     Frequency ≎     Date Range ≎	End Date Reason ≎	Pertinent to Investigation ≎

1. Category – select the category of the risk factor from the drop-down list.

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- 2. Risk Factor select the risk factor from the drop-down list
- 3. **Response** select the response form the drop-down list
- 4. Click the **Apply** button

€		Travel - Outside of Canada	2020 Sep 28	Yes		976 (Chlamydia)
	~	Travel - Outside of Canada	2018 Jan 01	Yes		810 (Salmonellosis)

Name(Last, First Middle) / Gender:       Health Card No:       Date of Birth / Age         1398       Address:       30 Gilby Lane, Beaver Bank, Nova Scotia, B4B4B4, Canada       Additional ID Type / Additional ID:         none Number:       80 Gilby Lane, Beaver Bank, Nova Scotia, B4B4B4, Canada       Additional ID Type / Additional ID:         novestigation       Bit and the alth Service provider identifier / -         novestigation ID:       Status:       Open         Open       Disposition:       Age at time of Investigation:         Investigation ID:       Status:       Open         Open       Disposition:       Address:         Isease:       PHAC Date/Type:       Etiologic Agent:         Name(I View       Delete       Set Response         Set Pertinent       Chlamydia trachomatis       National / Case - Confirmed / 2020 Sep 28	isk Facto	ors						2 Save	Reset		
Hent 100:       June, Kim / Female       7700000031       1980 Feb 01 / 40 y         none Number:       Address:       Address:       Address:       80 Gilby Lane, Beaver Bank, Nova Scotia, B4B4B4, Canada       Additional ID Type / Additional ID:         none Number:       80 Gilby Lane, Beaver Bank, Nova Scotia, B4B4B4, Canada       Provincial health service provider identifier / -         nvestigation       Nvestigation ID:       Open       Disposition:       Age at time of Investigation:         nvestigation ID:       Open       Disposition:       Nvestigation in progress       40 years         isease:       PHAC Date/Type:       Etiologic Agent:       Authority/Classification:       National / Case - Confirmed / 2020 Sep 28         Risk Factor       ✓       Isek Factor       ✓       Additional information \$       Reported       Response       Frequency       Date       End Date       Reason       Pertinent to investigation         Wpdate       View       Delete       Set Response       Set Pertinent       2020 Sep       2020 Sep       No       2020 Sep       Pertinent to investigation         Information \$       2020 Sep       No       2020 Sep       No       2020 Sep       2020 Sep       No       2026 Chlamyd         Image:       Medical - Previous       2020 Sep       No							L			Acti	
imary home: D2-864-5555       80 Gilby Lane, Beaver Bank, Nova Scotia, B4B4B4, Canada       Provincial health service provider identifier / -         nvestigation ID: Z6       Status: Open       Disposition: Investigation in progress       Age at time of Investigation: 40 years         isease: hlamydia       PHAC Date/Type: 2020 Sep 25 / Specimen Collection       Etiologic Agent: Chlamydia trachomatis       Authority/Classification: National / Case - Confirmed / 2020 Sep 28         Risk Factor       ✓         Update       View       Delete       Set Response       Set Pertinent         Preset \$       Risk Factor ^       Additional Information \$       Reported Date \$       Response       Frequency \$       Date Reason \$       End Date Reason \$       Pertinent to Investigation         Image \$       Medical - Co- infection with another STBBI       2020 Sep 28       No       Image \$       Frequency Range \$       976 (Chlamydi	lient ID: 1398		Name(Last, First Middl June, Kim / Female	e) / Gender:					Date of Birth / Age: 1980 Feb 01 / 40 years		
Investigation ID: 76       Status: Open       Disposition: Investigation in progress       Age at time of Investigation: 40 years         isease: Investigation in progress       PHAC Date/Type: 2020 Sep 25 / Specimen Collection       Etiologic Agent: Chlamydia trachomatis       Authority/Classification: National / Case - Confirmed / 2020 Sep 28         Risk Factor       ✓         Update       View       Delete       Set Response       Set Pertinent         Preset \$       Risk Factor ^       Additional Information \$       Reported Date \$       Response       Frequency \$       Date Range \$       End Date Reason       Pertinent to Investigation         ✓       Medical - Co- infection with another STBBI       2020 Sep       No       I </td <td>rimary home</td> <td>:</td> <td></td> <td>Bank, Nova Scotia, B4B</td> <td colspan="6"></td>	rimary home	:		Bank, Nova Scotia, B4B							
Investigation ID: 76       Open       Investigation in progress       40 years         isease: hlamydia       PHAC Date/Type: 2020 Sep 25 / Specimen Collection       Etiologic Agent: Chlamydia trachomatis       Authority/Classification: National / Case - Confirmed / 2020 Sep 28         Risk Factor       Image: Confirmed / 2020 Sep 28       Image: Confirmed / 2020 Sep 28         Update       View       Delete       Set Response         Set Pertinent       Image: Confirmed / 2020 Sep 28         Update       View       Delete       Set Response         Set Pertinent       Additional Information Improved Date Image: Confirmed Date I	nvestigatior	ı									
hlamydia 2020 Sep 25 / Specimen Collection Chlamydia trachomatis National / Case - Confirmed / 2020 Sep 28  Risk Factor	Investigation ID: 976								igation:		
With Factor       Additional Information ≎       Reported Date ≎       Response       Frequency ≎       Date Range ≎       End Date Reason Investigation         Image: Im	isease: hlamydia			en Collection						Sep 28	
Update       View       Delete       Set Response       Set Pertinent         ■       Preset        Risk Factor ▲       Additional Information        Reported Date        Response       Frequency        Date        Range        End Date Reason        Pertinent to Investigation         ●       ✓       Medical - Co-infection with another STBBI       2020 Sep 28       No       Image        976 (Chlamyd)         ●       ✓       Medical - Previous       2020 Sep No       No       Image        076 (Chlamyd)	Risk Facto	٥r								× 👔	
Image: Preset ↓       Risk Factor ▲       Additional Information ↓       Reported Date ↓       Response ↓       Frequency ↓       Date Reason ↓       Pertinent to Investigation ↓         Image: Im										Add	
Preset ≎     Risk Factor ▲     Additional Information ≎     Reported Date ◆     Response ♦     Frequency ♦     Date Range ◆     Reason ♦     Pertinent to Investigation       Image: Ima	Update	View	Delete Set Respo	nse Set Pertinent							
Image: State		Preset \$	Risk Factor 🔺						Reason	Pertinent to Investigation \$	
		~	infection with			No				976 (Chlamydia)	

1. Ensure **ALL risk factors** have a response and

Sexual Behaviour

2. Click the **Save** button when done adding any additional risk factors.





### Adding an Outcome



From the left-hand navigation bar, click on Outcome

utcome History	
Dutcome: V 1	Outcome Date: / / / 2
	3 Add Outcome Clear
Reason for Deletion:	Delete
<u>Outcome</u>	Outcome Date

**Note:** there can be multiple outcomes from throughout the investigation

- 1. **Outcome** Select the outcome from the drop-down list, select the highest level of care that was required
- 2. Outcome Date Enter the outcome date.
- 3. Click the **Add Outcome** button to add the outcome to the outcome table



## **PANORAMA** Chlamydia Case Management



	Outcome	Outcome Date	•
0	Alive-Not Hospitalized	2020 Sep 28	
		·	
:omn	nents		
		0	
		(4000 characters) Add	
Date	Comments	Recorded By	
		Save Rese	_

1. Click the Save button

### Recording a Medication Other Than a TB or HIV Drug- Other Meds



Scroll to the Medication section in the Left-Hand Navigation and click Medication Summary. Scroll to the Maintain Medications Details section.





	Maintain Medicatio								Hide Maintain Medic	
	* Required field									
1	Other Meds: Course Completed:	E	<b>7</b>				~			
	Course Completea:	L					<b>`</b>		 	
	O Protocol:	Π	$\mathbf{>}$							
	O Standard Tx:	Π	$\mathbf{>}$							
	O Drug:								Select Drug	9
2	Drug Description	. 4	Azithromy	cin				3		
	Authorized By:	Use this F Click Find to se Provider: Use Othe	elect a pro						F	Find Q
4	Dosage:		[	1000.0			Unit: m	g 🗸		
	Route:		[			~				
	Frequency:		[			~				
	Duration:		l				Unit:	~		
	Order Duration:		l				Unit:	~		
5	Tx Prescribed / Author	orized Date:		2020 /yyy	/ 10 mm	dd				
	Tx Effective From Dat	te:	l	2020 /yyy	/ 10 mm	/ 01 dd		Estimated:		_
	Reason:		[				~	Other Reason:		
	Special Direction:					('	0 100 character	5)		
						· · · · ·		-/		

- 1. Click Other Meds check box
- 2. Click **Drug Description** radial button
- 3. Enter name of prescribed drug in the **Drug Description** text box
- 4. Enter **Dosage** and select **Unit** (enter other info if available)
- 5. Enter **Tx prescribed** date
- 6. Click Add

The **Medications Summary** screen is displayed. The medications entered have been added to the **Other Meds** tablelocated near the bottom of the screen.





low	Actions:	Up	date Delete								Show Active
		Co	urse Completed:			~	Update Co	urse	Completed		
	<u>Drug</u>	•	Dosage / Frequency / Route	Duration	<u>Tx Effective From /</u> <u>Valid To</u>	•	<u>Special</u> Direction		Prescribed / Authorized By	-	<u>Course</u> <u>Completed</u>
	Azithromy	cin	1,000 mg	-	2020 Oct 1		-		-		

**Important:** Confirm all information is correct. Once the record is saved, only **Course Completed** information can be updated. The medication cannot be deleted.

1. If record is correct, click **Save** 

Message fr	rom webpage				<u> </u>
?	Except for the Medication for Other Medications C Medications cannot be saved. Do you wish to c	Course Completed updated or deleted	l, the Medio	ations an	nd Other
			ОК		Cancel
				~	HING I ITDOT MODE

The system prompts the user to confirm, click OK to continue.





### **Indicate Course Completed- Other Meds**

Once the record has been saved, only the **Course Completed** information can be updated in **Other Meds- only if you have this information** 

	Othe	r Meds						A Hide Other Meds
	Row		date Delete urse Completed: Prescrip	otion Compl	ete 🔽	Update Course	Completed 3	Show Active
		Drug 🔻	Dosage / Frequency / Route	Duration	Tx Effective From / Valid To	Special Direction	Prescribed / Authorized By	Course Completed
1	✓	Azithromycin	1,000 mg	-	2020 Oct 1	-	-	-
	-							
								Save Reset

- 1. Click radial button next to the drug to be updated
- 2. Select reason from **Course Completed**
- 3. Click Update Course Completed button

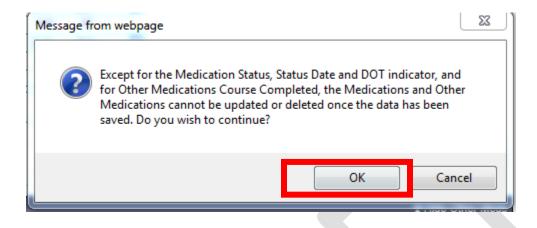
The system adds the reason selected to the **Course Completed** column in the **Other Meds** table.

Othe	r Meds							☆ Hide Other Meds
Row	Course Completed:         Prescription Complete         Update Course Completed							
	Drug 🔻	Dosage / Frequency / Route	Duration	<u>Tx Effective From /</u> <u>Valid To</u>	Special Direction	Prescribed / Authorized By	-	Course Completed
✓	Azithromycin	1,000 mg	-	2020 Oct 1	-	-		Prescription Complete
								Save Reset





Click the **Save** button and the system prompts the user to confirm, select ok.



### Uploading a Document to an Investigation

**Note:** Before you upload a document, ensure that an Encounter is not in the context banner. To take the encounter out of context, go to recent work and click on the investigation.

Document Management

User Documents

Context Documents

From the left-hand navigation, click on **Context Documents**. Do not use User Documents.

Sear	ch Docun	nent Folders - E	Basic						☆ Hide Search
Sea	Enter Keywords to search. Leave search box empty to view all documents. Search will be performed on selected folder and its subfolders if applicable. Search results will appear in 'Document List' below. Documents								
	aments teyword:						Search	Retrieve	ear
Docu	ument Lis	t						🗙 Hide	Document List
Row	Row Actions: Delete 1 Add New								
	Documen	n <u>t Title</u>	Size[KB]	▼ <u>Түре</u>	Posted By	Posted (	Dn <b>Des</b>	scription	Status

1. Click the Add New button

Panorama- Chlamydia Case Management





	Do	cument Management	?≞
	*F	ld New Document	
	3		
		* Effective 2020 06 16 Expiration Date: yyyy mm dd Date: yyyy mm dd	
		Status: * active V Use CTRL key for multiple selections.	
ſ	4	Enter     Add     Selected       Keyword:     Remove     Keywords:	
Ϊ		Description:	
		Document Added by : Sampson, Judy on : 2020 Jun 16	
	-	5 Submit Clear Cancel	

- 1. Browse for file- locate document and select it
- 2. Click the **Upload File** button. You will see that the file is uploaded
- 3. Document Title enter the document title
- 4. **Description** enter the document description
- 5. Click the **Submit** button

Document List										
Row Actions: Delete Add New										
	Document Title	^	Size[KB]		<u>Түре</u> ¬	Posted By		Posted On 🔻	Description	Status
	Physician Report Form-XXXXX		78.66		PDF	McClellan, Samantha		2020 Sep 28		active
Total:	1 M Page 1 of 1	►]							Jump to page:	d

You can view the document by clicking on the hyperlinked name in the **Type** column





### Adding a Clinical Note to an Investigation

Upload Clients Cohort				
Notes				
🛨 Document Mana	igement			
User Document	ts			
From the left he	nd novigation aliak on N	<b>-t</b>		
From the left-ha	nd navigation, click on No	otes.		
Clinical Note	s			⑦ 巪
	5			
				ACTIVE
Client ID: 21398	Name(Last, First Middle) / Gender: June, Kim / Female	Health Card No: 7700000031	Date of Birth / Age: 1980 Feb 01 / 40 years	
Phone Number:	Address:	Additional ID Type / Additional ID:		
Primary home: 902- 864-5555	80 Gilby Lane, Beaver Bank, Nova Scotia, B4B4B4, Canada	Provincial health service provider identifier / -		
				▲ Investigation
Investigation ID: 976	Status: Open	Disposition: Investigation in progress	Age at time of Investigation: 40 years	
Disease: Chlamydia	PHAC Date/Type: 2020 Sep 25 / Specimen Collection	Etiologic Agent: Chlamydia trachomatis	Authority/Classification: National / Case - Confirmed / 202	0 Sep 28
Notes				☆ Hide Notes
Notes				× nide Hotes

Ensure your investigation is in context. Do not add the note if only the client is in context.

onusual Emerging D	2020 May	507 Date Reported 0	010-13	ritational / Ouse	- Committee / 2020 Com	10
Notes						☆ Hide Notes
Display Notes For:	Client: smith, jody	~	Include Related Entities	s: 🗹		
Subject Line:			Status:		~	
Workgroup for Author:			Workgroup for Transcriber:			~
Author:		`	Transcriber:			~
Note Type:			✓			
Note Date: Fr	rom: / / / / / / / / / / / / / / / / / / /	/ IIII m dd	То:	y mm	/ 🎫 dd	
					Displ	ay Clear
results found.		To view a	a Note below, click on its No	ote Date.	eflects the records you	have access to.
Row Actions: View	v All Notes in Table	Update Note View Not	e Corrections	1	Author Note Tran	scribe Note
Move	selected note to		Move	Note		

#### 1. Click on Author Note button

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1	Note is being cr	eated for Investigation ID 2503
	Note ID: -	Status: -
	* Required Field	
	Author:	Sampson, Judy Role: NS_IMMS_IOM_NURSE
2	Subject:	
3	Note Date:	2020 / 06 / 16 Reference Address Addre
	Note Type:	✓
	Common Phrases:	V Add to Note
4	Note:	
	T Normal V	T <u>Arial v 7pt v</u> b <i>i</i> <u>u</u> ≧ ≣ ≣ ≦≣ ≦≣
		Save as 5 Note Complete Clear Cancel

- 1. Ensure the note is being added for an investigation
- 2. Subject enter the subject of the note
- 3. Note Date and Time defaults to the current date and time. Ensure that you enter the date and time that you gathered the information for the note.
- 4. Note enter the note details
- 5. Click the **Note Complete** button

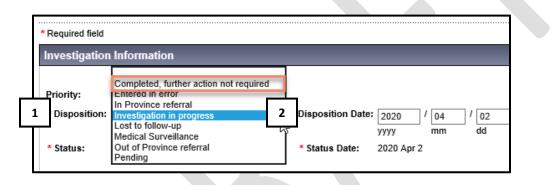




### Update the Investigation Disposition and Close the Investigation

- Investigation
Subject Summary
Investigation Summary
Investigation Quick Entry
<ul> <li>Investigation Details</li> </ul>
Disease Summary
Investigation Information
Resp. Org / Investigator

From the left-hand navigation, click on **Investigation Information**.



- 1. **Disposition** Select appropriate response from the drop down
- 2. **Disposition Date** defaults to the date of the previous disposition. Enter the close date.
- 3. Click the Save button

1	Close Investigation Re-Open Investigation	Save Reset
	* Required field	Merged Investigation No(s):
	Investigation Information	
	Priority:	Investigation History
	* Disposition: Completed, further action not required V Disposition Date: 2020 / 06 / 15	

1. Click on the Close Investigation button

Panorama- Chlamydia Case Management





	2	Close Investigation Reset
	*Required field	Merged Investigation No(s):
	Close Investigation	
1	'Closed' Status Date: 2020 / 06 / 16	
	Close Investigation Policies: Update: Outcome, Classification, Disposition	

## 1. **Closed Status Date** – defaults to the current date. If the closed status date is different than the current date, enter the closed status date.

2. Click the Close Investigation button.

	requirea		٦
e:	Etiologic Agent:	Authority/Classification:	
e: ite	Message from webpage	× ed / 20	12
	You are about to set the 'Closed'. Do you want to	status of the investigation to e type: close?	
	1	OK Cancel	
40			

1. Click the OK button

### Adding a Secondary Investigator

Navigate to investigation details and Resp.Org/Investigator in Left-Hand nav:

Investigation Details
 Disease Summary
 Investigation Information

 Resp. Org / Investigator
 Reporting Notifications
 External Sources
 Links & Attachments
 Close Investigation

#### Scroll to bottom of page:

Panorama- Chlamydia Case Management





Inves	stigator					🛠 Hid
* Rea Inves * Inv * Inv Inves	quired only if adding or up tigator Type : restigator Organization : restigator Workgroup : tigator Name : signed Date : 2021 yyyy	Secondary     1       Secondary     1       Northern Zone     1       IOM-Northern Zone     1       Laurie Phalen/Pictou     1       / 02     / 02       mm     dd		: AST 		6
Row	*	Investigator Name Jayme MacLellan Samantha McClellan	Investigator Workgroup IOM-Northern Zone IOM-Northern Zone	Investigator Organization Northern Zone Northern Zone	Assigned Date/Time 2021 Feb 2 2021 Jan 15	Add Clear

Enter the following information:

- 1. Investigator Type- Secondary
- 2. Investigator Organization- find and select the Zone that represents where you work.
- 3. Investigator Workgroup- IOM the Zone that represents where you work.
- 4. Select investigator name- your name
- 5. Assigned date- auto populates to current date and can be changed as needed
- 6. **Add**

New name will appear in the table below:

1. Click the Save Button

Investigator Type	Investigator Name	Investigator Workgroup	Investigator Organization	Assigned Date/Time	<u>End</u> Date
Secondary	Jayme MacLellan	IOM-Northern Zone	Northern Zone	2021 Feb 2	
Secondary	Laurie Phalen	IOM-Northern Zone	Northern Zone	2021 Feb 2	
Primary	Samantha McClellan	IOM-Northern Zone	Northern Zone	2021 Jan 15	