



First Nations Health Authority
Health through wellness

Panorama User Guide #2

TB Screening Data Entry
TB Screening with Skin Test

Version 3.2

Contact us at: panorama@fnha.ca

Find our Guides at: <http://www.fnha.ca/what-we-do/communicable-disease-control/panorama>

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Please Note:

It is required for CHNs working in FN communities with Panorama access to have training with the FNHA Panorama team prior to use of the Panorama system. Panorama guides are to be used in conjunction with formal FNHA Panorama training. To arrange a training session, please contact panorama@fnha.ca

This guide is appropriate for TB screens where you will enter a client's **TB skin test, Risk Factors and Signs and Symptoms**.

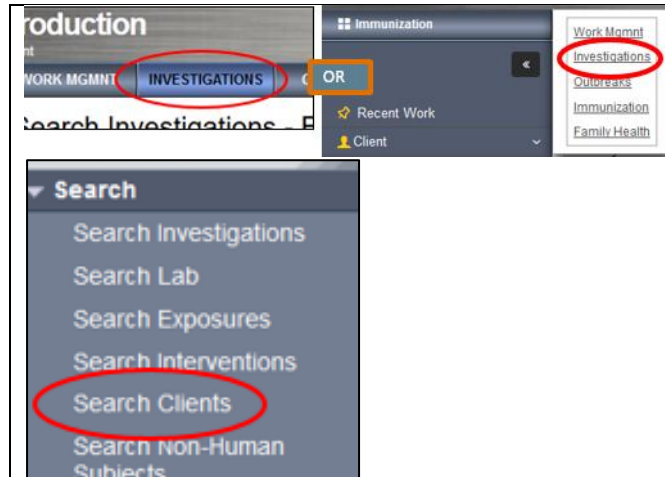
Use the tool "**Which Panorama TB Guide Should I Use?**" To help you to determine how to enter your screens.

This detailed guide will show you through the steps in entering your client's TB screening information:

- **Search and update client information** (Last/First Name, DOB; Jurisdictional Registry)
 - Review/Edit Client Demographics
 - Add/Update Indigenous Information
 - Add Immigration Information
 - Add Allergies
- **Create TB Investigation**
 - Add External Sources
- **Add Risk Factors**
- **Add Signs and Symptoms**
- **Enter Consent**
- **Enter TB History Summary**
- **Enter TB Skin Test**
- **Close Investigation (if applicable)**

This guide accompanies *Panorama TB Screening Data Entry – QuickGuide (for Guide #2 and Guide #3)*

Search for Client Chart



For more information about searching and opening client charts please see our [Core Guide](#)

In the INVESTIGATIONS Module:

Search/Create Client

LHN > Search > Search Clients

Ensure you have done a thorough search for the correct client and that all demographic information are correct and up-to-date.

1. Search client following your choice of search options (See [Panorama Core Guide](#)).
2. Using the search results table, choose a single client by selecting the checkbox next to the *Client ID* column
3. Under *Row actions*, you will have several choices depending upon which module you are in. Select **SUBJECT SUMMARY**.
4. Alternately, you can select **CREATE CLIENT** if you have done a thorough search and the client does not have a chart in Panorama. You can then create the client's chart.

Ensure you have done a thorough search for the correct client and that all demographic information are correct and up-to-date.

Search Results									
<div> <div>Client Quick Entry</div> <div>Create Client</div> </div>									
<div> <div>Preview</div> <div>Update</div> <div>Set In Context</div> <div>Create Cohort</div> <div>Subject Summary</div> </div>									
		Client ID	Health Card Number	Last Name	First Name	Gender	Date of Birth	Health Region	Active
<input checked="" type="checkbox"/>		2456366	9000188885	FNTRAINED	FHALICE	Female	2019 Jan 24	_Inactive - Vancouver	Active
<input type="checkbox"/>		2456370	9000188932	FNTRAINED	FHALICE	Female	2019 Jan 24	_Inactive - Vancouver	Active
<input type="checkbox"/>		2456374	9000188989	FNTRAINED	FHALICE	Female	2019 Jan 24	_Inactive - Vancouver	Active
<input type="checkbox"/>		2456378	9000189031	FNTRAINED	FHALICE	Female	2019 Jan 24	_Inactive - Vancouver	Active

Subject Summary

A client's subject summary page is a great way to get a quick overview of client encounters and investigations

Tip: To "hide" and show" components of the screen, click the *hide* or *show* hyperlinks along the encounter headers to view/hide more details

 Hide

 Show

Note: When the User does not have data access to a module or an Investigation, the Investigation and all associated Encounters are not displayed

The Subject Summary screen lists all *Encounters* and *Investigations* that have been recorded for a client under the various *Encounter Groups* (Communicable Disease, Sexually Transmitted Investigations, and Tuberculosis Disease Investigation, Immunization). Depending on which Module you are in, the subject summary page may vary slightly.

Viewing Subject Summary

With your client in context:

LHN > Investigation > **Subject Summary**

Investigation Encounter Groups are sectioned off by:

- **CD** Investigations (excluding TB and STIs)
- **STI** and **HIV** Investigations
- **TB** Investigations
- and **Immunizations**.

You can navigate to any investigation or encounter that are listed on the screen by clicking the appropriate [hyperlink](#): Investigation ID, Encounter Date. This also sets the Investigation or Encounter in context.

Communicable Disease Investigation,
excluding TB and STI Encounter Group

 Show

Sexually Transmitted Infections Investigation
Encounter Group

The Subject
Summary page in
the
INVESTIGATIONS
module is divided
by Encounter
Group

 Show

Tuberculosis Disease Investigation Encounter ✓ Contains Data
Group

 Show

Immunization Encounter Group

 Show

INVESTIGATIONS MODULE SUBJECT SUMMARY PAGE

Subject Summary

Alerts

Notes



ACTIVE

Client ID:

2448450

Name (Last, First Middle) /

Gender:

FNTRAINER01, ACTIVETB /
Female

Health Card No:

-

Date of Birth / Age:

1975 May 23 / 44 years

Phone Number:

Primary home:
604-250-2222

Health Region Organization:

Vancouver, Vancouver-City
Centre

Additional ID Type /

Encounter Groups are
sectioned off by dark
grey bars

Report:

Communicable Disease Investigation,
excluding TB and STI Encounter GroupSexually Transmitted Infections Investigation
Encounter GroupTuberculosis Disease Investigation Encounter
Group

Show

Select here to create an
investigation under this
encounter group (this
example, selecting here will
create a new TB investigation)

Hide

Create Investigation

Investigation 70362 - Tuberculosis - OPEN

Hide

Investigation ID:

70362

Status:

OPEN

Investigator:



Linked Outbreaks:

-

Report Date (Sent):

-

Report Date (Received):

26 June 2017

Disease	Etiologic Agent	Epi Markers	Authority / Classification Classif. Date (✓ Primary Classification, Δ Set by Case Def)	S
Tuberculosis	-	-	✓ Provincial / Case - Confirmed 2017 Jun 26	-

A quick summary of
the investigation is
shown here. It will
show information like
the disease,
investigation status,
when it was first
reported, and how the
case is classified

Investigation 70362 Encounters

4 encounter(s) total

Click Encounter Date for encounter details.

Move Selected Encounter(s) To:

Investigation: 70362 (Tuberculosis) Non-Episode Encounters

Move

Encounters table is
organized by encounter
type, encounter reason,
organization and location
(SDL)

Non-Episode Encounters

Create Encounter

Hide

	Encounter Date	Encounter Type	Encounter Reasons	Organization	Location
<input type="checkbox"/>	2017 Jun 27	Clinic visit	Appointment - new active	Three Corners Health Services	Canoe Creek Health Station
<input type="checkbox"/>	2017 Jun 25	Lab	-	Three Corners Health Services	Canoe Creek Health Station
<input type="checkbox"/>	2017 Jun 24	Phone - communication with client	Initial	Three Corners Health Services	Canoe Creek Health Station

Investigation 70421 - Tuberculosis

Investigation ID: [70421](#) Status: CLOSED Investigator: Linked Outbreaks: - Report Date (Sent): - Report Date: May 13, 2015

The Investigation Module organizes the subject summary by investigations and encounters under the various Encounter Groups. Newer investigations/ encounters are listed first

Disease	Causative Agent	Further Differentiation	Authority / Classification Classif. Date	(✓ Primary Classification) Set by Case De
Tuberculosis	-	-	✓ Provincial / Case - Not a Case	2015 May 15

Investigation 70421 Encounters

1 encounter(s) total Click Encounter Date for encounter details.

Move Selected Encounter(s) To: Investigation:70421 Non-Episode Encounters

Select here to create an encounter under this specific TB investigation

Non-Episode Encounters [Hide](#)

	Encounter Date	Encounter Type	Encounter Reasons	Organization	Location
<input type="checkbox"/>	2015 May 13	Clinic visit	Screen - TB Services for aboriginal community (TBSAC)(11)	Three Corners Health Services	Three Corners Health Centre

Unassociated Encounters (Non-Investigation)

0 encounter(s) total Click Encounter Date for encounter details.

Move Selected Encounter(s) To: Unassociated Non-Episode Encounters

Non-Episode Encounters [Hide](#)

	Encounter Date	Encounter Type	Encounter Reasons	Organization	Location
--	----------------	----------------	-------------------	--------------	----------

Immunization Encounter Group ✓ Contains Data [Hide](#)

Unassociated Encounters (Non-Investigation)

1 encounter(s) total Click Encounter Date for encounter details.

Move Selected Encounter(s) To: Unassociated Non-Episode Encounters

Encounters that are not associated with an investigation will fall here

Non-Episode Encounters [Hide](#)

	Encounter Date	Encounter Type	Encounter Reasons	Organization	Location
<input type="checkbox"/>	2014 Oct 23	Administer Immunizations	Influenza/Pneumo	Three Corners Health Services	Sugar Cane Health Station

Edit/Update Client Demographics

Subject

- Client Details
- Client Demographics**
- Occupation/Education
- Health Services
- Financial Assistance

Health Region Organization:

To create a new record click Add.

Add

Add Health Region History

Health Region Organization: Chilliwack, Chilliwack, British Columbia

Effective From: 2018/01/01 To: 2019/08/21

End Dating old Health Region Organizations

Apply Reset

For more information on updating client information and Indigenous Information and Allergies please refer to the [Core Guide](#)

Client Demographics

LHN > Subject > Client Details > **Client Demographics**

1. Ensure Client skeleton information is correct (First Name, Last Name, DOB, PHN)
2. Ensure *Health Region Organization* is correct. Use the **ADD** button to add the most recent location of residence (ie. The associated Public Health Unit for their Health Centre/Nursing Station). End Date old Health Regions. Select **APPLY** and **SAVE** your changes

Eg. For Stolo Nation, their closest Regional Health Authority branch is Chilliwack

Health Region Organization:

Update Delete

	Health Region Organization	Effective From	Effective To
<input type="radio"/>	Chilliwack	2018 Jan 01	2019 Aug 21

Total: 1

1 10

Telephone Numbers

Number Type: ☐ International Number: ext

Effective From: 2018 / 03 / 21 To: / /

Add Clear

Row Actions	Number Type	Number	Effective From	Effective To	Preferred
<input type="radio"/>	Primary home	(250) 555-5550	2017 Dec 23	-	<input checked="" type="checkbox"/>

Add Address

Address Format: ☒ Domestic ☐ International

Address Type: Primary home Address on Reserve Administered By: Scowiltz

Unit No.: 102 Street No.: 246 Street Name: Middletothe Street Type: Road Street Direction:

P.O. Box: STN: RPO: Rural Route:

Country: Canada Province / Territory: British Columbia City / Town: Chilliwack Postal Code: X0X-0X0

Other Address Details: Red house with green and blue fence

(65 characters remaining.)

Effective From: 2019/08/21 To: / /

3. Ensure *Phone Numbers* and *Addresses* are correct including *Address Located On Reserve* information if appropriate. **ADD** and **SAVE** your changes to the table below each section. End date any old phone numbers and addresses. DO NOT DELETE old numbers or addresses
4. Ensure all other fields in the *Client Demographics* page are up-to-date (if information is known)
5. **SAVE** your work

<p>Address on Reserve Administered By:</p> <p>ch </p> <p>Chawathil</p> <p>Cheam</p> <p>Cheslatta Carrier Nation</p> <p>Street</p> <p>Road</p> <p>Rural Route:</p>	
<p>▼ Subject</p> <p>▼ Client Details</p> <p>Client Demographics</p> <p>Occupation/Education</p> <p>Health Services</p> <p>Financial Assistance</p> <p>Indigenous Information</p> <p>Immigration Information</p>	<p><u>Indigenous Information</u></p> <p>LHN > Subject > Client Details > Indigenous Information</p> <ol style="list-style-type: none"> 1. Complete the <i>Indigenous Information</i> questions and add your client's current <i>Aboriginal Organization</i> (use (I) location). SAVE your work <p>For more detailed information on how to update Indigenous Information, please see the Panorama Core Guide or Completing Indigenous Information Guide</p>
<p>▼ Subject</p> <p>▼ Client Details</p> <p>Client Demographics</p> <p>Occupation/Education</p> <p>Health Services</p> <p>Financial Assistance</p> <p>Indigenous Information</p> <p>Immigration Information</p>	<p><u>Immigration Information</u></p> <p>LHN > Subject > Client Details > Immigration Information</p> <ol style="list-style-type: none"> 1. For TB screens, the <i>Immigration Information</i> section <u>must be entered</u>. 2. Indicate if <i>Canadian citizen</i> (yes/no) 3. <i>Country Born In</i>: <ul style="list-style-type: none"> • If born in Canada, indicate Province (if known) 4. Complete the other fields if known/applicable 5. SAVE your work
<p>▼ Subject</p> <p>▶ Client Details</p> <p>Client Warnings</p> <p>Relationships</p> <p>Households</p> <p>▶ Consent Directives</p> <p>Allergies</p>	<p><u>Add Client Allergies</u></p> <p>LHN > Subject > Allergies</p> <ol style="list-style-type: none"> 1. If client has no allergies, select SET NKA or CONFIRM NKA or 2. Select ADD and enter client's allergies. <p>For more detailed information on how to update client allergies, please see the Panorama Core Guide</p>

Create a TB Investigation

The screenshot shows the 'Investigation' section of the TB Investigation form. It includes the following fields and sections:

- Investigation Summary** (Callout 1)
- Subject Summary** (Callout 2)
- Create Investigation** button (Callout 3)
- Disease Summary** (Callout 3.a-e)
 - * Disease: Tuberculosis
 - * Authority: Provincial
 - * Classification: Case - Person Under Investigation
 - * Classification Date: 2018 / 07 / 20
 - Causative Agent: [blank]
 - Further Differentiation: [blank]
- Investigation Information** (Callout 4. a-b)
 - Priority: [blank]
 - * Disposition: Screening
- Responsible Organization / Investigator** (Callout 5. a-f)
 - * Responsible Organization: Three Corners Health Services Society
 - To specify an Organization first click on the 'Find' button. Then search, or type the n Then click 'Close' to close.
 - Organization: Top Level > Level 2 (specific one) > Level 3 (specific one) > [blank]
 - * Responsible Organization Workgroup: TCHSS TB
 - * Responsible Organization Date: 2018 / 07 / 20
 - * Investigator Organization: Three Corners Health Services Society
 - * Investigator Workgroup: TCHSS TB
 - Investigator Name: [blank]
 - * Assigned Date: 2018 / 07 / 20

With your client in context, you need to go to their **Subject Summary** screen where all the client investigations and encounters are listed. For more information about Subject Summary, please see the [Subject Summary](#) section in this guide.

LHN > Investigation > **Subject Summary**

- Client Investigations are separated by Encounter Group (dark grey bars). Scroll down to the *Tuberculosis Disease Investigation Encounter Group* section of the page
- Just under the dark grey header, select **CREATE INVESTIGATION**. You will be brought to the *Create Investigation* page
- In the *Disease Summary* section:
 - Disease*: select **Tuberculosis** from the drop down menu
 - Authority*: select **Provincial**
 - Classification*: select **Case - Person Under Investigation**
 - Classification Date*: populates to today's date. Can be backdated to the TB screen visit date
 - Causative Agent*: can be left blank
- In the *Investigation Information* section:
 - Priority*: can be left blank
 - Disposition*: select **Screening**
- In the *Responsible Organization/Investigator* section:
 - Responsible Organization*: Your organization should be pre-populated. If not, use the **FIND** type-ahead to search and select your organization
 - Responsible Organization Workgroup*: select your organization's TB workgroup
 - Responsible Organization Date*: will populate to today's date. This can be back dated
 - Investigator Workgroup*: select your organization's TB workgroup
 - Investigator Name*: leave this field blank (not required)
 - Assigned Date*: will populate to today's date. Can be back dated
- In the *Reporting Notification* section:
 - Reporting Source*: select the radio button (○) next to *Location*. Your location should automatically populate. If not, use the **FIND** and **SELECT** function to search for your SDL.
 - Ignore Type of Reporting Source, Method of Notification, and Report Date (Sent)*.

Reporting Notification Hide

*** Reporting Source:**

☐ Provider: Don't select 'Provider' or 'Other' for Reporting Notification

Click Find to select a provider:

Provider: Find

6.a

☒ **Location:** Sugar Cane Health Station Use the FIND button to search and select your SDL.

To specify a Service Delivery Location first click on the 'Find' button. Then type the name of the Service Delivery Location you wish to specify, select it and click on 'Select' button. Then click 'Close' to close.

Service Delivery Location: Panorama > BC/Yukon > BC > Aboriginal Health Organizations > Three Corners Health Services > Sugar Cane Health Station > [454 Sugar Cane Health Station] Find

☐ Other:

Type of Reporting Source:

Method of Notification:

**At least one of the following dates is required.*

Report Date (Sent): / /

yyyy mm dd

Report Date (Received): 2018 / 07 / 20

yyyy mm dd

6.c

Submit Clear Cancel

You will now see 2 banners along the top of the page, the *Client banner* and an *Investigation banner*. A confirmation will appear below the banners showing that your Investigation has been successfully created.

Warnings **Notes** ACTIVE

Client ID: 2448450 Name(First,Middle,Last)/Gender: ActiveTB FNTRAINER01 / Female Health Card No: - Date of Birth / Age: 1975 May 23 / 43 yrs

Phone Number: (604)-250-2222(Primary home) Jurisdiction Info: Vancouver,Vancouver-City Centre Additional ID Type / Additional ID: Yukon HCIP# / -

Investigation ID: 70448 Status: OPEN Disposition: Screening Age at time of Investigation: 43

Disease: Tuberculosis PHAC Date/Type: 2018 Jul 20 / Date Reported Causative Agent: - Authority/Classification: Provincial / Case - Person Under Investigation / 2018 Jul 20

Investigation details successfully saved.

Create Encounter

Merged Investigation No(s):

Disease Summary

The Disease Summary appears with the information you provided in the Create Investigation page

Add New Disease

Hide

Disease Event 70939 - Tuberculosis

PHAC Date / Date Type: 2018 Jul 20 / Date Reported Disease Origin: Living on Reserve Most of the Time:

Disease	Causative Agent	Further Differentiation	Authority / Classification Classif. Date (✓ Primary Classification, Δ Set by Case Def)	Site(s)	Staging
Tuberculosis	-	-	✓ Provincial / Case - Person Under Investigation 2018 Jul 20	-	-

Update Delete

Investigation

Subject Summary

Investigation Summary

Investigation Details

Disease Summary

Recommendations

Investigation Information

Resp. Org / Investigator

Reporting Notifications

External Sources

Links & Attachments

Note: The *External Source* section in Panorama needs to be completed for the screen to be followed up. If your client does not have a health care provider, please contact FNHATB@fnha.ca

Adding External Sources

This is where you will add the client's health care provider(s) involved in the client's care in relation to the TB screen (ie. Client's General Practitioner or Nurse Practitioner, Physician Specialist requesting the TB screen).

With your **Client** and **Investigation** in context:

LHN > Investigation > Investigation Details > **External Sources**

1. Select the radio button (○) next to the *Other External Source*
2. Using the free text fields, enter the *Provider's Name, Role/Organization, Country, Address, Province, City, Postal Code, Phone Number and Fax Number*.
 - a. At minimum, enter either the provider's Address or Phone Number.
 - b. *Effective Date From* populates to today's date. Can be changed as needed.
3. Select **ADD**
4. The provider contact information will appear in the table at the bottom of the page.

Repeat steps **1-4** to add additional providers involved with the TB screening. When you are done, **SAVE** the page.

1 ☒ **Other External Source** SDL radio button selected

2.a

Name:

Role/Organization:

Country:

Address Line 1:

Address Line 2:

Province/Territory:

Postal Code:

Phone Number: () - ext. ☐ International

Fax Number: ☒ International

City: The City field is a Type-ahead. After you start typing, options will appear for you to select

If you need to enter a toll-free number, select the International checkbox, enter the 1 under the area code section

* Effective Date From: / / Effective Date To: / /

2.b

3

Row Actions:

	External Source Type	Name	Role/Organization	Address	Phone/Fax Numbers	Effective From	Effective To
<input type="radio"/>	Other	Dr. I.M. Strange	Family Physician	123 Middle Road, Suite 101 Powell River, British Columbia Canada H0H0H0	(604) 555-1234 (Phone), (778) 555-1234 (Fax)	2019 Aug 25	-

4

Risk Factors

The pre-populated table of risk factors in the TB module reflect the risk factors listed in the BCCDC TB screening (939) form

As of December 1, 2018, FNHSO users will enter Risk Factors by exception. This change in process is to avoid redundancy and eliminate charting errors. This change will also simplify the data entry process.



When you create a TB investigation for a client, a table of present risk factors recommended for the Investigation appears. Unlike the **Immunization** and **Family Health** modules, the **Investigation (TB)** module has a pre-populated list of Risk Factors for you to enter a response.

There are 3 types of Risk Factors (RF) that you may see in a client chart:

1. **Blank Risk Factors** – These Risk factors have been recommended for the Investigation and a response has not yet been entered.
2. **Risk Factors pertinent to a past Investigation** – These are Risk Factors that have been carried over from a previous Investigation.
3. **IPHS DC – [RISK FACTOR]** – These are old risk factors from the previous public health charting system. These risk factors are no longer used

FNHA enters their Risk Factors in Panorama **by exception**. This means that unless you are changing a specific Risk Factor response to a 'yes', or making a risk factor pertinent to an investigation, there is no need to enter a response.

To view client's risk factors, have your **Subject/Client** and **Investigation** in context:

LHN > Subject > **Risk Factors**

VIEWING THE CLIENT RISK FACTOR PAGE

Once opening your client Investigation and are in their Risk Factor page:

Risk Factors Add to WQ Save Reset log print ? check

BC Self-ID Missing Active

Client ID: 2456409 info person Name (Last, First Middle) / Gender: FNTRAINER11, WILMA / Female Health Card No: 9000189404 Date of Birth / Age: 2018 Mar 26 / 1 years 4 months 27 days

Phone Number: Primary home: 250-444-3928 Health Region Organization: Vancouver_Inactive - Vancouver

Investigation

Investigation ID: 70678 Status: OPEN Disposition: Screening Age at time of Investigation: 1 years 4 months

Disease: Tuberculosis PHAC Date/Type: 2019 Aug 22 / Date Reported Etiologic Agent: - Authority/Classification: Provincial / Case - Person Under Investigation / 2019 Aug 22

When you see 2 banners, check to make sure you have the right Client and current Investigation open

Note: The Risk Factor page in the Investigation module has been upgraded to the new NextGen format

Update	View	Delete	Set Response	Set Pertinent	Preset	Risk Factor	Additional Information	Reported Date	Response	Frequ...	Date Range	End Date Reason	Pertinent to Investigation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chronic Medical Condition - Diabetes Mellitus (*)							
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chronic Medical Condition - Kidney Disease not requiring dialysis (*)							
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chronic Medical Condition - Kidney Disease requiring dialysis (*)							
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chronic Medical Condition - Liver Disease - Hepatitis B (*)							
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chronic Medical Condition - Liver Disease - Hepatitis C (*)		2016 Oct 21	No				48226 (Tuberculosis)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chronic Medical Condition - Liver Disease - Other - Specify (*)		2016 Oct 21	No				48226 (Tuberculosis)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chronic Medical Condition - Malignancies/Cancers (*)	iPHIS DC: Leukemia iPHIS DC: Lymphoma	2016 Oct 21	No				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chronic Medical Condition - Underweight		2016 Oct 21	No				48226 (Tuberculosis)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exposure Risk - G...		2016 Oct 21	No				48226 (Tuberculosis)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exposure Risk - H...		2016 Oct 21	Yes				48226 (Tuberculosis)

3 types of risk factors you may see in a client chart (circled in RED). Please see chart below to determine how to enter/update these RF

1 A new (blank) RF. Note that the fields on the table are empty

2 An old RF from a previous (past) investigation. Note that there is an old date under the 'reported date' column, and old response completed and that the 'Pertinent to Investigation' column is filled with a hyperlink to a past investigation

3 An old (discontinued) RF from iPHIS. Note the "iPHIS DC" within the RF

If you see a (*) next to a RF, it indicates that responding 'Yes' to this RF will affect the client immunization forecaster

If you see a checkmark next to a RF, it indicates that this RF has been preset for recommended for the Investigation

**iPHIS DC: Leukemia
iPHIS DC: Lymphoma**

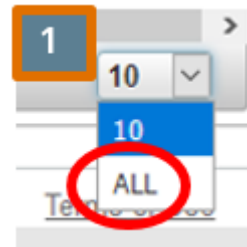
Total: 17

1 2 > >>

10 10

Types of Risk Factors			
Once you have determined the Type(s) of Risk Factors that you client currently has listed, this will determine how you will enter/update into Panorama			
Type of Risk Factor:		If:	What to do:
1	A new (blank) risk factor	You wish to add a 'YES' response	Freely enter the response to 'YES' for this risk factor
		You wish to add a 'NO' response	Ignore this RF and do not alter/change
2	A risk factor that is pertinent to an old investigation	The old response is 'NO', and will stay as a 'NO'	Ignore this RF and do not alter/change
		The old response is 'YES' and will stay as a 'YES'	Make this risk factor pertinent to your current investigation
		The old response is switching from a 'NO' to a 'YES'	End-date the 'NO' risk factor; Add the same risk factor with the new 'YES' response
		The old response is switching from a 'YES' to a 'NO'	End-date the 'YES' risk factor
3	'iPHIS DC' - [RISK FACTOR]	You see this listed for a client RF	Ignore this RF and do not alter/change
4	Risk Factor is not listed in the table	If you need to add a Risk Factor that is not currently in the table	Add the Risk Factor with a 'YES' response

Used if you have a blank Risk Factor and you wish to change the response to 'YES':



When you respond "YES" to a Risk factor, this means that "YES, this client has this particular risk factor"

Entering "YES" responses into the Risk Factor Table

With your **Subject/Client** and **Investigation** in context:

LHN > Subject > **Risk Factors**

1. Scroll down to the bottom right corner of the RF table. Using the dropdown, select **ALL**, so all available RF are visible on the table.
2. Select the blank Risk Factor you wish to enter a 'YES' response to using the check box ☒.
3. At the top of the table, select the **SET RESPONSE** row action button.
4. The *Set Response* field will populate in a separate modal. Set the Response field to **Yes**. Reported date will automatically set to today's date.
5. Select **APPLY** (found at the top or bottom of the modal window).
6. The information for your RF will update in the table.
7. Repeat steps 2-7 for additional blank RF you wish to update.
8. **SAVE** your work prior to exiting the RF page.

***Please note:** You can only update one risk factor at a time

Risk Factor

Update View Delete **Set Response** **3** Set Pertinent Add

	Preset	Risk Factor	Additional Information	Reported Date	Respon...	Frequ...	Date Range	End Date Reason	Pertinent to Investigation
<input checked="" type="checkbox"/>	2	Chronic Medical Condition - Diabetes Mellitus (*)							
<input type="checkbox"/>	✓	Chronic Medical Condition - Kidney Disease not requiring dialysis (*)							
<input type="checkbox"/>	✓	Chronic Medical Condition - Kidney Disease requiring dialysis (*)							
<input type="checkbox"/>	✓	Exposure Risk - Housing - Homelessness/...							

Total: 17 1 2 10 10 ALL

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Set Response

Response: ☒ Risk Factor Pertinent to investigation in context **5** Apply Reset

Asked but unknown
Data not present (back data entry)
Declined to answer
Entered in error
No
Not assessed **4**
Yes

Response Set Pertinent

	Preset	Risk Factor	Additional Information	Reported Date	Respon...	Frequ...	Date Range	End Date Reason	Pertinent to Investigation
<input type="checkbox"/>	✓	Chronic Medical Condition - Diabetes Mellitus (*)		2019 Aug 24	Yes 6				70678 (Tuberculosis)

This modified record will be recorded in the database when the page is saved.

Risk Factors Add **8** **Save** Reset log ?

Update View Delete Set Response Set Pertinent Add

	Preset	Risk Factor	Additional Information	Reported Date	Respon...	Frequ...	Date Range	End Date Reason	Pertinent to Investigation
<input type="checkbox"/>	✓	Chronic Medical Condition - Diabetes Mellitus (*)		2019 Aug 24	Yes 6				70678 (Tuberculosis)

***This is an advanced function in Panorama. For additional support with entering and updating client Risk Factors in the TB module, please contact panorama@fnha.ca**

Using this carry over method will prevent changes to the client's old/previous TB investigations.

Note: You can only do this function for one RF at a time. There are some Risk Factors that require you add 'Additional Information' in order to save it in the table

Note: Risk Factors can be pertinent to more than 1 investigation

Making an old Risk Factor Pertinent to the Current Investigation

Ensure your **Subject/Client** and **Investigation** is in context:

If the risk factor is still 'YES' and is pertinent to the current TB investigation then follow steps below.

1. Scroll down to the bottom right corner of the RF table. Using the dropdown, select **ALL**, so all available RF are visible on the table.
2. Select the checkbox ☒ with the old RF you wish to make pertinent to your current investigation
3. At the top of the table select the **SET PERTINENT** row action button. Your information will update in the table.
4. You will now see 2 Investigation ID numbers in the *Pertinent to Investigation* column (the old Investigation and current Investigation)
5. Repeat steps 1-3 for all other RF you wish to make pertinent to your current investigation
6. **SAVE** your work before exiting this page.

Risk Factor

Update View Delete Set Response **Set Pertinent** Add

	Preset	Risk Factor	Additional Information	Reported Date	Respon...	Freque...	Date Range	End Date Reason	Pertinent to Investigation
<input checked="" type="checkbox"/>	✓	Chronic Medical Condition - Diabetes Mellitus (*)		2019 Mar 20	Yes				70440 (Tuberculosis)
<input type="checkbox"/>	✓	Chronic Medical Condition - Kidney Disease not requiring dialysis (*)		2019 Mar 20	No				70440 (Tuberculosis)
<input type="checkbox"/>	✓	Chronic Medical Condition - Kidney Disease requiring dialysis (*)		2019 Mar 20	No				70440 (Tuberculosis)
<input type="checkbox"/>	✓	Chronic Medical Condition - Underweight		2019 Mar 20	No				70440 (Tuberculosis)
<input type="checkbox"/>	✓	Exposure Risk - Group Living Setting (Specify)		2019 Mar 20	No				70440 (Tuberculosis)
<input type="checkbox"/>	✓	Exposure Risk - Housing - Homelessness/...		2019 Mar 20	No				70440 (Tuberculosis)

Total: 17

1 2 > >>

1 10 > >>

ALL

Risk Factors

Buttons: Add, 6, Save, Reset, log, Print, Help, Add

Row Actions: Update, View, Delete, Set Response, Set Pertinent

	Preset	Risk Factor	Additional Information	Reported Date	Respon...	Frequ...	Date Range	End Date Reason	Pertinent to Investigation
<input checked="" type="checkbox"/>		Chronic Medical Condition - Diabetes Mellitus (*)		2019 Mar 20	Yes			4	70440 (Tuberculosis) 70680 (Tuberculosis)

This modified record will be recorded in the database when the page is saved.

Risk Factors can be pertinent to more than 1 investigation

Note: You can only end date or add details for one RF at a time. There are some Risk Factors that require you add 'Additional Information' in order to save it in the table

End-Dating Risk Factors and Adding Risk Factor Details:

You can add details to a client RF such as *Start/End Date, End Date, Reason and Frequency*.

Ensure your **Subject/Client** and **Investigation** is in context:

LHN > Subject > **Risk Factors**

1. Scroll down to the bottom right corner of the RF table. Using the dropdown, select **ALL**, so all available RF are visible on the table.
2. Select the Risk Factor you wish to enter additional details to using the check box ☒.
3. At the top of the table, select the **UPDATE** row action button.
4. The RF information will populate in a separate modal. Set the *Response field* to **Yes**. Reported date will automatically set to today's date (can be changed to date of screening)
5. Update RF information such as entering *additional information, reported by, effective from, effective to, end date reason, reported by details* (if required).
6. When your entry is complete, select **APPLY** (found at the top or bottom of the modal window).
7. The information for your RF will update in the table.
8. Repeat steps 2-7 for additional blank RF you wish to update.
9. **SAVE** your work prior to exiting the RF page.

***Please note:** You can only update one risk factor at a time

Risk Factor

3

Update View Delete Set Response Set Pertinent

<input type="checkbox"/>	<input type="checkbox"/>	Preset	Risk Factor	Additional Information	Reported Date	Respon...	Freque...	Date Range	End Date Reason	Pertinent to Investigation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Chronic Medical Condition - Diabetes Mellitus (*)							
<input type="checkbox"/>	<input checked="" type="checkbox"/>		Chronic Medical Condition - Kidney Disease not requiring dialysis (*)							
<input type="checkbox"/>	<input checked="" type="checkbox"/>		Immunocompro... - Other - Specify (*)							
<input type="checkbox"/>	<input checked="" type="checkbox"/>		Immunocompro... - Transplant Candidate or Recipient - Solid Organ/Tissue (*)							
<input type="checkbox"/>	<input checked="" type="checkbox"/>		Immunocompro... - Treatment - Other - Specify (*)							
<input type="checkbox"/>	<input checked="" type="checkbox"/>		Substance Use - Other (Specify)							
<input type="checkbox"/>	<input checked="" type="checkbox"/>		Substance Use - Tobacco							

Total: 17

1

ALL 10 ALL

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Risk Factor

Update Risk Factor

Apply Reset

* Risk Factor: Chronic Medical Condition - Diabetes ... ☒ Risk Factor Pertinent to investigation in context

Additional Information:

When you respond "YES" to a Risk factor, this means "YES, this client has this particular risk factor"

* Response: 4 Yes

Frequency: Reported By: Other

Effective From: 2015/02/10 Effective To: yyyy/mm/dd End Date Reason: * Reported Date: 2019/08/22

Reported by Details: CLIENT DIAGNOSED WITH TYPE 2 DIABETES BY FAMILY PHYSICIAN AS PER CLIENT PAPER CHART IN THREE CORNERS HEALTH CENTRE.

5

6

Apply Reset

Risk Factors

Add 9 Save Reset log ?

Risk Factor

Update View Delete Set Response Set Pertinent Add

	Update	View	Delete	Set Response	Set Pertinent	Risk Factor	Additional Information	Reported Date	Respon...	Freque...	Date Range	End Date Reason	Pertinent to Investigation
7	<input type="checkbox"/>		<input checked="" type="checkbox"/>			Chronic Medical Condition - Diabetes Mellitus		2019 Aug 22	Yes		2018 Apr 01		70678 (Tuberculosis)

This modified record will be recorded in the database when the page is saved.

Can be used for RF that you end-dated from previous investigations, you can use these instructions to add in the 'YES' response.

Adding a new Risk Factor to the Table

To add a Risk Factor not already included on the table or has previously been end dated:

With your **Subject/Client** and **Investigation** in context:

LHN > Subject > **Risk Factors**

Scroll down to the bottom right corner of the RF table. Using the dropdown, select **ALL**, so all available RF are visible on the table.

* Risk Factor:

Immunocompromised - Congenital Ac... Risk Factor Pertinent to investi

imm

3

Immunocompromised - Congenital Acquired Immunodeficiency (*)

Immunocompromised - HIV (*)

Immunocompromised - Other - Specify (*)

Immunocompromised - Transplant Candidate or Recipient - Solid Organ/Tissue (*)

Immunocompromised - Treatment - Long-Term Corticosteroid Use (*)

Immunocompromised - Treatment - Other - Specify (*)

End Date Reason: * Reported Date:

1. On the top right corner of the *Risk Factor* table, select the **ADD** button. An *Add Risk Factor* modal will appear.
2. If you want to narrow the number of risk factors listed, select the *Category* field related to your Risk Factor (**CD, Immunization, STI/HIV, TB**).
3. Under the *Risk Factor* field, search and select the Risk Factor you wish to add to the table
4. The *Additional Information* field may be required depending on the RF selected
5. For *Response*, select **Yes**
6. *Frequency, Reported By, Effective From, Effective To, End date Reason*, are not required fields. Complete if known/applicable.
7. *Reported Date* populates to today's date. Can be changed to the date client was screened.
8. Select **APPLY** to add the risk factor to the table.
9. Repeat steps 1-7 to add additional Risk Factors
10. Select **SAVE** to save the entered risk factors. The risk factor table will update with your entry(ies).

If there are many RF, you may need to scroll down the table to see your updates.

Risk Factor 1 Add

Update View Delete Set Response Set Pertinent

	Preset	Risk Factor	Additional Information	Reported Date	Respon...	Freque...	Date Range	End Date Reason	Pertinent to Investigation
		Chronic Medical Condition -							

Add Risk Factor Apply Reset Print Close

Category: 2 TB * Risk Factor: 3 Immunocompromised - Treatment - O... ☒ Risk Factor Pertinent to investigation in context

*** Additional Information:**
IF THIS BOX IS NOT GREYED OUT, YOU ARE REQUIRED TO ADD ADDITIONAL INFORMATION HERE 4

*** Response:** 5 Yes **Frequency:** 6 **Reported By:** Client 6

Effective From: 2018/04/01 **Effective To:** 2018/08/01 **End Date Reason:** 7 *** Reported Date:** 2019/08/24

Reported by Details:
ADD ADDITIONAL 'REPORTED BY' DETAILS AS NEEDED HERE

8 Apply Reset

Risk Factors Add 10 Save Reset log ?

Tuberculosis 2019 Aug 22 / Date Reported - Provincial / Case - Person Under Investigation / 2019 Aug 22

Risk Factor ✓

Update View Delete Set Response Set Pertinent Add

<input type="checkbox"/>	<input type="checkbox"/>	Preset	Risk Factor	Additional Information	Reported Date	Respon...	Frequ...	Date Range	End Date Reason	Pertinent to Investigation
<input type="checkbox"/>	<input checked="" type="checkbox"/>		Chronic Medical Condition - Diabetes Mellitus (*)							
<input type="checkbox"/>	<input checked="" type="checkbox"/>		Immunocompro... - Transplant Candidate or Recipient - Solid Organ/Tissue (*)							
<input type="checkbox"/>	<input checked="" type="checkbox"/>		Immunocompro... - Treatment - Other - Specify (*)	IF THIS BOX IS NOT GREYED OUT, YOU ARE REQUIRED TO ADD ADDITIONAL INFORMATION HERE	2019 Aug 24	Yes		2018 Apr 01 - 2018 Aug 01		70678 (Tuberculosis)
<input type="checkbox"/>	<input checked="" type="checkbox"/>		Immunocompro... - Treatment - Other - Specify (*)							
<input type="checkbox"/>	<input checked="" type="checkbox"/>		Substance Use - Other (Specify)							
<input type="checkbox"/>	<input checked="" type="checkbox"/>		Substance Use - Tobacco							

Total: 18 1 ALL

Special Population - Indigenous under 19 yrs (*)		2019 Aug 24	Yes
--	--	-------------	-----

For more information, please see the [Immunization Data Entry Guide](#)

When iPHIS (the Province's previous Public Health charting system) charts were converted over to Panorama, some old Risk Factors that are no longer used, were pulled over to the client's Panorama chart.

☐ _zz iPHIS DC - AIDS

☐ _zz iPHIS DC - HIV Risk

☒ Substance Use - Other (Specify): iPHIS DC: Methadone Use || iPHIS DC: Drug Abuse

☒ Substance Use - Tobacco

iPHIS DC: Leukemia || iPHIS DC: Lymphoma

Old iPHIS Risk Factors usually have 'iPHIS DC' written in the Risk Factor

For Children under the age of 19

Similar to adding the 'Special Population: Indigenous under 19 years' Risk Factor for children in the **Immunization** module, please ensure that children who qualify for the hepatitis A vaccine have the risk factor 'Special Population: Aboriginal under 19 years' added to the TB risk factor table as well.

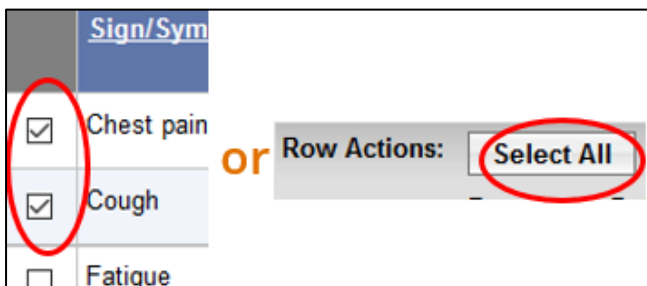
Risk Factors from iPHIS Transfer:

Some client charts may have old iPHIS risk factors on the table when you open their risk factor page. These risk factors were brought over from iPHIS and are no longer used.

*Please see examples of old iPHIS RF on the left hand column.

If you encounter any of these risk factors, please ignore. If you see 'iPHIS DC' within the client RF, DO NOT CHANGE the response

Signs & Symptoms



The Signs and Symptoms page in Panorama is displayed as the old 'Classic' version of Panorama

*All S&Sx in the table needs to have a documented response. ie. Do not leave blank. When you create a TB investigation for a client, a table of S&Sx recommended for the investigation appears.


Updating the Sign and Symptoms Table

With your **Client** and **Investigation** in context:

LHN > Investigation > **Signs & Symptoms**

Scroll down to the table containing the pre-populated list of signs and symptoms (S&Sx).

1. Select one or more S&Sx using the checkbox ☐ on the left hand column of the table
2. Alternately, you can press the **SELECT ALL** button above the table, under *Row Actions* to select all S&Sx listed in the table.
3. The *Present* field on the top right portion of the table, can be selected to the following options:
 - a. *Asked but unknown*
 - b. *Data not present (back data entry)*
 - c. *Declined to answer*
 - d. *Entered in error*
 - e. *No*
 - f. *Not Assessed*
 - g. *Yes*
4. Enter an **Onset Date** if applicable (*see [Adding Additional Information to Signs and Symptoms](#))
5. Select **APPLY UPDATE**
6. The response(s) will populate in the table below, under the *Present* column
7. Once all S&Sx have been entered, **SAVE** your work





or

To add an onset date to S&Sx:

1. Select the S&Sx you wish to add an onset date to using the checkboxes ☐ on the left hand column of the table

Onset Date:

yyyy mm 

Duration 

2018 July

S	M	T	W	T	F	S
	2	3	4	5	6	7
	9	10	11	12	13	14
	16	17	18	19	20	21
	22	23	24	25	26	27
	29	30	31	1	2	3
						4

Type the Onset date in the fields, or use the calendar button next to the fields

Row Actions:

Reactions for Deletion:

	Sign/Symptom	Pre
<input type="checkbox"/>	Chest pain	No
<input checked="" type="checkbox"/>	Cough	No
<input type="checkbox"/>	Fatigue	No

1

2. Along to top of the table, enter the *Onset Date* by either typing in the fields or using the calendar button next to the fields.
3. Select **APPLY UPDATE**. The onset date will populate to the corresponding S&Sx in the table below.
4. **SAVE** your updates

To add a recovery date to S&Sx:

1. Select the S&Sx you wish to add an end date to using the checkboxes ☒. You can only enter a recovery date one S&Sx at a time.
2. At the top of the table, next to Row Actions, select **UPDATE**
3. The S&Sx information will populate to the top of the page, above the table where you can update and enter the recovery date.
4. When your entry is complete, select **APPLY UPDATE**. The information for your S&Sx will update in the S&Sx table below. **SAVE** you work

Sign or Symptom

* Required field

Sign or Symptom: Cough

Preset: Yes

Onset: No

* Present: Yes

 Onset Date/Time: 2018 / 4 / 1 00 : 00 : PDT Estimated: ☐

 Recovery Date/Time: 2018 / 7 / 1 00 : 00 : PDT Estimated: ☐

Duration: 0 Days + 0 Hours + 0 Minutes (Duration = Recovery Date/Time - Onset Date/Time)

Reported By: Client

Ensure all responses are completed for the Signs and Symptoms table

3

4

Row Actions: [Select All](#) [Update](#) [Set Onset](#) [Clear Onset](#)

Reason for Deletion: [Delete](#) Present: Onset Date: [Apply Update](#)

	Sign/Symptom	Present	Onset Date/Time	Recovery Date/Time	Duration	Reported By	Details Exist
<input type="checkbox"/>	Chest pain	No					No
<input type="checkbox"/>	Cough	Yes	2018 Apr 1 00:00 PDT	2018 Jul 1 00:00 PDT	91 d 0 h 0 m	Client	No
<input type="checkbox"/>	Fatigue	No					No



Adding Symptom Details:

Once you entered a response for a S&Sx, you can add description details.

1. In the S&Sx table, under the *Details Exist* column, select the [No](#) hyperlink corresponding to the S&Sx you wish to add details to
2. The *Observation Details* section will appear below the table. Complete the pertinent fields related to the symptom you selected.
 - a. *Observation Date*: Populates to today's date; can be backdated.
 - b. *Observation*: A free-text field where you can enter details/description of the symptom.
 - c. *Observation Value* and *Unit* can be completed if needed
 - d. *Observed By*: can select *Client*, *Current User* (ie. You), or *Other*. If *Other* is selected, another field will populate prompting you to type in who observed this S&Sx.
 - e. Select **ADD**. Your data will be populated in a table below. **SAVE**
3. When you return to the symptom table, the *Details Exist* hyperlink will change from [No](#) to [Yes](#). Selecting the [Yes](#) hyperlink will take you back to the observation details.
4. You can return to the S&Sx details section to add further details by repeating steps 1-3. The most recent entries will appear at the top of the table.

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Create Consent



The screenshot shows the 'Subject' menu on the left with various options. The 'Consent Directives' option is highlighted with a red circle. Below the menu, the 'Consent Directives' modal is open, showing a list of directives with a red circle around the 'Add' button.

If a previous consent is present, [end-date](#) the current consent and enter new one.

LHN > Subject > Consent Directives > **All Services**

1. Select **ADD** to add a new consent directive
2. A Consent Directive modal will appear. Complete fields:
 - a. *Directive Category* = **Service**
 - b. *Directive Sub Category* = **TB Skin Test**
 - c. *Instruction*: Select either the **Grant** or **Refuse** Radio Button
 - d. *Status* = select **Confirmed** radio button
 - e. *Effective From Date* defaults to today's date (can be back dated).
 - f. *Effective To Date*: Enter anticipated date of TST read (ie. 48-72 hours post TST give)
 - g. Choose the *Form of Consent* from the drop down list
 - h. *Consent Given By*: (three choices):
 - i. *Not Specified*
 - ii. *Related Client* – will appear as an option if the client is linked to a family member
 - iii. *Other* – Select the *Relationship Type* and use the free-text field to enter the name of the person giving consent on behalf of the client.
 - i. *Consent Given To*: - select the Name radio button. Select **CURRENT USER** button and your name will populate in the field. You can also enter the name of the provider that obtained the consent.
 - j. *Comments* can be entered if needed in the free text box.
3. Select **APPLY** and **SAVE** your consent.

Add Consent Directive 2

Apply Reset  

* Directive Category: Service * Directive Sub Category: TB Skin Test Directive Type: Service: TB Skin Test

* Instruction: ☒ Grant ☐ Refuse Reason for Refusal: Reason Description: (100 characters remaining.)

* Status: ☐ Draft ☒ Confirmed

* Effective From: 2019/08/19 To: 2019/08/21 Form of Consent: In Person

Consent Given By: ☐ Not Specified ☐ Related Client ☒ Other Client

Consent Given To: ☐ Not Specified ☒ Name Cecille TRAINER03 Current User

Comments: YOU CAN ENTER ADDITIONAL COMMENTS HERE (1962 characters remaining.)

3 Apply Reset

Q Save



A duplicate overlapping directive exists which is already inactivated. Adjust the consent details, or first adjust the dates on the existing directive so as to avoid the overlap.

End Dating old TST consents

In Panorama, you cannot have 2 consents for a TST with overlapping dates. If you run into this issue, you will need to end date one of the consents.

LHN > Subject > Consent Directives > **All Services**

1. From the *Consent Directives* page, in the table, select the checkbox ☒ next to the consent you wish to end date.
2. The Row Action buttons will become available at the top of the table. Select **UPDATE**
3. Once the consent is opened, you can add in the *Effective To Date* (ie end date)
4. **SUBMIT** and the consent will update into the table with the end date

Viewing Consents

You can review all of your client consents on the table, and filter them as needed. You can use the

expand/collapse column (2nd column) on the table to see additional consent details.

Alternately, you can select any individual consent using the checkbox ☒ and select **VIEW**. The consent details will appear in a modal.

Annotations:

- Expand/Collapse column:** The Expand/Collapse column allows you to see additional details of a consent without having to open up the consent.
- Status column:** The Status column shows if a consent is confirmed, expired.
- Active filter:** You can filter consents by Status, Instruction, Directive type, Antigen, Active using the headers along the top of the table.
- Effective dates:** Each TST must have a documented consent. Old consents should be end dated if not already done so.

	Update	View	Confirm	Expire at EOD	Discard	Copy as Draft	Document		Status Filter	Instruction Filter	Directive Type Filter	Antigen Filter	Active Filter On	Effective From	Effective To
<input checked="" type="checkbox"/>								Confirmed	Grant	Service: TB Skin Test			Active	2019 Aug 22	2019 Aug 23
<input type="checkbox"/>								Confirmed	Grant	Service: Immunization		Varicella	Active	2019 May 24	
<input type="checkbox"/>								Confirmed	Grant	Service: Immunization		Pneumo-C	Active	2019 May 24	
<input type="checkbox"/>								Confirmed	Grant	Service: Immunization		Rubella	Active	2019 May 24	
<input type="checkbox"/>								Confirmed	Grant	Service: Immunization		Mumps	Active	2019 May 24	
<input type="checkbox"/>								Confirmed	Grant	Service: Immunization		Measles	Active	2019 May 24	
<input type="checkbox"/>								Confirmed	Grant	Service: Immunization		Men-C-C	Active	2019 May 24	

Update TB History Summary

▼ Investigation

Subject Summary

Investigation Summary

▶ Investigation Details

▶ Lab

Encounter Details

Signs & Symptoms

Complications

Outcomes

Basic Assessment

Medical History

Incubation &
Communicability

▼ Treatment & Interventions

Treatment Profile

Intervention Summary

TB Skin Test Summary

If selecting **None** or **Unknown** for *Previous Diagnosis*, or *Previous Treatment*, enter date of client TB screen. You will not be able to save your entry without a date entered.

If *Previous BCG Vaccine* is selected **Yes**, a date must be entered. If only year of BCG known, enter the month the client was born.

*Please note the TB History Summary Page is displayed as the old 'Classic' version of Panorama

Before entering the client TST, first review and update your client's TB history summary.

LHN > Investigation > Treatment & Interventions > **TB Skin Test Summary**

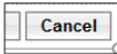
1. Scroll down to the *TB History Summary* section of the page. Select **UPDATE**
2. The *TB History Details* page opens where you can review and update client information:
 - a. *Previous TB Test*: Can select **Negative, None, Positive, or Unknown** from the drop down menu
 - b. *Source*: Source where you received the previous TB test information from. Choose **Client** or **Other**
 - c. *Previous Test Date*: Enter date the last TST was given. If Full Date is not known, you can use the radio (○) button to enter a *Partial Date* (year/month)
 - d. *Previous Test Country*: Use the drop down to select the Country where client received her last TST
 - e. *Previous Diagnosis*: Select **Active TB, Latent TB, None, or Unknown**. Enter the *Previous Diagnosis Date* (Full or Partial Date)
 - f. *Previous Treatment*: Select **Active TB, None, Prophylaxis Complete, Prophylaxis Incomplete, Prophylaxis Unknown, Unknown Treatment, or Untreated**. Enter the *Previous Treatment Date* (Full or Partial)
 - g. *Previous BCG Vaccine*: Select **No, Unknown, or Yes**. Enter the *BCG Vaccine Date* (Full or Partial Date).
 - h. *BCG Vaccine Country*: Enter the country where client received BCG vaccine
 - i. *BCG scar visible*: Enter your assessment of client's BCG scar. Select **No, Unknown, or Yes**
 - j. *Client Age at Last BCG*: Enter age of client when they received BCG (in years) if applicable/known.
 - k. There is a free text field under *TB History Comments* where you can add additional information such as any changed or updated fields you have updated, or any relevant comments regarding TB History. Select **ADD** after adding additional comments to put into the comment table.
 - l. **SAVE** your work.

m. Select **CANCEL** to take you back to the *TB History Details* page **OR**

LHN > Investigation > Treatment & Interventions > **TB Skin Test Summary**

Communities

- ▼ Treatment & Interventions
 - Treatment Profile
 - Intervention Summary
 - TB Skin Test Summary**

Or 

Will take you back to the TB Skin Test Summary Page

TB History Summary Hide TB History Summary

Previous Diagnosis: - Previous TB Test: -

Previous Treatment: - Previous BCG Vaccine: -

2. (a-k)

TB History Details Hide TB History Details

Previous TB Test: Previous Test Date: Use Full Date: / /

Source: Use Partial Date: /

Previous Test Country:

Previous Diagnosis: Previous Diagnosis Date: Use Full Date: / /

Use Partial Date: /

Previous Treatment: Previous Treatment Date: Use Full Date: / /

Use Partial Date: /

Previous BCG Vaccine: BCG Vaccine Date: Use Full Date: / /

Use Partial Date: ☒ /

BCG Vaccine Country:

BCG Scar Visible: Client Age at Last BCG: Years

TB History Comments

As per health centre clinic chart

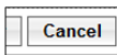
(3967 characters remaining)

2. (l)

Complete/update the TB History Details section as much as possible

Communities

- ▼ Treatment & Interventions
 - Treatment Profile
 - Intervention Summary
 - TB Skin Test Summary**

Or 

Will take you back to the TB Skin Test Summary Page

TB History Summary
⬆ Hide TB History Summary

Update

Previous Diagnosis: None

Previous Treatment: None

Previous TB Test: Negative

Previous BCG Vaccine: Yes

The information you saved in the TB History Details Page will update the TB History Summary

BCG History from iPHIS

In many client charts transferred from iPHIS, their BCG history has been placed in the *TB History Comments* section. If you see this information in the comments section, transfer the information to the *TB History Details* section

Date	Comments	Recorded By
2016 Mar 11	iPHIS DC - BCG Profile Previous BCG: YES Year of Previous BCG: 1969 BCG Country: BCG Scar: YES BCG Comments:	DATACONVERSION SYSS BCY
2016 Mar 11	iPHIS DC - Skin Test Profile Has Client ever had TB: NO	DATACONVERSION SYSS BCY

Previous iPHIS records show that this client had a BCG done in 1969, and BCG scar is visible. Transfer this information to the Details section

Previous BCG Vaccine: Yes

BCG Vaccine Country: Canada

BCG Scar Visible: Yes

BCG Vaccine Date:

Use Full Date: ☐

Use Partial Date: ☒

yyyy

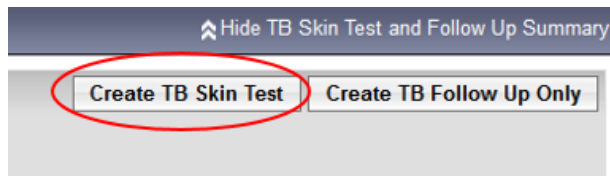
/

mm

Client Age at Last BCG: 4 Years

Since there is no month/day, use January for the partial date

Create TB Skin Test



Hide TB Skin Test and Follow Up Summary

Create TB Skin Test Create TB Follow Up Only

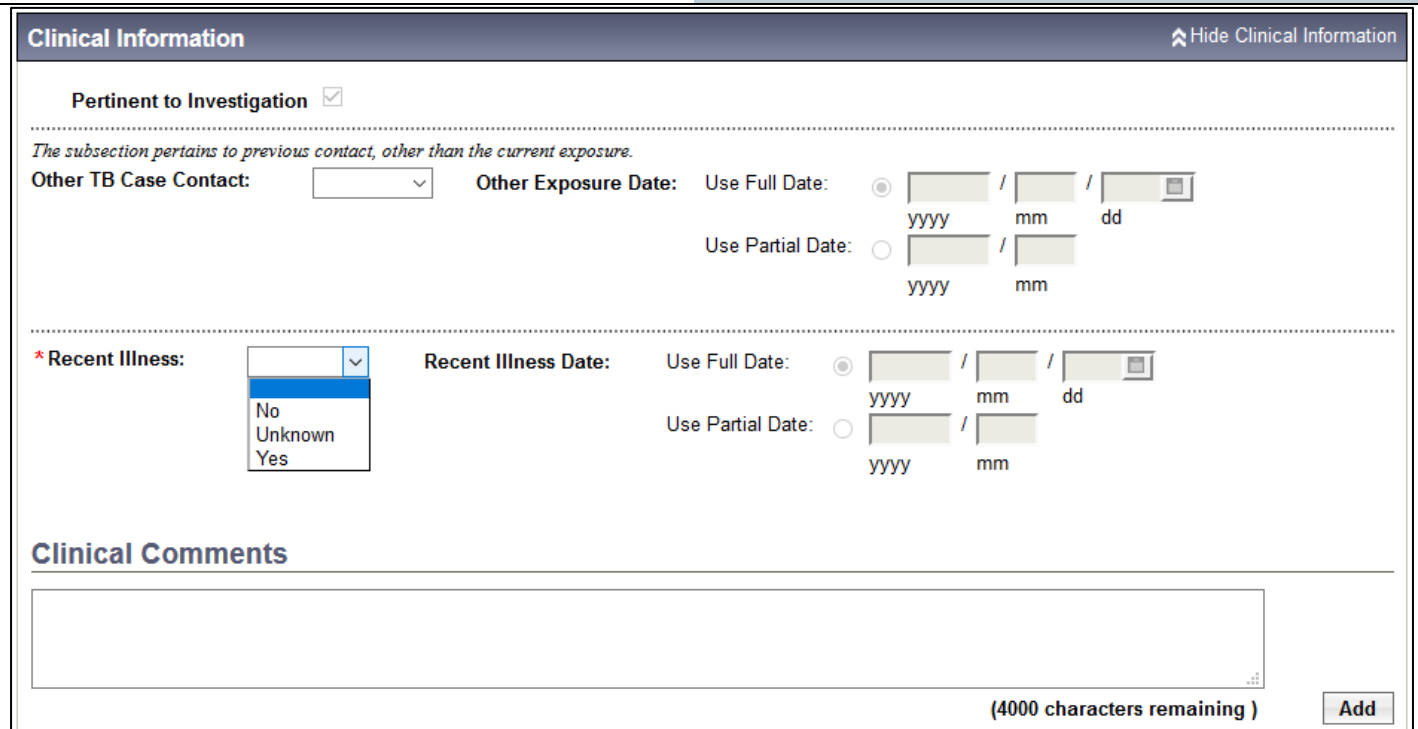
TB Skin Test – GIVE

With your **Client** and **Investigation** in context:

LHN > Investigation > Treatment and interventions > **TB Skin test Summary**

From the *TB History Details* page, select **CREATE TB SKIN TEST** from the *TB Skin Test and Follow Up Summary* section. For *Encounter Group*, select **Tuberculosis Disease Investigation** from the dropdown menu

1. In the *Clinical Information* section:
 - a. *Other TB Case Contact* – select from dropdown menu **No, Unknown, or Yes**.
 - b. *Recent Illness* – choose from **No, Unknown, Yes**. Enter date if **Yes** is selected.
 - c. Enter *Clinical Comments* in the free text field if applicable. Select **ADD** if comments are entered.



Clinical Information Hide Clinical Information

Pertinent to Investigation ☒

The subsection pertains to previous contact, other than the current exposure.

Other TB Case Contact: Other Exposure Date: Use Full Date: ☐ / /
 yyyy mm dd
 Use Partial Date: ☐ /
 yyyy mm

* Recent Illness: Recent Illness Date: Use Full Date: ☐ / /
 No
 Unknown
 Yes
 yyyy mm
 Use Partial Date: ☐ /
 yyyy mm

Clinical Comments

(4000 characters remaining) Add

2. Test Given Details section:

- a. Select the *Historical* checkbox ☒ if entering a TST give done by another agency/clinic (See [Entering a Historical TST entry](#) section)

When searching for provider, providers are listed by **Lastname, Firstname, Designation - Community/Clinic**

Start typing the last name of the Provider. Match the match with the keyboard or mouse.

Name of Provider:

Macalino, Cecille, Nurse - Registered, FNHA Health Protection Office, West Vancouver

☒ Use Other Provider:

- Select *Reason for Testing* from the drop-down list (codes as per BCCDC TB screening form)
- Organization* and *Location/SDL* will default to your Organization (can be changed using **FIND** and **SELECT**)
- Given by* – either **FIND** and **SELECT** yourself or another provider as the *Provider*. Providers are listed last name, first name, designation. If the name is not listed in the provider list, use the radio button (○) in the *Other Provider* area and enter the provider name in the free text field.

If you select Use *Other Provider*, please type the provider name by:

LASTNAME, Firstname, Designation (See example on left)

Eg. HARPER, Frank, RN

Test Given Details
Hide Test Given Details

Historical ☐
Reason for Test: 11 BC First Nations TB Services

* Organization:
To specify an Organization first click on the 'Find' button. Then search, or type the name of the Organization you wish to specify, select it and click on 'Select' button. Then click 'Close' to close.
Organization: Panorama > BC/Yukon > BC > Aboriginal Health Organizations > [Iskut]
Find

* Location:
To specify a Service Delivery Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location you wish to specify, select it and click on 'Select' button. Then click 'Close' to close.
Service Delivery Location: Panorama > BC/Yukon > BC > Aboriginal Health Organizations > Iskut > Iskut Valley Health Services > [577 Iskut Valley Health Services]
Find

* Given By:
☒ Use this Provider:
Click Find to select a provider:
Provider: Macalino, Cecille, Nurse - Registered, FNHA Health Protection Office, West Vancouver
Find
Please select among the 2 available search methods; Search or Type.
Close

Type
Search

Start typing the last name of the Provider. Matches will begin to appear below.
Select the match with the keyboard or mouse.
Name of Provider: Macalino, Cecille, Nurse - Registered, F
Show Info
Select

☐ Use Other Provider:

* Date Test Given: 2019 / 08 / 22 **2.e-h**
 yyyy mm dd

* TB Serum Agent: PPD ▾

* Lot Number: C5470BB - Exp. 2020 Jul 31 ▾

Display Expired and Recalled Lots ☐

Test Strength: 5 TU / 0.1 mL

Dose: 0.1 mL

Route of Administration: Intradermal Body Site: Arm - Left forearm ▾

Save **Cancel**

Commercially
 ▾ Treatment & Interventions
 Treatment Profile
 Intervention Summary
 TB Skin Test Summary

Or **Cancel**

Will take you back to the TB Skin Test Summary Page

- e. *Date Test Given* defaults to today's date – change if needed
 - f. *TB Serum Agent* - Choose **PPD**
 - g. *Choose Lot number* – Lot# details will be populated
 - h. Choose *Body Site* – **Left inner forearm, right inner forearm** or **other**
 - i. Select **SAVE**.
3. To get back to the *TB Skin Test Summary* page, you can select **CANCEL** at the top or bottom of the page, **OR**
 LHN > Investigation > Treatment & Interventions > **TB Skin Test Summary**

You will see your skin test give in the table. You can continue with the follow up/TB Skin Test **OR** read/follow up in 48-72 hours.

	Test/Follow Up ID	Date of Give/Service	Date of Read	Reaction Size (mm)	Interpreted Result	Follow Up	Pertinent Investigations
<input type="radio"/>	60,383	2018 Aug 6	-	-	-	-	70364 Tuberculosis

For more information about navigating the Investigation Module Subject Summary page, refer to the [Subject Summary](#) section of this guide

Investigation 70364 - Tuberculosis

Investigation ID: **70364** Status: OPEN Investigator: Linke

*** Interpreted Result:**

TB Follow Up

Follow Up:

Reason For Not Having

Blister (Positive)
 Entered in error
 Hypersensitivity (negative)
 Negative
 Not Read
 Positive
 Unknown

TB Skin Test – READ

To return to your TB Skin Test, have your **Subject/Client** and **Investigation** in context:

LHN > Investigation > Treatments & Interventions > **TB Skin Test Summary**

1. In the *TB Skin Test and Follow Up Summary* section, use the radio button (☐) to select your TB Skin Test from the table and select **VIEW/UPDATE**.
2. Scroll down to the *Test Read Details* section
 - a. Enter *Date Test Read*
 - b. *Organization* and *Location/SDL* will default to your Organization (can be changed)
 - c. *Read by* – either **FIND** yourself or another provider as the *Provider* or enter information in the *Other Provider* area
 - d. Choose *Interpreted Result* from the choices in the drop down list (*see picture on left)
 - e. Enter *Reaction Size* in mm

Test Read Details

Hide Test Read Details

Date Test Read:

2019 / 08 / 01

2.a

yyyy mm dd

Clear

* Organization:

To specify an Organization first click on the 'Find' button. Then search, or type the name of the Organization you wish to specify, select it and click on 'Select' button. Then click 'Close' to close.

Organization: Panorama > BC/Yukon > BC > Aboriginal Health Organizations > [Three Corners Health Services Society]

Find

2.b

Clear

* Location:

To specify a Service Delivery Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location you wish to specify, select it and click on 'Select' button. Then click 'Close' to close.

Service Delivery Location: Panorama > BC/Yukon > BC > Aboriginal Health Organizations > Three Corners Health Services Society > Sugar Cane Health Station > [Sugar Cane Health Station]

Find

Clear

* Read By:

☒ Use this Provider:

Click Find to select a provider:

2.c

Provider: Macalino, Cecille, Nurse - Registered, FNHA Health Protection Office, West Vancouver

Find

Please select among the 2 available search methods; Search or Type.

Type

Search

Start typing the last name of the Provider. Matches will begin to appear below.
Select the match with the keyboard or mouse.

Name of Provider:

Macalino, Cecille, Nurse - Regi

Show Info

Select

☐ Use Other Provider:

2.d

* Interpreted Result:

Negative

Reaction Size:

0

mm

2.e

Follow Up:

Reason For Not Having Chest X-ray:

Follow Up Details:

Save

CXR
CXR & IGRA
CXR & Sputum
CXR, IGRA & Sputum
IGRA
IGRA & Sputum
No Follow Up Required
Repeat skin test
See Follow Up Details
Sputum

3. TB Follow Up section:

a. Follow Up: Select from the drop down list

b. Under the Follow Up Details, there is a free text field where you can add details such as:

- Requisition given and client sent to ABC clinic for CXR
- Client given sputum containers and instructions given for collection

4. Select **SAVE**. Notify the **FNHA TB Services** team FNHATB@fnha.ca if you have:

a. Sent a client for CXR and/or sputum collection

b. If they are a contact to a current known TB case

Dec 2018, Updated August 2019

panorama@fnha.ca

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- c. If they require medical review (eg. Special medication start, treatment centre requirement).

TB Follow Up

[Hide TB Follow Up](#)
Follow Up: Reason For Not Having Chest X-ray:

Follow Up Details:

Client was given CXR requisition and sent to ABC clinic for x-rays. FNHA TB services email notification sent

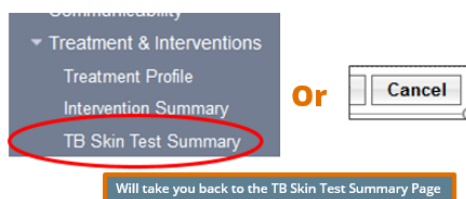
(3891 characters remaining)

Save

Clear

View TB Test Outcome Report

Cancel



Go back to the *TB Test Summary* page (by selecting **CANCEL OR**

LHN > Investigation > Treatment & Interventions > **TB Skin Test Summary**

You will see your completed TB Skin Test in the table

	Test/Follow Up ID	Date of Give/Service	Date of Read	Reaction Size (mm)	Interpreted Result	Follow Up	Pertinent Investigations
<input type="radio"/>	60,383	2018 Aug 6	2018 Aug 8	18.0	Positive	CXR	<u>70364 Tuberculosis</u>

Tells you this particular TB skin test is associated with an investigation

Client No Show for TB Skin Test Read

If your client does not attend the TB skin test read appointment, you can document as follows:

1. Complete steps **1-2c** in the [TB Skin Test Read](#) section of this guide
2. For *Interpreted Result*, select **Not Read** from the drop down menu
3. *TB Follow Up* section: select **Repeat Skin Test** in the *Follow Up* field. Enter notes in the *Follow Up Details* field as needed.
4. **SAVE** your work. When you go back to the TB Test Summary page you will see your no show appointment in the table

* Interpreted Result:

Follow Up:

	Test/Follow Up ID	Date of Give/Service	Date of Read	Reaction Size (mm)	Interpreted Result	Follow Up	Pertinent Investigations
<input type="radio"/>	60,383	2018 Aug 6	2018 Aug 8	-	Not Read	Repeat skin test	<u>70364 Tuberculosis</u>

Notify FNHA TB Services by phone or email FNHATB@fnha.ca if client follow up is needed. AT THIS POINT YOU WILL WAIT TO GET X-ray RESULTS/ RECOMMENDATIONS. You will be contacted by FNHA TB Services if further information is required or if there are physician recommendations from BCCDC.

Send

From ▾ Cecille.Macalino@fnha.ca

To... ☐ FNHA TB

Cc...

Bcc...

Subject Client ID: 123456, Investigation ID: 24680, Splatsin Health Centre, TB screening: 06 Entry for Treatment

Hi TB Team,

This client was screened and was sent to ABC Clinic in Vernon for CXR.

Sincerely,

Ima Nurse, RN
 Splatsin Health Centre
 250-555-1234

Please Note: Historical entries are meant to be used for TST entries where information about the client TST is unknown or incomplete. Vaccinations given by Panorama users should not be entered as historic immunizations.

Test Given Details

Historical ☒

Reason for Test:

Entering a Historical TST

Historical TST entries are meant to be used when information about a client TST is unknown (ie. Unknown lot number, site, route, provider, organization, SDL). Two examples where a TST may need to be entered as historic:

1. Transfer of a TST entry from a paper chart into Panorama and the provider, lot number, site, or route is not known.
2. Client has record of TST given from outside of the province and the provider, lot number, site, or route is not known.

To enter a historical TST in Panorama you will need to check off the checkbox ☒ next to historical in the [Test Given Details](#) section.

Encounters

Encounters can be automatically, or manually created.

Eg. You can create a manual encounter to document a phone call or visit regarding immunization that did not include administration of a TB Skin Test.

An encounter represents a point of service between a client and healthcare provider for any type of service (eg. Clinic visit, home visit, telephone consult, etc).

Automatic Encounters

Panorama automatically creates an encounter for:

- Administered Immunizations
- AEFI (Adverse Event Following Immunization)
- Special Considerations
- Entry of Lab Results/Diagnostic Imaging Results
- Entry of TST
- Interventions

Manual Encounters

Users can manually create encounters for the following:

- Clinic/ Home/ Outreach/ Street/ Workplace visits
- Telephone assessments with the client/guardian
- Case conferences – Contact between multiple healthcare providers about a specific client
- Counselling/education, provision of care, medication administration/ management, screening, etc.

Create Encounter

Creating a Manual Encounter

With your **Subject/Client** and **Investigation** in context:

LHN > Investigation > **Subject Summary**

1. You will be taken to the *Subject Summary* page.
Choose **CREATE ENCOUNTER** from the associated TB Investigation.

Investigation 70364 - Tuberculosis

Each TB Investigation has an associated Investigation ID number

Investigation ID: [70364](#) Status: OPEN Investigator: Linked Outbreaks: - Report Date (Sent): - Report Date (Received): June 27, 2017

Disease	Causative Agent	Further Differentiation	Authority / Classification Classif. Date (✓ Primary Classification, Δ Set by Case Def)	Site(s)	Sta
Tuberculosis	-	-	<div> <div>✓</div> <div>Encounters for the Investigation are found just below the Investigation ID hyperlink</div> </div>	person	2017 Jun 27

Investigation 70364 Encounters

0 encounter(s) total

Click Encounter Date for encounter

Move Selected Encounter(s) To:

Investigation:70364 Non-Episode Encounters ▼

Move

To create a new encounter for this particular TB investigation, select here

Non-Episode Encounters

Create Encounter

Encounter Date	Encounter Type	Encounter Reasons	Organization	Location
----------------	----------------	-------------------	--------------	----------

* **Encounter Type:**

Encounter Reason:

Available Encounter Reasons:

- Clinic visit
- Entered in error
- External Provider
- Home visit
- Hospital visit
- Lab
- Other - communication with client
- Other - communication with HCP/agency
- Outreach/street visit
- Phone - communication with client
- Phone - communication with HCP/agency
- TB Skin Test Give
- TB Skin Test Read
- Worksite visit

* **Responsible Org:**

To specify an Organization

Add >

< Remove

Note: Do not use encounter reasons that are labeled **(YK Only)**. Those are only to be used by Yukon Panorama users.

- The *Create Encounter Details* page appears. Complete the fields:
 - Encounter Date:* The date will default to today's date. This can be backdated
 - Enter the *Duration (minutes)*: This field is optional
 - Choose *Encounter Type* from drop-down menu. See photo on left for options for the Encounter Type
- Encounter reasons:* Depending on the encounter type you select, the options for the encounter reasons will vary. You can select and **ADD/REMOVE** encounter reasons as needed.
- Ensure *Responsible Organization* and *Location* (SDL) are correct.
- SAVE** your work

Encounter Group: Tuberculosis Disease Investigation

* **Encounter Date:** 2018 / 08 / 15
yyyy mm dd

Duration (minutes):

* **Encounter Type:** Clinic visit

Encounter Reasons: Hold Ctrl and then click to select multiple items.

Available Encounter Reasons:

- Screen - self-referral, symptoms (10a)
- Screen - volunteer, all other except preschool (09b)
- Screen - volunteer, preschool (09a)
- Testing - IGRA
- Testing - Sputum collection
- Testing - blood work

Selected Encounter Reasons:

- Screen - TB Services for aboriginal community (TBSAC)(11)

* **Responsible Organization:** Three Corners Health Services

To specify an Organization first click on the 'Find' button. Then search, or type the name of the Organization you wish to specify, select it and click on 'Select' button. Then click 'Close' to close.

Organization: Panorama > BC/Yukon > BC > Aboriginal Health Organizations > [Three Corners Health Services] **Find**

* **Location:** Sugar Cane Health Station

To specify a Service Delivery Location first click on the 'Find' button. Then search, or type the name of the Service Delivery Location you wish to specify, select it and click on 'Select' button. Then click 'Close' to close.

Service Delivery Location: Panorama > BC/Yukon > BC > Aboriginal Health Organizations > Three Corners Health Services > Sugar Cane Health Station > [454 Sugar Cane Health Station] **Find**

Save **Clear**

You will receive an "Encounter successfully saved" message on the top of the page. The encounter page will refresh and will allow you to add notes (Please see [Notes](#) section).

Encounter successfully saved.

When you return to the *Subject Summary* Page, you will now see your created encounter on the table.

Investigation 70364 Encounters



1 encounter(s) total

Click Encounter Date for encounter details

Move Selected Encounter(s) To:

Investigation:70364 Non-Episode Encounters

Move

Encounters will appear in a table in the Subject Summary page. You can select the encounter date hyperlink to see more details

Non-Episode Encounters

Create Encounter

	Encounter Date	Encounter Type	Encounter Reasons	Organization	Location
<input type="checkbox"/>	2017 Aug 10	Clinic visit	Screen - TB Services for aboriginal community (TBSAC)(11)	Three Corners Health Services	Sugar Cane Health Station

	Encounter Date	Encounter Type
<input type="checkbox"/>	2018 Jul 17	Adminis Immuni
<input type="checkbox"/>	2018 Jul 13	Adminis Immuni
<input type="checkbox"/>	2018 Jan 07	Adminis Immuni

Viewing Encounters

The *Subject Summary* screen lists all Investigations and Encounters that have been recorded for a client under the various Encounter Groups.

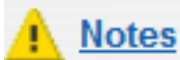
With your client in context:

LHN > Investigation > **Subject Summary**

Scroll down to the Investigation and encounter you wish to open. Select the [hyperlinked](#) encounter date of the encounter you wish to open

Notes

You can quickly see and access client notes by checking if a *Notes* hyperlink exists on the top left hand corner of the client banner. When selected, this will take you to the *Clinical Notes* screen. For more information, please refer to the [Core Data Entry Guide](#)



It is very important users are aware which 'level' is in context when a note is created to ensure encounter group protection is maintained. Diligence in attaching Clinical Notes to the appropriate level will help facilitate having the clinical data available to the clinician in a consistent way.

Note Levels

Client/Subject Note

Visible to all users

Encounter Group/Module Note (ie. Investigation/STI)

Visible to users who have access to the module/encounter group

Encounter Note

Visible to users who have access to the module/encounter group

Notes can be created at the **Client/Subject or Investigation** level (eg. A Note needs to be created with both the Client and Investigation in context to associate (ie. Attach) that note with the investigation rather than at the general client level). Notes are visible to users based on their roles and permissions (eg. A user who does not have access to Investigations module will not see any notes associated to Investigations or Outbreaks).

Viewing Clinical Notes

1. If clinical notes exist for your client and with your client in context:

LHN > **Notes**

Or

Select the **Notes** hyperlink on the top left corner of the client banner

2. The Clinical Notes Page will load and show a table of all clinical notes for the client

You can select the **VIEW ALL NOTES IN TABLE** button in the *Row Actions*. All notes will appear starting with the most recent notes first

Or

To open a specific note, select the hyperlink with the note date/time. The note will appear below the table

Row Actions: View All Notes in Table, Update Note, View Note Corrections, Delete Note, Author Note, Transcribe Note

Move selected note to: [Dropdown]

Move Note: [Button]

Note Date/Time	Note Type	Subject Line	Author	Attached To	Status	Corrected
2017 Sep 9	Nurse	2-Month well baby visit	TRAINER03, Cecille	Enc 2017 Sep 9	Complete	
2017 Jul 25	Nurse	Postpartum Home Visit	TRAINER03, Cecille	Client 2456377	Complete	<input checked="" type="checkbox"/>
2017 Jul 20	Nurse	Phone Call from Mom - Breastfeeding Question	TRAINER03, Cecille	Client 2456377	Complete	

Total: 3 **Page 1 of 1** **Jump to page:** [Input]

Callouts:

- Select to see all notes listed in the table (most recent note will appear first)
- Select here to author a new note
- Select a radio button (O) then update note to edit the note (can only do this if you are the original author of the note)
- Select the hyperlink if you would like to view an individual note
- Shows you if a note has been updated/ corrected from the original note
- Shows you if the note is attached to an encounter, investigation, or a general client note

	Encounter Date ▲	Encoun
<input type="checkbox"/>	2018 Jul 17	Adminis Immuni;
<input type="checkbox"/>	2018 Jul 13	Adminis Immuni;

Author Note

Viewing Note Corrections

*Please see the [Core Guide](#) for details

Creating a Client Level Note

*Please see the [Core Guide](#) for details

Adding a Note to an Encounter

You can add a note to an existing encounter. With your client in context:

LHN > Investigation > **Subject Summary**

1. Encounters will be listed in a table.
2. Choose the hyperlink date of the encounter you wish to add a note to. You will be taken to the *Encounter Details* page.
3. Scroll down to the Notes section of the page. Select, **AUTHOR NOTE**
4. Enter your note and select **NOTE COMPLETE** to save

Note is being created for Investigation ID 70364, Encounter 2017 Aug 10

Shows you if a note is created under the client, Investigation, or encounter

Note ID: -

Status: -

* Required Field

Author: TRAINER03, Cecille

Role: BCY System-Support

* Subject:

TB - Community TB Screening

Structured using the Subject Line standard (See *How to Structure Your Notes* section)

* Note Date:

2018 / 08 / 10
yyyy mm dd

Note Time: :PST
hh mm

Note Type:

Nurse

Common Phrases:

TB_Intake_Note_part2

Add to Note

* Note:

Normal Arial 7pt b i u

You can format your note (font, text size) with the tool bar

Client in for TB screening. TST measured at 15mm. Discussed with client TST results. Client states no symptoms, no risk factors noted. Client sent to ABC Clinic for CXR. Requisition given. Email notification to FNHA TB Services sent.

Free-text box to enter note. Users can cut and paste notes from other documents (i.e., Word document, Notepad); however, to prevent error messages, users must insert a space or return at the beginning of the note content pasted into this field

Select to save your note

Save as Draft

Note Complete

Clear

Cancel

Attaching Clinical Notes to the appropriate level will help facilitate having the clinical data available to the clinician in a consistent way. Standard note structures will also organize notes that will allow clinicians across all authorities to communicate consistently.

Panorama Module	Available Encounter Groups	Subject Line's Required Prefix
IMMUNIZATION	Immunization	IMM
FAMILY HEALTH	Family Health	FH
INVESTIGATIONS	Tuberculosis Disease Investigation	TB
	Communicable Disease Investigation, excluding TB and STI	CD

Manual Warnings:

Author:	TRAINER03, Cecille
* Subject:	Safety Concern for Staff
	2019 / 08 / 24

Late Entries:

* Note Date:	2019 / 08 / 24
	yyyy mm dd
Note Type:	
Common Phrases:	
* Note:	
	<div> <div>T Normal</div> <div>T Arial</div> <div>7pt</div> <div>b</div> <div>i</div> <div>u</div> <div>≡</div> </div>
	Late Entry - client seen August 23/19

Uploading a document into client notes

** Please see the [Advanced Checklist-Uploading a document into Panorama](#)

How to Structure Your Notes:

Note Subject Line

Enter the note subject line in the following standard:

[Encounter Group Prefix] – [Note Description]

Eg. **FH** – Breastfeeding visit with mom and baby

Eg. **IMM** – 6-Month Immunization

Eg. **TB** – Annual Community TB screening

Manual Warnings

If entering a manual warning, the associated note subject line should use the same wording. See **Warnings and Alerts** section in the [Panorama Core Guide](#)

Eg. *Safety Concern for Staff* as the subject line

Late Entries

Start the body of the note with “Late Entry” and the actual date and time the service/visit was provided

Closing Investigations

If you are unsure if you should be closing a client Investigation, please contact FNHA TB Services fnhaTB@fnha.ca



Update

Negative TB screens with no follow-up required can be closed by the CHN. FNHA TB Services or the BCCDC will be responsible for closing all other TB Investigations.

Closing an Investigation

1. Change Disease Classification

With the **Client/Subject** and **Investigation** in context:

LHN > Investigation > Investigation Details > **Disease Summary**

- Select **UPDATE**
- You will be taken to the *Disease Even Details* page. Scroll to the table at the bottom of the page.
- Select the radio button (○) next to the classification and select **UPDATE** from *Row Actions*. The information from the selection will populate above the table where you can edit the information.
- Change the Classification field to **Case - Not a Case**
- Select **APPLY UPDATE** then **SAVE** to save your changes

*Investigation Classification

* Authority: Provincial

* Classification: Case - Not a Case

1.d

* Classification Date: 2018 / 12 / 20
yyyy mm dd

Apply Update

Clear

Row Actions:

Update

Delete

Set as Primary

Primary

Authority

Classification

Classification Date

1.c

Provincial

Case - Person Under Investigation

2018 Dec 20

1.e

Save

Reset

Cancel

Close Investigation

* 'Closed' Status Date: 2018 / 12 / 21
yyyy mm dd

Close Investigation Policies:

Close Case as per Provincial/Territorial policies.

2. Close Investigation

LHN > Investigation > Investigation Details > **Close Investigation**

- The *Close Investigation* page will open.
- The *Closed Status Date* field will populate to today's date and can be changed as needed.

Close Investigation

You are about to set the status of the investigation to 'Closed'. Do you want to close?

OK

Cancel

- c) Select **CLOSE INVESTIGATION**. You will get a warning asking are you sure you want to close. Select **OK**

You will get a confirmation that your Investigation is closed. The Investigation ID banner will also now note that the status is now set to Closed. This will also be noted when you go to the client's Subject Summary page in the Investigation Module

Reopening a Closed Case

Please contact panorama@fnha.ca

The Investigation ID banner will now note that the status is set to 'closed'

Investigation ID:

[70364](#)

Status:

CLOSED

Disposition:

Screening

Age at time of Investigation:

4

Disease:

Tuberculosis

PHAC Date/Type:

2017 Jun 27 / Date Reported

Causative Agent:

-

Authority/Classification:

Provincial / Case - Not a Case / 2017

⚠ This investigation has a status of CLOSED. Please consider this when making updates to the investigation.
Investigation successfully closed.

Tuberculosis Disease Investigation Encounter Group

✓ Contains Data

The Subject Summary page shows that this TB investigation is closed

Investigation 70364 - Tuberculosis

Investigation ID:

[70364](#)

Status:

CLOSED

Investigator:



Linked Outbreaks:

-

Report Date (Sent):

-

Report Date (Received):

June 27, 2017

Disease	Causative Agent	Further Differentiation	Authority / Classification Classif. Date (✓ Primary Classification, Δ Set by Case Def)			Si
Tuberculosis	-	-	✓	Provincial / Case - Not a Case	2017 Jun 27	-