

<b>Closing a Case Investigation - IOM WS</b>	<b>Name of Activity:</b> 1.6 Case Investigation - Closing an IOM Investigation		
	<b>Role performing Activity:</b> CDC Nurse or PHI		
	<b>Location:</b>	<b>Department:</b>	
	<b>Document Owner:</b>		
	<b>Date Prepared:</b> April 12, 2018	<b>Last Revision:</b> July 2022	<b>Date Approved:</b>

Assumptions: Client and investigation are both context. Investigation complete and documented. SEE Investigation – Updating – IOM WS

**Contact investigations may become case investigations by updating the classification.** Contact investigations may be closed once follow up is complete if the client did not become a case. Some sections below will only apply to ‘case’ investigations (TE with # of contacts, uploading contact lists)

<b>Essential Tasks:</b>	
<b>1.</b>	<p><b>LHN&gt; INVESTIGATION&gt; INVESTIGATION SUMMARY PAGE</b></p> <p>Review all summary sections on this page and compare to DCW to ensure data has been recorded.</p> <ul style="list-style-type: none"> <li>➤ Signs and symptoms - onset has been selected for all diseases EXCEPT syphilis, HIV, AIDS, CJD and Hepatitis C</li> <li>➤ Lab tests</li> <li>➤ Medications - <i>all publicly funded medications for chlamydia, gonorrhea and syphilis have been entered and align with the treatment order documented in the investigator notes.</i></li> <li>➤ Interventions (<i>all have disposition of ‘complete’, all narrative notes entered, any with a ‘next follow up date’ have been end dated</i>)</li> <li>➤ Exposures (<i>TE with total # contacts, or AE for travel related</i>)</li> <li>➤ Complications (<i>only certain diseases will have these</i>)</li> <li>➤ Outcomes - (<i>required for severe influenza and invasive disease investigations</i>)</li> <li>➤ Risk Factors – <i>all risk factors have been entered as outlined on the DCW</i></li> <li>➤ Imms history Interpretation (<i>for VPDs only</i>)</li> </ul> <p><b>On the top right corner of the DCW is a ‘Panorama QA Complete’ check box and place for initials.</b> Once all data has been recorded from the DCW into Panorama, check this box – yes and add your initials. Each office will need to determine who will perform this last check.</p> <p>Once this is completed, no further info can be documented on that worksheet. A new one would need to be started if needed.</p>
<b>2.</b>	<p><b>LHN&gt; INVESTIGATION&gt; INVESTIGATION DETAILS&gt; LINKS AND ATTACHMENTS PAGE</b></p> <ul style="list-style-type: none"> <li>➤ Ensure UDF (User Defined Form) complete, if needed (enterics)</li> <li>➤ All documents are uploaded, as required – click on ‘manage documents’ button. (alternatively – see LHN &gt; Document Mgmt) <ul style="list-style-type: none"> <li>Contact List /Worksheet</li> <li>Lab Report</li> <li>Other documents (i.e. Non standard letters, public health order, MHO narrative)</li> </ul> </li> </ul>

	<p>If documents seem to be missing that you uploaded, see Sharepoint – IOM Material folder IOM UPDATES – ‘documentation in the wrong place’.</p>
<p><b>3.</b></p>	<p><b>LHN&gt; INVESTIGATION&gt; INVESTIGATION DETAILS&gt; RESP ORGANIZATION / INVESTIGATOR PAGE</b></p> <ul style="list-style-type: none"> <li>➤ ensure all orgs that worked on investigation are recorded</li> <li>➤ ensure correct ‘primary and/or secondary’ investigator org is assigned <i>*Primary Investigator Org must align with the community in the Address at time of Infection</i></li> </ul>
<p><b>4.</b></p>	<p><b>INVESTIGATION &gt; INVESTIGATION DETAILS &gt; DISEASE SUMMARY</b>  <b>Many of the following sections are disease specific.</b></p> <ul style="list-style-type: none"> <li>➤ Click “ADD” Button <ul style="list-style-type: none"> <li>○ This will bring up the Disease Event Details page</li> </ul> </li> <li>➤ Confirm Disease origin – only relevant to origin outside of Canada</li> <li>➤ Living on reserve – DO NOT USE</li> <li>➤ Confirm Disease and Microorganism are correct – will be pre-populated.</li> <li>➤ Select Genotype from drop down list - if applicable</li> <li>➤ Select Emm type from drop down list – if applicable</li> <li>➤ Confirm (enter) site(s) –disease specific, will be blanks for some. If there are values, select the appropriate choice(s) (i.e. STIs choices include; genital, extra-genital, perinatal)</li> <li>➤ Confirm staging – if applicable</li> <li>➤ If Investigation Classification needs to be updated: <ul style="list-style-type: none"> <li>○ Scroll to bottom of the page</li> <li>○ Click on radio Button beside classification</li> <li>○ Click on “Update” Button in greyed row actions</li> <li>○ Update Classification – Select from drop down list (<i>based on case definitions in the CDC Manual – Investigations should not be closed with a Classification of “Person Under Investigation”</i>)</li> <li>○ Classification Date – change the Classification Date if required</li> <li>○ Click on “Apply Update” Button</li> <li>○ Click on “SAVE” Button</li> </ul> </li> </ul>

<p>5.</p>	<p><b>INVESTIGATION&gt;INVESTIGATION DETAILS&gt;INVESTIGATION INFORMATION</b></p> <ul style="list-style-type: none"> <li>➤ Priority – Leave Blank</li> <li>➤ <b>Update Disposition</b> from drop down list (<b>complete, incomplete</b> or <b>not required</b> based on the <a href="#">Configuration Dictionary</a>)</li> <li>➤ Select Disposition Date – date of disposition update (usually today)</li> <li>➤ <b>IMPORTANT:</b> Select <i>Client Address at the time of infection</i>.  <b>Definition: Will reflect the client’s residential address when they were diagnosed (i.e. specimen collection date or clinical diagnosis date).</b> This is the <u>physical address</u> of the whenever possible (i.e. First nation community name versus box number). If not present in the drop down, go to client demographics and add addresses as needed. May only be city and postal code if specifics are not known. Use <a href="#">Documenting Geography for CD Investigations in Panorama</a> to select the address .  <b>SEE policy <i>Address at time of the infection field</i></b></li> <li>➤ <b>Do not use DIAGNOSIS field</b> – <u>only used for AIDS Defining</u></li> <li>➤ Click on “SAVE” Button</li> <li>➤ Click on “Close investigation” Button</li> <li>➤ Click on “Close Investigation” Button again</li> <li>➤ A pop up box will appear on screen “Do you want to close?”</li> <li>➤ Click on “Ok” Button</li> </ul>
<p>6.</p>	<p><b>HOW TO RE-OPEN A CASE</b></p> <p><b>NOTE:</b> Case can be <b>re-opened</b> if needed for further follow-up, but not necessary to upload documents or enter more information</p> <p><b>INVESTIGATION&gt;INVESTIGATION DETAILS&gt;INVESTIGATION INFORMATION</b></p> <ul style="list-style-type: none"> <li>➤ Click on ‘Re-Open investigation’ button</li> <li>➤ Pop up will open to confirm you want to re-open. Click ok</li> </ul>
<p>7.</p>	<p><b>IMMUNIZATION FORECASTER</b></p> <ul style="list-style-type: none"> <li>➤ Add Risk Factors to forecast vaccines (i.e. Chronic Liver Disease – Hep C, Immunocompromised – HIV)</li> <li>➤ Consider need for Special Consideration – exemption (i.e. Hep A immune- for a new Hep C case, Live Vaccines – Immunocompromised HIV)</li> </ul> <p>See policy – <b><i>Investigator Responsibility – Entering Risk Factors/Special Considerations to affect the vaccine forecaster.</i></b></p> <p>Note: Access from Immunization Module</p>
<p>8.</p>	<p><b>If the investigation has been transferred out of Saskatchewan,</b></p> <ul style="list-style-type: none"> <li>➤ see <b><i>Referred out of Province – IOM – WS</i></b></li> </ul>