

How to Contact Your Care Team Using Noona

Applicable Products

Noona

Description

This Quick Tip describes how to contact your Care Team to ask questions about symptoms or a nonclinical issue using Noona.

Assumptions

- ★ You have been enrolled in Noona by your Care Team
- * You have been sent an invitation to Noona and you have activated your Noona account
- * You have successfully downloaded the Noona App if using a mobile device
- * Internet service is active and available to log-in to Noona
- * You can successfully login to Noona via a web browser or the Noona App on your mobile device
- * Your clinic has enabled this functionality for use



Important Note: Noona should not be used to communicate medical emergencies to your Care Team. If you have an urgent or emergency type issue, please call your clinic or follow the instructions provided to you by your Care Team regarding what to do in case of an emergency.

A. Contacting your Care Team to Ask About a Symptom:

 Within Noona, you can contact your Care Team to ask about symptoms related to your disease and/or treatment. After logging in either through a web browser or from the Noona App, proceed to the CLINIC icon and select. You may see a number attached to the icon that indicates the number of items in that inbox.



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Figure 1: Clinic icon

2) To contact your Care Team regarding a symptom, click on the ASK ABOUT SYMPTOMS button.

ASK ABOUT AS SYMPTOMS NO	SK ABOUT A NN-CLINICAL ISSUE

Figure 2: Select the ASK ABOUT SYMPTOMS button.

3) Based on your disease and/or treatment, a list of symptoms will be displayed. Select the symptom(s) you wish to report on.

Report a symptom to clinic Report a symptom to your clinic by first selecting the most suitable symptom type.
Stomach and bowel symptoms
Urinary symptoms
Get Leg swelling
Skin symptoms or itching
Sign Sexual interest and ability to get or keep an erection
(?) Other symptom
(?) Other symptom





4) If the symptom you wish to report on is not listed, click on **Other symptom** to bring up an additional field where you can include a description of the symptom you are having.

Other symptom			
Please describe your symptom by answering the fol	lowing questions.		
Enter your description in the empty field.			
When did you have this symptom?			
Today			
loudy			
Symptom is chronic (persistent long-standi	ng long-term)		
	ay, ong comp		
Mark sumptomatic dave			
Mark symptomatic days			
How would you rate the severity of your symptom	?		
Mild			
Moderate			
Severe			
If you wish, you may attach photos of the symptor	n.		
-	-		
Add p Drag and drop p	photos photos or <u>browse</u>		
your co	omputer.		
Have you used any medication to alleviate your su	mntoms?		
nave you used any medication to alleviate your sy	inproma.		
No			
Occasionally			
Daily			
CANCEL	NEXT		

Figure 4: Selecting Other symptom provides the option to enter a description of the symptom(s).



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5) A green check will appear next to the chosen selection indicating that it will be included in the report.

Stomach and b	owel symptoms
Urinary sympto	ms
Use Leg swelling	
Skin symptoms	or itching
Sexual interest	and ability to get or keep an erection
(?) Other symptom	1
Skin sympt Please describe the loc: the following questions	oms or itching ation of your skin symptom or itching and describe the symptom by answering
Skin sympt Please describe the loci the following questions	tion of your skin symptom or itching and describe the symptom by answering

Figure 5: A green check indicates the symptom has been selected.



Noona Application Quick Tip

6) Carefully read through each question. Many fields require a response when completing the questions.

Skin symptoms or itching		
Please describe the location of your skin symptom or itching and describe the symptom by answering the following questions.		
Right Left Left Right		
Please add more details about the specific location of your symptom if needed		
Rash and itch to the chest area and back.		
When did you have this symptom?		
Today		
Symptom is chronic (persistent, long-standing, long-term)		
Mark symptomatic days		

Figure 6: Read through each question and complete.

7) When selecting, the choice will be seen with either a green circle or green checkbox.

— Г	When did you have this symptom?
	Тодау
	Symptom is chronic (persistent, long-standing, long-term)
ŕ	Mark symptomatic days
	Is your skin symptom associated with any of the following?
	Rash
	Peeling or dry skin
	Blisters
	Redness
	Oszing or weeping
	V Itching
	Other, please specify.

Figure 7: Selections are seen with either green circle or green check.



Noona Application Quick Tip

8) Some symptoms allow a photo to be uploaded. You have the option to select a photo from your phone or if using a computer, click "browse" to locate a photo to upload. Within the details box, you may provide further information about the photo if necessary.

If you wish, you may attach a photo of the skin symptom. Take one photo from a distance showing the extent of the symptom area, and another from close up showing the skin area in detail.
Remove photo
Add photos
Drag and drop photos or browse
your computer.
If necessary, please give further details about the photos
Pieture of rash
Ficture of rash

Figure 8: Adding a photo.

9) After all questions have been completed, click on the NEXT button.





10) If any of the questions were missed, a pop-up will appear to instruct you to scroll up and complete those questions that were missed.





Noona Application Quick Tip

11) Scroll up to find the flagged question(s) that require a response. Select answer(s) and then scroll back down to click on the NEXT button.

Have you had a temperature over 98.6 °F / 37 °C?			
No	This question is mandatory, please answer.		
Yes			
Have you had radiation therapy in symptomatic area?			
Νο			
Yes			

Figure 11: Flagged question that was missed.

12) After you have clicked on the NEXT button, you will have the option to review the Summary. Please check that everything is correct. If necessary, edit your answers by scrolling up and making the changes.

Please check that everything is correct. If necessary,	edit your answers by scrolling up.
Information	entered by a caregiver
CANCEL	SEND TO CLINIC
Skin symptoms or itching	
Symptom location Symptom location Determined by the symptom location Determined by the symptom location Location	
Mid back , lower back, left flank, right flank , chest and back	t.
Duration 08/06/2020	
Symptoms Rash , redness, itching	
Severity of itching	

Figure 12: Review the Summary.



13) If someone other than you entered the information on your behalf, such as a family member or close friend, please select the checkbox "Information entered by a caregiver."



Figure 13: Select checkbox if information was entered by caregiver.

14) When finished, click on SEND TO CLINIC.

Symptom location			
Date when most severe			
08/06/2020			
Location			
Mid back , lower back, left flank, right flank , chest and back	κ.		
Duration			
08/06/2020			
Symptoms			
Rash , redness, itching			
Caucality of Itabian			
Severity of itching Mederate: itching ever a large area and intermittent, consteh marke visible			
Moderate: riching over a large area and intermittent, scratch marks visible.			
Temperature or fever			
No			
Received radiation therapy			
Yes			
Severity of skin symptom Moderate: problematic area covers 10-30% of the skin, possibly with itching or tenderness or interferent with social contacts or daily activities.			
Used creams to alleviate skin symptom			
No			
	-		
CANCEL	SEND TO CLINIC		

Figure 14: SEND TO CLINIC



15) A pop-up notification will inform you that your entry was sent to your Care Team.



Figure 15: Notification that entry was sent to your clinic Care Team.

16) If Noona determines that any of your reported symptoms were considered severe, you will receive a pop-up that instructs you on what to do if you are experiencing an emergency. Remember that Noona is never to be used to report any urgent or emergency type issues.

Symptom entry sent to clinic		
<u> <u>s</u></u>		
ATTENTION!		
Hello, The symptom you reported indicates that you might require immediate attention from a medical professional. If this is a medical emergency, please contact 911 or go to the nearest emergency room. If this symptom is not a life-threatening emergency, please contact the office to speak with your care team. If after hours or weekend, please contact your OSF HealthCare office to speak with an on-call doctor.		
ок		

Figure 16: Automated Message with instructions.

17) The symptom entry will also be logged in the Diary.



Figure 17: Entry in the Diary.



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B. Contacting Your Care Team to Ask About a Non-Clinical Issue:

1) You can contact your Care Team to ask about non-clinical issues as well. After logging in through a web browser or from the Noona App, proceed to the CLINIC icon and select.



2) To contact your Care Team regarding a question or issue that is not related to your treatment or a clinical issue, select ASK ABOUT A NON-CLINICAL ISSUE.

CONTACT YO	UR CARE TEAM	
DON'T USE NOONA TO MEDICAL E	COMMUNICATE ABOUT MERGENCIES.	
ASK ABOUT SYMPTOMS	ASK ABOUT A NON-CLINICAL ISSUE	-

Figure 19: Contact Care Team about a non-clinical issue.

3) Select the topic that you wish to ask about.

Select topic for the question you want to send to your clinic.				
1	Treatments			
	Other medication			
	Physiotherapy and tools			
	Cancer treatment side effects			
	Follow-up program			
,	Other issues			
	Transportation / Lodging			
	Home Life Needs			
	Communication with the Care Team			
	Communication with Family / Friends			

Figure 20: Selecting topic(s).



Noona Application Quick Tip

4) When a selection has been made within the list, a green check will appear next to the topic(s). A text box is also available to enter the details regarding the question(s) you have.

Communication with Family / Friends					
Supportive Care					
Patient Education					
Appearance / Self-Image					
Medical Records					
Preparation for a Clinic Visit					
Appointment Coordination / Schedule					
Health Insurance / Authorization / Billing					
Financial Assistance					
Anulety, Fear, Depression					
Your question					
Enter the question you want to ask from your clinic.					
Question topic *					
Supportive Care					
Question *					
Is there a list of Support Groups within our community and what times they meet?					
CANCEL 5010					

Figure 21: Make selection and enter the details in the text box.

5) After you have made the necessary selections and entered all details, click on the SEND button.

Your question				
Enter the question you want to ask from your clinic.				
Question topic *				
Supportive Care				
Question *				
Is there a list of support groups within our community for prostate cancer? What day and time does this support group meet? Who would be the contact person?				
CANCEL	SEND			

Figure 22: Send to Care Team when complete.



6) You will receive a pop-up notification that your question has been sent to your Care Team. Close the notification once you are done reviewing it.



Figure 23: Notification that your question has been sent to your Care Team.

7) The question will be available to review under Messages.

	Clinic	
	CONTACT YOUR CARE TEAM DON'T USE NOONA TO COMMUNICATE ABOUT MEDICAL EMERGENCIES.	
12	ASK ABOUT SYMPTOMS ASK ABOUT A NON-CLINICAL ISSUE	
Messages		
FRI 8/21 CARE TEAM Supportive Care		•

Figure 24: Question seen under Messages.