

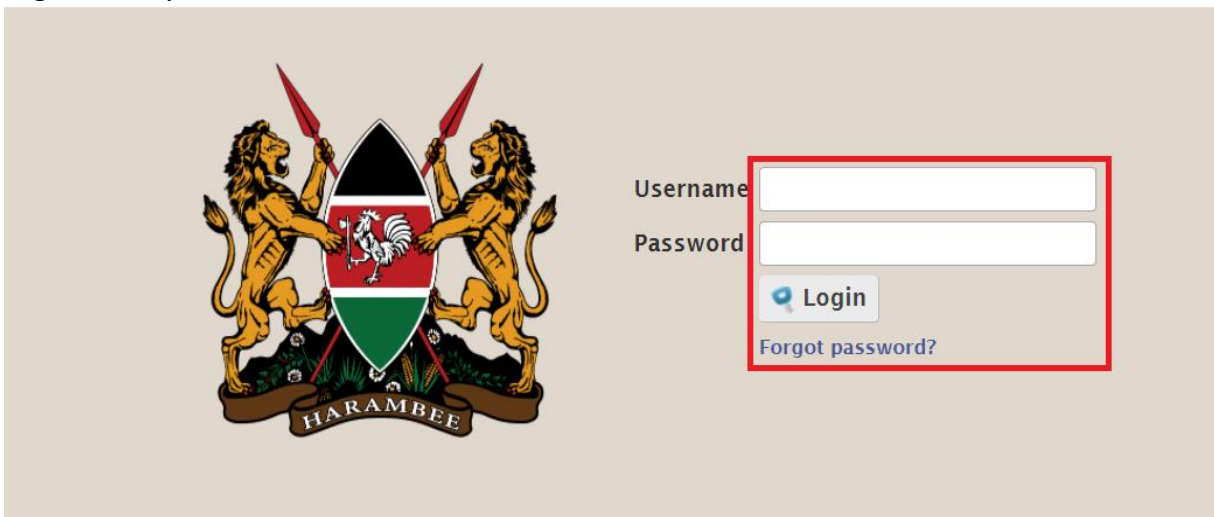
KenyaEMR HTS Module User Job Aid

Last updated July 2023
KenyaEMR v18.6.1 and above

Tasks:	HTS end to end navigation
Objective:	To track the 1 st 95 cascades of care
Who:	HTS service provider
Required Materials:	Username, password, computer installed with KenyaEMR

ACTION

Login to KenyaEMR



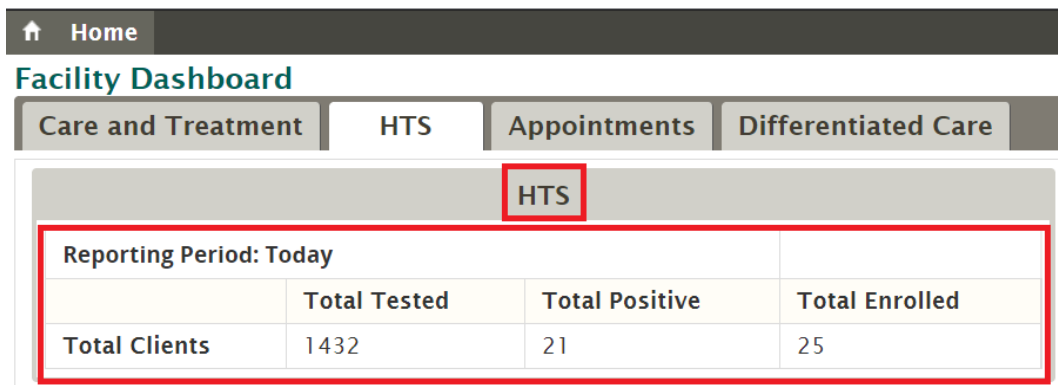
Login to KenyaEMR

Step 1: On successful loading, you should be navigated to the system login page

- Authenticate entry by providing username and password on the fields, select facility/ satellite name from the drop-down menu and click **Login** as highlighted
- Upon successful login, you shall be navigated to KenyaEMR Home Page

The facility dashboard gives a summary of programmatic statistics

- Once in the “**Home page**” select the HTS as highlighted



Home

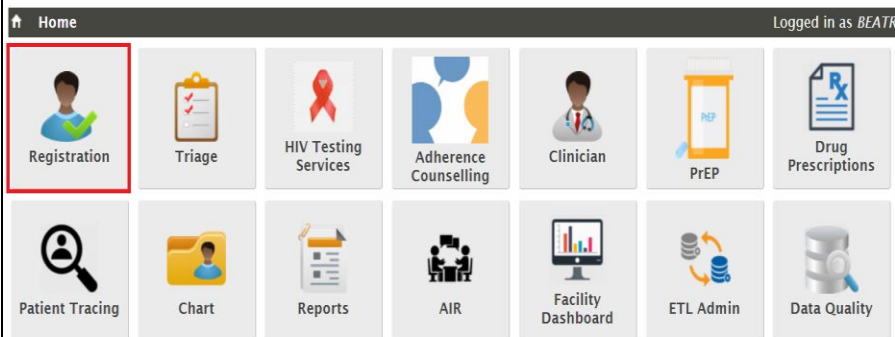
Facility Dashboard

Care and Treatment | HTS | Appointments | Differentiated Care

HTS

Reporting Period: Today			
	Total Tested	Total Positive	Total Enrolled
Total Clients	1432	21	25

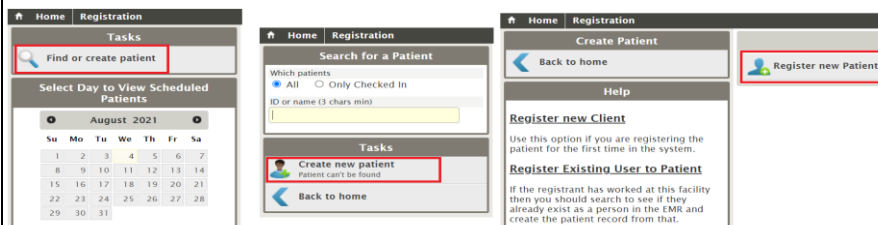
Click home page and click registration button as shown below.



Home Logged in as BEATR

Registration | Triage | HIV Testing Services | Adherence Counselling | Clinician | PrEP | Drug Prescriptions

Patient Tracing | Chart | Reports | AIR | Facility Dashboard | ETL Admin | Data Quality



Home Registration

Tasks

Find or create patient

Select Day to View Scheduled Patients

August 2021

Su Mo Tu We Th Fr Sa

1 2 3 4 5 6 7

8 9 10 11 12 13 14

15 16 17 18 19 20 21

22 23 24 25 26 27 28

29 30 31

Home Registration

Search for a Patient

Which patients

All Only Checked In

ID or name (3 chars min)

Tasks

Create new patient

Patient can't be found

Back to home

Home Registration

Create Patient

Back to home

Register new Patient

Help

Register new Client

Use this option if you are registering the patient for the first time in the system.

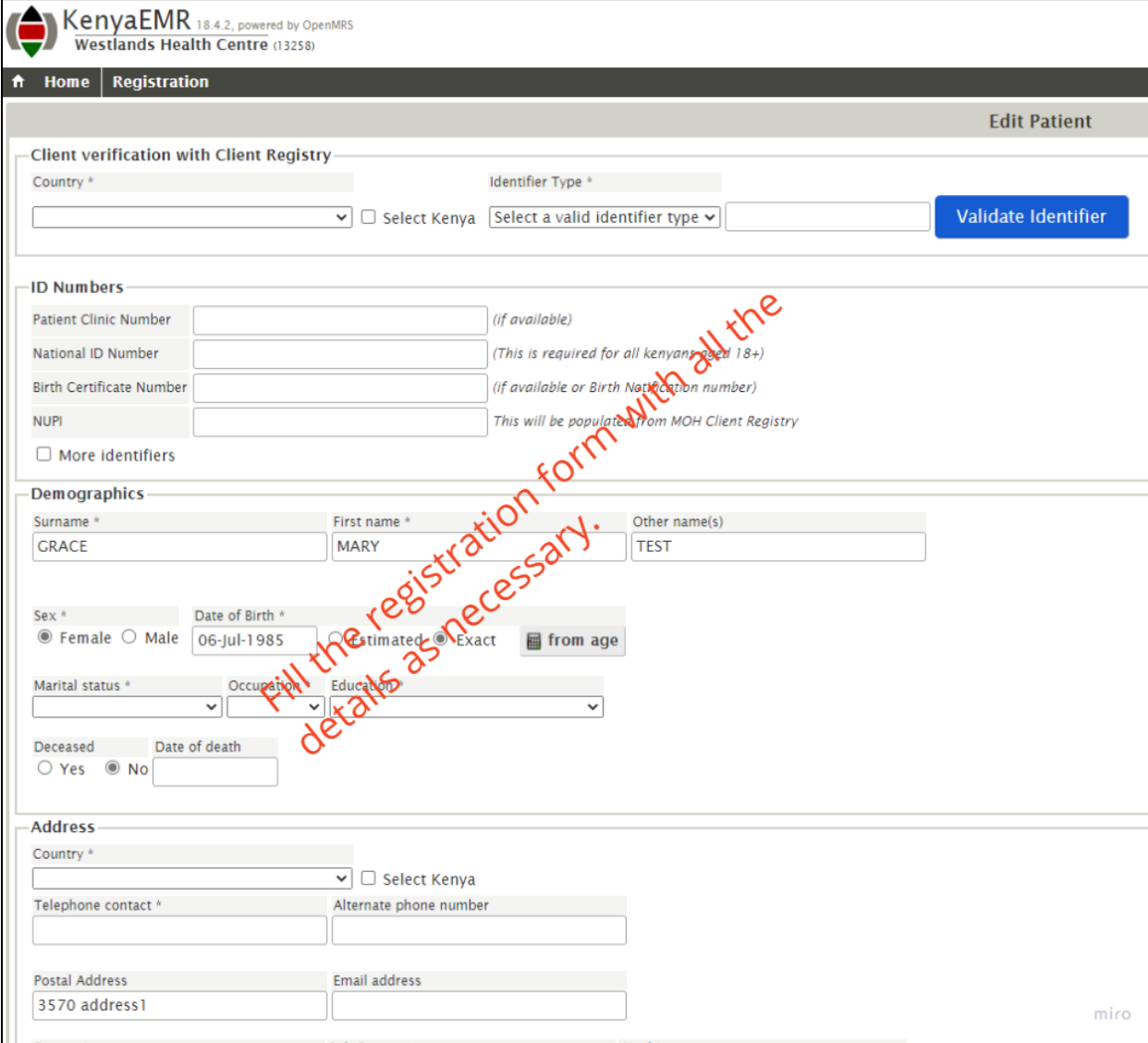
Register Existing User to Patient

If the registrant has worked at this facility then you should search to see if they already exist as a person in the EMR and create the patient record from that.

- Step 1: Click the **Find or create** button as highlighted above.
- Step 2: Click **Create new patient**.
- Step 3: Click **Register new Patient** Registration page as highlighted.

Register Patient

- On the home page, click on patient registration, select and click Create New Patient
- On the next screen click Register New patient
- Fill in the registration form correctly with patient details. See sample registration screen below;



KenyaEMR 18.4.2, powered by OpenMRS
 Westlands Health Centre (13258)

Home | **Registration** | Edit Patient

Client verification with Client Registry

Country * Identifier Type *
 Select Kenya

ID Numbers

Patient Clinic Number (if available)
 National ID Number (This is required for all kenyans aged 18+)
 Birth Certificate Number (if available or Birth Notification number)
 NUPI This will be populated from MOH Client Registry
 More Identifiers

Demographics

Surname * First name * Other name(s)
 GRACE MARY TEST

Sex * Female Male Date of Birth * Estimated Exact
 06-Jul-1985

Marital status * Occupation Education

Deceased Yes No Date of death

Address

Country * Select Kenya

Telephone contact * Alternate phone number

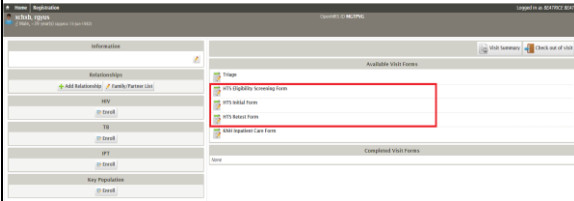
Postal Address Email address
 3570 address1

(Note the asterisk * this must fill fields)

Fill in the patient address details; telephone contacts, county, sub-county location from a drop-down menu, landmark and next of kin details including relationship from a drop-down menu contact

Click **Create Patient**.

Completing HTS Forms



HTS Forms: the HTS forms can be located in the list of **Available Visit Forms** as highlighted below (**HTS screening form, HTS Initial form, HTS retest form and Referral and Linkage Form**).

Click on **HTS Initial Form** to complete form.

Completing HTS Screening Form

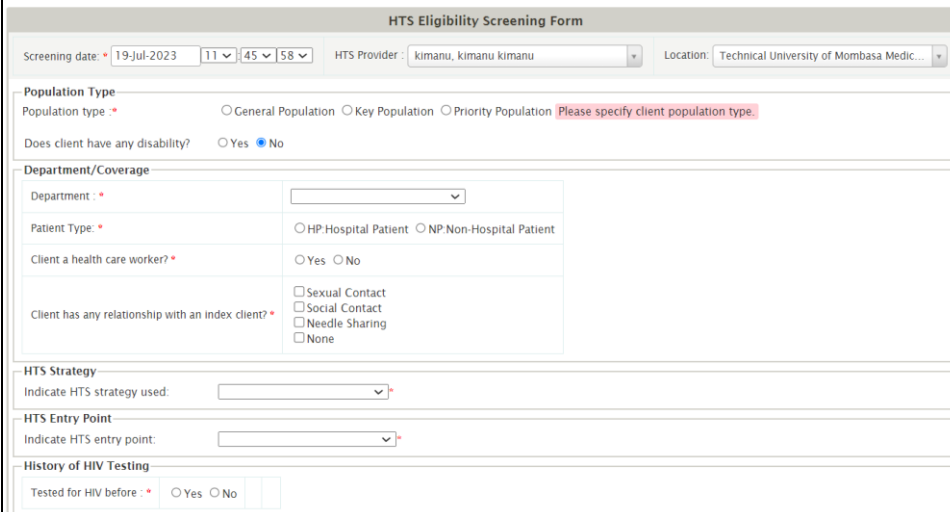
Note: To access HTS Screening form, click **HTS Screening Form** from the *Available List form* panel

Completing HTS Screening Form

The HTS eligibility screening form comprises of various questions that the client would need to respond to in order for the Machine learning algorithm to correctly calculate their HIV risk score. It is important that the client responses are documented on the form correctly. The first part of the form ask about Population type, HTS entry point, Department and HTS strategy as shown in the form.

Fill the form with all the necessary details

(Note the asterisk * this must fill fields)



HTS Eligibility Screening Form

Screening date: 19-Jul-2023 | HTS Provider: kimanu, kimanu kimanu | Location: Technical University of Mombasa Medic...

Population Type
 Population type: General Population Key Population Priority Population **Please specify client population type.**

Does client have any disability? Yes No

Department/Coverage
 Department:
 Patient Type: HP: Hospital Patient NP: Non-Hospital Patient
 Client a health care worker? Yes No
 Client has any relationship with an index client? Sexual Contact Social Contact Needle Sharing None

HTS Strategy
 Indicate HTS strategy used:

HTS Entry Point
 Indicate HTS entry point:

History of HIV Testing
 Tested for HIV before: Yes No

Risk Assessment

Client Sexual Behaviour Assessment:

Has the client ever had sex? * Yes No

Has the client recently experienced CBV? * Yes No Declined to answer

Has the client received any of the following services recently?

<input type="checkbox"/> PrEP	Is the client currently on PrEP?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined to answer
<input type="checkbox"/> PEP	Has the client used PEP in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> STI	Has the client had an STI in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined to answer
Has the client been screened for TB? *		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined to answer
Traditional /non-medical procedures e.g. scarification, plastic tooth extraction, Circumcision, uvulectomy etc *		<input type="radio"/> Yes <input type="radio"/> No

Pregnancy Assessment

Client currently pregnant? * Yes No Declined to answer

Breastfeeding mother Yes No Declined to answer

Eligible for Testing

Client eligible for testing: * Yes No

Generate HIV Risk Category

Get HIV risk category * Please ensure that you have provided answers to all questions above

Testing Recommended

Did you recommend HIV testing? * Yes No

Referring for Testing

Client referred for testing: * Yes No

HIV Risk Score:

It is important that the client responses are documented on the form correctly. This is important for the algorithm to generate accurate prediction. Wrong documentation at this point may potentially lead to misleading predictions.

Risk Assessment

Client Sexual Behaviour Assessment:

Has the client ever had sex? * Yes No

Is the client sexually active? Yes No

Has the client had a new sexual partner in the last 3 months? Yes No

Partner HIV status HIV Positive HIV Negative Unknown

Discordant Couple Yes No

Have you engaged in unprotected sex with more than one sexual partner in the last 12 months? Yes No How many sexual partners?

Does the client engage in sex under the influence of alcohol/drugs? Not at all Sometimes Always

Have you ever had unprotected sex in exchange of money or other material gains? Yes No

Have you recently had any incident of condom burst? Yes No

Have you engaged in unprotected sex with someone you don't know their HIV status in the last 12 months? Yes No

Have you had unprotected sex with someone who has known HIV positive status? Yes No

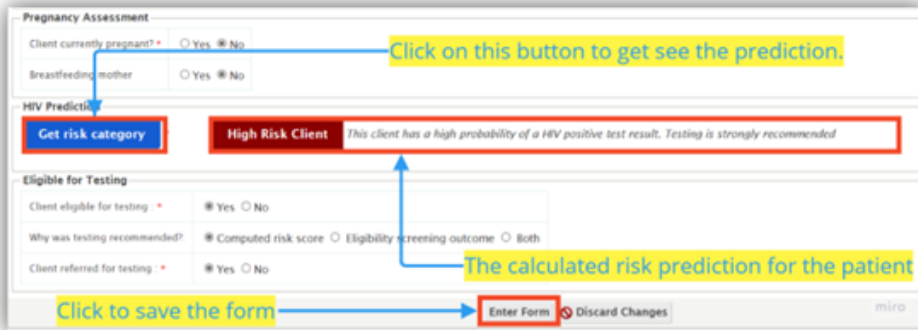
Has the client recently experienced CBV? * Yes No

Has the client received any of the following services recently?

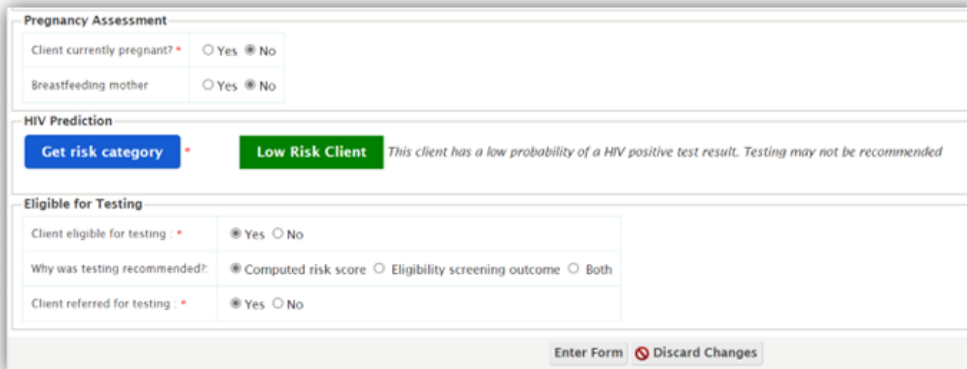
<input type="checkbox"/> PrEP	Is the client currently on PrEP?	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> PEP	Has the client used PEP in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> STI	Has the client had an STI in the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No
Has the client been screened for TB?		<input type="radio"/> Yes <input type="radio"/> No
Traditional /non-medical procedures e.g. scarification, plastic tooth extraction, Circumcision, uvulectomy etc *		<input type="radio"/> Yes <input checked="" type="radio"/> No

miro

Click on the **Get Risk category** button shown below to generate the HIV status prediction.



The machine learning algorithm can predict either a possible or a negative HIV probability. This entirely depends on responses provided under the **Risk Assessment** section.



It is important to note that the final decision on whether the client must be tested for HIV or not is still at the discretion of the healthcare provider handling the patient based on other observable condition of the client. The following screen indicates a low HIV probability generate by the algorithm.

Where the provider decides to test the client, “Yes” option should be selected for the Client Eligible for testing question as indicated above before the client is referred for testing. Otherwise select “No” and complete the rest of the questions under Eligibility section before releasing the client.

Click **Enter form** to submit HTS Screening form which is then populated under **Completed visit forms** panel

Completing HTS Initial Form

Fill the form with all the necessary details

(Note the asterisk * this must fill fields)

HTS Initial Form

HTS date:
HTS Provider:
Location:

Population Type
 Population type : General Population Key Population Priority Population
 Does client have any disability? Yes No

HIV Test History
 Has the client ever been tested for HIV by a HTS provider? Yes No Duration in months since the last test:
 Has the client done HIV self test in the last 12 months? Yes No

Setting
 HTS Setting: Facility Community*

Approach
 HTS Approach:

HTS Strategy
 Indicate HTS strategy used:

HTS Entry Point
 Indicate HTS entry point:

TB Screening
 Tb Screening results: No TB Signs Presumed TB Not Done On TB Treatment

HIV Testing
 Has consent been given? Yes No*
 Client tested as? Individual Couple

 Kit Name Lot Number Expiry Date HIV Test 1 Results:
 Final Results: Results given to client?

Couple is discordant: YES NO N/A

Remarks

Referral
 Referral for: Confirmatory test Comprehensive care center DBS for PCR
 Referral to: Name:

Recency screening
 Has recency screening been done? Yes No
 Recency Id :

- Select HTS date from the calendar menu, HTS provider and Location from the respective drop down menus.
- Select population type alongside client's disability status
- Complete HIV Test History panel: History of testing, date and location
- Select Setting, Approach and HTS Entry Point from the drop down menus.
- Select TB screening options (radio button)
- Complete fields for HIV testing: Consent, tested as, kit name (drop down options) lot number (text field), and expiry date (from calendar menu). Final Results auto populates, and results given field contains a drop- down menu.

Note: For a positive first test, additional field will be provided to complete second test

- Select Couple is discordant options (radio buttons).
- Type in remarks in the remarks field

Referral

- This option is only available for a final positive test
- Select Referral for option (radio buttons)
- Select Referral to option (drop down menu)

Recency Screening

- This option is only available for a final positive test
- Select if Recency screening has been done (radio button), if "Yes" indicate Recency ID
-

Click **Enter form** to submit HTS form which will populate under **Completed visit forms** panel

Completing HTS Retest Form

Filling HTS Retest form is same as HTS Initial form

(Note the asterisk * this must fill fields)

HTS Retest Form

HTS date:
HTS Provider:
Location:

Population Type
 Population type : General Population Key Population Priority Population
 Does client have any disability? Yes No

HIV Test History
 Has the client ever been tested for HIV by a HTS provider? Yes No Duration in months since the last test:
 Has the client done HIV self test in the last 12 months? Yes No

Setting
 HTS Setting: Facility Community*

Approach
 HTS Approach:

HTS Strategy
 Indicate HTS strategy used:

HTS Entry Point
 Indicate HTS entry point:

TB Screening
 Tb Screening results: No TB Signs Presumed TB Not Done On TB Treatment

HIV Testing
 Has consent been given? Yes No*
 Client tested as? Individual Couple

Kit Name Lot Number Expiry Date HIV Test 1 Results:

Final Results: Results given to client? *

Couple is discordant: YES NO N/A

Remarks

Referral

Referral for: Confirmatory test Comprehensive care center DBS for PCR

Referral to:

Name :

Recency screening

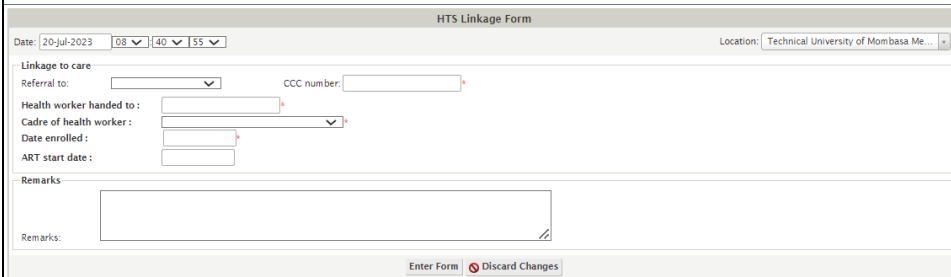
Has recency screening been done? Yes No

Recency Id :

Click **Enter form** to submit **HTS Retest form** which will populate under **Completed visit forms** panel

HTS Linkage Form

To access Referral and Linkage form, click **HTS Linkage form** from the **Available List form** panel.



- Select HTS date from the calendar menu and Location from the drop down menu.
- Select Referred to (drop down menu), if other facility enter facility name and enter CCC number of the client
- Type Health worker handed over to
- Select cadre of health worker (drop down menu)
- Select date enrolled from the calendar menu
- Select ART start date from the calendar menu
- Complete the Referral topatient tracing details for adult patients, select tracing date from calendar menu, location which is automatically generated, contact type, and status from a drop-down menu.

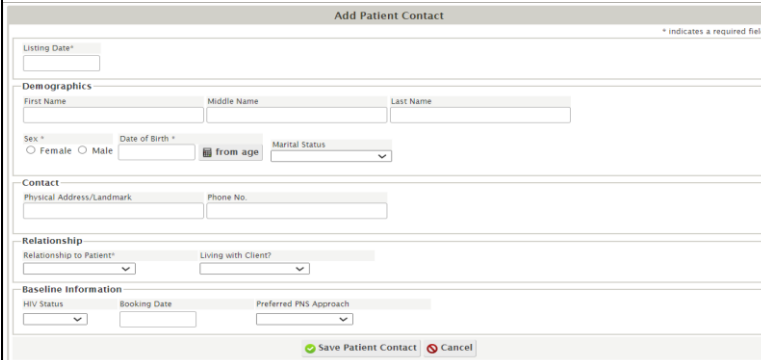
Complete remarks and Click **Enter form** button as highlighted which is then populated under **Completed visit forms** panel

Adding Patient Contact

Click on **Patient Contact Listing** under the Provider Actions pane, patient contacts page appears as shown below;



Click **Add Contact** which directs to Add Patient Contact page as shown below.



Fill in the demographics, contact, the relationship to patient; for Sexual Partner, answer additional IPV questions and the final IPV outcome will be auto populated, if living with client and baseline HIV status, test date (calendar menu) and the preferred PNS Approach.

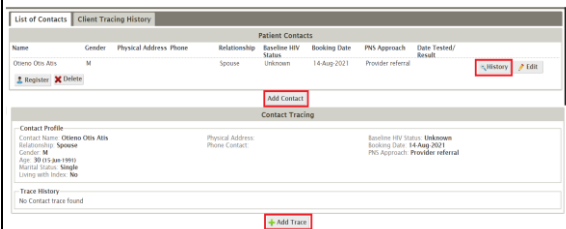
Click **Save Patient Contact** to submit form.

Tracing

To trace patient, click **History** button highlighted.

Note: Select **edit** button to edit previous entries and **Register** to register the PNS patient. If patient has more partners Click on **Add Contact** button.

Contact tracing screen appears as shown. Click on **Add Trace**.



Fill in Date from calendar menu. Select the Contact type and outcome from drop down menu, Type in remarks

Click **Create Contact Trace** button to submit.

Add Contact Tracing

Contact Profile
 Contact Name: **Ajwang Ajwang Ajwang** Physical Address: _____ Baseline HIV Status: **Unknown**
 Relationship: **Spouse** Phone Contact: _____ Booking Date: **12 Aug 2021**
 Gender: **M** PNS Approach: **Provider referral**
 Age: **40 (15 Jun 1981)**
 Marital Status: **Single**
 Living with Index: **Yes** * indicates a required field

Tracing
 Date: **07 Jul 2021**
 Contact Type: **Outcome**
 (Physical: **Contacted**)

Booking Details
 Booking Date: **19 Aug 2021**

Remarks
 Provider Remarks: _____

Contact Tracing

Contact Profile
 Contact Name: **Ajwang Ajwang Ajwang** Physical Address: _____ Baseline HIV Status: **Unknown**
 Relationship: **Spouse** Phone Contact: _____ Booking Date: **12 Aug 2021**
 Gender: **M** PNS Approach: **Provider referral**
 Age: **40 (15 Jun 1981)**
 Marital Status: **Single**
 Living with Index: **Yes**

Trace History

Date	Contact Type	Status	Booking Date	Reason	Facility Linked To	Remarks
07-Jul-2021	Physical	Contacted	19-Aug-2021	not Contacted		

Contact tracing screen appears as shown

Register PNS Patient

To register PNS patient, from the family page as shown below, click **Register** as highlighted.

Family Page - Client Tracing History

Name	Gender	Physical Address	Phone	Relationship	Baseline HIV Status	Booking Date	PNS Approach	Date Traced/Booked
Olmos Oti, M	M			Spouse	Unknown	14 Aug 2021	Provider referral	

Register Patient Contact

ID Numbers * indicates a required field
 Patient Clinic Number: _____ (if available)
 National ID Number: _____ (if the patient is below 18 years of age, enter the guardian's national identification number if available)

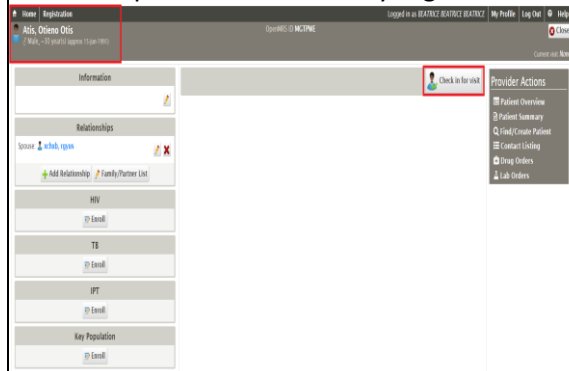
Demographics
 Surname: * _____ First name: * _____ Other names: _____
 Sex: * Female Male (15 Jun 1991) Estimated Exact Birth age
 Marital status: _____ Occupation: _____ Education: _____
 Deceased: _____ Date of death: _____
 Yes No

Address
 Telephone contact: _____
 Alternative phone number: _____ Postal Address: _____ Small address: _____
 County: _____ Sub-County: _____ Ward: _____
 Location: _____ Sub-location: _____ Village: _____

- Fill in the form: Type in patient demographic details including name, sex (select radio buttons), date of birth (from calendar menu), marital status (drop down menu)
- Type in telephone contacts, county, sub-county location (from a drop-down menu), landmark and next of kin details (including relationship from a drop-down menu)
- Click save changes

Note: the asterisks * is placed by fields that MUST be filled out

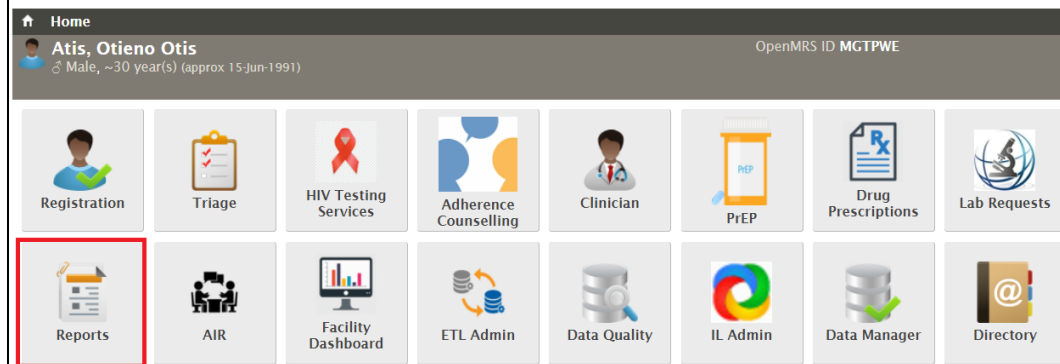
PNS: PNS patient is successfully registered.



Check-in PNS contact as highlighted to access HTS forms once the PNS avails for testing

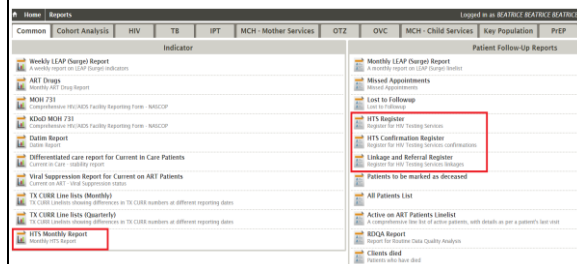
HTS Reporting

To access HTS reports from KenyaEMR click the reports icon



HTS Reports

Available HTS reports are accessible on the common reports page



THE END