

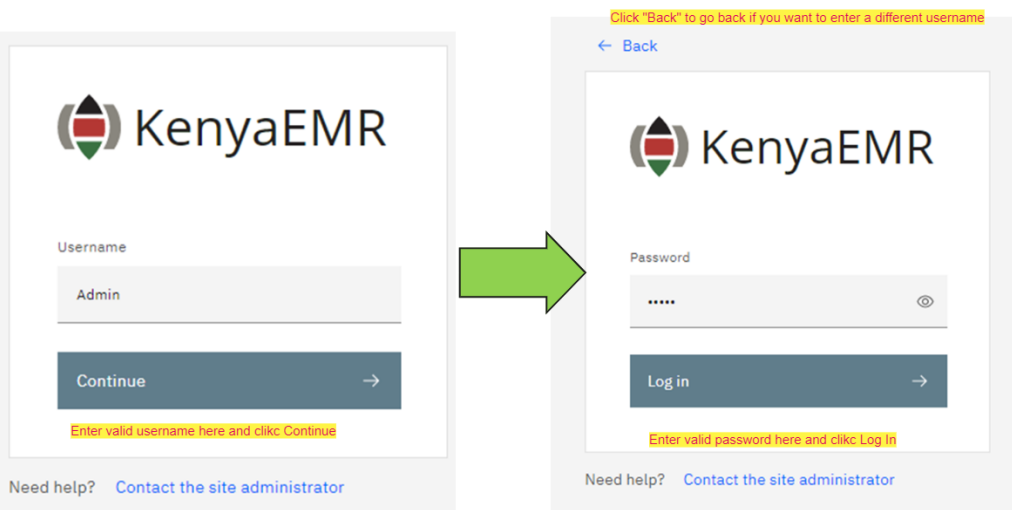
# SOP: How to Document MAT Services in KenyaEMR

[ Last updated: March 2024 ]

<b>Tasks:</b>	How to document MAT Module services offered to a client in KenyaEMR OpenMRS 3.x platform
<b>Objective:</b>	Successfully Log into KenyaEMR, enroll to MAT services, and document the details in KenyaEMR
<b>Who:</b>	All facility staff responsible for conducting MAT Services
<b>Required Materials:</b>	Username, password, computer with KenyaEMR 3.x (18.7.2) + installed, patient name, ID, and/or age

## Introduction:

KenyaEMR has been enhanced to support comprehensive documentation of MAT (Methadone Assisted Therapy) details. The module comprises of various forms i.e. History, Symptoms, Screening and Follow up. This guide provides step by step guide for documenting the MAT Module information in KenyaEMR.

<p><b>Step 1</b></p>	<p><b>Login to KenyaEMR.</b></p> <p>Enter the application server URL system.  <b>"[ServerIpAddress:8080/openmrs]"</b>  and click on the load button or Enter key from the keyboard. On successful loading, you should be navigated to the system login page.</p> <p>Authenticate entry by providing username and password on the fields and click <b>"Login"</b> Upon successful login, you shall be navigated to KenyaEMR Home Page.</p> <p>Successful login will direct you to the KenyaEMR Home Page where the landing page is displayed based on the user role.</p>	 <p>The image shows two screenshots of the KenyaEMR login interface. The first screenshot shows the 'Username' field with 'Admin' entered and a 'Continue' button. A yellow tooltip below the field says 'Enter valid username here and click Continue'. The second screenshot shows the 'Password' field with masked characters and a 'Log in' button. A yellow tooltip above the field says 'Click "Back" to go back if you want to enter a different username'. A green arrow points from the first screenshot to the second. Both screenshots include a 'Need help? Contact the site administrator' link at the bottom.</p> <p><b>NB:</b> With valid username and password, clicking Log in will take you to the KenyaEMR home page. Otherwise, you will receive a prompt for wrong username or password. If you don't have valid login credentials, click "Contact the site administrator"</p>
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**Step 2**
**Locating the MAT Program**


- From the landing page, select the client of interest from the active line list.
- If its a new client **Refer to Registration guideline**
- If a client is not available on the active line list, proceed to search for a client.

**Active Visits**

Filter table






Visit Time	ID Number	Name	Gender	Age	Visit Type
Today, 16:23	MGFKEJ	Maringich Maringich Maringich	M	18	Outpatient
20-Mar-2024, 17:21	MGK67Y	my email Gmail	F	24	Outpatient
20-Mar-2024, 16:08	MGK69W	Nyandi PT EMR	M	24	Outpatient
20-Mar-2024, 15:34	MGK647	Rose Awino James	F	27	Outpatient
20-Mar-2024, 15:25	MGK4VK	hesbon atieno atieno	M	31	Outpatient
20-Mar-2024, 15:25	MGK63A	Dorine Akiinyi Onyango	F	34	Outpatient
20-Mar-2024, 15:23	MGK4WH	Newton LAWI Isack	M	31	Outpatient

### Step 3 Searching for a patient to screen

- List of clients with active visits for the day will be listed on the screen as shown.
- If the patient of interest is not listed, you need to search for the patient. Click on the “Search button  “ located at the top right to open the search window.
- Enter the name or Patient ID in the field provided. A list of possible matches will be displayed as you type the identifier.
- To conduct a refined search, input the patient’s name on the search button then press “ENTER” to search.
- Under refine search, specify the sex of the client, date of birth (if known), age of the client, phone number (if available) and postal code where applicable. Upon entering the details, click on ‘Apply’ else click on ‘Reset Fields’

Q test x Search

26 search results

-  **Test Test Test**  
Female · 17 yrs · OpenMRS ID MGH4YJ
-  **Test Test Test** Active Visit  
Unknown · 16 yrs · OpenMRS ID MGH6CX
-  **Test Mwatate Test**  
Male · 23 yrs · OpenMRS ID MGK6L4
-  **test dmi test test** Active Visit  
Female · 40 yrs · OpenMRS ID MGK449
-  **Test Test Likoni** Active Visit  
Female · 23 yrs · OpenMRS ID MGK3L7

KenyaEMR Q test x Search x

**Refine search**

Sex

Any	Male	Female
Other	Unknown	

Day of Birth    Month of Birth    Year of Birth

DD	MM	YYYY
----	----	------

Age





23

Phone number

Postcode

Apply  
Reset fields

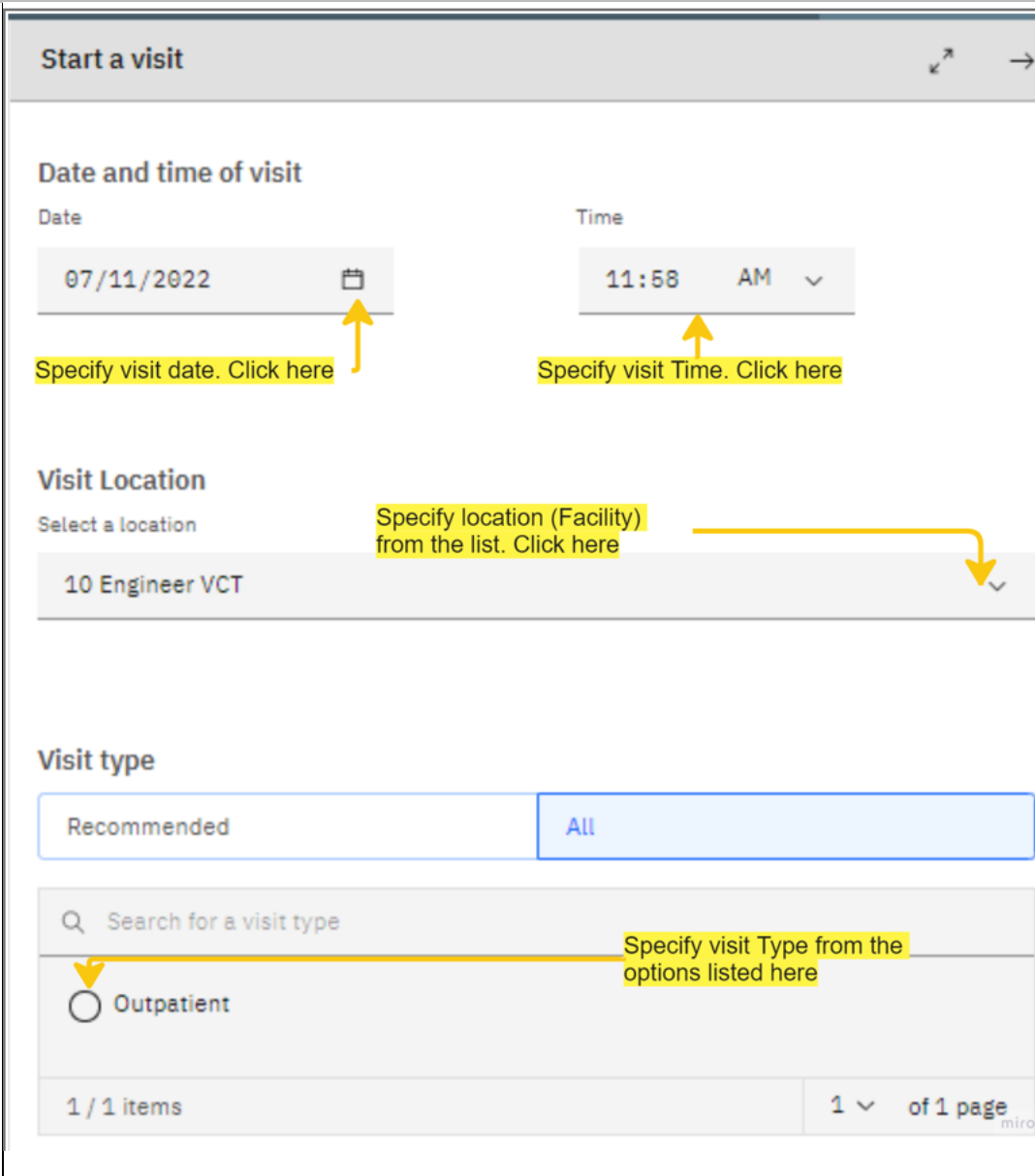
26 search results

-  **Test Test Test** Actions ⋮  
Female · 17 yrs · 24 – Apr – 2006  
MGH4YJ  
Check in
-  **Test Test Test** Active Visit Actions ⋮  
Unknown · 16 yrs · 15 – Jun – 2007  
MGH6CX, REC:11902-00065  
Check in
-  **Test Mwatate Test** Actions ⋮  
Male · 23 yrs · 15 – Jun – 2000  
MGK6L4, 123444689  
Check in
-  **test dmi test test** Active Visit Actions ⋮  
Female · 40 yrs · 05 – May – 1983  
MGK449, 1234500008

**Step 4**


**Check in the patient.**

- To start the process of enrolling a client to MAT program, you need to Check-in the client by clicking the checking button shown.



**Start a visit**

**Date and time of visit**

Date: 07/11/2022 

Time: 11:58 AM

Specify visit date. Click here

Specify visit Time. Click here

**Visit Location**

Select a location

10 Engineer VCT

Specify location (Facility) from the list. Click here

**Visit type**

Recommended All

Search for a visit type

Outpatient

Specify visit Type from the options listed here

1 / 1 items 1 of 1 page micro

2.x Chart 🏠 Check in ✕

Start a visit ✕ 🛒

**Billing**

Is patient exempted from payment?  
 Yes  No

Payment methods

Select payment method ^

- Cash
- Insurance
- Mobile Money
- Waiver

**Queue Location**

Select a queue location

CCC ▼

**Service**

Select a service

Triage service ▼

**Priority**

Emergency  Not Urgent  Urgent

Discard Check in

Indicate if patient is exempted from paying or not.  
If yes, indicate reason for exemption.  
If No, proceed to select payment method

Select the preferred mode of payment

Select the service point

Select the the service the client is receiving

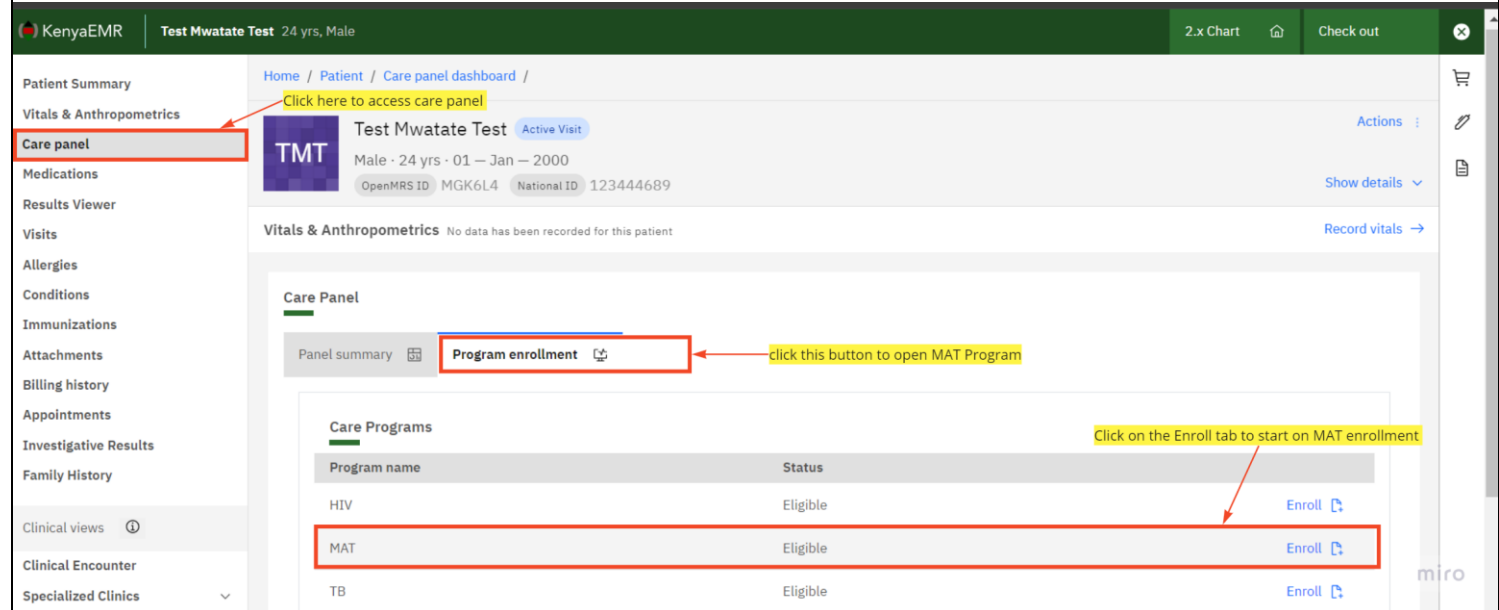
Select the priority level of the client based on their health conditio

Click check in upon completion of all required details

## Step 5

### Enrolling to MAT Program

- After checking-in the client, proceed to click on the **'Care panel'** icon on the left navigation panel. Locate the **Program Enrollment tab** (as highlighted). Click the MAT care program enroll button to enroll the client.



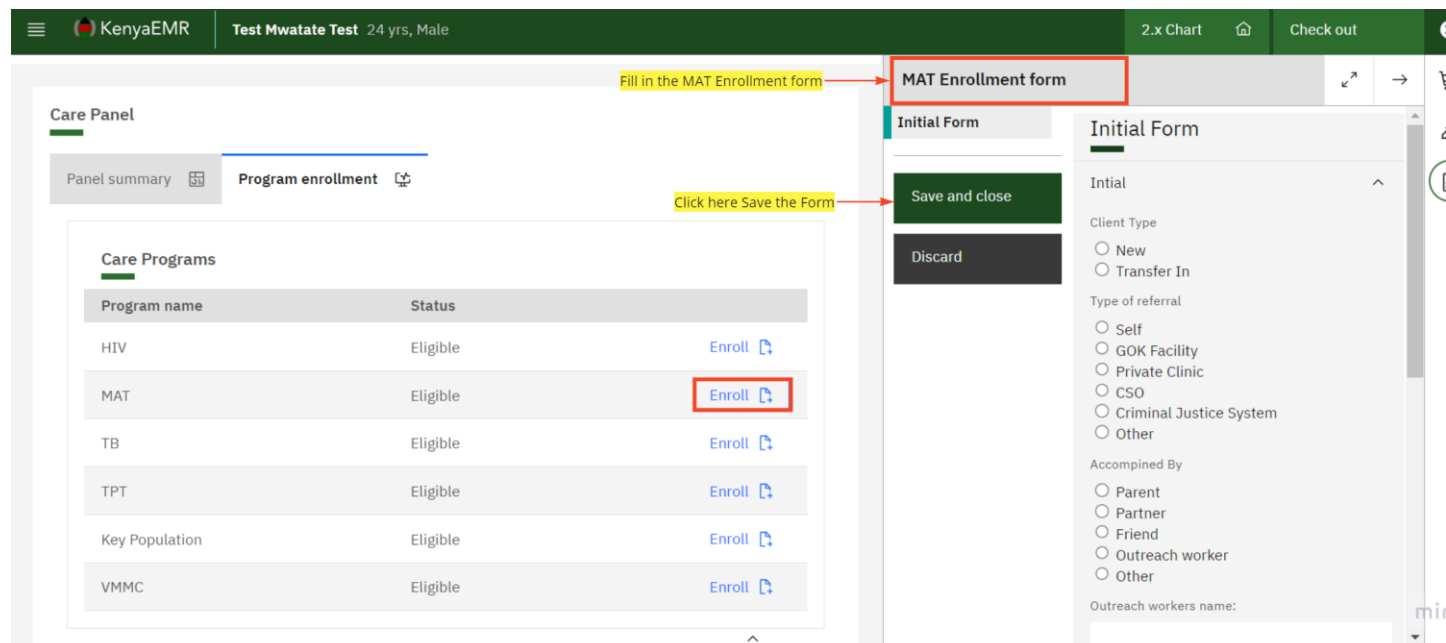
The screenshot shows the patient care panel for Test Mwatate Test (24 yrs, Male). The left navigation panel has the 'Care panel' icon highlighted. The main content area shows the 'Care Panel' section with a 'Program enrollment' button highlighted. Below this, a table lists care programs with 'MAT' highlighted and its 'Enroll' button also highlighted.

**Program Enrollment Table:**

Program name	Status	Action
HIV	Eligible	Enroll
<b>MAT</b>	Eligible	<b>Enroll</b>
TB	Eligible	Enroll

**Step 6**
**Documenting MAT Enrollment process**

- Once the user clicks on Enroll tab the MAT Enrollment form pops up
- Complete the Initial form details
- Click Save and Close when done filling the form



KenyaEMR | Test Mwatate Test 24 yrs, Male | 2.x Chart | Check out

Fill in the MAT Enrollment form → **MAT Enrollment form**

Care Panel

Panel summary | **Program enrollment**

Click here Save the Form → **Save and close**

Program name	Status	Enroll
HIV	Eligible	Enroll
<b>MAT</b>	Eligible	<b>Enroll</b>
TB	Eligible	Enroll
TPT	Eligible	Enroll
Key Population	Eligible	Enroll
VMMC	Eligible	Enroll

Initial Form

Initial

Client Type

New

Transfer In

Type of referral

Self

GOK Facility

Private Clinic

CSO

Criminal Justice System

Other

Accompanied By

Parent

Partner

Friend

Outreach worker

Other

Outreach workers name:



**Step 7**
**Accessing other MAT Forms**

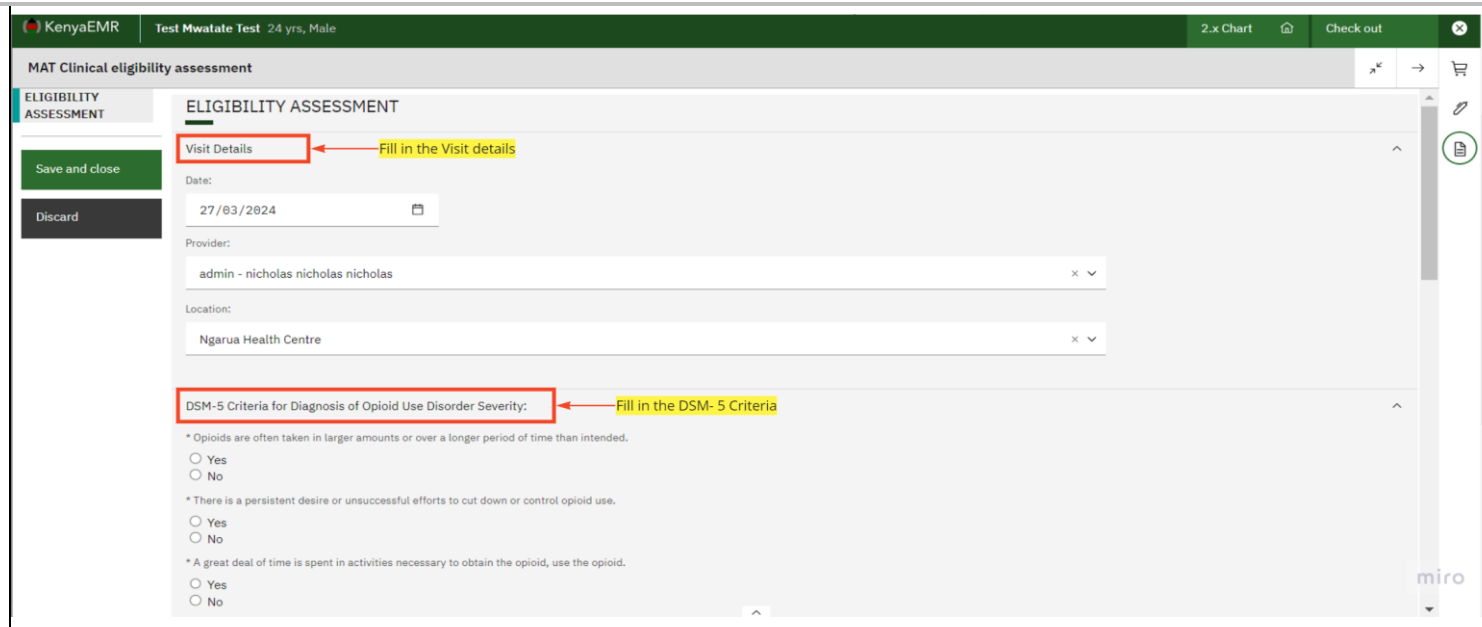
- Once a client has been enrolled to MAT program the various MAT forms will be accessible in the forms panel as highlighted

Clinical Forms	
Form Name (A-Z)	Last completed
MAT Cessation form	Never
MAT Clinical eligibility assessment	Never
MAT Clinical form	Never
MAT Discontinuation form	Never
MAT Initial registration form	Never
MAT Psychiatric intake and followup form	Never
MAT Psychosocial Follow Up Form	Never
MAT Psychosocial intake and followup form	Never
MAT Transit/Referral form	Never
MAT Treatment form	Never

### Step 8

#### MAT Clinical Eligibility Assessment.

- This is the first form filled to assess the eligibility criteria of the client to the MAT Program
- Fill in the Eligibility assessment sections which consists of three sections i.e. Visit details, DSM-5 and Referral details.
- Click on Save and Close to save the form when done.



KenyaEMR | Test Mwatate Test | 24 yrs, Male | 2.x Chart | Check out

**MAT Clinical eligibility assessment**

ELIGIBILITY ASSESSMENT

**Visit Details** ← Fill in the Visit details

Date: 27/03/2024

Provider: admin - nicholas nicholas nicholas

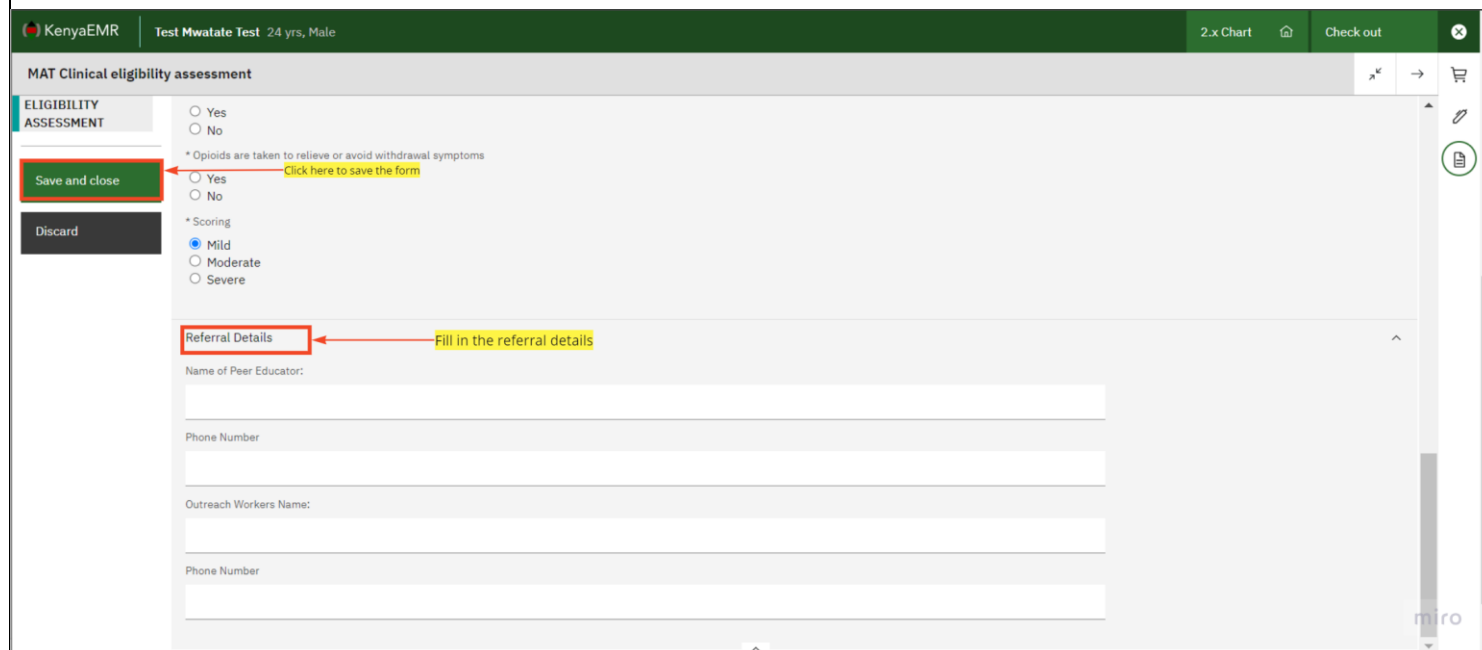
Location: Ngarua Health Centre

**DSM-5 Criteria for Diagnosis of Opioid Use Disorder Severity:** ← Fill in the DSM-5 Criteria

\* Opioids are often taken in larger amounts or over a longer period of time than intended.  
 Yes  
 No

\* There is a persistent desire or unsuccessful efforts to cut down or control opioid use.  
 Yes  
 No

\* A great deal of time is spent in activities necessary to obtain the opioid, use the opioid.  
 Yes  
 No



KenyaEMR | Test Mwatate Test | 24 yrs, Male | 2.x Chart | Check out

**MAT Clinical eligibility assessment**

ELIGIBILITY ASSESSMENT

**Save and close** ← Click here to save the form

Yes  
 No

\* Opioids are taken to relieve or avoid withdrawal symptoms  
 Yes  
 No

\* Scoring  
 Mild  
 Moderate  
 Severe

**Referral Details** ← Fill in the referral details

Name of Peer Educator:

Phone Number

Outreach Workers Name:

Phone Number

**Step 9**

**MAT Psychosocial Intake and follow up form.**

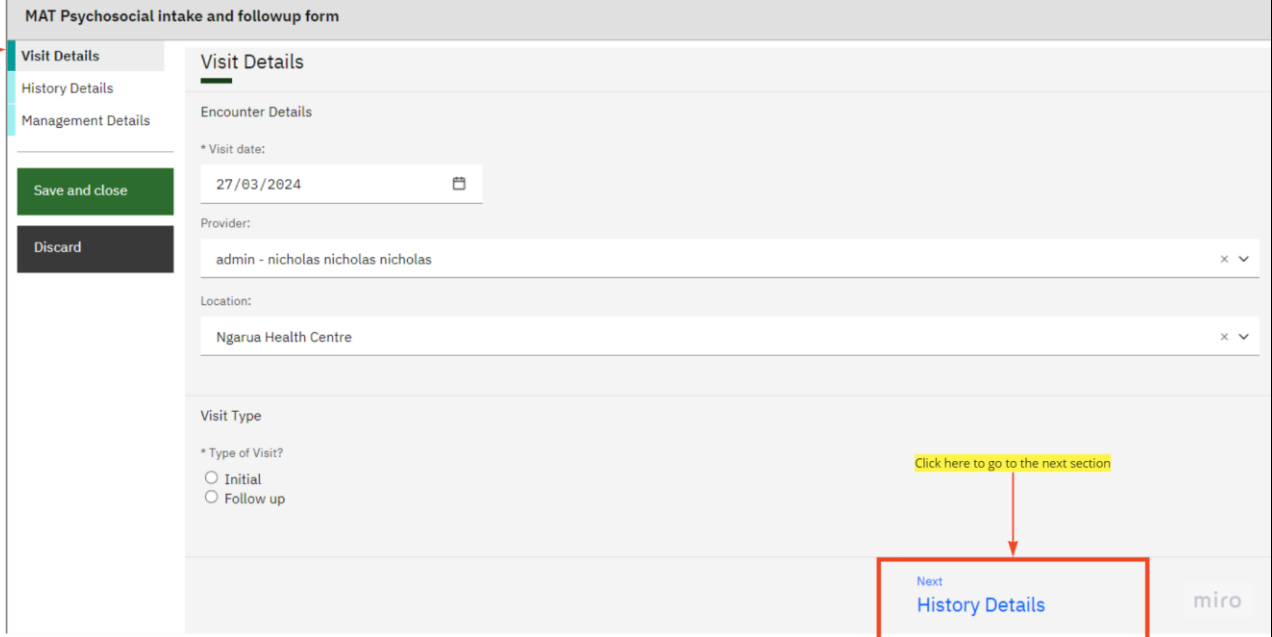
**Record Visit Details**

- Document Encounter details and Visit type details
- Click Next to move to next section

**Record History Details**

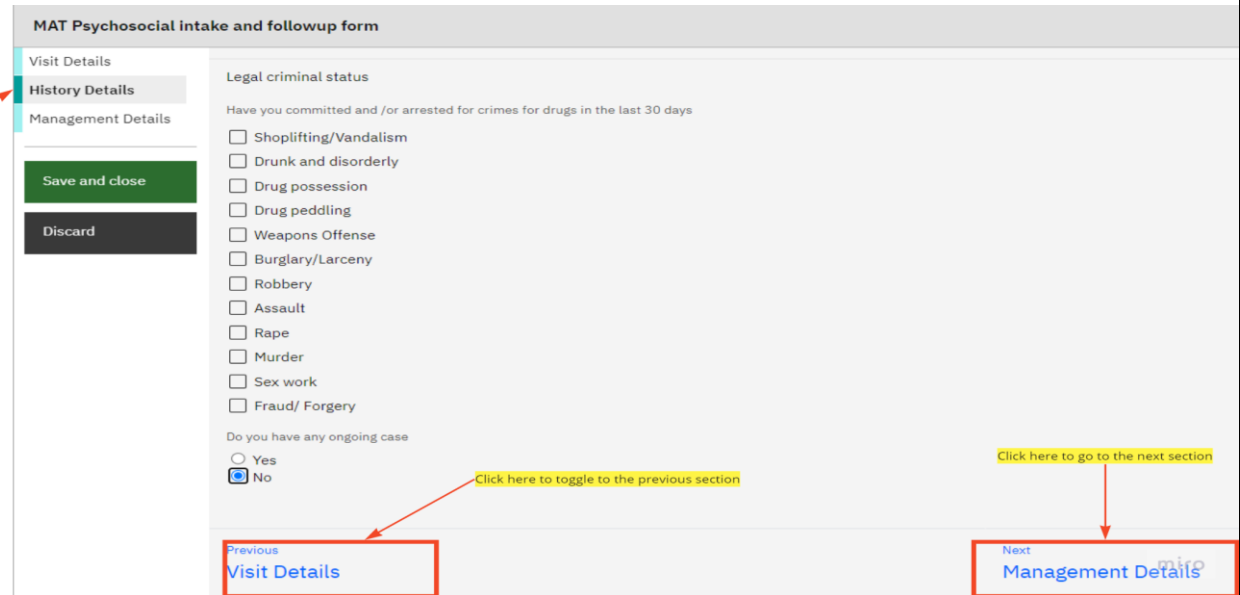
- Document History details i.e. social details, sexual history, occupational, family relationships and legal status details
- Click Next to move to next section

Fill in the Visit details section



The screenshot shows the 'MAT Psychosocial intake and followup form' with the 'Visit Details' section active. The left sidebar contains 'Visit Details', 'History Details', and 'Management Details'. The main content area includes 'Encounter Details' with a date field set to 27/03/2024, a 'Provider' dropdown set to 'admin - nicholas nicholas nicholas', and a 'Location' dropdown set to 'Ngarua Health Centre'. Under 'Visit Type', 'Initial' is selected. A yellow callout points to the 'Visit Details' section. At the bottom right, a 'Next History Details' button is highlighted with a red box, and a yellow callout points to it with the text 'Click here to go to the next section'.

Fill in the History details section



The screenshot shows the 'MAT Psychosocial intake and followup form' with the 'History Details' section active. The left sidebar contains 'Visit Details', 'History Details', and 'Management Details'. The main content area includes 'Legal criminal status' with a list of offenses and checkboxes, and a question 'Do you have any ongoing case' with 'No' selected. A yellow callout points to the 'History Details' section. At the bottom left, a 'Previous Visit Details' button is highlighted with a red box, and a yellow callout points to it with the text 'Click here to toggle to the previous section'. At the bottom right, a 'Next Management Details' button is highlighted with a red box, and a yellow callout points to it with the text 'Click here to go to the next section'.

### Record Management Details

- Document the management details i.e. Treatment plan
- Click on Save and close to save the form.

Fill in the Management details section

Click here to save form

#### MAT Psychosocial intake and followup form

Visit Details

History Details

**Management Details**

**Save and close**

Discard

Physical Health

Social Functioning

Psychological Outcomes

Reintegration

Employment

Stable accommodation

legal problems

GBV

Other

Case summary and interventions

Counsellor Name

Next Appointment Date

dd/mm/yyyy

[Previous](#)

[History Details](#)

Click here to toggle to the previous section

miro

### MAT Treatment Form

This is an encounter form filled by a clinician

#### Record Visit Details

- Document Encounter details and Visit type details
- Click Next to move to next section

Fill in the Visit details section

### MAT Treatment Form

#### Record Patient Details

- Document the patient details i.e. Methadone maintenance, management of comorbidities and referrals.
- Click on Save and close to save the form.

Fill in the patient details section

Click here to save form

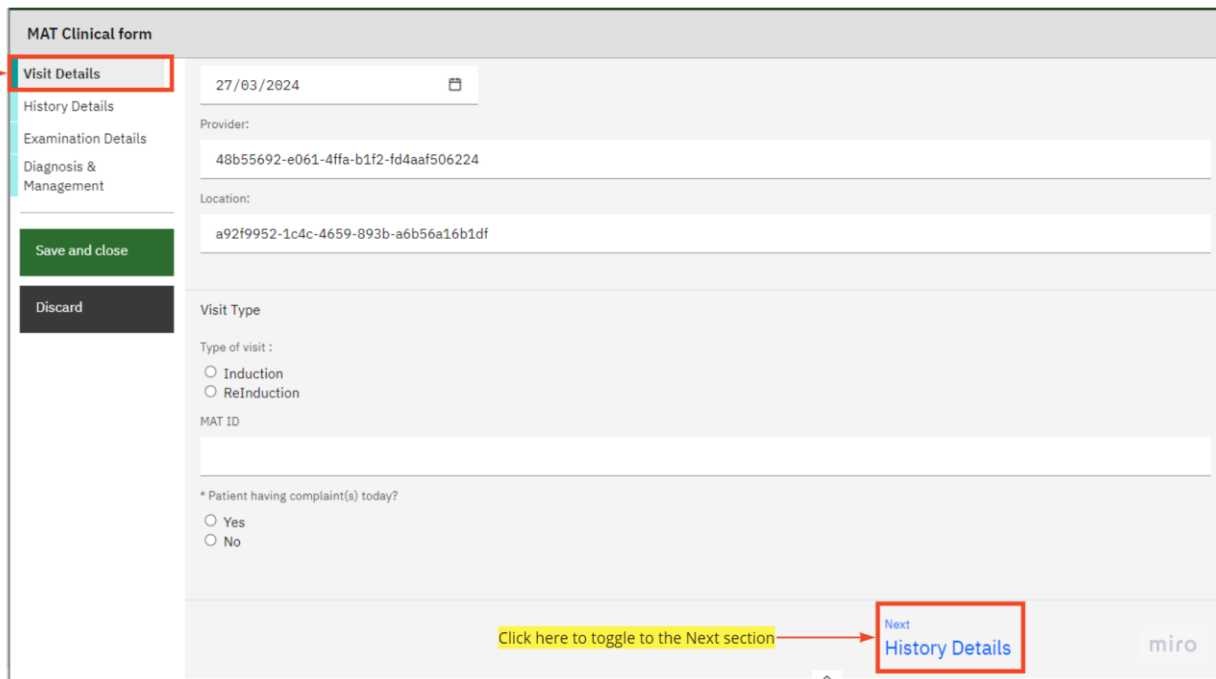
### MAT Clinical Form

This is an encounter form filled by a clinician

#### Record Visit Details

- Document Encounter details, Visit type and presenting complaints
- Click Next to move to History section

Fill in the patient details section



**MAT Clinical form**

**Visit Details** 27/03/2024

History Details

Examination Details

Diagnosis & Management

Save and close

Discard

Provider: 48b55692-e061-4ffa-b1f2-fd4aaf506224

Location: a92f9952-1c4c-4659-893b-a6b56a16b1df

Visit Type

Type of visit :

Induction

ReInduction

MAT ID

\* Patient having complaint(s) today?

Yes

No

Next History Details

Click here to toggle to the Next section

miro

### Record History Details

- Document History details i.e. drug history, medical history and mental history
- Click Next to move to Examination section

Fill in the Management details section

**MAT Clinical form**

Visit Details  No

**History Details**

Examination Details

Diagnosis & Management

Save and close

Discard

Family Medical History

Is there anyone in your family with any of these illnesses?

Yes  
 No

Mental and Psychological History

Is the client suffering any of these mental Disorders?

None  
 Depression  
 Anxiety  
 Sleep Disorder  
 Psychosis  
 PTSD  
 Mood Disorder  
 Other

Previous Visit Details

Next Examination Details

miro

### MAT Clinical Form (cont)

### Record Examination Details

- Document the General examination and systemic details
- Click on Next to move to Management section

Fill in the Examination details section

**MAT Clinical form**

Visit Details

History Details

**Examination Details**

Diagnosis & Management

Save and close

Discard

Normal  
 Delusions  
 Suicidal  
 Phobias  
 Obsessions  
 Homicidal

Hallucinations

Auditory hallucinations  
 Olfactory Hallucinations  
 Tactile Hallucinations  
 Visual Hallucinations  
 Absent

Orientation status

Oriented to time  
 Oriented to place  
 Oriented to person  
 Absent

Previous History Details

Next Diagnosis & Management

### Record Management Details

- Document the treatment plan and referrals details
- Click on Save and close to save the form.

Fill in the Management details section

Click here to Save form

#### MAT Clinical form

Visit Details

History Details

Examination Details

**Diagnosis & Management**

**Save and close**

Discard

- Recovery Support
- Other

#### Referral & Linkages

Type of Referral & Linkages offered

- HIV Care and Treatment
- Psychiatric care
- Surgical care
- Consultant physician care
- STI/Reproductive health services
- Maternal and child care services
- TB treatment services(DOTS)
- Drug treatment facilities: Drop in Centres Rehabilitation Centres
- Nutritional support
- Support groups: Legal aid, PLHA or PWUD network, SelfhelpGroups, Womens organizations, Youth Groups
- Welfare agencies: food, shelter, clothes,IGAs for PWID
- Other(specify)

[Previous](#)

[Examination Details](#)

miro



### MAT Psychiatric Intake and Follow up Form

This is an encounter form filled by a psychiatrist

#### Record Visit Details

- Document Encounter details and Visit type details
- Click Next to move to History section

#### Record History Details

- Document History details i.e. Presenting complaints, Past psychiatric history, Medical and surgical history, substance use history, Family and Personal history
- Click Next to move to Examination section

Fill in the Visit details section

#### MAT Psychiatric Intake and Follow up Form

##### Visit Details

##### History Details

##### Examination Details

##### Management Details

Save and close

Discard

Provider:

admin - nicholas nicholas nicholas

Location:

Ngarua Health Centre

Visit Type Details

Type of Referral :

- Self
- Peer Educator
- Relatives/Friends
- Healthcare workers
- CSO
- Other

Accompanying Treatment Supporter

- Yes
- No

Click here to toggle to the Next section

Next  
History Details

miro

Fill in the History details section

#### MAT Psychiatric Intake and Follow up Form

##### Visit Details

##### History Details

##### Examination Details

##### Management Details

Save and close

Discard

Patient Education history

Patient Occupation history

Patient Sexual history

Patient Premorbid history

Patient Forensic history

Click here to toggle to the Next section

Previous

Visit Details

Next  
Examination Details

miro

### MAT Psychiatric Intake and Follow up Form (Cont)

#### Record Examination Details

- Document the General examination and Mental status details
- Click on Next to move to Management section

#### Record Management Details

- Document the management plan and psychiatrist follow up details
- Click on Save and close to save the form.

Fill in the Examination details section

Fill in the Management details section

Click here to Save form

Click here to toggle to the Next section

#### MAT Psychiatric Intake and Follow up Form

Visit Details

History Details

**Examination Details**

Management Details

Save and close

Discard

Normal

Delusions

Suicidal

Phobias

Obsessions

Homicidal

Hallucinations

Auditory hallucinations

Olfactory Hallucinations

Tactile Hallucinations

Visual Hallucinations

Absent

Orientation status

Oriented to time

Oriented to place

Oriented to person

Absent

Previous

History Details

Next

Management Details

mi8

#### MAT Psychiatric Intake and Follow up Form

Visit Details

History Details

Examination Details

**Management Details**

Save and close

Discard

Biopsychosocial & Spiritual management plan

Psychiatric Follow Up

Progress Report

Treatment Plan

Date of Next Visit

dd/mm/yyyy

Previous

Examination Details

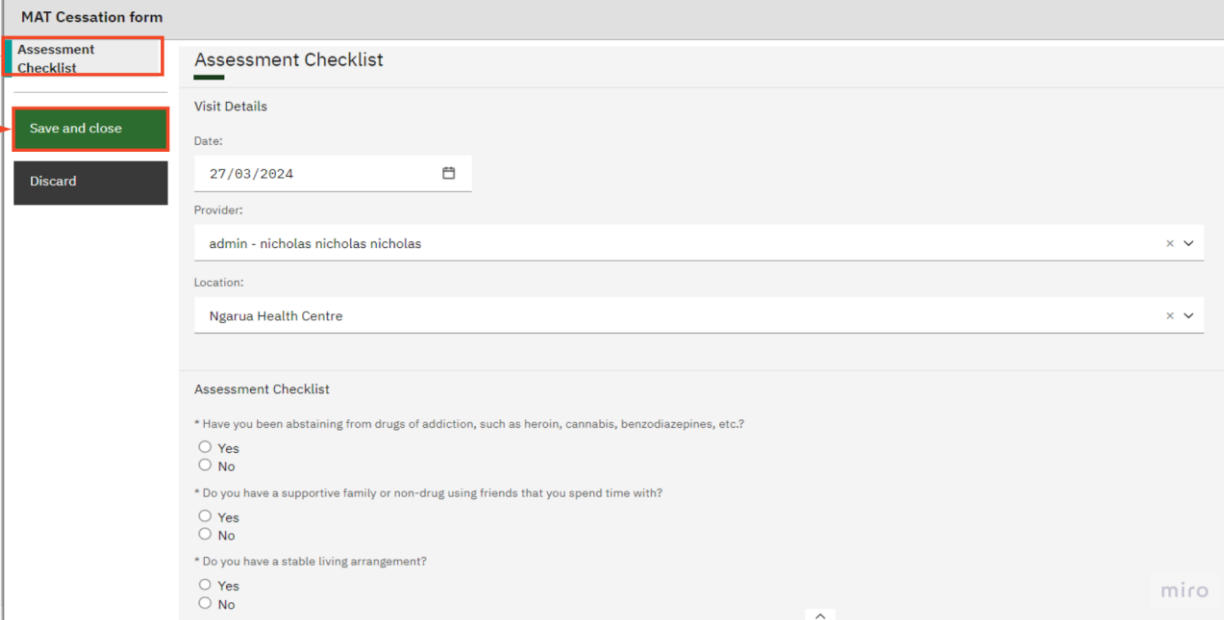
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### MAT Cessation Form

- This is the first form filled to assess the cessation criteria of the client to the MAT Program
- Fill in the Eligibility assessment sections which consists of two sections i.e. Visit details and Assessment checklist
- Click on Save and Close to save the form when done.

Fill in the Assessment section

Click here to Save form



**MAT Cessation form**

**Assessment Checklist**

Visit Details

Date: 27/03/2024

Provider: admin - nicholas nicholas nicholas

Location: Ngarua Health Centre

**Assessment Checklist**

\* Have you been abstaining from drugs of addiction, such as heroin, cannabis, benzodiazepines, etc.?

Yes  
 No

\* Do you have a supportive family or non-drug using friends that you spend time with?

Yes  
 No

\* Do you have a stable living arrangement?

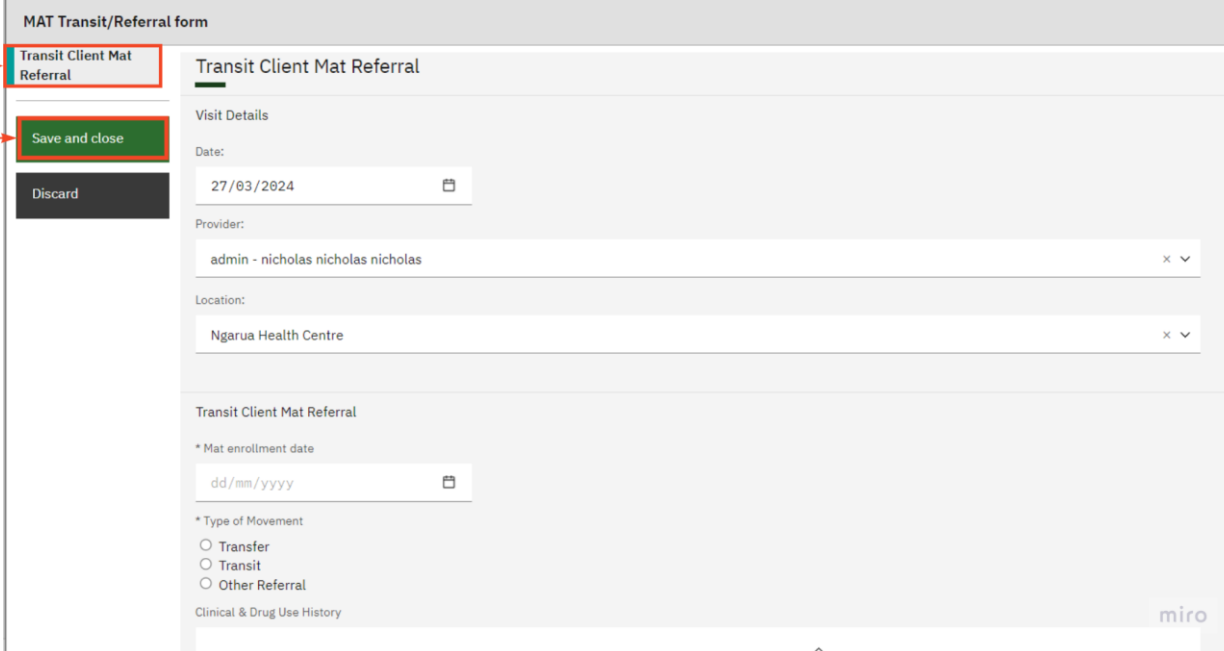
Yes  
 No

### MAT Transfer/Transit Form

- This Form is filled to initiate a Transfer or Transit to a client
- Fill in the Transit/Referral sections which consists of two sections i.e. Visit details and transit/transfer details
- Click on Save and Close to save the form when done.

Fill in the Assessment section

Click here to Save form



**MAT Transit/Referral form**

**Transit Client Mat Referral**

Visit Details

Date: 27/03/2024

Provider: admin - nicholas nicholas nicholas

Location: Ngarua Health Centre

**Transit Client Mat Referral**

\* Mat enrollment date

dd/mm/yyyy

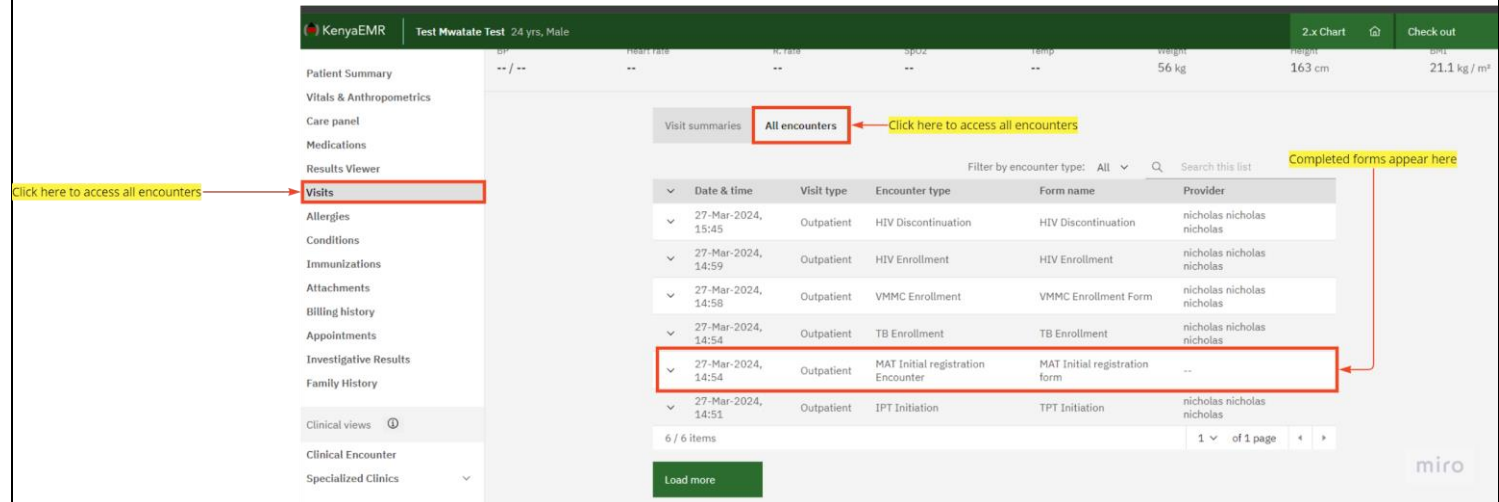
\* Type of Movement

Transfer  
 Transit  
 Other Referral

Clinical & Drug Use History

### How to edit an encounter form

- To access the completed form, navigate to patient summary on the left navigation panel and then click on visits. Click on all encounters to access the completed forms.
- Edit any of the encounter forms as you wish



Click here to access all encounters →

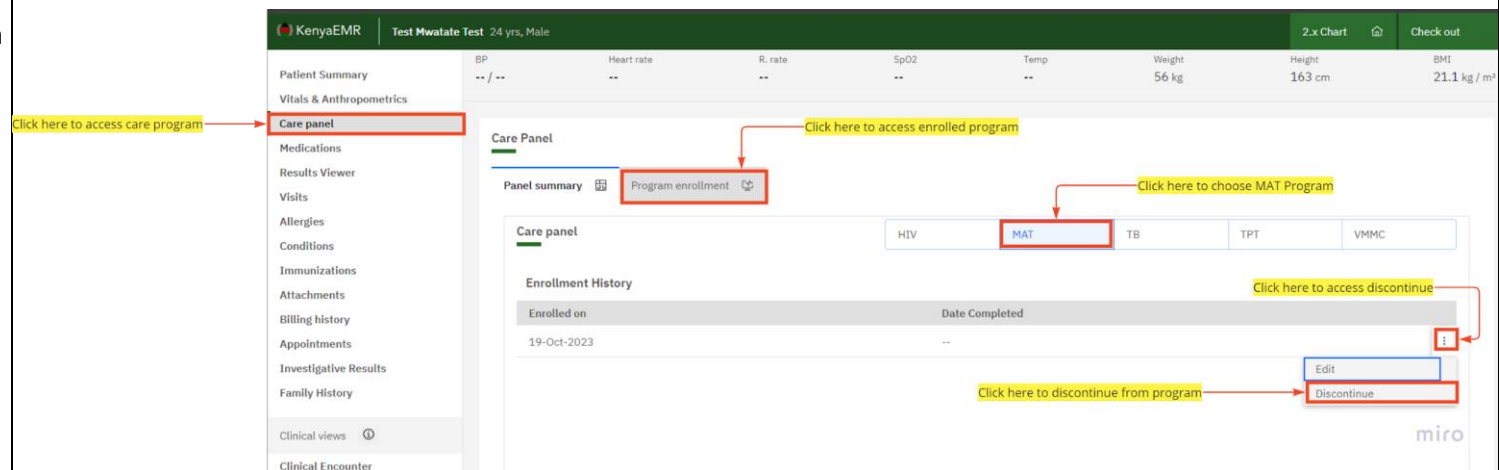
Click here to access all encounters

Completed forms appear here

Date & time	Visit type	Encounter type	Form name	Provider
27-Mar-2024, 15:45	Outpatient	HIV Discontinuation	HIV Discontinuation	nicholas nicholas nicholas
27-Mar-2024, 14:59	Outpatient	HIV Enrollment	HIV Enrollment	nicholas nicholas nicholas
27-Mar-2024, 14:58	Outpatient	VMMC Enrollment	VMMC Enrollment Form	nicholas nicholas nicholas
27-Mar-2024, 14:54	Outpatient	TB Enrollment	TB Enrollment	nicholas nicholas nicholas
27-Mar-2024, 14:54	Outpatient	MAT Initial registration Encounter	MAT Initial registration form	--
27-Mar-2024, 14:51	Outpatient	IPT Initiation	TPT Initiation	nicholas nicholas nicholas

### How to Discontinue from MAT program

- To access the discontinuation form, navigate to patient summary on the left navigation panel and then click on care panel. Click on Program enrollment to access the MAT program
- Click on the MAT program as highlighted and on the far left click on the dots as indicated and click on Discontinue



Click here to access care program →

Click here to access enrolled program

Click here to choose MAT Program

Click here to access Discontinue

Click here to discontinue from program

Enrolled on	Date Completed
19-Oct-2023	--

### Discontinuation Form

- Once Discontinue is clicked the discontinuation form should appear on the clinical forms.
- Fill in the form details and save and close.
- Once saved the client will be discontinued from the program.

THE END