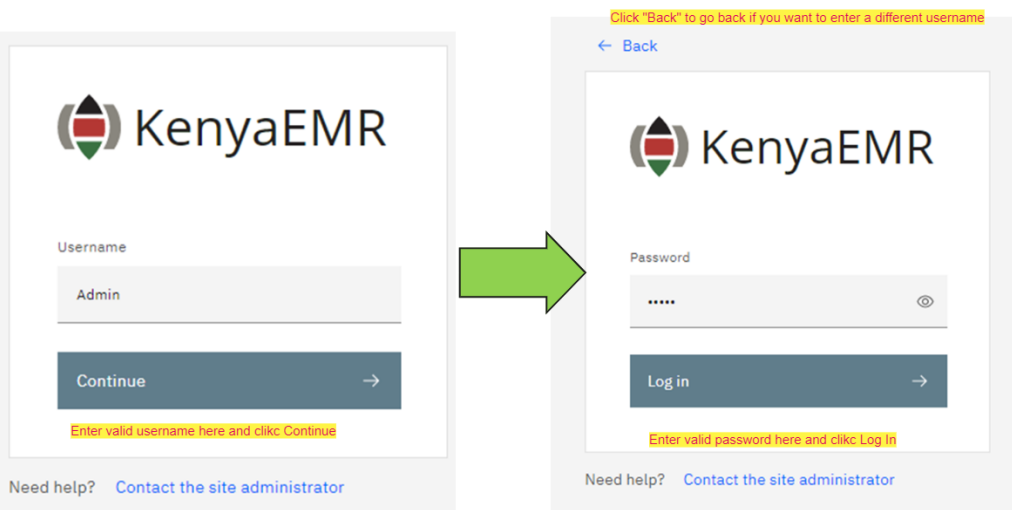# SOP: How to Document MAT Services in KenyaEMR

Tasks:	How to document MAT Module services offered to a client in KenyaEMR OpenMRS 3.x platform
Objective:	Successfully Log into KenyaEMR, enroll to MAT services, and document the details in KenyaEMR
Who:	All facility staff responsible for conducting MAT Services
Required Materials:	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.

Step 1	**Login to KenyaEMR.** Enter the application server URL system. *"[ServerIpAddress:8080/openmrs]"* and click on the load button or Enter key from the keyboard. On successful loading, you should be navigated to the system login page. Authenticate entry by providing username and password on the fields and click "*Login*" Upon successful login, you shall be navigated to KenyaEMR Home Page. Successful login will direct you to the KenyaEMR Home Page where the landing page is displayed based on the user role.	

NB:
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"

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**

Active Visits

Q 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**'	

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 *Specify location (Facility) from the list. Click here* 10 Engineer VCT **Visit type** Recommended / All Search for a visit type *Specify visit Type from the options listed here* ○ Outpatient 1 / 1 items 1 ∨ of 1 page

| | 2.x Chart | ⌂ | Check in | ⊗ |

Start a visit   ×   🛒

Billing

Is patient exempted from payment?   Indicate if patient is exempted from paying or not.
○ Yes   ○ No   If yes, indicate reason for exemption.

Payment methods   If No, proceed to select payment method

Select payment method   ⌃

Cash

Insurance   Select the preferred mode of payment

Mobile Money

Waiver

Queue Location

Select a queue location
CCC   ⌄   Select the service point

Service

Select a service
Triage service   ⌄   Select the the service the client is receiving

Priority

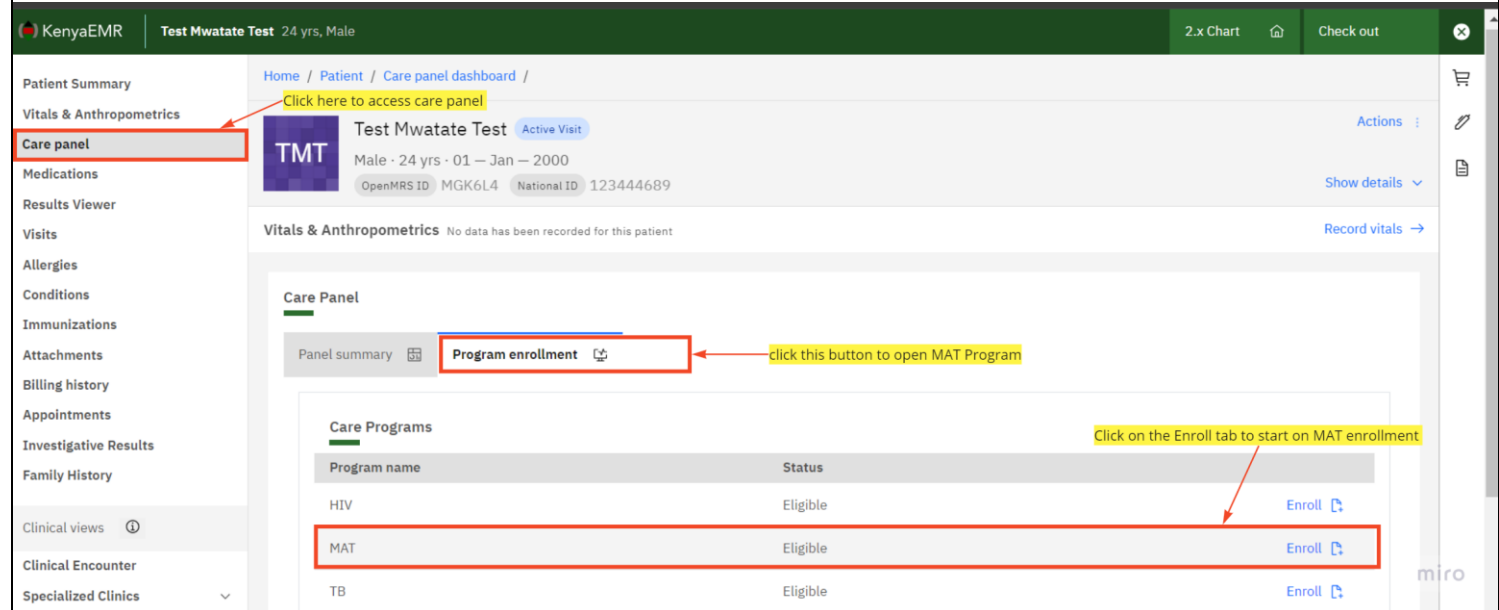○ Emergency   ◉ Not Urgent   ○ Urgent   Select the priority level of the client based on their health conditio

Discard | Check in   Click check in upon completion of all required details

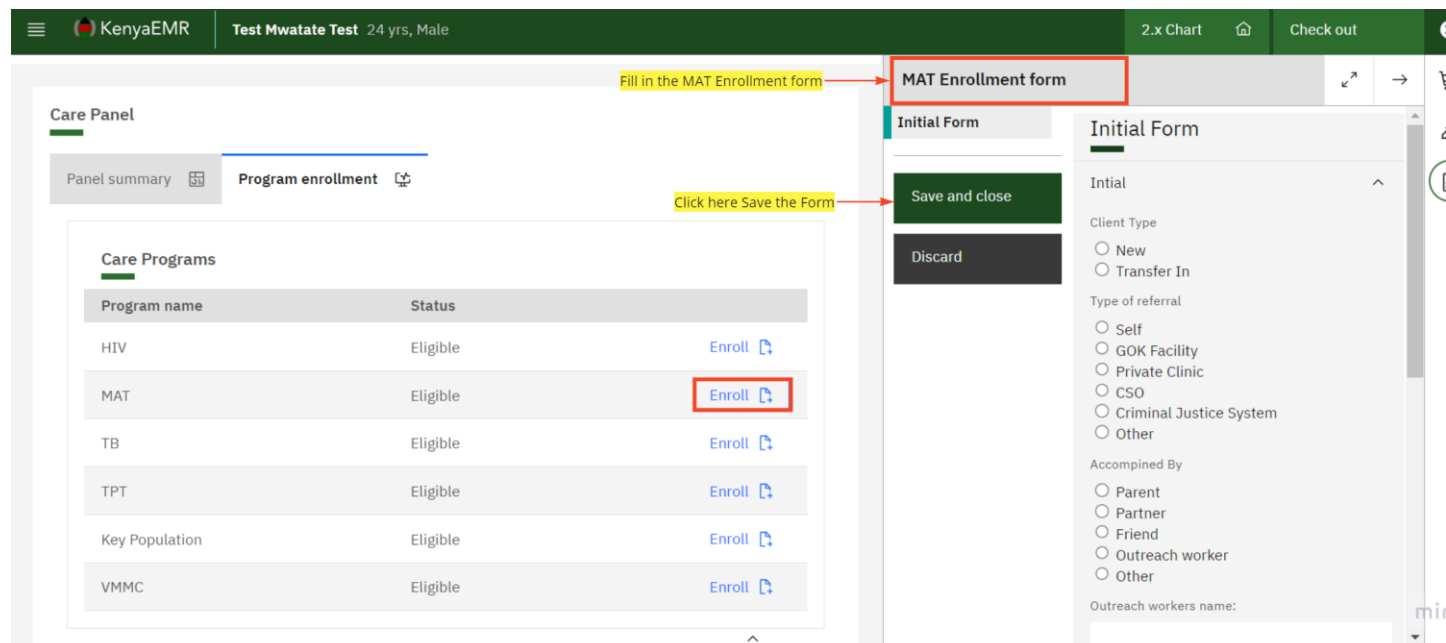| **Step 5**		
	Enrolling to MAT Program - After checking-in the client, proceed to click on the **'Care panel'** Icon on the left navigation panel. Locate the **Program Enrollment tab (**as highlighted). Click the MAT care program enroll button to enroll the client.	

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	

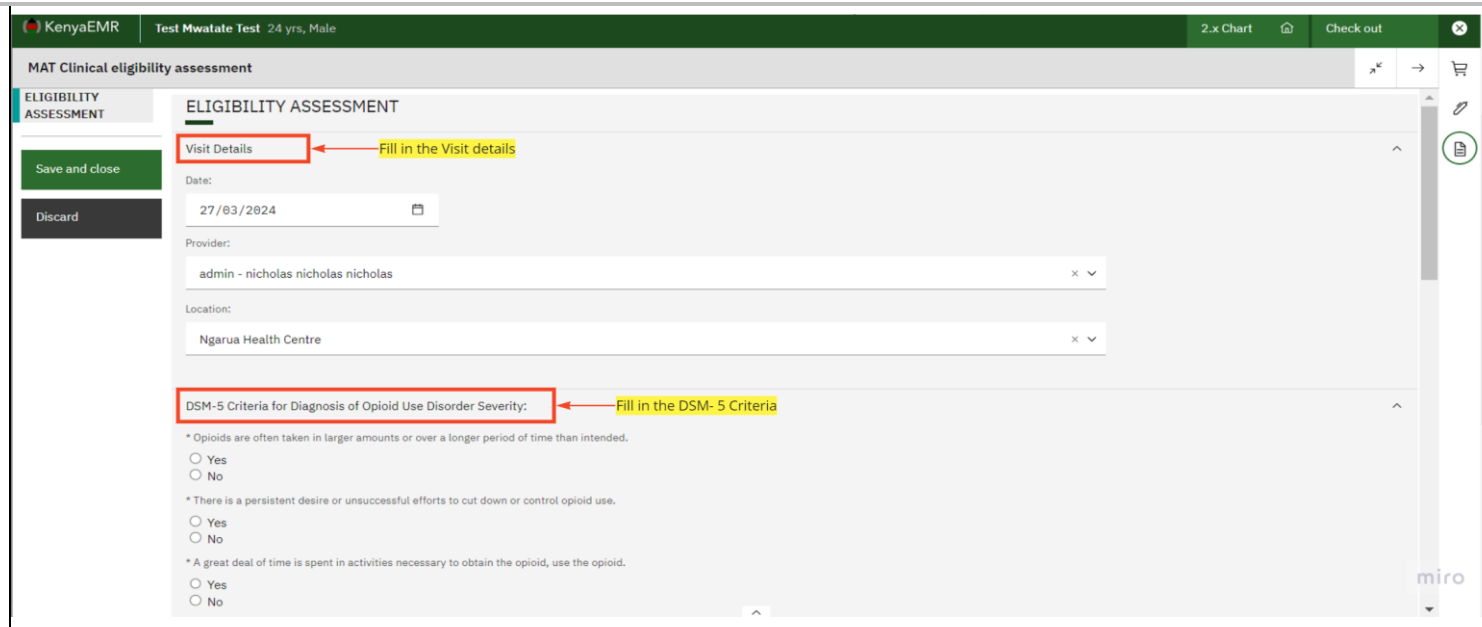| **Step 7**		
	Accessing other MAT Forms - Once a client has been enrolled to MAT program the various MAT forms will be accessible in the forms panel as highlighted	**Clinical Forms** ✕ 🔍 MAT ✕ | Form Name (A-Z)	Last completed
MAT Cessation form	Never
MAT Clinical eligibility assessment	Never
MAT Clinical 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.	

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

MAT Psychosocial intake and followup form

Fill in the Visit details section

Visit Details

Visit Details

Encounter Details

* Visit date:

27/03/2024

Provider:

admin - nicholas nicholas nicholas

Location:

Ngarua Health Centre
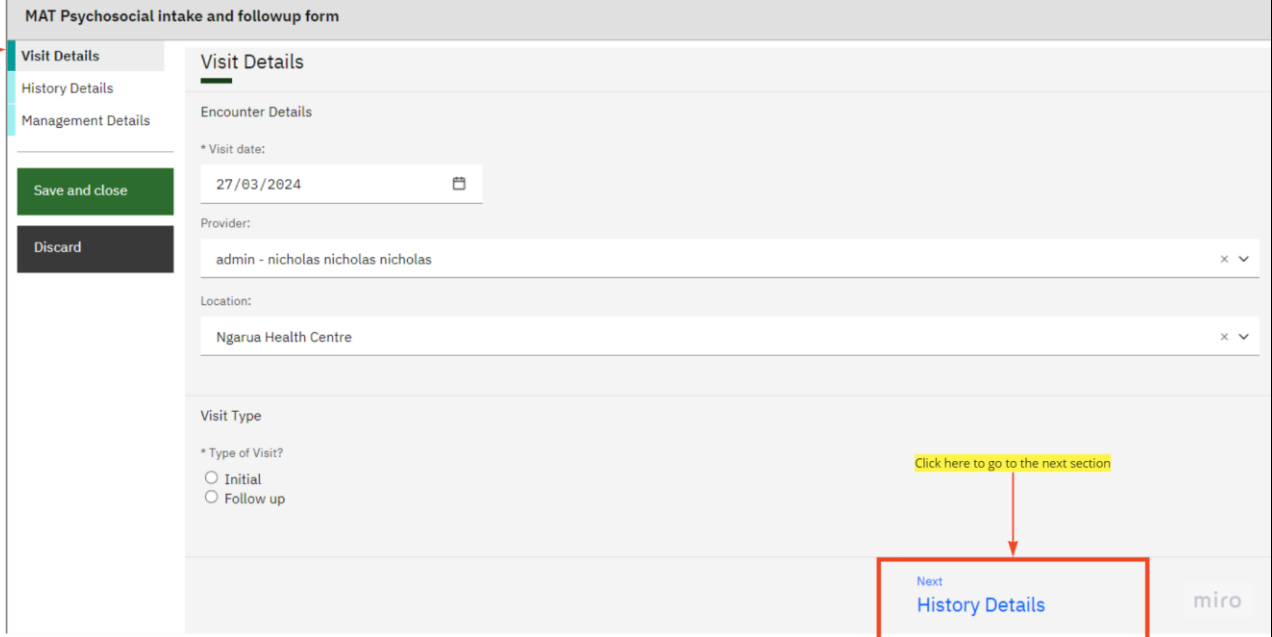
History Details

Management Details

Save and close

Discard

Visit Type

* Type of Visit?
- ○ Initial
- ○ Follow up

Click here to go to the next section
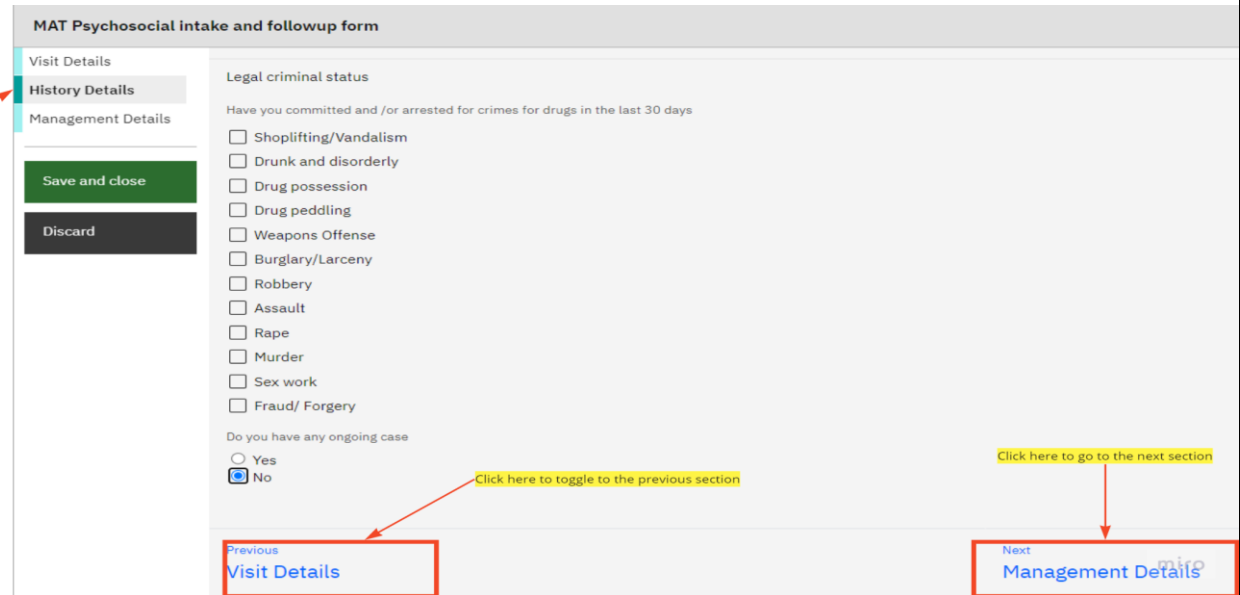
Next
History Details

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

MAT Psychosocial intake and followup form

Fill in the History details section

Visit Details

History Details

Management Details

Save and close

Discard

Legal criminal status

Have you committed and /or arrested for crimes for drugs in the last 30 days

- ☐ Shoplifting/Vandalism
- ☐ Drunk and disorderly
- ☐ Drug possession
- ☐ Drug peddling
- ☐ Weapons Offense
- ☐ Burglary/Larceny
- ☐ Robbery
- ☐ Assault
- ☐ Rape
- ☐ Murder
- ☐ Sex work
- ☐ Fraud/ Forgery

Do you have any ongoing case
- ○ Yes
- ● No

Click here to toggle to the previous section

Click here to go to the next section

Previous
Visit Details

Next
Management Details

Record Management Details

- Document the management details i.e. Treatment plan

- Click on Save and close to save the form.

-

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

MAT Treatment form

Visit Details

Patient Details

Save and close

Discard

Visit Details

Encounter Details

* Visit date:
27/03/2024

Provider:
admin - nicholas nicholas nicholas

Location:
Ngarua Health Centre

Click here to toggle to the Next section

Next
Patient Details

miro

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.

MAT Treatment form

Visit Details

Fill in the patient details section

Patient Details

Click here to save form

Save and close

Discard

Referral and Linkages

Patient referred and linked for

☐ Psychosocial Support
☐ Psychiatric Support
☐ Nutritional Support
☐ Vaccination Service
☐ Sexual and Reproductive Health
☐ Radiology service
☐ Laboratory Service
☐ Legal/Paralegal services
☐ Social Protection
☐ GBV Services
☐ Other

* Date of Next Visit
dd/mm/yyyy

Previous
Visit Details
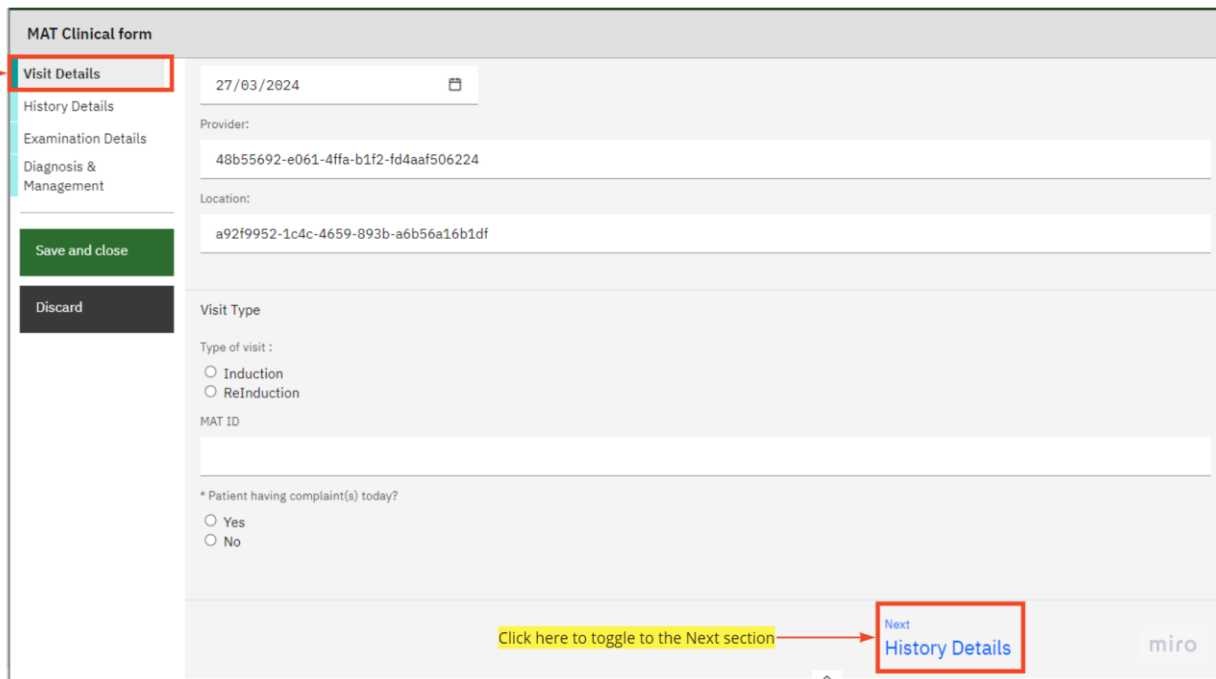
Click here to toggle to the Previous section

miro

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

MAT Clinical form

Visit Details

History Details

Examination Details

Diagnosis & Management

Save and close

Discard

27/03/2024

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

miro

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

MAT Clinical Form (cont)

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

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 physcian 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

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

Fill in the Examination details section

MAT Psychiatric Intake and Follow up Form

Visit Details
History Details
Examination Details
Management Details

Save and close
Discard

☐ Normal
☐ Delusions
☐ Suicidal
☐ Phobias
☐ Obssessions
☐ Homicidal

Hallucinations
☐ Auditory hallucinations
☐ Olfactory Hallucinations
☐ Tactile Hallucinations
☐ Visual Hallucinations
☐ Absent

Orientation status
☐ Oriented to time
☐ Oriented to place
☐ Oriented to person
☐ Absent

Click here to toggle to the Next section

Previous
History Details

Next
Management Details

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

Fill in the Management details section

Click here to Save form

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

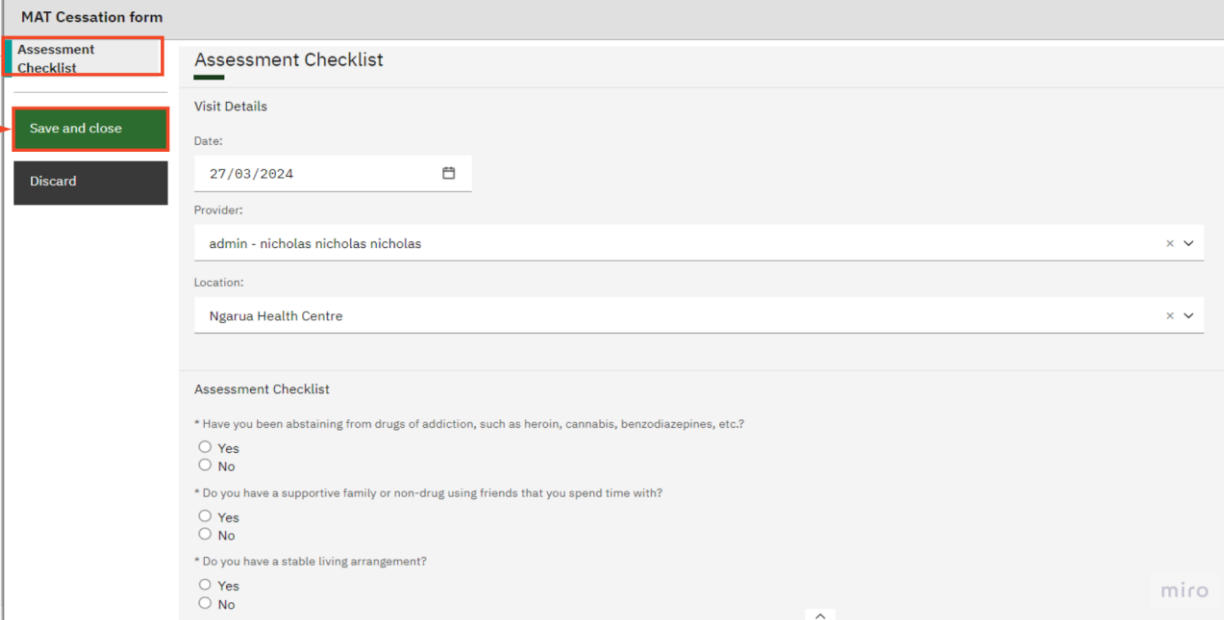Date of Next Visit
dd/mm/yyyy

Previous
Examination Details

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
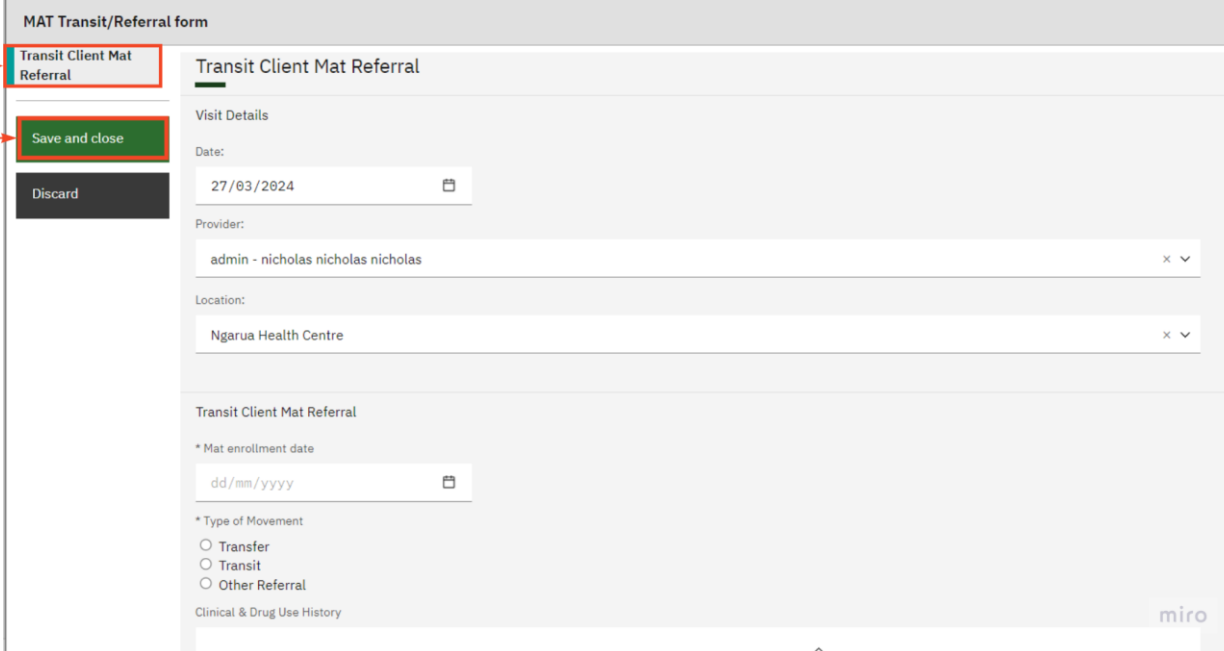- Click on Save and Close to save the form when done.

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.
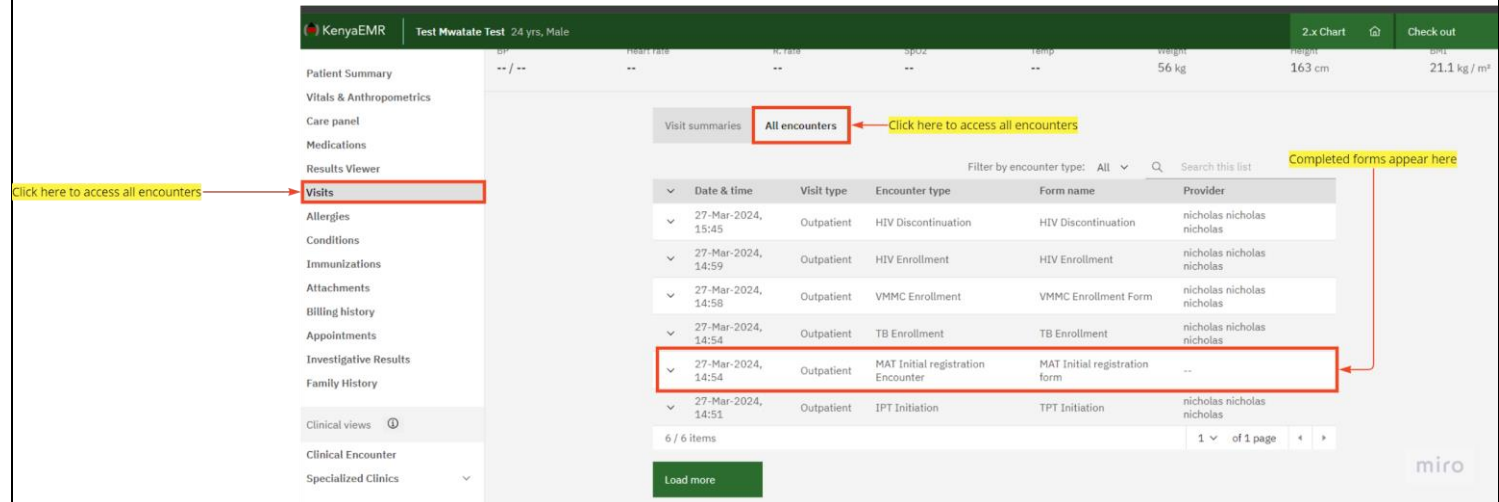
How to edit an encounter form

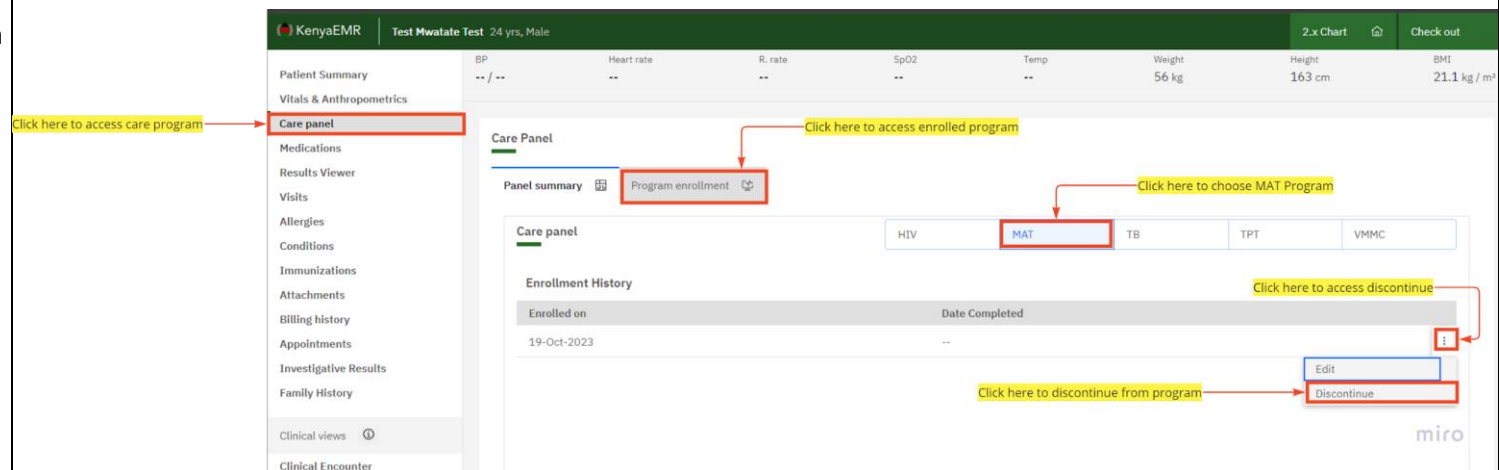|	
- To access the completed form, navigate to patient summary on the left navigation panel and then click on visits. Click on all encounters to access the completed forms. - Edit any of the encounter forms as you wish	
How to Discontinue from MAT program - To access the discontinuation form, navigate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