





SOP: Electronic VMMC User guide

(Last Updated: March 2024)

Background:	eVMMC program has been incorporated into KenyaEMR to support documentation of VMMC services at facility level. This document outline how to navigate and utilize this
Objectives:	To guide users on how to navigate and utilize eVMMC module on KenyaEMR 3.X
Target Users:	Clinician, HRIO, HMIS
Requirements:	eVMMC Module is included as part of KenyaEMR System, hence no need for separate setup process. Facilities only need to upgrade their KenyaEMR instances to a version that contains this module.
Assumption:	This manual assumes that the patient is already registered in KenyaEMR, hence will begin from the process of enrolment into VMMC service.

Area		III	lustration		
		Schematic wor	kflow of eVMN	/IC module in K	(enyaEMR
Summary eVMMC Module in KenyaEMR comprises five main forms i.e. i. Client enrolment form ii. Medical History & Physical Examination		1. Register patient in KenyaEMR	2. Enroll Client into VMMC Service	3. Fill Medical History & Examination	4. Fill Circumcision Procedure form
 iii. Circumcision procedure form iv. Immediate post- operation assessment v. Client follow-up form 		Client returns to facility for the appointment.	6. Check-in client	eVMMC Re	Operation Assessment
The diagram provides a summary of the eVMMC workflow for quick reference.	NB: All forms are completed during the initial visit except Client Follow-up form that is used during client's follow up visit.		7. Fill VMMC Client Follow-up Form		

SPage | 1







	🌔 KenyaEMR		Q :::	₽+ & ©
	Home	Active Visits		Û
Step 1. Client Registration	Billing Laboratory	Q Filter table	Click	to Add Patient
The first step before recording any details about your client is to	In Patient	✓ Visit Time ID Number Name Gender	Age	Visit Type
register them in the system. The diagram provides a simplified	Appointments	✓ Today, 02:30 PM MGW9LC OJWANG OJWANG OJWANG M ✓ Today, 02:01 PM MGEN22 MIDIA MIDIA E	55	Outpatient
stepwise process of client	Service queues	✓ Today, 02:01 PM MHFY9E Miriam Otieno Omollo F	19	Outpatient
KenyaEMR to		✓ Today, 11:57 AM MGHLAK KIBOI KIBOI KIBOI M	48	Outpatient
proceed.		✓ Today, 10:12 AM MGFTRG Peter Peter Peter Feter F	52	Outpatient
		✓ Today, 10:11 AM MHG4WP Testing Kinus M	26	Outpatient
		 Today, 09:59 AM MGJE91 OMARI OMARI OMARI F Today, 09:49 AM MHFXCA Mary Auma Otieno F 	33	Inpatient
		✓ Today, 09:44 AM MGJE9T OMARI OMARI OMARI F	24	Outpatient
		✓ 26-Mar-2024, 04:46 PM MGJAGG FREDA FREDA FREDA M	19	Inpatient
		Items per page: 10 ∨ 1–10 of 1235 items	1 ∨ of 124	pages







	(i) KenyaEMR	
	Home / Patient Registration	on /
 Step 2. Fill in the registration form. Complete the form with correct details of. Basic Information Contact Details Demographics 	Create New Patient Jump to - Basic Info - Contact Details - Demographics - Relationships - Next of Kin Details Post to registry	Client verification with client registry Select country Select identifier type Kenya × A Validate It fields are required unless marked optional Full Name First Name
 Relationships Next of Kin Details Upon completion, click on Post to registry to very with Central Registry 	Register Patient Cancel	Middle Name (optional) Family Name
Once validation is successful, click on "Register Patient" to complete registration.		Sex Sex Male Female Birth Date of Birth Known?
		Date of Birth dd/mm/YYYY Identifiers Configure → OpenMRS ID Auto-deparated







Step 3: Client enrolment to VMMC Service

() KenyaEMR

Home

Billing Laboratory

In Patient

Appointments

Service queues

Before any documentations can be performed, the client has to be enrolled into VMMC Service.

Steps:

 Search for the registered potential VMMC client and click to select.

	Q oma			× Search	× ::: 冷 &
	11 search results				Î
Active Visits Step 1	0000 OMARI OMARI Female · 60 yrs ·	OMARI OpenMRS ID MGHY3K			
Q Filter table	OMARI OMARI	OMARI			Visit Type
 Today, 02:01 PM 	Female · 51 yrs ·	OpenMRS ID MGJ7UN			Outpatient
✓ Today, 12:11 PM	000 OMARI OMARI	OMARI			Outpatient
✓ Today, 11:57 AM					Outpatient
 Today, 10:12 AM 	000 Female · 52 yrs ·	OpenMRS ID MGHJUF			Outpatient
✓ Today, 10:11 AM	OMAR OMAR O	MAR			Outpatient
 Today, 09:59 AM Today, 09:49 AM 	Male · 21 yrs · C	OpenMRS ID MGTTMU			Uutpatient Inpatient
 Today, 09:44 AM 	MGJE9T	OMARI OMARI OMARI	F	24	Outpatient
✓ 26-Mar-2024, 04:46 PM	MGJAGG	FREDA FREDA FREDA	М	19	Inpatient
✓ 19-Mar-2024, 06:53 PM	MHFYU3	Fred Otieno	М	57	Outpatient
Items per page: 10 ∨ 1–10 of 1235 items					1 ∨ of 124 pages ∢







2. Navigate to the care panel on the left as shown on the diagram.

(KenyaEMR	OMARI OMAR	I OMARI 60 yrs, Female	2.x Chart	Check in	8
Patient Summary		Home / Patient / Patient Summary dashboard /			Ä
Vitals & Anthropome Care panel	etrics Step 2			Actions :	Ø
Medications Results Viewer		OpenMRS ID MGHY3K Unique Patient Number 1251604440		Show details 🗸	
Visits		Vitals & Anthropometrics 22-Feb-2018, 12:00 AM Vitals history		Record vitals \rightarrow	
Allergies Conditions		BP Heart rate R. rate SpO2 Temp Weight /	Height 164 cm	BMI	
Immunizations Attachments		AHD Client Due for CACX Screening Due for Serum CrAg test Lost to Followup Eligible for COVID-19 Vaccination			
Billing history					
Appointments		Conditions			
Investigative Result	s				
Family History					
Clinical views 🛈		There are no conditions to display for this patient			
Clinical Encounter		Record conditions			
Special Clinics	\checkmark				
		Active Medications			
		There are $n_{\rm L}$ ive medications to display for this patient			







 On the Care panel dashboard, click on "program enrolment".

	MARI OMARI OMARI 60 yrs, F	emale				2.x Chart {m}	Спеск іп	
Patient Summary	Home / Patien	it / Care panel dashboard /						
/itals & Anthropometric	s (OMARI OMARI OMARI					Actions :	
ledications	000 F	emale · 60 yrs · 25 – Dec – 1	963				Show dotails	
esults Viewer		openmiks ID MGHY3K Unique	1251604440				Show details V	
sits	Vitals & Anthr	opometrics 22-Feb-2018, 12:00	AM Vitals history				Record vitals \rightarrow	•
llergies	BP	Heart rate	R. rate SpO2	Temp	Weight	Height	BMI	
Inditions	/					164 cm		
imunizations								
achments	AHD Client D	ue for CACX Screening Due for Seri	um CrAg test Lost to Followup Eligible for C	OVID-19 Vaccination				
ling history	Caro Danal							
opointments	Care Faller	Step 3						
mily History	Panel sun	nmary 🗔 Program enrollm	ent 🔛 Print summary 🛱					
anity filotory								
nical views (1)	Care p	anel	HIV					
inical Encounter								
ecial Clinics	~ Curr	ent Status						
	Last v	riral load e	Last CD4 count 64.0 (12-Aug-2008)	CD4 pero None	centage			
	Last V	WHO stage	Regimen	Date sta	rted regimen			
	WHO) STAGE 2 (22-Feb-2018)	TDF/3TC/NVP Edit	26-Aug	g-2017			
	D-4	imon History						
	Regi	men mistory						







		(KenyaEMR Kitale Town Sit	ie 41 yrs, Male						2	l.x Chart 🕜	Check out	8
		Patient Summary	Home / Patient / Care panel dashboard /									Ä
		Vitals & Anthropometrics	Kitale Town Site Active	Visit							Actions	1
		Care panel	KTS Male · 41 yrs · 15 - Apr - 1	.982								B
		Results Viewer	OpenMRS ID MGK6FJ Nati	onal ID 01010101 Unique Patie	nt Number 1533901189						Show details 🗸	
		Visits	Vitals & Anthropometrics 21-Mar-2024, 12	:08 Overdue Vitals history							Record vitals \rightarrow	
		Allergies	BP	Heart rate	R. rate	Sp02	Temp	Weight	Height		BMI	
		Conditions	121/84 mmHg	89 rate/min	16	96 %	36.6 DEG C	65 kg	171 cm		22.2 kg / mª	
4.	Navigate to VMMC and click on	Immunizations Attachments	Due for CD4 test Eligible for COVID-19 Vaccina	ation								
	Enrol button to Enrol client into	Billing history										
	VMMC service.	Appointments	Care Panel									
		Investigative Results	Decel automatica 🕮 🛛 Decedaria accel	llanant Dh								
		Family History	Panel summary by Program enrol	ument 🕁								
		Clinical views	Care Programs									
		Clinical Encounter	Program name			Status						
		Specialized Clinics \lor	MAT			Flicible					arall B	
			PPA1			Eligible					non L*	
			TB			Eligible				En	nroll 🕻	
			ТРТ			Eligible				Er	nroll 🕃	
			Key Population			Eligible				Er	nroll [
			VMMC			Eligible				4 Er	nroll 🕻	







5. This opens a VMMC Enrolment form on your right as shown.Provide all the information i.e

- Encounter date of the visit
- Select one referral option as appropriate
- Specify the source of VMMC information
- Select county of origin from the drop down list

Click on "**Save and Close**" to submit the form.

This successfully enrols the client to VMMC program.

Patient Summary	Nationa	Il Unique patient identifier 000)LJV87LZZ9L		VMMC Enrollment	Form	×7	\rightarrow	
Vitals & Anthropometrics	Vitals & Anthropom	etrics 19-Sept-2023, 11:45 AM	M () Overdue Vitals history	Record vitals \rightarrow	VMMC Enrollment	VMMC Enrollment Forr	m		^
Care panel	BP	Heart rate	R. rate	SpO2	Form				
Medications	113 / 82 mmHg	83 rate/min			a 11	Visit Details		^	
Results Viewer	Temp	Weight	Height	BMI	Save and close	Incounter Date:			
Visits		57 kg	175 cm	18.6 kg / m²	Discard	3/27/2024	Ö		l
Allergies						VMMC Enrollment Provider:			l
Conditions	LDL Eligible for COVI	D-19 Vaccination				admin - MUNGATHI MUNGAT	тнім х 🗸		
Immunizations									
Attachments	Conditions					Location:			
Billing history			1			Meru District hospital	× •		
Appointments									l
Investigative Results						Client Enrollment		~	l
Family History		There are no conditions	to display for this patient			t Deferred has			l
2		Record c	conditions			- Referred by:			
Clinical views 🛈						Self referral	~		
Clinical Encounter						* Client type:			l
Special Clinics \checkmark	Active Medication	ns				New Patient	~		l
						* Main source of VMMC Information	n:		l
						OPD/MCH/HT	~		
		There are no active as 11 - 11	in the discussion for the second second			* Country			
		I here are no active medicati	ions to display for this patient			- County :			







 6. Starting VMMC Service Locate and open VMMC History and Physical Examination form as indicated. Steps: Navigate to the patient care 	KenyaEMR KIBOI KIBO Patient Summary Vitals & Anthropometrics Care panel Medications Results Viewer Visits Allergies Conditions Immunizations Attachments Billing history Appointments Investigative Results	KIBOI 48 yrs, Male Waiting - Triage service Not Urgent Move patient to next service 2.x Chart Clinical Forms Home / Patient / Patient / Patient Summary dashboard / Clinical Forms Q vmmc Image: A ctive Visit Actions : Q vmmc Male · 48 yrs · 31 – Dec – 1975 OpenMRS 10 MGHLAK Unique Patient Number 1251604189 Show details v PrEP VMMC Screening District Registration Number 4189 National ID 80778986 VMMC Circumcision Procedure Form Vitals & Anthropometrics 19-Sept-2023, 11:45 AM Overdue Vitals history Record vitals → BP Heart rate R, rate Sp02 VMMC Discontinuation Form 113 / 82 mmHg 83 rate/min VMMC Immediate Post-Operation Assessment Form remp Weight Height BMI BMI VMMC Medical History and Physical Examination 57 kg 175 cm 18.6 kg / m ² VMMC Coreal History and Physical Examination	Check out × × × Last complexity * Last complexity * Never * Never step 1 Never * Today, 11:59 * Never * Never * Never *
panel dashboard. 2. Click on clinical forms icon as indicated. Note : This form is only visible after client is enrolled into VMMC Service	Family History Clinical views ① Clinical Encounter Special Clinics ~	LDL Eligible for COVID-19 Vaccination	







7. Documenting Medical History & **Physical Examination**

This is the first form that's available after client is enrolled into VMMC service. Use this form to start VMMC encounter. Note the required fields i.e. Encounter date, Consent given, presenting complaints, current treatment, allergies, previous surgical procedures, tetanus vaccination, health status and circumcision method chosen. Click "Save" to submit the form.

NB: You will not proceed to fill the form where consent is "No". Instead additional information on Referral services will be filled

(KenyaEMR peter learner	learner 32 y	rs, Male Waiting - Triage OPD	Not Urgent Move patient to next s	ervice 🖉					2.x Chart	Check ou	:	8
Patient Summary	Home / F	Patient / Patient Summary dash	board /				VMMC Medical His Form	tory and F	Physical Examination	on _v ;		Ä
Vitals & Anthropometrics Care panel	PLL	peter learner learne Male • 32 yrs • 15 – Jan	Active Visit			Actions :	VMMC Medical History and Physical Examination Form	VMMC Examin	Medical History ation Form	and Phys	ical '	
Results Viewer		OpenMRS ID MHG4C3				Show details 🗸	Save and close	Visit Detai ate:	ils		^	
Visits Allergies	Vitals & /	Anthropometrics Today, 09:25	AM Vitals history Heart rate	R. rate	SpO2	Record vitals →	Discard	3/26/2	2024	Ë		
Conditions Immunizations	120 / 70 Temp	mmHg	82 rate/min Weight	13 Height	96 % BMI			Provider:	MUNGATHI MUNGAT	'HI M× ∨		
Attachments Billing history	36 DEG C		98 kg	156 cm	40.3 kg / m²			Location: Meru Di	istrict hospital	×v		
Appointments Investigative Results Family History		Conditions						VMMC sou	urce Info		^	
Clinical views ①			There are no conditions to	display for this patient				* Consent g • Yes	jiven?			
Clinical Encounter Special Clinics ~			Record co	nditions				O No				
		Active Medications	There are no active medication Record active to	ns to display for this patient medications								
		Immunizations		^			1					r







8. VMMC Circumcision Procedure Form

This is the second form that is used to document the circumcision procedure. Ensure to capture as much information as possible while noting the fields marked with Asterisks (*) are mandatory i.e.

- 1. Encounter Date
- 2. Provider name. This will be automatically filled based on who has login in the system.
- Select the correct circumcision method option by selecting from the drop down available.
- 4. Select the appropriate Anaesthesia used from the drop-down list:
 - Click on Add button to select the Anaesthesia. use from the drop-down list.
 - Specify the concentration (mg)
 - Specify the volume.
 - (in mm)
 - Enter the date and time of the device placement.
 - Specify the time wound closure.

VMMC Circumcision	Procedure Form	
VMMC Procedure	VMMC Procedure	
Save and close	Encounter Details	
	Date:	
Discard	3/26/2024	
	Provider:	
	admin - MUNGATHI MUNGATHI	×
	Location:	
	Meru District hospital	×
	Method Of Circumcision	
	* Method:	
		~
	Circumcision Procedure	
	* Anaesthesia Type:	
		~
	Anaesthesia Agent used:	
	Add Other Agent	
	Other Agent	
	Time of Placement(device) or first surgical cut(conventional surgical)[time in 24 hour clock:	
	dd/mm/yyyy 🛱	
	Time of making the last slit(device) or time of wound closure (conventional surgical)[time in 24 hour clock:	







- 5. Record all the Adverse events Post circumcision that occur during procedure. Select from the drop-down list to select any:
 - adverse events
 - Severity
 - Then add description of AE management.
- 6. Record the appropriate medication given if any by selecting the available check boxes.
- 7. Capture the details and cadre of the personal in charge and the theatre register number.
- 8. Once done, click on "Save and close" to submit the form.

MC Circumcisio	Procedure Form
4C Procedure	Adverse Event Post Circumcision
	Record any Adverse Events that occurred during Circumscision Procedure
ave and close	
scard	Severity
	Management of Adverse Events if any:
	Remove
	Add
	* Medication given if any:
	Ves
	Medication
	Personnel in charge
	* Name of Clinician
	* Cadre
	Nurse Name of Assistant Clinician
	Cadre
	O Nurse
	* Theatre Register Number:
0	



KenyaEMR
 VMMC Immediat

VMMC Immediate

Post-Operation Assessment

Discard





9. VMMC Immediate Post-Operation Assessment form

This form is used to document post circumcision events.

Capture as much information as can be provided by client while noting the fields marked as Required.

- 1. Enter the date of the visit
- 2. Capture all the vital information, i.e Pulse Rate and Temperature. You can also review the last vital values captured previously for comparison.
- 3. Select and click on the appropriate option for penis elevation and post procedure instructions to client.
- 4. Specify any other medication given. Tick all the options that apply.
- 5. Enter the date of:
 - removal date
 - next appointment date
 - Specify the name of discharging officer and the cadre.
- 6. Click on "**Save and Close**" to Submit form once done.

NB: Form will not submit If any of the required field is blank.

peter learner learner 32 yrs, Male Waiting - Triage OPD Not Urgent Move patient to next service 🖉	
ost-Operation Assessment Form	
3/26/2024	
Provider:	
admin - MUNGATHI MUNGATHI	×
Location:	
Meru District hospital	×
VMMC Immediate Post-Operation Assessment	
* Systalia (mmHg)	
	-
L This field is required!	
* Diastolic (mmHg)	
	-
* Pulse Rate	
	-
* °C	
	-
* Panis elevated against abdomen?	
♥ No ○ Yes	
* Client given post procedure instruction?	
O No O Yes	
* Post operation medication given?	
● No ○ Yes	
* Scheduled removal date:	
dd/mm/yyyy 📋	
* Scheduled next visit(device removal/review):	
dd/mm/yyyy 📫	
* Discharged by:	
* Cadre:	
O Nurse	







10. VMMC Client Follow-up Form The form is used to capture information during a client's follow up visit. Document all the fields as required.

Steps:

- 1. Search and locate the client from the system
- 2. Click on client's name to open profile
- 3. Check-in client
- 4. Open VMMC follow up form and complete as guided.
 - Enter the date of the visit -
 - Specify the visit type by clicking on the appropriate option.
 - Day since the circumcision with an auto-calculated field. You do not have to enter anything here.
- Specify if there is any Post circumcision Adverse Events during this follow up. If "yes" click on the "Add" button an select the appropriate AE that occurred during the procedure
- Specify if any medication was given and select appropriately.
- Enter the name of discharging officer and cadre.

🛑 KenyaEMR	peter learner 32 yrs, Male Waiting - Triage OPD Not Urgent Move patient to next service 2	
VMMC Client Follo	ow-Up Form	
VMMC Client Follow Up Form	- VMMC Client Follow-Up Form	
	VMMC Client Follow-Up Form	
Save and close	Date:	
Discard	3/26/2024 芭	
	Provider:	
	admin - MUNGATHI MUNGATHI MUNGATHI	×
	Location:	
	Meru District hospital	×
	Follow-Up Information	
	* Type of Visit:	
	Davis since last circumoision:	
	false	
	Adverse Event Post Circumcision	
	Was there an Adverse Event post circumcision (during follow up)?	
	Yes	~
	Adverse Event Post Circumcision	
	Record any Adverse Events that occurred during Circumscision Procedure	
		~
	Severity	
		~
	Manägement of Adverse Events if any:	
		/_
	Remove	
	Add * Medication given if any:	
Click on "	"Save and Close" to Submit form once done.	







11. VMMC Discontinuation Once the client has completed all the required appointments. The last process is to fill in a discontinuation form.

This is the final encounter before the client is discharged from VMMC service.

- Complete the date of client visit
- Enter the client Discontinuation Date
- 5. Click on "**Save and Close**" to Submit form once done.

(🖨) KenyaEMR	peter learner 132 yrs, Male Waiting - Triage OPD Not Urgent Move patient to next service 🏾 🧷			
VMMC Discontinuation Form				
VMMC Discontinuation Form	VMMC Discontinuation Form			
	Encounter Details			
Save and close	Date:			
	3/26/2024			
Discard	Provider:			
	admin - MUNGATHI MUNGATHI			
	Location:			
	Meru District hospital			
	Details			
	* Discontinuation date			
	dd/mm/yyyy 📋			
	* Reason:			
	Patient has healed			

THE END