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	Illustration

Summary
eVMMC Module in KenyaEMR comprises five main forms i.e.
   i.   Client enrolment form
   ii.   Medical History & Physical Examination
   iii.   Circumcision procedure form
   iv.   Immediate post-operation assessment
   v.   Client follow-up form
 	
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.
	
	Schematic workflow of eVMMC module in KenyaEMR

Step 1. Client Registration

The first step before recording any details about your client is to register them in the system.
The diagram provides a simplified stepwise process of client registration. You must login into KenyaEMR to proceed.

KenyaEMR

	Home
	Billing
	Laboratory
	In Patient
	Appointments
	Service queues

Active Visits

Click to Add Patient

Q Filter table

	Visit Time	ID Number	Name	Gender	Age	Visit Type
⌄	Today, 02:30 PM	MGW9LC	OJWANG OJWANG OJWANG	M	55	Outpatient
⌄	Today, 02:01 PM	MGFN33	MIRIA MIRIA MIRIA	F	64	Outpatient
⌄	Today, 12:11 PM	MHFY9E	Miriam Otieno Omollo	F	19	Outpatient
⌄	Today, 11:57 AM	MGHLAK	KIBOI KIBOI KIBOI	M	48	Outpatient
⌄	Today, 10:12 AM	MGFTRG	Peter Peter Peter	F	52	Outpatient
⌄	Today, 10:11 AM	MHG4WP	Testing Kinus	M	26	Outpatient
⌄	Today, 09:59 AM	MGJE9T	OMARI OMARI OMARI	F	24	Outpatient
⌄	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 ◄ ►

Step 2. Fill in the registration form.
Complete the form with correct details of.

- Basic Information
- Contact Details
- Demographics
- Relationships
- Next of Kin Details

Upon completion, click on Post to registry to very with Central Registry Once validation is successful, click on "Register Patient" to complete registration.

KenyaEMR

Home / Patient Registration /

Create New Patient

Jump to

↳Basic Info

↳Contact Details

↳Demographics

↳Relationships

↳Next of Kin Details

Post to registry

Register Patient

Cancel

Client verification with client registry

Select country   Select identifier type

Kenya   × ⌄   ⌄   🔍   Validate

1. Basic Info
All fields are required unless marked optional

Full Name

First Name

Middle Name (optional)

Family Name

Sex

Sex

○ Male
○ Female

Birth

Date of Birth Known?

Yes   No

Date of Birth

dd/mm/YYYY   📅

Identifiers   Configure →
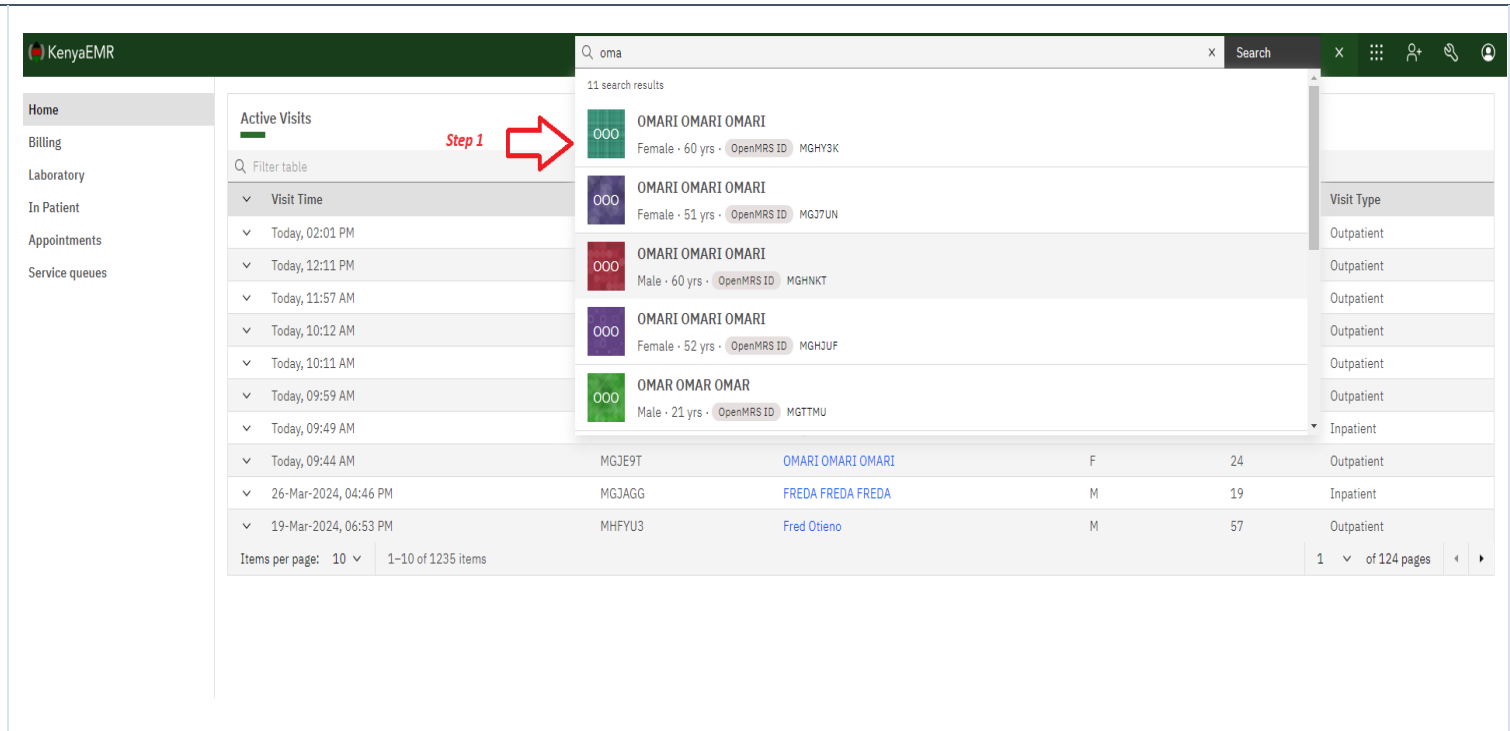
OpenMRS ID
Auto-generated

Step 3: Client enrolment to VMMC Service

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

Steps:

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

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

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

KenyaEMR — OMARI OMARI OMARI 60 yrs, Female

2.x Chart | Check in

Home / Patient / Care panel dashboard /

OOO

OMARI OMARI OMARI
Female · 60 yrs · 25 — Dec — 1963

OpenMRS ID MGHY3K | Unique Patient Number 1251604440

Actions :

Show details ∨

Vitals & Anthropometrics 22-Feb-2018, 12:00 AM Vitals history

Record vitals →

BP	Heart rate	R. rate	SpO2	Temp	Weight	Height	BMI
-- / --	--	--	--	--	--	164 cm	--

AHD Client | Due for CACX Screening | Due for Serum CrAg test | Lost to Followup | Eligible for COVID-19 Vaccination

Care Panel

Step 3

Panel summary | Program enrollment | Print summary
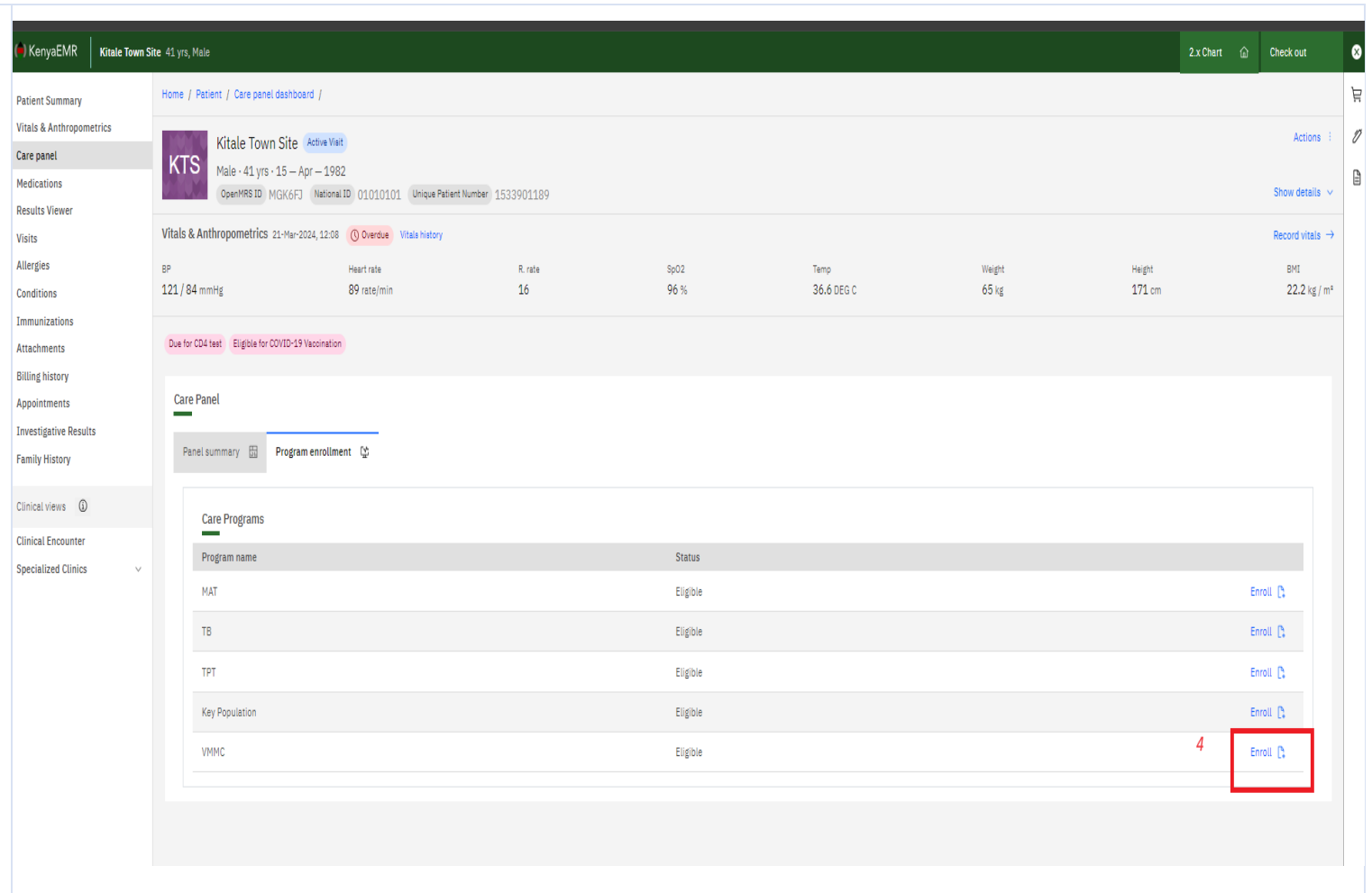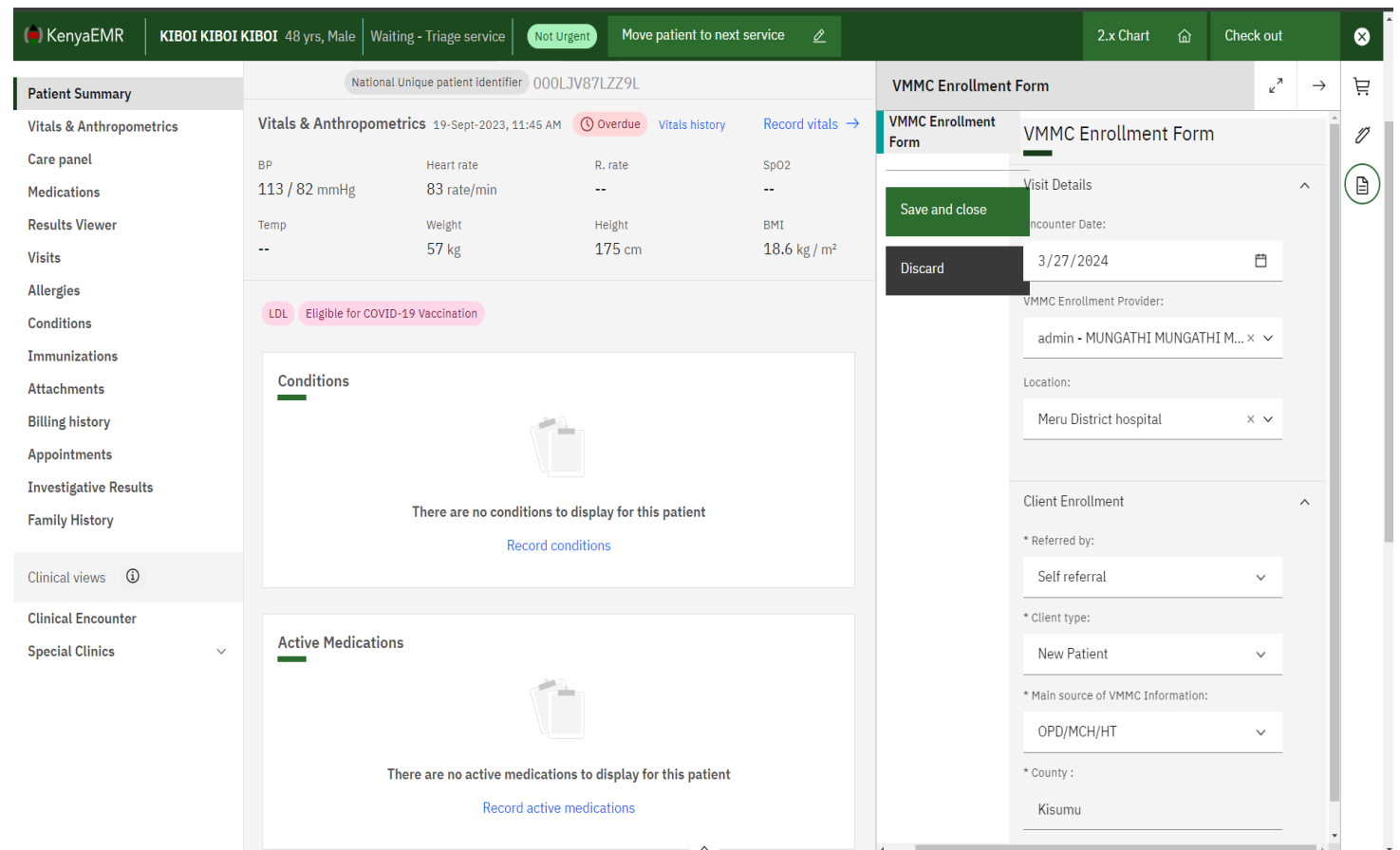
Care panel

HIV

Current Status

Last viral load	Last CD4 count	CD4 percentage
None	64.0 (12-Aug-2008)	None

Last WHO stage	Regimen	Date started regimen
WHO STAGE 2 (22-Feb-2018)	TDF/3TC/NVP Edit	26-Aug-2017

Regimen History

Sidebar menu:
Patient Summary
Vitals & Anthropometrics
Care panel
Medications
Results Viewer
Visits
Allergies
Conditions
Immunizations
Attachments
Billing history
Appointments
Investigative Results
Family History
Clinical views ⓘ
Clinical Encounter
Special Clinics

4. Navigate to VMMC and click on Enrol button to Enrol client into VMMC service.

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.

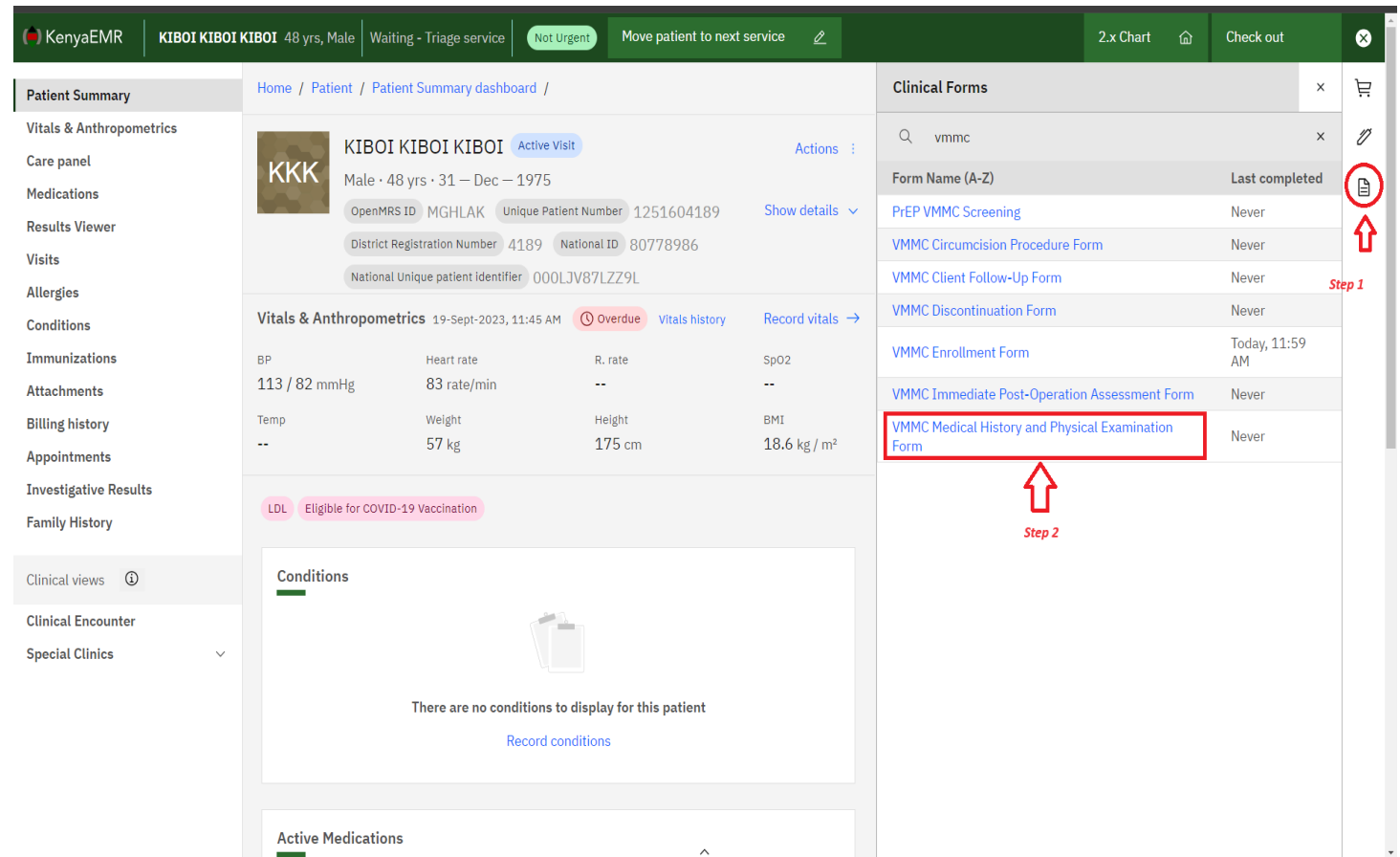This successfully enrols the client to VMMC program.

6. Starting VMMC Service

Locate and open VMMC History and Physical Examination form as indicated.

Steps:

1. Navigate to the patient care panel dashboard.
2. Click on clinical forms icon as indicated.

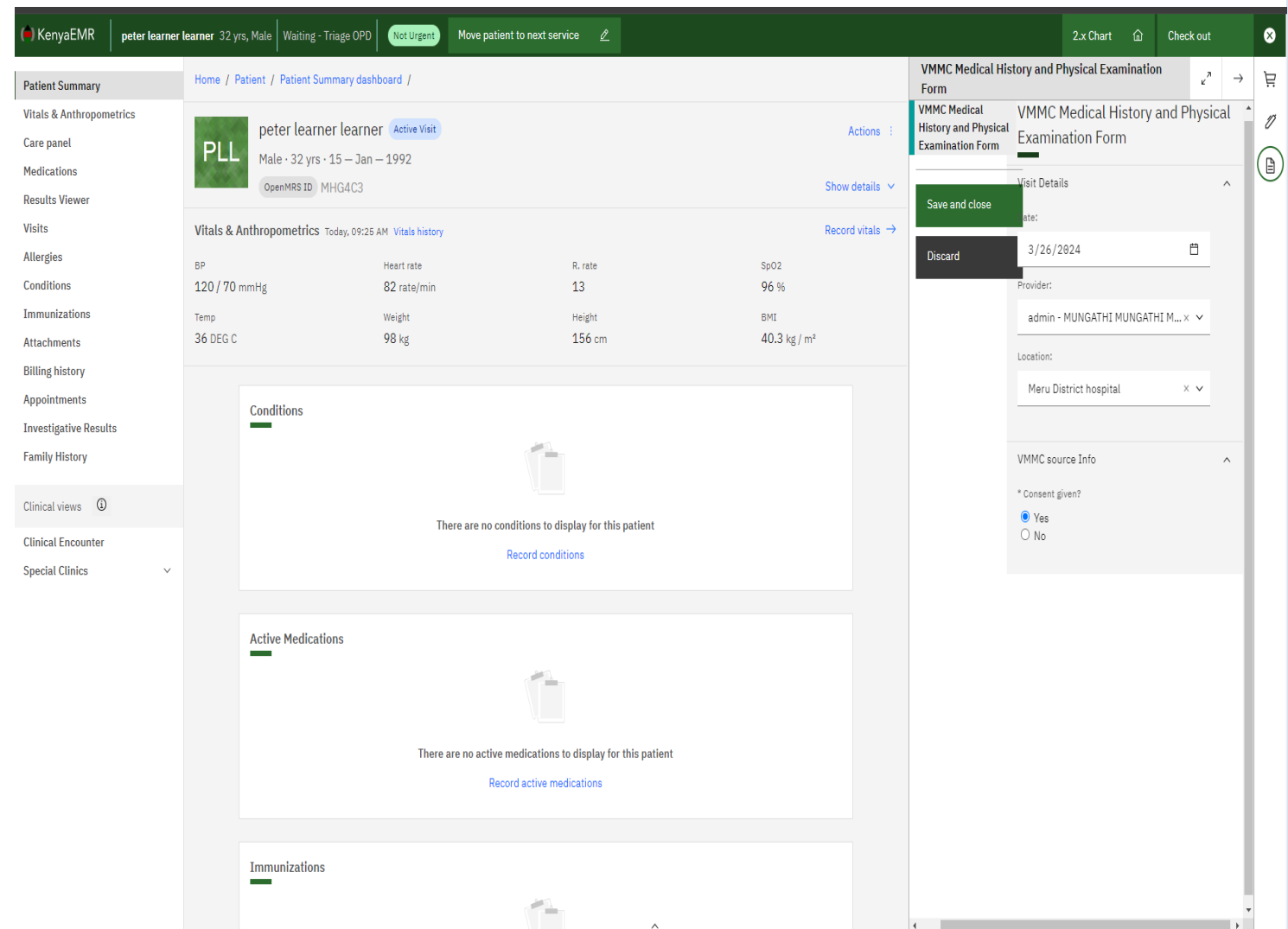**Note**: This form is only visible after client is enrolled into VMMC Service

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

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.
3. 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

Save and close

Discard

VMMC Procedure

Encounter Details

Date:

3/26/2024

Provider:

admin - MUNGATHI 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.

VMMC Circumcision Procedure Form

VMMC Procedure

Save and close

Discard

Adverse Event Post Circumcision

Record any Adverse Events that occurred during Circumcision Procedure

Severity

Management of Adverse Events if any:

Remove

Add

* Medication given if any:
  ○ No
  ● Yes

Medication
  ☐ Analgesic
  ☐ Antibiotics
  ☐ TTCV
  ☐ Other

Personnel in charge

* Name of Clinician

* Cadre
  ○ CO
  ○ MO
  ○ Nurse

Name of Assistant Clinician

Cadre
  ○ CO
  ○ MO
  ○ Nurse

* Theatre Register Number:

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.

KenyaEMR | peter learner learner 32 yrs, Male | Waiting - Triage OPD | Not Urgent | Move patient to next service

VMMC Immediate Post-Operation Assessment Form

VMMC Immediate Post-Operation Assessment

Save and close

Discard

3/26/2024

Provider:
admin - MUNGATHI MUNGATHI MUNGATHI

Location:
Meru District hospital

VMMC Immediate Post-Operation Assessment

* Systolic (mmHg)

This field is required!

* Diastolic (mmHg)

* Pulse Rate

* °C

* Penis elevated against abdomen?
 ● No
 ○ Yes

* Client given post procedure instruction?
 ○ No
 ○ Yes

* Post operation medication given?
 ● No
 ○ Yes

* Scheduled removal date:
 dd/mm/yyyy

* Scheduled next visit(device removal/review):
 dd/mm/yyyy
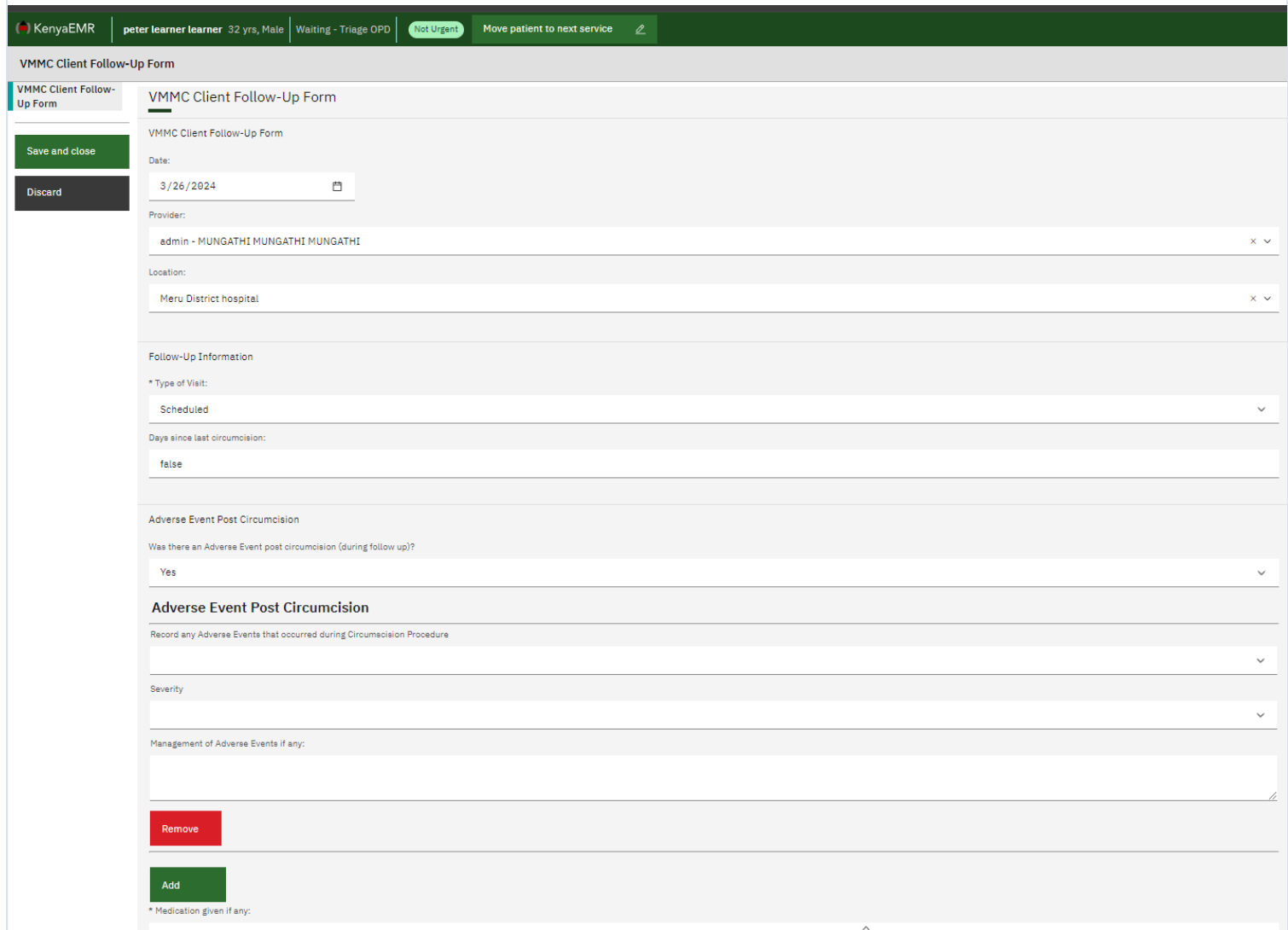
* Discharged by:

* Cadre:
 ○ CO
 ○ MO
 ○ 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.
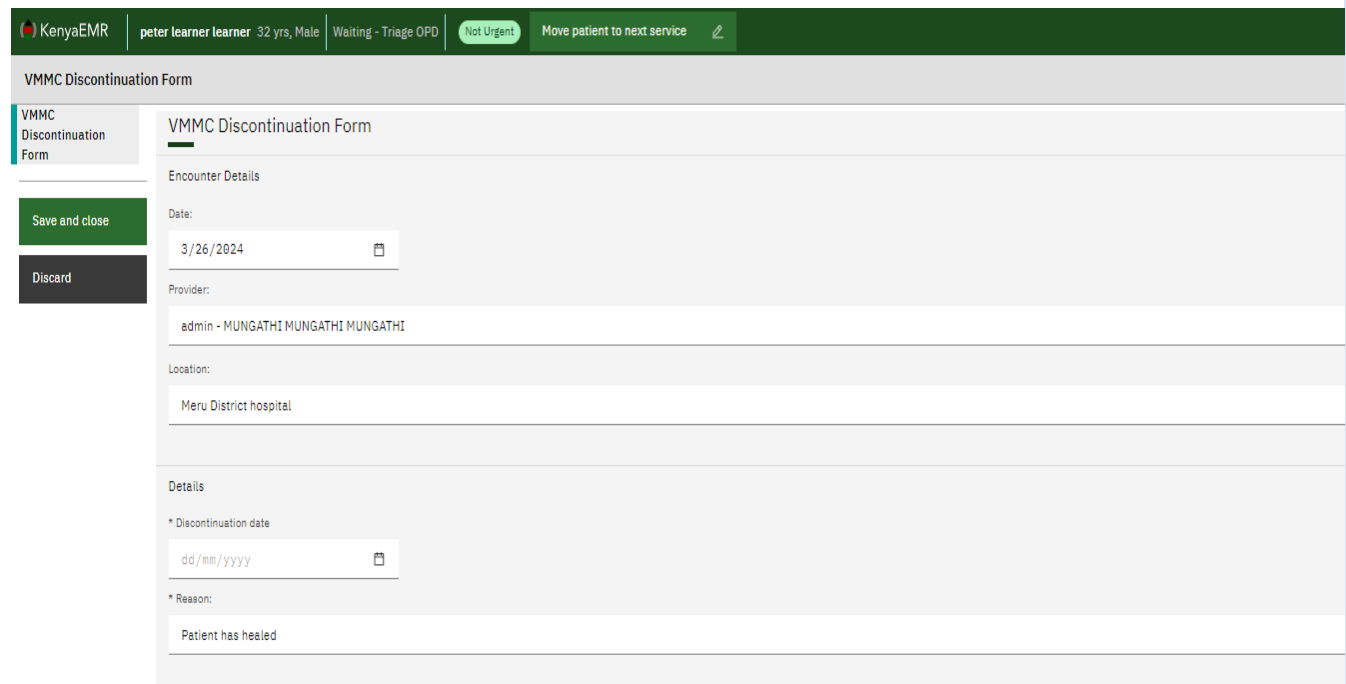- Enter the name of discharging officer and cadre.

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.

THE END