FACILITY TRAINING GUIDE FOR COUNTY HIS ToTs

(Last update: October 2026)

TASK:	To provide Trainers of Trainers (ToTs) with a structured approach to effectively adopt, implement, and sustain TaifaCare-Taifacare-KenyaEMR implementations across healthcare facilities.
OBJECTIVE:	To provide Trainers of Trainers (ToTs) with a clear guide on key EMR training areas within a facility and equip them with necessary knowledge and resources to deliver effective last-mile training.
WHO:	County Digital Health Officers, County HIS ToTs, Service Delivery Partner Trainers, and Facility-level Trainers & EMR Champions
REQUIRED MATERIALS:	Functional TaifaCare **Version 19.4.4 and above**

SUMMARY:

This SOP empowers users to confidently navigate the TaifaCare platform, understand key system modules, perform routine data entry and patient management functions, generate reports, and troubleshoot common user challenges while supporting end-user adoption.

The guide enables technical users to train, mentor, and support healthcare workers in the effective use of TaifaCare, ensuring standardized system utilization, data quality, workflow compliance, and improved digital health service delivery across facilities.

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NATIONAL DIGITAL HEALTH ALIGNMENT: This guide aligns Taifacare-KenyaEMR facility rollouts with the national TaifaCare Digital Health Ecosystem under the Digital Health Act 2023 and Universal Health Coverage (UHC) Digital integrations.

SECTION A: GUIDELINE FRAMEWORK & LEARNING OBJECTIVES

1.1 Introduction

Palladium Kenya, through the Ministry of Health (MoH) and the Digital Health Agency (DHA), identified and trained Digital Health officers, County HIS Trainers of Trainers (ToTs) alongside trainers from service delivery partners. In line with the transition to the TaifaCare Digital Health Ecosystem, this training guide provides the blueprint for sustainable and efficient Health Information System (HIS) implementations at facility levels, strengthening last-mile capacity building for end-users.

The ToTs play a pivotal role in ensuring the successful adoption, operation, and institutionalization of the TaifaCare-Taifacare-KenyaEMR system across both public and faith-based facilities nationwide.

1.2 Training Objectives

The facility-level training program is designed to achieve the following core objectives:

- **End-User Competency:** Equip healthcare providers and facility staff with the practical knowledge and digital skills required to effectively utilize Taifacare-KenyaEMR for clinical documentation, patient management, e-Prescribing, billing, and automated reporting.
- **Implementation & Troubleshooting:** Provide a standardized, step-by-step procedural guide for Taifacare-KenyaEMR system setup, operational workflows, and first-line technical troubleshooting.
- **Data Quality Enhancement:** Substantially improve data quality across the facility, focusing on data accuracy, completeness, and real-time transmission.
- **Data-Driven Decision Making:** Foster a data-use culture among facility leadership and clinical teams to utilize real-time EMR analytics for clinical decision-making and performance monitoring.

- **Regulatory & Privacy Compliance:** Ensure strict compliance with national privacy policies, the Data Protection Act 2019, and Digital Health Act 2023 security protocols.

1.3 Expected Learning Outcomes

Upon completion of facility-level training, end-users across all service delivery points are expected to demonstrate competencies in four key areas:

i. Technical Proficiency in TaifaCare-Taifacare-KenyaEMR System

- Demonstrate seamless navigation of TaifaCare-Taifacare-KenyaEMR user interface to access client records via CR-ID /Unique Identifiers from client Registry (CR registry), perform role-based and modular level system operations, and generate summary reports.
- Identify and resolve common first-line operational and technical glitches occurring during daily routine use.

ii. Training, Facilitation, and Capacity Mentorship Skills

- Mentor peers and facility end-users to sustain best digital health practices during routine service delivery.
- Articulate how digital documentation directly enhances client safety, continuity of care, and facility efficiency.
- Adapt training and coaching methods to suit diverse facility cadres with varying levels of computer literacy.
- Identify individual knowledge gaps through routine On-Job Training (OJT), preceptorship, and targeted mentorship.

iii. Knowledge of National HIS Standards and Governance

- Demonstrate understanding of National and County HIS governance frameworks, data standards, and TaifaCare interoperability guidelines.
- Identify available clinical and administrative data extracts and routine MOH reports generated by Taifacare-KenyaEMR.
- Understand security, privacy, and cyber-threat risks, applying mitigation controls to maintain client confidentiality.

iv. System Administration and Data Culture Promotion

- Champion digital system adoption, actively addressing user resistance and mitigating change management challenges.
- Promote continuous data use through monthly facility data review meetings and quality improvement (QI) projects.

1.4 Mode of Training Delivery

To maximize skill acquisition without disrupting healthcare service delivery, training utilize a blended methodology:

- **Classroom Sensitization & Planning:** Facility-wide orientation for administrative heads, department leads, and staff to build consensus and alignment.
- **Introductory Presentations:** High-level overviews delivered by County Digital Health Teams and Palladium HIS specialists highlighting system capabilities and value proposition.

- **On-Job Training (OJT) & Preceptorship:** Direct pairing of ToTs with facility end-users at service delivery points (Registration, Triage, Consultation, Lab, Pharmacy, Radiology, Mortuary, Revenue and Wards) during live clinical operations.

1.5 Roles and Responsibilities of County HIS ToTs

County ToTs serve as the primary drivers of digital health adoption. Specific responsibilities include:

- Conduct hands-on navigational and workflow training sessions for all facility end-users across clinical and non-clinical departments.
- Provide first-level technical support during Taifacare-KenyaEMR deployment and stabilization phases.
- Monitor system adoption metrics and tailor training delivery to ensure complete transition from paper to digital records.
- Serve as a dual-way liaison connecting facility operational needs with County Health Management Teams (CHMT) and MoH technical partners.
- Source updated user manuals, SOPs, job aids, and practice test environments for end-users.
- Maintain comprehensive training documentation, log escalation issues, and track resolution status.
- Inculcate a culture of data accuracy, completeness, and real-time entry among facility staff.

1.6 Target Audience and Cadres for Facility Training

Training all personnel operating along the patient management and facility operations continuum or care:

- Health Records & Information Officers (HRIOs) / Data Managers
- Receptionists / Client Registration Clerks
- Medical Officers, Clinical Officers, and Nursing Officers
- Laboratory Technologists and Technicians
- Pharmacists, Pharmaceutical Technologists, and Store Managers
- Cashiers, Revenue Officers, and SHA e-Claims Processing Officers
- Special Clinic Officers (HIV, TB, MCH/PMTCT, NCDs, KP)
- Inpatient Ward In-Charges and Mortuary Attendants
- Facility Administrators and Medical Superintendents

SECTION 2: PRE-TRAINING PREPARATION & ASSESSMENTS

2.1 Identification and Mobilization of ToTs

- **ToT Selection Criteria:** County ToTs are selected from experienced healthcare cadres in facilities actively utilizing Taifacare-KenyaEMR , demonstrating strong digital literacy and facilitation skills.
- **Logistical Readiness:** County Digital Health Leadership coordinates transport, allowances, and facility release schedules prior to deployment.
- **Training Collateral Assembly:** ToTs must prepare standardized presentation slide decks, SOPs, user manuals, e-Learning links, and test training instances.

2.2 Facility Baseline Readiness Assessment

ToTs must conduct a rigorous baseline assessment prior to training execution:

- **Infrastructure Evaluation:** Verify availability of service point workstations/laptops, local network connectivity (LAN/Wi-Fi), server hardware, power back-up systems (UPS/solar), and internet access.
- **Staff Skill Matrix:** Assess baseline computer literacy and system familiarity among department staff to customize OJT pacing and peer-pairing.

2.3 Technical System Preparation & Setup

- **Implementation Roadmap:** Formulate a facility-specific implementation roadmap with clear departmental deployment dates.
- **System Verification:** Verify that Taifacare-KenyaEMR installation, MySQL database, DWAPI, and integrations endpoints are fully functional.
- **Pilot End-to-End Testing:** Execute end-to-end dry runs simulating patient flow across all service points, resolving bugs prior to user training.
- **Leadership Buy-In:** Engage Medical Superintendents, Health Center In-Charges, and Department Leads to secure executive support and alignment.
- **System Administration & Role Configuration:** Configure facility specific settings, user accounts, role-based access scopes, and provider identifiers in collaboration with the Facility System Administrator.

SECTION 3: IMPLEMENTATION ACTIVITIES & TRAINING SCHEDULE

3.1 Day-One Deployment Protocol

Upon arrival at the facility, the deployment team conducts a formal courtesy call with the facility administration, followed by a brief staff sensitization meeting to set expectations, establish climate, and introduce pairing schedules.

3.2 Modular Concurrent Training Schedule

Training sessions can run concurrently across facility departments over a 3-day intensive period, combining hands-on practice with live patient simulation:

Service Point	HIS Module	Key Focus Areas & TaifaCare Features	Duration
1. Registration	Registration Module / Client Registry	Client onboarding, Client registration, Client verification via National ID/Birth Certificate, Pulling client details from Client Registry.	3 Days
2. Cashier / Revenue	Billing & SHA e-Claims Module	Payment Modes and Payment Points set up, Billable Clinical Charges setup, Payment processing, exemption workflows, SHA insurance e-Claims processing, receipting.	3 Days
3. Triage	Triage Module	Vital signs capture, BMI auto-calculation, triage risk categorization, queuing to clinical rooms.	3 Days
4. Clinical Rooms	Clinical Encounter Forms	Clinical management forms review, diagnosis coding (ICD-11/), Raising diagnostic , investigative, Prescriptive and procedure orders, clinician user scopes.	3 Days

5. Laboratory	Laboratory Module & Manifest	Active Lab order access and review, Raising a lab Order bill sample tracking, result entry, Integration with Lab Information Management System (LIMS), lab manifest generation for reference labs (VL/EID), Client transition to clinical management	3 Days
6. Pharmacy	Dispensing App & WebADT	Prescription order access and review, stock management, batch tracking, dispensing, integration with National Logistics Management Information System (NLMIS).	3 Days
7. Special Clinics	Special Clinics Module	Enrollment into specialized care i.e. (NCDs, Eye, Dental), clinical management and follow-up forms, Patient Longitudinal clinical management tracking, Access to Shared Patient records (SHR) , Access to Referrals from community, other facilities and emergency Dispatch centers, Patient discharge from care.	3 Days
8. MCH / PMTCT	MNCH Module	Care Programs, ANC enrollment, Labour & Delivery documentation, PNC follow-up, Mother-Baby pairing, CWC/HEI tracking.	3 Days
9. Administration	Admin Module	User account creation, role-based scope assignments, system settings, access control management.	3 Days
10. Inpatient (IPD)	IPD Module	Ward admission, bed management, ward round clinical notes, nursing care plans, IPD discharge summary.	3 Days
11. Data / Reporting	Reporting Module & DWAPI	Generation and validation of MOH reports i.e (MOH 717, 731, 711, 705), stock reports, NDW upload via DWAPI, facility and above site dashboard reviews.	3 Days
12. Mortuary	Mortuary Module	Body admission, cause of death documentation, body status tracking, release/discharge processing.	3 Days

3.3 Training Resources and Support Channels

- **User Manuals & SOPs:** Comprehensive user guides and SOPs accessible via official MoH/ DHA documentation portals.
- **Digital Learning Hubs:** Interactive video tutorials and self-paced modules hosted on DHA Virtual learning academy, Palladium YouTube and e-Learning platforms.
- **National Helpdesk Support:** Dedicated toll-free technical support lines such as (0800722440) for immediate issue escalation.

SECTION 4: POST-TRAINING ACTIVITIES & SUSTAINABILITY

4.1 Adoption Monitoring & Weekly Key Performance Indicators

Following initial training, ToTs conduct weekly monitoring to track system adoption. Structured KPIs measured and reported to County Digital Health Leadership include:

- **System Usage Rate:** Percentage of total client visits captured electronically vs. paper records.
- **Data Completeness Index:** Proportion of mandatory clinical fields completed accurately across encounter forms.
- **Timeliness Metric:** Percentage of encounters documented on the same day of service delivery.
- **Reporting Upload Rate:** Weekly transmission logs to the National Data Warehouse via DWAPI.

4.2 Mentorship and Preceptorship Protocols

- **Peer Mentorship:** Pair proficient super-users with struggling staff to provide daily point-of-care guidance.
- **Refresher Micro-Sessions:** Schedule bi-weekly 30-minute skill reinforcement sessions focused on newly released features or identified operational gaps.
- **Cross-Learning Forums:** Organize inter-facility visitations within the county or Subcounty to share best practices and change management strategies.

4.3 Training Impact Assessment Framework

Evaluation tools administered to measure competency development include:

- **Pre-Test & Post-Test:** Identical standardized knowledge quizzes administered prior to and immediately following training to quantify learning gain.
- **Course Evaluation Feedback:** Anonymous participant feedback forms assessing facilitator performance, content relevance, and practical utility.

4.4 Institutional Sustainability Plan

- **Management Integration:** Collaborate with facility management to incorporate Taifacare-KenyaEMR system maintenance into annual facility work plans and budgets.
- **Departmental Champions Network:** Identify and empower departmental champions to handle daily peer support, user onboarding, and primary issue resolution.

SECTION 5: TROUBLESHOOTING & CHALLENGE RESOLUTION

5.1 Common Challenge Resolution Matrix

Identified Challenge	Issue Category	Root Cause Analysis	Recommended Resolution Strategy
1. Staff resistance to digital transition	User Attitude	Fear of technology, perceived workload increase, loss of paper habits.	Conduct CME sensitization sessions, highlight clinical time-savings, demonstrate system value-add, involve facility leadership.
2. Incomplete & inaccurate clinical data entry	Knowledge Gap	Unfamiliarity with modular forms, lack of knowledge on reporting impacts.	Provide targeted modular OJT, share monthly data quality audit results, recognize top-performing clinicians during data review meetings.
3. System slow response, network drops, or bugs	Technical Issue	Unstable local network (Wi-Fi/LAN), browser cache overflow, local server hardware bottleneck.	Check LAN cables, reset local Wi-Fi access points, clear browser cache, escalate server bugs via MoH Helpdesk (0800722440).
4. Client registration duplicates	Knowledge Gap / Process	Failure to search for a Client Registry prior to registering a new patient.	Enforce unique client verification protocol at registration desks; train clerks on searching by a unique identifier i.e., (National ID/Birth Certificate).
5. Unsent lab orders & dispensing bottlenecks	Workflow Gap	Lack of role scope assignment, improper queue management.	Verify user scope permissions in Admin module; enforce strict system use protocols across clinical-lab-pharmacy nodes.

5.2 Documentation Requirements for ToTs

ToTs are strictly required to maintain and submit standardized documentation to County and MoH leadership monthly:

- Signed training schedules and daily attendance rosters.
- Completed baseline facility readiness assessment checklists.
- Detailed capacity building and OJT summary reports.
- Issue resolution logs detailing reported technical/operational challenges, action taken, and escalation status.
  Monthly implementation progress scorecards submitted to CHMT, DHA and Palladium County HIS Team.