Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

August 23rd 2012, 2pm, GMT +2hrs

# Participants

* Rhonwyn Cornell (RhC), Hannes Venter (HV), Linda Taylor (LT), Ryan Crichton (RC),Liz Peloso (LP), Emmanuel Rugomboka (ER), Tiffany, Jamie Thomas (JT), Mead Walker (MW), Shaun Grannis (SG), Ryan Crichton (RC), Lorinne Banister (LB), Carl Leitner (CL), Paul Biondich (PB),

**Apologies:**

Carl Fourie, Wayne Naidoo

**Agenda:**

1.     Project progress – RhC

* Facility Registry update – EJ
* Provider Registry update – DS
* Client Registry update – SG
* Terminology Service – HV
* Shared Health Record update– WN
* Interoperability layer update– RC
* OpenMRS update – WN/RhC

2.     Provider Registry Data cleansing

3.     M&E

4.     Any other business

***Key points of discussion:***

***Overall project***

Development activities progressing well – all components can be deployed on schedule

CR development work is still happening

Training on schedule – OpenMRS starting on Monday for 2 weeks

Access to servers for deployment has been delayed – JHS will be contracting with NDC for a 2 month period and they have virtual servers available shortly – Are hoping to have contract signed today or tomorrow at latest and aim to deploy next week

RC will deploy the interoperability layer the week after so asked people to keep EC2 servers running in the meantime. The EC2 instances are the test environment so aim is to keep these running – the NDC will be production servers for stable releases

RhC will share remote access details as soon as they are available

***Provider Registry Data Cleansing***

LP – explained problem of how best to update PR with NID data.

Suggests update IHRIS locally at each site and then that info will be loaded into PR before go live

Week of September 10th must load application at each site so next day the imp team will load the data

MW –raised concern that this is very risky plan

LP – There is NO remote access to sites so must physically go there to check – have to add new OpenMRS modules, add staff with privileges, check bar-code printers working, check internet connection, as well as loading data.

Decision made was that the Go Live with 12 sites (excluding 3 not on grid) and 4 will be intensively supported

There is a basic infrastructure in place at all sites and geographically within 1 hours drive from each other

RhC - Currently there is no connectivity – there was some previously but has been switched off –

PB – What about using a 3G dongle? This has been considered

Can load the Ubedehe database in advance of rolling out extra modules

Biggest risk is small window before Go-Live so should try and do as many tasks as possible before hand – main constraint however is having enough resources to do this

PB – asked which 4 clinics will have priority support?

RhC and MM will be recommendations today to Gilbert and then decision will be made

***PR***

Training went very well. Only negative feedback was:

* Not enough time \*(3 days)
* separate training for developers vs. users would have been preferable

Training is available on line – see link in email

***Facility Registry***

Training was very well received

Had hoped to deploy server in MoH: unable to do so last week but will aim to do that as possible

PB – added that some of the functionality initially specified for FR not included so need to consider for next phase

MW – would like to review documentation and compare with what has been developed for now

PB asked MW to review and provide feedback

***Client Registry***

SG – update on 3 general areas of work:

* OpenEMPI – the Sysnet team completing additional functionality as required – will get status update from Odysseus shortly – will be testing and validating this functionality
* OpenMRS side and interoperability layer integration - RC has been testing the latest version of CR
* Training materials – continuing to develop these and being reviewed and added to

***SHR, OpenMRS and RapidSMS components***

* Had a long meeting with MoH with a full run-through of process – will start testing workflow from next week – will deploy in health centres from 10th September
* Training will start on Monday – 8 days over next 2 weeks
* PB will provide some alpha feedback from a clinician’s perspective if needed

***HIM (interoperability layer)***

Small fixes being done but it is ready for deployment – working with OpenMRS POC integration for testing – also getting training material ready for trip in 2 weeks – Also looking at “single-best-record” approach re: integration with CR

***M&E***

Evaluation matrix has been developed – so can have some initial findings available from September meeting but RG’s preference is rather than doing M&E in such a compressed time frame, should focus on putting together a proper research plan and present that for review at RHEA meeting. Will be the basis for M&E at next stage

PB has already developed quite a bit of material for this which can be used

RhC – Objective is evaluation of process we have used and of the impact of the project

MW – also may be important in the long run to identify further research projects

PB – Should think about setting up logs to collect data for a performance evaluation – some baseline technical data, but evaluation of clinical outcomes needs a more formalised approach.

RhC - already have some basic information to be collected from system to show that is actually functioning but will only have some short timeframe to collect data to report on at the September meeting

***Next Call***

Next call will be on Thursday 30th August at 2pm CAT (12pm GMT).