RHEA MINUTES – 2012 08 30

*Attendees*

RhC, CF, LT, JT, Tiffany, Mead, CL, Luke,

Apologies

WN and developers doing test implementation at clinic

RC attending a conference

MM involved in OpenMRS training

Odysses, SG, LB and HV in CR training

***Key Points***

*Overall update*

JHS has signed contracts with NDC. JHS will send out access details to morrow so implementation of registries can begin.

OpenMRS and CR training in progress and going well.

RhC raised concern- still no internet access at clinics but working with MoH to try and have this in place by end of next week. Backup plan is to purchases dongles for 3G access for a limited time – very easy to purchase – no lead time involved – but the MoH preference is to have the responsibility to provide connectivity in time.

FR was deployed in a server in the MoH yesterday.

PR update: loading CHW data and IHRIS data – should be up for testing by 4th September. From 10th-14th – will update national ID for IHRIS and prior to going live will do a clean dump of data. Will document the manual process but also need to automate as soon as possible – need to discuss this at the September meeting.

RhC asked if teams gather NIDs for all health workers at that centre and then LP will input to the IHRIS system for now. LP said that is one option of many identified but expecting an answer by end of today – if no response that will be the plan. RhC asked LP to include in email trail so can add to checklist

*OpenMRS update*

Training of clinicians going well and Jembi team doing a test run of installing modules at Ramagwana health centre.

Have found some clinics only running version 1.6.3 not 1.6.5 so may also have to do the upgrade as well which will take longer – investigating impact of this now.

Ubedehe database = scripts are complete. The ETL and how to run it is already with the MoH and Gilbert may be loading the data this week. RhC is talking to Gilbert tomorrow to discuss.

From 10th September will be loading the OpenMRS modules on-site.

MoH looking at hiring a data entry team to back enter data.

LP – original plan was one site per day to do all tasks – eg: load data, roll out OpenMRS, etc. and do it all on the 10th – can do this if we use several teams rather than 1 team.

LP – raised the issue of giving users super-user privileges for testing PR. Need to test proper roles and privileges. JHS will investigate and provide feedback.

PB suggested that may be tweaks that need to be done so updates will need to be planned post –September to do this. Probably 3 man-days minimum required for post-implementation support.

Must ensure better connectivity so support can be done remotely otherwise take too many resources – important if MoH wants to use this as the “test-bed” or “innovation” district. RhC says that at least 8 health centres have satellite dishes which were working up until July so this is the fastest short-term solution for now but already talking to MoH to find more sustainable long-term solution.

For the post-implemenation:

Will require remote desktop access into their machines on site – need to be responsive to support requests, especially in early window period. Need to document the issues so they are well understood by MoH and others, and will provide assistance to MoH as best we can.

*Any Other Business*

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RhC - District hospital is not included currently as the MoH could not provide computers for the hospital so decided will restrict roll-out and IT skills training to the 12 health centres

LP – believes RG thinks the hospital SHOULD be included in the roll-out. There are computers but do not belong to RHEA project. Also IT skills training not needed as they already familiar with using a system. Hospital should be included in the roll-out. Did discuss leaving out 3 health centres without internet access.

RhC will clarify with Gilbert tomorrow as this is different information to what she has received.

JT offered assistance with September meeting. RhC has sent a draft agenda to various people and has had some feedback. Will be adding information to the wiki soon. PB suggested breakouts for technical people involved in operational work as this would be needed – make it more unstructured and allow time for people to actually do work as needed. Ensure people have flexibility to respond as necessary.

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| **Description** | **Responsible**  | **Due Date** |
| Clarify with Gilbert – district hospital included in rollout or not  | RhC | 31/08 |
| Clarify with Gilbert – plan for Ubedehe data loading and rollout – one or two visits  | RhC | 318/08 |
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