Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

October 11th 2012, 2pm, GMT +2hrs

# Participants

Rhonwyn Cornell (RhC), Linda Taylor (LT),Carl Fourie( CF), Hannes Venter (HV),Kari Schoonbee (KS), Liz Peloso (LP), Mead Walker (MW),Tiffany Jager (TF), Brooke Buchanan(BB), Lorinne Banister (LB), Luke Duncan (LD), Jamie Thomas (JT)

**2765301 - Call recording file number**

**Agenda**

1. YR2013 proposal development update

2.    Deployment issues review

3.    Any other business

***Key points of discussion:***

*YR2013 proposal development update*

RhC thanked everyone for their input so far, but need more narrative with a work plan for the budget proposal for Task 1 and Task 2. RhC will send out a narrative template to provide some guidelines and ensure consistency in approach.

Have captured the high level objectives in the project plan in HTML – CF asked groups to look at the activities and provide feedback, especially around any major activities that seem to be missing, and resourcing requirements.

Update for Track3 – LB has received all information and is happy with everything so far.

Work for DHIS (data warehousing) in Track 2 not in yet – is it Randy or Bob’s responsibility? And who agreed to actually do the work. LB thought it would be people from DHIS, but most probably be compensated from a separate source of funds. Randy is writing up the requirements and RhC will contact Randy re: his expectations.

*Deployment issues review*

The log has now been shared with whole RHEA group with some editing restrictions in place. Will continue to keep this log updated on a regular basis. LP suggested also “pushing” the pertinent information out to the specific people via email to

RhC noted that these issues are transferred to the Trello board which the developer team is monitoring throughout the day. As the customer, how often would we expect updates? Probably daily. LP gave an example: the Musha site was down for a week. Suggested setting up a SLA with the MOH as to what should be expected and best to categorise issues and what response times are appropriate. CF agreed but reminded it must be realistic based on the resources available to do the support.

LP reviewed project plan and is assuming that the MOH resources are listed here to indicate the level of involvement expected with the MOH. Some are named resources, others are unnamed. One exception is JHS has included the per diem and transport costs for the EMR support team provided by the MOH. CF said this is a working document that was based on the meeting discussion around the activity ownership. Plan is intended to be using existing resources e.g. working with existing development tram re: upgrade, working with existing support desk to support RHEA, etc. and not planning any new MOH resources. Aim of the process is to understand what is required and where shortfalls may be – designed to give an indication and a starting point in the discussion.

*Timing of the project call*

Change the time to 3pm CAT stays as 8AM EST. Daylight saving changes on November 4th so will change to from the first week in November.

***Action Items***

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| **Task** | **Responsible** |
| Develop an SLA with the MOH for system support – and categorization of issues | CF |
| Send example work package and project plan to team leads | RHC |
| Send out communication re: possibly changing timing of project call | LB |