Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

November 15th 2012, 2pm, GMT +2hrs

# Participants

Rhonwyn Cornell (RhC), Linda Taylor (LT),Carl Fourie( CF), Wayne Naidoo (WN), Brooke Buchanan(BB), Shaun Grannis (SG), Carl Leitner (CL), Michel Makolo (MM), Hannes Venter (HV), Lorinne Banister (LB), Dawn Smith (DS),

**Call recording link**

**Agenda**

1.      RHEA Update

a.     Provider Registry

b.     Client Registry

c.     Terminology Service

d.     Shared Health Record

e.     Facility Registry

f.      OpenHIM

g.     OpenMRS

h.     RapidSMS

2.     Any other business

***Key points of discussion:***

*General Update*

RHC asked if everyone had received and been able to review the project plan and reports.

The project plan includes all activities and the Gantt chart – not confirmed as the scope of work still not finalized. Shows Track 1 and Track 2 separately.

The two new reports:

* Classic - includes all upcoming deadlines and those activities that are overdue
* Jembi Information – includes the details for those items which are behind with explanation / notes

The reports need to be viewed in conjunction with the project plan

RHC would like to meet with each of the project managers / project coordinators to

* Brooke – keep to currently schedule call 11.30 am EST / 6.30pm CAT
* Lorinne – can schedule immediately after the CR call
* RHC will organize a standing call with an InSTEDD representative, probably Ed

Still no feedback on the Track 1 and Track 2 proposals

Many activities are being delayed at the moment due to the delay in feedback

The longer this is delayed the more the implementation will have to be pushed out

CL - Will need to re-look at the IHE before pushing forward with the web services for PR

Track3 should be informing Track1 and Track2 – what is the change management system that will allow these inputs to be managed well?

SG – the co-ordination will probably evolve as the process gets underway – active management will be important and will need clarity

CF - Budgets should include this capacity – have requested budget to allocate resources to enable the support of the implementation in Rwanda, either in the MOH itself or in Jembi Rwanda to help build the capacity in the MOH.

SG – on the CR side we know some of the functionality that will benefit both track1 and track 3 so has already included these in the track1 activities

WN – Have been working with IntraHealth on the generic backup script to backup all registries. Working with Daniel to get access to remote backup servers. Also setting up a collaborative environment for the JHS and MOH team to work on. Now have de-identified data sets that can be used for more comprehensive testing. Still having internet connectivity issues at the two live sites and MOH working on trying to resolve this.

MM provided feedback on the in-clinic supervision at Musha and Ruhunda. The support is continuing and the JHS team are looking at the ability of staff to use the system. More of the clinicians are now using the system, but some still need to build up their confidence. Feedback from the medical staff – are happy that they have improved their general computer skills. Patient feedback – improved confidence that will not have to give same information on next visit as they can see the information being added to the system. Have had some issues with the LAN and connectivity. MM is documenting this and will be able to share with wider group soon.

MM also gave feedback on the visit by the US Ambassador and CDC representatives, accompanied by Dr Gakuba.

RHC provided feedback on the M&E plan and has been working on putting together a log frame and needs to have discussion re: indicators with various stakeholders. It is important that these are finalized a.s.a.p. in order to be able to gather baseline data at the beginning of December.

SG – CR update:

Identity update from CR must be synchronized with SHR – has been talking to WN regarding this

Security issue- have been working on locking down the CR

The patient search functionality in OpenMRS – how can this be optimized to be able to identify patients more efficiently