Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

December 6th 2012, 2pm, GMT +2hrs

# Participants

Rhonwyn Cornell (RhC), Linda Taylor (LT),Carl Fourie( CF), Michel Makolo (MM), Emmanuel Rugomboka (ER), Lorinne Banister (LB), Liz Peloso (LP), Yvonne Hong (YH), Tiffany Jager (TJ)

**Call recording link**

*00148401 call reference no*

**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*

Backup and disaster recovery scripts have been done by Intrahealth and are up and running for PR

The backup and disaster recovery scripts for the SHR, TS and OpenHim have all been implemented as well

Waiting to hear on progress on the CR and FR backup and disaster recovery scripts

All the RHEA modules for OpenMRS have been upgraded to ver 1.9 and are undergoing integration testing now

RapidSMS modules have also been implemented and are undergoing final testing

JHS and MOH personnel did a site visits to Ruhunda last Monday and will be going to Musha on Friday. Assessments from the visits raised the following concerns:

* The workflow has changed so staff do not have two computers available to them ( were using 1 for registration and 1 for consultation). This is due to using the room for CHW training for next 30 days. Staff are using one room for now which has impacted the process and is slowing it down. The data manager is registering the new clients in one batch and then doing the clinical assessments.
* No client lookups are being done at either the local instance of OpenMRS or the CR – just adding patients to system. Reason is because it takes up to 20 mins for lookup due to infrastructure issues. This has been raised with the MOH who oare addressing infratstructure problems. MM sat with the staff member concerned and emphasized the importance of doing the lookups.
* Have been informed by MOH that data entry people currently supporting clinicians are tied to global health funding which ends In June next year, so will have to re-think support at health centres for next year.

Current plan is still to rollout in Feb for 2.5 months. Following discussions at Ruhunda are now going to re-look at the process with MOH to decide how best to implement in other centres and if process needs to be changed. We will also wait for feedback from Musha before making decisions. This is also obviously dependant on budgets available.

*Budget*

The current activities are being captured in the Track1 budget and work done to date is included.

Now looking at what we can do with available funds after request to cut resources.

LB asked about % allocation for track 1 activities vs. track 3 activities and requested a separate call with CF and JS to discuss. CF asked LB for an email with specific questions so can prepare.

LP is meeting with RG tomorrow to go over the budget.

CF noted that all information in the budget is based on the project plan which shows the activities and estimated effort /duration. CF said JHS have removed all meeting costs and associated travel for Track1 for this period and have also reduced the duration for some work packages.

RHC will send LP the XML file for the project plan so that LP can then manipulate it in MS-Project.

TJ asked re: Intrahealth budgets – is there anything required from IntraHealth?

RHC said there is a need to cut budgets and will aim to set up a call with Tiffany and JS if possible, so JS can provide assistance.

*Any Other Business*

WN will be on leave from 7th Dec to 5th January. In his absence any technical queries should go to RHC in meantime and RHC will liaise with technical team to get answers

17th December is a public holiday in South Africa