Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

January 24th 2013, 3pm, GMT +2hrs

# Participants

Rhonwyn Cornell (RhC), Carl Fourie( CF), Chris Seebregts (CS), Linda Taylor (LT), Emmanuel Rugomboka (ER), Michel Makolo (MM), Ryan Crichton (RC), Carl Leitner (CL) , Tiffany Jager (TJ) , Wayne Naidoo (WN), Luke Duncan (LD), Shaun Grannis (SG), Odysseas Pentakalos, (OP), Dawn Smith (DS), Lorinne Banister (LB)

**Call recording link**

Call Recording File #

**Agenda**

1. Update on RHEA implementation
2. Synchronising CR and SHR
3. PR Track 2 planning discussion

***Key points of discussion:***

***Update***

WN gave feedback – team visited sites to look at infrastructure challenges and use of the system. Have finished development of a fix to flush messages that have been backing up on the server – aim to implement the fix early next week.

Development work: the upgrade to OpenMRS V1.9 – the JHS development is done and have done internal testing – have a collabrative testing sprint with MOH starting on Monday and are having a call with GU tomorrow to go over this work.

Internet stability at Ruhunda and Musha – this has been a problem so installed two scripts to periodically ping Google every minute to provide stats of internet connectivity. Team has also been periodically phoning health centres to check system use. WN sent out a short summary of the logs via email prior to call – to interpret logs, should be able to pinpoint times when internet is down – either due to a server down or a power failure. This shows that the internet has been up most of the time especially during clinic times. System is designed to operate in offline mode. At Ruhunda internet was down for whole of clinic day – a large number of patients so staff opted to use paper form rather than the system which highlights a potential bigger problem. Two problems:

1. Server was down but only found out the next day because 2. Staff elected to use paper forms and did not attempt to start the system on Monday.

The server is configured to manually re-start but does not seem to be working correctly.

SG – sounds as though someone is switching the computers off. Could be a training issue if someone simply switching it off. Network down on average btw 5 and 18 minutes during clinic time.

DS – asked who is responsible for monitoring this?

WN – the MOH is responsible for monitoring systems but JHS has been assisting MOH with getting information for this report so can decide how best to deal with it

WS asked about possibility of high temperatures affecting stability and if this should be investigated

CF – are currently using a custom built push script – reluctant to extend this country-wide.

Ability to extend monitoring of network / systems – should this be included in the OpenHIE?

SG suggested Nagios, an open-source configurable monitoring tool that R.I. useS – is a possible solution – is scalable and can monitor network, temperature, hard drives. Shahid can assist with this. CF – in Rwanda, the IP s are dynamic – will this tool work in this environment? PB said can do both – can push or pull.

***Syncing CR and SHR***

SG – when changes made in CR these need to be communicated to the SHR

To keep these two registries in sync need to build communication in otherwise data will be lost or become unassociated with the patient. This is a pressing issue and needs to be implemented in the SHR now even though the SHR technology may change in medium to long term

WN – Have had this high priority discussion previously which needs to be continued – do we need to have a specific call around this?

SG – the Track 3 CR call transitioning now to once a month but this need more frequent communication

Asked to resend email to OP and SG to re-initiate the discussion after the connectathon

RC can also have this discussion with SG and have OP and WN on the phone while in Indy and LB will co-ordinate

***Provide Registry Track 2 Work***

EJ and RHC will be having a call to discuss proposed Track2 activities InSTEDD involved in

TJ sent out a work plan for Provider Registry work and CL reviewed and asked for clarification on some points:

General approach is: would like to see if the current profiles will meet the needs

RB had a 2 hour call with RG around focus for Track 2 and relayed that RG wants to be use-case focused i.e. look at diseases and how HIE can improve service delivery

Focus on Ramagwana district (Rinkwavu)

RG wants to know trade-off btw HIV, TB and acute care

PB – said can look at this from a high level and interact with stakeholders to define needs

PB – will need a ballpark estimate for each of these areas and wants to know if this will have clinical impact

RHC – this will take more time to define – does this mean that we have to delay submission of budgets ? The previous budget submitted was very broad – looking across all levels of primary care in terms of the broad scope requested – created something that will enable RG and MOH to expand HIE easily – best way to reach primary care across the board

PB – can leverage learnings from PIH and Hamish to do this quickly

CF – we will reach out to have a conversation with RG re: priorities and see if this will match our approach and if not we will adjust accordingly

PB – RG wants to engage PIH in this RHEA work

CF – JHS has already had some discussion with Hamish

PB would like JHS to take active lead and let him be in the position of negotiating– CF will take lead and drive this forward

PB understanding is that RG wants to do as many use cases as possible and believes the cost of delivering these may be less than before given that we have an operational HIE

RC – thinking of RHEA HIE is that there are two streams of work required:

1. things to improve the exchange in general in terms of sustainability and expandability
2. expanding to new domains e.g. HIV, TB etc.

CL – said still trying to have a conversation with RG re: track2 activities

Have highlighted 4 key features:

1. data warehouse integration - CL wanted to know more detail about this? Not sure what the data warehouse would store – is it aggregated data? Should use standards. CF understands this is driven by Randy Wilson and MOH team but agreed we need more definition. Also need to clarify if this is a Track 2 or Track 3 work. PB – HIV and TB work may well require M&E at data warehouse level – must know what clinical data you want to store and why – need to move away from the abstract to more specific – set up a schema based on clinical questions you want to answer - need RG to clarify if this is a priority or not
2. Need to pre-validate the providers in the PR before enfing to SHR – to prevent large number of error messages in queue – can query directly or via the HIM – need a list of the data fields in OpenMRS – CL – RC – said we need a provider name, user name and gender as required fields – also need to assign identifier (NID) –Should we be able to add unverified providers to the Provider Registry? There are many quality questions we need to consider? Should this be answered by the MOH? WN agreed that we need to know what is the HR process for verifying providers in Rwanda? WN believes adding un-verified providers is a dangerous option. SG asked 2 questions: it is a good design option to have unverified users that become verified at a later point? And how does Rwanda want to add more providers to the system? PB noted that not a lot of experience in Rwanda with dealing with this so should provide opportunity to bring partners’ own experience to the discussion to help with decision-making re: implications of different design options. RG has created 4 new positions at MOH that are registry coordinators to oversee the content and the technology of the registries
3. IHRIS interfacing with the PR? How do we update – currently using a data dump and load into PR. This happens outside the HIM and is fragile if architecture changes – for web services, need to develop specifications. Should we go thru HIM as a general rule or do we allow a by-pass of HIM and allow native communication at component level? PB thinks the track 3 work around HIM may help to answer this question. Need a strawman proposal at this point to interrogate ideas.
4. RapidSMS – raises the same questions as a data source for the PR? Use web services or direct input from excel?

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| **Action Items – THIS CALL** | **Responsible** | **Due Date** |
| JHS team to investigate Nagios as possible monitoring tool | **WN** |  |
| RC will send email to Carl Leitner re: data points needed | **RC** |  |
| JHS to engage with Hamish Fraser (PIH) | **CF** |  |
| WN can write up an email or post on RHEA wiki regarding the CR – SHR “syncing” discussion and liaise with LB to schedule a call week after next | **WN / LB** |  |