Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

January 31st 2013, 3pm, GMT +2hrs

# Participants

Carl Fourie( CF), Chris Seebregts (CS), Linda Taylor (LT), Carl Leitner (CL) , Tiffany Jager (TJ) , Wayne Naidoo (WN), Dykki Settle (DS), Derek Ritz (DR), Shaun Grannis (SG), Dawn Smith (DS), Lorinne Banister (LB), Eduardo Jezierski (EJ), Hamish Fraser (HF)

**Call recording link**

Call Recording File # 97672101

**Agenda**

1.    Ruhunda and Musha Site Updates and Testing of OpenMRS 1.9 Upgrade (WN)

2.    Syncronising Client Registry and SHR (Shaun, Odysseas)

3.    Importing data from RapidSMS and iHRIS into the Provider Registry (IntraHealth)

4.    AOB

***Key points of discussion:***

***1. Update on Track 1 Activities***

WN gave an update on activities in Rwanda – fixes need to be rolled out to Ruhunda and Musha and the JHS Rwanda team is on site doing install today. WN will send out feedback on the status report due early next week

OpenMRS upgrade – work is done and initial testing done – MOH was unable to dedicate many resources to do collaborative testing this week but they have set up MOH modules in that environment and we plan to do the testing sprint early next week

MoH –JHS call was scheduled for tomorrow morning but as it is a Rwandan public holiday, assume that this meeting will have be moved to Monday or Tuesday – DS and WN will confirm over email

Monitoring activities – The team has been investigating options and Nagios seems leading contender at this stage – RC and HV also working with SK while at the Connectathon to find out more

JHS also following up with IT Managers on site and based on feedback plus info from the scripts it seems the internet is now fairly stable during clinic hours btw 8am and 4pm

when it is down, is not down for more than 20 minutes

There is a challenge re-starting system so team on site today will re-configure servers to ensure automatic restart

***2. Synchronizing Client Registry and SHR AND importing data into PR***

WN – asked:

How do we architect solutions for connecting data sources e.g. RapidSMS to the PR

And

How do we reconcile changes in CR with the SHR ?

WN summarised the two use cases:

i) so far we have extracted data points manually and load into PR but not feasible in long term so choices are: to extend and build in extra channels to IOL and allow push of updates to the PR

OR link data sources directly without going through the IOL – preferred solution?

ii) Latency issues btw CR and SHR – the CR gets updates form various POC systems and how should these link to SHR. Should the SHR make this new information available to other systems ?

What role does the IOL play in coordinating this exchange? If at all?

SG – Noted that there is potential for data corruption if we don’t address these issues quickly

Could be a short-term solution to ensure data integrity and a longer-term solution to address architecture

There are already specs for EMPI in terms of IHE profiles for XDS

DR – 1ST problem – how do we get data from POC to other registries? Agrees that this should go through the IOL – provides security and auditing. Must be mindful of potential for other systems connecting to the PR in the future.

Don’t have to set up as an event driven interface, can be a publish and subscribe

Not many real world use cases where real time is required

DS - Agrees that this is not the type of data that changes very rapidly

CL – Need to define web serves to be exposed on the IOL

PWP (provider white pages) and HPD (health provider database)

DR - Should look at the HPD specifications – see if there is one we should embrace

DR – there are a set of optional transactions specified in the HPD – SEE ITI 59

2nd use case – not an outward facing conversation so because SHR and CR will always be in the data centre so we don’t have to provide link via IOL where security etc. is essential BUT there is already a mature spec regarding merge and unmerge of client ID. This spec assumes that the SHR repository has an XDS registry / index but we are using an EMR for our SHR.

Challenge is so much logic resides in the SHR so when we merge we must do it into the SHR as opposed to an external index –much easier to do in the latter case.

SG – Must have a robust design discussion but for short-term solution, which does not need to be overly complicated. Have some ideas already and there will be track 3 design work on this issue as well.

DR – Can’t always go with quick fix – when is there time to “do-over”?

HF – Is there a longer term solution envisaged?

SG – no, this is the work of the Track 3 re: evaluating alternative solutions and tools

DR – the Merge is a real challenge – recommend that solve both Merge and Unmerge at same time

The audit log is of fundamental importance when we do unmerge – can’t back out without a good log

 WN -In current implementation of console, we just write the transactions to a log file and can view

As part of Track 3 work should we use transaction viewer as an ATNA web viewer?

DR – This is an advantage as we have a standards-based interface – many open source and commercial apps can plugin to an ATNA interface

DR - Are we logging every transaction in its entirety?

WN – yes we are

HF – Involved with MOH regarding the monitoring at sites and Christian Munyaburanga is heading this . Is a critical requirement to have near real time monitoring : plan to have maybe 5 -6 indicators per site – how many forms entered, etc. . Aim is to have a dashboard showing indicators – this is the goal for this year .

DR – Can we extend indicators to see if transaction is successfully posted to the registries?

HF – This may be a good way to look at issue in broader way – Have not found a way to transmit info on a regular basis

WN – Sounds great – will set up a call with CM re this issue in more detail

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| **Action Items – THIS CALL** | **Responsible**  | **Due Date** |
| Arrange a call for next week with Christian re: monitoring  | **WN** |  |
| Confirm MOH –JHS call to be moved to early next week  | **WN** |  |