Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

February 14th 2013, 3pm, GMT +2hrs

# Participants

Rhonwyn Cornell (RHC), Carl Fourie( CF), Linda Taylor (LT), Hannes Venter (HV) , Wayne Naidoo (WN), Michel Makolo(MM), Shaun Grannis (SG), Dawn Smith (DS), Lorinne Banister (LB), Ed Jezierski (EJ), Hamish Fraser (HF)

**Call recording link**

Call Recording File # 52001501

<http://www.conferenceplayback.com/stream/52830424/52001501.mp3>

**Agenda**

1. Updates:
	1. SHR/OpenHIM/TS activities - Wayne
	2. Client Registry activities - Shaun
	3. Facility Registry activities - Ed
	4. Provider Registry activities - Carl Leitner
	5. MoH activities - Dawn
2. Any other business

***Key points of discussion:***

WN – JHS have been conducting weekly site visits, working with site managers and checking logs as well and also communicating back to MOH

At Ruhunda 2 issues highlighted:

Clinic staff reverting to paper forms instead of using the system and found underlying problem is staffing issue – now there is no data manager to assist nurse so only 1 nurse running whole process and cannot manage it all

Also, the main line comes in via titulaire’s office and found that some people unplug connection to larger building and plug directly into their own laptops which obviously affects connectivity. Have reported this to the MOH who are following up.

System is in use whilst offline and only a few transactions have come thru to HIE i.e. 56 new patients in the CR

SG added that we can generate weekly stats in CR and since deployment there have been average of 15 – 20 add and update transactions since then i.e. fairly constant low usage

WN – JHS are also starting the discussion with PIH and MOH re indicators used for monitoring

WN – checklists for backup and recovery of Facility Registries. EJ published initial deployment checklist many months ago and now is being updated again for current situation– Nico will be sending this through shortly . EJ clarified that the backup will be the NDC’s responsibility

WN – confirmed a has been a backup script installed for each registry but now need just need a basic checklist of how to set up FR again using backups

EJ asked if we should have another training trip to ensure this is done correctly

WN agreed we need that level of training to follow up and also refresher training to consolidate info WN will collate and put together a new training plan for next phase

EJ agreed even a Skype call for a good handover would work

LB suggested using Moodle for a training option. EJ said it is a good repository but is not sure how much effort should be put into re-authoring the material at this point.

***CR Technical Call***

LB – Would like to schedule a Client Registry technical call either tomorrow or next Friday. WN cannot make a 3pm call tomorrow

LB will send out a Doodle poll to try and co-ordinate a time for everyone – Will need WN, SG and OP and RC, Dawn plus other people from the MOH i.e. the person in charge of maintaining the CR (Mugabo)

The aim of the call is to tackle synchronization issue.

***FR update***

EJ – the FRED group has been working on another API being implemented right now – progress has been good.

Noted that the version used by Rwanda needs to be updated with latest version now on server – need to decide who makes this decision.

EJ asked how is the FR being used? How are users finding it? Seemed to be a lot of maintenance of the data happening at one point and now the data not being updated - is it because they are happy with it or because they are having usability issues.

Dawn can follow up with Randy re: feedback

***MOH update***

DS said team members waiting for Track 2 feedback which RG promised it by the end of this week

Regarding the hand-over, following call with JHS they would like to share notes from initial meeting to the wider group and can talk about this in the next group call

RHC – Raised a big concern:

Having problems from Musha – have 3 nurses working and entering data but have constant problem with connectivity , which trying to resolve now

Bigger issue at Ruhunda – only 1 clinician at the clinic so cannot cope with triple input data system. Decided better to do back entry from paper records after the clinic but this is slow

RHC is concerned that this may be a problem at other sites

DS said human resourcing may well be an issue, particularly from June due to funding constraints

RhC noted that Clinical Services and not eHealth have control over clinician resourcing

RHC – Did look at the number of clinicians during the site visits and based this workflow on information given i.e. 2 clinicians (1 doing registrations and 1 doing actual assessments). Need to determine if Ruhunda is the norm or the exception

LB asked how we can get accurate information. DS can ask Gilbert if the data used for the PR is reliable or if site visits are needed

LB asked if funding for support staff could come from the Track 2 budget?

RHC said that is a possibility but we must also consider the sustainability for the long term

**Any Other Business**

***HIMMS Showcase***

CF – the team will be presenting the RHEA use case at the showcase

LB – DR and JT are working on a white paper and a presentation for this – will send to the wider group (about 26th) for review and will post on OpenHIE website

***M&E***

LB asked for status of M&E – RHC says not much progress over last couple of weeks during handover to MOH