Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

February 21st 2013, 3pm, GMT +2hrs

# Participants

Rhonwyn Cornell (RHC), Carl Fourie( CF), Linda Taylor (LT), Hannes Venter (HV) , Kari Schoonbee (KS), Chris Seebregts (CS), Ryan Crichton (RC), Dawn Smith (DS), Shaun Grannis (SG), Lorinne Banister (LB), Carl Leitner (CL), Wayne Naidoo (WN), liz Peloso (LP)

**Call recording link**

Call Recording File # 62364601

**Agenda**

1. Messaging errors
2. RHIE managers training feedback and planning
3. 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 - Richard / Gilbert / Liz
4. AOB

***Key points of discussion:***

***Messaging errors***

* Large no of client ID validation errors – save encounters failing - The clients don’t exist in the client registry so registration not being saved before the encounter is saved
* Have done some investigation – could be:
  + Messages are run late at night or sequentially so suggests come from the by scheduled service running late at night – trying to re-run failed messages when there are connectivity problems
  + Often no NID
  + Could be a problem with the scheduler skipping messages
* The patients are saved in OpenMRS so can write a script to recover some of the lost data
* The IOL trying to contact the Client Registry – CR responding that the patient does not exist,which is a valid response as it has not been saved into the CR
* Thinks problem may be in the OpenMRS at the clinic when network is down – in the queueing service
* SG suggested: Try and do test registrations with and without the network connection
* Can do this in the pre-production environment
* RC – Not happening in every case as still getting valid messages, but at certain times there are many errors. Need to collect indicators at the site to enable easier way to identify errors., as well as in the IOL.
* SG – Does it have a log file for the asynchronous service? RC – can get a file back from the sites to investigate further. Can also look at transaction logs from OpenMRS
* SG - Where you have a patient ID try and find that in the log file and see if there is a complete absence of a registration transaction

***RHIE managers training feedback and planning***

* Have received feedback from the MOH re the training received last year. 3 points:
* Should have more hands on practice and would like a definition of roles and responsibilities
* More time
* Should be done in person rather than online
* LB asked if the MOH is requesting additional training?
* RHC – Always been additional follow-up training planned but feedback indicates strong preference for in-person training
* LB – Can put together an estimate for how much this will costs based on who will provide the training and for how long
* RC suggested as a first step setting up a central repository for the training material as CL had previously suggested – perhaps a Google site
* LB said ideal would be having Moodle AND in-person training but seems MOH wants in person training and also depends on what RG is willing to fund
* DS – they want to have more interactive, practical hands-on training rather than something to read or to listen to
* RHC – said they have also been given access to a testing server
* CL – RG wants more training in country for the PR – including people outside the MOH like the K-Labs
* CL – also thinks a Moodle repository is important to have an supplement that with in person training – must consider long-term sustainability
* LB- Q: What does RG need now and what is he willing to spend resources on. Then we can put together a budget for RG to approve
* LB – From the CR: we did not put travel, training or development of Moodle in the track 2 budget. Can add current material to a repository easily.
* CF asked if we can also put together some screen casts / videos – pre-recorded video tutorials – stored on Moodle – a more cost-effective
* DS agrees that this approach is feasible although internet connectivity is always an issue
* DS – Would also like to have that trainer available via skype to answers questions
* LB suggested a 1 page exec summary of the options
* RHC – the JHS training has already been included in the Track2 budget already

***Updates:***

SHR/OpenHIM/TS activities – Wayne

Still working on the backup and recovery plans – asked CL for the checklist for the PR

JHS working with NDC to document the policies and procedures

Client Registry activities – Shaun

Need de-identified data to be able to deal with issues and are dealing with this

Have a call scheduled for tomorrow to talk about track 1 issues

***Any Other Business***

LB – some questions on Status report

Contracts & budgets for track 1 being developed by Cardno – not signed yet

LB will send the agreed SOW for track 1 Regenstrief to RHC

Implementation budget in track 1 – for 15 computers for health centres + limited funds for per diems etc for MOH staff involved in the implementation – only other resource is DS

JHS has been asked to hand over the rest of the implementation to the MOH - RHC will likely travel to Rwanda to work with Gilbert to ensure smooth hand over

LB asked if it is possible the track 1 budget will be spent without any further implementations in the clinics? Yes

M&E for track 1 – was originally in JHS track 1 and RG asked JHS to remove from their budget – moved to InSTEDD’s track 1 budget