Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

April 19th 2012, 2pm TO 3:30pm, GMT +2hrs

# Participants

* Carl Fourie (CF), Rhonwyn Cornell (RhC), Linda Taylor (LT),Hannes Venter (HV), Jaime Thomas (JT) , Mead Walker (MW), Ryan Crichton (RC), Wayne Naidoo (WN), Liz Peloso (LP), Shaun Grannis (SG), Carl Lautner (CL - IntraHealth), Brooke Buchanan (BB-IntraHealth), Michel Makolo (MM)

**Apologies**

* Emmanuel Rugomboka

**Agenda**

1. Project progress - RhC
2. OpenEMPI update - SG
3. Discussion on adding and updating from other end user apps (e.g. IHRIS) - RC
4. Any other business

# Minutes Call Recording

The link for audio streaming is below.

<http://www.conferenceplayback.com/stream/41342973/77005701.mp3>  
Recordings are deleted after 30 days

***Key points of discussion:***

*Project Progress*

RhC reminded the team that there are now 21 weeks until the end of the project. Many items on the plan now red (at risk) rather than green (on track), and this is because now that we have made some decisions as to what technologies will be used, this has impacted on our timelines. JHS has been in discussions with IntraHealth around development of the Provider Registry: the estimated development time is 2 months (i.e. due at end of June) but this timeline will depend very much on when the contracts are signed.Contract discussions are continuing between Cardno, HI-PPP and JHS and JHS will inform IntraHealth as soon as agreement has been reached.

RhC also sent out the training plan for review:

* Have planned more site assessments to update information, even if some of the site assessments were done fairly recently. RhC will produce written reports for each site.
* Training will take two forms:
  + 1-“train the trainer” done at the clinical level at beginning of June
  + 2. at the clinic – for the data and clinical staff. This will consist of 1 session then a 2nd session a week later, then another session 4 weeks later for follow up and reinforcement.
* There will also be an evaluation visit at the end of the project.

*Client Registry - OpenEMPI Feedback*

SG provided feedback:

The key upcoming activity is a call to firm up the timelines around getting the Client Registry implemented and also need to define agreed roles and responsibilities. Regenstrief has an instance installed locally and a developer looking at the application. There will be parallel activities: configuration, implementation and testing, as well as training.

Another key activity is to decide how to get access to the data? SG needs to be able to analyze and query the data. LP will talk to Daniel again today and ensure that access to that data is provided and obviously needs to be secure access.

RC can utilize the PIX PDQ interface from OpenEMPI, but thought they were also developing a web service endpoint. Need to agree the use case but interoperability layer does not restrict means of doing so.

*Provider Registry – IntraHealth Feedback*

RC said there has been a lot of discussion with IntraHealth who will most likely be developing the Provider Registry and would like to integrate this with iHRIS. The initial RHEA use case only included querying and fetching provider information, then at Kigali March meeting it was agreed to also return an ID. Now need to decide if the iHRIS implementation can push data to the Provider Registry.

This will be major point on next week’s call. The group will make a recommendation to be fed back to the larger group.

CL said there is one central implementation of iHRIS in place already (public sector) and there may be other instances from other sectors eventually, so want to separate the Provider Registry as much as possible from iHRIS and don’t want to duplicate security model as will be redundant.

LP asked if this is a temporary solution to address timelines or a more permanent solution.

CL said there are various options to deal with it. BB said will discuss all the pros and cons of having a user interface on next call so will have more information by next Thursday.

LP said had a similar discussion around Facility Registry and if this should have data pushed from or to DHIS? The major concern is that the data quality from these sources may be an issue but can be handled at the central point.

CF is concerned about adding additional use case to project at this late stage, particularly as not sure how interoperability layer will handle this additional complexity, security and merging of records. How do you ensure users in iHRIS are trusted users in the interoperability layer? Priority is to get all systems up and running before adding additional functionality.

*Hardware Specs*

LP said the team has talked about moving the Facility Registry to a more secure environment, either at InSTEDD or to a more permanent server in Rwanda. Need to be able to demo and showcase it but cannot do that in a development/ test environment. CF asked MM about the technical specifications and costing options to move to MoH servers. MM will be able to send to CF by end of day today.CF to review and then pass onto to RG to enable “demo” FR to move to a locally hosted VM in Rwanda while INSTEDD still works on their existing development server. CF said his understanding is that these are purchase-able services currently. MM to clarify if this is NOT the case

*Any Other Business*

LP noted that RG is meeting with the minister today updating her on the status of the RHEA project.

CF would like to see the capacity development plan and training framework for the various components. RhC will include in agenda for next weeks’ call. LP said the intention is that the MoH will assign point people for training, so RG wants to know what sort of people will be needed for this task: what sort of background and skills are needed for this knowledge transition. The MoH may have to hire these people so need TORs. CL asked: what sorts of skills are readily available in MoH? CF said have predominantly Java developers and some Ruby skills, but should not be held to a particular technology just because it is widely used. We can always train up skills as required if that technology is the best long-term choice. LP noted that must also consider the generalizability of these solutions in wider context.

***Next Call:***

Next call will be on Thursday 10th May at 2pm CAT (12pm GMT).

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| **Action Items | THIS CALL** | Responsible | Due Date |
| LP to ask Daniel to provide access to data for CR | LP |  |
| Send technical specs and costing options to CF | MM | 3rd May |
| Clarify if hosting services available immediately | MM | 4th May |
| Discuss and provide feedback /recommendations on PR / iHRIS on next call | RC | 10th May |
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