Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

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

# Participants

Rhonwyn Cornell (RHC), Chris Seebregts (CS), Linda Taylor (LT), Wayne Naidoo (WN), Dawn Smith (DS), Carl Leitner (CL), Michel Makolo (MM), Tiffany Jager (TJ), Hamish Fraser (HF), Liz Peloso (LP), Luke Duncan (LD), Shaun Grannis (SG), Emmanuel Rugomboka (ER), Paul Biondich (PB), Richard Gakuba (RG), Derek RItz (DR), Gilbert Uwayezu (GU)

**Call recording link**

Call Recording File # 16674901

The link for audio streaming is below.

<http://www.conferenceplayback.com/stream/50669538/16674901.mp3>

Recordings are deleted after 30 days.

**Agenda**

1. Updates:

·       SHR/OpenHIM/TS activities - Wayne

·       Client Registry activities - Shaun

·       Facility Registry activities - Ed

·       Provider Registry activities - Carl Leitner

·       OpenMRS/site update – Desire/Wayne

·       MoH activities - Richard / Gilbert / Liz

2.     AOB

Update from RG and PB

RapidSMS integration

***Key points of discussion:***

As RG had limited time available, the call started with feedback from the discussion that RG and PB had yesterday. Both felt that there has been a big delay in many activities due to lack of consensus around activities, especially track 2. They agreed that it would help to have someone in Rwanda coordinating the implementation on a full-time basis and agreed that Dawn Smith will be that person, coordinating and monitoring the day to day activities on MOH behalf and liaising with / reporting to with Gilbert and Richard.

As a general idea on how to progress, have decided to roll out to the remaining sites within Rwamagana – this is to be done by MOH with some support from JHS (which needs to be clearly defined). Will also need support from the other partners to ensure that the different components of the HIE are responding adequately to the roll-out and supporting the scale-up.

Need to ensure that the use cases for different components of the HIE are done and exchanging data

e.g. if SHR is not being updated, then someone needs to fix that remotely and ensure components are working and the system is functioning correctly.

MOH have a lot of OpenMRS modules being developed in collaboration with PIH (A lot of them listed in track2) and here the other partners expected to ensure that the different components within the new use cases work i.e. that all the messages being processed through the HIE.

Will need to clarify specifically what Dawn’s role will be.

LP highlighted concern that there are still issues at the existing sites that should be addressed in parallel while preparing to roll out to the other sites, mainly:

* Ruhunda not entering data in real time
* RapidSMS messages not coming through system

We must address these issues so we don’t just replicate them at other sites

RHC agreed this is the priority

RG said that DS and LP should highlight the issues and ensure these are addressed.

RG said we need to address if someone is responsible for doing something and it is now done, how do we deal with this?

RHC asked for clarity in terms of the implementation: will DS and LP be taking over what RHC and WN have been up until now? RG – No, that’s not true. DS will be working to coordinate the MOH activities in line with the MOH priorities. Still need someone following up form the partner’s side and ensuring work is completed.

PB – ultimately there needs to be a central coordinator and if the team follows DS’s lead in terms of prioritization, this can help move things forward. We all have to provide some leadership and work together as a team.

DR noted that accountability requires authority and vice versa otherwise this will be unworkable.

Can’t look to DS to represent the MOH if MOH is leading it and yet she does not have the authority to do so.

RG clarified that DS won’t be providing direction (that will remain as RG and in some instances Gilbert) but will help RG and liaise with me and follow up on activities, and communicate and feedback to others i.e. act as a bridge between the MOH and other partners.

LP suggested using a RACI tool to clarify exactly where the responsibility lies and all agreed this would be useful.

MOH will become the implementing partner with the support of the other partners i.e. IntraHealth around PR, Regenstrief around the Client Registry and the secondment of Dawn; JHS with technical assistance with registries and also supporting roll-out. RHC noted that donors have viewed JHS as the implementing partner and are responsible for the implementation on the ground. PB said they don’t anymore. PB said that donors are aware that the leadership and authority moved over now to the MOH as soon as they are comfortable with this, and this has always been the plan. JHS is reporting to Cardno and must ensure that this is in line with their expectations.

Agreed that this MUST all be clarified in writing, down to very specific activities e.g: who runs these calls, who is able to change priorities of activities, the decision-making process, etc. and define exactly what support means. Is not fair to anyone where there is not clarity around who is accountable and who is responsible

RG said that this is the MOH’s project and JHS has provided support as they are there on the ground. They have also led the other partners. The MOH is implementing and are physically supporting on the ground and other partners are supporting the components that they developed

LP – Will Dawn have the highest authority other than RG? All activities need a single oversight and coordination.

SG – We want the project to be as effective as possible, we are not eliminating other stakeholdersbut trying to ensure the project works – look on it as this individual is taking on a new role to ensure most efficient process, not replacing existing people or roles.

Gilbert U – Dawn S will act as a bridge between the MOH and JHS but we won’t be stopping the work that we are already doing with JHS e.g: the weekly Friday meetings, as these have been very useful

LP – Need to re-set and reorganise the project plan again and can then base the RACI on that

RHC, DS and LP will work on this together.

***Updates:***

***PR Update***

* CL said that the PR will implement the HPD profile so need a server gateway. Have been looking for an O/S one and proposed some criteria – Apache DS, etc. We can take 2 into consideration: OpenDJ and Apache DS both look reasonable. They may be GPL incompatible so not sure how this will impact and also the documentation is sparse. Have also been looking for benchmarking tools to compare these but haven’t found anything yet. Incoming messages need to be validated and not sure what level this can be done at. We are not ready for OpenALDAP yet.
* WN – should we consider the message validation as part of the orchestration in the Interoperability layer?
* CL – yes, it can be handled there
* DR – Will add some info to the list server re: using a terminology service for this
* Is the validation of the content or structure? CL said it validates the content of the message

***SHR/OPENHIM/TS /RapidSMS and site update***

WN provided feedback:

* We have completed the development of the patient search modification, aimed to enable more effective and quicker patient identification
* Have also implemented a fix for the list of CR records that failed validation at the IOL so will now re-generate these messages and will take priority in the queue
* Have developed a specification for a list of Providers to be validated against the Provider Registry i.e. a helper module to improve the workflow at the POC and provide a dashboard to the administrator at the POC to see which of these providers which are not in the registry

By next week, we should be able to send out a summary of this specification for review on the call.

* The remote monitoring tool (Nagios) has been tested. The core module we need is incompatible with the version we were testing against so either will have to purchase Nagios OR will build our own custom script. WN did recommend this to Daniel and Gilbert and are aware that Nagios is being used by the NDC currently.

HF – there is a broader need for monitoring at all the OpenMRS sites and ideally we need a detailed plan of all of these tools to solve a wider problem

DR – within the NDC we should go with the tool they are already using

* WN – there have not been any RapidSMS notifications going to the HIE – the connection details are correct (connecting RapidSMS server to the IOL) – the IOL is receiving the message but are not being tracked within the HIE. There is a log of all inbound messages to the OpenHIM but they are NOT in the inbound log
* DR – do we have a testing ground for the RapidSMS?

WN- yes we do. We have used the JHS server in Rwanda to do this testing

* DR- What is the volume of RapidSMS outgoing messages?

WN – report says that 296 (risk) messages in total since September

* SG – either the CHW are not sending risk message or dysfunctional technical activity

LP – when last looking at this, remember that at one site from 1 district there were at least 15 risk messages per month

WN – we are not filtering type of risk messages or by district – we should be getting all of them so WN will investigate further and feed back to the group

***CR update***

* We are still working though the CR-SHR sync issue. There is a follow up call tomorrow focused on actually moving forward with the implementation of a solution.

***Feedback from live sites***

* Internet has been disconnected at Ruhunda due to non-payment so this information has been passed on to the MOH
* Musha got reconnected yesterday or this morning so should start to see messages coming through To the SHR
* LP asked WN to send an update once checked

***Update on M&E***

* The MOH team will support the on the ground activities but want InSTEDD to initiate and lead the M&E activity. We are requesting more direction in terms of the planning (the research question and identifying indicators) and then assisting with collecting the baseline data.
* RHC facilitated a call with the various partners wanting to clarify the process around M&E and Caricia and RHC did do quite a bit of work last year on this so have a good basis to start
* DR – Asked where these artifacts are? They have been circulated already but RHC will send them out again and can share the latest working documents with the whole group
* LP said Gilbert should follow up with InSTEDD directly

***Next Call***

Next Thursday 21st March is a public holiday in South Africa so Dawn will host the call next week

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| **Action Items** | **Responsible** | **Due Date** |
| Draw up a RACI in collaboration with Dawn and Liz  | RHC  |  |
| Send update re: messages coming through to the SHR from sites | WN |  |
| Investigate RapidSMS messages issue and feed back  | WN |  |
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