Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

April 4th 2013, 2pm, GMT +2hrs

# Participants

Rhonwyn Cornell (RHC), Linda Taylor (LT), Wayne Naidoo (WN), Carl Leitner (CL), Michel Makolo (MM), Hamish Fraser (HF), Liz Peloso (LP), Emmanuel Rugomboka (ER), Paul Biondich (PB) Derek RItz (DR), Desire Ruzigana (DR), Ishimwe Ngezayo (IN) Lorinne Banister (LB)

**Call recording link**

Call Recording File # 98541201

The link for audio streaming is below.

<http://www.conferenceplayback.com/stream/38379056/98541201.mp3>

Recordings are deleted after 30 days.

**Agenda**

      Infrastructure updates - Gilbert

      RapidSMS Updates - Wayne

      ANC Report Updates - Liz

      Roles & Responsibilities - Liz/Richard (updates from the conversation last Friday, 29th Mar)

      AOB

***Infrastructure updates***

As GU was not available fort his call, LP provided a brief update on infrastructure

***RapidSMS updates***

Desire met with Didier (Pivot Access) and messages now going through from RapidSMS to the HIE – a total of 1266 messages sent in total to HIM since beginning of project but only 7 have come from Rwamagana district

Provided a list of IDs from RapidSMS server and will be comparing against in the CR to see which IDs are from Rwamagana

Transaction console showing many errors as are seeing messages from whole country not just Rwamangana district – gives inaccurate picture

Have not been able to see these in the SHR

WN – Can add a filter on RapidSMS sending side and on transaction monitoring console

LP – Is a good idea to filter so the errors in the queue are more meaningful

LP - What should we be expecting to see? For example we have one NID from pregnant woman in Musha with an expected risk message – can we see it?

DR – is it only the risk messages we are looking for?

Desire – it is the risk and death messages

LP – The majority of RapidSMS risk messages are for children so we will never have correct NIDs for them

WN – How do we address this problem in the long term?

DR - How do we address issue of IDs for children?

LP – This will not happen in the short-to medium term

***ANC Report Updates***

LP has put together a list of requirements for each report and have prioritized them

One big problem that will affect all reports (and identified as a high priority) is that all repeat visits default to Mutuelle visits, not ANC visits – so there is no way to report on them without showing all visits

If registered on first day and repeat visit on same day, get same visit type

On 1st registration, get the option to choose ANC clinic as visit type

On repeat visits, if scan or type in OpenMRS number, don’t get option to choose which type of visit it is, automatically get dumped into Mutuelle

DR – How much of a problem is this? How often does this happen?

Even data done at Musha is of less value than anticipated – as there is no clinical data

Other visits (generic consultations) other than scheduled 4 ANC visits mean a Mutuelle visit

PB – Who did the registration functionality?

The MOH have done this work and the JHS team extended it to the CR / HIM integration

PB – Do we have a list of issues – is there a ticket issues tracking system? Or is it a word document?

WN – JHS have a JIRA ticket tracking system for RHEA work and MOH also have an issue tracking system which the JHS team has access to as well

PB - Can we consolidate all tickets into one place , preferably on the MOH ticketing system and have it all documented for all to see ?

PB – Does this only affect ANC visits or all visits?

LP – Probably all visits

PB – This needs to be reflected in the MOH system being the common ticketing system

PB – If we had a test development / staging server we would be able to troubleshoot it remotely after replicating this error

WN – we currently have a testing environment with test data

For joint testing at POC level we have de-identified data on a server

Would be valuable to have access to a dedicated machine with replica of system at both POC and HIE level although may not need full HIE stack to replicate this problem

Get a ticket list prioritized, and document all info on this ticket - must be publicly available on the web so all members of the team can access

WN – We would be happy to transition all JHS tickets to the MOH system

RHC – Can discuss with Gilbert on scheduled call tomorrow

***Roles and Responsibilities***

LP discussed with RG together with Gilbert and Dawn

Can’t share this yet without his permissions but general principle is that all activities related to implementation will be DS responsibility – will oversee these activities and have authority to change priorities

All on-going MOH initiatives – IE helpdesk, infrastructure, etc. will be Gilbert’s responsibility

RG should be able to share this with the group soon

LP – didn’t really address other roles eg; RHC as will also need to discuss with Cardno etc.

PB – Once we have clarity on the ultimate decision maker can then clarify the rest of the roles

DS will act as RGs proxy

The ability to direct other resources is key and we need to be able to clearly articulate this

***Any Other Business***

PB asked for HF’s opinion based on the PIH experiences

Re: Patient registration, HF said that there is a much newer, better version of that module available and although upgrading has an overhead it may be an option

HF and WN have also been discussing ways to better monitor the system

PB asked HF if he had a chance to talk to Gilbert re: infrastructure issues

HF did not, but will follow up

PB did talk to RG last week and this creates an opportunity to re-look at the infrastructure approach in general

RH wants to look at Rwamagana as an innovation district and how it can be built more effectively knowing what we know now

Can instantiate some hardware that is more tolerant of conditions

HF – for example, we provided power backups eg. solar panels, and use of laptops rather than desktops

Sometimes need a separate power infrastructure for the IT to that used to provide care

LP – over a year ago, RG recognized that any solution that Rwanda implements in medium term will not be able to depend on stable power

DR – Must also have manageability and maintainability as important factors

LP – Noted that we are not talking only about internet access, but bigger issue is the local problem of power stability

PB – Should have a standardized LAN implementation – e.g: certain types of cable – set down a minimum standard of what is required for system to work

HF – Gilbert is well aware of these issues. The LAN should be the simpler problem to resolve.

LP – Were aware of this and did include functionality in the design to cater for this – talked a lot about that at the beginning

HF – Would it be useful to have Cheryl join a call to share experiences?

RhC – Yes, that would be very helpful

LP – Need to put together a full testing plan for testing all features, new featured being rolled out as this issue should have been picked up during testing

WN and Gilbert can discuss tomorrow

Call ended at 3:20pm

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| **Action Item** | **Responsible**  | **Due** |
| Get a single ticket list prioritized, - must be publicly available on the web so all members of the team can access – WN and GU to discuss how to integrate MOH and JHS ticketing | WN / GU |  |
| Discuss full testing plan  | WN / GU |  |
| Ask Cheryl to join the RHEA project call  | HF |  |