Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

June 28th 2012, 2pm TO 3:30pm, GMT +2hrs

# Participants

* Rhonwyn Cornell (RhC), Linda Taylor (LT),Hannes Venter (HV), Lorinne Banister (LB),Liz Peloso (LP),Paul Biondich (PB), Mead Walker (MW), Ryan Crichton (RC), Liz Peloso (LP), Carl Lautner (CL), Brooke Buchanan (BB), Michel Makolo (MM), Emmanuel Rugomboka (ER), Dykki Settle (DS).

**Agenda**

1. Project progress - RhC

◦                      Facility Registry update - EJ

◦                      Provider Registry update - DS

◦                      Client Registry update – SG

◦                      Shared Health Record update– WN

◦                      Interoperability layer update– RC

◦                      OpenMRS update – WN/RhC

2. Share Health Record/Client registry reconciliation - SG

3. Any other business

# Minutes Call Recording

The link for audio streaming is below.

Recordings are deleted after 30 days.

***Key points of discussion:***

***Overall project***

***Facility Registry***

Training - FR - MOH have identified people for training. Will not be new staff, but existing staff who will take on this additional role.

***Provider Registry***

CL – Work progressing well at the moment.

(2.19pm)

LP – asked about data in HRIS already that will be the foundation of PR – by end of this week should have clean data to use. The MOH is very keen to have it in productive use asap.

CL – Asked re: branding- is there sample text to show branding, MOH logos, names of people hwo have worked on it.

LP – the MOH logo should be on it. (also training material, requirements docs etc.)

PB – Should ask RG if this should be cobranded as a RHEA project or MOH project or both?

LP – Has no issue with co-branding as long as MOH is included.

PB – Seems natural to have the project branded – may be better than having logos for each organization involved. See OpenMRS as an example.

RhC: in process of validating and checking logos on documentation at the moment.

LB: asked if these can be posted to the RHEA wiki as well, even if they are just links to own wiki.

***Client Registry***

SG: Still working on ability to merge and unmerge patients. Wayne will provide an overview to 2 approaches for the team to review.

Have also discussed constraints for the pilot implementation, but not to the longer term vision.

Eg: unique identifiers for types of patients in the system for September pilot.

Now have full access to the data and have been sub-setting for the pilot.

Wayne asked that people comment on the page on the wiki rather than using email.

***SHR, OpenMRS and RapidSMS components***

WN – have integrated 2 instances of SHR and OpenMRS running in the cloud and now testing message loads etc. Have been documenting message flows etc. RHEA transaction link is on the wiki.

Have been finalizing transaction processing and also finalizing form implementation.

Also speaking to MOH about OpenMRS concept dictionary.

Will send formal request to review content as soon as it is done.

(Rhea.jembi.org – RHEA transcation sub-section – link here?)

***Interoperability Layer***

Work progressing as planned. The transaction specifications are now available on the wiki.

***OpenMRS rollout***

RhC – Training sessions on basic IT skills will start next week and will take lessons learned from the first training sessions. Will run in parallel with OpenMRS roll-out.

Will send out minutes from MOH meeting to the RHEA group shortly.

WN – Will we still be pre-loading sites with content from the CR and PR?

LP – RG has requested that whole district is loaded into each local instance of OpenMRS.

Not sure who is responsible for that – can speak to Gilbert about that

PB-Bulk loading demographic data into OpenMRS – can do through metadata sharing. In Kenya they are setting up a metadata server so can push metadata into each local instance- could consider this approach. District will not only needs its own data but also associated data. There are often overlaps between districts. Aim here is to minimize registrations but not avoiding patient registration completely.

LP – Asked why the PR should be loaded into OpenMRS? Each facility will have its own staff.

WN – Idea was to do analysis of PR data and potentially load into OpenMRS

PB – Will HIRS have all the people considered as providers in the clinic – thought maybe not

LP – Often a delay registering people in HRIS as happens at district level rather than clinic level

PB – Various workflows can be used so need to discuss and agree

LP – Is not burdensome to add 10 – 12 providers at each OpenMRS site – with own provider ID

PB – Can match the IDs if you want to do so.

RC- Planned to have providers added with NID as an additional ID

HRIS does not have NID code, but in the PR it will be a required field.

LP – The provider cannot work without an NID

***Post September funding***

PB – have had confirmation that there will be a new tranche of resources after the end of September to enable work to continue.

***Kigali Meeting***

RhC asked for people to fill in Doodle poll and also send ideas, contributions towards the agenda.

***Next Call***

Next call will be on Thursday 5th July at 2pm CAT (12pm GMT).

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| **Action Items | THIS CALL** | Responsible | Due Date |
| Discuss RHEA project branding with RG | RhC |  |
| Send info on PR to the wiki to Jamie | Carl L |  |
| Send contributions for agenda for Kigali meeting to RhC | ALL |  |
| Use RHEA wiki for all docs, comments rather than email where possible | ALL |  |