Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

9th May 2013, 2pm, GMT +2hrs

# Participants

Dawn Smith (DS), Gilbert Uwayezu (GU), Carl Fourie( CF), Linda Taylor (LT), Hannes Venter (HV), Chris Seebregts (CS), Ryan Crichton (RC), Paul Biondich (PB), Shaun Grannis (SG), Lorinne Banister (LB), Wayne Naidoo (WN), Liz Peloso (LP), Emmanuel Rugomboka (ER), Michel Makolo (MM), Desire Rusigana (DR), Ishimwe (IN), Derek Ritz (DR), Scott Teasdale (ST), Odysseas Pentakolos (OP)

**Call recording link**

Call Recording File # 59469401

**Agenda**

* Updates on NID Access for RHEA Team
  + Follow up on Richard's Tuesday meeting with Director General of NID Agency - Richard
    - Share details about access and point of contact for NID database
* Site Updates
  + Site call feedback - Desire
  + Internet solution updates - Richard
  + On-site Internet assessment - Daniel and Desire
* ANC Forms and Workflow
  + Continuation of discussion on email thread *RHEA work group Site visit Synopsis: 3rd May 2013*
  + Purpose: Decide on next steps to make forms easier to adapt for clinicians' workflows

Any Other Business

**Key points of discussion:**

***Site Updates:***

* Desire reported that both sites now connected to internet and sending messages to HIE and can be viewed on transaction console. Musha was connected yesterday and Ruhunda this morning.
* Most messages are being processed successfully. A few messages are failing and these may be due to validation with CR
* Back entry messages – Have checked with IT manager and there are now less than 600 messages in queue. These should have been fully flushed and sent to the HIM by end of day today
* Both sites working with no problems related to the infrastructure
* Ruhunda – now entering all clinical encounters during clinic not doing back entry and have cleared back entry backlog
* Only problems reported at Musha are some wiring issues to ANC room and IT manager said this morning that an electrician is there currently fixing it
* PB – What was solution to get internet access?
* DR-The current ISP has re-connected using existing system. Desire went with Daniel Murenzi to site and have tested new connection with new provider so still looking at other options
* Messages viewed on console – a couple of errors from Musha but think a problem we should be able to resolve
* PB – Is Jembi looking at the messages?
* WN – both systems connected to HIE this morning – from the sample we looked at most going through successfully but there are some save encounter messages failing, especially from Musha and PR or CR validation errors most likely cause
* PB – are we getting hits against the CR?
* WN - We will have some answers in next day or two

***RapidSMS update***

* DS said the MOH is trying to resolve contract issues related to the responsibilities for RapidSMS such as what is the current version that should be running, as well as looking into about improving communication between Pivot and RHEA project team i.e. we were not informed that a new version had been deployed in Rwamagana
* PB – Have we received any transactions from RapidSMS yet?
* WN – Lot of transactions are failing validation because not they are not coming from Rwamagana district. There is training underway so we can get a better understanding of having the new system implemented and costs of this
* PB – Do we know if the CHW are entering info about pregnancy in Rwamagana?
* WN – Yes, they are
* PB – So we should have an understanding of the type of information we should be getting?
* WN – Yes
* LP – We can go to RapidSMS and ask for a report of their transactions and compare to what we seeing in Rwamagana – did this on site visits as a quick and dirty check
* The CHW also send messages for children so have to go through the whole report and check if transaction is for children or pregnant women – most are for children.
* SG – How do they identify children?
* LP –Use the NID of the mother + a code at the end
* WN – will follow up with DS and U to get these reports from RapidSMS

**ANC Forms and Workflow**

Discussion related to earlier email thread around ease of use of forms: DS summed up as

1. We can look at forms and reorganize them to have one single form that mimics the current ANC forms

Or

1. What can we do to see how forms are currently used and to how best fit the workflow?

* GU – one of things we observed is that the way data is entered in forms is not easy for users. If it is organised like it is on paper, it will make it easier for them
* After email discussion we met to discuss and we think we can reduce the no of forms we use in system. Must also consider: How many encounters can be put on one form? How does the system auto check variables and how can a report can be designed to show this?
* LP – Cautioned that the form does not match the electronic input, although the flow should be mostly the same, but this is for a reason. Understand it is not easy to back enter data but this was not the intention to make back entry easy. To be exactly like the paper form then we would not include the things that the register has that are NOT on the paper form – we tried to harmonise paper forms to ensure all questions entered
* Some of the questions are not perfect matches e.g. Blood pressure value is not recorded on paper: on the ANC forms it asks : high or low = y/n, which is meaningless clinically , while on the register it asks: is it high which is also not useful
* This is just one example – there are many
* For HIV we used existing concepts that match other programs rather than what is on the paper form
* Tried very hard to get semantic interoperability
* Must be very careful about what we change otherwise we will end up with something in the SHR that doesn’t match something else that is already there
* DR – are there issues around capturing actual blood pressure readings? Also fetal heart rate?
* Can have a different concept i.e. a qualitative concept to reflect this
* DR – seem to be backing away from changing the paper forms
* PB – RG has noted that for strategic reasons we need to ensure system is in use before we can make quality improvement. Once the system is actually functioning and matching the current workflow then can maybe make changes as part of the process
* LP – So will not record blood pressure but will answer 2 different questions around it?
* PB – That is the current system which we need to reflect that in our system
* GU – What RG says about matching the paper to electronic forms is that now they are spending too much time trying to find the correct form to actually record the data.
* Can we organise the paper forms in such a way that user can enter data easily?
* LP – We are optimizing for back entry of data rather than considering how it will work when the paper forms are not in use anymore
* SG – Agree but there are different concerns here i.e.
* Quality and utility of data vs. the ease by which it is entered
* Rwandans want ease of use for now
* The quality issues are not the priority
* DR – Back entry of data should not undermine entry of data in real-time otherwise we cannot wean people off the paper
* LP – Could optimize and add some forms together but should not just optimize to paper – should think about best way to enter the data
* PB – We have a lot of advice to give re: quality issues, etc. but more importantly we should defer to Rwandans to ensure we meet their needs – until we can have people responsible for the clinical use on the call we are second guessing them
* PB – is it purely an issue of ordering? Or is it that the questions are represented differently?
* GU-It is the way that the questions are ordered on the electronic forms eg: have 1 paper form = 5 electronic forms split into different sections and each form = 1 encounter
* Why can’t we put all information onto one electronic form as 1 encounter as it will make it easy for user to find it
* LP – Issue is on 1st visit the staff will do 1 section of the form and do this for 10 people
* Then go through the cycle again and do vital signs
* On 2nd visit they only answer part of that large form so will still have multiple encounters and will encourage bad practice i.e. people will answer forms in 1 batch even when we don’t know answers yet – we will record it now because we are going to do it later (e.g. provide bed nets)
* Also HIV is not on paper forms
* Can combine them but this wont get away from problem of opening the form many times
* Can review data on the maternal summary – all appears as a single view
* CF - Is the challenge trying to find the previously entered data by looking at multiple encounters?
* GU –No, the challenge is at entry point – they don’t know where to record this data in the system
* CF – So our question is: is a single form more useful or should we enforce the multiple forms in use now?
* Can we trial a single form in Musha for example and see if there is a difference in usage?
* LP – Yes, we can put everything on the full form as well and allow people to use whatever they prefer BUT don’t take away the multiple forms
* Let people use what they want and do a comparison
* PB – So it seems more of an ordering issue that the way the questions are asked
* DR – There is a difference between optimizing for back entry vs. optimizing for workflow – need to consider both
* LP – Asked GU if he wants to change the questions or just the ordering? i.e. Do you want the electronic forms to ask questions in identical way to paper forms?
* GU – We want to change the order and for back entry we can have 1 form
* GU – Would be better to record the actual blood pressure
* LP – This can be a challenge for back entry as there is no value to be entered from the paper form
* LP – Using the current electronic forms there are extra checks they don’t need to do if auto calculations are done
* GU – Agree we want better design so we don’t double enter data e.g. age, no of pregnancies,

GU – Will review and get back to team with our suggestions

***Any Other Business***

The call ended at 3.10pm.

The next call will be on Thursday 16TH May.

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| **Action Items** | **Responsible** | **Due Date** |
| Will follow up with DS and GU to get transaction reports from RapidSMS | WN |  |
| Review forms in MOH and get back to team with suggestions | GU |  |
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