Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

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

# Participants

Richard Gakuba (RG), Dawn Smith (DS), Carl Fourie (CF), Linda Taylor (LT), Chris Seebregts (CS), Ryan Crichton (RC), Lorinne Banister (LB), Wayne Naidoo (WN), Liz Peloso (LP), Emmanuel Rugomboka (ER), Michel Makolo (MM), Desire Rusigana (DR), Odysseas Pentakolos (OP), Carl Leitner (CL), Luke Duncan (LD)

**Call recording link**

<http://www.conferenceplayback.com/stream/25252043/88243101.mp3>

Call Recording File # 88243101

**Agenda**

* **Update on NID Access** - Richard and Shaun
* **Site Updates**
  + Site Call Feedback - Desire
* **ANC Forms and Reports**
  + Update on Report Development - Dawn and Wayne
  + Next Steps to make forms easier to adapt for clinicians workflow - Dawn
* **RapidSMS**
  + Next Steps to Connect the New Version of RapidSMS to the HIE - Wayne
* **M&E**
  + Update – Dawn
* **AOB**

**Key points of discussion:**

***Access to NID database***

* RG – the NID will give us access to database but we need to fill in the form and submit it
* WN – We need to discuss the context of data access i.e. we cannot have a copy of the database and access seems to be on a person by person basis – need to understand how this can be applied to the HIE. This constraint means we can’t load data at the clinic POC level but may be able to use at the HIE level
* RG – Can create a VPN connection to their database – will also ask an NID person to speak to either Shaun and Odysseas to get this underway – must fill in the form and submit a.s.a.p. To initiate conversation
* OP- If can’t get a dump of database will need to enhance the IL. If we can’t find in CR will have to connect to NID database to see if we can find patient there
* Does the form need to be filled in by person or organization basis?
* RG – The organization requesting access is MOH but can then find best person from the RHEA team to fill in
* LP – Can we not just ask for batch validation against NID database – to do this in real-time when they register would take a long time
* OP – Agrees this is a good idea
* LP – e.g. Take the name, district, village and query NID to see if there is a match. This would answer a big question: is the name spelt wrong even if NID is correct?
* OP – How do we map records to confirm they match? Only by finding out what other details can we use for mapping in NID database.
* RC – Is there an existing interface or do we have to build an interface – this will determine what functions we can se the NID database for – must contact a technical NID person and find our what interface is and what data fields are – then use case will become much clearer
* RG – Have a list of data fields in the NID database already
* WN – Are there restrictions on making multiple queries and making another database– what are restrictions on the usage of that data?
* WN – Theoretically we could run a query for every person and rebuild the CR database from that
* Agreed that RC and WN and OP to work together to fill out form and get it submitted to NID and then try and get contact with NID technical person before the next call
* RG – asked if have enough information to fill in the form?
* RC said needs very specific detail around setting up the VPN but we don’t have these details in place yet – do we have to fill this in before we talk to NID technical contact or can we speak them first then we may be able to fill in the form?
* RG will ask for a NID contact person and send this information via email to Wayne, Shaun, Odysseas and Ryan
* RG asked that someone fill in as much as we can fill in for now
* RC can’t really fill in much on the form at all
* WN – we can out together a list of technical questions we would like answered to help with RG’s request

***Site update from Desire***

* Spoke to IT managers and report that the system and infrastructure all working. There are no problems except Internet connectivity that fluctuates from time to time.
* Team as identified a queuing issue with the messages submitted to the HIE and will be investigating further.
* Adaptor module should be rolled out next week to enable better reports on exact types of messages being sent and which are failing
* Also working on an improvement to error console
* RC – due to large no of messages from the backlog we are looking at where we can do additional work to improve the way these are grouped and viewed on the error console – to enable better searching and log and group them automatically rather than the manual process that Desire using now to evaluate errors
* LP – agreed this would be very helpful
* WN – Also looking at enhancing the system reporting for HIE transactions that will enable better troubleshooting of failed messages
* WN - 2950 messages have been flushed and sent to HIE from Musha, and 5000 from Ruhunda.

***ANC Reports – Dawn***

* Three reports: HIS report is mandatory, 2ND one for indicators, and 3rd one to replicate the larger ANC register book
* The team have mapped to concept dictionary and added codes and the required calculations
* DS created mockups of reports which LP will review for clinical accuracy, then will meet with Gilbert next week to go over and ensure all data points are there and will work for both MOH and clinic needs
* DS will need some of Michel's time next week to create/check the concepts. We should be able to have report design done by next Friday but then we another week to validate it.
* WN – working on 2 things currently: high-level reports specs and layouts AND a spreadsheet to map concepts and indicators and calculations
* Aim to finalize by the end of the month to have full report specifications and mockups ready for review by wider team then can plan actual development and implementation
* WN clarified that the **design** of reports will be complete by end of May, not the actual reports themselves
* LP will finish her review by end of day today
* DS will need RG and GU input in terms of clinical oversight re moving off paper forms
* LP – if re-designing the electronic forms, especially changing the concepts, this need to happen very soon as other wise we will build reports that may use a concept that won’t exist very soon
* RG – I don’t think there are many changes we will make for now, really just the way the form looks but not changing the content or wording of the form

***M&E update - Dawn***

* Caricia from InSTEDD will be visiting Rwanda soon. The goal of the visit is to finalize the M&E plan. DS will take her to Musha next Friday so she understand the workflow well and she also wants to speak to the developers on the project.

***RapidSMS update***

* RG – We need to focus on integrating RapidSMS i.e. not receiving any messages from RapidSMS so how we do enable this – how do we build the connectors to the new system?
* WN – in terms of work done to connect RapidSMS to HIE some issues arose in March. We can see messages coming in to HIE but a large % failing validation against CR and main reason is because the messages not from the Rwamagana district but from all over the Country
* In the status report have highlighted that there are two versions of RapidSMS running – tHE old one is connected to HIE and new one is not
* From Rwamagana district during April 1625 messages were tracked as coming from new version and 10 messages from the old system. In May so far we have logged 4 from Rwamagana from old version and 1109 messages submitted to new version which is not connected to the HIE
* JHS understood the MOH had a contract in place with Pivot but this was not correct, so we are now retrospectively drafting a contract to resolve these issues and PA have provided estimate for work to connect to new version of RapidSMS
* Aim to re-purpose funds from RapidSMS training planned for this use to cover support costs for Pivot Access for this year
* RhC – From Pivot Access we have details of work done for troubleshooting and a work schedule and budget for additional work to connect the new version of RapidSMS to the HIE. We are putting together a SLA to cover this from Oct 12 to Sept 2013 + contract for the new work.
* Didier is on the call from Pivot Access as well: WN asked if there were any questions for him? No.
* WN asked all call participants to read the weekly status report that is sent out prior to the call – would appreciate any feedback

***Any Other Business***

The call ended at 3.04pm.

The next call will be on Thursday 23rd May.

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| **Action Items** | **Responsible** | **Due Date** |
| WN, RC, SG and OP will put together a list of technical questions around the NID access form which we would like answered to help with RG’s request | WN | 23/5 |
| RG will ask for a NID technical contact person and send this information via email to Wayne and Shaun, Odysseas and Ryan | RG | 23/5 |
| JHS team to roll out POC adaptor module with DS and GU | WN | 24/5 |
| Will continue to manually monitor at both POC and HIE level | WN | 23/5 |
| Share design for better reporting on next week call | WN | 23/5 |
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