Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

30th May 2013, 2pm, GMT +2hrs

# Participants

Richard Gakuba (RG), Dawn Smith (DS), Carl Fourie (CF), Rhonwyn Cornell (RhC), Linda Taylor (LT), Lorinne Banister (LB), Paul Biondich (PB) ,Wayne Naidoo (WN), Liz Peloso (LP), Emmanuel Rugomboka (ER), Michel Makolo (MM), Desire Rusigana (DR), Carl Leitner (CL), Scott Teesdale (ST)

**Call recording link**

Call Recording File # 97327101

**Agenda**

* **Site Updates**
  + Ruhunda and Musha - Desire
  + Team Discussion: Infrastructure and Internet Issues - Dawn
* **Technical Updates**
  + Module Rollout to Sites - Wayne
  + HIE Transaction Summary Update - Wayne
  + OpenMRS PoC ANC Report Format Updates - Dawn
  + RapidSMS Update - Richard
  + ANC Forms Update - Richard
  + NID Access Update - Richard
* **Discussion Points**
  + What to do About Invalid Providers - Wayne

**Key points of discussion:**

***Site update***

JHS team visited site yesterday – problems with no power/internet at both sites

* Ruhunda did not  have power, the backup generators did not work and when the power came back on later in the day, there was no Internet.
* Musha did have power and Internet but connection was so slow that messages to the HIE were timing out.
* PB – This is a deal breaker for the users
* WN – No power at Ruhunda- very slow internet at Musha – were able to deploy adaptor module and could test it but then internet deteriorated and messages not going thru to HIE because they were timing out – Power came back at Ruhunda later but internet so slow could not do anything
* Desire -Power outages not that usually that frequent but was bad yesterday possibly because they were laying new power cables
* PB – So is this a constant issue or just related to this visit?
* Desire – The power not a general problem but reliable connectivity is
* RG – Current contract has limited bandwidth – will be an issue until we negotiate a better solution with MTN
* LP – Was problem slow bandwidth or Internet connection being lost?
* Desire – internet has been slow since the re-connection
* WN- when at site yesterday the transactions to the HIE were timing out
* PB – messages are very small – 2-3k? WN – Yes
* PB - Need a clear indication of exactly what is needed for the network to do the query and the send which is the fundamental requirement for the system
* DR- Is the phone also down when the power goes down? and the SMS capability?
* Desire – those are not affected

***Module Rollout to Sites - Wayne***

* Were able to rollout the RHEA POC adaptor module and also trained the IT and data managers on how to view the logs with a focus on how to interpret these logs for monitoring i.e. how many messages are being sent from the health centre
* PB – From the POC or HIE side?
* WN – Update included new user interface to view the logs created
* PB – Can that log be read from another site?
* WN – Have started this discussion already with Hamish as to what we could do – goal is to package that information to have locally and at central monitoring server in MOH or NDC – viewable at central level
* WN - Next phase we would like to improve the HIE transaction module to enable better monitoring
* PB – Could we have something similar for RapidSMS
* WN – The changes would come from the IL but

***HIE Transaction Summary Update – Wayne***

* WN Can confirm that 4 messages from RapidSMS were persisted in the SHR
* PB – Is this because the CHW don’t use it for this maternal use case
* WN – In terms of what is coming into the HIE – have over 4000 messages from the whole country and then many from Rwamagana also failed the provider validation
* The 4 in April and 10 in May came via the old version of RapidSMS
* LP – Risks for pregnant women are not as common as other messages so these messages are not high in volume
* PB – So messages are coming across, they are just not frequent
* RG – only the new version has the ANC plus follow up of child for two years – the old version which is connected to the HIE are ANC messages only
* LP – They have children messages as well – most are child-related
* PB – Need to understand the total denominator – total no of messages – x are not valid – what are the contents of these messages – is that difficult or easy to get
* RG – Can get this information from RapidSMS – if it is possible to get this info from HIE would be good to compare. Maybe these aren’t issues but we need to understand this
* DR – If we were capturing all messages what would we be getting? What would it take to get all messages from RapidSMS?
* LP – PIH did a study on the messages that CHW were sending and reliability of them and bottom line is that they were very unlikely to send a message unless it was very serious i.e. paralysis, convulsions, - these are the type of risk message – actual majority of risks messages sent are diarrhea in children. Generally accurate but very under-reported
* PB – For a month – total no of trans in the country from RapidSMS – how many are valid i.e. understood by the system, by the HIE, and how many specific to Ramagwana, and then if maternal-&childcare-related or not
* WN – Can provide more detailed breakdown of messages in the HIE

***OpenMRS PoC ANC Report Format Updates*** & ***ANC Forms Update - Dawn***

* DS -Just waiting for feedback on the reports and will then meet with RG to get final approval and then will develop the detailed plans for the development and testing of the reports
* RG –we should not make significant changes to forms i.e. make as close to physical forms as possible without changing the mapping behind them
* PB – Would help if we can show the current version of the form and show the proposed version and see what the actual changes are
* DS – Can provide the mockups of the reports which have already been done
* WN – Will help with providing the mock-ups of the forms

***NID Access Update - Richard***

* RG – Talked with the NID and provided a contact and shared question – has not yet got back to us but expect something by end of this week – need to provide the context of the request
* WN – if RG can share this info we would like to set up a meeting with NID as soon as possible

***Any Other Business***

* RG – Issue was raised last week about patients bringing their NIDs with them to the clinic
* Spoke to person who will speak to the CHWs at their monthly meeting to ensure that the message to gets to all CHWs that they should communicate with them and
* They should all come if they have NID or not but highly encouraged to bring NID is available
* LP – Also asked if we can put up a poster at the clinic in the waiting area as a reminder
* RG – Can call them and asked them to do this as well

***Provider Validation***

* WN – Question is: How do we deal with invalid providers
* Will circulate for discussion on the mailing list

The call ended at 3.14pm.

The next call will be on Thursday 6th June.

|  |  |  |
| --- | --- | --- |
| **Action Items** | **Responsible** | **Due Date** |
| Will provide information re: messages statistics from RapidSMS | RG | 6/6 |
| Will provide information re: messages statistics from HIE | WN | 6/6 |
| Provide mockup of proposed changes to ANC forms and reports for review by wider team | DS | 6/6 |
| RG will send on the information from the NID technical contact person when received and send this information via email to Wayne and Shaun, Odysseas and Ryan | RG | 6/6 |
|  |  |  |
| Provider validation: will circulate for discussion on the mailing list | WN | 6/6 |