Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

13th June 2013, 2pm, GMT +2hrs

# Participants

Dawn Smith (DS), Carl Fourie (CF), Rhonwyn Cornell (RhC), Linda Taylor (LT), Lorinne Banister (LB),Paul Biondich(PB), Emmanuel Rugomboka (ER), Michel Makolo (MM), Desire Rusigana (DR), Scott Teesdale (ST), Carl Leitner (CL),Luke Duncan (LD), Shaun Grannis (SG), Derek Ritz (DRitz) Tiffany Jager (TJ)

**Apologies**

Wayne Naidoo, Ryan Crichton

**Call recording link**

**http://www.conferenceplayback.com/stream/79627118/50993301.mp3**

Call Recording File # 50993301

**Agenda**

* **Updates**
	+ Site Updates - Desire/Wayne
	+ Infrastructure and Internet Issues Update - Richard and Dawn
	+ OpenMRS PoC ANC Report Format Updates - Dawn
	+ ANC Forms Update - Dawn
	+ Provider Registry Update - Carl Leitner
	+ NID Access Update - Richard
	+ RapidSMS Update - Dawn & Richard
	+ RHEA Targets for 2013 - Richard
* **Team Discussion Points**
	+ Discussion on next sites to go live - Dawn
	+ Ubudehe Data - NID Gender Marker Problem - Wayne

**Key points of discussion:**

***Site update***

* DS –New ANC form specifications - Not changing the concepts, just the layout and order of questions to better match the paper forms. Has sent out the mockups by email.
* Report specifications – WN and DS have reviewed and will get approval from the MOH and then send out to the wider RHEA team, hopefully before the next call.
* DR - Internet has improved considerably and power has been stable. Both sites have had a large number of transactions processed.
* RG – Improving connectivity. Have a solution but is expensive and not sustainable. Two options currently available:
* For VPN connection only via cable – expensive
* VPN using MTN telecomms– connect to NDC via VPN – more affordable

By next week hope to have test system up and running

* SG – Can they support IP protocols that we use?
* DR- Confirmed that they do support IP protocols
* SG – Will the registries be behind firewalls? Do we understand the implications? Can we remotely access the registries?
* DR – Internet access for registries will still be available – configure sites to put in same VPN network to be able to connect to
* CF - have not considered all implications of this possible solution and need to investigate
* DS – These solutions are based on PIHs experiences

***Provider Registry Update***

Team discussed issues around the National ID

* Use case #1 – providing clinical information when should not have had access to system – solution is to mark them as invalid in PR but still let messages go to SHR –
* Use case#2 – People logged in as admin but recording clinical information – can lock down OpenMRS so admin users are unable to do that OR allow records to pass through but indicate that came from OpenMRS installation at clinic X i.e. keep track of where it came from
* Have a workplan meeting next week to plan more work in detail
* Also discussed HPD support: as a transition to HPD in Rwanda will make use of RapidSMS’s experience
* PB – Regarding metadata within end systems, did not really consider that RapidSMS has best database of CHW providers in Rwanda – is it an authoritative source of this information? Finding best way to keep this synchronized with the PR is something to consider
* Also the DHIS facility list could be a good source for FR data
* DR – Who is the provider on a particular transaction as there don’t seem to have consistent logins for users of OpenMRS
* PB – in EMT systems generally the people entering the data are not the providers but clinicians do sign off the piece of paper that captured this information
* DR- Can we successfully attribute the data to the actual provider?
* Have NIDs for the CHW in RapidSMS
* RG – We should use the National ID for providers but if doing back entry and the is data entered by someone else – they are not the provider so how can we deal with this?
* DRitz- in the transaction to SHR is the login ID being sent or the Provider ID being sent?
* Desire – the provider ID is sent
* RG – Is it possible for data entry clerk to have a dropdown menu to select the valid Providers?
* Desire – only registered providers are available on the drop-down but the problem previously is that the data managers were creating themselves as Providers rather than Admin users- have explained that they should not be doing this
* DR – Do we capture the author and the attributed provider?
* Desire – In OpenMRS both are captured and stored – message to SHR only has attributed provider
* OpenMRS clearly distinguishes between provider (Provider ID is attached to the encounter) and data entry person logged in to system
* PB – Usually would tell implementer that the content in POC must map to the field in the HL7 message
* Need to ask Wayne - When we generate HL7 what is being used for the provider field AND Is the encounter provider being captured on the form?
* Desire- the form does have the encounter provider
* PB – Should a super user be a valid choice as a provider? Need to define

***RapidSMS update***

* The stats are included in this weeks’ status report
* DRitz asked if we have transactions for infant deaths? Are we recording the maternal deaths and infant births in the SHR? Or are only the risks being captured in the SHR?
* DS understand that both the risks and the deaths/births will be sent to the SHR
* Not happening currently because only the old version of RapidSMS is connected to the HIE
* RG – Will the SHR also update the CR i.e. mark the client as deceased?
* SG – No, does not do this workflow currently, but need to consider carefully – may get a message that this person has died but may still need to be able to add data to this record
* DRitz – can change the status but still add to the record
* SG - Assume should be straightforward if the NID is available and correct
* RG – Will need a separate discussion around the implications of implementing this

***RHEA targets 2013***

* RG sent out a document via email and RG asked teams to see how these targets can be achieved and develop a plan for the coming year
* Will discuss with each of the partners to define the roles and activities and set the budget
* Using an excel tool to build up at granular level. Aim to send the tool out by end of this week
* Will enable easier tracking/monitoring of activities and budget burn rate
* RG had a conversation with CS for Jembi activities and CF and RHC are developing the project plan currently.

***Ubudehe data***

* SG – the NID has gender info contained within it and have observed this information and the gender field are conflicting – need to reconcile this data
* Looks like the NID is corrupt but need to confirm this
* Can also look at First Name as an arbiter of gender
* How best to analyse the data? (already have the production version of OpenEMPI running – but would like to have a test server running as well to be able to understand this)
* SG will discuss with OP tomorrow and would like to better understand the expectations and requirements for data analytics
* RG – also would like to understand quality of the other Ubudehe data?
* SG – What about access to more “pristine” NID data?
* RG contacted NID and requested access to database. Should not expect a dump of the NID database but have access to a dedicated VPN to query NID on a per person basis
* Working on getting this access and RG will introduce contact person to technical team via email
* SG – How did this finding come to light?
* Desire- we found this when going through the error messages in CR validation
* SG – If have a name with a strong gender association would use this as tie-breaker, then the NID
* RG – May not be very applicable in this context
* About 109000 with NID – 3% of these have a mis-match so about 3000 records affected
* LB sent a work order form for this type of request – need a way to track them
* Need a more formal communication method for RG to sign off on these and identify priorities
* Need to agree on a streamlined process for these work requests

The call ended at 3.24pm.

The next call will be on Thursday 20th June.

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| **Action Items** | **Responsible** | **Due Date** |
| Ask WN what is used in the provider field when generating the HL7 message and what is being used for the provider field AND confirm if it Is the encounter provider being captured on the form? | Desire | asap |
| All partners to review targets for 2013-2014 | Partner Leads |  |
| Send introductory email to NID technical contact person and RHEA technical leads | RG  |  |
| Send report specs for review by wider team | DS  | When approved  |
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