**Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes**

# Date and Time

July 3rd 2013, 2pm, GMT +2hrs

# Participants

Dawn Smith (DS), Richard Gakuba (RG), Rhonwyn Cornell (RHC), Carl Fourie (CF), Linda Taylor (LT), Desire Ruzigana (DRz), Lorinne Banister (LB),Scott Teesdale (ST), Wayne Naidoo (WN), Hannes Venter (HV), Ishimwe Negezayo (IN), Daniel Futerman (DF), Ryan Crichton (RC), Michel Makolo (MM)

**Apologies**

Paul Biondich (PB), Shaun Grannis (SG)

**Call recording link**

 **RHIE Team Call Agenda:**

* Pre-Site-Deployment Preparation Update - Wayne
* Site Visit Summary - Dr. Richard / Dawn
* Training Update - Dawn / Michel / Rhonwyn
* M&E Update - Dr. Richard / Dawn
* AOB

***Key points of discussion:***

*Pre-Site-Deployment Preparation Update – Wayne*

* Plan is to streamline process for deployment and do testing
* Did version 1.9 testing sprint – all RHEA and MOH modules – completed full integration testing
* Completed testing form changes last week and have received more change requests this week
* Ubudehe data cleanup script – MOH happy with this so will be using this to clean up the data loaded from Ubudehe at each POC system
* Also able to upgrade the SHR to OpenMRS 1.9 in preparation
* Current activities – continuing development of config. module to stream line process to install RHEA modules at the health centres
* MOH to pick up Karange server tomorrow and bring this to the JHS office
* Plan to deploy and connect on Monday morning
* Have we simulated connection to HIE? WN-Yes, but test server pointing to EC2 test instance but not NDC environment – Can we use a test patient for testing to the live environment?
* WN – Yes, plan on testing this live production environment using test patient cohort
* CF – Asked about status of next site? DS – is on schedule and also looking at reducing no of times we call on the health centre to make process more efficient
* Do we have a projected back-entry load for these servers? How can we assist with back entry of this data so burden does not only fall on site staff
* RG – Regarding Karange, there are few new cases and is mainly older data and still have paper forms so does not take long to catch up (10 – 12 per day)
* CF – Are there any slippages foreseen? WN – yes, still on track for now. Will have a better idea of time to deploy after this first site.
* CF – Training: is this on schedule? DS – yes, still on schedule.
* Support period – 8 clinic days for elbow support – are the logistics arranged? MM – Yes, all agreed. CF – Next week we must identify who is responsible at Karange – Ingrid or Nepo?

*Site Visit Summary*

* Last Friday went to Rwamagana and Karange
* RG – Workflow similar at all sites except at Rwamagana where registration and clinical input done in same room. Registration should not take place in the actual clinic – should be kept separate – room is too small. They are happy to do that but require a cart/trolley to move computer in and out of hall as not secure enough to keep it there
* In Karange also have blood tests done before clinic so lab tests in progress while waiting
* This is a better, more efficient workflow so have made this recommendation
* The infrastructure is ready
* Also mapped out floor plans – Dawn will share and add to wiki before next call. Will help to provide context.

*Training Update*

* A lot of training in progress. Basic IT skills completed at all sites. Will follow up next week.
* OpenMRS systems training coming up.
* Will be doing ethics training for IT managers re: patient data etc.
* Also focusing on an issues log – a report to document and send to Jembi team. Will help with support in long term.
* CF – is training material in English? RG- Materials in English but training can be done in all 3 languages (French, English, Kinyarwanda).
* CF – Confirm that support staff fluent in all 3? MM- Yes, they are.
* DS – Will send out training material to wider team for feedback soon.

*M&E*

* DS and RG met with others to discuss M&E.
* Regarding concern re: baseline data many of indicators can be collected post-implementation.
* Want to evaluate HIE but when more sites connected will have more data to evaluate
* RG has sent budget to InSTEDD and hope to have final budget approved soon – all on track for now
* CF – There is an OpenMRS Usage Stats module and understand PIH has also worked on this.
* RG will talk to them about this.

***Any Other Business***

The next call will be on Thursday 1st August.