Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

29th August 2013, 2pm CAT

# Participants

Dawn Smith (DS), Richard Gakuba (RG), Chris Seebregts (CS), Carl Fourie (CF), Linda Taylor (LT), Lorinne Banister (LB), Paul Biondich (PB), Wayne Naidoo (WN), Ryan Crichton (RC), Carl Leitner (CL), Derek Ritz (DR), Emmanuel Rugomboka (ER)

**Call recording link**

Call Recording File # <http://www.conferenceplayback.com/stream/32851509/49714901.mp3>

**Agenda**

* Project status update - Dr. Richard/Dawn
* Team Discussion
  + *RHIE 2014 Project Plan Quarter 1* ([click this link to view and comment)](https://docs.google.com/document/d/1gMmby_KfksGRxQcVPjSWqiuVAw7fOWfRhwwFVLuY9JM/edit?usp=sharing)
* AOB

***Key points of discussion:***

**Project status update**

* Deployment is completed now. Training is nearly complete and then the elbow-support will follow.
* Gathering information about messages coming through from the new sites and can update team on next call.
* Work will begin next week to integrate with the new RapidSMS – estimated to take 2.5 weeks
* Testing for the reports starting now - Will get feedback by Tuesday
* PB asked about the usage stats for the exchange? Is there an update on the proposed dashboard?

DS – Will start off investigating manually and then will plan how to put these indicators up so that they are available on a dashboard

WN – Have implemented changes to POC side already. From the HIE, we now have a server to host the NAGIOS installation and Elijah from NDC helped the RHEA team to set it up - WN will review that work and get access to a dashboard using this tool to monitor flow through.

Will be getting messages from Rwamagana now and want to analyse and monitor this a.s.a.p.

***2014 Project Plan***

* DS – The team have now sent out a high level plan for review – asked team to have a thorough look at that and send feedback a.s.a.p.
* CF – this is a wish-list / a vision of what we would like to aim for. Now we want practical feedback from the team regarding what they can realistically do over the next period

Have pre-identified some work for the various partners – now we want to know:

What activities are still valid? What is the estimated time to do these activities? What are people able to contribute?

* PB – offered to help to move this process forward. Do we need to bring in more partners at this stage?

CF – No, it is not imperative that we do although we have spoken about reaching out to the DHIS team and RG working on this

CL - May be helpful to speak to Randy re: setting up a support desk to ensure harmonisation of this with their help desk for OpenMRS/DHIS

LB - Scott (InSTEDD) and Ed may be able to go to Rwanda in September following a trip to Tanzania especially in relation to FR training etc.

* Expanding knowledge of HIE in Rwanda locally is important
* DR – will there be many changes to public facing API in near future? We could create an incubator by having public facing APIs in a sandbox so that all new work in Rwanda could leverage this especially for identifying subjects of care

Aim is for every other NGO, local companies to harmonise with this HIE

* CF – thinks still need at least 2 more iterations of maturity to the IL before we open it up

Currently there is a single point authentication i.e. one you’re in you can get to everything

Would like to restrict certain channels first to provide protection. Partly a technical issue, but also a policy and legal issue.

However it is the still the main aim for longer term i.e. for the HIE to be more integrated in to electronic healthcare environment

* DR – There is a connectathon in early 2014 that we may be able to leverage as well

CF – Don’t think the RHIE is IHE compliant yet

* PB – There is value in supporting new clinical use cases – plan seemed more focused on technology than care outcomes – may help to make the case to the MOH re: the importance of the HIE.

Should do some use case mapping to existing technologies

CF –Have noted first aim is to complete the Maternal Care use case / then extend to other use cases

* RG – the MOH have identified :

HIV and HIV-related TB

Acute Care

Other areas of primary care

These latter areas do not have standardised forms

* PB - Generally are we thinking of incremental updates (software) to the existing infrastructure?

RG – Yes

* DR – A key need is to plug-in medications. There should be so much re-usability already i.e. we can add new different message but using same channels
* Terminology Service community is forming and some of them may be able to support this implementation – think about what you need and ask them for help directly – LB will introduce RG to that group
* DR – Asked about the national care guidelines being developed in Rwanda – are we embracing any of these? Will give us a list of data elements we should be collecting in our forms.

RG – Not sure how many if these have been implemented on the ground to date

DR – WHO guideline re: maternal HIV care – suggested as a starting point

PB – What do you want and by when?

CF – All people on this call to review the document in line and note:

* For each activity what assumptions are we making?
* For each partner to confirm areas they are leading – and note which additional teams they may need to interact with
* Items not allocated – where may you be able to contribute in terms of expertise and/or resources

Want this done BEFORE the call next week

***Any Other Business***

The call ended at 2.55 pm. The next call will be on Thursday 4th September.

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| **Action Items** | **Responsible** | **Due Date** |
| Review Plan for 2014 and add comments BEFORE the next call | ALL | EOD Wed 3rd September |
| Introduce RG to the Terminology Service community | LB |  |
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