**Rwanda Health Information Exchange (RHIE) Project Conference Call Minutes**

# Date and Time

19th September 2013, 2pm CAT

# Participants

Dawn Smith (DS), Richard Gakuba (RG),Rhonwyn Cornell (RhC), Linda Taylor (LT), Lorinne Banister (LB), Wayne Naidoo (WN), Ryan Crichton (RC), Carl Leitner (CL), Shaun Grannis (SG), Luke Duncan (LD), Derek Ritz (DR), Hamish Fraser (HF), Michel Makolo (MM), Desire Ruzigana (DRz)

**Call recording no:**

**RHIE Team Call Agenda:**

* **Project Status Update -**Dr. Richard/Dawn/Wayne
	+ Elbow support updates - Emmanuel/Michel/Dawn
	+ Update on reconnecting Musha and Ruhunda to the Internet - Dr. Richard
* **AOB**

***Key points of discussion:***

***Elbow support updates***

* MM been helping Access Project to come on board.
* Refresher training going on at Ruhunda next week. We have provided this elbow support to 5 new sites (4 health centres + hospital) and has been going smoothly so far. Had refresher training at Musha yesterday – were supposed to do it at Ruhunda today but head of IT nor there so have re-scheduled it for Monday. No red flags in terms of having all elbow support done by end of September.
* PB asked: how is the OHIE being received – what is the feedback like? DS – Have been focusing on the champions at each site and spending a lot more time building relationships and this has been helpful. Clinicians have been very engaged with the system. They are using it and seem happy and have been giving feedback in terms of what they would like in terms of better data quality etc.
* DR asked: how will we provide ongoing support after the elbow support i.e. a helpdesk so that issues can be escalated? DS – have created a template for use at on-site assessment and also use this when calling the IT managers on site to get feedback. The helpdesk at the MoH is also planned for next quarter. DR – Asked if there are 3rd party companies in Kigali that offer this support service or will it be started from scratch? RG – for simple queries this is OK in the MOH but for any deeper technical support then may have to go to more specialized service e.g. like Pivot Access supporting RapidSMS for the MOH. Expect that most end users requests will be around OpenMRS rather than the HIE.

***Update on reconnecting Musha and Ruhunda to the Internet***

Musha and Ruhunda were using RHEA resources to pay for connecting these 2 centres and worked well but the ISP then asked for MOH to settle ALL o/s bills before re-connecting any centres. RG spoke to ISP and the contact there promised to re-connect our sites, and RG has also spoken to the MOH so we don’t have these same issues in the future.

RG – The cost of VPN is about USD 25 compared to USDF 250 for what we are currently using. PB asked if the MOH will bear these infrastructure costs going forward and RG confirmed this.Bandwidth: For MOH reporting purposes 128kb is enough but may want to add more bandwidth if the staff at the health centre want more. Health centres could also possibly contribute to this.

***Any Other Business***

PB congratulated the team on getting the 7th site up and for the good momentum over the last couple of months.

RG – would like to rollout this use case to rest of the clinics by end of the year and gathering requirements for the next use case. Then see building out more use cases over the following quarter. HF is happy to help out with the HIV and TB use cases, and monitoring systems. Suggested we could work together on a way to monitor users’ experience and outcomes across projects.

PB – need to start to gather ideas around a model for data collection and where the most need is. Need to do this for the HIV and TB use case while finishing off the implementation of the maternal use case. RG – can hire someone who understands standards to do the mappings i.e concept dictionary mappings. Also mapping to international standards such as ICD-10 , SNOMED.

HF – our vision is to involve Jonathan Payne/Andy of the Open Concept Lab **as well as** someone on the ground to map existing systems and specific problems.

RG – The RF grant will be ending in March next year (with possibility of extension). Can we do this within that timeframe? HF – Are open to suggestions to find right person to do this work. Sooner we get started this better and need to work together.

We should keep the process quite simple to get it done. Focus on those data sets/fields that are actually used. Start with the process and identify what the data the process needs.

PB- My understanding is that there should be one person there/to be hired in MOH to look after the Terminology Service and another one to look after the registries, and if John Payne could mentor this person that would be useful.

RG and DS have been at the clinics looking at workflows and the tools used to collect HIV information – much more complex than ANC. DS has started documenting this information. PB will look at finding someone to help with the documentation. HF – Should see what Cheryl, etc. have done to date.

DR – HIV care protocol is being changed over next 6-12 months and Rwanda may well be embracing this.