# Meeting Minutes

**Meeting Purpose:** Blood Safety Strengthening Programme – External Meeting

**Date:** 29 July 2015

**Attendees:**

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| **Name** | **Initials** |
| Carl Fourie | CF |
| Linda Taylor  | LT |
| Daniel Futerman | DF |
| Tariro Mandevani | TM |
| Chris Seebregts | CJS |
| Chrispen Dandavare | CD |
| Carolyn Smith | CS |

**Apologies**

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| Christine Bales | CB  |
| Pete Zacharias | PZ  |
| Robin Nozick | RN |
| Rhonwyn Cornell | RhC |
| Maleqhoa Nyopa | MN  |
| Robert Wilkinson | RW |
| John Pitman | JP  |

## Agenda:

1. Feedback from Lesotho
2. Current status of BSIS
3. What are the implications of limiting BSIS to only accept test outcomes, either from the manual testing process or from automated laboratory equipment/machines, for:
* TTI testing
* ABO serology testing

## Minutes

1. **Feedback from Lesotho - CF**
* Carl Fourie travelled to Lesotho and got back on Friday 24July after spending some time with AABB and LBTS, looking at the version of BSIS implemented in January this year.
* We managed to look at the workflows of mobile clinics and discussed any implication that we might have with the BSIS tool.
* We are excited to work with LBTS to continue the Beta implementation testing.
* The team worked under the guidance of Chrispen to run some of the operational validation testing and also build up use cases and test cases to chase the tool and create a framework and structure to which we will evaluate the tool for its operational performance when deployed.
* BSIS has continued to operate and run on the laptop and over the network- about 200 active test donors in the system with active test donation.
* The team has been focusing in trying to test and utilise the system itself.
* Chrispen worked with the team to come up with formal test cases – focused on capturing of donors, capturing of donations and the testing of laboratory results.
* We looking forward to identify other areas we can address.
* Some of the examples during testing are that the team could register a donor. In the original version, you could edit donor demographic information but it wasn’t persistence to the data. That has been fixed in the current version.
* CSmith>CF: Are you working on a roadmap that would be a schedule used going on forward to filing version 1 in Lesotho, will it include training, etc.?
* Road map includes when we going on site, what we are going to roll out and when and work back from those requirement. From the software side the larger side of implementation, training materials, documentation and scheduling the work to happen.
* We looking at the roadmap of when we could deploy the revised version of BSIS in Lesotho for them to continue with the next generation of testing.
* From the performance level, the laptop is on site, barcode scanners and the label printer to be fixed. Equipment has not been installed and that is our next step to see how that can be taken forward.
* Some of the interesting things that came up is how the Lesotho team engages with the mobile clinics – something to look at from the BSIS perspective.
* The reliance of the equipment in the field when there is no power and might need somewhere to continue to charge the laptops.
* We looking to consider a laptop approach for the mobile clinics – potentially looking at integrating true mobile technology, smartphones, tablets features in the mobile clinics to better accommodate the workflows.
* We also cognisance of the HR impact of introducing the electronic tools for mobile sites and blood services and what impact this might have on the HR costing models . We need to be aware of what we are proposing to Blood Services and the implementation and how we structure the engagement with the tool.
1. **Current status of BSIS – LT**
* We are currently in middle of sprint 15 and there is still more work on technical debt around data errors handling, work on refactoring the code so that it is consistent throughout, additional features – passwords and account recovery options, using both coded values and quantitative values for the haemoglobin value, looking at introducing view access for audit trail.
* Also doing quite a lot of work on configuration sides in terms of what the system administrator is able to set up and manage through the user interface.
* We also looking at the reporting requirements – thanks to Christine for sending the example reports. We have been going through the example reports and comparing with what is currently in the system as well as reviewing reporting frameworks
* At the end of this sprint we will have good work into the repository, that refactoring is essential so that everything is consistently named throughout the code base.
1. **What are the implications of limiting BSIS to only accept test outcomes, either from the manual testing process or from automated laboratory equipment/machines, for:**
* TTI testing
* ABO serology testing
* **Pete**> I understood that we agreed on this issue over 15 months ago before we held the first demonstration, that included Lesotho, in Cape Town.  I do not understand why this is being raised again.  I recall that WPBTS developed is test data sets for their machines and a lot of discussion was held and the necessary decisions around recording results and determining outcomes made.
* **CF**: As part of the process and policy Jembi has is the development of a safe BSIS – safe for the organisation and the responsibility for the implementers and Blood services. With this we will be taking the project forward and we will be revising decision made over a year ago. We are grateful for the team to continue to work with us.
* **CF**: As we look at Lesotho’s situation and broader guidance we need to revisit the requirement and the original design assumption that BSIS would interpret result to an outcome in testing area. We are revisiting the decision because of the implication that it has on BSIS, effectively doing this would require us to see BSIS FDA validated (or similar). It increases the implementation system risk for the blood services. Our focus is on prioritising BSIS storing the outcome of a testing process and not the interpretation of imported results towards the outcome. At the moment we are focusing on the storing of outcomes after the final results of testing not the intermediate inputted results of the process of the test. We will be relying on the accreditation process of the blood service to ensure that there is a mechanism of tracing the auditability of the original test results were, that were interpreted create the outcome that was stored in BSIS.
* One of the strategy that we are going to look at for approaching BSIS is an evolutionary approach to the Information System, incremental roll outs of feature sets ready to be implemented in field. Look at engaging with Carolyn.

## Action Items and Decisions Made

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| **DECISION** | **BY** |  |
| BSIS will not do test interpretation but store the interpreted result as a test outcome in the first version. | Jembi |  |
| **ACTION ITEM**  | **RESPONSIBLE**  | **DUE DATE**  |
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