Rwanda Health Enterprise Architecture: Current Content

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March 2012

This Presentation

- Architecture components
- A diagram style called “Archimate”
- What I have today
- Next steps

Architecture

- **Architecture Descriptions:**
  - are formal descriptions of an information system
  - define its components (building blocks)
  - provide a plan from which products can be procured and applications developed
  - enable you to manage investment in information technology

Creating an Architecture

- **The architecture is:**
  - a plan: it shows the layout of your significant things.
  - A plan: it describes how to get from here to there
- **When we build it, it has to include current function, and to leave room for expansion**
- **It will:**
  - Show what the new components are and where they fit in.
  - Define data structures to fit current needs, and to support anticipated ones.
  - Show how technology and resource constraints dictate both what is feasible and the path to go forward.

Using an Architecture

- **Tool for design**
- **Tool for communications**

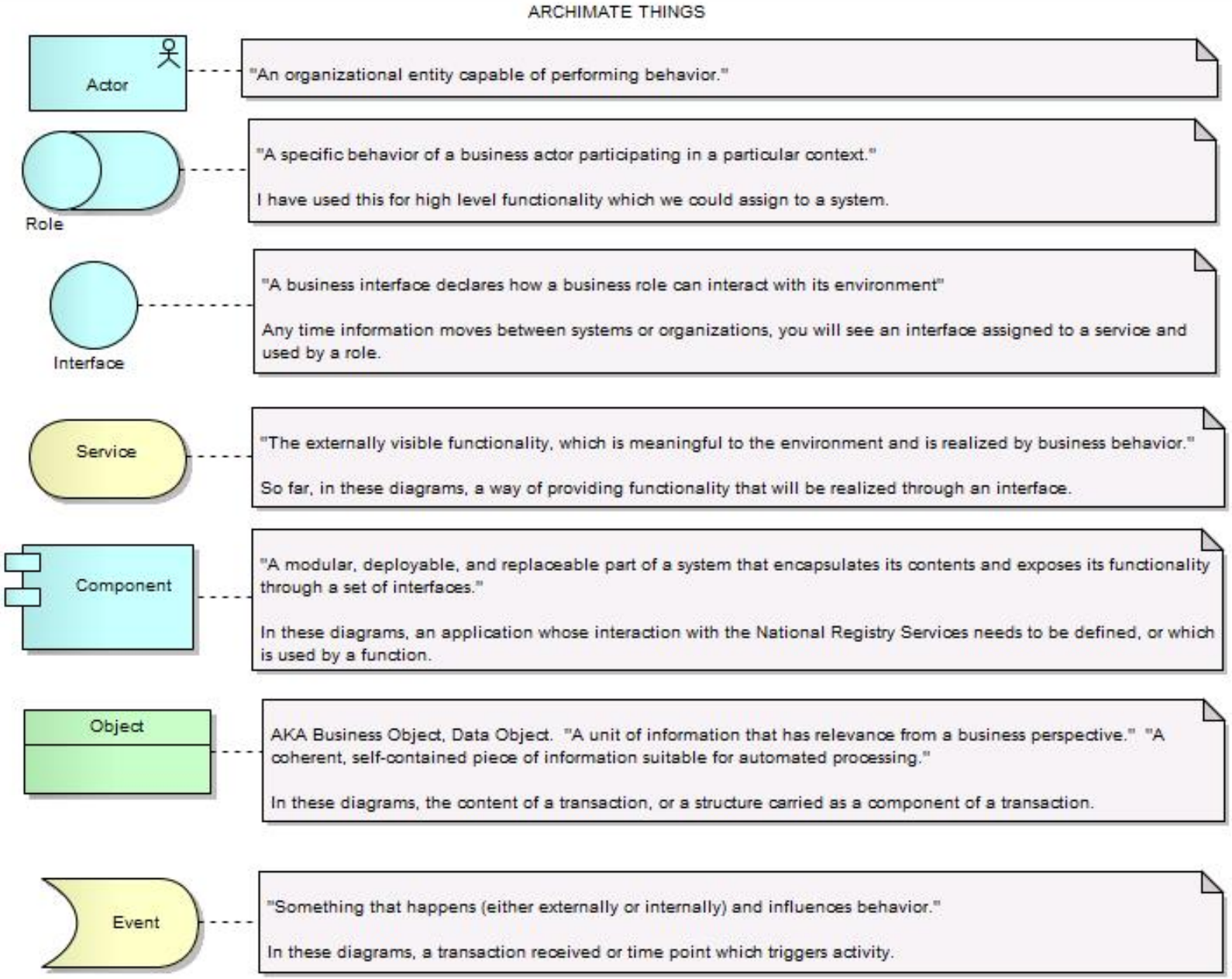
So Far I have:

- **Reproduced a high level vision of the entire RHEA project.**
- **Modeled the projects we worked on in 2010-2011**
  - The primary components
  - Relationships between them
- **Defined (as I saw them) general information structures for some of our components:**
  - Facility Registry
  - Data Warehouse

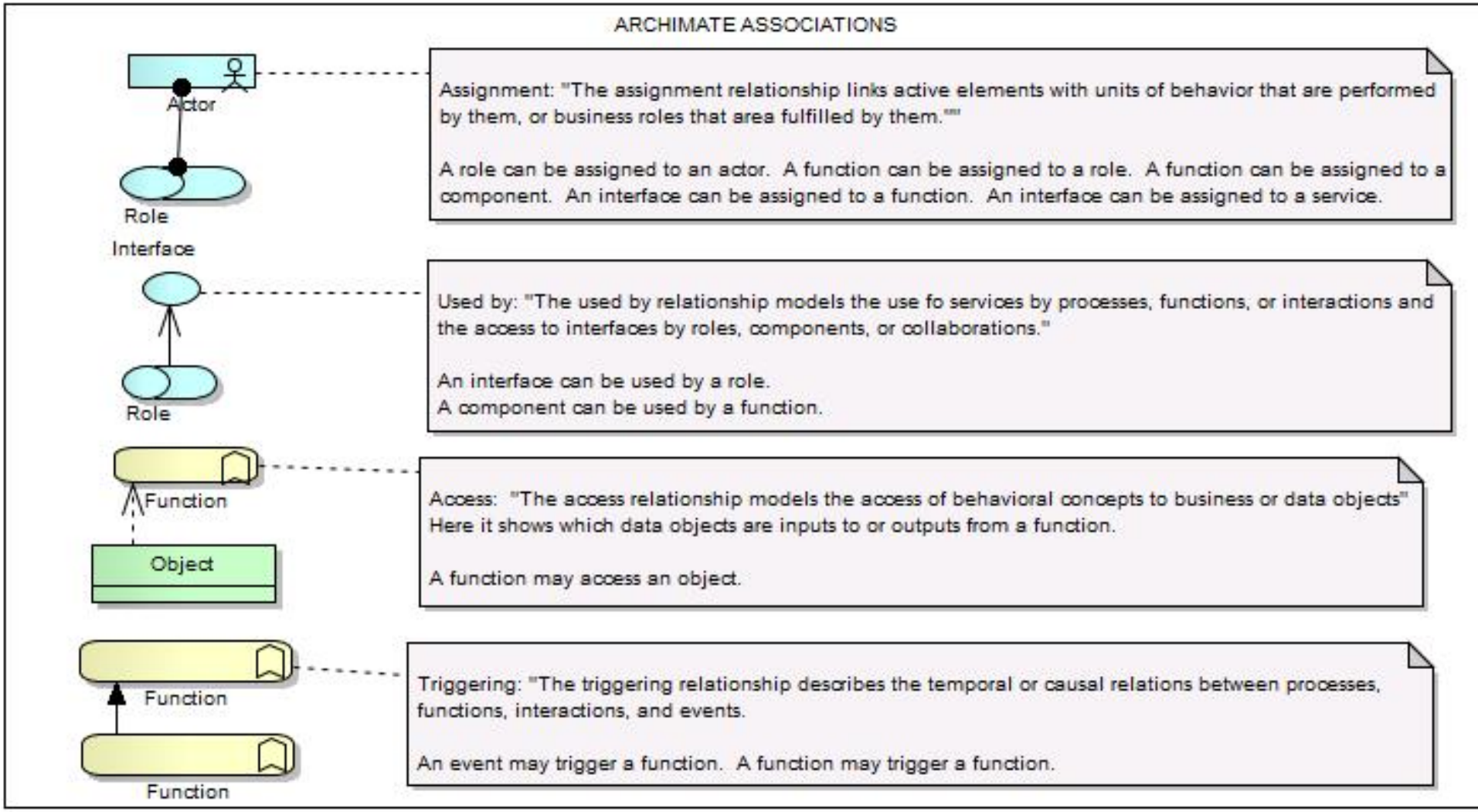
What is ArchiMate

- A language for representing architectures.
- It looks like UML, but is a bit simpler.
- Its developers feel it is more intuitive than other modeling styles.
- Chris suggested it, and I have converted previous diagrams to use it.
- Service Oriented Architecture (SOA) notions are baked into its structures

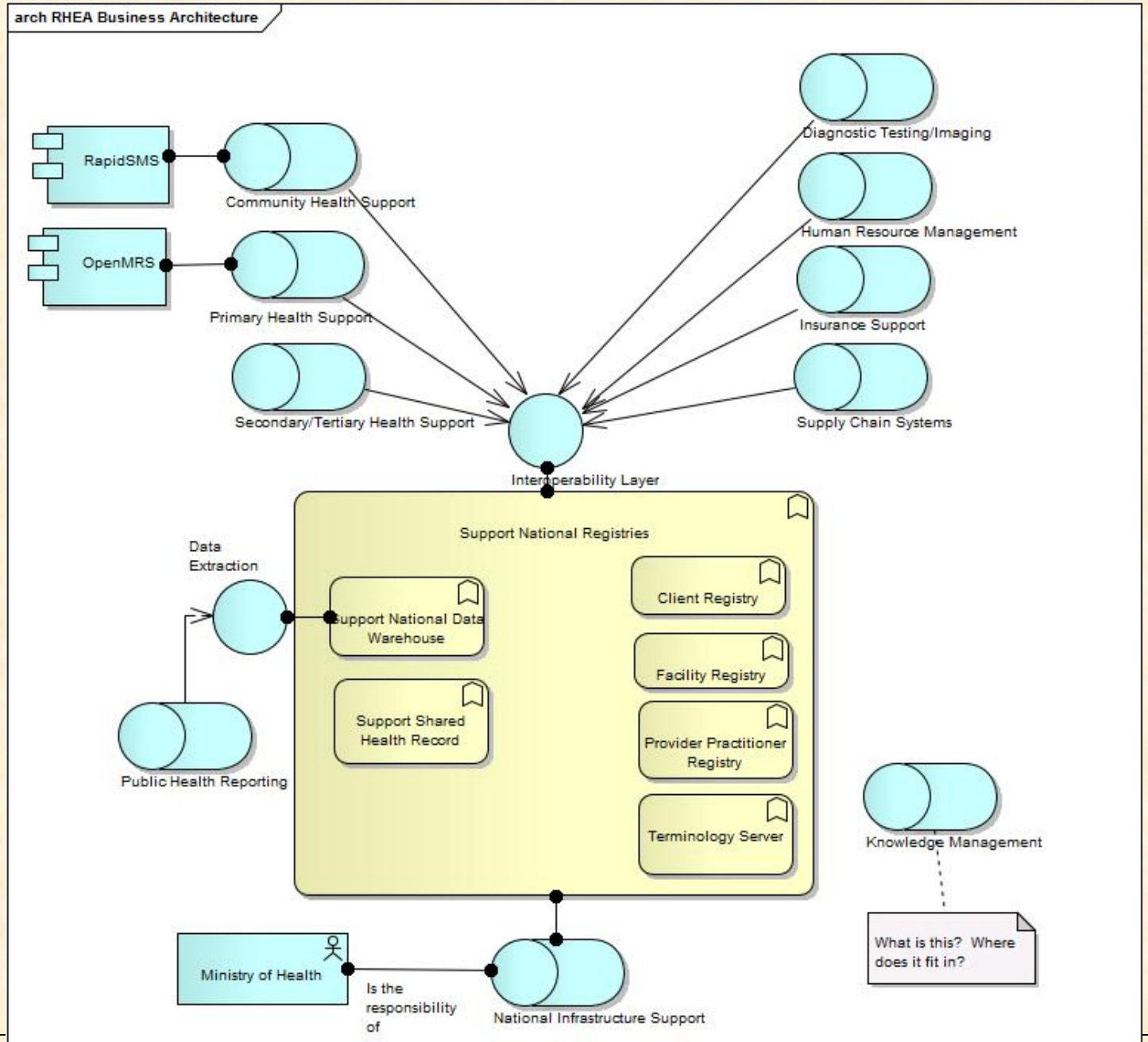
What I used from Archimate: I



What I used from Archimate: II



RHEA Business Architecture



Note: objects have descriptions

- **Provider/Practitioner Registry**

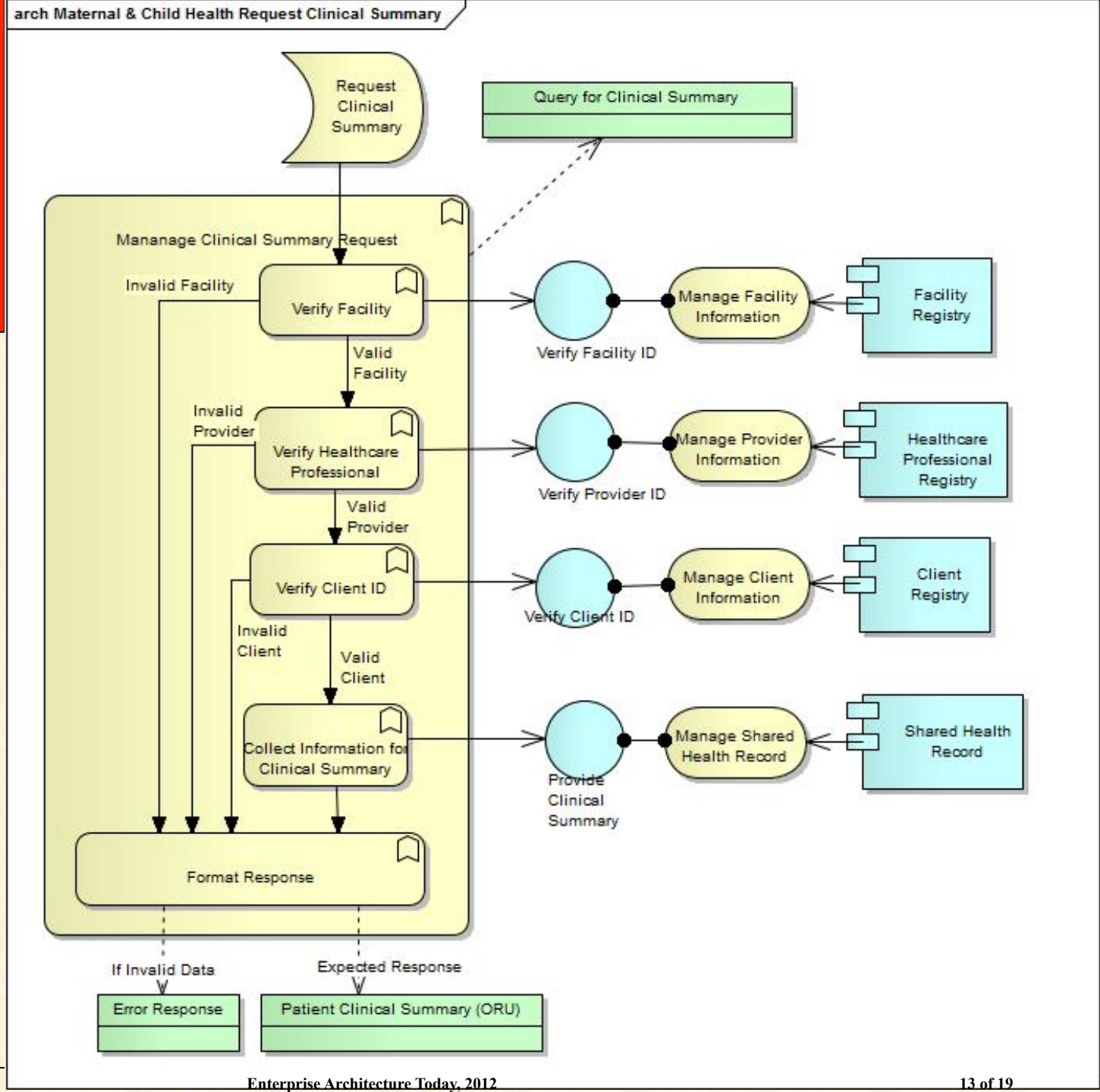
A site/server/capability that is capable of managing the identity and related information for health care providers (aka practitioners). The information managed will include their specialties and associated capabilities.

Such a system can be used as a reference file to validate the identity of a provider or practitioner and to associate them with a facility or facilities. An additional set of capabilities would be to support resource referrals, and resource scheduling.

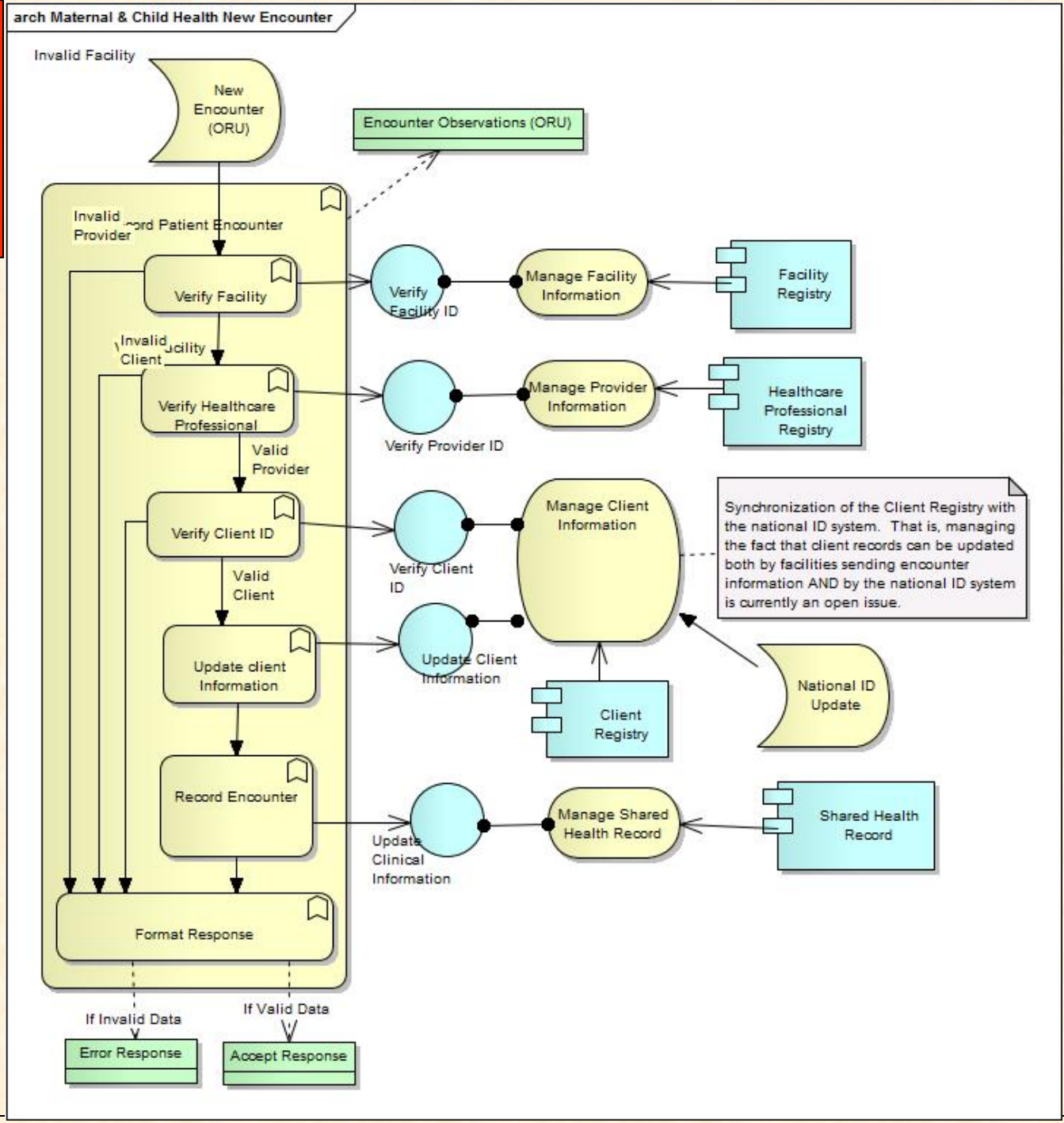
Drill down to current projects

- **Maternal & Child Health Support**
  - Request Clinical Summary
  - Manage New Encounter
  - Alert/Reminder Management
- **Facility Registry Support**
- **Provider Registry Support (placeholder)**

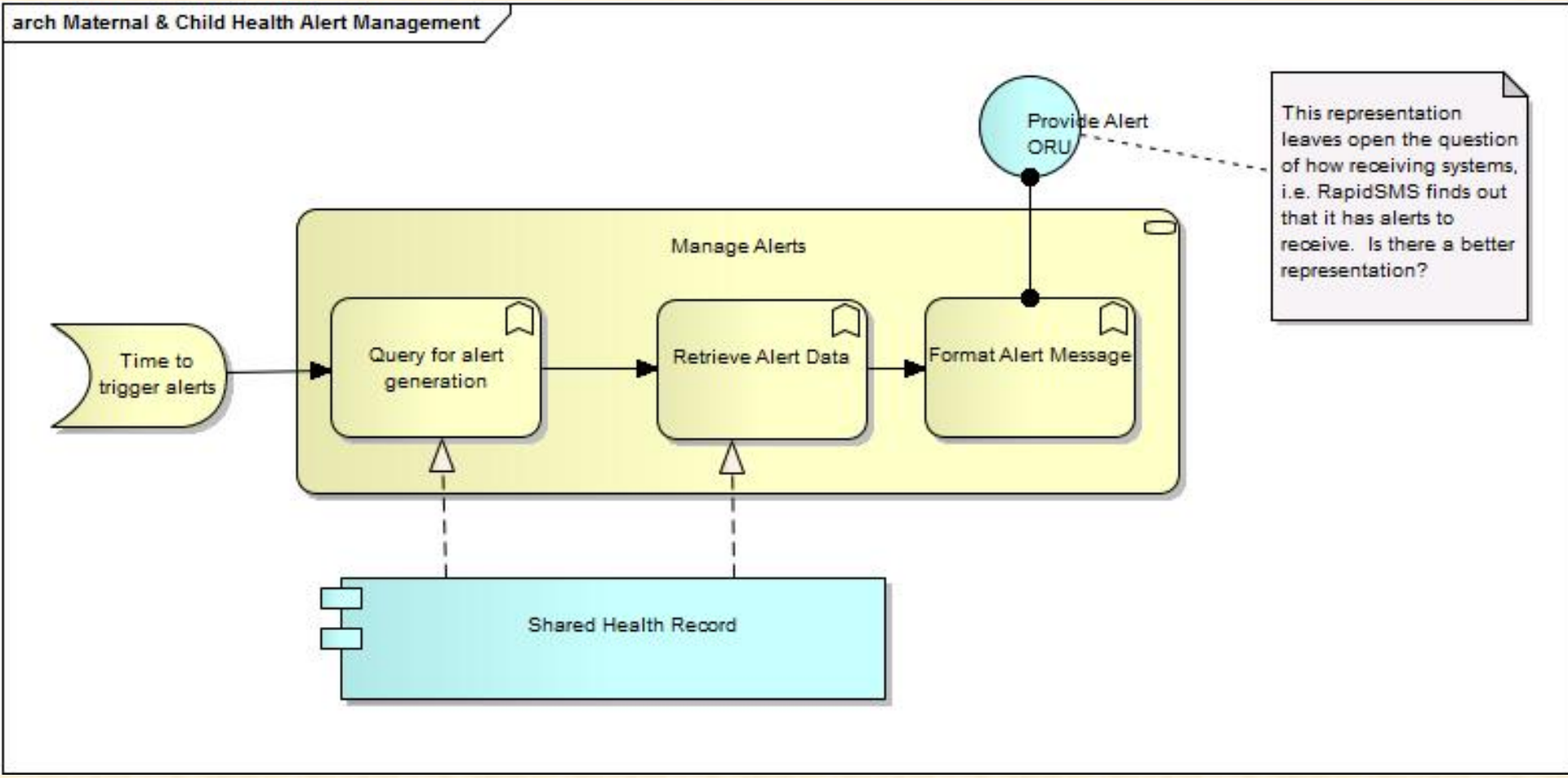
Maternal & Child: Request Summary



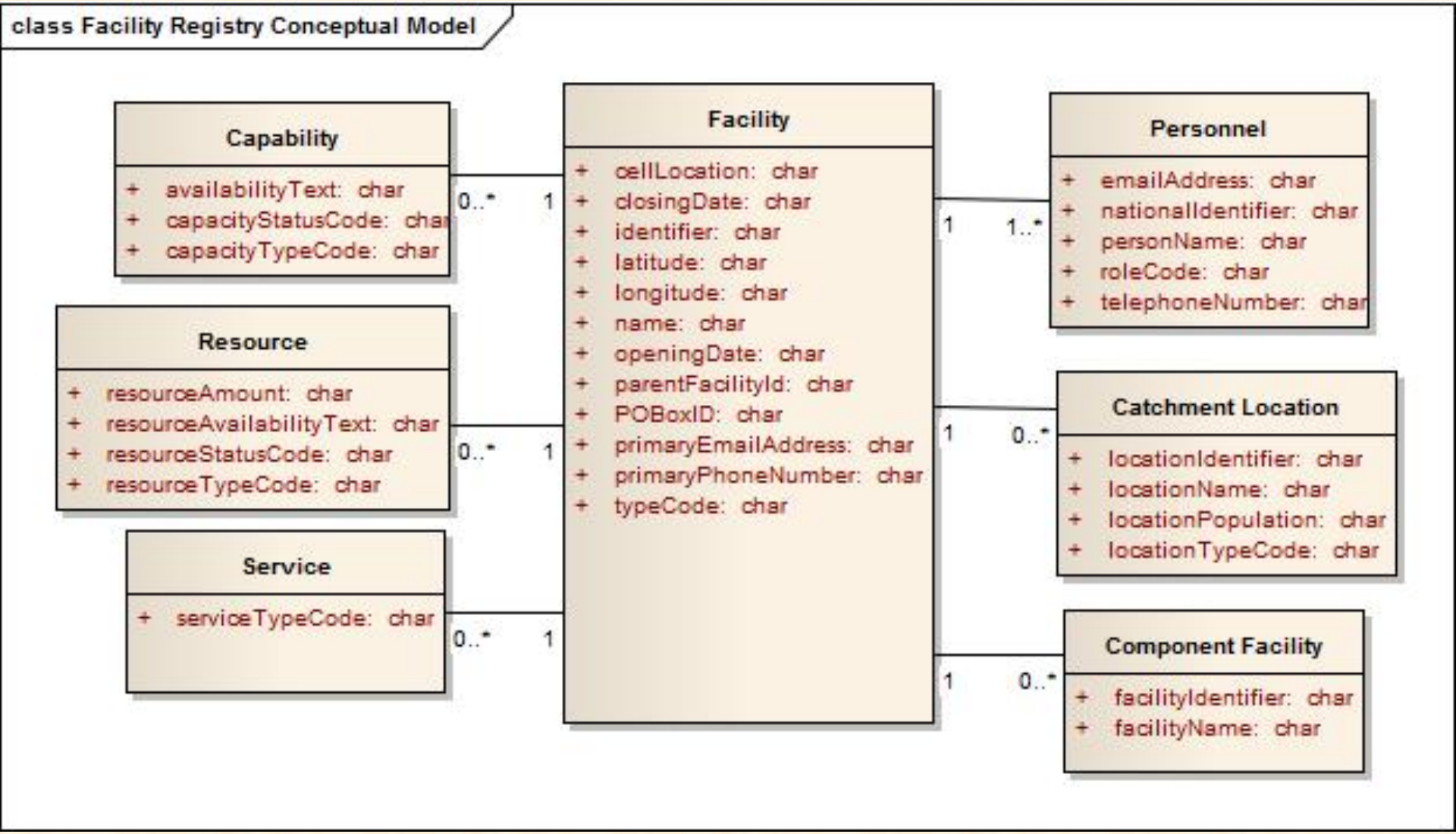
Maternal & Child: Record Encounter



Maternal & Child: Alerts/Reminders



Facility Registry: Logical Design?



What has been left out

- **A full set of Registry Data Models:**
  - Client Registry
  - Professional/Practitioner Registry
  - Shared Health Record
  - Terminology Server
- **What about a "RHEA Logical Model"?**

Thank You – Are there any questions?

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