

Project Status Report as at 20-11-2012

Project: RHEA

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1. Project Status

Green	Orange	Red
<i>Project expected to deliver agreed scope on time and within budget</i>	<i>Project expected to deliver at least 80% of agreed scope, with less than 10% overrun on time and/or budget</i>	<i>Project in danger of delivering less than 80% of scope, and/or project time or schedule overruns expected to be greater than 10%</i>
	✓	

2. Project general update.

- The project is behind schedule – please see project plan, classic report and information report for activity level detail.
- The RHEA partners have still not received feedback on the 2nd draft of the RHEA YR2013 workplan and budget. There are a number of tasks that have been delayed as a result of this and these will have a knock on effect into next year. Please see project plan and information report for details.
- The infrastructure site assessments have been delayed and their timing being re-evaluated by the MoH. Having sufficient, well placed and working infrastructure is critical to the success of the project. From previous reviews the team are already aware that the maternity units at many of the health centres are not connected to the centre's LAN and there are no computers in the maternity units. Additional information needs to be gathered about the gaps in infrastructure/hardware and the condition of these in order to address these issues before the system is rolled out to other sites. Sufficient time needs to be given between these assessments and the rollout for the MoH and contractors to address issues. The MoH, who are responsible for the assessments and changes will decide the timing of the site assessments later this week.
- The in-clinic support by the RHEA team at Ruhunda and Musha is due to end at the end of this week. The MoH and Jembi are planning an evaluation visit for Thursday/Friday this week to assess the work being done and impact.

3. Progress

3.1. Tasks Completed

- The short-term security plan was completed and reviewed and the team has started the implementation of this.

- Research into potential tools that we could incorporate into our Software Testing Process.
- Received De-Identified test patient data from MoH
- Setup Jembi Office Testing server with OpenMRS 1.6.5 and OpenMRS 1.9 for internal upgrade testing
- Created a shared module build repository and shared this with the MoH team for collaborative development and testing
- Received confirmation from Gilbert that we may use the Temp CR server in the MoH as the primary collaborative testing server for all RHEA OpenMRS Module development.

3.2. Tasks currently underway/planned for the next week

- Upgrading of all RHEA modules developed by Jembi to OpenMRS 1.9
- Implementation of Security Fixes and Backup Scripts
- Requirements Gathering for Reporting functionality to be developed for Track 1
- Research and definition of our end-to-end development to deployment processes
- Gathering and Review of NDC Procedures
- Review existing help desk setup and process with MoH and work with them to define the help desk process for RHEA with an implementation plan.
- Testing of RapidSMS on the Production Server.
- Moving all RHEA OpenMRS modules developed by Jembi to GitHub (this includes adding the OMPL License info)
- Development of a indicator dashboard within the interoperability layer transaction console
- In-clinic support at Musha and Ruhunda continues
- Infrastructure site assessments by MoH and Jembi were planned for this week. However this activity is now on hold until the MoH takes a decision on when is the best time to carry out these assessments.
- The MoH and Jembi are organising an oversight/evaluation visits for the in-clinic support at Ruhunda and Musha. This visit is due to take place towards the end of this week.

4. Issues

- Due to poor Internet connectivity at Ruhunda and no Internet connectivity at Musha, our team has not been able to rollout the updates to these two sites. This activity is currently on hold until Gilbert and his team has resolved this.

5. Project Risks and Concerns

- The RHEA partners have still not received feedback on the 2nd draft of the RHEA YR2013 workplan and budget. There are a number of tasks that have been delayed as a result of this and these will have a knock on effect into next year. Please see project plan and information report for details.
- The team is aware that the majority of sites do not have sufficient/working infrastructure and hardware for the implementation of the system (particularly the health centre maternity units). If sufficient time is not given for site infrastructure upgrades/improvements the team will not be able to deploy the system according to the current time frame.

6. Project Change Requests

- Features and Fixes included in Update to be rolled out to Musha and Ruhunda
 - **Scheduling:** Created a fix to the scheduler class to enable it to pick up messages (Patients data to be sent to the Client Registry and Encounter data to be sent to the

Shared Health Record) that had been stored in the processing queue due to connectivity issues and have these messages resent to the Interoperability Layer for processing.

- **Parsing Encounter Observations:** Implemented changes to the message parser to ensure that incoming encounter messages from the Shared health record are parsed with the correct set of observations.
- **Parsing Full Patient Demographics:** Corrected the message structure in the parser to be able to hold the parent's names in the outgoing message to the client registry, as well as properly render the cell value on incoming messages from the client registry.
- **Primary Care (Registration) Module:** For incoming results generated from queries to the client registry made additions to allow the full set of patient demographic information to be displayed and auto populated in the appropriate fields when creating a local record for a patient from CR results.
- **ANC Forms:** Added a fix to a bug on the forms that was causing date-based calculations to fail when using the French version of the forms.