

# Project Status Report as at 05-03-2013

Project: **RHEA** 

Prepared by: Rhonwyn Cornell and Wayne Naidoo

# 1. Project Status

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

#### 2. Project general update.

# On going urgent issues:

- The Facility Regsitry are not currently being backed up. This has been an outstanding activity on the project plan for a number of weeks. Jembi will be working with InSTEDD to push forward progress on this activity.
- o Cardno are awaiting final approval from CDC before finalising Track 1 contracts.

#### Site update:

#### o Ruhunda

The ANC clinic is currently being staffed by only one clinician. Due to the pressures of running the clinic alone the ANC at the health centre has decided not to use the OpenMRS system at POC but rather to back entre data post clinic. This back entry of data is happening and there is not a back log of records to input into the system. The printer consumables (ribbon and labels) will run out at the end of the week. The MoH has been informed and the centre is waiting for supplies

#### Musha

Musha remains without internet (in 5<sup>th</sup> week without internet). The MoH eHealth team are working on fixing the problem which resulted from lack of payment for the internet service.

- Richard is reviewing the partner's RHEA Track 2 proposals and budgets and will feedback to the group as soon as possible.
- Jembi and the MoH team are organising a joint planning session for developing an
  implementation plan for the MoH rollout of the ANC OpenMRS/RHIE system to the other
  health facilities in Rwamagana District. The new plan will be built based on lessons learned
  from the RHEA implementation and MoH resources and will be shared with the RHEA
  Working Group.
- Jembi continue to have productive discussions with the MoH technical team regarding the additional training and mentorship methodology that they feel would be most valuable. The



RHEA partners are reviewing their training plans and budgets based on the feedback received on last week's RHEA Working Group call.

The current up-to-date project plan can be viewed at

https://dl.dropbox.com/u/63883595/130305%20RHIE%20Project%20Plan%20Track%201/index.html

# 3. Progress

# 3.1. Tasks Completed

- Submitted bug report to MoH for Appointment Module patient queue functionality that is not working in the OpenMRS version 1.9 module currently being tested in the shared Jembi/MoH testing environment.
- Initial call with MoH and PIH to discuss Network and System monitoring tools for the NDC Environment as well as monitoring the point of care applications
- Progress on tasks planned for last week:

Task	Status
Support and monitoring of Ruhunda and	Ongoing
Musha	
Collaborative testing on OpenMRS modules	Limited progress. Waiting on MoH to upload
	their modules and fix bugs in MoH
	developed modules
OpenMRS Patient Search Module Design	Ongoing. Good progress being made
Research into Network and Systems	Ongoing
monitoring tool	
Development of NDC Failover Checklist and	Checklists being reviewed and compiled into
Backups to Remote Site	final draft document
Develop Generic OpenMRS HIE Component	Ongoing. Good progress being made
Design	
OpenMRS Provider Helper Module Design	Ongoing. Good progress being made
Implementation handover	No change. Waiting on MoH internal
	discussion
Mentorship or registries managers	No progresss. The MoH team were not
	available for the regular Friday call

#### 3.2. Tasks currently underway/planned for the next week

- Continued support and monitoring of the updates rolled out to Ruhunda and Musha
  - o Twice weekly site analysis through follow-ups with IT managers and reports to MoH
- Collaborative Testing continues with the OpenMRS Module upgrade to 1.9 (MoH-Jembi)
  - Appointment Module Configuration and Testing
  - o RHEA Workflow Testing
- Work is progressing well on the OpenMRS Patient Search Module Design (Track 2)
  - o Defining what fields need to be included in search and results with MoH
  - UI Mock-up Designs
  - Prototype development
- The Jembi technical team continues to work with PIH and MoH to research Network and System monitoring tools for the NDC Environment as well as monitoring the point of care applications
- Development of NDC Failover Checklist and Backups to Remote Site. MoH have promised to provide access to a remote backup-server this week. Currently, the only NDC Server that



- does not have a backup-script running to periodically backup the application is the Facility Registry.
- Jembi are waiting on MoH for documentation on the helpdesk setup and policies and procedures that the MoH team have been working on. Once this is received Jembi will review and work with them to define the help desk process for RHEA with an implementation plan.
- Develop Generic OpenMRS HIE Component Design (Track 2)
- OpenMRS Provider Helper Module Design (Track 2)
  - o Review of HDP and PWP profiles
  - UI Mockups of Provider Validation Screens
- Jembi have initiated mentorship activities with the MoH team (weekly calls) regards
  monitoring and management of the HIE implementation. These responsibilities/activities will
  be shared with other RHEA partners as additional support and training plans become more
  solid
- Work with Gilbert and MoH team to effectively handover implementation responsibilities/activities

#### 4. Issues

- Ruhunda
  - O The printer consumables (ribbon and labels) will run out at the end of the week. The MoH has been informed and the centre is waiting for supplies.
- Musha
  - Musha remains without internet. The MoH eHealth team are working on fixing the problem which resulted from lack of payment for the internet service.

# 5. Project Risks and Concerns

- With all the individual workplan and budget negotiations partners have not been kept
  abreast of the changes to other organisations SOW and the potential impact of these on
  their own work. This could lead to gaps in the project when the pieces are finally put back
  together. Jembi have asked partners to share their agreed workplans with them so that they
  can be compiled back into a single project and we are waiting on responses.
- Handover and planning for the MoH assumption of responsibility for the health facility implementation will take time and impact on implementation timelines. New implementation times for the remaining sites in Rwamagana will be developed as part of the implementation planning process that Jembi will be supporting MoH with.