

Project Status Report as at 23-04-2013

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.

- **On going urgent issues:**
 - At site
 - Musha
Internet is still disconnected and the clinicians are using the system in offline mode.
 - Ruhunda
Internet is still disconnected and clinicians are using the system in an offline mode
- Following assessment Jembi have discovered that the reason there are no messages coming into the RHIE from RapidSMS is that the RapidSMS system has been upgraded and there are currently two versions of RapidSMS running in Rwanda. The new version which Pivot Access are currently working with does not have the HIE connector developed for the RHEA project which enables RapidSMS to integrate with the HIE. The reason why the HIE connector module was not included in the new RapidSMS is not know but I believe that the problem is that the RapidSMS project is not run by the eHealth department but MCH. Dawn is helping set up a meeting between Jembi, MoH eHealth and MCH and Pivot Access to see where the gaps in communication are and look at how to work together to integrate RapidSMS into the RHIE. In the mean time Pivot Access are not porting the HIE connector module to the new version of RapidSMS. Jembi has requested a report regarding the planned update and schedule.
- The technical team is prioritising the Client Registry and Shared Health Record Reconciliation problem. Development work on the solution is scheduled for next week
- Jembi team is working on a revision of the point-of-care adapter module to enhance the queue user interface that will allow for improved reporting on the different transaction types and their status over user-defined periods.

- Following up on the issue reported by Liz and confirmed by the MoH developer team that users are unable to select a service when registering patients on return visits at the Health Centers, Jembi setup a test environment to replicate the reported issue. We have identified that the service select screen does not present when a user tries to search for a patient who has already been oriented to a particular service. It is not possible to re-orient the patient to another service until a built-in timeout elapses (24-hours). This constraint was built into the module originally by PIH and confirmed by the local PIH developer team and we are following up with the PIH team to better understand the reasoning behind this design decision so that we can help address if this is not expected behaviour.
- The joint Jembi/MoH planning session for developing an implementation plan for the RHEA rollout of the ANC OpenMRS/RHIE system to the other health facilities in Rwamagana District was productive and a draft plan has been created and is being discussed internally within the MoH. We hope to be able to share the draft plan with the RHEA Working Group in the next week.

The current project plan can be viewed at

<https://dl.dropboxusercontent.com/u/63883595/130423%20RHIE%20Project%20Plan%20Track%201/index.html>

Please note: This project plan does not include the rollout activities and will be changing in the coming weeks as these activities are rescheduled.

3. Progress

3.1. Tasks Completed

- Jembi visited PIH in Rwinkwavu to learn more about the PIH project and share lessons learnt. A report of the trip will be provided separately.
- Progress on tasks planned for last week:

Task	Status
RACI chart for RHEA is being developed by Rhonwyn, Dawn and Liz	Basic draft of chart was done and shared with Richard for comment.
Support and monitoring software at Ruhunda and Musha	Ongoing
Research into Network and Systems monitoring tool	The Jembi team continue to work with the MoH to explore setting up Nagios for agent based remote monitoring of the Health Centres. As a transitory measure the Jembi team are reviewing indicators outlined in system monitoring spreadsheet Wayne and shared with the group to identify key indicators that can be collected as a short-term measure. Daniel is in discussion with the NDC around using Nagios to monitor the systems at the NDC.
Development of Documentation for the NDC Server Backup to a remote site and Recovery Testing Process.	Jembi has collated the Registry documentation and shared them with the MoH tech team.
Finalize OpenMRS Patient Search Module development (previously Track 2 but critical to Track 1 implementation)	We have received feedback from an initial round of user testing from both the MoH team and Liz. Jembi is currently updating

	the module.
Developing new message queue interface for the adapter module (previously Track 2 but critical to Track 1 implementation)	Ongoing
OpenMRS Provider Helper Module Design	Ongoing.
MoH working on providing access to a remote backup-server	Ongoing
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	Jembi waiting for MoH to provide team with documents to review
Implementation handover	Rhonwyn, Dawn, Gilbert and Emmanuel have been working on an implementation plan which is being shared with Richard for review and discussion about roles and responsibilities
Mentorship or registries managers	Dawn is working with the MoH team to identify what training they need and how they would like to received the training.

3.2. Tasks currently underway/planned for the next week

- Support and monitoring of Ruhunda and Musha
 - Twice weekly site analysis through follow-up calls with IT managers.
- OpenMRS Module upgrade to 1.9 - Collaborative Testing (MoH-Jembi)
 - A few incorrect concept mappings were identified during the joint testing. The MoH to update Concept Dictionary with correct concept mappings this week.
- OpenMRS Patient Search Extension Module
 - An initial version of this module as been developed and loaded onto Jembi’s testing environment in the cloud. We have received feedback from an initial round of user testing from both the MoH team and Liz. Jembi updated the module and released a second revision last week and we’re currently waiting on feedback from the team.
- Research into Network and System monitoring tools for the NDC Environment as well as monitoring the point of care applications in collaboration with PIH and the MoH.
 - Point-of-Care Monitoring: Following discussions with Daniel Murenzi, we plan to setup a test Nagios installation to remotely monitor Ruhunda as a pilot site. While we wait for Daniel to provide access to a dedicated server for the central monitoring instance, we are currently setting this up on two nodes in our RHEA testing environment in the cloud and documenting the setup and configuration process.
 - NDC Server Monitoring: Jembi as recommended that the NDC provide as a service under the MoH-NDC contract, access to a Nagios dashboard for monitoring the RHEA Servers. Daniel Murenzi is following up with the NDC and will feedback to the group.
- 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.
- Develop Generic OpenMRS HIE Component Design
 - Currently on hold due to limited resources
- OpenMRS Provider Helper Module Design

- Jembi is currently developing a prototype to generate the HPD query to submit to the Provider Registry to support the priority use case of auto-validating providers loaded in OpenMRS at the health centers against the Provider Registry. We are also coordinating with IntraHealth to develop the endpoints on the Provider Registry to support this use case.
- MoH review of draft implementation plans and discussion around roles and responsibilities.
- Mentorship of MoH team regards monitoring and management of the HIE implementation.
- MoH/Jembi/Pivot Access meeting regarding RapidSMS

4. Issues

- Neither Ruhunda nor Musha currently have Internet connectivity. The OpenMRS systems are working offline but no messages are coming through the RHIE.
- Following assessment Jembi have discovered that the reason there are no messages coming into the RHIE from RapidSMS is that the RapidSMS system has been upgraded and there are currently two versions of RapidSMS running in Rwanda. The new version which Pivot Access are currently providing working from does not have the HIE connector developed for the RHEA project which enables RapidSMS to integrate with the HIE. The reason why the HIE connector module was not included in the new RapidSMS is not know but I believe that the problem is that the RapidSMS project is not run by the eHealth department but MCH. Dawn is helping set up a meeting between Jembi, MoH eHealth and MCH and Pivot Access to see where the gaps in communication are and look at how to work together to integrate RapidSMS into the RHIE. In the mean time Pivot Access are not porting the HIE connector module to the new version of RapidSMS. Jembi has requested a report regarding the planned update and schedule.