Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

April 12th 2012, 2pm TO 3:30pm, GMT +2hrs

# Participants

* Carl Fourie (CF), Rhonwyn Cornell (RhC), Linda Taylor (LT),Hannes Venter (HV), Jaime Thomas (JT) , Paul Biondich(PB), Mead Walker (MW), Ryan Crichton (RC), Wayne Naidoo (WN), Emmanuel Rugomboka (ER), Liz Peloso (LP), Lorinne Banister (LB), Shaun Grannis (SG), Ed Jezierski (EJ), Luke Duncan (LD-Intrahealth), Dyykie Settle (DS-IntraHealth)

**Agenda**

1. Roll call and overview
2. OpenEMPI demo
3. Matching code sets
4. Update on discussions with Intrahealth
5. Interoperability Layer Error Management User Interface designs
6. Any other business

# Minutes Call Recording

The link for audio streaming is below.

<http://www.conferenceplayback.com/stream/40177784/26042901.mp3>

Recordings are deleted after 30 days

***Apologies***

Chris Seebregts (CS)

***Key points of discussion:***

*Intrahealth Update*

RhC provided brief feedback on introductory call with Intrahealth group and seems to be a lot of synergy with provider registry work and they are very keen to collaborate with us. CF welcomed D and LD to the call and invited other team members to join the next call with Intrahealth at 2pm CAT on Wednesday 18th.

*Matching code sets*

LP said intention is to use a hybrid code set that will include stud codes sets and codes specific to Rwanda. LOINC will be used for observation questions.

*LP don’t want one of the options shown on standard answers but want to know how to deal with these*

*E.g.: wanted answers reactive, not reactive, not done but*

*LP asked PB how should match to OpenMRS concepts? PB more recent versions allow higher granularity of matching – exact, similar, etc. More likely to say there are some exact matches and when they do not match exactly then not useful.*

*LP will continue the process.*

*RG sent list of pointers to code sets.*

*(ICD10) There are 2 code sets – 1 used for costing purposes, another used for diagnoses. LP has merged these and recorded differences. PB said beware of diff btw being sensitive and being specific. LP said problem is that many of the codes picked have not been included in training for users – thinking of reporting only. PB – General lesson is that use of code sets in clinical practice – if not high training or experience then should lean more towards sensitivity when doing queries: better to use more general terms rather than specific codes. LP said better approach would have been to consider how best to accurately capture data and then define reports.*

1. *RhC asked LP to document the cap development needs and can add to the general plan*

BL had put 3 digit morbidity codes in requirements – LP said these are not in common use any more and no longer maintained and advise against using these. PB said that diagnostic codes are used in practice and agreed that would be better to not use them. LP will discuss with RG.

ICPC codes – not in the ministerial orders – LP said these would be highly beneficial for presenting complaint and advised using them as a guideline as these are standardised. LP said there are less than 50 just for symptoms and chief complaints. SG said the issue is that if the list if too long becomes a problem and not needed. LP said will be entered at registration. PB said it is up to Rwandans to decide if it best fits their needs.

LP said civil registration part of the scope – verified with RG – the workflow of vital rig is NOT in scope as not yet been passed by Ministry. New births will be registered in OpenMRS as new person (new birth) and in the SHR but will not include workflow of printing forms to take to vital registration office.

**Vital registration is not in scope (confirmed by Richard)**

However, this will be included at some point in future.

*OpenEMPI Demo*

Received doc from Odysseus re: gap btw client registration needs and their specs – suggests a call for him to go through and explain what they think is needed to meet the RHEA requirements. SG agreed and need to have a conversation about how to proceed- What functionality exists now and how should the development process work. RhC will set a call up next week or following week.

SG said that having viewed demo feels that documentation is needed,

RC looked at the test site and wasn’t sure what else to try so thinks a run-through would be very beneficial

SG also looking at Mirth Match as the moment

*User Interfaces for HIE error messages management*

RC has provided some mockups for review – RC asked team to review them and respond by email and can review again next week -

Table will log all error messages received by the interoperability layer - can view in more detail and mark as reviewed – LP asked if it can also be unmarked – RC said yes that can be done –

LP asked if the ID is the unique id for the error message – RC said it is does not relate to message id in HL7

RC also described the monitor.png – easy win – get some metrics for the interoperability layer to show specifics as to how the system is running

LP asked if will allow people to edit message in here and re-send it?

RC said yes, a privileged user with right experience – LP said then will need an audit trail to log who made changes and when. LP noted that will also need to be a process in place to ensure that the person sending wrong message gets feedback. RC could also flag it as needs to be changed, needs follow-up, been changed etc.

SG – these imply a certain type of workflow – is there a document that describes this process anywhere. RC said it is in the HIX Requirements docs – is a requirement to manage an error queue and be able to correct or manage errors.

*Next Call*

Next call will be on Thursday 19th April at 2pm CAT (12pm GMT).

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| **Action Items | THIS CALL** | Responsible | Due Date |
| Document capacity development needs around matching/selecting code sets | LP |  |
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