Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

April 26th 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. Authorisation process for documents for HEART
2. OpenMRS lab results and prescriptions
3. Discussion on how we want coding systems to be determined
4. Any other business

# Minutes Call Recording

The link for audio streaming is below.

<http://www.conferenceplayback.com/stream/48174318/51374401.mp3>

Recordings are deleted after 30 days

***Key points of discussion:***

Project Plan Update

RhC gave an overview of the current status of the project which is on track although some items are behind schedule. These items are related to the budget and budget alteration – waiting for feedback from MG. This is on the critical path and is being followed up.

Other: IntraHealth will have a work plan ready by end of next week

*Authorisation process for documents for HEART*

What is the process for registering assets? privacy matrix discussed in Kigali

RG: there is a document that outlines Rwandan Government rules about sharing information (gazette with IT policy and data sharing policy). Every doc to be signed off has MoH logo and is published as MoH document. Written request for purpose of sharing document must go to minister of health and will distributed from there to the right department

RG will get info about what this request will look like and what criteria should be included. Can make one requests for a batch of documents.

LT: what about working documents? See list but not content. RG wouldn’t want to share actual working document. List can go on Jembi website etc. but is this is the point of HEART.

CF: 4 levels of HEART – most useful is probably the working docs sharing through request for access. RG: a first draft of a document cannot be share – at what stage do we decide when to share things as working docs? Every document evolves even finalized documents, can sign off as final usable document for revision in 2-3 years.

*OpenMRS lab results and prescriptions*

LP described the clinical process around the lab results workflow which is likely to be included as part of the primary care rollout.

Lab test ordered by clinician
Person goes to lab which has computer connected to OpenMRS
Lab person enters lab result if patient registered
Updates OpenMRS

MW-Trying to fit into an encounter paradigm which does not really fit very well. LP – There is a need for lab test to be included in the maternal care use case. SG – Problem is trying to convey a common identifier – would advocate for a very simple initial process as cannot predict how end users’ behavior will change. LP – Will see test ordered for that patient – will view encounter of tests ordered – then enter the results using same concept – “good enough” for a health centre environment. SG – Is hospital lab test in scope for the initial use case? MW- Absolutely not. LP spoke to Gilbert who feels that we should follow same primary care use case workflow – NO separate one for the maternal care use case.

MoH are also rolling out a pharmacy module which meets the maternal care needs. LP: Typically stock is not managed in the ANC clinic – this is managed at the pharmacy end (pharmacy/drug stock management is Out of scope). This does have implications for the data mapping. Must ensure mapping is harmonized, especially for ARV drugs.

*Discussion on how we want coding systems to be determined*

LP sent out small version of the maternal data for RHEA spread sheet for review, and wants to know if this is sufficient for people’s needs? SG asked: Who is the consumer of this document? What is the long term use? LP: Intended for developers and data manager who will maintain this data.
 SG: others should be learning this with you to ensure that they understand the process of ongoing maintenance of the code sets. LP: current approach, Gilbert and Daniel involved in the process until we find data vocab specialist – LP also documenting process and lessons learnt. LOINC will also document and include in user guide from perspective of a user. SG: This could potentially be very important for long-term maintenance of terminology. LP: Need to find a data vocabulary expert, but in meantime will document lessons learned and keep Daniel and Gilbert informed. LP: LOINC will also contribute to this and ultimately will add to their user guide.

MW: Two concepts i.e.: Blood pressure diastolic and systolic – example of how some observations need to be linked. For one that is coded, suggest having a separate tab to enter each possible code value in its own set rather than a string in a cell.

LP: Do we uniquely identify each response to a coded question? MW: Need to group as possible responses. LP: Answer set must be identical or LOINC will create a new one.

SG: How are we going to manage all codes? LP: Our Rwandan data set -how do u want to see this represented in order to upload? HV: Best way is in same spreadsheet on a different line – in responses column can list code of that concept – give list of possible codes that are responses. Apelon can import data from spreadsheet as is.

MW: How do you represent a list of q to be asked with answers that may be coded? SG: Must be able to link questions to answers but concepts may be multi-linked. MW: Collection of concepts tied to a question but concept may be associated with many codes in diff code systems.

HV: Prefers idea of separate code set “Rwandan CODE SET” then mapped to LOINC or ICD. The spreadsheet is usable as it is now and is also easily adaptable. Can comma-separate the list of codes. Requested that put a code in rather than a hyperlink – will be much easier to work with.

MW: Suggest giving a name to the collection of values that are possible responses – a collection of concepts. LP: does it need a unique id as well? MW: No, just text.

*Any other business*

Infrastructure: RG said the NDC is now open. Now need hosting specifications for all the different components (excluding OpenMRS and RapidSMS). Information needed: Operating systems, RAM, HDD. Virtualisation seems to be much more affordable option. RhC will do this as soon as possible.

***Next Call:***

Next call will be on Thursday 3rd May at 2pm CAT (12pm GMT).

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| **Action Items | THIS CALL**  | Responsible | Due Date  |
| Send process / contact details for requesting authorization for documents | RG | 03/05 |
| Send out updated coding spreadsheet after the call  | LP | 26/04 |
| Provide hosting specifications for all components to RG  | RhC | ASAP |
| **Action Items | LAST CALL**  | Responsible | Due Date  |
| Follow up with Gilbert around user administration roles process | RhC |  |
| CF will verify if he can share draft budget with PB | CF | 4/20 |
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