Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

June 7th 2012, 2pm TO 3:30pm, GMT +2hrs

# Participants

* Carl Fourie (CF), Rhonwyn Cornell (RhC), Linda Taylor (LT),Hannes Venter (HV), Jaime Thomas (JT) , Lorinne Banister (LB),Liz Peloso (LP),Paul Biondich (PB), Mead Walker (MW), Ryan Crichton (RC), Wayne Naidoo (WN), Liz Peloso (LP), Shaun Grannis (SG), Carl Lautner (CL), Brooke Buchanan (BB), Michel Makolo (MM), Emmanuel Rugomboka (ER), Dykki Settle (DS), Dawn Smith (DS).

**Agenda**

* Project progress - RhC
  + ◦                      Facility Registry update - EJ
  + ◦                      Provider Registry update - DS
  + ◦                      Client Registry update – SG
  + ◦                      Shared Health Record update– WN
  + ◦                      Interoperability layer update– RC
  + ◦                      Terminology Service update- HV
  + ◦                      OpenMRS update – WN
  + ◦                      RapidSMS update- WN
* Update on securing server space at the NDC
* Any other business

# Minutes Call Recording

The link for audio streaming is below.  
<http://www.conferenceplayback.com/stream/40857778/25000501.mp3>  
Recordings are deleted after 30 days.

***Key points of discussion:***

Dawn Smith introduced herself to the project team. Is currently in Rwanda and will be working with Liz, Richard and Gilbert focusing on standards development and organizational capacity building.

**Updates**

***Overall project***

Facility Registry and Terminology Service have made good progress

Provider Registry – decision has been made around technology

CR – issues around access to data but now making progress

Have signed a contract with Apelon re training for the Terminology Service

Are on track to deliver a functioning HIE by end of September

***Facility Registry***

RC: have an instance of latest Resource Map on an EC2 server to be used during development. No data migrated across yet so EJ will be doing that soon. Taking a lot around capacity development as development nearly wrapped up. Staging server with data should be up by next week. RhC – have agreed a combination of distance learning i.e.: calls and initial call next Tuesday, followed by in-country training by end of July. Being documented and will be sent out soon.

LP: initial requirements have been met then there were additional requests made which are also almost complete. Still some enhancements to come but don’t affect go-live. The application is ready to use, just waiting for data, then will be signed off.

RC: is connected to the IOP. Still some minor tweaks but all services are working well.

LP: Integration with DHIS and other applications took some time but now all close to operational.

PB: would be useful to share the final metadata around the Facility Registry as other countries would be very interested in seeing this.

***Provider Registry***

DS: Had a good call yesterday. Are iteratively refining documents and good consensus around base technology for the PR. Discussed whether or not to include all providers or only those relevant to the maternal care use case. Want to make sure are validating all providers. Want to be able to distinguish between users and providers in OpenMRS. What needs to be pulled into the Provider Registry and how is it mapped from OpenMRS.

Gilbert’s team has put together a document listing all users they are intending to set up with roles.

PB noted that data may be entered by a user (data manager) but attributed to the clinician (provider) who managed the encounter.

LP can provide information re: the flow in the clinic and the roles, although sometimes the roles and job descriptions are not always distinct.

DS also now have IntraHealth team in Rwanda who can assist. Have an instance running up in the cloud and asked for feedback–RC and WN raised concern around interface so had a discussion on that.

***Client Registry***

SG: Had a call on Friday and are able to install OpenEMPI in the cloud and now looking at interface WITH IOP via web services and will get status updates on that tomorrow. Still working on securing access from OpenMRS instances where registrations are gathered as well as data from the MoH.

WN has documented the workflow activities and will go through that in detail on call – still talking about “golden record” vs. other options. WN – discussed using a temporary space in MoH with temp installation for analysis on data.

ER met with Gilbert today re: access to database. SG wanted access to whole database but Gilbert for now will work directly with SG and when RG is back in Rwanda will meet about authorizing access. Database actually belongs to another ministry. LP – Clarify that SG Needs demographic data, NOT clinical data. SG – the MoH can run the first statistical analyses and provide the results but at some point will need to see actual data. Team cannot configure CR without this so is on the critical path. LP asked how long this would take to do? SG – 1st piece involves installing and running a software program on extracted data (.CSV file) with guidance – will produce a table with necessary information. Does not know how long this process to extract data will take.

***SHR, OpenMRS and RapidSMS components***

WN- SHR focused on code review and testing spring. Have implemented ver 0.1 of concept dictionary for the SHR and have documented issues that arose.

HV released link to terminology service – have a look and send feedback to HV and WN.

Have implemented touch screen module in OpenMRS and are testing it now.

RC is currently working on the orchestration workflow on the IOP and is hoping to send out a link to the UI for the error management for the IOP soon. Aim to start integration testing when other components come online.

PB asked if using only local concept codes? WN: have added mappings to other terms.

PB: for performance will want to make sure that can key off - that the local code is being sent as part of the message rather than the reference code. The message that is imported into the SHR should only have local codes.

RC- the Terminology Service only validating codes (that they exist in standard coding sets) not doing any mapping.

PB – external apps should use the reference terms but need to find a way of NOT passing ref terms to the SHR for it to do mapping to local codes as will affect performance. Could create a set of local codes in terminology service and allow mapping here.

[Reference terms = international terms such as LOINC, ICD-10 and internal terms = local terms]

WN-Currently are storing the ref term in the SHR and messages sent from POC with codes validated by the terminology service.

***Any Other Business***

No decision on date for September meeting yet.

***Next Call:***

Next call will be on Thursday 14th May at 2pm CAT (12pm GMT).

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| **Action Items | THIS CALL** | Responsible | Due Date |
| Send links to LT for inclusion in minutes | CL,DS | 06/07 |