
OPEN MRS RETROSPECTIVE SYSTEM
REQUIREMENTS GATHERING
MEETING MINUTES

Meeting Date: <mm/dd/yyyy> 10.00am - 12.00am

Meeting Location: <Location>

Draft

1 ATTENDANCE

Organization	Names
CDC	Agnaldo Guambe
HIV Program	Helder Macule, Roxanne Hoek
DPC	Flavio Ismael
FGH	Fernanda Alvim, Eurico José, Stélio Moiane, Helio Magaia
Jembi	Zainabe Dadá, Pinki Meggi, Paulo Matsinhe

2 AGENDA

Review of the M&E package for HIV C&T

- Identification card will remain
- Processos Clinicos (adult and pediatric) processes? ? ? - We're not sure what's going to happen.
- Fichas de Seguimento (1 adult and 1 pediatric) - will be replaced by Master Card composed by Ficha Clinica, Ficha Resumo and APSS/PP
- Registration books - there is 1 Book for Pre-TARV and 1 Book for TARV
- 1 FILA - LRDA dispensing register book, FILA maintains but for the program we will count the LRDA
- Reports (1 monthly and 1 annual) - 1 monthly report (resumo) of HIV / AIDS and 1 quarterly summary of HIV / AIDS cohorts with score sheet
- 1 Daily counting sheet
- 1 Counting sheet for quarterly cohort summary

The current Monitoring and Evaluation package for Care and Treatment will have:

- 1 Cartão de identificação do Doente (introduzido em 2008)
- 1 Ficha Mestre (Ficha resumo, ficha clinica e ficha APSS/PP)
- 1 Livro de registo Pré-Tarv
- 1 Livro de registo TARV
- 1 Livro de registo de dispensa de ARVs (LRDA)
- 1 Folha de contagem diária
- 1 Folha de contagem para o resumo de coortes trimestrais

This system was designed to be used at less than 500 patients HF, and the HIV Program is aware that for sites with more than 10,000 patients it will be a great challenge and that is why we must have the electronic system.

Flowcharts:

- The abstract is not a report, it is the clinical summary of the patient,
- Where there are repetitions, and others are not repetitions, in the electronic system we have to confirm what is repeated, you cannot enter twice in the electronic system
- The matching of what goes in and what is migrated, ie identifying which fields are fed by the other tokens and which ones have to be fed the first time.
- For follow-up patients, the book and line number that is in the system corresponds to the old book, it loses this information from the old book and starts to have a new line and # of the new book of Pre-TARV and TARV

- o The information to be added is minimal, (see book and instructions)
- o Age should be the patient's current age and not the age in the old book

Questions about the Flow

Clinic and PP sheet

Key population and Vulnerable population Is this information collected only in the first consultation?

Key Population and Vulnerable Population This information is collected clinical form and in the file of APSS-PP, what will be the reliable source? Or will it depend on the request?

Key Population and Vulnerable Population Is there a possibility that a patient once belonging to this group may cease to be a part? For example, a released prisoner, as will be indicated that he is no longer an inmate

- The information must be updated according to what is written on the master card
- It will be difficult to have this information updated by clinicians
 - o It will be easier for the PoC and not so much for the retrospective
 - o Patients may not be screened because the clinician was negligent or even for lack of attention by the typist.
 - o In the system can become the variable as dynamic and the typist must continuously evaluate the state

FICHA DE RESUMO:

PTV and PPE are mutually exclusive, i.e. if PTV patients cannot have PPE?

- You should have the choice of two dates, one for each

Are the medications used for HAART the same as for PMTCT and PPE?

- They may be but may not match, depending on patient to patient. It is often similar to PTV but there may be differences depending on the cases. But the list is the same.

The variable starting date of ART is only in the Summary sheet, how is the beginning of ART in the clinical file identified?

Clinical file information on Viral Load

- Who fills the bill is the receptionist or the Clinic? It is the clinic and can only be filled in the next consultation. (It is an indicator to know if the clinician is communicating to the patient or not. In the monthly summary this information should be there as well).
- On line 15, it should be write PEDIDO when I request it and in the next consultation I write the values, which of the information about the date on which the patient was informed of the result,
- The indicator # of PEDIDOS is not currently collected but should be collected on OpenMRS.

3 POST MEETING ACTION ITEMS

#	Action	Assigned To	Deadline
1	Map all the repeated fields and the new ones on	Jembi/FGH	2.10.2018

	the Master Card and send to HIV Program to revision.		
2	Respond to all pending questions	HIV Program	9.10.2018
3	Share today's presentation, work flows and the tools that were not shared last week.	FGH, Jembi	28.9.2018
4	Share the list of drugs with new combinations	HIV program	28.9.2018
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4 NEXT MEETING

Next Meeting: <MISAU> <09.10.2018> <10.00>