MFE - Proof of concept release

- Background
- Steps
- HIV Clinic Workflow
- Priorities
  - People

Slack channel for PoC release [here](#).

Test environment here: MFE test environment.

Background

The goal is to create a packaged release to prove the feasibility of MFE from an implementation perspective.

This is not a production use case, this is a way to get the community excited about this framework and to prove that it works and to get some learnings on how to better secure adoption in the future. The idea is not for the implementation to replace the existing solution (yet) but to get the MFE to work alongside with the current applications.

The main focus of this POC is not the end-user but the implementer. The main goal is to gain momentum around OpenMRS 3.0 and commit to releasing more often. We will not create fixes to back-releases (e.g. bug in 2.0 fix goes out in next release; patches for emergencies) - because patches can disincentivize people from moving off of old versions.

Steps

- **v0 - 3.0 Frontend Technical Vision Alignment**
  - Draft - Done
  - Present to Bahmni Coalition - July 30
  - Present to Bahmni PAT - 
  - Share with Community - Early Aug, before Aug 13 Squad Showcase
- **v1 - Login, Search, Homepage, Registration**
  - Trial period among PIH, AMPATH, Mekom with current set-up - using OMRS Spa Module - Goal: End of August
  - Workshop for community on how to set up for your site - Early Sept?
  - Trial with more champions - Late Sept?
    - Define and select the ideal candidate (early adopter) from an implementation perspective (potentially Ampath and PIH)
    - Find out what's the bare minimum that we need from an architecture & metadata perspective (shall we consider dockerization best practices?)
- **v2 - Patient Chart:**

HIV Clinic Workflow

<table>
<thead>
<tr>
<th>Step</th>
<th>User</th>
<th>Description</th>
<th>Part of AMRS POC needed</th>
<th>Part of MFE Proof of Concept MVP scope?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient check-in</td>
<td>Registration clerk</td>
<td>Patient checks-in and issues clinic card at the registration desk. Patient is searched either by name or identifier indicated on the card.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>Role</td>
<td>Description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Visit</td>
<td>Registration clerk</td>
<td>After patient search, today’s visit is started by the registration clerk in the HIV Program that the patient is enrolled into e.g. HIV standard program. Patient is then sent to the triage nurse’s desk.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triage</td>
<td>Nurse</td>
<td>Patient is triaged by capturing the vitals which are filled in a triage form within the visit that was started. Vitals captured are: BP, Pulse, RR, Temp, Weight, Height, SpO2, BMI (Auto calculated from weights vs height), MUAC. Patient is then sent to the Clinicians desk.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>View HIV summary</td>
<td>Clinician</td>
<td>Patient is reviewed by the clinician where they first get a review of the patient HIV summary and today’s vitals which are displayed below the patient header.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>View clinical notes</td>
<td>Clinician</td>
<td>Clinician reviews the clinical notes of the patient which is accessible on the side drawer menu within the HIV program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>View historical lab results</td>
<td>Clinician</td>
<td>Clinician reviews historical lab data results of the patient. This can go up to the date the patient was enrolled into HIV care. The most recent results will display on the first column.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>View lab orders</td>
<td>Clinician</td>
<td>Check to see if the patient has had any blood works ordered recently and if there is any pending lab orders whose results have not been received yet.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fill clinical encounter</td>
<td>Clinician</td>
<td>The clinician will then open a return clinical encounter which they would fill by asking the patient a number of specific questions that have been coded in the form. NB: It's also within the clinical encounter that medication orders, test orders and appointments are captured.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Order medications</td>
<td>Clinician</td>
<td>Medications are ordered on the form in the medication history page. There is a use value button (to use previous values) in case the current medication orders are not changing to a new one.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicate medication plan</td>
<td>Clinician</td>
<td>On the plan section, the clinician will indicate whether the regimen is a continuation, change, restart.....etc. A prescription form is then written (hard copy) that is given to the patient to present at the pharmacy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Order for tests</td>
<td>Clinician</td>
<td>The test orders are made on the Plan page under Test Orders section. Upon saving the form, an order number will be generated that is used to track the test results from the AMPATH lab system. The results are synced into POC automatically. The patient is issued with a lab order form with the order number that will be presented to the phlebotomist.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The patient is given next visit appointment in the appointments section under the plan page. Since HIV clinics are quite busy at AMPATH a calendar is displayed after choosing the appointment date to display distribution of appointments through the week of the date selected. Patient is then sent to the pharmacy to pick drugs and/or the lab to get pricked if they have any blood work orders.

The phlebotomist will receive the order number and key it into POC and indicate the date the sample was received after pricking the patient. They will also record the sample type extracted and post the order which shall be reflected in the AMPATH lab system as received.

The patient will finally go to the pharmacy and present the prescription form which is recorded in the pharmacy system and patient issued with medications for the period indicated.

**Priorities**

Our focus areas for the next cycle.

**Now:**

1. **Onboarding Eric Achilla TPM 😊** (Grace Potma)
2. **Style Guide vs Design System comparison** (Brandon Istenes and Romain Buisson supporting Ciaran with analysis)
   a. Tuesday presentation
   b. Friday TAC recommendation
   c. Begin design system switch-over
      i. Integration into application
      ii. Changing over application pieces to use that design system
      iii. Review for bugs
3. **Extension-based Architecture**
   a. Definition & tickets (Brandon Istenes & Dennis Kigen - time together)
4. **Patient Registration Page**
   a. **MF-248**: Getting issue details... (Nicholas Hill)
   a. Wrap up remaining work:
      i. Identifiers
      ii. Address templates & hierarchy
      iii. Death information
      iv. Edit workflow (next sprint)
   b. **118n - Patient Registration page localizable**
5. **Wrap up some Patient Chart work**
6. **Test Results** *(ThoughtWorks with Ajay Brar (UX) and ____)*
   a. Implementation: Table view
   b. Design: Results Ready: How do I see that something is new
7. **Styling & UI Improvements**
   a. Mobile device testing together (Eric)
   b. Document issues
   c. Consistent validation
8. **Early QA**
   a. f/u with AMPATH TPM/QA team (Grace Potma → Eric)
   b. Testing 118n with locale change - JJ to follow up with Derrick Rono re. running Cyprus against Web App distro for end-to-end workflow testing
9. **Misc**
   a. **118n Blocker**: Unable to get Home Page translations working; Patient Registration (Brandon Istenes - PR in esm-home) (Blocker for Mekom & PIH)
   b. Bug fixes
   c. Cucumber MVP (Grace Potma)
Form Entry (Historically: PIH using HTML form entry; Ampath custom; Mekom BM forms)
   a. Clarity needed for Test Results Data Entry: If no agreed on UI, need to be clear together about data structures in order to use this widget - OMRS rules guidance for storage as observations, upper/lower bounds.
   b. Via integration of Bahmni forms? (So people can build the functionality they need w/ form renderer) (this is currently scoped as one of Florian's deliverables)

2. (Florian - back Sept 1) Package everything together in distribution (most sites need things to work offline, unlikely to use CDN) (Romain Buisson)
   a. Backend packaging - Next sprint
   b. Frontend packaging - Proof of concept stalled without Florian (generating forward-compatible artifacts - to replace OMOD approach)

3. (Florian - back Sept 1) Domain Decomposition
   a. Design session - Monday
   b. Complete definition to start splitting up pt chart widgets following cycle

4. Testing
   a. Environments: Staging vs Demo Prod?
   b. Automated tests in staging/integration (right now mostly unit tests)
   c. Outline of what's expected on phone, what's not

5. Whitelabelling (via overwriting style guide)

6. Patient Chart Next Focus
   a. Test Results Widget - [MF-297 - Getting issue details...]
      i. User test Test Results wireframes w/ staff from field
      ii. MVP

People

PM, BA

- Grace Potma - Product Direction
- Dave - BA - 10% (4-5hrs/wk)
- Pilar - PM - 30-50%
- JJ - PM/prs - 50% (vacation week 2)
- (Tw) Helena - BA - trying to find replacement for Lucus

Devs

- (P) Brandon - vacation for first week; 15% (for prs, discussion)
- (A) Donald - 80%
- (A) Dennis - 60%
- (A) Bett - 50% (back-end)
- (A) Derek - not available
- (Tw) Nick - 5hrs/wk (30-50%); may reduce July
- Ian Bacher - backend as-needed - 10%
- Florian Rappl - vacation 4+ weeks starting week 2 Thurs.
- Romain Buisson - devops - Distribution management - 5-6 hrs/wk
- Ivange Larry - 100%

Testing

- Ampath QA Team - 50% (4 person team)

Nicholas Hill - Patient Registration module
Mike Seaton + Romain Buisson
Pilar Rubio - Product & project support

@mfsquad in slack