

**Public Health Information, Surveillance Solutions and Systems (PHIS3)**

## NMRS unified Metadata

# change request

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| **Project Details:** | |
| **Project Name:**  nmrsmetadata-Unified-1.2, mobile\_nmrs\_24\_2\_1-debug.apk | |
| **Request #:**  *Unique identifier for this change if applicable.* | **Date of Request:**  *15-12-2023* |
| **Requested By:**  *CDC IPS HIS Testing Team* | |
| **Request Description:** | |
| *Test Report for* nmrsmetadata-Unified-1.2   1. ART drug for second line Atazanavir/Ritonavir written as just Atazanavir with wrong drug strength of 200mg as against 300/100mg.     Figure : Wrong strength for 2nd Line drug   1. ART drug for second line Abacavir/Lamivudine for Adult has a drug strength of 300/150mg as against 600/300mg.     Figure :Wrong Adult Art Strength   1. The strength of drug for OI prophylaxis is deselected after reopening a saved pharmacy Order form.     Figure :Viewed details of a saved Pharmacy Order form    Figure 4: Reopened Pharmacy Order Form   1. The correct strength (960/480mg) for cotrimazole is only available in the First Combo box Under OI Prophylaxis ection. If you select it in the any other combo box out of the 4 available under Oi Prophylaxis it will not give the 960/480 strength as an option     Figure : No 960/480mg in other Combo Box under OI Prophylaxis apart from the ist   1. 120/60mg Strength of Abacavir/Lamivudine for Paediatrics option is not available as an option rather 60/30mg is the only strength showing as an option. The current available strength in circulation is the 120/60mg.      1. Selecting any of the pediatrics 3rd line Regimen under child Salvage regimen gives a blank drug       Figure :Blank Drug for Paediatrics 3rd line regimen   1. The name change of the client tracking and termination form to Client tracking and discontinuation has not been effected on the name of the module on the main Menu     Figure : Changed Name only shows within the form   1. The XML file of client tracking form returns error if the attempt to contact section is filled. The xml error is as follows : “Element 'DatePatientContacted': This element is not expected.”     Figure : Ist contact attempted filled  **MOBILE APP TESTING WITH NMRS FEEDBACK**   1. The viral load portion of the Viral load order form on the NMRS is unchecked and is empty when you edit the synched lab order form from the mobile app.       Figure 8: Synched Viral load order form from mobile App has Viral load test unchecked even though it has entries   1. The Client Intake form still doesn’t align well with the NMRS version of the client intake form 2. Any recapture / Encounters that is less than 30 days synchronizes to the NMRS from the Mobile APK even if the NMRS wouldn’t allow you capture any such Fingerprint. 3. The Base/recapture check for match is not active on the mobile NMRS. And the feature to replace the base fingerprint of an unmatched first recapture is not active on the mobile NMRS. 4. Any Fingerprints that have been successfully synchronized to the NMRS can be captured for another client on the mobile NMRS without a Flag of duplicate. It only flags duplicate print if it is offline, and the prints are yet to the synchronized to the NMRS. Thereby giving lapses for Intra facility duplicate. 5. Some elements that were added to the Pharmacy Order form do not appear on the mobile app Pharmacy order form. e.g drug unit and Duration     Figure 9: Data entered doesn’t appear after reopening the form   1. Pepfar ID of Clients whose Fingerprint/Art Forms is synchronized from the mobile App has duplicated ART number. The number of duplicates depends on the number of forms filled e.g Lab order form. Pharmacy, Fingerprint will have extra 3 ART numbers. This will make the database have redundant record.     Figure :Multiple ART number showing after Synchronizing record from the Mobile APK    Figure : The record in the Patient\_identifier table | |
| ***Reasons for this Change Request:*** | |
| * *Regimen information on Pharmacy form clears out after reopening the form* * *To ensure the mobile App works well for community activity* * *To ensure that same protocol is adhered to strictly for the recapturing activity for all clients.* * *To avoid having redundant records in the database.* | |
| **Options considered to implement the change:** | |
| *Document the options that have been considered and reviewed by the team.* | |
| **Impact of each option (Cost, Scope, Schedule, Quality):** | |
| *For each option, explain the impact on Cost, Scope, Schedule and Quality.* | |
| **Chosen solution:** | |
| *Explain which option has been chosen and why.* | |
| **Approval Signature(s) and Date(s):** | |
| *IHVN CDC IPS HIS Testing Team* | |