**Notes of Minutes for PHS 2017 Electronic Initiative Meeting – 25 January 2017**

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| Date: | | 15 February 2017 1930 - 2150hrs | | |  |
| Recorded By: | | Zhao Yu Heng (Richard) | | |  |
| Venue: | | NUS MD1 MPH1 3rd floor | | |  |
|  | |  | | |  |
| Attendees: | |  | | |  |
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| **S/N** | **Name** | **Organisation** |
|  | Sarah Tham | PHS 2017 |
|  | Ho Jin Yang | PHS 2017 |
|  |  | PHS 2017 |
|  |  | PHS 2017 |
|  |  | PHS 2017 |
|  | Goh Chong Jhee | NUS ISS |
|  | Koo Sheng Kiat | NUS ISS |
|  | Yeo Jia Cheng | NUS ISS |
|  | Zhao Yu Heng | NUS ISS |

Action Items and/or Follow Up Items are *Underlined and in Italics*.

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| **S/N** | **Item** | **Action by** | **Due by** |
| 1. | **Agenda of Meeting:**   1. Requirement Gathering    1. Gather requirement from operation side |  |  |
| 2. | **QMS**  Queue Management System  Jin Yang says that there is a need to add Queue Management System into PHS.  Two options were discussed as below.  Option 1:   1. When participant come in to registration station, PHS issue a Queue number  * Add every participant into one queue. * The queue can be managed by the PHS app. Such as add, remove, adjust order, etc.  1. A Journey determined at registration, which contains a list of customer selected stations. 2. The station list in a Journey is in a fixed order. 3. Participate can skip any station in a journey, the station should be removed from station list of journey. 4. Participate can add any unselected station into the stations list in a journey.   Option 2 (preferred):  Alternative is to manage a separate queue for each station, so total 7 queues.   1. When participant come in to registration station, PHS issue a sticker label (with barcode !?) 2. Participant need to scan the sticker label in a station to add himself into the queue of the station. 3. Not all stations need queue, queue is only required by 4 stations. (HX taking, Reg, Oral Health, Doctor Consult)   *ISS Team to access the feasibility to support SMS Queue feature.*  *ISS Team to access the feasibility to support tagging the participant as priorities in queue.* |  |  |
| 2. | **Registration Station**  Registration Form  Biggest concern is to avoid re-enter the common information   * NRIC * Name * DOB * Other fields (*TBC by PHS Team*).   Allow to set the maximum character limit to certain input field.  For example: The maximum character entered can’t exceed 9 characters.  Validation logic of certain filed should be pre-defined in PHS, such as validation of NRIC, DOB |  |  |
| 3. | **Blood Taking Station**  Currently Blood Testing result/data is collected by NUH using excel.  PHS team explain the need of Blood Taking form.  Blood Taking form   * Form to capture Blood test result/data. * Data extraction feature to be provided for all form data * The extraction file is in excel format * Data Extraction is based on the selected fields by user. (Customization) |  |  |
| 4. | **Pre-Registration**  Pre-Reg is to capture the contact detail of participant.  ISS Team highlighted that Pre-Reg with account registration is not possible due to security concerns. (SC/PR profiles are accessed and maintained by Singpass)  Two options were discussed.   * Option1: PHS only support one way update, the latest demographic data overwrites the old one. * Option2: Each time submit a new contact detail, PHS keep all submitted copies.   Volunteer help participant to do pre-registration.  On Registration date, the pre-registration data is able to pull out by participant’s NRIC |  |  |
| 5. | **Doctor Consultation Form**  PHS Team mentioned main concern is the need of the queue for Doctor Consultation station.  If there are doctor rooms, PHS need to maintain a separate queue for each room, and show current queue number for each room.  *ISS TEAM to check on the feasibility to implement queue, related to QMS* |  |  |
| 6. | **Oral Health**  No need to capture any form data, might require to pull the common participant detail (such as NRIC, DOB, etc.)  Only concern is the need of QMS. |  |  |
| 6. | **Social Support**  Volunteer should be able to fill-up the Social Support form in any station if needed. |  |  |
| 7. | **Summary View**  PHS Team explains the need of Summary View.  Summary View is required by Doctor Consultation.  Only limited fields is required to be shown in summary view section.  All the sections can be minimized/folded in UI screen except summary view section.  *PHS Team to provide the list of fields required in summary view.*  *ISS Team to access the feasibility to support Colour Code or Alert Text in summary view.* |  |  |
| 8. | **Role-based Form View**  For Same Form, different user could see different form view (partial or all fields) based on different user role.  For example: Doctor only need to see certain fields from other forms.  Similar requirement as the Summary View!? |  |  |
| 9. | **Multiple Language Support**  PHS Team explains the need of multiple language support in all forms.   * Eng + Chinese * Eng + Malay * Eng + Indian |  |  |
| 10. | **Others**  Form-A track is done by tracking the completion status of each form.  System need to show all the form completion status of participant.  Digitalize all forms.  ISS Team to access the feasibility to digitalize Geri Screening, WCE, FIT forms. |  |  |
| 15. | The next meeting will be on 17 February |  |  |
| 16. | The meeting ended at 2150Hrs. |  |  |