

## Monthly OpenELIS Subcommittee Call

June 11, 2014

### Participants

1. Roll call
  - a. Dari – IA
  - b. Greg – SC
  - c. Shondra – MO
  - d. Dennis – Ohio
  - e. Mark – Missouri
  - f. Jon Lipsky – J. Michael Consulting
  - g. Garrett Peterson – Yahara Software
  - h. Steve Davis –
  - i. Reshma Kakkar - TSJG
  - j. John Vaughan - TSJG
  - k. Huy – VN

### Agenda

2. Update on changes to the OpenELIS website – Shondra, Reshma, Gary
  - a. Update on website – more content included especially notes from monthly calls now available
  - b. Dari – put some info about what these groups are going to do for the Labs that are coming online. Why did we go through this? Iowa not able to provide this support as their time is limited. So good to have implementer groups that can help labs get started
  - c. Jon – JMC can provide support services ranging from BA to configuration of workflows, to setting up instrument interfaces, to HL7 messaging. Work with Foundation to support implementations. Coordinating with Foundation so if changes required to core, they can help with communication and coordination. Want to support the growth of the product
  - d. John – TSJG experience with OpenELIS and other LIMS. All series that a lab may need from code to terminology, sharing lessons learned with larger group.
3. Update on the APHL Annual Meeting – Dari
  - a. OE – instrument interfacing. Have re-written electronic worksheet in a significant way. Working with Perkins Elmer. So could consume the data files that the instrument outputs, so OE can pick up files from directory after Perkins Elmer software has messages that data. OE will automatically upload to worksheet. This is complete using the test system
  - b. Clinical is nearly complete. Have data entry screen, patient management (including matching). Not yet able to take electronic orders in – will work on this over the next 4-5 months. Can send messages to integration engine. Also working with 17-18 different hospitals. For existing systems have electronic orders and results and would like to implement this in OE. Would like to go online with OE and this electronic orders and results by early next year. Will have same connection as hospitals currently have.

- c. Newborn screening: has taken different direction. This is longer term activity. Will probably get done after Clinical.
  - d. Huy – asked about bi-directional interfaces. Any plans to do that.
    - i. Dari – Yes. In OE2, there is electronic worksheet that the older one does not have. Can set this up with samples and QC. If do this then electronic worksheet represent exact physical situation. Working with Perkins Elmer to take this sequence and push it to instrument. Can't do this with all as not all instruments can take an input file.
    - ii. Can print out a map of all the wells and the wells are barcoded. So can use scanner and then scan the barcode off the sample and put it in.
  - e. APHL meeting
    - i. Very good meeting but short on informatics. Did meet several people.
    - ii. JMC had a booth and both J. Michael and TSJG attended.
    - iii. Garrett had ideas during the meeting regarding OE. Met Division Chief at the airport
    - iv. Garrett – theme seemed to be around molecular detection and molecular diagnostics. Pushing more for informatics push. Trying to see if can get more of an informatics theme in the future.
      - 1. The informatics committee is planning to push for a day long summit around the annual meeting next year. Ideally OE would play a role in that.
    - v. Garrett – idea. Put together a group of people who are outside commentators to do an evaluation of OE. Do a gap analysis. What labs need, what OE supports, and what it needs to do. So can talk to people who are not part of the immediate community and clearly communicate. Get Lab folks involved in the gap analysis. Good to have independent entity to ask if something had been considered. But also good for states who might be coming on board to know what the product is and how it can be described to decision makers. Hoping to pull plan together by next month's call
4. OpenELIS Governance Process – Gary
- a. Governance Draft Document
    - i. Gary had sent this out for feedback
    - ii. Did this because Missouri really wanted to see this.
    - iii. Steve Davis offered to do technical edits
  - b. Implementers - Certification Process
5. OpenELIS Updates for U.S. and Global – All
- a. Shondra
    - i. Drafted MOA between Missouri, Dari, Gary and Reshma. Thought MOA would be useful to move things forward
    - ii. Still need OE Foundation's lawyer to look through and make sure it's ok before it can be signed.
  - b. Greg
    - i. Putting out RFI any time now. Want to make sure we see that. For clinical. Lab does environmental. Not sure about their system. Almost separate organizations
  - c. Dennis
    - i. Just starting process of looking for new LIMS

- ii. Dari asked if they were looking generally at everything. Would it help to do demo?
    - iii. Dennis said would be helpful about a month or two down the line
  - d. UC Davis
    - i. Primate Lab started OE. They have Oracle database. They have updated it for OE. Set it up on server. Ran into some trouble 4 weeks ago and Iowa helped with troubleshooting. Last week Dari helped them with defining tests, other capabilities. Going to start working with Lab to define chemistry tests. Also interested in clinical module. Probably need an animal module. This will be good as other PHLs do Rabies in dogs, bats etc. So would be good for helping other labs too. Need to figure out what's needed for this module.
    - ii. Garrett offered to help with that. Working on project related to zoonotic diseases and could tell Dari and UC Davis how they are doing it. This is for CDC but not proprietary.
  - e. Vietnam
    - i. James and Huy working on data exchange between OpenELIS and hospital information system.
    - ii. Reshma will forward the technical specs from Jim to Dari
    - iii. Dari – in U.S. lab is responsible from end to end. They are responsible for how data is represented in the system. The lab info presented to clinicians is in the same way that you mean and need it to be presented. In HL7 there is no presentation. So need to make sure the clinician gets it in a way that clinician can interpret the right way. Dari thought good that U of W doing the right thing.
  - f. India
- 6. Stripe
  - a. Applied for grant. Did not get.
- 7. Other Discussion or questions
  - a. Dari – Garrett's group is working on visualization to help users understand data better.
    - i. Thinking of writing for visualizing data in a meaningful way for the Lab. This is an area we would need help with quite soon. Have need to show data in a way that is not just numbers and text. Iowa does not have that expertise. So if anyone has that knowledge, or ideas, would be great to put groups together. Approach informatics group, larger LIMS community. What do we need to show administration in Labs.
  - b. Garrett – asked about who was having issues with Postgres and asked how that is progressing.
    - i. Dari – VN had issue with Postgres database being slow with searches. This was due to large volume of records. They looked at tuning up database and indexing.
    - ii. Huy – end users enter results and print out reports and this was slow. Solution was to have temporary table just for data from last 60 days. If patient info is more than 60 days, it may be slow. But can still access
    - iii. Dari – could have done table partitioning. Decided to do temp table
    - iv. One reason database grows fast, they are assigning all tests, but may only do 2. So still keep the others. That is why database grown fast. Slow when end user requests aggregate reports.