

Medsphere.org: Released

VCM - June 2009



Medsphere[®]
Transforming Healthcare Through Open Source

About Medsphere.org

- Launched in February 2007 – Hosted static information about Medsphere's open source projects (OpenVista Server and CIS).
- Over the past two years a number of supporting projects were opened and posted (Strongwind, Widgets, GTK# installers, etc.)
- In September 2008, Medsphere invested significantly in transitioning Medsphere.org from a static "download" site, to a community collaboration site.
 - Wiki, Discussions, Blogs, Mirrors, Tools, Proposals, etc.
 - Downloads hosted at SF.net
 - Open development hosted at LP.net
- Now: Transitioning major projects to open repositories

Quick Tour

- Home page
 - Announcements
 - Quick access to content, search, tour
 - Search tool
- Blogs
- New and Updated
- Special Interest Groups
- Communities

Interested in collaborating? Join here:

<http://medsphere.org/tour/>

Projects and Release Methods

- Initially open sourced core clinicals
- Additional tools and dev kits have been added
- Code releases as tarballs
- Moving to open repositories as well as code
- Piloting open development process

OpenVista Server (1.5 SP1)



OpenVista Server is derived from the VA Freedom of Information Act (FOIA) Vista server release and includes defect corrections and a selection of commercial enhancements equivalent to what has been released at Medsphere client sites.

Vital stats:

- Originally released: May 2007
- License: AGPL and ...
- Technologies: M
- Downloads: Open Repository & 8,300 / 865GB
- Home: <http://medsphere.org/community/project/openvista-server>

Highlights

- Latest release is substantially similar to customer sites
- Latest release is sustainable
- Latest release includes substantial work, including standard interface portfolio
- Available as routine/global exports or Cache.dat

Take note: Demo data substantially reduced

OpenVista CIS



OpenVista Clinical Information System (CIS) is a cross platform application based on C# and **Gtk# / GTK**. CIS runs on the **MS** and **Mono** .NET frameworks. It is based on the design of the VA's Computerized Patient Record System (CPRS) along with image viewing, and other commercial enhancements.

Vital stats:

- Originally released: February 2007
- License: AGPL, GPL, LGPL
- Technologies: C#
- Downloads: Open Repository & 9,600 / 22.8GB
- Home: <http://medsphere.org/community/project/openvista-cis>

Features

- Full revision history at <https://launchpad.net/openvista-cis>
- Cross-platform: MS Windows, GNU/Linux, and Mac
- Full support for A11Y
- Full support for I18N/L10N (partial translations for German, Spanish, Portuguese, and Thai)
- Reusable Graph and Grid components
- Inline/reusable spell checking
- Patient Growth Charts
- Medical Reconciliation (In the Meds tab)



LOPEZ, KYLE
 Wt: 21.772 kg
 Age/Sex: 7 (Male) Ht: 110 cm
 MRN: 233124545 BMI/BSA: 18.0 (0.82)

PEDS 4A101-2
 Provider: USER, PHYSICIAN
 Admitted: 11/7/2006 11:39:47 AM
 Acct #:
 Admit Dx: seizure

Postings:

Alerts:

Care Team

Admitting MD: MURPHY, JESSICA
 Attending MD: MURPHY, JESSICA

New Note... Edit Delete

Default: Last 100 Signed Notes

Date	Title
12/20/2006	GROUP NOTE
12/20/2006	MH GROUP NOTE
10/20/2006	PHYSICAL THERAPY COM
8/16/2006	PEDI CARDIOLOGY PROG
8/16/2006	NURSING ASSESSMENT
8/16/2006	PEDI PROGRESS NOTE
8/16/2006	NURSING ASSESSMENT
8/15/2006	NURSING ASSESSMENT
8/15/2006	PEDI NEUROLOGY PROG
8/15/2006	PEDI PROGRESS NOTE
8/15/2006	PEDI CARDIOLOGY PROG
8/17/2006	Addendum to PEDI CARI
8/15/2006	EEG REPORT
8/15/2006	NURSING ASSESSMENT
8/15/2006	PEDI CARDIOLOGY CON
8/15/2006	NURSING ASSESSMENT
8/14/2006	NURSING NOTE
8/14/2006	NURSING NOTE
8/14/2006	PEDI NEUROLOGY CONS
8/14/2006	PEDI ADMIT NOTE

Adm: 8/14/2006 PEDI CARDIOLOGY PROGRESS NOTE, 4A -PEDIATRICS, OLSON, KENNETH (8/16/2006 8:15 AM)

TITLE: PEDI CARDIOLOGY PROGRESS NOTE
 DATE OF NOTE: AUG 16, 2006@08:15 ENTRY DATE: AUG 17, 2006@14:15:09
 AUTHOR: OLSON, KENNETH EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

S: Kyle underwent his echo today without difficulty

O:

VITALS:

T: 99 F [37.2 C] (08/17/2006 06:20)
 P: 99 (08/17/2006 06:20)
 BP: 104/58 (08/17/2006 06:20)
 RR: 15 (08/17/2006 06:20)

Pain:

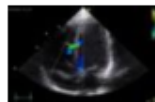
WEIGHT: 48 lb [21.8 kg] (08/14/2006 15:30)

GENERAL:

This is a well developed, well nourished, MALE
 in no acute distress.

Encounter

Images



8/16/2006

Templates

Patient Summary Problem List Medications Orders

Clinical Notes Consults/Procedures Discharge Summary Vital Signs Lab Results Chart Inquiries



PATIENT, TEST ONLY
 MRN: 756110665P
 Age/Sex: 42 (Female)

Wt: 45.359 kg
 Ht: 182.9 cm
 BMI/BSA: 13.6 (1.52)

MED1 45401-1
 Provider: USER,PHYSICIAN
 Admit Dx: sick

Admitted: 8/23/2006 1:43:20 PM
 Acct #:

Postings: **AD**

Alerts:

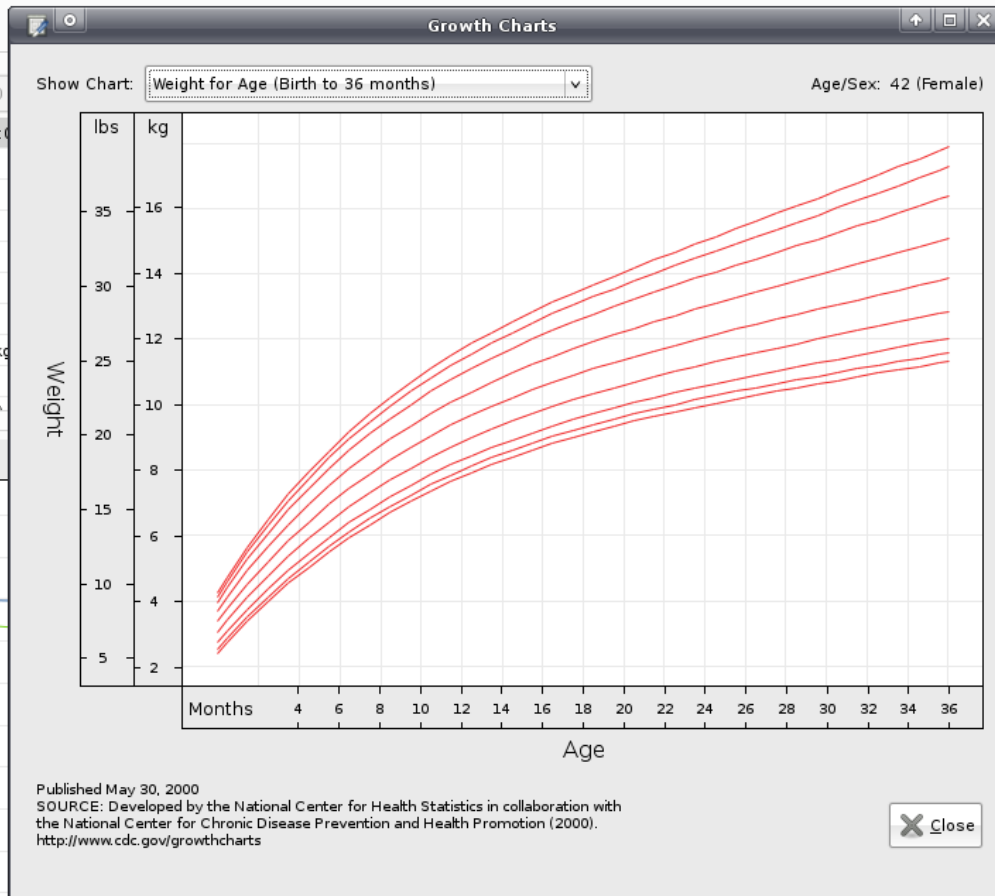
Care Team

Admitting MD: MANAGER,SYSTEM
 Attending MD: MANAGER,SYSTEM

New Vitals... Entered In Error...

Date: All Results From: 11/6/1825 12:00

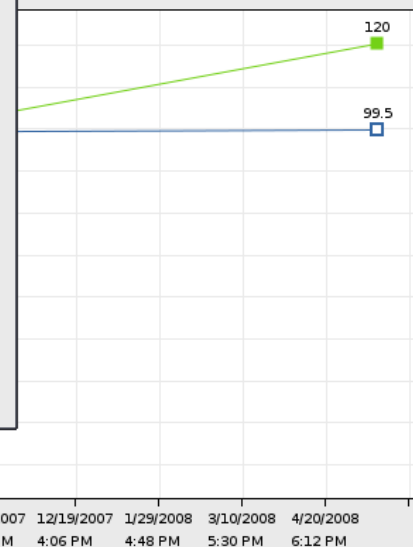
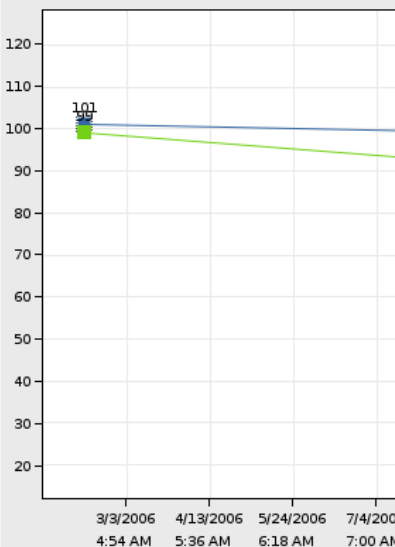
Temperature	10:56:03 AM	11/8/2006 11:00 AM
Pulse		
Respiration		
Pulse Ox.		
L/Min/%		
B/P		
Weight		185 (83.915 kg)
BMI		28.2*



Pediatric Growth Charts

Graph: TPR

2008 10:07:30 PM	5/16/2008 3:15:09 PM
	99.5 (37.5 C)
	120*



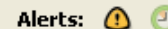


LOPEZ,KYLE
 Age/Sex: 7 (Male)
 MRN: 233124545
 Wt: 21.772 kg
 Ht: 110 cm
 BMI/BSA: 18.0 (0.82)

PEDS 4A101-2
 Provider: USER,PHYSICIAN
 Admit Dx: seizure

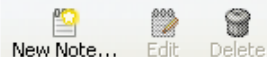
Admitted: 11/7/2006 11:39:47 AM
 Acct #:

Postings:



Care Team

Admitting MD: MURPHY,JESSICA
 Attending MD: MURPHY,JESSICA



Default: Last 100 Signed Notes

Adm: 8/14/2006 EEG REPORT, 4A -PEDIATRICS, GOLDSTEIN,JACOB (8/15/2006 9:00 AM)

Date	Title
12/20/2006	GROUP NOTE
12/20/2006	MH GROUP NOTE
10/20/2006	PHYSICAL THERAPY
8/16/2006	PEDI CARDIOLOGY F
8/16/2006	NURSING ASSESME
8/16/2006	PEDI PROGRESS NO
8/16/2006	NURSING ASSESME
8/15/2006	NURSING ASSESME
8/15/2006	PEDI NEUROLOGY PI
8/15/2006	PEDI PROGRESS NO
8/15/2006	PEDI CARDIOLOGY F
8/17/2006	Addendum to PEDI C
8/15/2006	EEG REPORT
8/15/2006	NURSING ASSESME
8/15/2006	PEDI CARDIOLOGY C
8/15/2006	NURSING ASSESME
8/14/2006	NURSING NOTE
8/14/2006	NURSING NOTE
8/14/2006	PEDI NEUROLOGY C
8/14/2006	PEDI ADMIT NOTE
8/14/2006	NURSING INITIAL AC
8/14/2006	PEDI NEUROLOGY C

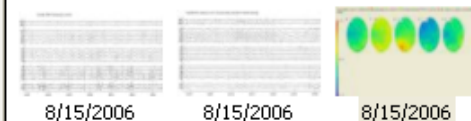
TITLE: EEG REPORT
 DATE OF NOTE: AUG 15,2006@09:00 ENTRY DATE: AUG 15,2006@09:53:44
 AUTHOR: GOLDSTEIN,JACOB EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Reason for study: seizure disorder, incre
 Medication: phenobarbital 80 mg po dialy

METHODOLOGY Topographic EEG Methodology
 placed according to the International 10-20 system.
 a standardized 19 channel (Lexicor system) montage was obtained with linked earlobes.
 10 Kohms was required at all sites prior to recording. Signals were fed directly to a quantifier and digitized at a rate of 100 Hz and band-pass filtered between 1 and 30 Hz for analysis.
 The client was seated in a comfortable chair 3.5 meters in front of a video monitor. The client was seated on an ottoman in front of the seat. A series of 10 trials, approximately 3 minutes, was administered. 1) reading for comprehension with eyes open, 2) reading for comprehension with eyes closed, 3) reading for comprehension with eyes open. Digitized data were subjected to statistical analysis.

Encounter

Images



EEG REPORT

EEG REPORT
 Captured on 8/15/2006

Topographic maps of statistical findings during eyes closed in 2 Hz bands between 5-15 Hz shows that all values are within normal database range.

Close

Date	Appt./Visit/Admission Type	Acct #
05-7-6 上09时00分00秒	CARDIOLOGY OFFICE	
05-9-1 下12时00分00秒	4 SOUTH - MED	
06-2-10 下03时26分00秒	MH NUCLEAR MEDICINE	
06-5-31 上09时36分21秒	3 SOUTH - TELEMETRY	
06-5-31 上11时28分00秒	MEDSPHERE HOSPITAL	
06-7-14 下12时46分08秒	3 SOUTH - TELEMETRY	
06-7-14 下01时30分00秒	3 SOUTH - TELEMETRY	
06-9-6 上10时26分00秒	3 SOUTH - TELEMETRY	
06-10-3 上07时23分37秒	3 SOUTH - TELEMETRY	
07-1-2 上09时00分00秒	PRIMARY CARE OFFICE	
07-1-3 上10时00分00秒	PRIMARY CARE OFFICE	
07-3-5 上08时18分00秒	3 SOUTH - TELEMETRY	
07-4-26 上07时28分15秒		
07-4-26 上07时29分14秒		
07-4-26 上07时37分58秒		
07-4-26 上07时39分22秒		
07-4-30 上06时32分15秒		
07-5-2 上06时37分59秒	2 NORTH - NURSERY	
07-5-6 上08时00分00秒	3 NORTH - ICU	
07-8-9 下02时53分00秒	3 NORTH - ICU	

Care Team
 Admitting MD: None
 Attending MD: None

Postings:
  **Alerts:**

Visit Not Selected
 Provider: USER,PHYSICIAN
 Admit Dx: None

Group Notes
 Vitals
 Up to Date
 Micromedex

ASHLEY
 567899
 (Female)



Patient Record Flags
 No results found.

Allergies / Adverse Reaction
 No results found.

Active Problems
 No results found.

Enter/Edit Electronic Signature...
 Pharmacokinetic Dosing Calculator

Attach Images or Scanned Documents
 View Images and Scanned Documents

تفضيلات 985

Posting	Date
No results found.	

Due Date	Clinical Reminders
DUE NOW	Cervical Cancer Screen/Pap Smear
DUE NOW	Depression Screening
DUE NOW	Tobacco Screening

Location	Appt./Visit/Admission Type	Date	Date	Metric	English	Vital
No results found.						

Preferences

Chart Inquiries Vital Signs Notes Lists/Teams Order Checks Alerts **General**

Date Range Defaults

Change the default date ranges for displaying patient information on your summary tab.

Edit Date Range Defaults...

Clinical Reminders

Configure and arrange which clinical reminders are displayed on your summary tab.

Edit Clinical Reminders...

Other Parameters

Configure default chart tab.
 Change display date range on Medications tab.
 Change Encounter Appointments date range.

Edit Other Parameters...

موافق

إلغاء

تطبيق

JONES, CHRISTOPHER
 Age/Sex: 56 (Male)
 MRN: 111112001

New Note... Edit Delete

Default: Last 100 Signed Notes

Date	Title
5/15/2007	CARDIOLOGY
5/15/2007	INTERNAL MED
5/15/2007	CARDIOLOGY
5/15/2007	CARDIOLOGY
5/15/2007	CARDIOLOGY

Templates


- Interdisciplinary Team
- Interdisciplinary Template
- Lab Letter
- Latex Allergy Question
- Medication Reconciliation
- medication reconciliation
- Medication reconciliation

Reminders

- Due
 - Diabetic Eye Exam
 - Diabetic Foot Exam
 - HTN Assess for Elevated BP**
 - Nutrition/Obesity Education
 - PSA
- Applicable

Reminder Resolution: HTN Assess for Elevated BP >= 140/90

Repeat BP and record below if appropriate

BP  140/

INTERVENTIONS

- Medications Adjusted or Initiated
- Medication change not warranted due to: (click for additional options)

- Patient usually has well-controlled BP on current therapy
- Patient's current therapy is appropriate based on concomitant cardiovascular risk

Incomplete Items (2)

Reminder	Item
HTN Assess for Elevated BP >= 140/90	BP
HTN Assess for Elevated BP >= 140/90	Medication change not warranted due to: (click for additional options)

* Indicates a Required Field

Clear Clinical Maint Visit Info Back Forward

HTN Assess for Elevated BP >= 140/90:
 The patient was counseled on the importance of regular exercise and/or physical activity in the control of blood pressure.

Patient Educations: Exercise Education for HTN

Cancel Finish

File Edit View Tools Help



LOPEZ,KYLE
 MRN: 233124545 Wt: 21.772 kg
 Ht: 110 cm
 Age/Sex: 8 (Male) BMI/BSA: 18.0 (0.82)

PEDS 4A101-2
 Provider: USER,PHYSICIAN
 Admitted: 11/7/2006 11:39:47 AM
 Acct #:
 Admit Dx: seizure

Postings:
 Alerts:

Care Team
 Admitting MD: USER,MEDSPHERE TWENTY-FOUR
 Attending MD: USER,MEDSPHERE TWENTY-FOUR

Vitals Input – TPR BP HT WT

Active Problem

Down's Syndrome
 Congenital

LOPEZ,KYLE
 233124545 4/16/2000 (8)
 Location: 4A -PEDIATRICS
 Date/Time: 7/2/2008 5:29 PM

Template Date/Time Exp. View Latest Vitals

Templates

- System
- Facility
- Location
 - 2 NORTH - NURS
 - 2 SOUTH - LABOP
 - 2B - INTERMEDIA
 - * TPR BP HT WT**
 - 4A -PEDIATRICS
 - User

Vitals input template: TPR BP HT WT

Patient On Pass

#	Unavailable	Refused	Vital	Value	Units	Qualifiers
1.	<input type="checkbox"/>	<input type="checkbox"/>	Temperature:	98.7	F	[ORAL]
2.	<input type="checkbox"/>	<input type="checkbox"/>	Pulse:			[PALPATED,SITTING]
3.	<input type="checkbox"/>	<input type="checkbox"/>	Respiration:			[SPONTANEOUS]
4.	<input type="checkbox"/>	<input type="checkbox"/>	B/P:			[R ARM,CUFF,SITTING,ADULT]
5.	<input type="checkbox"/>	<input type="checkbox"/>	Height:	115	cm	[ACTUAL]
6.	<input type="checkbox"/>	<input type="checkbox"/>	Weight:	23	kg	[ACTUAL]

Latest Vitals

Date & Time	Vital	USS Value	Metric Value	Qualifiers	Entering User
8/17/2006 6:20:00 AM	Temperature	99 F	37.2 C	TYMPANIC	USER,MEDSPHER
8/17/2006 6:20:00 AM	Pulse	99		BRACHIAL, PALPATED	USER,MEDSPHER
8/17/2006 6:20:00 AM	Respiration	15			USER,MEDSPHER
8/17/2006 6:20:00 AM	B/P	104/58 *		R ARM, LYING, CUFF, PEDIATRIC	USER,MEDSPHER
8/14/2006 3:30:00 PM	Height	3 ft 7.3 in	109.98 cm		USER,MEDSPHER
8/14/2006 3:30:00 PM	Weight	48 lb	21.77 kg	ACTUAL	USER,MEDSPHER
	BMI	18.04			

Cancel Save

Recent Lab R

- CBC PURPLE-
- CHEM 20 BLO
- PHENOBARBI
- PHENOBARBI
- PHENOBARBI

Location

- 8/14/2006 3:06:20 PM 4A -PEDIATRICS
- 11/7/2006 11:39:47 AM 4A -PEDIATRICS
- 12/10/2006 8:49:00 PM PHYSICAL THERAPY - REHAB
- 12/20/2006 8:41:00 PM PHYSICAL THERAPY - REHAB

OpenVista Appliance (r4)

The OpenVista Appliance is a virtual machine hosting the entire OpenVista stack from operating system to clinical front-end.

Note: reduced demo patient data

- Vital stats:
 - Originally released: May 2007
 - License: by project – completely FOSS
 - Technologies: Mixed
 - Downloads: 4,325 / 3.3TB
 - <http://medsphere.org/community/project/openvista-appliance>

Included Software

- OpenVista CIS 0.9.95 (1.0 RC1)
- OpenVista Server 1.5 Service Pack 1
- OVID 0.9.0
- Patient Dashboard demonstration application
- GT.M V5.3-003
- Xubuntu 8.10 "Intrepid Ibex"
 - Apache
 - Samba

OpenVista ... OpenVista CIS OpenVista V...

README Source Code

Experience
 FREE
 Open S

Connect to Medsphere OpenVista® Sen



v0.9.9-1082

Copyright © 2004-2008. All rights reserved. The OpenVista trademark is property of Medsphere Systems Corporation.

Welcome to a copy of the Medsphere OpenVista demo server taken on 2008-05-18

Login ID

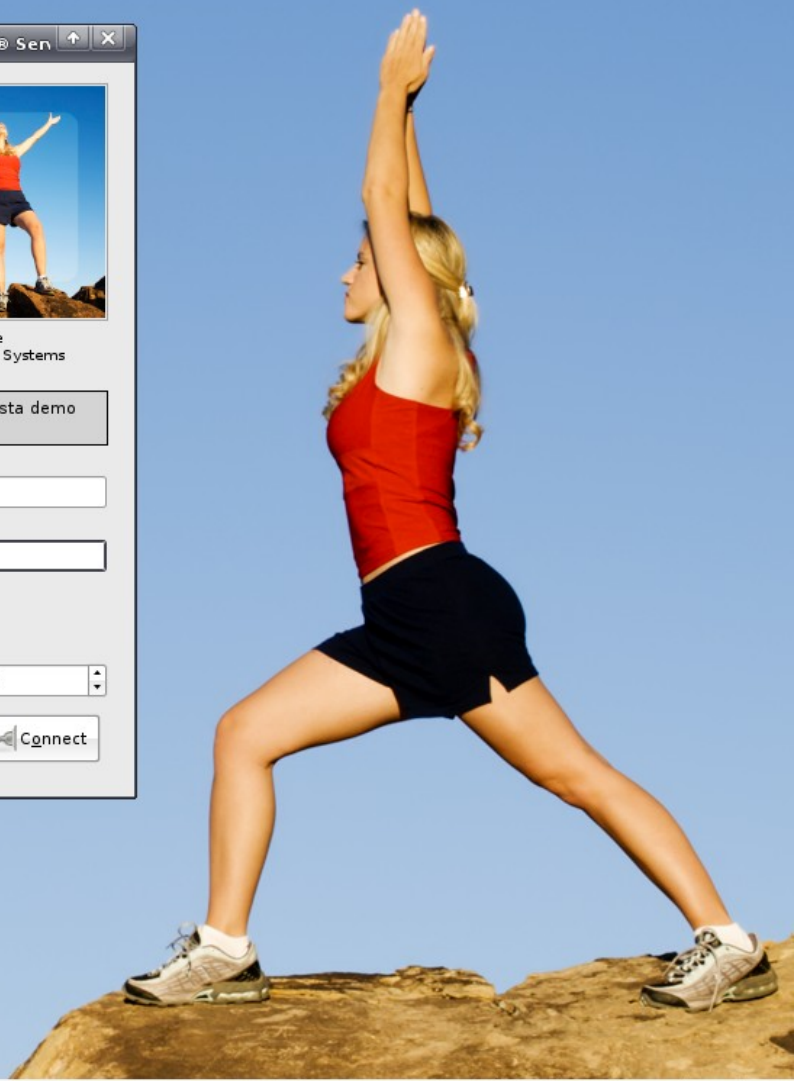
Password

Change Password on Connect

Options

Server localhost Port 7979

Cancel Connect



OVID (0.9.0)

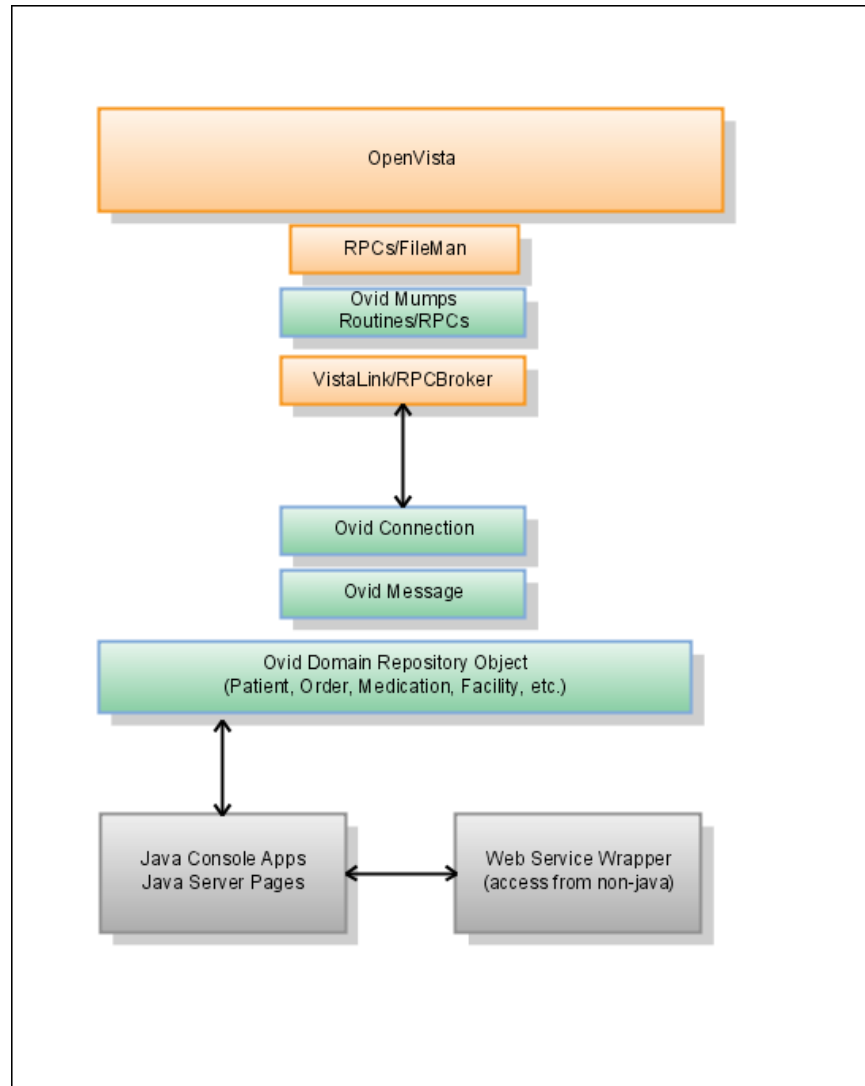
The OVID (OpenVista Interface Domain) layer is a set of development tools designed to enable software developers easier access to OpenVista data.

- Vital stats:
 - Originally released: April 2009
 - License: AGPL
 - Technologies: M, Java
 - Downloads: 254 / 6.5GB
 - Home: <http://medsphere.org/community/project/ovid>

OVID Features

- Implements internal protocol for calling OpenVista RPCs through VistaLink or RPC Broker.
- Implements an interface for using FileMan “silent mode” calls. This enables access to files where existing OpenVista RPC support is not sufficient for the application needs.
- Java bindings are supported. Supports creating Java domain objects.
- Enables other technologies needing to access data from OpenVista RPCs and FileMan.
- Useful for building web applications, exposing OpenVista data as web services, or in simple console based applications.

OVID Architecture Overview



Sample web front-end

File Edit View History Bookmarks Tools Help

http://localhost:8080/DashBoard/

Most Visited Getting Started Latest BBC Headli... SFEE clearspace medsphere.org MSC Webmail glassfish adm databasics xplanner RPC Reference

Units


- 2 NORTH - NURSERY
- 2 SOUTH - LABOR AND DELIVERY
- 2A - SPINAL CORD
- 2B - INTERMEDIATE
- 3 NORTH - ICU
- 3 SOUTH - TELEMETRY
- 4 NORTH - SURGERY
- 4 SOUTH - MED
- 4A -PEDIATRICS
- 5 NORTH - MED
- 5 SOUTH - PSYCH

Begin Date:

 April 2 2006

End Date:

 April 2 2009

powered by


Logout

Name	Enterprise ID	Date Of Birth	Age	Room/Bed	Admitting Diagnosis	Attending Physician	Provider
SMITH,BETTY	111112003	1938/05/05	70	5N501-1	BLOOD IN SPUTUM	USER,MEDSPHERE TWELVE	USER,MEDSPHERE TWELVE
SUTTON,JILL	111112009	1971/01/02	38	5N504-1	LEUKEMIA	USER,MEDSPHERE FORTY-NINE	USER,MEDSPHERE FORTY-NI
MCCRACKEN,PHILLIP	333333333	1952/02/09	57	5N502-1	Diabetes Out of Control	USER,MEDSPHERE TWENTY-FOUR	USER,MEDSPHERE TWENTY-I

Tasks (0) Medications (4) Allergies (4) Problems (4) Unverified Orders (128) Nursing Orders Unsigned by User Results Vitals

Date/Time	Status	Description
2008/02/20 02:27:06	complete	CBC PURPLE-WB BLOOD WC ONCE LB #260
2008/02/20 02:22:00	active	>> Incentive Spirometer...
2008/02/19 05:12:10	pending	CLINDAMYCIN/DEXTROSE INJ,SOLN 500 MG in...
2008/02/19 02:00:00	complete	CBC PURPLE-WB BLOOD WC LB #261
2008/02/15 01:27:00	pending	CBC PURPLE-WB BLOOD WC ONCE LB #257
2008/02/14 08:54:28	active	CULTURE & SUSCEPTIBILITY BLOOD WC LB #254
2008/02/14 08:42:14	complete	CULTURE & SUSCEPTIBILITY BLOOD WC LB #253
2008/02/13 09:19:07	complete	CBC PURPLE-WB BLOOD LC ONCE LB #251
2008/02/13 04:16:26	active	GRAM STAIN SPUTUM WC LB #249
2008/02/12 09:38:00	complete	CBC PURPLE-WB BLOOD SP ONCE LB #246
2008/02/12 09:38:00	complete	BASIC METABOLIC PROFILE TIGER SERUM SP ONCE LB #246
2008/02/12 09:28:18	complete	HEPATIC FUNCTION PANEL TIGER SERUM LC ONCE LB #245
2008/02/12 09:28:18	complete	CHOLESTEROL TIGER SERUM LC ONCE LB #245
2008/02/12 09:28:18	complete	PO4 TIGER SERUM LC ONCE LB #245
2008/02/12 09:28:18	complete	GGT TIGER SERUM LC ONCE LB #245
2008/02/12 09:22:00	pending	DIFF COUNT (BLOOD) BLOOD WC ONCE LB #244
2007/09/14 02:44:00	expired	LEVOFLOXACIN 500MG/DEXTROSE INJ ...
2007/09/14 06:44:00	expired	LISINOPRIL TAB ...
2007/09/12 01:15:00	discontinued	Discontinue LEVOFLOXACIN 500MG/DEXTROSE INJ ...
2007/09/12 01:12:00	discontinued	LEVOFLOXACIN 500MG/DEXTROSE INJ ...
2007/09/11 04:56:00	active	Tubefeeding: OXEPA FULL strength 50 ML/QH Flush with 500ml free water Q4H.
2007/08/24 09:00:00	discontinued	CHEM 7 BLOOD SERUM LC ONCE LB #213...
2007/08/24 09:00:00	discontinued	CHEM 7 BLOOD SERUM LC ONCE LB #212...
2007/08/24 09:00:00	discontinued	CHEM 7 BLOOD SERUM LC ONCE LB #211...

Done

Web Services via OVID

- Sample web services published
- Source available
- See "Creating Web Services with OVID"

```
-<definitions targetNamespace="http://service.ws.ovid.medsphere.com/" name="InstallService">
- <types>
- <xsd:schema>
  <xsd:import namespace="http://service.ws.ovid.medsphere.com/" schemaLocation="http://openvista.medsphere.org:8080/demo-service/InstallService?xsd=1"/>
  </xsd:schema>
</types>
- <message name="InstallServiceLogin">
  <part name="parameters" element="tns:InstallServiceLogin"/>
</message>
- <message name="InstallServiceLoginResponse">
  <part name="parameters" element="tns:InstallServiceLoginResponse"/>
</message>
- <message name="AuthenticationServiceException">
  <part name="fault" element="tns:AuthenticationServiceException"/>
</message>
- <message name="Ping">
  <part name="parameters" element="tns:Ping"/>
</message>
- <message name="PingResponse">
  <part name="parameters" element="tns:PingResponse"/>
</message>
- <message name="GetInstallAndPackageInfoByDate">
  <part name="parameters" element="tns:GetInstallAndPackageInfoByDate"/>
</message>
- <message name="GetInstallAndPackageInfoByDateResponse">
  <part name="parameters" element="tns:GetInstallAndPackageInfoByDateResponse"/>
</message>
- <message name="OvidDomainException">
  <part name="fault" element="tns:OvidDomainException"/>
</message>
- <message name="GetInstallInfoByDate">
  <part name="parameters" element="tns:GetInstallInfoByDate"/>
</message>
- <message name="GetInstallInfoByDateResponse">
  <part name="parameters" element="tns:GetInstallInfoByDateResponse"/>
</message>
- <message name="GetPackageInfoByIEN">
  <part name="parameters" element="tns:GetPackageInfoByIEN"/>
</message>
```


GT.M Integration Project (Alpha 2)

The OpenVista/GT.M Integration Project has released Linux tools and enhancements to OpenVista Server to assist with running OpenVista Server in a production environment. The project strives to re-use as much existing infrastructure as possible, encourage best practices by building them into tools, and be familiar to Linux administrators on the Linux side and M/Vista users on the M/Vista side.

- Vital stats:
 - Originally released: May 2009
 - License: AGPL
 - Technologies: M, C, Bash
 - Downloads: Open Repository
 - Home: <http://medsphere.org/community/project/gtm>

Project Goals & History

OpenVista, GT.M, and Linux make up a pure open source stack, but they were not specifically designed to work with each other. There is significant value to Medsphere's customers and the larger open source VistA community in integrating these components to simplify installation and management.

Medsphere has used GT.M and Linux for a number of years, in various functions. GT.M and Linux are used in development, quality assurance and open source efforts throughout the company.

The initial phase of the project focuses on three main areas:

- Platform port of VistA/OpenVista to GT.M
- Management Tools
- Packaging

Platform Port

Much work had already been done to make VistA functional on GT.M, but parts of VistA that deal directly with the underlying platform needed improvement:

- Error trap
- Printing
- Saving routines
- Switching between environments

Because the VA does not officially support GT.M, there are a number of routines that have, over time, been modified in ways that make them incompatible with GT.M. The reasons are varied, but include:

- Use of Cache-specific device parameters
- Use of non-standard MUMPS extensions such as \$Q(...,-1)

Some of these incompatible routines exist in important clinical applications such as BCMA. Not including these fixes in OpenVista could prevent proper function of the system.

Management Tools – Linux Utilities

Existing tools for day to day operations of an OpenVista system were piecemeal and required significant knowledge of GT.M and Linux. The project designed and built tools to standardize best practices and simplify common operational tasks.

Tools were built to handle:

- Creating/deleting OpenVista instances
- System boot and shutdown
- User logins
- Backups and journal rotation

Management Tools – OpenVista Utilities

There are a number of operating system touch points within OpenVista itself. OpenVista system administrators are well versed in the management menus built into the system. Existing efforts to work with GT.M failed to address this functionality. These tools should work as expected by existing administrators and technicians.

Examples:

- RPC broker administration
- HL7 administration
- Printer configuration

Packaging

VistA (and OpenVista) has functioned on GT.M for some time, but installation has traditionally been a difficult manual process.

RPM packages of GT.M, the Linux management utilities, and any dependencies were built to simplify and standardize installation.

OpenVista itself is not distributed via RPM.

- Upgrades cannot be handled directly by RPM
 - Overwriting database files would cause patient data to be lost
 - Upgrades already handled by KIDS
- In the future, we may create RPMs that provide “template” databases – static OpenVista globals and routines that can be imported into new OpenVista instances

Future Phases to include:

- Enhanced development tools
- Web-based OpenVista/GT.M administration portal
- Ubuntu/Debian Packages
- ???

Other Releases



Medsphere.Widgets is a collection of cross-platform interface elements for **Gtk#** used by Medsphere's products — primarily **OpenVista CIS**. Some are a compositions of standard **Gtk#** widgets, and others, like **GridView** and **Graph**, are custom managed widgets.

<http://medsphere.org/community/project/medsphere-widgets>






Strongwind is a GUI test automation framework inspired by **dogtail**. Strongwind is object-oriented and extensible. You can use Strongwind to build object-oriented representations of your applications ("application wrappers"), then reuse the application wrappers to quickly develop many test scripts. Strongwind scripts generate a human-readable log that contains the action, expected result and a screen shot of each step.

<http://medsphere.org/community/project/strongwind>

Source/TeamForge Contributions

Internal development tracking uses a commercial product. Medsphere has developed and open sourced three “plug-in” modules for the SourceForge Enterprise platform:

-  Fireball provides continuous integration services by monitoring artifact state and kicking off build, test and packaging tasks.
-  Overlord is a sprint planning and tracking tool for SourceForge Enterprise. "Sprint" is the Scrum-specific term or an iteration in other agile software development methodologies.
-  Flux is a project timeline as a linked app (a la Trac and CVSTrac). Events: Artfs, Trackers, Docs, Bzr, Svn, HG, Sprint Hours, Asterisk phone operations.

Releases here: <http://sfee.open.collab.net/> || For Source/TeamForge details: <http://collab.net/>

- Reminder: Community Calls and Work Groups
- Reminder: Collaborate at <http://medsphere.org/>

Questions

<http://medsphere.org/>



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