Project Title	Linkage to Care
Institution/Department	Mitchells Plain District Hospital, Western Cape Province
Innovation	The project addressed inefficiencies in the paper-based referral system between health care facilities and community based services. To deal with this challenge, an automated digital system was created to streamline the referral of patients. Quick Response (QR) codes were providing access to a digital form were placed in clinical areas, the link (https://forms.office.com/r/DD5GVuf3jT) was distributed through routine digital communication channels. Clinicians are able to enter relevant referral data at the bed side via cell phone or on computer. On submission the data automatically generates and e-mails a copy of the referral form to the Community Based Services (CBS) coordinator at Substructure/District office. This can then be sent to the relevant Community Health Worker (CHW). The CHW on completion of the home visit, can elect to provide feedback using the online form. This is automatically provided real-time feedback to the referring clinician who can appreciate the continuum of care. A real-time record of referrals and associated data is automatically captured and populated onto a PowerBI Dashboard for purposes of monitoring, evaluation and planning further service developments according to utilisation trends.
Impact	Following commencement in 2022, 4719 digital referrals were completed for the residents of Klipfontein Mitchels Plain, equating to 1 referral per 210 total residents of the substructure. Specialised packages of care were created for palliative medicine (852 referrals), patients living with tuberculosis (2872 referrals), and people requiring mental health care (733 referrals). As the data was captured in real-time, it became evident that certain geographic areas had specific healthcare needs. With regards to the live PowerBI Report, managers found it useful to be able to monitor the number of referrals from their facility. This information is used to identify areas where referral numbers did not reflect the number of patients cared for and were able to readily intervene and engage with staff in these areas.
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