

CCN4. REFERRAL FOLLOWUP CARDS

USE WHEN YOU WANT TO EVALUATE:

Outcomes :

- ✓ Networking and collaboration
- ✓ Capacity to access care and support

Intervention types:

- ✓ Activities to improve collaboration, coordination and networking

Worked well with these populations:

- ✓ Sex trade workers (in India)
- ✓ People who inject drugs

Interventions for:

- ✓ HIV
- ✓ STIs
- ✓ hepatitis C

DESCRIPTION

Tracking system using client-carried cards and follow-up check-in to assess the effectiveness of referrals between agencies and services.

WHY THIS TOOL MIGHT BE USEFUL FOR COMMUNITY-BASED INTERVENTIONS

- ✓ Assesses the effectiveness of referral processes established through collaboration and networking among agencies that do not have formal service coordination arrangements. As referral effectiveness improves, fewer referred individuals will fall between the cracks.
- ✓ Suitable to use with all priority populations. However the use of the referral card may not be appropriate if it discloses the status of your clients.

Developed in:

- ✓ English

ADMINISTRATION, DESIGN, SCORING and ANALYSIS CONSIDERATIONS

ADMINISTRATION

- Establish an agreement with other agencies to which you refer your clients. Have them agree to ask for, accept, and send the referral cards. Ensure that your clients are comfortable with the process and comfortable with the organizations they will be giving the cards to. Use of the referral cards may not be appropriate if they disclose the status of service users.
- Every time a referral is made, referred individuals are given a card with their names and the name of the referring agency and worker, and asked to provide it to the receiving agency. The referring agency also keeps a dated copy of the card.
- To implement this tool:
 - Educate staff members at all agencies on the aims of the process and how it will work.
 - Agree on a fixed start date and a fixed end dateTake into consideration:
 - The volume of referrals (if you have fewer, for example 2 per month, carry out the process for a longer period of time, for example 6 months; if you have many, for example 20 a day, carry out the process for a shorter period of time, for example 2 weeks)
 - The time it could take for people to get an appointment at the each participating agency.
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- The referring agency also keeps a dated copy of the card.
- Receiving agencies' staff ask for the cards from all incoming clients, date them when received, and scan and email them back to the referring agency.
- At the end of the study period:
 - Compile the cards given out by all staff into a list organized by date
 - Compile all the cards received by email from the receiving agencies
 - Conduct follow-up calls (or emails if secure) to ask if each referred individual whose card has not been received did indeed request services (may have lost or forgotten about the card).
 - On the list of cards organized by date, check off whether the referral resulted in a service request.
- Repeat this process at a later date, for example one year later, to assess change over time.

ANALYSIS

- Calculate the percentage of referrals that resulted in a service request: Add up the number of "yes" answers in columns A and B of the compilation sheet, divide by the total number of referrals made lines used on the sheet), and multiply by 100.
- Calculate the [average](#) number of days between referral and card receipt. Add up the number of days or weeks between the dates in Columns C and D for each person, and then calculate the average.
- Compare the two periods to see if there was improvement (higher percentage of successful referrals, shorter time), no change, or deterioration.
- Consider other factors when interpreting the results, such as holidays, closures, vacations etc. that may have made it difficult for the service request to occur within a given period.

CCN4.

<p>Referral Card from [your name and logo here]</p> <p>To: [Agency- service name], by [Staff member name]</p> <p>For: [Participant name]</p>

<p>Copy of Referral Card from [your name and logo here]</p> <p>To: [Agency- service name], by [Staff member name]</p> <p>For: [Participant name] Date referral made:</p>
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CCN4. Compilation sheet for referral cards given out and received back

Participant name	Referred to	Referring staff member	Date referral made	A Referral card returned	C Date received	Follow-up call made	B Service request made	D Date service request made
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
.....				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Sources: adapted from Blanchard, J. F., Bhattacharjee, P., Kumaran, S., Chanis Ramesh, B. M., Kumar, N. S., Washington, R. G., & Moses, S. (2008). **Concepts and strategies for scaling up focused prevention for sex workers in India.** *Sexually Transmitted Infections*, 84, ii19-ii23, Malekinejad, M., McFarland, W., Vaudrey, J., & Raymond, H. F. (2011). **Accessing a diverse sample of injection drug users in San Francisco through respondent-driven sampling.** *Drug and Alcohol Dependence*, 118(2-3), 83-91.