



# Impact Story: Referral Cards as an Innovative and Practical Solution to Complement the Peek System

The Vision Impact Program, spearheaded by AIC Health Ministries in partnership with the county government of Meru, is revolutionizing eye care in the region. Utilizing Peek system technology, this program screens patients for eye conditions at the household level and in schools, then refers those in need to the next level of care. Despite its success, the program faced challenges with declining patient adherence from household screenings to triage and secondary levels of care.

## **Gaps in Peek Referral Process**

When a client is referred to the next level of care through the Peek system, the attendant must search for the client in the system. We have observed that, in certain situations, the Peek system encounters unidentified errors. When the correct patient's name is entered, their details cannot be found unless the attendant uses the unique number, a unique identifier assigned to each encounter in the system. Additionally, it has been noted that sometimes the patient's name entered during household screening may be recorded incorrectly by the screeners. Consequently, when the patient arrives at the next care point and provides their correct name, they cannot be found in the system, leading to duplicate entries. Moreover, patients who are unable to read the text messages sent by Peek technology often fail to appear at the next care point, hindering their eye care journey. Other issues include unreliable networks in rural and remote areas and difficulties with phone charging, which can cause patients to go offline and miss Peek SMS messages, preventing them from attending the outreach. These challenges have contributed to non-adherence at both primary and secondary care levels, ultimately affecting the overall adherence rate.

#### Referral Cards as an Innovation

To address this, AIC Health Ministries introduced referral cards as an innovative and practical solution to be used alongside the Peek system. These cards, issued during household screenings, contain critical details such as the patient's name, unique number, identified condition, and appointment dates. The newly introduced referral cards are designed to remind patients in rural areas who lack mobile phones to

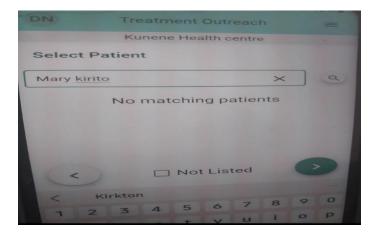
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receive text messages. Although the project/system uses a relative's contact information if the patient does

not have one, this approach does not always guarantee the patient will be reminded of their appointment dates. The referral cards, given to patients scheduled for the next stage of eye care, provide a better alternative alongside Peek SMS notifications sent to phones. In addition, this innovation aims to reduce errors caused by incorrect name entries or system faults, which previously resulted in patients being mistakenly logged as new entries at triage, leading to duplicate records. The duplicate entry would be cleared, while the original entry would remain in the system "hanging," ultimately reducing the adherence rate due to these unfinished entries.

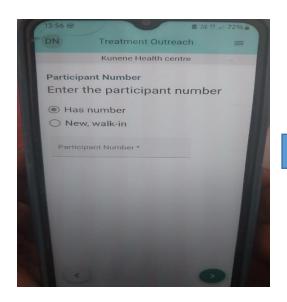
## Case Study: Mary Kirito

Mary Kirito, 51 years of age and a resident of Nkomo CU (Community Unit) in Nkomo Ward, exemplifies the success of this new approach. During a routine household screening, Mary was identified as needing further ophthalmic care as she failed the acuity test in both eyes and presented with itchy eyes. She was referred to Kunene Health Center using the Peek system and given a referral card with her details.

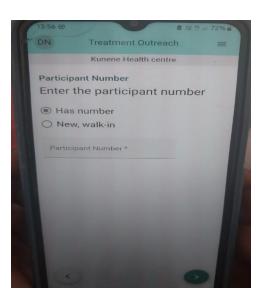


Upon reaching the triage center, Mary gave her correct name as captured during household screening to the Ophthalmic Nurse. Despite multiple attempts, the nurse was unable to find Mary's information in the system. The nurse then asked the officer responsible for the VIP Outreach in Kunene to search for her, but this also proved unsuccessful.

Mary then recalled that she had been given a referral card at the household level and handed it to the nurse. The referral card had a unique identifier. Using this number, the ophthalmic nurse efficiently accessed Mary's records in the healthcare system.







As the nurse reviewed her information, she confirmed that Mary was experiencing presbyopia, a common condition associated with aging that affects the ability to focus on close objects. The nurse explained the condition to her and advised her to purchase the appropriate corrective lenses at the nearest optical shop to alleviate her symptoms. With this recommendation, Mary Kirito's visit to the eye care facility came to an end. The nurse updated the system to reflect that Mary had been seen and provided with the necessary advice. Thus, Mary's current interaction with the eye care service was completed, and she was officially cleared from the system.

### **Efficiency of referral cards**

This scenario underscores the effectiveness of the referral cards in ensuring accurate patient data management and seamless transitions through different levels of care. The referral card helps in prevention of errors, enhance adherence, and reduce instances of double entry in the system, thereby maintaining the integrity of patient records. The introduction of referral cards will significantly improve patient adherence, ensuring that more patients complete their treatment journeys successfully. The cards serve as a vital reminder of appointments and ensure that patient records are accurately handled at each stage of the care process.

#### Recommendations

Mary Kirito's experience highlights the program's innovative solution to operational challenges, showcasing AIC Health Ministries' commitment to enhancing healthcare delivery in Meru County. By integrating technology with practical solutions like referral cards, the Vision Impact Program continues to make significant strides in providing comprehensive and efficient eye care to the community. AIC Health Ministries recommended that other partners implementing the VIP project in different counties adopt this strategy to enhance adherence and accuracy in record-keeping.