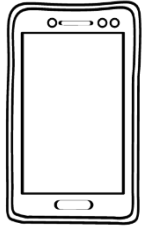




Using Vula Medical Referral APP to improve referral process for patients with AHD

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1. Introduction to Vula Medical App



- **E-referral** App and **secure medical chat**
- **Connects** frontline healthcare workers in public and rural health care facilities directly with medical specialists
- Ensures patient access to the right healthcare through mobile software and enables patients to receive **specialist-guided healthcare** at their local facility.
- Specialists can be contacted **using minimal mobile data**, even if signal is bad
- **POPIA compliant**, accessed only by certified healthcare professionals
- Has been shown to **enhance patient care and management**, saving time, reducing workload, and smoothing workflows, particularly in [primary healthcare settings](#)
- Ease of managing incredibly high volumes of referrals with improved accuracy
- Allows for rapid and **appropriate planning of referral times** and building **relationships**
- **Recommended by the DoH in 2019**



2. Alignment with National Referral Policy

Double click to open



3. NDoH letter of support

Double click to open



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

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Dr M Gumede
Acting Head of Health
KwaZulu-Natal Department of Health
Private Bag X 9051
PIETERMARITZBERG
3200

Dear Dr Gumede

RE: SUPPORT FOR VULA MOBILE

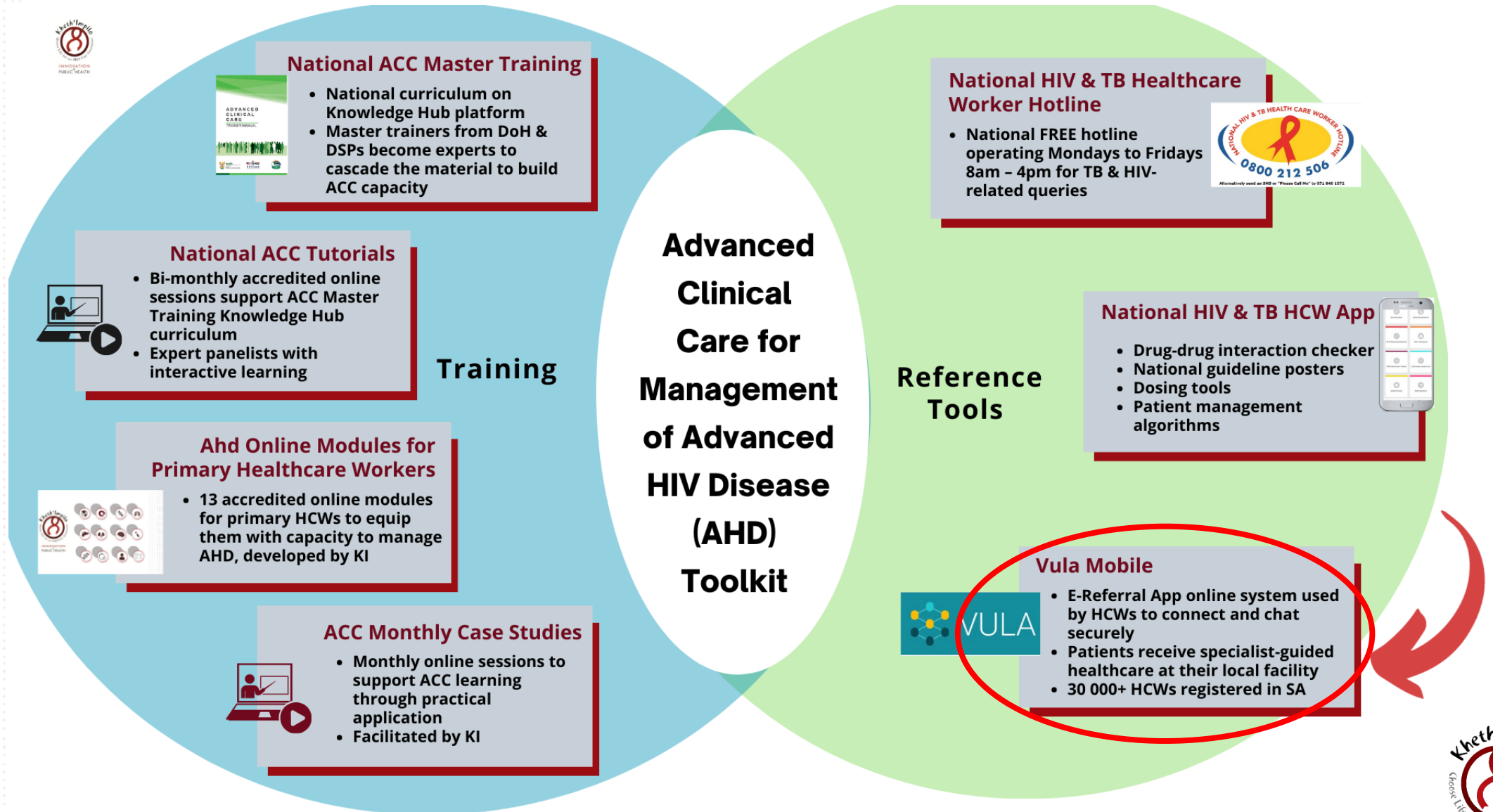
It is with great pleasure that I introduce you to the VULA Mobile medical referral system (www.vulamobile.com). The system is already in use in 8 provinces, mostly in the public sector, with 10% of users in the private sector. We would like to see the system grow to offer full national coverage.

Since 2014 the VULA Mobile medical referral system has demonstrated benefits at multiple levels.

- Primary health workers are able to contact specialists in an efficient manner and can therefore learn case by case and offer specialist guided care at their facilities.
- Specialist departments can now manage their referrals in a secure, legally compliant and effective manner. A review of Vula in 2017 showed an average reduction in unnecessary referrals of 31%, which helped to optimise the use of scarce specialist human resources.
- Heads of clinical departments are able to use the online dashboard for real time clinical governance, generating monthly reports as well as for research.
- Health managers at facility, provincial and national levels are able to monitor trends and use the high level data to allocate resources and attention.
- Moving towards the goals of Universal Healthcare and the National Health Insurance it is important that the private and public sectors collaborate. VULA is already used in both sectors as well as for referrals between the sectors, paving the way for collaboration and coordination.



4. Vula APP is the component of the ACC Toolkit



5. How does Vula work?

1. The HIV Unit in a referral hospital register with Vula to onboard.
2. Healthcare workers within the onboarded unit and PHC facilities within the referral cluster, download the Vula Mobile App and register.

3. Send referrals

4. Connect & chat



8 YEARS OF IMPACT

A referral per **minute**

1,148,660 referrals to date

30,335 health workers registered

2,017 facilities



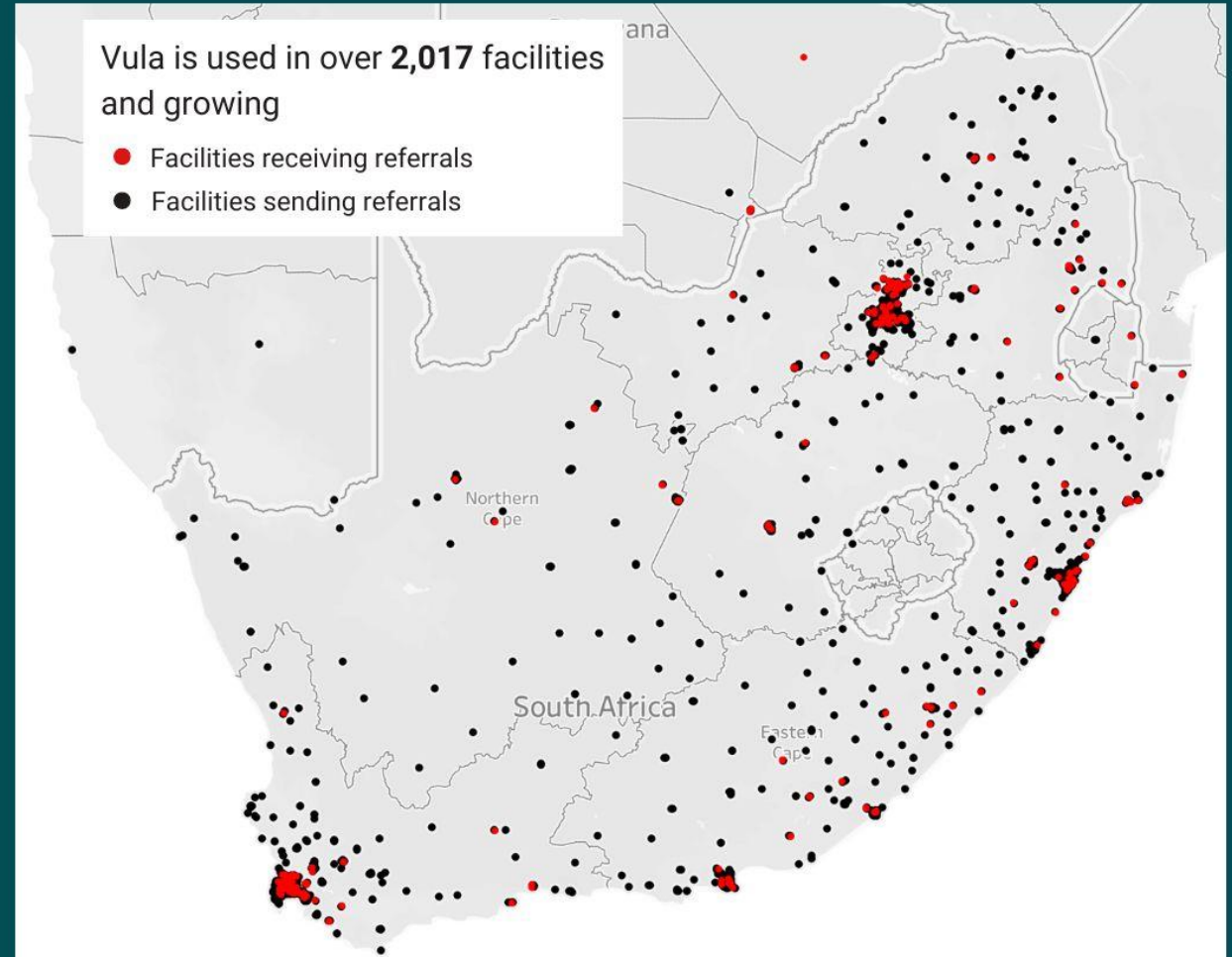
The UNDP ranks Vula Mobile as one of the top 4 most Innovative Entrepreneurs in Healthcare



MAPPING OF FACILITIES USING VULA

Vula is used in over **2,017** facilities and growing

- Facilities receiving referrals
- Facilities sending referrals



7. Onboarding facilities for AHD Referrals in KZN

Meet with the HoD/department

- Background and demonstration of the VULA App
- Registration process
- Requirement gathering (drainage area, referral pathways)
- Scheduling of training sessions if needed
- Q&A

. Select/develop the referral form

- This will be decided in the meeting. The Implementation Agent responsible for onboarding the facility/department will demonstrate the app using the appropriate referrals form.
- If the form does not cover all the information required to make an informed decision surrounding the patient's care, a bespoke form will be designed and developed for the department.
- The department will be required to provide VULA with a referral form template. Development of new forms will take 2 weeks.
- The Implementation Agent will schedule a meeting with the HoD to review.



9. Onboarding facilities for AHD Referrals in KZN

4. Referral Network Letter

VULA will provide the department with a **Network Referral Letter** which the HoD of the department can edit as needed and share with facilities who will be referring to the department.

5. Activation

- The department can activate as soon as the form has been approved and everyone in the team has registered.



10. Cluster facilities onboarded for AHD referrals

Cluster	Units	APP used	# of PHC facilities	# of Doctors
Harry Gwala Regional Hospital	CDC/ARV Clinic Internal medicine (internal referrals)	Yes	12+	04+
King Edward Hospital	HIV/ARV Clinic	Yes	00	02
Prince Mshiyeni	HIV/ARV Clinic	Yes		03
Ladysmith Hospital	HIV/ARV Clinic	No	00	03
Northdale Hospital	HIV/ARV Clinic	00	00	01
Appelsbosch Hospital	HIV/ARV Clinic	yes	00	01
East Boom CHC	HIV/ARV Clinic	Yes	00	05
Imbalenhle CHC	HIV/ARV Clinic	Yes	00	01



11. PHC facilities registered on Vula for AHD referrals

Cluster	PHC Facilities	# Doctors	#of Nurses
Harry Gwala Regional Hospital	12	03	42
King Edward Hospital	00	02	00
Richmond Hospital	00	01	00
Ladysmith Hospital	00	02	00
Prince Mshiyeni	00	00	00
Northdale Hospital	00	01	00
Appelsbosch Hospital	00	01	00
East Boom CHC	00	05	01
Imbalenhle CHC	00	01	00

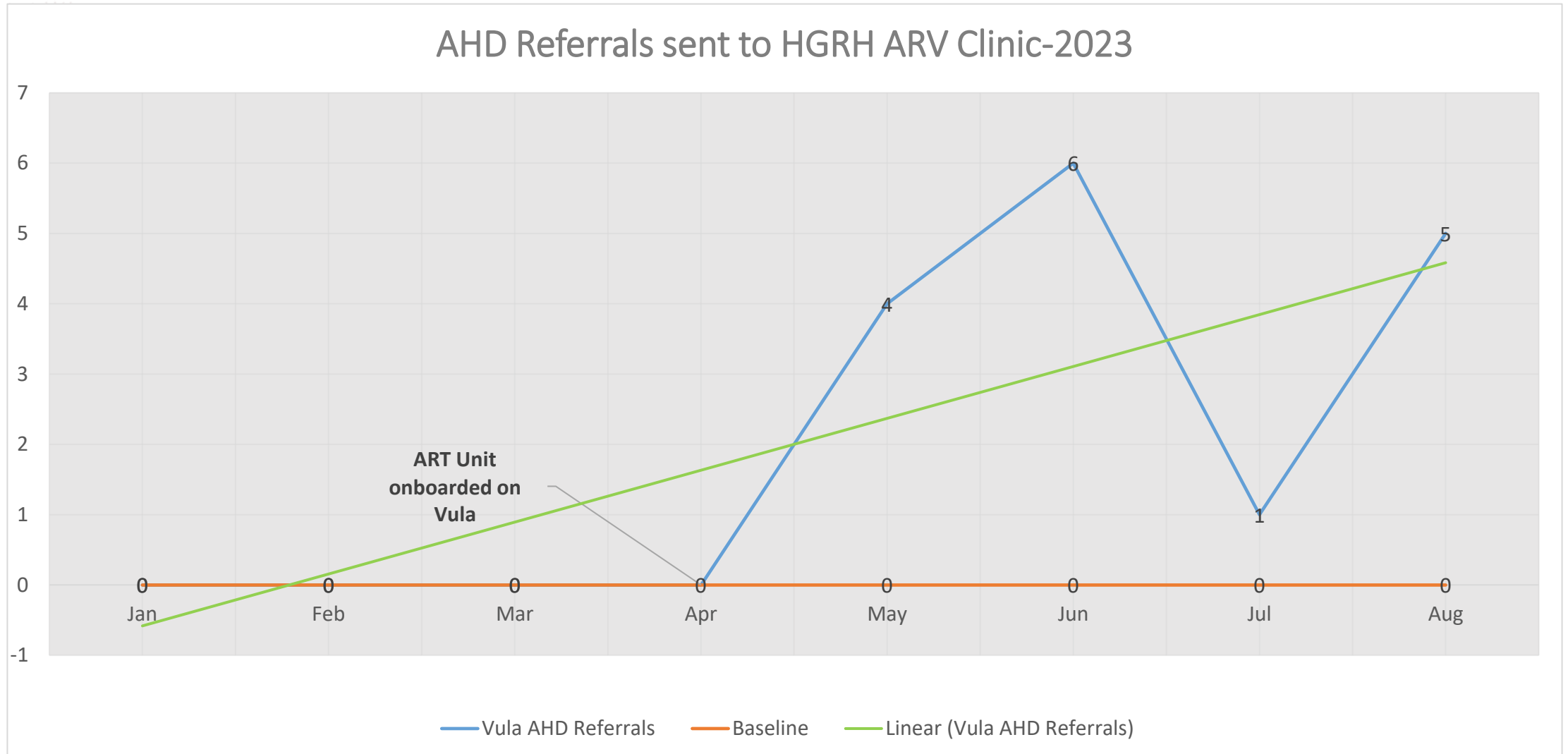


12. AHD cases referred Jan-July 2023 (specialised)

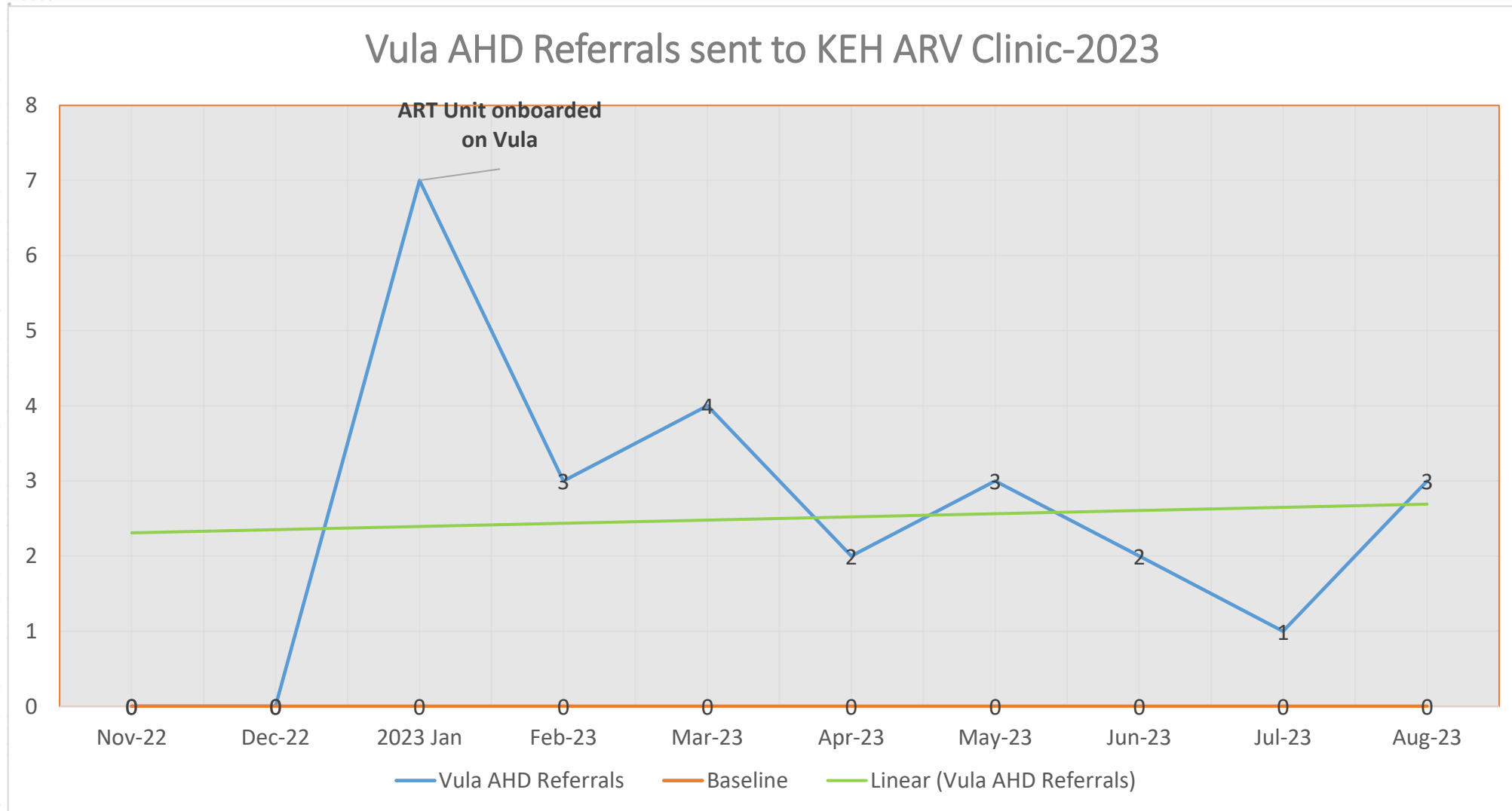
To AHD sites	From PHC	From CHC	From ER/OPD	Inpatient to ARV/HIV clinic	Total
Harry Gwala Regional Hospital ARV Clinic	03	01	01	11	16
King Edward Hospital	16	02	02	02	22
Prince Mshiyeni Hospital	00	00	00	00	00
Total	19	03	03	13	38



13. AHD cases referred Jan-July 2023-HGRH



14. AHD cases referred Jan-July 2023-KEH



12. Strengthening APP usage

- Discussion of challenges related to APP implementation.
- Data analysis and use.
- ACC champions to support implementation
- APP development/update.



15. Monitoring and Evaluation

- The HoD of the department will receive a monthly report in the first week of the next month.
- The report will include referrals per month, top 15 PHC facilities sending referrals to the unit.
- The report also includes the average number of referrals per day, the number of referrals each attending doctor has received, response percentages, and response times.
- Additional reports can be requested by emailing the
- Implementation Agent. Additional reports will take 2-4 days to be completed.
- The HoD can also Download reports with specific indicators online

