Referrals to Community Partners Toolkit

How to Use the Toolkit

This toolkit is designed to help build referral systems between community partners, and create continuity of care for families.

Why is Referring Important?

There is a wealth of services and resources offered by organizations in your community that help new and expectant families prenatally, within the hospital walls and after discharge. However, many of these services are untapped and underutilized, as families may not know what is available to them.

That is why referrals are so important. When families are aware of and have access to community resources, they can get the support they need to reach their health goals. Referring to your community partners will help families experience true continuity of care. By building and participating in a robust referral system, you can be a part of ensuring your community's health needs are met.

Getting Started

It can be hard to keep track of all the resources in your community. The good news is that not everyone needs an in-depth understanding of everything… they just need to know what exists, a general idea of what the program does, and how to refer!

- **Start by identifying what services are provided in your community.** Work with the partners you have contacts with already. Your partners may have contacts for other organizations in your community. Examples of organizations that share similar goals include WIC agencies, home visiting programs, public health programs, hospitals, prenatal clinics, community groups, and breastfeeding coalitions.
- **Set up a collaborative meeting** to discuss the services that each of your organizations offers, and how others can make referrals. (See the Leadership Meeting Toolkit.).

Referral Options

Below are referral options to consider. They are hospital- and clinic-focused, but can be applied to other community partners as well.

- ☐ Provide outreach materials, applications and / or sign-up information that can be provided to all patients / clients.
- ☐ Display community program posters in waiting rooms and exam rooms.
- ☐ Refer all families at their first prenatal appointment.
- ☐ Refer all families after baby is born.
- ☐ Establish a referral system. Examples include:
    - Notify WIC breastfeeding peer counselors when a WIC family has had a baby.
    - Fax discharge and follow-up information to WIC and other community programs.
    - Create a system that allows WIC, home visiting, local health department nurses, etc. to do the follow-up with a patient. Consider allowing your partners to see their patients when in the hospital.
    - Use HIPPA-compliant texting system to provide patient referral information to WIC and other community programs.
    - Integrate referrals into the hospital and clinic's electronic medical records.

Keep the Momentum Going

Keep the momentum going and continue to learn about each other's organizations and how to refer. Here are some suggestions for next steps.

- ☐ Arrange a collaborative meeting to learn more about each other's services and how they'd like to receive referrals.
- ☐ Arrange for your community partners to take a tour of your organization to learn more about the services you provide.
- ☐ Set up on-going meetings to discuss referral processes efficiencies and provide updates on program services.