
POSTER ABSTRACT**Refer-Go-Where?: Improving Referral Accuracy and Care Transitions through a Self-Help Catchment Tool in Singapore**

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Wai Yan Wong, Zhi Xiang Tan¹, Shannon Lim¹, Marilvyn Loo¹¹: Singapore Health Services (SingHealth)**Background:** How would you know which hospital or region to right-site your patient to?

SingHealth is one of three public healthcare clusters in Singapore, overseeing 1.51 million residents in Eastern Singapore. SingHealth's Community Care Teams, also known as Healthier SG (HSG) teams, oversee 15 precincts, each providing place-based care for 35,000 to 50,000 residents. Accurate right-siting of patients to the appropriate hospital, precinct, and care team is critical for effective place-based care and capitation funding.

However, limited visibility of catchment areas has led to administrative delays and inappropriate referrals, hindering care transitions and community-based support.

Approach: To address these issues, our team developed a self-help Excel tool to empower staff to check and redirect referrals. Built using the Ministry of Health's postal code database and SingHealth's internal catchment mappings, the tool enables staff to verify the catchment areas of hospitals and precincts in real time. Developed within a week using SharePoint Online, the tool required no additional cost and was designed with a simple interface for ease of use. Its coverage was later expanded to include northern Singapore through collaboration with another healthcare cluster.

Results: Rolled out in May 2024 and initially publicised via email to a small group of Community Care Team users, the tool saw unexpected uptake. By October 2025, it had reached over 1,043 unique users and recorded 30,422 views across two healthcare clusters, including doctors, nurses, allied health professionals, and administrators. From August to October 2025, usage averaged 28 unique users and 140 views per day.

A survey of 66 respondents in May 2025 revealed an average twofold time savings—from 12.4 hours to 4.5 hours—for checking, waiting, and redirecting referrals. This stemmed from reduction of inappropriate referrals and reduced reliance on manual checks with sources such as next-of-kin or receiving hospital teams. Based on 206 consistent monthly users, this translates to over 1,631 man-hours saved per month. Time savings are expected to increase as the tool gains further traction.

Future improvements include clearer signposting of receiving teams, expanded coverage, and increased accessibility for external partners.

Implications: Originally designed for community care teams, the tool's adoption by hospital departments, allied health professionals, and polyclinics highlights a broader need within the healthcare system for data visibility in empowering care coordination.

This initiative demonstrates how low-cost, scalable solutions can enhance operational efficiency, support integrated care, and evolve through user feedback to meet wider geographical and population health needs.