Referral Inquiry to Admission

Growing Your Census Without Making The Phone Any More

What you will learn in this session:

- How to grow your census and revenue without spending another dollar on marketing. A Case Study with results.
- How this process will advance your mission and business objectives,
- How the referral inquire to admission conversion rate is key indicator to the organization’s culture of growth.
- The key elements needed to build a productive referral inquiry to admission process.

Typical Signs Your Current Process is Broken

A VERY high conversion rate. “Working the system”

Quick to NTUC (Not Taken Under Care)

A very small pending list

Little structure and process

Building Structure & Process

Purpose

- Promote excellent customer service
- Standardize action steps for pendings management
- Serving more patients
- Stated goal: 85% conversion rate

Accurate data collection, monitoring and management

Referral Inquiry = ANY incoming request

- Professional
- Consumer
- Internet or web
- Personal inquiry of Seasons staff member
- Walk-in

(cont.)

Referral = Patient name & contact info

Pending = Any referral inquiry not scheduled for admission within 24 hours

- Follow up until admit or designated NTUC

Admission Coordinators

Customer service / Scheduling a visit
Coordinating pending follow up
End of day “sweep”
Entering ALL referral inquiries
Documentation: Pending Referral Profile

- Who / What / by When?

+ ED, CD, DBD, TD, HCC’s

Collective wisdom
Stand up meeting

- Brainstorming solutions
- Engaging resources ++ from ENTIRE organization

Change can be challenging

Widening the opening

Capturing ALL referrals

- Brainstorming solutions
- Engaging resources ++ from ENTIRE organization

Making time for stand-up meeting

Marketing Staff – view as important as outside appointment

Admission Coordinator learning curve

Identifying pending reason / bucket and barrier
Determining who should go & communications
“Assigning” actions and due dates

NTUCs

Patient chose another hospice

Not Taken Under Care

There are only 4 reasons a referral should be NTUC

Patient dies before admission
Pt/family specifically state they do not want to be contacted again
No contract with insurance provider, pt/family choose in-network provider
Patient moves out of service area.

All other referrals that are not immediately admitted

are placed on the 90-day pending list.

2011 – Jan 2012 NTUCs	Total 4,201
Pt/Family refused hospice	1,336
Patient died	1,121
Chose another hospice	916
Undefined reason	216
Not hospice appropriate - medically	204
Duplicate referral	79
Moved out of coverage area	65
Referred to another hospice	55
Admitted to Skilled Part A	44
Physician refused	43
Admit to non-contracted facility	37
Pt/Family refused palliative	36
Out of network with insurance	35
Referred to Palliative Care	19
Service failure	3

The Pending List
“Gold in the Hills”

The larger the pending list the better!!

Work a 90-day process to eliminate the barrier(s) preventing the patient/family from electing their hospice benefit.

“Working the pendings”

Categorize the pendings into “buckets”

Patient/Family issues.
Doctor issues.
Not eligible under CMS guidelines.
On skilled days.
Admitted to another hospice

(cont.)

Each pending has a note indenting a specific barrier.

Commitment to Conversion & Collective Wisdom

Daily stand-up meetings
Leadership attendance & support
Brainstorming creative solutions

Measure and analyze. Complete a 90-day rolling conversion report monthly.

Case Study

A real life example. This is a 65 ADC hospice receiving about 50 referrals a month (or 300 for six months), LOS of 65 and a conversion rate of 66%. The Gold Standard by the way is an 85% conversion rate. The per diem rate for this hospice is $150. This example does not include any GIP. Being able to move the conversion needle by just 1, 2, 3, 4 or 5 percent will yield the following.....

(cont.)

- 1% = 3 more patients served. Generating 195 DOC (days of care) x $150 = $29,3502% = 6 more patients served. Generating 390 DOC x $150 = $58,5003% = 9 more patients served. Generating 585 DOC x $150 = $87,7504% = 12 more patients served. Generating 780 DOC x $150 = $117,0005% = 15 more patients served. Generating 975 DOC x $150 = $ 146,250
- If this organization was able to achieve the Gold Standard of 85% (a 19% improvement) it would generate $555,750!!!!!!
- All this without making the phone ring any more than it already is!!!

Resources

https://bit.ly/2MV9UnL

https://bit.ly/2M7RUBx

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