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Referral Inquiry to Admission

Growing Your Census With Out Making The Phone Any More

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What You Will Learn In This Session

- How to grow your census and revenue without spending another dollar on marketing + Case Study.
- 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.

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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 and 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

Continued...

- 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 ENIRE organization

Change can be Challenging

- Widen the Opening:
 - Capturing ALL referrals
 - "Napkin" referrals
 - Data entry - name and number...
- Make time for stand-up meetings
 - 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
 - PT chose another hospice

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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.

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| 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 |

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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 pending's into "buckets"
 - ✓ Patient/Family issues.
 - ✓ Doctor issues.
 - ✓ Not eligible under CMS guidelines.
 - ✓ On skilled days.
 - ✓ Admitted to another hospice

Continued...

- 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...

Case Study Continue.....

- 1% = 3 more patients served. Generating 195 DOC (days of care) x \$150 = \$29,350
- 2% = 6 more patients served. Generating 390 DOC x \$150 = \$58,500
- 3% = 9 more patients served. Generating 585 DOC x \$150 = \$87,750
- 4% = 12 more patients served. Generating 780 DOC x \$150 = \$117,000
- 5% = 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!

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Resources

- <http://kurtkazanowski.com/referral-inquiry-to-admission-conversion-rate/#more-271>
- <http://hospiceadvisors.com/case-study-referral-inquiry-to-admission/#more-503>

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