AN OVERVIEW

NAHC# 509: How to Build a Referral Process Focused on Customer Service: It All Starts Here!

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Learning Objectives

• Define a strategy for maintaining accuracy in the referral process and meeting all regulatory requirements in the referral process

• Define a strategy to maintain a sense of urgency in the referral process and assist families with barriers to care

• Execute an agency wide customer service strategy and monitor ongoing progress towards established goals in the referral process
Maintaining Accuracy in the Referral Process...

... From A Regulatory Standpoint?

✓ Order for care
✓ Certificate of Terminal Illness (hospice)
✓ Consents, legal documents
✓ What is new?
## ... to Ensure Quality Care?

- History and Physical
- Medications
- Equipment needs
- Setting patient and family expectations

## ... From A Financial Perspective?

- Insurance verification/ pre-certification
- Face to Face requirements
- Correct information on consents
- What is new?
...From A Business Development Perspective?

✓ Not Taken Under Care Reasons?
✓ Correct Referral Source Information?
✓ How they heard about you?
✓ Correct Sales Rep?
✓ What is new?

Quality Assurance
Developing a Process for Quality Review

- Timely review of information
- Automated process for validation
- Holding staff accountable for accurate information

Define a strategy to maintain a sense of urgency
### What does “Urgency” mean?

- Determine current response time from referral to first visit
- Consumer callers – getting to the first visit
- Determining what is important to all referral sources
- Scheduling visits – involving the team in improving the response time
- Maintaining the sense of urgency when following up on pending admissions

### Patient and Family Barriers

- How do we handle barriers to care in the referral process?
- Define common barriers to care
- Are there barriers to care from the referral community?
What does it sound like?

- Overcoming barriers – Examples
  - Not ready yet
  - Not until next week
  - Don’t say hospice
  - Don’t want strangers in the house
  - Wait until the entire family is present

- Make it easy for your referral partner
  - Are you the easiest agency to work with?
  - Responsiveness

Execute an agency wide customer service strategy
Who Are Our Customers?

- Referral partners
- Consumer callers
  → Owning their health care decisions
- Professional callers
- Internal customers

Defining Customer Service

Bad service
↓
Good service
↓
Great service
↓

Legendary Customer Service
Critical Issue

- Your greatest differentiator could be service
  - Live voice
  - No answering service
  - One call is all
- For many customers
  - Most frequent interaction: Our phone service
  - Conversations, messages, emails, faxes

Always remember

In the caller's eyes,
The person on the phone is your entire organization.
The experience is the product.
Think about a great service experience

• 90% is *how you felt* after the call
  → They cared
  → They listened
  → You can trust them
  → You are reassured
  → They are on your side

• Voice matters
  → 91% was their tone of voice
  → Only 9% is what they said

Poor Customer Service

• Data dump approach
  → “we have”
  → all about us

• Inquisition approach
  → screening

• Make them jump through hoops approach
  → “can you fax us the H&P and a face sheet?”

• Not holding on to the ball
Legendary Customer Service

• Defining Customer Service
• It’s about them not about us
• Focus on the patient and family
  → Fundamental change
  → What hospice and homecare is & who qualifies/program focus
  → How we help patients & families/customer focus

What’s Bringing Down Your Customer Service Scores?
Root Cause Analysis

- Evaluating your customer service level
- People
  - How many?
  - Clinical vs. non-clinical
- Process
  - Consistency, accuracy
- Metrics
  - Conversion rate, productivity, surveys

People

- Customer Service experts
- Are you staffed appropriately?
- The right seat on the bus
  - Maximizing strengths
- Coaching staff for ongoing improvement
  - How much time are you spending coaching?
- Don’t forget your field staff
  - Admission RNs, Liaisons
What Happens When Your Phone Rings?

• What happens when your phone rings?
  – Describing the program vs. helping the caller
  – Callers want direction
• Calls for help
  – No more inquiry calls
  – The plumber
• Go See
  – No more screening over the phone
  – Schedule the appointment

What Happens When Your Phone Rings?

• Overcoming objections
  → Not ready yet
  → Not until next week
  → Don’t say hospice
• Make it easy for your referral partner
  → Using your field staff?
  → Are you the easiest agency to work with?
  → Are you responsive?
Mystery Calls

- The importance of mystery calls
- Using mystery calls
  - Coaching
  - Tracking progress
  - Holding staff accountable

Process
### Process

- Policies and procedures
- Resource manual
- Complex case protocol
- Closing the loop

### Analyze Your Metrics
Metrics

- Referrals/Admissions
- Conversion rate
- Time from referral to admission
- Productivity
- Call reports
  - Volume, abandoned calls, hold time
- Customer Satisfaction Surveys

Addressing the Root Cause
### Root Cause = People

- Developing Your Team
- Hiring the right staff
  - Candidate profile tests
- Orientation and training
  - Field
  - Office
- Ongoing coaching and support
- Motivating your team
  - Incentives

### Root Cause = Process

- Designing and Implementing Processes
- Workflow
  - Consistency
  - Efficiency
- Training
- Practice
- Quality assurance
  - Audits
### Root Cause = Metrics

- Measure everything
- Utilize your technology
- Identify trends
- Repeat success
- Understand what the data is telling you

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**Application**

NTUC analysis
### Definitions

- **Conversion rate**
  - % of patients referred that are admitted to service
- **NTUC (Not taken under care)**
  - A patient that is referred but is not admitted
- **NTUC Reason Code**
  - Description used to indicate why a referral did not convert to an admission

### Common NTUC reasons

- Other
- Patient/family refused
- Doesn’t meet eligibility requirements
- Pt died before services initiated
- Staffing unavailable
- Chose another agency
**NTUC Analysis**

![Diagram](image)

**Reason Code** → **Analysis** → **Action**

**NTUC Analysis - Other**

<table>
<thead>
<tr>
<th>Reason Code</th>
<th>Analysis</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Why was other selected?
- Would an existing code have been a better choice?
- Is there a needed code missing?

- Eliminate “other”
- Train staff to document when using “other”
### NTUC Analysis – Refused Services

<table>
<thead>
<tr>
<th>Reason Code</th>
<th>Analysis</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refused Services</td>
<td>• Where does the refusal occur? Over the phone or at the initial visit?  - Is there a consistent staff member for which this occurs?  - Mystery calls  - Shadow visits with field staff  - Referral Source(s)?</td>
<td>• Training on handling objections  • BD staff collaborate with referral source(s)</td>
</tr>
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</table>

### NTUC Analysis – Eligibility

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</thead>
<tbody>
<tr>
<td>Eligibility</td>
<td>• Is there a consistent staff member for which this occurs?  - Was the patient visited?  - Shadow visits with field staff  - Referral Source(s)?  - What is the escalation process?</td>
<td>• Training on eligibility  • Involve leadership/Medical Director in all cases considered not eligible  • Do not determine eligibility over the phone  • Follow up protocol  • BD collaboration with referral source(s)</td>
</tr>
</tbody>
</table>
### NTUC Analysis – Died Prior to Admission

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<th>Reason Code</th>
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</table>
| Died Prior to Admission | • Timeframe from referral to admission  
  • Referral Source(s) | • Shorten time from referral to admission  
  • BD collaboration with referral source(s) |

### NTUC Analysis – Staffing

<table>
<thead>
<tr>
<th>Reason Code</th>
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<th>Action</th>
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</thead>
</table>
| Staffing | • Type of patient  
  • Timeframe (day/week/after hours)  
  • Referral Source(s)  
  • Service Area  
  • Prior experience with another agency | • Adjust staffing model  
  • Recruit and hire  
  • Adjust targeting  
  • Consider expanded service area  
  • Training on overcoming objections |
## NTUC Analysis – Chose Another Agency

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| Chose Another Agency | • Type of patient  
  • Timeframe (day/week/after hours)  
  • Referral Source(s)  
  • Prior experience with another agency | • Adjust targeting  
  • Training on overcoming objections  
  • Review differentiators |
## Case Study

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<thead>
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<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
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</thead>
<tbody>
<tr>
<td><strong>Referrals</strong></td>
<td>100</td>
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<tr>
<td><strong>Admission</strong></td>
<td>80</td>
<td>74</td>
<td>65</td>
<td>63</td>
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<tr>
<td><strong>Conversion Rate</strong></td>
<td>80%</td>
<td>74%</td>
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<td>6</td>
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Additional Information

- Turnover has increased significantly over the last 6 months
- Many Case Managers are new (less than 6 months)
- Case Managers are at 107% productivity as a result of recent turnover
- Most patients are admitted by a Case Manager, not a dedicated Admission Nurse
- The time from referral to admission has increased from 24 hours to an average of 48 hours in the last 6 months
Putting it all together

Next Steps
### Next Steps

- Verify Accuracy
- Define Urgency
- Execute an agency wide customer service strategy

### Remember...

- Legendary Customer Service is a culture
  - Top down messaging
- The right people
  - Hiring and training
- Define your strategy and your goals
- Measure your success
- Quality begins when the phone rings!
Simione™ Healthcare Consultants provides solutions for your core home care and hospice challenges – organizational, financial, sales & marketing, technology, and mergers & acquisitions. Over 1000 organizations use our practical insight and tools to reduce costs, mitigate risk and improve efficiencies to steward the way they conduct business.

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