

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

Katherine Northcutt, RN  
Simione Healthcare Consultants



*The way is in sight*<sup>SM</sup>

**Simione**<sup>TM</sup>  
HEALTHCARE CONSULTANTS



## 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

# Application

## NTUC analysis

- **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




# NTUC Analysis - Other

| Reason Code  | Analysis  | Action  |
|--------------|---|---|
| <b>Other</b> | <ul style="list-style-type: none"><li>• Why was other selected?</li><li>• Would an existing code have been a better choice?</li><li>• Is there a needed code missing?</li></ul> | <ul style="list-style-type: none"><li>• Eliminate “other”<ul style="list-style-type: none"><li>• Train staff to document when using “other”</li></ul></li></ul> |



# NTUC Analysis – Refused Services




| <b>Reason Code</b>      | <b>Analysis</b>   | <b>Action</b>  |
|-------------------------|---|--|
| <b>Refused Services</b> | <ul style="list-style-type: none"><li>• Where does the refusal occur?<br/>Over the phone or at the initial visit?<ul style="list-style-type: none"><li>• Is there a consistent staff member for which this occurs?<ul style="list-style-type: none"><li>• Mystery calls</li></ul></li></ul></li><li>• Shadow visits with field staff<ul style="list-style-type: none"><li>• Referral Source(s)?</li></ul></li></ul> | <ul style="list-style-type: none"><li>• Training on handling objections</li><li>• BD staff collaborate with referral source(s)</li></ul> |

# NTUC Analysis – Eligibility


| Reason Code        | Analysis  | Action  |
|--------------------|---|---|
| <b>Eligibility</b> | <ul style="list-style-type: none"><li>• Is there a consistent staff member for which this occurs?<ul style="list-style-type: none"><li>• Was the patient visited?</li></ul></li><li>• Shadow visits with field staff<ul style="list-style-type: none"><li>• Referral Source(s)?</li></ul></li><li>• What is the escalation process?</li></ul> | <ul style="list-style-type: none"><li>• Training on eligibility</li><li>• Involve leadership/Medical Director in all cases considered not eligible</li><li>• Do not determine eligibility over the phone<ul style="list-style-type: none"><li>• Follow up protocol</li></ul></li><li>• BD collaboration with referral source(s)</li></ul> |

# NTUC Analysis – Died Prior to Admission




| Reason Code                    | Analysis   | Action   |
|--------------------------------|--|--|
| <b>Died Prior to Admission</b> | <ul style="list-style-type: none"><li>• Timeframe from referral to admission<ul style="list-style-type: none"><li>• Referral Source(s)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• Shorten time from referral to admission</li><li>• BD collaboration with referral source(s)</li></ul> |

# NTUC Analysis – Staffing



| Reason Code | Analysis   | Action  |
|-------------|--|---|
| Staffing    | <ul style="list-style-type: none"><li>• Type of patient</li><li>• Timeframe (day/week/after hours)<ul style="list-style-type: none"><li>• Referral Source(s)</li><li>• Service Area</li></ul></li><li>• Prior experience with another agency</li></ul> | <ul style="list-style-type: none"><li>• Adjust staffing model<ul style="list-style-type: none"><li>• Recruit and hire</li><li>• Adjust targeting</li></ul></li><li>• Consider expanded service area</li><li>• Training on overcoming objections</li></ul> |

# NTUC Analysis – Chose Another Agency




| <b>Reason Code</b>          | <b>Analysis</b>   | <b>Action</b>   |
|-----------------------------|---|---|
| <b>Chose Another Agency</b> | <ul style="list-style-type: none"><li>• Type of patient</li><li>• Timeframe (day/week/after hours)<ul style="list-style-type: none"><li>• Referral Source(s)</li></ul></li><li>• Prior experience with another agency</li></ul> | <ul style="list-style-type: none"><li>• Adjust targeting</li><li>• Training on overcoming objections</li><li>• Review differentiators</li></ul> |

# Case Study

# Case Study

|                 | Mar | Apr | May | Jun |
|-----------------|-----|-----|-----|-----|
| Referrals       | 100 | 100 | 100 | 100 |
| Admission       | 80  | 74  | 65  | 63  |
| Conversion Rate | 80% | 74% | 65% | 63% |



| Reason Code      | Mar       | Apr       | May       | Jun       |
|------------------|-----------|-----------|-----------|-----------|
| Other            | 5         | 3         | 6         | 3         |
| Refused Services | 3         | 7         | 8         | 10        |
| Eligibility      | 4         | 7         | 8         | 10        |
| Died Prior       | 3         | 2         | 2         | 1         |
| Staffing         | 3         | 2         | 3         | 3         |
| Chose Another    | 2         | 5         | 8         | 10        |
| <b>Total</b>     | <b>20</b> | <b>26</b> | <b>35</b> | <b>37</b> |

# Case Study

| Reason Code      | Mar       | Apr       | May       | Jun       |
|------------------|-----------|-----------|-----------|-----------|
| Other            | 5         | 3         | 6         | 3         |
| Refused Services | 3         | 7         | 8         | 10        |
| Eligibility      | 4         | 7         | 8         | 10        |
| Died Prior       | 3         | 2         | 2         | 1         |
| Staffing         | 3         | 2         | 3         | 3         |
| Chose Another    | 2         | 5         | 8         | 10        |
| <b>Total</b>     | <b>20</b> | <b>26</b> | <b>35</b> | <b>37</b> |



# Case Study

| Reason Code      | Mar       | Apr       | May       | Jun       |
|------------------|-----------|-----------|-----------|-----------|
| Other            | 5         | 3         | 6         | 3         |
| Refused Services | 3         | 7         | 8         | 10        |
| Eligibility      | 4         | 7         | 8         | 10        |
| Died Prior       | 3         | 2         | 2         | 1         |
| Staffing         | 3         | 2         | 3         | 3         |
| Chose Another    | 2         | 5         | 8         | 10        |
| <b>Total</b>     | <b>20</b> | <b>26</b> | <b>35</b> | <b>37</b> |

# Case Study

| Reason Code      | Mar       | Apr       | May       | Jun       |
|------------------|-----------|-----------|-----------|-----------|
| Other            | 5         | 3         | 6         | 3         |
| Refused Services | 3         | 7         | 8         | 10        |
| Eligibility      | 4         | 7         | 8         | 10        |
| Died Prior       | 3         | 2         | 2         | 1         |
| Staffing         | 3         | 2         | 3         | 3         |
| Chose Another    | 2         | 5         | 8         | 10        |
| <b>Total</b>     | <b>20</b> | <b>26</b> | <b>35</b> | <b>37</b> |

# Case Study

| Reason Code      | Mar       | Apr       | May       | Jun       |
|------------------|-----------|-----------|-----------|-----------|
| Other            | 5         | 3         | 6         | 3         |
| Refused Services | 3         | 7         | 8         | 10        |
| Eligibility      | 4         | 7         | 8         | 10        |
| Died Prior       | 3         | 2         | 2         | 1         |
| Staffing         | 3         | 2         | 3         | 3         |
| Chose Another    | 2         | 5         | 8         | 10        |
| <b>Total</b>     | <b>20</b> | <b>26</b> | <b>35</b> | <b>37</b> |

## 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!



# Questions?



## ▶ SIMIONE.COM

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.

---

**Katherine Northcutt**  
**Simione Healthcare Consultants, LLC**

[knorthcutt@simione.com](mailto:knorthcutt@simione.com)

4130 Whitney Avenue  
Hamden, CT 06518

203.287.9288  
800.949.0388

*The way is in sight*™

**Simione**™  
HEALTHCARE CONSULTANTS