



Turn your hospital ‘dead zones’ into referral opportunity zones

By *Lori Moshier*

Start with discharge planners when marketing to hospitals but don’t stop there; Gain access to other lesser-known hospital referral sources, or zones, and watch the private duty referrals pour in.

Private duty agencies who find themselves locked out of discharge planning can create a lot of positive “buzz” within the hospital community by developing relationships with other departments. I’m going to detail the many places in the hospital to seek out private duty referrals in a minute. But first let’s explore the art of marketing to hospitals.

When it comes to private duty referrals, hospitals can often seem more like the “dead zone” rather than a “zone of opportunity.”

Not only are the referrals not forthcoming, but traditional referring individuals in the hospital can project a chilly reception towards private duty marketers.

The end result can be that private duty marketers cease making calls on their local hospitals, and their agencies can attribute few hours to hospital referrals.

So the question is, “Are hospitals still a good place for private duty referrals?” The answer is a resounding “Yes!” We all know that there is plenty of need for services for individuals being discharged home from the hospital and we have all seen agencies that receive a steady stream of hospital referrals from relationships they’ve created.

The challenge of directing hospital referrals to your agency is three-fold. First, you have to be able to get in to see important referral sources within the hospital; second you have to be able to get referring staff to understand why they should be referring to your agency; and finally you have to have reasons to continue to call and stay “top-of-the-mind” when it comes to private duty referrals.

Private duty not a priority for hospitals

I once facilitated a focus group of discharge planners who offered some valuable insight into their private duty referral activity.

When I asked the question “How involved do you get in making private duty referrals,” the answers I received ranged from “Hardly at all” to “As little as possible” to “I just give patients a list of providers or tell them to use the Yellow Pages.” Honest answers, but what a shock.

Note, understanding the root of the problem is the first step to overcoming it.

When questioned further about why, I received the following responses:

- ✓ “Private duty referrals are just too time consuming to get involved in;”
- ✓ “Most of the patients and families I see can’t afford this service;”
- ✓ “I am not comfortable recommending a service that they pay for out of pocket...patients should find those services on their own;”
- ✓ “These services are really not a part of the full continuum of care related to their hospital stay.”

Don’t stop at d/c planners, visit all zones

Discharge planners aren’t the be-all, end-all to gaining hospital referrals for your private duty company. For hospitals that absolutely deny you access to their discharge planning, it’s a must to explore all the other “zones” of opportunity in the hospital.

From a sales perspective, it’s just good time and territory management. But most importantly, you may find that you receive a lot more referrals from these “other areas” than you receive from discharge planning.

Also keep in mind that a hospital is lot like a self-contained community: staff eat together, socialize and share information across units and departments. Get your foot in the door of one department and watch word about your agency spread.

Here’s a list of some of the other areas in the hospital that can generate private duty referrals for your agency:

- **Emergency and Short Stay Unit:**

These two areas are together because they have something in common – they see and treat patients who are *not* admitted into the hospital. When patients are not admitted, they can’t be

discharged, and therefore do not have access to discharge planning. This doesn't mean that many of the patients would not benefit from private duty services when they go home. Talk to the charge nurse and let her know about your services. You would be surprised how thankful these areas are to have your information.

- **Patient Services/Nursing**

Administration: This is the place to go to talk about bedside sitters. Sometimes sitters work on a contractual basis. Note that even if providing bedside sitters is not in your comfort zone, many of these clients will need private duty services when they go home.

- **Cancer Care Centers:** Many hospitals will have these on campus for non-admitted clients to receive their radiation and chemotherapy treatments. Talk to the staff about how you can help their patients at home when their treatments leave them feeling weak, tired and ill.

- **Volunteer Services and or Pastoral Care:** If all else fails, you usually can get in to see these individuals, possibly offering a presentation on private duty care. Volunteers spend a lot of time visiting with patients, particularly elderly patients, who view them as a peer and a good resource for information.

- **Parish Nursing:** Many hospitals will offer parish nursing programs, particularly if they are faith-based. Parish nurses are often (but not always) retired or semi-retired nurses who maintain their licenses and visit homebound clients in the community. They love in-services, particularly those that provide Continuing Education (CE) credits. Note, the cost of services can be an issue for the people they see, but not in every case.

- **Orthopedic Units:** Many patients in this unit will have significant mobility issues when they return home, especially those with multiple fractures, and total hip and knee replacements. Private duty care can make their recovery safer, easier and more comfortable. You may have to educate individuals on the units about how private duty care provides service where Medicare services leave off. *[For an exhaustive list of all the departments in the hospital that are potential referral sources, along with tips on how to market to them, www.novaetus.com*

6 more ways to win hospital referrals

Developing a relationship with your hospital and maximizing private duty referrals means consistent, planned calls, having something good to say about your agency, and being viewed as a credible source of information regarding private duty care.

Here are six tips to help you do all those things and win hospital referrals:

Tip # 1: Make sure you are on "The List." Get on the list of private duty providers your hospital provides to its patients. This can mean a simple call to the department's secretary.

They may ask you to write a letter requesting to be placed on the list so have that letter ready when you call the department. Make sure you follow up to verify that you have been added to the list. Many times you will find that hospitals only update the list once or twice a year. Time your sales calls before they anticipate redoing the list to make sure you are included in the newer version.

Bonus tip: Carry with you some simple peel-off labels with your agency's contact information to place on the hospital's master list in the interim.

Tip #2: Make "friendly" visits to hospitalized clients and participate in their discharge planning. Visiting one of your existing private duty clients in the hospital is one of the best ways to get access to discharge planning. You can use this visit as an opportunity to let the discharge planner know what types of service, and how often, you provide to the client. Also let the discharge planners know how important it is that they notify you when your client will be coming home. Done right, these calls demonstrate your professionalism and concern for your client.

Tip #3: Develop your "opening line," write it down and practice it. Think of your opening line as an advertisement for the rest of your sales call. Gear it to the "hot buttons" of your target audience.

For example, if you are in front of a discharge planner, you already know she is concerned about the cost of care and the time involved in making private duty referrals. Your opening line could be, *"Hi, I am Lisa from ABC Private Care. Because we know that many*

individuals who would benefit from private duty care don't receive the care because of concerns over the cost, ABC has developed a 4-step process that we conduct during our initial conversation with the client that helps uncover the potential for existing payment programs. These could include veteran's benefits, long-term care insurance and government or employee assistance. This requires no additional information from you. Do you have time now to hear more about how this works, or should I set up some time in the near future?"

Doesn't this sound much better, more interesting and offer more value than "Hi, I am Lisa from ABC Private Care and I would like to spend a few minutes with you to tell you about my company and the services we provide?"

Tip #4: Develop your Unique Value Proposition (UVP). Discharge planners and other referral sources will tell you that home care agencies have a difficult time with communicating how they are different or better than the competition. Ask yourself "Why would anyone favor my agency over another?" The answer to that question could be the roots of your UVP.

If you are still struggling look to your people and processes, such as how you handle an inquiry, how you hire and screen caregivers and how you open a case. These are the things that you do that set you apart from your competition. Write these down, and why they are important to your clients. The key to successful marketing is having something good to say, saying it well, and saying it often.

Tip #5: Leverage existing contacts. For example, if you have one or two discharge planners, social workers or case managers within a hospital that love your agency and routinely refer to you, ask them if there's anyone else in the hospital that they think you should talk to, or has a need to refer private duty services.

Tip # 6: Plan your follow-up calls in advance. Strong business and referral relationships are not developed in one call. Calling on established referral sources routinely is an important component to remaining "top-of-the-mind" with referral sources.

Plan out a three to five call sequence, and think out your objective for each call. Don't do an "information dump" on your first call.

Develop topical or educational flyers, reports, guides and composite case studies to create valid reasons to make return calls, and plan your follow-up calls around them. Make sure your items look professional – not "homemade" – and are "branded" to your agency, which means that colors, logo, look and feel are consistent with your agency's brand.

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