

# The Seven Pillars of Growth

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By

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## Introduction

I wrote the first edition of *The Seven Pillars of Growth* back in 2016 to help hospice organizations serve more people and grow. Over the next three years, my partner, Greg Grabowski, and I through our work came across new and improved growth-related strategies. These findings and improvements have gone into this update. In our consulting company, Hospice Advisors, we use the principles, best practices, and content in this book as the architecture to the work we do with organizations.

*The Seven Pillars of Growth* provides the essential elements necessary for growth. Unfortunately, still to this day, most organizations want to grow but few of them do what is necessary to grow. This book offers hospice companies a roadmap to build and strengthen their ability to develop and execute best practice strategies to serve more people, grow, and strengthen financial performance. Some organizations have these Seven Pillars of Growth in place in various forms and stages of development. In others, pillars have atrophied or not been developed. The secret is how to build, nurture, and sustain your pillars, create a balanced approach, and then execute, execute, and execute!

Over my three decades of experience in hospice, home care, and acute care settings, I have learned a great deal about what works and what doesn't. Since 2016 when Greg and I started to work together as Hospice Advisors, we have refined the initial pillars based on our work. Some of the refinements have come in understanding how the hospice eligibility process works to support healthy, clean growth. Another refinement came in the area of how to sell on value. More than ever, understanding the value proposition per referral segment is key. The days of Muffin Marketing are over! In today's competitive environment, being able to stand out from the other hospice organizations is vital. Having a strategic focus on how to differentiate yourself against the competition is a must.

Each pillar described here could be a book in and of itself. I am in the process of taking this ebook and developing it into a more in-depth book that will be available in Fall 2019. The intention of this ebook is to help you understand where you are in your growth efforts and to provide a blueprint to complete the construction of your Growth Pillars.

I hope this book gives you useful ideas, inspiration, and a framework from which to work. If you would like to discuss any of these Pillars further, please contact me.

Here is a list of seven pillars which serve as the foundation to grow your census:

- 1.) Creating a Culture of Growth. It all starts here
- 2.) Moving the needle on the referral-inquiry-to-admission conversion rate
- 3.) Maximizing your Medical Director(s) investment

- 4.) Sales team skill set development: "Happy Feet on the Street"
- 5.) Segment-based selling. Nine referral segments and their value propositions
- 6.) The Art of Differentiation
- 7.) The Discipline of the Quarterly Growth Plan

## **Pillar #1: Creating a Culture of Growth**

The first and most important pillar for growth is **Creating a Culture of Growth**. This is easier said than done and yet extremely vital. Multiple factors contribute to creating a Culture of Growth.

It is interesting to me that, while we use an interdisciplinary team approach to care for our patients, we do not use it in our growth efforts. In chapters five and six, we will talk about selling on value and differentiation. Our hospice team is a powerful tool if we can mobilize these valuable resources.

To create this culture an organization must first understand the phenomenon of the ***"Invisible Velvet Glove on the Spigot of Growth."*** The first order of business is to complete a diagnostic review of your growth culture so you can better understand where to focus improvement efforts. Understanding what factors are hindering your growth will allow you to create a plan to improve. A few examples of the "invisible" factors include weekend admissions being "put" off, after-hours "excuses" for not admitting, medical director "apathy," and single point of failure on eligibility. These are a few examples that prevent organizations from serving more patients and growing. These factors can sometimes be so soft and silent (the velvet glove) that most organizations don't even know they are occurring and yet they are turning their growth spigots off. What are your organization's velvet gloves?

Some key metrics that can help you diagnose whether or not you have invisible velvet gloves in play are the time gap between referrals received and admissions, the number of referrals Not Taken Under Care, the number of revocations, the referral-inquiry-to-admission conversion rate (Pillar #2), and the number of referrals received from your Medical Director(s). One or all of these can control your ability to serve more eligible hospice patients and grow.

So, what to do? First, measure and trend the metrics mentioned above. Selecting one or two of these factors and completing a Process Improvement Project (PIP) can be a learning opportunity for the organization. Second, create an opportunity to have open dialogue (not conversation) about the barriers and opportunities related to growth. Bring together as many people in the organization as you can and hold a Growth Workshop to identify, categorize, and prioritize barriers and opportunities. Then create counter measures on how to bust through the barriers and turbocharge the opportunities. All this is then placed into a Strategic Growth Plan for the organization to follow!

Each organization has its own personality. The more you can use a diagnostic approach and build a set of means and methods to address your organization's "unique personality" the better. Drawing upon the collective wisdom of your organization is what helps create the Culture of Growth you seek.

How does your organization address growth? Do you believe there is an invisible velvet glove in place in your organization? What have you and your organization done to create a Culture of Growth?

Having a strong Culture of Growth in place is the "Goo" that holds all the other pillars together.

## **Pillar #2: Referral-Inquiry-to-Admission Conversion Rate**

Why invest one more dollar to make the phone ring any more than it already is if you cannot convert the referrals received into admissions? I have seen so many health care organizations pump money into referral development as opposed to referral conversion. Just doesn't make sense to me. And here is why! A real-life example.

This is a 65 Average Daily Census hospice receiving about 50 referrals a month (or 300 for six months), an Average Length of Stay of 65 and a conversion rate of 66%. The Gold Standard by the way is an 85% conversion rate. Let's say the per diem rate for this hospice is \$150. This example does not include any General Inpatient level of care. Being able to move the conversion needle by just 1, 2, 3, 4, or 5 percent will yield the following:

- 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!

To drive good outcomes, you need excellent structures and processes in place. Simple but powerful words!

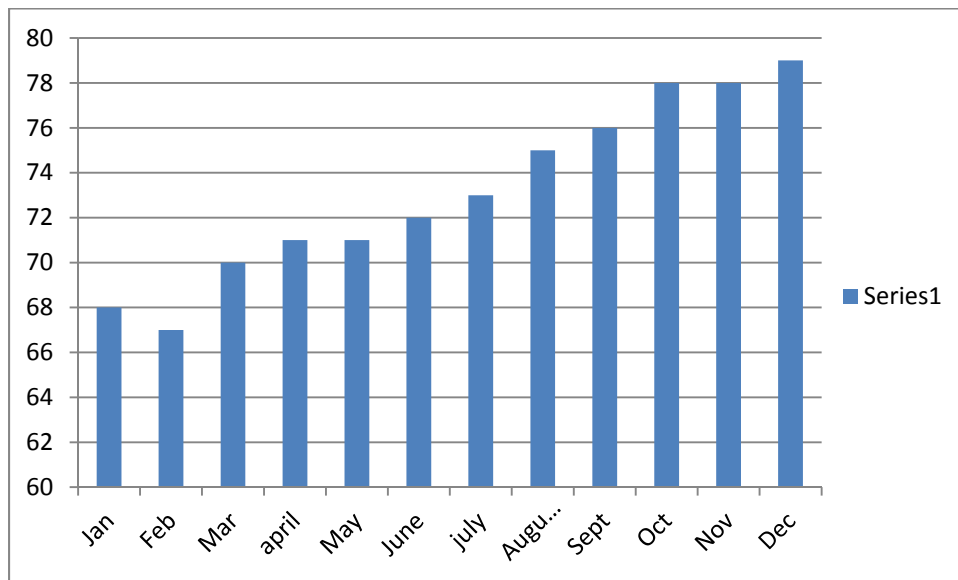
Here is a brief look at some of the key structures and processes:

- Widen the top of the referral funnel and make sure to capture and record all referral inquiries, even those informal "napkin" referrals that can come from anywhere at any time: a friend telling you about a very sick friend; a call into the

organization asking about their hospice benefits; a nurse in a senior living community asking you to “pop your head into room 216 and tell me what you think.” Some organizations selectively record only those referrals they know will convert. Heck, that way any organization could manipulate the process and have a 100% conversion rate!

- Become clear about the criteria making a referral Not Taken Under Care and thus taken off the radar screen!
- Create and organize a pending list that will allow you to work 90 days to convert a referral to an admission. Assign a pending referral to the Intake Coordinator who will place the pending referral in one of the following buckets: family issue, using skilled days, does not meet eligibility, aggressive treatment, went with another hospice, and anything dealing with a physician.
- During your morning stand-up meetings, review those pending referrals from the past 24 hours. For those referrals that do not occur on the same day, ask a HARD why and determine what the barrier was. On a weekly basis with your clinical leadership, marketing staff, and Referral Intake Coordinator (use the collective wisdom of the group), scrub all the pending referrals and update their status.
- Train and educate your team on how to be innovative thinkers to break through barriers that are preventing pending referrals from converting to admissions. Truly thinking outside the box can move the conversion needle. Tell success stories to the organization to inspire folks. This can be the most fun and satisfying part of the process.
- Measure, measure, and measure using a 90-day rolling conversion rate. Why a rolling 90-day conversion rate as opposed to a monthly conversion rate? Because if, for example, you received 5 referral inquiries the last day of the month that do not convert till the next month, that one-month conversion rate would be skewed low. A 90-day rolling conversion rate “smooths” out the fluctuations of referral inquiries and admission in a 90-day period.

The bar chart below shows the results of an 85-ADC hospice conversion rate as they put in place a new referral-inquiries-to-admission program. The starting 90-day rolling rate was 68%; after 12 months it improved to 79%.



Another key element to a successful referral-injury-to-admission program is to assure you have the staff and “bench” to complete a same-day admission. If you are budgeted to complete 50 admissions per month, you should be able to map out a scheduling program with the necessary slots to complete all 50 admissions. A key to being able to do this is to have in place a “bench” or “bullpen,” trained staff to be on-call to handle any overflow of needed admissions.

One key way to improve your admission nurse/process for an admission is to strip down the admission paper work to just what is needed. In the work Greg and I have done, we see admissions that take four or five hours! What the heck! When we studied their admission process and paper work, we found the admission nurse was doing way more than was needed to admit the patient. Many forms, for instance, could have more easily and more appropriately been completed after the admission on the first visit. The goal of an admission nurse is to admit the patient and turn care over to the team.

Lastly, how eligibility is handled during the admission process can both encumber and prevent or delay the admission of a truly eligible patient. This subject is a whole paper by itself and will be covered in-depth in the full book out this fall. The main issue is that eligible determination in some organizations can be a single point of failure as opposed to an eligibility system and process.

### **Pillar #3: Maximizing Your Medical Director Investment**

Hiring the right Medical Director and Associate Medical Directors is a Million Dollar decision. The right Medical Director can not only enhance your program’s quality and reputation, he or she can be a key pillar in your growth strategy. Besides the obvious ability to refer to the hospice, your Medical Director can, for example, provide key introductions in the medical community, help with referral conversion, and lead your Physician Advisory Board meetings.

Most hospices underutilize their Medical Director and providers. As I look back on all the Medical Directors I have hired, I see all the faults and mistakes I have made. At the same time, I learned great lessons and created many opportunities to improve. My biggest mistake was hiring Medical Directors based on the number of potential patients. I thought they would refer (this hardly panned out anyway). I neglected to explore with them their attitudes and beliefs about opening doors to physicians' colleagues, helping problem solve pending referrals that had physician barriers, hosting physician dinners, and the like. My bad! Live and learn because once I corrected this blind spot, I ended up working with some of the best Medical Directors I've ever met. My program's quality, reputation, and patient census grew.

I also learned one important lesson along the way: Physicians like to be asked to help. So, ask!

Here is an example of one innovative strategy with which your Medical Director can help you. Ask your Medical Director to help you form a Physician Advisory Board. You ask what a Physician Advisory (PAB) is? Well, it is a dialogue group. The Health Care Advisory Board, which is a think tank in Washington, D.C., studies a variety of health care-related matters and issues. Twice a year, they produce a book outlining all their findings. A few years back, they studied what the best referral development strategies were. They gave the best strategies a AAA+ rating. The only strategy that received a AAA+ was one that called for the creation of a dialogue group. With this strategy, referral sources sit down and talk with you. Such a simple strategy is rooted in the philosophy of "First seek to understand, before you seek to be understood."

Using the philosophy of dialogue, I formed the PAB strategy. A PAB is an opportunity to create dialogue with physicians. Following is an overview on the PAB strategy. Please feel free to contact me if you would like to discuss further. My contact information is at the end of this book.

### **Objectives**

1. To engage physicians in a positive business manner to assist XYZ Hospice in serving more eligible hospice patients.
2. To provide input and suggestions on how XZY Hospice can improve the delivery of care and service to patients and families as well as referral sources.
3. To strengthen our professional relationships with community-based physicians.

### **Process**

1. Identify between 12 and 15 physicians who represent a cross-section of physicians: those who love us, those who do not love us, and those providers in the middle. Have the Account Executive (AE) approach these physicians and

make personal inquiries as to their interest in sitting on the Physician Advisory Board (PAB).

2. If the physician expresses interest, send a formal letter of invitation under the signature of the Medical Director and Administrator of the organization.
3. After the PAB is formed, select a central restaurant with a private dining room to have the dinner meetings. Keep the same location as it is easy for the physicians to remember.
4. Select three dates over the next 12 months to hold three PAB meetings. Establish these dates from the start.
5. A standard and reasonable compensation market rate is \$200 to \$250 for participating physicians. Offer physicians the opportunity to donate the money to their favorite charities.
6. Limit hospice staff to three or less.
7. The purpose of the PAB and the principles to follow to guide the meeting are as follows:
  - First seek to understand before we seek to be understood.
  - These meetings are NOT intended to be “infomercials.”
  - Use a structured discussion guide to lead the PAB meetings.
  - At the end of each PAB meeting, identify one specific action, activity, process, or project related to the hospice that can be worked on before the next PAB meeting. Use this process to build our credibility and commitment to the physicians for improvement.
  - Use the PAB to deepen our relationships with these providers. By enhancing their comfort with us, we become better able to care for their patients and enhance the organization’s ability to serve more patients.
  - At the first anniversary of the PAB, ask PAB members to each invite five or six of their closest physician colleagues to a dinner that they would host and we would sponsor so we could talk with these guest physicians about our hospice. This is an excellent way to expand your circle of influence with the physician community.

Start to think of ways you can further engage your providers in the organization’s quest to serve more patients.

**Pillar #4: Sales Team Skill Sets Development: “Happy Feet on the Street”**



The Days of Muffin Marketing are over. Most sales staffs truly don't understand the principles of hospice sales let alone the sales process itself. Many hospice sales staff still believe that taking *tchotchkes* and a warm muffin to referral sources will lead to referrals. This is not the case! Understanding how to sell on value, which will be covered in the next chapter, and what value proposition(s) are per referral segment are best practices in hospice sales today—not muffins!

To sell on value and understand the specific value propositions for each referral segment, you first need to have a professional sales model in place. This all starts with hiring the correct sales person (Account Executive). I know a great deal about this as I did it wrong in my early career. You would not believe how many sales folks I hired during that period for hospice and home care positions who were BOMBS! Including for my own personal care home health company. I mean BIG BOMBS! In 2001, for one hospice I was helping to execute a growth strategy, we hired four sales people who within four months left the organization as they just weren't a fit. Be careful in hiring people who tell you they have tons of "relationships" in the community and can drive referrals from their "relationships." It rarely happens!! What counts is past demonstrated experience and performance. That is the key!

Once you do find the right sales person, you need to provide the right structures and processes to successfully drive positive outcomes (referrals). Hospice Advisors has developed this model and uses the following principles:

- **The Pre-Call Report:** Each Monday by 9:00 a.m. each sales person submits a list of the 50 accounts they plan to visit during the upcoming week. This facilitates the sales person's planning and how they will structure their week.
- **Daily Visits:** Each sales person makes at least 10 account visits per day or 50 per week. An account is defined as a person who has the potential to make a referral. Brick and mortar are not an account. You need to give yourself an opportunity to have as many quality interactions per day as possible. Sales is a "contact sport" and is also still a numbers game! Need those "happy feet on the street"!
- **A Third/A Third/A Third:** Out of the 50 visits per week the ideal balance is this:
  - ✓ 17 (33%) visits to "A" accounts and those accounts that are referring or which you REALLY feel good about.
  - ✓ 17 visits to "B" accounts that you are working to get to "A" status or where you are working toward making 7 visits (see Approach below).

- ✓ 17 to new business. New business is the life blood of any company. To accomplish this, you need to Weed Your Garden (see below).
- **Approach:** if you are not going to make 7 strategic visits to an account, don't make the first one! On average it takes 7 visits with a referral source to generate traction and obtain referrals.
- **Weeding Your Garden:** To accomplish the production needed from each sales person, they need to "Weed the Garden" on an ongoing basis. After 7 visits, your sales staff need to determine if the time and energy they are putting into an account will yield anything. Doing more than 7 visits without hope of getting a referral is "sucking" fertilizer (time/energy) out of their garden and you are in fact fertilizing "weeds" in that garden. Putting your talents to work on new business is key to growth!!

Obviously, other components go into a high-performing sales team as well, such as sales training and a quality CMR (Customer Management Relation) system. Skills that need to be developed include

- Cold calling
- Barrier busting
- Closing the deal

Having the right sales model and staff in place is an important element for your growth efforts!

### **Pillar #5: Segment-Based Selling. Nine Referral Segments and Their Value Proposition**

Everyone works the "middle" in terms of referral segments: typically, hospitals, physicians, and senior living communities. These referral segments most everyone works. Yes, they are important, but there are other sources of referrals. A number of other segments not only generate referrals but also yield a longer length of time. These referral sources usually provide access to patients before they get "sucked into" our medical model of care, thus providing longer lengths of stay.

I have identified nine key segments that not only generate referrals but also yield a longer length of stay. When a salesperson (we prefer to call them Account Executives) has their sales model and approach in place, it's time to grow their business by segment.

The nine segments I recommend are:

1. hospitals
2. physicians

3. independent living centers
4. assisted living centers
5. skilled living centers (SNF)

Finding a Continuing Care Retirement Center (CCRC) and being able to productively work all the facets is a "homerun." A CCRC is a campus where you find independent living, assisted living and skilled care located together.

6. skilled home care companies
7. personal care home health companies
8. disease management organizations
9. faith-based communities

Organizing a work approach around these segments will allow you to serve more patients, grow, and strengthen your financial performance. But first you must understand the value proposition(s) for each segment. In other words, what's in it for a referral source to work with your hospice?

To understand what a value proposition is, you first need to understand what brings value to the different referral segments. Below is a list to get you started:

- Strengthen quality
- Enhance revenue
- Reduce expenses
- Reduce inappropriate admissions
- Reduce mortality stats
- Increase patient satisfaction
- Lower litigation risk
- Assist in growing volume
- Lessen the "hassle" factor

Those hospices that can figure out how to apply the above to referral sources they are working with will win!

### **Value Proposition**

To deliver value, the first step is to understand the value proposition: "What is in it for them?" Below is an example of a matrix to help you think through what the value proposition is for each segment. To truly benefit from this approach, develop a matrix for each specific segment. This matrix is a partial list of "value activities."

Here is how to use this matrix. The top line reflects a few examples of features that organizations value that we can deliver. For each of our top nine referral segments, we identify ways a hospice can enhance the value of these features.

<b>Features that organizations value</b>	<b>Provide extra services and support. Help build volume</b>	<b>Decrease length of stay</b>	<b>Reduce inappropriate hospital readmissions</b>	<b>Reduce mortality length of stay</b>	<b>Increase patient satisfaction</b>
Hospitals	Safe discharge home. Critical for hospitals.	Facilitate patients going home sooner.	Help keep patients safe and secure at home as opposed to using the hospital.	Having patients die on hospice, i.e. either in the hospital on a GIP bed or at home.	Patients who access extra resources are more satisfied.
Skilled Rehab Programs/Unit	Safe discharge home. This is a key value we can assist with in many facility settings.		Provide a safety net for fragile patients at home. Keeping people at home safe and sound is what we do.	Have patients die on other parts of the health care continuum (hospice).	Patients who access extra resources are more satisfied.
Skilled Home Care	Provide a discharge plan for end-of-life patients after skilled services are delivered.		Help keep patients safe, secure, and independent at home. Hospitals will stop referring to Skilled Home Care if they can't keep them at home.		Patients who access extra resources are more satisfied.
Assisted Living Communities	Provide extra care so residents can stay at this level of care. Help build their			Decrease mortality stats. VERY important as these data are publicly	Patients who access extra resources are more satisfied.

	census by preventing loss. “close the back door.” In other words, prevent patients from leaving.			available.	
Independent Living Communities	Provide extra care so residents can stay at this level of care. Help build their census] by preventing loss. Prevent patients from leaving.			Decrease mortality stats. VERY important as these data are publicly available.	Patients who access extra resources are more satisfied.
Skilled Nursing Center	Hospice services help the nursing center look as if more services are being provided.		When people are discharged home, it is important they don’t go back to the hospital as the skilled nursing home will get on the “blacklist” for the hospital. Hospice can assist in keeping patients at home.	Decrease mortality stats. VERY important as these data are publicly available.	Patients who access extra resources are more satisfied.
Personal Care Home Health Companies/Private Duty	Provide extra care so clients as hospice patients live longer and these companies make money on billable hours. Help build their				Patients who access extra resources are more satisfied.

	census by preventing loss. Prevent patients from leaving.				
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With each segment you work, the most critical element to understand is their economic engine—in other words, how they make money. For example, the economic engine for Personal Care Home Health Companies is billable hours. These companies get paid when they provide an hour of service to someone. Now we know from the literature that people who access their hospice benefit live on average two and a half months longer than people who do not access their hospice benefit. Therefore, a hospice can increase a Personal Care Company's billable hours helping their clients receive the gift of hospice from a hospice company. In addition, you can deliver value to this segment by providing direct referrals to them and enhancing the company's image and reputation by arranging for additional resources to the families they serve.

Working these nine referral segments and truly understanding how to deliver value will make you a valuable resource to your referral sources and help grow your business.

**Pillar #6: The Art of Differentiation**

Every hospice must deliver the four levels of core services as defined by the Conditions of Participation (CoP). They must also deliver care by an Interdisciplinary Team and provide bereavement services. Those hospices that work within the regulatory guidelines and create programs and services that are unique can bring value and differentiate themselves by standing out from the others.

Hospices around the country have differentiated themselves with programming and services like the following:

- Dementia care programs
- Music therapy
- Flower power
- Therapeutic touch
- Engaging experts with specific content knowledge to provide in-service education to senior living communities
- General inpatient programming in hospitals
- Physician Advisors Boards
- Pet therapy
- Concurrent care

- Bereavement services for staff of senior living communities with whom the hospice works closely

These are a few examples of services and programs that some hospices have developed to become more valuable resources to the referral services they serve and differentiate themselves.

The differentiation strategy directly supports and feeds into the referral segment and value proposition pillar. The more a hospice identifies its strengths and abilities and then develops and delivers programming and services that bring value to a referral source, the more that hospice can set itself apart from others. Most, but not all the time, differentiation strategies address more of the psychosocial aspect of patient/referral source need. Having a person in your organization who can understand the need and then apply the organization's strengths and abilities to fulfill the need understands also how differentiation occurs.

Here is a case study of how one hospice used differentiation to develop its senior living community business. This multi-state hospice had a strategic initiative to increase its length of stay (LOS) and create a business plan to further develop its ability to service more people and grow in Senior Living Communities. They developed three specific differentiation tactics as part of their overall business plan:

**Creating SUPER CNA's:** The hospice that used this tactic took their CNA's who mostly worked in Senior Living Communities and completed a two-day service training program on how these CNA's could delight and exceed expectations, not just meet them. The training was focused on all important details a CNA could do to better set themselves apart from others. They included checking in and checking out with key staff. The CNA's were provided branded note cards and were given business cards to support their visibility and communication efforts.

**Flower Power:** This is a volunteer-driven program that accomplishes a few objectives. In this example, a volunteer team of two husbands and two wives met twice a month. The husbands would drop their wives off at the hospice where they would prepare for the day's activities. Meanwhile, the husbands went to one funeral home and two florists to pick up day-old flowers that were going to be thrown out. The men would bring the flowers back to the office. There, the four volunteers would make small flower arrangements and place them in 59 cent vases branded with the hospice's logo and look. Then, the volunteers would deliver the flowers to the senior living communities where the hospice had patients.

The plan accomplished two objectives:

- It increased volunteer hours because it was an easy program to recruit volunteers for.

- It clearly differentiated the hospice from others and enabled it to grow referrals by better servicing these Senior Living Communities.

**Touch.** The Touch Program focuses on delivering patient care through personal “pampering” that includes such activities as application of lotions, scented candles, and hand and foot massage. The Hospice CNA provides the service. Here is how the program works. Each Senior Living Community is equipped with a mobile push cart that is stocked with a variety of lotions, candles, oils, nail polish, and all the other necessary supplies for the Touch Program. The CNA, as part of her patient care, offers the patient the Touch Program. If the patient accepts the offer, the CNA gets the Touch Cart and brings it to the patient’s room. A door hanger is hung on the patient’s room door (branded, of course, with the Hospice image) to let people know a Touch session is in progress.

The program significantly differentiated this hospice from others in the eyes of facility staff, patients, and families.

A strong Culture of Growth will support your Differentiation Pillar.

### **Pillar #7: The Discipline of the Quarterly Growth Plan**

My training as a nurse is at the heart of this pillar. I was taught both in college and in the earlier part of my career that if you don’t write it down, it doesn’t happen. Committing to a plan in writing and continually reviewing and updating it keeps you accountable and facilitates execution.

This pillar is meant to support and create a laser-focus on execution. Admission growth is the metric used to measure success. Pure and simple!

A quarterly plan is developed and updated every 90 days. During those updates and reviews, the Account Executive develops strategies and actions that will serve the needs of key accounts and new accounts. In addition to developing specific growth actions per account, the plan calls out objectives to be accomplished unique to the account.

Examples could be:

- 1.) Enhance length of stay
- 2.) Better serve a specific referral segment, such as Personal Care Home Health Companies
- 3.) Start a Physician Advisory Board strategy

Growth doesn’t just happen. It is a deliberate focused set of actions to achieve an organizational goal. This is what a Quarterly Growth Plan (QGP) is all about. Every QGP has two essential parts.



First is your projection of the number of admissions you expect to receive from the key accounts you are cultivating. The process starts with identifying what the baseline of admissions is per account. Understanding your current reality and what you plan to do to “move the needle” gives you focus and a metric to measure success. Next you project what admissions over baseline you target to achieve in a 90-day period or the current quarter. Here is an example:

Dr. Arlene B. -Oncology

	Oct 2018	Nov 2018	Dec 2018
Baseline	3	3	3
Admission Goal	4	4	5
Actual Admissions	4	6	6
Variation	0	+2	+1

At the end of each month you determine if the admissions you received are below or above the goal for the month. In this example for the quarter the account yielded 3 above goal. The real good news in this example is that the actual admissions for this quarter are 7 up over the baseline.

The second essential part of your QGP is the actions sighted that are intended to grow admissions. This is the challenging part of developing the plan, but also the most fun. Here is an example:

Angela’s Personal Home Health Care-Michelle L Owner

	Oct 2018	Nov 2018	Dec 2018
Baseline	0	0	0
Admission Goal	0	1	1
Actual Admissions	0	1	3
Variation	0	+1	+2

Strategies/Actions for Angela’s:

1. Offered in-service to staff on the “Ten Myths of Hospice Care” and “What a Hospice Patient Looks Like.”
2. Created a win-win collaboration by working closely with staff and allowing them to shadow a hospice nurse. Offered our Silent Assessment program where we had our nurse lay eyes on the person to complete an informal assessment for eligibility.
3. Develop a “power-partnership” with Angela and look for opportunities to better service referral segments (ones that make sense) and establish a preferred provider relationship with these referral sources.

A QGP Plan opens with a summary. Below is an example of a summary that opens the QGP.

## SUMMARY

The quarterly growth plan focuses on accounts within ABC and XYZ Counties. The goals are to increase both census and median length of stay as well as build relationships with new referral sources. This will be accomplished by executing specific strategies in each of the nine market segments.

In order for this plan to be successful we need to do the following:

- Handle new referrals with urgency
- Identify and overcome barriers to admission
- Work cohesively with admissions team to ensure timely delivery of services
- Qualify accounts so that we are being efficient in our relationship building
- Execute specific strategies in each of the nine market segments

The metrics in this QGP were created to track growth for the accounts in each segment. The projected monthly figures are based on the 12-month historical performance of each account (i.e. baseline) with consideration given to the current state of our relationship. The admission projections reflect the desired future state after the strategies have been implemented.

The strategic growth plan outlines the overarching goals within this territory. It provides the roadmap to how these will be achieved.

The rest of the plan calls out key accounts in the nine referral segments discussed earlier. The 80/20 applies here. The plan will focus on those accounts where growth is expected.

Dare to commit to the Quarterly Growth Plan and watch your business grow!

## Conclusion

The best way to obtain your growth goals is to find new and better ways to serve more patients. While this may seem like an obvious statement, it is at times complex to execute. Understanding the Seven Pillars of Growth approach to serving more patients gives your organization a blueprint on how to construct or reconstruct your Growth Pillars.

Begin by completing an organizational self-assessment that will determine where your organization is presently with each pillar. As Jim Collins said in his book *Good to Great*, "Good-to-Great leaders embrace the good, the bad, and the ugly. Being honest about the ugly brutal facts is the first step to becoming great!" Once you identify which pillar or pillars need work, the fun begins. The experience and joy in building your pillars can be exciting, an opportunity for team building, and rewarding from both a mission and a business perspective!

Good luck and best wishes as you build your pillars!

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### **About the Author**

Kurt Kazanowski is the Managing Partner of Hospice Advisors. With his partner Greg Grabowski, they work with hospices and home care companies to assist them in serving more people, grow, and strengthen financial performance. Their passion lies in helping organizations give the gift of hospice and leave no patient behind!

Kurt and Greg have a combined 60 years of healthcare experience in the areas of Business Development, Marketing, Operations, and Executive Leadership in hospice, home care, and health systems. A few of the organizations they have worked for include Oncology Home Health Care Specialty, LLC., National Hospice & Palliative Care Organization, Hospice of Michigan, VITAS Healthcare, Seasons Hospice and Palliative Care, Atlantic Home Health Care, and Hospice Care of the West. Kurt's extensive hospital background includes 16 years as an Executive in the Trinity Health System.

They have acquired a special blend of Hospice, Home Care, Continuing Care, and Acute Care experiences in the areas of Operations, Business Development, Strategy Development, Marketing/Sales, Partnership Development, Physician Relations, and Operations. Their entrepreneurial mindset, creative process, work ethic, and proven track record have allowed them to assist clients in strengthening their ability to serve more people, understand how to achieve desired culture and goals, and develop new systems and services related to improving quality.