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Referral Chain Reaction: Activating Internal Referrals

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Review Choice Demonstration Manager



Agenda

1. The Big Picture: Seeing the Whole Patient
2. Full Continuum of Services
3. The Power of Internal Referrals
4. Workflow: Making It Simple
5. Action Plan & Takeaways



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The Big Picture: Seeing the Whole Patient

- **Identifying unmet needs during home visits**
- **Clinical indicators that suggest additional services**
- **Social determinants and care gaps**
- **Case example: Missed opportunity vs. coordinated efforts**

Full Continuum of Services

- **Overview of services available within the organization**
- **When to consider:**
 - Homemaker/companion, personal care
 - Skilled services
 - Chronic care management
 - Palliative/hospice
 - Private duty

The Power of Internal Referrals

- How internal collaboration improves
- Patient safety
- Readmission rates
- Patient satisfaction
- Bottom line accounting
- Care plan compliance



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Workflow: Making It Simple- Personal Care

- Step-by-step Cross-sell Initiation process
 - **Step 1: Observe the Whole Patient**
 - During every home visit, look beyond the skilled need.
 - Ask yourself: Is the patient able to complete daily tasks safely? Are they eating regular meals? Is the home clean and free of hazards? Is personal hygiene declining? Are medications being picked up and taken correctly? Is the caregiver overwhelmed or unavailable? Is the patient becoming increasingly isolated?

Remember: Patients often don't ask for help because they don't know it's available—or they don't want to feel like a burden.



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Workflow: Making It Simple- Personal Care

- **Step-by-step Cross-sell Initiation process**

Step 2: Identify Opportunities for Personal Care

- **Watch for these signs:**

- **Personal Care**

- Difficulty bathing
- Poor grooming or hygiene
- Wearing soiled clothing
- Fear of showering alone

- **Mobility**

- Trouble getting out of bed
- Difficulty transferring
- Unsteady walking
- Fear of falling

- **Nutrition**

- Empty refrigerator
- Expired food
- Weight loss
- Difficulty preparing meals

- **Household Management**

- Dirty dishes piling up
- Laundry not completed
- Clutter creating fall hazards
- Unable to keep home clean

- **Caregiver Burnout**

- Family expressing exhaustion
- Missed appointments
- Increased stress
- Caregiver returning to work



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Workflow: Making It Simple- Personal Care

Step 3: Start the Conversation

Patients are often more receptive when the conversation focuses on maintaining independence.

Instead of saying:

"You need a caregiver."

Try:

"Many of our patients find it helpful to have someone assist with bathing, meal preparation, light housekeeping, or errands so they can stay safely at home."

Or:

"What daily activities have become the most difficult for you?"

Or:

"If someone could help you a few hours each week, what would make the biggest difference?"

These open-ended questions help uncover unmet needs while respecting the patient's autonomy.



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Workflow: Making It Simple- Personal Care

Step 4: Explain What Unskilled Care Can Do

Many patients assume home care only means nursing or therapy.

Explain that personal care services may include:

Bathing and dressing assistance, Grooming ,Meal preparation ,Medication reminders ,Light housekeeping ,Laundry, Grocery shopping ,Transportation
Companionship ,Respite for family caregivers, Safety supervision

Key Message:

Personal care helps patients remain independent and can complement skilled home health services.



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Workflow: Making It Simple- Personal Care

Step 5: Make the Referral

Once a need is identified:

- Document your observations.
- Notify your supervisor or care coordinator.
- Explain the patient's needs—not just the requested service.
- Connect the patient with the intake or personal care team.
- Follow up to ensure contact was made.



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Workflow: Making It Simple- Personal Care

The "CARE" Framework

Provide clinicians with a simple way to remember the process:

C – Check

- Look beyond the clinical diagnosis to identify challenges with daily living.

A – Ask

- Use open-ended questions to learn what the patient finds difficult.

R – Refer

- Connect the patient to the personal care team through the established referral process.

E – Encourage

Explain how personal care services can support independence, reduce caregiver stress, and help the patient remain safely at home.



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Action Plan & Takeaways

- **3 things to start doing immediately**
- **Ongoing training/support**
- **Performance metrics we will monitor**



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Action Plan & Takeaways

- **Start tracking referrals to outside providers**

- Hospice
- Private Duty
- Unskilled care
- Palliative care

Are these anything you want to take on? Or can you?

Action Plan & Takeaways

3 things to start doing immediately

- Make sure your staff know what other services are offered
- Create incentives to make those referrals
- Devise a Process for making referrals...what does that look like?

Action Plan & Takeaways

Ongoing training/support

- To build confidence and consistency, we will continue to provide:

Monthly Education

- Recognizing opportunities for personal care
- Best practices for discussing services with patients and families
- Documentation tips
- Success stories and case reviews

Coaching

- One-on-one support from supervisors
- Shadowing opportunities
- Real-time feedback on referrals

Resources

- Quick-reference referral guide
- ADL observation checklist
- Conversation starters for discussing personal care
- Contact list for key team members
- Our goal is to make identifying and referring patients for personal care a seamless part of daily practice.



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Action Plan & Takeaways

Performance metrics we will monitor

Tracking outcomes helps us understand where we're succeeding and where we can improve. Emphasize that these metrics are about improving patient care—not just increasing referrals.

Process Metrics

- Number of personal care referrals submitted
- Referral-to-admission conversion rate
- Time from identified need to referral
- Time from referral to start of care

Quality Metrics

- Patient satisfaction related to personal care services
- Caregiver satisfaction and feedback
- Hospital readmission rates among patients receiving personal care
- Fall rates before and after implementation of personal care services
- Length of time patients are able to remain safely at home

Team Engagement

- Percentage of clinicians submitting referrals
- Departments participating in cross-service referrals
- Referral trends by branch or team
- Staff participation in ongoing education

Celebrate Successes

Recognize team members who identify patient needs early, collaborate effectively, and contribute to positive patient outcomes. Sharing success stories reinforces the impact of these efforts and encourages continued engagement.



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STRENGTH IN EVERY SOLUTION.			
CONSULTING - Financial, Clinical, and Operations Consulting - Sales & Marketing - Information Technology - Compliance & Risk	MERGERS & ACQUISITIONS - Clinical Compliance Due Diligence - Quality of Earnings - Business Valuations - Post-Close Integration - Hospice Cap Due Diligence - Market Referral Due Diligence	DATA ANALYTICS - Market Data Analysis - Benchmarking - PDGM Analysis	COST REPORTING - Cost Reporting - Hospice Cap Reporting

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