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# STOP GUESSING, START GROWING

KPIs That Move the Needle

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# How many referrals did your team get last month?

## How many became admissions?

Right now. Without looking it up.

If you hesitated, you are not alone.

But that hesitation is costing you money.

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# Your team is busy. Your numbers are flat. Here is why.

## **WHAT MOST TEAMS TRACK**

*"How many visits did you make?"*

*"How many calls did you log?"*

*"How many in-services this month?"*

## **WHAT TOP PERFORMERS TRACK**

*"How many referrals came in?"*

*"How many turned into admissions?"*

*"Am I opening new doors?"*

Your Presenter

# Casey Rausin, RN, CCM

- | Registered Nurse and Care Manager
- | Lives these metrics every single week
- | HCS the same scorecard you will walk away with today

*"I am a clinician who learned to sell. These numbers changed how I work."*

# The Mindset Shift

## ACTIVITY

How many visits?

How many contacts?

How many brochures?

**= Busy**

## OUTCOMES

How many referrals?

How many admissions?

How many new sources opened?

**= Productive**

*"You cannot manage what you do not measure. And you cannot grow what you do not track."*

# 5 NUMBERS THAT PREDICT REFERRAL GROWTH

Track these. Coach to these. Watch your numbers move.

**01**

**SALES  
CALLS**

The leading  
indicator

**02**

**REFERRALS**

What is coming  
in

**03**

**PENDING**

What is in the  
pipeline

**04**

**ADMISSIONS**

Revenue on the  
board

**05**

**NEW  
REFERRAL  
SOURCES**

Prospecting

# KPI 1

## Sales Calls

The leading indicator. Without volume, nothing else moves.

# 32

**documented sales  
calls  
per week**

This is the floor.  
Not the ceiling.

- | Not visits. Not drive-bys. Documented calls with an educational/ outcome purpose.
- | Every call uses a Dx Sell™ message a weekly educational topic that speaks the language of your referral sources.
- | When call volume drops, everything else drops 2-3 weeks later.

## HOW THE CALL WORKS

# Not just any call. The right call.

Your rep can make 32 calls a week to the right accounts.

If she is talking about your agency instead of their patients, nothing will change.

**Dx Sell™** Speak the clinical language of your referral sources.

### 1 Speak Their Language

Bring a weekly clinical message tied to a diagnosis or outcome your referral source manages. Not a brochure. Not your census.

### 2 Make It Educational

Teach them something useful about patient outcomes in their own caseload. The rep becomes a resource, not a vendor.

### 3 They Identify the Patient

The referral source connects your message to a patient already in their caseload. The referral comes from them, not from your ask.

## KPI 2

# Referrals

What is actually coming in the door. Track by source, by week, by month.

### HOME HEALTH

How many referrals MTD?

Where are they coming from?

Which sources are growing vs. flat?

### HOME CARE

How many referrals MTD?

Family? Discharge planner? Direct?

What is the trend week over week?

*"If referrals are flat, your activity is not working.*

*Do not "just" add more visits. Fix the message and the target."*

## KPI 3

# Pending

What is sitting in your pipeline right now. This is where revenue gets stuck.

## **Every referral sitting in pending/ follow up is revenue that has not hit your books.**

- Know your pending number every single week. No guessing.
- Every pending referral gets a next action and a date.
- Review the list in coaching. What is the hold-up on each one?
- A pending list that is not managed is a list of lost revenue.

## KPI 4

# Admissions / New Clients

Revenue on the board. Two different funnels. Know yours.

### HOME HEALTH

#### Referral → Admission

Track admissions (starts of care)

Track non-admits and document why

Conversion = referrals to admissions

**Non-admits: Know the reason for every one.**

### HOME CARE

#### Referral → Assessment → Client

Track new clients started + new hours

Track non-clients and document why

Conversion at each step of the funnel

**Non-clients: Know the reason for every one.**

*"You cannot fix what you do not track. Every non-admission has a reason. Find it."*

## KPI 5

# New Referral Sources

Prospecting. Are you growing your territory or just maintaining it?

**The Rule: 2+ qualifying calls per week to sources who have not referred in 6+ months**

**Red flag:** All referrals come from the same 3-5 sources

**Yellow flag:** No new qualifying calls logged this week

**Green flag:** New referral sources activated every month

*"If you are not opening new doors, you are slowly shrinking. Attrition is silent."*

# YOUR SCORECARD

## Home Health

Metric	Target	Actual	% to Goal	Status
Sales Calls / Week				
Referrals (MTD)				
Pending				
Admissions				
Non-Admits (with reasons)				
New Sources Activated				

### WEEKLY COACHING (GROW)

**G** What are the numbers?

**R** What was the win?

**O** Greatest opportunity?

**W** Move the needle?

# YOUR SCORECARD

## Non-Medical Home Care

Metric	Target	Actual	% to Goal	Status
Sales Calls / Week				
Referrals (MTD)				
Assessments				
Pending				
New Clients				
Non-Clients (with reasons)				
New Hours				
New Sources Activated				

### WEEKLY COACHING (GROW)

- G** What are the numbers?      **R** What was the win?      **O** Greatest opportunity?      **W** Move the needle?

# The Weekly Coaching Rhythm

The scorecard means nothing without a rhythm to use it.

- 1 Review the Numbers** Sales calls. Referrals. Pending. Admits. New sources. Data only.
- 2 Confirm Activity** 32 documented calls? 2+ calls to new or dormant sources?
- 3 Review the Calendar** Scheduled this week? In-services? Meetings? Follow-ups?
- 4 Confirm the Dx Sell™ Message** Weekly diagnosis topic. Handout. Educational question tied to referral source outcomes.
- 5 GROW Coaching** Goal. Reflection. Opportunity. Way Forward. Commit.
- 6 Call Out the Number** "How many referrals will you get this week?" Say it out loud.

# THE GROW MODEL

Every coaching session. Every week. No exceptions.

**G**

## GOAL

What are the numbers?  
Last week and month to date.

**R**

## REFLECTION

What was the win since last session?  
Any challenges to problem solve?

**O**

## OPPORTUNITY

What is your greatest upcoming opportunity?

**W**

## WAY FORWARD

What is the one thing you will do this week to move the needle?

**"Call out your number. How many referrals will you get this week?"**

Now you have the metrics.

You have the scorecard.

You have the coaching rhythm.

**But knowing what to measure  
is not the same as building  
the system to sustain it.**

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# The agencies that turn these metrics into results don't do it alone.

Here is what happens when owners and managers commit to the system.

**\$30K+**

**New revenue in 8 weeks**

Non-Medical Home Care

**+20%**

**Admissions in 12 weeks**

Medicare Certified Home Health



# CASE STUDY

## Non-Medical Home Care

What 8 weeks of commitment looks like.

**\$30,000+**

**New Revenue**

In just 8 weeks

**200+**

**New Hours Added**

To active caseload

**8 weeks**

**Time to Results**

From system launch

One seasoned rep. One new rep. Same system. Same scorecard. Same rhythm. Hours billed up over 200. The revenue followed.

## CASE STUDY

# Medicare Certified Home Health

12 weeks. Old partners. New results.

**+22%**

**Admissions Increase**

In 12 weeks

- Reactivated referral partners who had gone silent.
- No new accounts. No new territory. Same market.
- Consistent Dx Sell™ messages. Weekly calls. Tracked and coached.
- Old relationships became active referral sources again.

# 5 Things to Do This Week

- 1 Pull your numbers. Referrals in, pending, admissions. Know where you stand.
- 2 Confirm 32 documented calls last week. If not, that is Monday's coaching topic.
- 3 Review every pending referral. Assign a next step and a deadline to each one.
- 4 Schedule 2 qualifying calls to sources who have not referred in 6+ months.
- 5 Print the scorecard. Use it in your first coaching session this week.

Stop guessing.

Start measuring.

Start growing.

# 5 numbers. 1 scorecard. Every week.

Sales calls. Referrals. Pending. Admissions. New referral sources.

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*"Your Mission Is Bigger Than Their No."*

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