Transcend
Strategy Group

insights

Guide on Hospice **ADMISSIONS** Excellence

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Why Admissions Success Requires *a Formula*

Every day, hundreds of hospice admission teams around the country are helping patients and families get access to care during one of the most vulnerable times of their lives. Yet, despite having a community-focused mission and team-oriented values, many hospices struggle to translate referrals into timely admissions with consistency and confidence. In Transcend's experience, without a clearly defined (and documented), repeatable system, admissions success is often dependent on individual heroics, informal workarounds or institutional memory.

Admissions is a "goat rodeo," as you may have heard us say before, and taming the chaos requires an intentional approach. High-performing organizations recognize that admissions excellence is not accidental. It is the result of a deliberate formula that aligns people, processes and data around a shared goal: getting the right patient the right care at the right time.

This Insights Guide outlines that formula for hospices specifically, though there are best practices that all home-based care providers can glean. Drawing on interviews with hospice leaders, intake staff, admissions nurses and clinical executives across the country, we explore what separates organizations that struggle with conversion from those that achieve predictable, sustainable admissions performance. The findings suggest that while tactics vary by market, the underlying components of success are remarkably consistent.

The Admissions Formula: Six Interdependent Elements

Developing a successful admissions program is rarely a linear process. Instead, it is an interconnected system in which each element reinforces (when done well) or undermines (when done poorly) the others. Strength in one area usually cannot compensate for breakdowns in another for the long term. Sustainable performance requires alignment across all Transcend's six elements or areas of admissions operations, which are:

1. **Referral Management and Intake** – How referrals are received, responded to and handled from the very first interaction
2. **Eligibility Determination** – How quickly, consistently and confidently clinical decisions are made … and how transparently those are communicated to families
3. **Admissions Execution** – How reliably and quickly assessments are scheduled and completed around the clock
4. **NTUC Management** – The process by which organizations track and discuss patients that are not taken under care with a goal of reducing preventable NTUCs (patients Not Taken Under Care)
5. **People and Accountability** – How well roles, expectations and ownership are defined and reinforced
6. **Data and Technology** – How the team uses data insights from the EMR and other systems to drive daily behavior, not just retrospective reporting

Each element plays a distinct role. Together, they create a formula that replaces guesswork with intention and transforms admissions from being a bottleneck to an engine for growth.

The sections that follow explore each element in detail, beginning where every admissions journey truly starts – with the referral and the first phone call.

Element 1

Referral Management and Intake

ASSESS YOUR FRONT DOOR EXPERIENCE

Families experience referral and intake as a single interaction

Urgency, empathy and multitasking are core competencies

Over-engineering intake requirements delays care and hurts conversion

Fewer required data points = faster bedside access

For patients, intake is the front door to your admissions system and often the moment when a patient decides to come onto your organization's service. High-performing organizations recognize that this first interaction is not administrative or transactional. It is far more multidimensional requiring emotional intelligence, strategic aptitude, and a healthy respect for the consequences of not acting with urgency.

From the family's perspective, the referral and first phone call are a single experience. They are listening for reassurance of the plan, clarity of expectations, and confidence in the entire team's ability to care for the complex needs of their loved one. Intake staff should be trained to listen carefully, probe thoughtfully, and understand as fully as possible. The first conversation is not just to check off a list.

A baseline expectation of the intake role is multitasking – intake specialists are often searching nurse schedules and locations to be able to visit the patient quickly, all while exercising compassion and sticking to only the most important questions. They know when to escalate, how to manage uncertainty, and how to preserve trust even when eligibility or timing is unclear. The role of intake specialist is not a set-it-and-forget-it role. Regular coaching, feedback and training are imperative to an individual's ability to excel in this position.

We have regular customer service training, and we meet as a team to give our intake staff an opportunity to ask questions, review processes, as well as implement new process improvements … We want to make sure families feel supported, even when we're asking tough questions. We're entering a family's life at a critical time for a patient, and we can help make it easier by making sure we do a good job of seamlessly moving them through the admissions journey."

– Admissions scheduler for a nonprofit provider

Over time, well-meaning teams can slowly expand the criteria required to do a bedside assessment. And these well-intended but often superfluous documents, questions and processes prohibit timely admissions. Competition is practically invited to step in and do it better, providing referral sources with an easier experience and families with the expert care they crave. If your organization is currently requiring more than a name, phone number, address and the chief diagnosis or issue to send a representative to the bedside, the result can have a negative impact on your census, conversion rate and length of stay.

From Insight to Action:

Transcend's client in the Midwest activates an algorithm for intake questions. Staff assess the urgency of the situation and depending on criteria, they will follow a set of questions that best matches the status of the patient's condition. Workflows and escalation pathways are clearly laid out, and intake specialists have clear levers to pull when the situation is especially urgent.

Want to know how your front-door experience compares? Transcend can assess your referral-to-intake workflow and pinpoint your highest-value opportunities for improvement.

Request to see a Case Study

[Answering the phone in admissions] … requires certain skills to be able to build connection quickly, show empathy, have a very friendly and warm tone, be great at multitasking … and [be] semi-assertive. And the ability to overcome objections … is truly a unique skill set."

– Leader at a national for-profit home care provider

Element 2

Eligibility Determination

CREATE MOMENTUM THROUGH CLARITY

Eligibility is the fulcrum of the admissions process

Inconsistent physician philosophies slow decisions and create confusion

Speed without confidence leads to rework and delays

Standardized criteria and visible ownership prevent referrals from aging

Eligibility determination is the fulcrum of the admissions formula, and when it works well, admissions move forward with urgency, clarity and confidence. When it does not, referrals stall, families grow frustrated or choose another hospice, and the internal team's momentum can fizzle out as they move on to the next referral.

Transcend has seen some hospice organizations that have disparate philosophies of eligibility that vary by individual clinician or physician. Often, out of respect for a physician's professional opinion, and maybe due to inertia, the admissions team and leaders will accept this inconsistency of eligibility determinations as "the way it is." This lack of unity across physicians can create confusion across the organization, making it difficult to admit patients quickly.

From Insight to Action:

Consider having an outside assessment of eligibility effectiveness from your accrediting organization. Build eligibility workflows that are unambiguous, fast and auditable so families experience confidence and clinicians experience competence.

Speed matters, but confidence matters just as much. When nurses lack confidence or physician conservatism evokes apprehension, it can lead to repeated interviews, back-and-forth communication or delayed decisions. In contrast, high-performing teams empower clinicians to make timely determinations supported by standardized criteria (per CMS guidelines) and clear, readily available physician input.

From Insight to Action:

Find moments in standing meetings or IDG when physicians can share case studies and eligibility criteria directly with admission nurses. Over time, this practice can reduce the intimidation nurses tend to feel and provide insight into what physicians need to see before certifying a referral for terminal illness.

Another hallmark of strong eligibility performance is transparency. Teams should know where referrals are in the eligibility process and who owns the next step. This visibility reduces frustration and prevents referrals from quietly aging (if you have a long pending referral list, this may hit home) while teams wait for answers. Equally important, strong teams keep families informed throughout the process to prevent unnecessary waiting during an incredibly emotional time.

Originally, we didn't have the expectation that physicians will assess for certification of terminal illness within 24 hours. Now, we do this for every weekday admission. If there's a concern, nurses call the physician on-call 24/7, and we expect more of those calls over the weekend or after hours."

– VP and medical director for a nonprofit provider

the GRO™ assessment

Unsure whether your eligibility process is hurting conversion? Transcend can perform an objective review and design a more consistent, confident approach.

Schedule a GRO™ Assessment

Element 3

Admissions Execution

TURN PROMISE INTO PROOF

Families and referral sources judge reliability by speed to bedside and follow through

Clear benchmarks for time to bedside and time to admit matter

Same-day or next-day admissions should be the operating mindset

Capacity, nurse productivity and shift design directly affect growth

Admissions execution is the moment when your organization must prove that everything you promised during intake is real. Families experience this phase not as logistics, but as a **trust test**. If your team can't get to the bedside quickly – or if the admission visit drags on for hours – families question your reliability before care even begins. And in a competitive market, you rarely get a second chance.

What we've seen at Transcend is simple: Organizations lose more referrals in the execution phase than they realize.

Not because patients are ineligible, and not because families change their minds – but because the system slows down.

- The nurse arrives late
- The visit takes too long
- Expectations weren't set clearly
- The family didn't know what would happen next

These moments erode confidence. And confidence is the currency of admissions.

Set Clear Expectations – or Lose the Family

Most families have no idea what a hospice admission entails. When the time estimate is vague, or when the visit unexpectedly lasts three to four hours, frustration grows. The issue is not always the length of the process – it's the misalignment of expectations. High-performing programs do not leave this to chance; they script it, teach it, and audit it.

Speed Is a Competitive Advantage – Even in Certificate of Need (CON) States

Across extensive admissions analysis, Transcend has found clear benchmarks:

HIGHLY COMPETITIVE MARKETS:

- **< 2-4 hours from referral to bedside**
- **< 24 hours to admission**

CON ENVIRONMENTS:

- **< 24 hours to bedside**
- **< 48 hours to admission**

If your organization is comfortably operating outside these windows, the only reason you may not feel the pressure yet is because your competitors haven't forced it – **yet.**

Our philosophy is same day, next day. Meaning, we build our operations and capacity to admit every referral the same day or the next day. It doesn't always work out like that and of course there are nuances to situations with patients. But by and large, it's same day, next day."

– Chief clinical officer for nonprofit provider

Capacity Is a Design Problem, Not a Staffing Problem

Many organizations assume they need more nurses to grow.

More often, they need:

- Smarter shift structures
- Dedicated admission roles
- Firewalling of after-hours teams
- Better visibility into who is doing what, when

Transcend routinely finds that optimizing admission nurse scheduling can expand capacity by **20-40%** without adding FTEs.

Prior to tracking nurse productivity, we had nurses on staff and contract nurses who were doing one admission per day. We set clearer expectations around productivity from that point forward, and we took another look at shift design. We found that having admission nurses on 12-hour day shifts and 8-hour evening shifts helps us increase our admission capacity and reduce the burden on our after-hours staff so they can remain focused on emergency visits and admissions."

– Director of admissions for a nonprofit provider

Execution Breakdowns Are Predictable – and Preventable

The organizations with the highest conversion rates share three characteristics:

1. **Real-time visibility:** Dashboards that are used daily, not monthly.
2. **Daily operational rhythm:** Huddles that identify barriers before they become NTUCs.
3. **Shared ownership:** Intake, scheduling, clinicians and leadership operate as a single admissions unit – not silos.

If Most Leaders Would Agree with This … Then Why Isn't It Happening?

Because execution requires what most systems lack: **clarity, capacity and cadence**.

- If your team doesn't know the expected time to bedside, they can't meet it.
- If your capacity is capped by outdated shift models, your growth is capped too.
- If you review admissions performance weekly or monthly instead of daily, you are reviewing the past, not shaping the future.

From Insight to Action:

Aim for:

- < 4 hours time-to-bedside in competitive markets
- < 24 hours in CON states
- Shift structures intentionally designed around referral patterns
- Daily huddles with clear barriers, owners and timelines
- Dashboard visibility across intake, scheduling and clinical leadership

When admissions execution is strong, families feel it immediately – and referral sources notice. In organizations where it breaks, NTUCs rise, lengths of stay shrink and growth flatlines.

If your time-to-bedside performance isn't where you want it to be, or if your conversion rate is < 70%, Transcend can help identify barriers and activate recommendations for improvement.

Reach out to learn more

Element 4

NTUC Management

LEARN FROM MISSED OPPORTUNITIES

NTUCs reveal where the admissions system is breaking down

High performers treat NTUCs as data, not disappointments

After-hours NTUCs require distinct tracking and protocols

Reducing preventable NTUCs improves conversion upstream

Not Taken Under Care (NTUC) referrals – those received but ultimately not admitted – should not disappear into the abyss. In high-performing programs, NTUCs are treated as a distinct performance domain because they reveal where the admissions formula is breaking – unclear expectations during intake, delayed eligibility decisions, inconsistent follow-through, or gaps in communication with families and referral partners.

Organizations that struggle with conversion often treat NTUCs as unavoidable or they are poorly understood. In contrast, strong teams classify NTUC reasons consistently, review patterns routinely, and use findings to strengthen upstream performance. This is where NTUC management links directly to the first three elements: If callers don't receive clarity and confidence early, or if timelines slip after eligibility is confirmed, NTUC volume rises.

We started treating NTUCs like a data set – not a disappointment we'd try harder to avoid the next time – and we worked relentlessly to understand where we could influence a different outcome."

– Vice president of hospice for a nonprofit provider

After-hours NTUCs deserve individual attention because the drivers of NTUCs can shift when resources and decision-makers are limited outside of normal business hours. Referrals may arrive late in the day or on the weekend, family decision-making may accelerate overnight, and handoffs between teammates or work shifts can introduce friction and missed information. Without deliberate after-hours protocols and training, organizations default to "wait until morning," increasing the likelihood that a family chooses a different provider.

From Insight to Action:

Get clear on your after-hours and daytime NTUC rates (the benchmark for NTUC should be < 30% if your conversion rate goal is > 70%), identify the top three drivers of each, and set a goal to reduce the top drivers by 10-15% each over the next 90 days. This process will drive you to examine process breakdowns and communication improvements.

[The NTUC process can reveal that] … maybe there was something along those lines that were missed. Did we call back quickly enough? Did we document the call back? Did we follow up in a way that was responsive? And do we have the right people calling back?"

– SVP of hospice development for a national hospice provider

NTUC Action Framework

Below are **classification suggestions** for NTUCs to begin standardizing your data and review process, as well as areas to probe for education and improvement when one or more of these categories become a problem:

1. **Clinical ineligibility** (sortable by physician, admission nurse)
   - Evaluate referral source education, eligibility guidelines and medical director engagement
2. **Patient or family declined** (sortable by intake staff, admission nurse)
   - Review admission nurse training/competency, intake process and follow-up cadence
3. **Chose another provider** (sortable by referral source, note time to bedside)
   - Assess response time and intake process, evaluate referral source education
4. **Unable to contact** (sortable by intake staff)
   - Examine intake process, referral source education
5. **Patient died or crisis escalated before admission** (sortable by referral source, by intake staff)
   - Examine referral source patterns and evaluate referral source education
6. **Capacity or scheduling constraints** (sortable by intake staff)
   - Evaluate depth charts, nurse productivity, intake tools and technology
7. **After-hours breakdown** (sortable by physician, admission nurse)
   - Look for after-hours referral response time, whether scheduling is delayed until next business day; strengthen after-hours decision authority and handoff protocols
8. **Other/unclassified**
   - Minimize the use of this category and refine taxonomy as patterns emerge

From Insight to Action:

High-performing organizations limit "Other" category to < 5% of NTUCs and review NTUC patterns weekly, not quarterly.

We also do go after those closed opportunities and leads depending on the reason."

– Leader at a national for-profit home care provider

Element 5

People and Accountability

EXPECT MORE AT ALL LEVELS

Admissions outcomes rise and fall with role clarity

Admission nurses need standardized training and feedback loops

Weekly cross-functional meetings outperform quarterly reviews

Clear ownership and escalation prevent silent failures

Admissions excellence ultimately comes down to people. The outcomes of the prior elements rise and fall based on how clearly roles are defined, how accountability is measured, and how consistently expectations are reinforced.

From our experience, the value of **regularly equipping admission nurses with new, comprehensive tools and training cannot be overstated**. Inherently, they are the face of your brand, part of a remote workforce operating autonomously, having conversations with families at key decision-making moments. This alone warrants the investment of ensuring their demeanor, empathy, emotionally savvy problem-solving and program knowledgeability are top tier. High-performing organizations prioritize the standardization of admission nurse training, shadowing and feedback loops. Hospices cannot allow this to be backburned in today's environment.

From Insight to Action:

One Transcend client utilizes a nurse navigator to provide 1:1 training through a two-to-three-week structured program bridging general orientation and admissions practice. This training is accompanied by a thorough, step-by-step guide and escalation protocols. The result is greater consistency in eligibility checks, consent documentation and family education. The nurse navigator will do one to two admissions a week to help support needs, which helps preserve field knowledge.

Another key trait we've observed in high-performing organizations is the degree to which these teams collaborate. It's not enough to communicate over a Teams thread or an NTUC meeting once a quarter or even once a month. Carving out time to meet as an interconnected group once per week can be the difference between a 55% conversion rate and a 70%+ conversion rate. We're not talking about meetings that could have been an email. We mean focused, tight agendas around a common goal (increased conversion rate, decreased time to admission or increased number of admissions per day are all examples) with identified metrics, clear owners and accountability reporting each week.

Clear ownership is essential. Time and again, we've seen strong programs define who owns each phase of the admissions journey, how the handoffs occur, and when escalation is required. Strong leaders model curiosity and follow-through, not passive observation. They close the loop on issues, reinforce expectations consistently, and make it unmistakably clear that improvement plans are meant to drive action, not simply discussion.

Mid-level leaders – often the true operational engine of admissions – play an outsized role in organizational effectiveness, meaning their impact is disproportionately large compared to how organizations typically view or resource them. This leadership layer is often where breakdowns occur, and it's frequently the pain point that makes organizations seek Transcend's support.

Teams are motivated when accountability is shared, visible and fair. When people see that excellence is recognized, underperformance is addressed, and leadership holds itself to the same standards, performance rises quickly. The final element of the admissions formula examines how data and technology make this accountability visible and actionable every day.

Transcend can help you design role clarity, weekly huddle agendas and shared performance metrics that lift conversion fast.

Reach out to learn more

Element 6

Data and Technology

MAKE PERFORMANCE VISIBLE

Technology enables discipline but does not create it

Training must be continuous, not one time

Super users bridge workflow and system design

EMR limitations should be challenged, not normalized

Data and technology only improve admissions performance when they are designed around the people expected to use them. High-performing organizations recognize that software does not create discipline … people do. Technology succeeds when teams are trained, supported and empowered to use it confidently and consistently; and when improvement feedback is captured and implemented. Establishing a nimble data/tech mindset and environment now will enable teams to lean into AI adoption more openly moving forward.

Strong admissions programs take a person-centered approach to technology adoption. Training is not a one-time event at go-live, but an ongoing process that evolves as workflows, roles and tools change. New staff are onboarded with clear expectations for how systems support admissions performance. Existing staff are retrained when processes shift or when data reveals breakdowns. Learning is continuous, not corrective.

Super users play a critical role, and high-performing organizations intentionally identify, train and empower super users within intake, admissions and leadership teams. These individuals act as translators between technology and workflow. They coach peers, reinforce best practices, and lead teams through updates and changes with confidence rather than frustration.

Equally important, strong organizations refuse to tolerate or normalize technology limitations. They do not accept EMR flaws, workarounds or reporting gaps as status quo. Instead, they escalate issues, document impact, and advocate relentlessly (through internal leadership channels and vendor improvement calls) until their technology investment supports the admissions formula it is meant to enable.

From Insight to Action:

- Aim for at least 90% of admissions staff to receive refresher training annually and with every EMR update
- Document EMR issues, when they are escalated and by whom, as well as specific follow-up steps with deadlines
- Ensure your CRM and EMR are integrated properly – work to remove duplicates and standardize data entry to improve the integrity of your referral data
- Design contracts with technology providers to include opportunities for feedback, clarity in data ownership, and alignment on continuous improvement

If your EMR is slowing admissions, Transcend can help audit your current-state workflows, identify system friction points, and advise/coach toward a clear path for improvement.

Partner with our experts

Data and technology are the connective infrastructure of a high-performing admissions program. When used well, not only do they report outcomes, but they also shape daily behavior and reinforce accountability.

Striving for Excellence

Admissions excellence is not the result of a single tactic or tool. *It is the outcome of a deliberate formula* – one that aligns people, processes and data around a shared commitment to timely, compassionate access to care.

When referral management and intake establish urgency and trust, eligibility decisions bring clarity, admissions execution delivers on promises, NTUCs become learning opportunities, accountability is shared, and data makes performance visible … admissions shift from reactive to reliable. Breakdowns are no longer hidden or habitual; they are identifiable and fixable.

Organizations that excel in admissions do not rely on heroics. Instead, they build systems on a foundation of alignment, discipline and continuous learning. The result is better experiences for families; stronger confidence from referral partners; and more sustainable performance for teams, which can lead to greater job satisfaction.

Transcend partners with hospice and home-based care organizations across the country to design, operationalize and sustain high-performing admissions programs. If your organization is ready to move from fragmented processes to a repeatable admissions formula, we invite you to **connect with Transcend** to explore how we can help.