Measure marketing activity and recorded referrals with context

Create a useful management review of activity, referrals, admissions, and source trends without treating correlation as proof that a visit caused a result.

Owners, company managers, and marketing operations leaders

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Original educational guide. Product capabilities and data coverage depend on your plan and available sources.

What should a marketing review answer?

A marketing review should answer one management question, and each measure in it should support that question. Activity shows whether planned calls and visits happened. Referral records show which sources appear in the organization's reported results. Admissions and recorded lost reasons help identify questions about the process after a referral. Activity, referrals and admissions are connected views, but they are not interchangeable measures of performance.

Start by naming the decision the report should support. The next action might be a coaching conversation, follow-up on an account, a check on missing records, or a revised territory priority. A report without a decision can encourage unnecessary comparisons and distract from work the team can change.

Agree on definitions before comparing people

Define the events you count as visits, referrals, and admissions. Clarify whether a logged call is completed outreach or an attempted contact. Establish which date controls each reporting period and how corrected, duplicate, or canceled records are handled. Teams should know what qualifies before results are used in a review.

Document account ownership and location assignments as well. A shared relationship, a transferred account, or a team member covering leave can make a simple marketer comparison misleading. Explain those circumstances alongside the figures instead of allowing a chart to imply responsibility that the records do not establish.

- Use consistent event and date definitions.

- Separate recorded outcomes from market signals.

- Note ownership changes and shared account work.

Which time window fits the question?

The time window should be long enough for a referral to become an admission or a decline. A calendar-month view is convenient for managing work, but outreach and results may happen in different months. An admission recorded today may relate to a referral received earlier. A relationship developed over several interactions may not produce an immediately observable outcome.

Use a consistent reporting window for trend reviews and explain what it includes. Compare a finished month with the whole month before it, and a month in progress with the same days of the month before. A partial month set beside a complete one looks like a decline even when nothing changed.

How should conversion be calculated?

Conversion is the share of decided referrals that were admitted: admitted referrals divided by admitted plus not-admitted referrals received in the same dates. Referrals still open are left out until they are decided, so a period with no decided referrals has no conversion figure rather than a zero. Readers should be able to see that numerator and denominator. A changing mix of records can move the figure even when the underlying workflow has not changed.

Pair the percentage with the underlying counts and review lost reasons when available. Small groups can move sharply after only a few events: with eight decided referrals, one more admission moves conversion by more than twelve points. Describe the change, ask what contributed to it, and check the records before deciding that the marketing approach improved or deteriorated.

Do more visits cause more referrals?

More visits and more referrals can rise together without one causing the other. A visit may follow an existing referral, an account may interact with several team members, or a source may change its own operations. A relationship between two trends is not proof that one activity caused the other.

Use source-level reviews to generate questions: Did the contact change? Were follow-ups

completed? Are outcomes still being entered? Is the account's service focus different from the original assumption? Combine the record with the team's documented account history. Those questions support a more informed next step without an unsupported attribution claim.

Check completeness before explaining the result

A useful review includes a check on the reporting process. Determine whether all expected files were received, whether the date range is complete, and whether source names and account mappings are consistent. A missing file or an unrecognized account can create an apparent trend that reflects data collection rather than business performance.

CareMetric Intel supports available referral and admission CSV imports with mapping review. File-based import layouts are not live EMR connections. Patient-identifying columns are dropped during those imports; keep patient information out of free-text notes and meeting materials as well. Compare the imported totals with the source report before relying on a new period.

Finish with a specific management action

CareMetric Intel brings logged outreach and recorded referral results into team reporting across healthcare settings. Choose your healthcare service lines within the plan's allowance and use the market research relevant to your services. Source coverage varies by setting.

End each review with a small set of assigned actions, a reason for each action, and a date to revisit the question. Do not translate activity counts into a guaranteed financial return. A review is worth the clarity it gives the next decision, supported by records whose definitions and limitations the team understands.

Sources and further reading

CareMetric Intel data sources and use
https://caremetricintel.com/data-use

CMS data portal
https://data.cms.gov/

HIPAA de-identification standard (45 CFR 164.514), eCFR
https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-C/part-164/subpart-E/section-164.514

HIPAA definitions, including marketing (45 CFR 164.501), eCFR
https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-C/part-164/subpart-E/section-164.501