total.care

FOR HOME HEALTH & HOSPICE QAPI AND OPERATIONS LEADERS

SELF-ASSESSMENT

The call-visibility self-check

8 questions · about 2 minutes · for your eyes only

How much of what your patients and staff say each day is still usable after the call ends? Tick every yes, then read your score below.

	YES
1 **Pull speed.** For any patient call last week, can you pull the recording, a written summary, and the disposition in under five minutes?	☐
2 **Callback closure.** Do you know whether the callbacks your team promised yesterday were actually closed?	☐
3 **Trend visibility.** Can you see which topics and complaints are trending this month without listening to calls one by one?	☐
4 **Grievance reconstruction.** When a grievance or review lands, can your team assemble what was said without rebuilding it from memory and scattered notes?	☐
5 **QA coverage.** Do you review more than a small sample of patient interactions for quality, on a regular basis?	☐
6 **Early warning.** Can you tell whether a patient's experience is improving or declining across several contacts, before it becomes a complaint?	☐
7 **Coaching evidence.** Do supervisors get coaching examples from real interactions automatically, instead of hunting for them?	☐
8 **Leadership view.** Can leadership see the reasons behind call volume and handle time, not just the totals?	☐

WHAT YOUR SCORE MEANS

6 to 8 yes	Strong visibility. Few teams can say this. Protect it and keep using it.
3 to 5 yes	Partial visibility. The gaps above are where census, cost, and quality quietly leak.
0 to 2 yes	A blind phone. Most of what your patients and staff say each day stops being usable the moment the call ends.

Bring us the one question you'd most want to turn into a yes.

We'll map that workflow with you, on the phone budget you already have.