Contact centre and patient journey

Lead to surgery: the seven handoffs where clinics lose patients

Every clinic I have looked at loses most of its patients in the same places, and almost none of those places are the price conversation. They are handoffs. A patient is passed from one person to another and, for a few hours or a few days, nobody owns them.

1. Enquiry to first human contact

A form is submitted at 9.40pm. Somebody sees it at 11am the next day. In between, the patient has filled in three more forms on three other sites, and two of those clinics called back first.

2. First contact to qualified conversation

The call connects. The agent takes a name, a city and a budget, and books a consultation. Nobody asks what the patient has already tried, what medication they take, what they think is going to happen, or why now.

3. Booking to attendance

Between booking and the appointment sits a gap of days. In that gap the patient tells a partner, reads a forum, finds a cheaper option and thinks about whether they really want to do this. What fails: the clinic goes silent, and silence is where doubt grows.

4. Phone team to clinical consultation

This is the expensive one. The patient arrives having had one relationship, with the person on the phone, and is handed to a clinician who has not read the file. What fails: the patient repeats themselves, which reads as disorganisation.

5. Consultation to decision

The consultation ends well. The patient says they will think about it. Nothing is scheduled. What fails: "think about it" is treated as an outcome rather than a stage.

6. Decision to surgery day

The patient says yes. Now the pre-operative sequence has to run: tests, instructions, medication holds, arrival time, what to bring, who takes them home. What fails: instructions arrive as one long message a day before.

7. Surgery to the long follow-up

The procedure goes well. The patient leaves. Then the clinic's attention moves to the next case, and the patient's own eighteen months of anxiety begins.

The rule underneath all seven

At every handoff, three things must move with the patient: who owns them now, what has already been said to them, and what happens next. If any of the three is missing, the handoff is where you will find your losses. A C R M helps you record this.

The full method

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