Bridging the Gap Between Sales, Clinical, and Operations

Turning Insights Into Action

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What You'll Walk Away With

By the end of this session, you'll have three things you can use on Monday.

A clear picture of why information breaks down
Understand why data collected by sales, clinical, and operations so rarely translates into action — and how to spot exactly where the breakdown happens in your own community.

Practical principles for improving handoffs
Learn structural approaches to cross-department accountability that don't require new systems, more documentation, or adding work to already-stretched teams.

Specific action steps to take back
Leave with a concrete starting point — aligned around shared information, reduced rework, and outcomes that improve both care quality and your bottom line.

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The Information Is Already There. So Why Doesn't It Move?

Assisted living communities collect an enormous amount of information across sales, clinical, and operations every single day. The challenge isn't access to data, it's that the data rarely flows where it needs to go, when it needs to get there.

Sales knows
Which prospects are **close to moving in**, what care level was quoted, and what the family was promised.

Clinical knows
What the resident **actually needs**, what the assessment revealed, and what the care plan requires.

Operations knows
What is being **billed**, what was missed, and what the month-end numbers look like.

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The Questions This Session Answers

Why do these three bodies of knowledge so rarely find each other?

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3 Teams, Varying Definitions of Success

Sales & CRM

Fill beds.

- Lead management & tours
- Move-in paperwork
- Referral relationships
- Occupancy & pricing

Clinical

Keep residents healthy and happy.

- Assessments & care plans
- Medications & ADLs
- Care level changes
- Incident documentation

Billing & Operations

Capture every dollar, accurately.

- Monthly charges & billing
- Census reconciliation
- Timely signatures
- GL & payer management

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These Goals Don't Always Point in the Same Direction

Sales → Clinical
Sales needs a move-in date. Clinical needs a completed assessment. The pressure to move fast creates gaps in care planning before a resident ever arrives.

Clinical → Billing
Billing needs timely, accurate assessments to capture charges correctly. Delays or missing acuity data mean revenue is lost — or billed wrong and corrected later.

Sales → Billing
The care level quoted at move-in must match what's actually billed. When sales sets expectations without clinical input, billing inherits the discrepancy.

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each other — but their priorities create friction at every handoff. Left unmanaged, that friction is where small problems become expensive ones.

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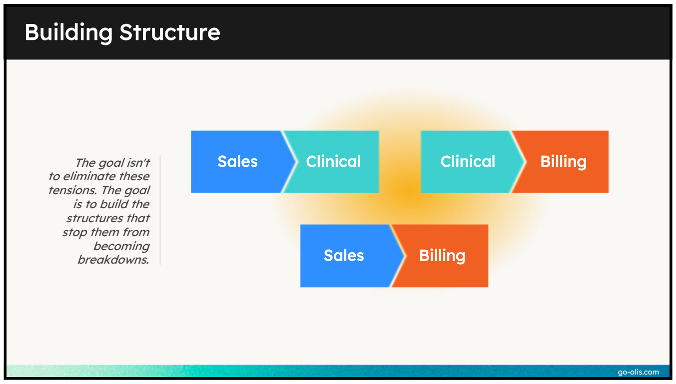
Building Structure
The goal isn't to eliminate these tensions. The goal is to build the structures that stop them from becoming breakdowns.
Sales
Clinical
Clinical
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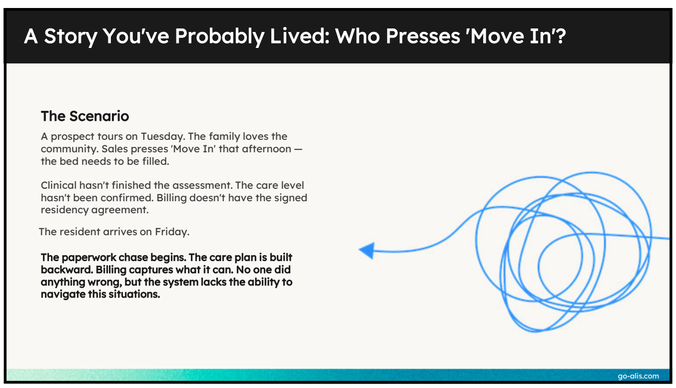
A Story You've Probably Lived: Who Presses 'Move In'?
The Scenario
A prospect tours on Tuesday. The family loves the community. Sales presses 'Move In' that afternoon — the bed needs to be filled.
Clinical hasn't finished the assessment. The care level hasn't been confirmed. Billing doesn't have the signed residency agreement.
The resident arrives on Friday.
The paperwork chase begins. The care plan is built backward. Billing captures what it can. No one did anything wrong, but the system lacks the ability to navigate this situations.
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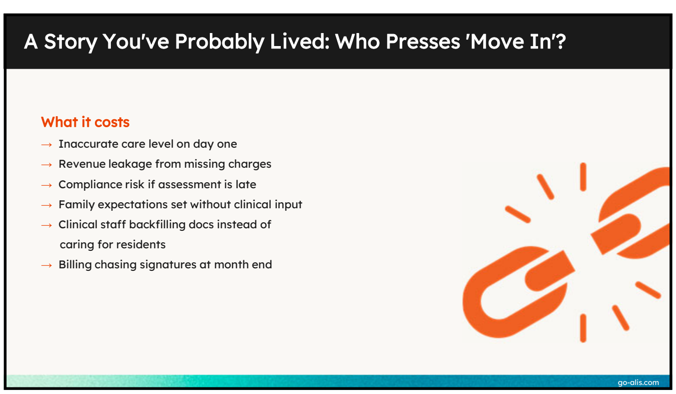
A Story You've Probably Lived: Who Presses 'Move In'?
What it costs
→ Inaccurate care level on day one
→ Revenue leakage from missing charges
→ Compliance risk if assessment is late
→ Family expectations set without clinical input
→ Clinical staff backfilling docs instead of caring for residents
→ Billing chasing signatures at month end
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Scenario Recap

Every breakdown traces back to one thing: the assessment wasn't done, wasn't shared, or wasn't designed to serve more than one department. That's the root cause — and it's also the most powerful lever you have.

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The Assessment: The Spine of Your Operation

A well-designed assessment doesn't just capture data — it embodies your community's strategy. It defines who you serve and how you serve them.

Sales
Sets the care level expectation before move-in. The assessment confirms — or corrects — what was quoted.

Clinical
Owns the assessment. It drives the care plan, staffing ratios, and what the resident actually receives.

Billing
Bills based on assessment outcomes. Charges follow acuity — not the move-in date, not the sales quote.

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What It Looks Like When It Works

Communities that bridge this gap don't have fewer competing priorities — they have clearer structures around the transitions.

TODAY FOR MANY COMMUNITIES	WHAT THE BRIDGE ENABLES
Sales quotes a care level, clinical corrects it at move-in	Assessment informs the sales quote — not the other way around
Assessment is finished after the resident arrives	Assessment is complete and shared before move-in is confirmed
Billing chases missing charges at month end	Charges are captured as care changes, not at reconciliation
Departments hold separate huddles with no shared language	Shared language and shared data — decisions happen once

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How to Diagnose Your Own Community

Breakdowns rarely announce themselves. They show up as friction, delay, and workarounds that feel normal — until they aren't.

Where do people ask the same questions repeatedly?	Recurring questions = unclear ownership or missing information at a handoff point.
Which steps consistently take longer than they should?	Slowdowns almost always reveal a hidden dependency — someone waiting on someone else.
How do staff talk about cross-department processes?	Frustration or resignation in how a step is described is a diagnostic signal, not just a culture issue.
Is there a step where the process actually stops?	If a task can't move forward without someone else's input, ask who owns the transition — not just the task.
Can everyone who needs information find it quickly?	If the answer is 'it depends' or 'sort of' — you have a structure problem, not a people problem.

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Five Principles for Building the Bridge

These aren't technology recommendations — they're structural decisions that determine whether your information actually flows.

Build an assessment that embodies your strategy
Who does your community serve best? Your assessment should flag when a prospect doesn't fit — before they move in, not after.

Define a clear decision-maker at every handoff
Who presses 'move in'? Who authorizes a care level change? Who signs off before billing closes? Ambiguity here is a gap.

Make information findable — not just available
Availability isn't access. If staff can't quickly find what they need at the moment they need it, the system isn't serving the process.

Create a shared vision — not just shared goals
Metrics create accountability. Vision creates alignment. The best communities name a theme each year and make it visible across all departments.

Fix the process before you fix the system
Software doesn't solve broken handoffs — it just makes them faster. Understand the human behavior that's breaking down first, then ask what technology can support.

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What to Do When You Get Back

You don't need a new system to start. You need clarity on where the handoff breaks, and one person who owns the fix.

THIS WEEK	**Map one cross-department process end to end** Choose your move-in process or your billing cycle. Write every step. Circle every step with unclear ownership. That's your starting point.
THIS MONTH	**Bring Sales, Clinical, and Billing into the same room** Thirty minutes. Share each team's primary goal. Find the three places those goals create friction. Name it together.
THIS QUARTER	**Audit your assessment** Does it reflect your community's ideal resident? Does it flag acuity issues before move-in? Does it drive billing? If not, redesign it.
ONGOING	**Name a theme and hold your team to it** Alignment isn't a one-time meeting. Make it part of how you open every all-staff conversation. Vision beats metrics for changing behavior.

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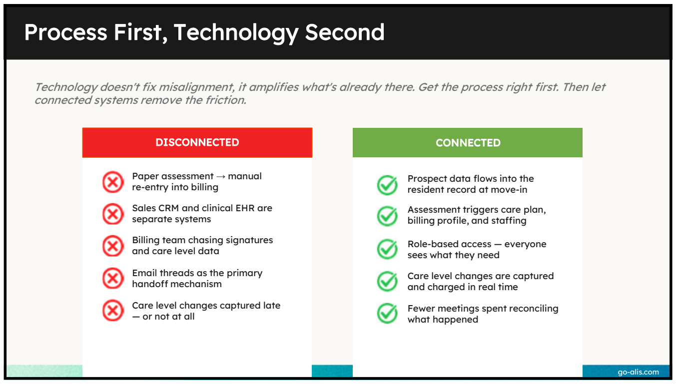
Process First, Technology Second
Technology doesn't fix misalignment, it amplifies what's already there. Get the process right first. Then let connected systems remove the friction.
DISCONNECTED
Paper assessment → manual re-entry into billing
Sales CRM and clinical EHR are separate systems
Billing team chasing signatures and care level data
Email threads as the primary handoff mechanism
Care level changes captured late — or not at all
CONNECTED
Prospect data flows into the resident record at move-in
Assessment triggers care plan, billing profile, and staffing
Role-based access — everyone sees what they need
Care level changes are captured and charged in real time
Fewer meetings spent reconciling what happened
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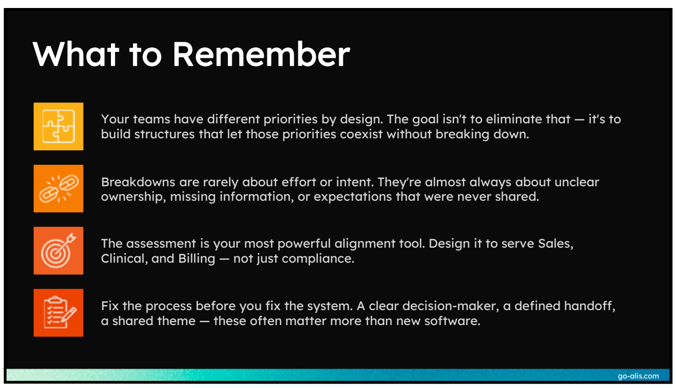
What to Remember
Your teams have different priorities by design. The goal isn't to eliminate that — it's to build structures that let those priorities coexist without breaking down.
Breakdowns are rarely about effort or intent. They're almost always about unclear ownership, missing information, or expectations that were never shared.
The assessment is your most powerful alignment tool. Design it to serve Sales, Clinical, and Billing — not just compliance.
Fix the process before you fix the system. A clear decision-maker, a defined handoff, a shared theme — these often matter more than new software.
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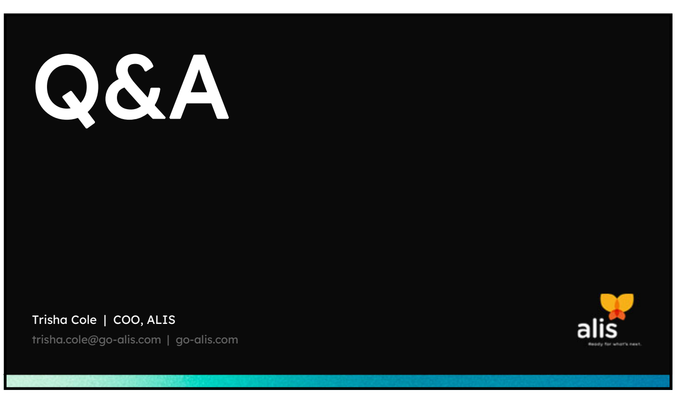
Q&A
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