PLAYBOOK

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# The offline attribution playbook

*How to prove which hoarding, radio spot or print ad actually filled a bed.*

# Why offline feels unmeasurable (and is not)

Hospitals spend heavily on hoardings, radio, print and events, then report on them with a shrug. The problem is never that offline cannot be measured. It is that no unique signal was attached before the money went out. Attach the signal first, and every channel becomes accountable to booked patients.

## The five signals you can attach

- Unique phone numbers (call-tracking DIDs) per channel or per creative.
- Vanity URLs and QR codes that redirect through a trackable short link.
- Promo or mention codes the front desk captures at booking.
- A "How did you hear about us?" field, asked once, consistently, at intake.
- Geo-lift: compare enquiry rates in exposed vs. unexposed catchment zones.

# The attribution stack, step by step

1. Give every offline placement its own tracked number and short URL before it ships. No shared numbers.
2. Log every inbound call and walk-in against its source at the front desk, in the same CRM field every time.
3. Reconcile weekly: match spend per channel to enquiries, then to booked appointments, then to revenue.
4. Report on cost per booked patient, not cost per call. A cheap channel that books nobody is expensive.

## The one number that matters

Cost per booked patient, by channel. Everything upstream (impressions, reach, calls) is a diagnostic. This is the scoreboard. Move budget toward the channels with the lowest cost per booked patient and the highest lifetime value.