The CEO Retreat

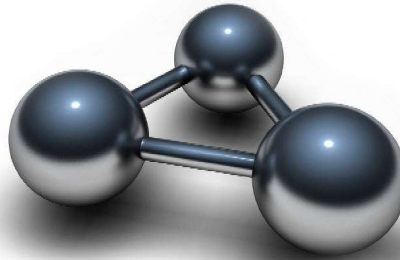### *The Extraordinary Teacher*
Helping to Motivate Consciousnesses

MVI Multi-View Incorporated SYSTEMS

The Model™
Balancing Purpose and Profit...

1

What's it ALL about?

is the JOB!

A **Profound** Person leading **Profound** People
doing **Profound** Work...

MVI Multi-View Incorporated SYSTEMS

2

1

~~Motivation~~ *is the JOB!*

Leadership

To **INSPIRE**

Or to FORCE via Fear?

Based on the Pragmatic Realities of Human Behavior!

MVI Multi-View Incorporated SYSTEMS

3

Best Known Success Patterns
(Habits, Default Thinking)

=

Competitive Advantage, Success, Better Life!

The Model
Balancing Purpose and Profit...

4

Directional Correctness

There is "something" to it…there is some "truth" in it…

1. The Utter Need for Standardization & Systems
2. Compensation
3. Frequent Measurement
4. Accountability
5. Leadership and Leadership Development

The Model
Balancing Purpose and Profit…

5

No organization can grow beyond the capabilities of the Leader and no Leader can build anything of any scale without the help of others…

MVI Multi-View Incorporated SYSTEMS

6

Assessing Leadership

We can only GROW to the extent that we have Leaders…

1. Intelligence/Capability/Horsepower
   - Talent of Communication 1) Writing & 2) Public Speaking
   - Talent of 1) Organization & 2) Prioritization
2. A GRRREAT Attitude/A "CAN-DO" Attitude!
3. ENERGY/AMBITION/DRIVE
4. Decisiveness/Courage!
5. A PROFOUND Understanding of Accountability
6. An Interest in Standardization!
7. CONFIDENCE - A WILLINGNESS to "BET" on Themselves AND the Organization via a large portion of their Compensation based on Performance

The Model
Balancing Purpose and Profit…

7

Definitions of an Organization or Company

🔊 or·gan·i·za·tion

/ˌôrɡənəˈzāSH(ə)n/

noun

1. an organized body of people with a particular purpose, especially a business, society, association, etc.
   "a research organization"

   Similar: company | firm | concern | operation | corporation | institution | ⌄

2. the action of organizing something.
   "the organization of conferences and seminars"

Perhaps a definition that is more precise regarding a group enterprise, such as a company might be as simple as this:

A group of humans going in the SAME direction.

A group of Humans going in a "similar" direction…

The Model
Balancing Purpose and Profit…

8

4

If I can boil down truly effective CEOs, at this point, it would come down to these few points:

1. Ability to **FOCUS**
   - Also stylized as Self-Control
2. Creates a **High-Accountability** Culture (and holding themselves Accountable)
3. Effective Communicator i.e. **Teacher**

The Model
Balancing Purpose and Profit...

9

Apple became the most valuable company on Earth within a few years, because of the FOCUS of Steve Jobs...

FOCUS

IT is RAPID!

The Model
Balancing Purpose and Profit...

10

There is power in saying "no"

to distracting opportunities…

MVI Multi-View Incorporated SYSTEMS

11

Accountability

The CEO is both the **Problem** and the **Solution** in all organizations… We must OWN our Results/Numbers/Performance.

We use the word "Awakening" now to introduce this topic of personal transformation and liberation.

MVI Multi-View Incorporated SYSTEMS

12

13

14

Evolution or De-Evolution?

15

Receiving the State *Malcolm Baldrige* Quality Award

16

8

The Model has "transformed" slow, bureaucratic and low-trust cultures into award-winning, high-trust, "Best Places to Work" with single digit turn-over!

17

National Gallup Exceptional Workplace Award

Cedar Valley Hospice wins 2nd National **Gallup** Exceptional Workplace **Award**. For the second year in a row, we have been **awarded** the **Gallup** Exceptional Workplace **Award**. This **award** is **Gallup's** premier recognition for engaged workplace cultures, presented only to organizations that meet rigorous standards of excellence.

https://www.cvhospice.org › Gallup

Cedar Valley Hospice wins 2nd National Gallup Exceptional ...

Cedar Valley Hospice wins national Gallup award second year in a row

OPENING SUMMER 2021

18

9

19

20

21

22

23

24

CASHBOX

02 Thursday Dec 2021

TOP 50 ROCK AIRPLAY CHART11-27-2021

POSTED BY DAVID BOWLING IN CASHBOX ROCK CHART   💬 LEAVE A COMMENT

Tags
Ayron Jones, Bad Wolves, Ice Nine Kills

# ARTIST	SONG TITLE	LABEL
1 BAD WOLVES	LIFELINE	ELEVEN SEVEN
2 PAPA ROACH	KILL THE NOISE	ELEVEN SEVEN
3 ANDREW REED & THE LIBERATION	TWISTED WORLD	ARTISTS INTL/WORLDSOUND
4 BRING ME THE HORIZON	DIE4U	RCA
5 VOLBEAT	SHOTGUN BLUES	VERTIGO BERLIN/UNIVERSAL
6 AYRON JONES	SUPERCHARGED	JOHN VARVATOS/BIG MACHINE
7 BADFLOWER	DON'T HATE ME	BIG MACHINE
8 ASKING ALEXANDRIA	ALONE AGAIN	SUMERIAN
9 SLUKA	HAPPY IN YOUR WORLD	STEEL FLOWER
10 GRETA VAN FLEET	BUILT BY NATIONS	LAVA/REPUBLIC
11 FOO FIGHTERS	MAKING A FIRE	RCA

25

Professional Perspective

LISTEN ON

Spotify

NEW MUSIC WEEKLY

HOT100

LWP	TWP	Artist - Song Title (Label)
1	1	**Weeknd** - Blinding Lights (Republic/UMG)
3	2	**Harry Styles** - Adore You (Erskine/Columbia)
2	3	**Justin Bieber w/Quavo** - Intentions (RBMG/Def Jam/UMG)
5	4	**Andrew Reed** - Strangers (Artists International)
4	5	Doja Cat - Say So (Kemosabe/RCA)
6	6	Dua Lipa - Don't Start Now (Warner Music)
11	7	**Lady Gaga & Ariana Grande** - Rain On Me (Interscope)
9	8	**Ariana Grande & Justin Bieber** - Stuck With You (Def Jam/UMG)
7	9	Lady Gaga - Stupid Love (Interscope)
10	10	**Dua Lipa** - Break My Heart (Warner Music)
8	11	Camila Cabello w/DaBaby - My Oh My (Syco/Epic)
12	12	**Megan Thee Stallion** - Savage (300 Entertainment)
17	13	**JP Saxe w/Julia Michaels** - If The World Was Ending (Arista/Sony)

26

INDIE MUSIC
SINGLES CHART

Compiled by STS, the radio industry's leading radio airplay chart data system, of independently released singles of the week, based o

LWP	TWP	Artist - Song Title (Label)
1	1	**Andrew Reed** - Strangers (Artists International) ▶ **10 Weeks**
2	2	**Megan Thee Stallion** - Savage (300 Entertainment)
3	3	**December Rose** - When We Were Young (Indie) ▶
5	4	**Rami 411** - Dream (Indie)
4	5	Black Pontiac - November State Of Mind (Appreciated Music) ▶
6	6	**Jerry Cherry** - Miracle (Sweeter)
8	7	**Trevor Daniel** - Falling (Alamo)
9	8	**Linards Zarins** - I Miss You (Spinnup) ▶
11	9	Garrett Young - Do You Hear My Cries (West Coast Collective)
14	10	**Emmanuelle Sasson** - Away From Me (Indie)
13	11	**Rachel Farris** - Light Me Up (Indie)

LISTEN ON

If you are inclined, Follow and Listen on **Spotify**...
Good Karma!

27

Professional Perspective

DRT GLOBAL TOP 50 ADULT CONTEMPORARY AIRPLAY CHART
04-07-2018

#	ARTIST	SONG TITLE	LABEL
1	ED SHEERAN	PERFECT	ATLANTIC UK
2	P!NK	BEAUTIFUL TRAUMA	RCA
3	IMAGINE DRAGONS	WHATEVER IT TAKES	KIDINAKORNER/INTERSCOPE
4	PORTUGAL. THE MAN	FEEL IT STILL	ATLANTIC
5	P!NK	WHAT ABOUT US	RCA
6	ED SHEERAN	SHAPE OF YOU	ATLANTIC UK
7	CHARLIE PUTH	HOW LONG	ARTIST PARTNER/ATLANTIC
8	IMAGINE DRAGONS	THUNDER	KIDINAKORNER/INTERSCOPE
9	DUA LIPA	NEW RULES	WARNER BROTHERS
10	MAX	LIGHTS DOWN LOW	RED/SONY
11	ALICE MERTON	NO ROOTS	MOM & POP/RED
12	MAROON 5	WAIT	222/INTERSCOPE
13	JUSTIN TIMBERLAKE	SAY SOMETHING (FEAT. CHRIS STAPLETON)	RCA
14	CAMILA CABELLO	NEVER BE THE SAME	SYCO/EPIC
15	ANDREW REED	IF ALL THE WORLD WERE RIGHT	ARTISTS INTERNATIONAL
16	SHAWN MENDES	IN MY BLOOD	ISLAND/REPUBLIC
17	CAMILA CABELLO	HAVANA (FEAT. YOUNG THUG)	SYCO/EPIC
18	CHARLIE PUTH	ATTENTION	ARTIST PARTNER/ATLANTIC
19	ZEDD & MAREN MORRIS & GREY	THE MIDDLE	INTERSCOPE

28

14

Profound Work

We are involved in Profound work…and people that are attracted to it, have Profound questions and pursuits… And they want to be working "with" a Profound person…
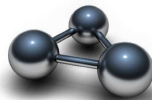
MVI Multi-View Incorporated SYSTEMS

29

Is it working?

This question is using your Intelligence.

Intelligence is pattern-recognition.

There are hundreds of Hospices at this point doing, to varying degrees, "doing the Model" with improvements in quality, as well as in economic results. However, quality is somewhat subjective and entities struggle to measure it. Financial results are much easier to quantify. On average, the result is an increase of Net Operational Income by 5% of Net Patient Revenue. The most dramatic improvements are changes in Net Patient Revenue of 30% (Example -22% to +10%) in around 9 months.

The point is, there is no way it could NOT work! By simply applying meticulous and deliberate intention to the most fundamental aspects of Hospice operations, how could things not improve?

The Model
Balancing Purpose and Profit…

30

Receiving the State *Malcolm Baldrige* Quality Award

The Model

31

The Model has "transformed" slow, bureaucratic and low-trust cultures into award-winning, high-trust, "Best Places to Work" with single digit turn-over!

MVI Multi-View Incorporated

32

33

34

35

Normally Distributed Bell Curve

The 90th Percentile!

Mean
Median
The Herd
The "Huddled Masses"

34.1%   34.1%

13.6%   13.6%

2.1%   2.1%

-3 S.D.   -2 S.D.   -1 S.D.   0   +1 S.D.   +2 S.D.   +3 S.D.

Percentile Rank   0.1   0.6   2   7   16   31   50   69   84   90   96   99.4   99.9

Elevated Consciousness of Integrity

100% of the organizations in the 90th percentile long-term:

1) Use unique/powerful methods of People Development.

2) Are highly "spiritual" organizations.

3) Have unique and different compensation practices.

MVI Multi-View Incorporated
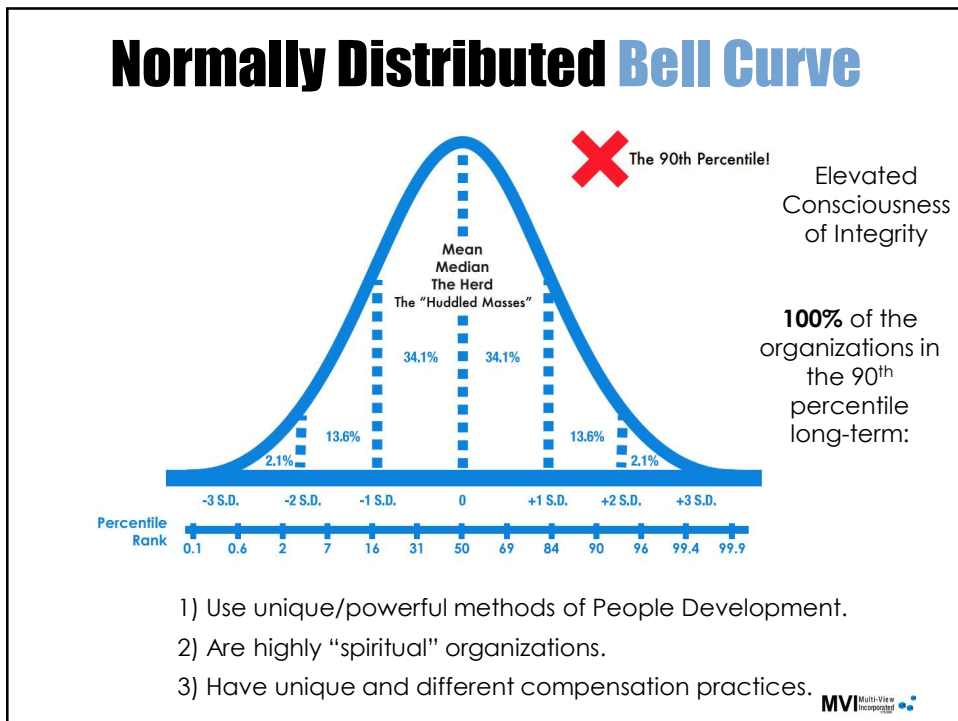
36

18

Take Aways of the 90th Percentile

- Directional Correctness –
  - 1) Teaching
  - 2) Spirituality
  - 3) Comp Systems

- Accurate Thinking

- Taking Accountability for Your Organization
  - Ability to Attract & Retain Clinicians
  - Economics
  - Quality
  - "We don't have time"
  - Without Benchmarking, you are operating pretty much blind… Your internal budget doesn't mean much to the outside world…

MVI Multi-View Incorporated

37

Nature as Truth REALITY!

MVI Multi-View Incorporated SYSTEMS

38

Intelligence
can be defined as
Pattern Recognition

MVI Multi-View Incorporated SYSTEMS

39

Where to Start to Get Things MOVING Quickly!

Because MVI is DEEP…with hundreds of tools, reports, training materials…sometimes people experience the feeling of OVERWHELM! And the question, *"Where do I Start?"* To make it simple, here is a good 3-Step plan! Which you will continue to improve, at your own pace, over time!

Where to Start?
To Standardize and Create World-Class Quality & a Coherent, Completely Integrated Organization.

First → Get Financial Reporting & Benchmarking Setup.
Why? So you can *precisely* determine *exactly* where to go to work and apply Best Known Practices!

Also First → FOCUS on Perfect Visits with Perfect Documentation.
Why? Virtually ALL of an organization's woes can be cured, Quality & Economic, with this *single* move!

And Perfect Phone as KEY to your Selling System!

Evolve → EVOLVE your Compensation System with a few elegant moves to Sure-Up Accountability!
Why? Without Accountability, Standards become "suggestions." Lack of Accountability is the root of the failure of most organizations and serious initiatives. The Compensation System is the *easiest* way to increase Accountability and REWARD the Talented and Productive! As well as remove those that destroy Happy Cultures! Let the "system" do the Accountability for you!

The Model
Balancing Purpose and Profit

40

20

3 Important areas to FOCUS On!

1. Perfect Visits with Perfect Documentation
2. Perfect Phone Interactions
3. Develop Extraordinary Clinical Leaders

Perfect = To the Standards of the Organization

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

41

Steps for Applying Standardization to a Hospice

1. Understand the Steps of Standardization
2. Establish Standards
   - Performance Standards - Numeric
   - Behavioral Standards – with Emphasis on
     - Teaching the "Value of Accountability"
     - Providing Self-Actualization/Liberation/Spiritualized Culture
3. Written OPS (Operations) Manuals
   - Simplification of Systems/Processes
   - Revised Organizational Structure
4. Sensitization of Systems – EMR, Financial
5. Alignment/Design of Compensation with Desired Results
6. Intensive Training – *System7*
   - Leaders/Managers/Clinical Leaders – 70%ers
   - Front-Line Clinicians, starting with A Players
7. Feedback Systems/Methods
   - Measurement based on HIGH VALUE FOCUS
   - Measurements based on DYNAMIC Feedback NPR% rather than Static
   - Site Visits
   - Quarterly Leadership LIVE Face-to-Face Meetings
8. FLATTEN! Indirect Costs SHRINK via Radically Increased Quality

The Model
Balancing Purpose and Profit...

42

Summary of Key Mega-Hospice Points

- "Large" is inherently harder to manage and waste will happen – Lots of money/people make it easy to spend or not notice waste. "Large" necessities Standardization and development of a Position-State of Self-Regulation within employees. Systems of Measure and Monitoring are essential. Clarity of Communication is achieved better through FLAT organizational structures.
- Understand the Steps of Standardization
- Understanding and TEACHING of Accountability
- Establish Standards
- Written OPS (Operations) Manuals
- A complete "retooling" of People Systems 1) Talent Attraction 2) Talent Selection 3) Talent Development 4) Talent Retention
- Intensive Training – The Importance of System7 to eliminate knowledge deficits.
- Comp is KEY! Direct Labor, Clinical Leaders and Motivating Indirects to create a Service Culture – NPR% is KEY for this!
- NPR% Percentages and NOT budgets are KEY! With Large, you need DYNAMIC financial feedback. Static is ridiculous.
- List of all Functions – HR – Cross-Training – 4 Reasons to do the "10/2 Method" for Indirects 1) Redundancy of Function 2) Documentation of Process 3) Supports Teaching Paradigm 4) Disrupts the Fraud Triangle
- FOCUS on FEWER, but HIGH-VALUE, SMART Measures!
- Sensitize your Systems – The larger you are, the more important your "systems" are as the "personal inspection of work" becomes increasingly impossible.
- Use of MagicViews or Monday FOCUS Clinical Leader Reports. Don't "over-communicate."
- Indirects present the Greatest Economic Opportunity – Economies of Scale
- Use of Telecommunications
- Annual Recertifications of Perfect Visit as well as Initial if that is the Design of the People Development System
- Use of Videos to Rapidly Identify Suppressed TALENT! And HIRE Mature Employees!
- The Importance of Site Visits – Eyeballs on Operations, "Feet on the Street"
- There is no substitute for Live, In-Person Events for Leadership (4x a year)
- Inter-company issues are among the toughest. Human beings will automatically "divide" into groups and tribes – Example: 1st Shift vs 2nd Shift
- Modern Bereavement Methods – EMDR, IADC, Hemi-Sync, Monroe Sound Science

MVI Multi-View Incorporated

43

The Steps to Get World-Class Results

1. For Accountability to be possible, Standards must be created. I use Benchmarking and normally set the Standards a bit higher than the median or 50th percentile. This knowledge of the *norms of quality & cost,* through benchmarking, gives me professional perspective with which to make sound professional judgments.

2. I dig into MVI practices (Best Known Patterns at that time), into EACH major data-point topic where the benchmarked result is not what I want. Then I prioritize in light of:
   a) How much result can we get?
   b) Will it be difficult or easy to implement the practice?

3. I look, *with my most pragmatic eyes*, at my Managers… Can they create an electric work atmosphere and achieve the Standards? I give people only a month or 2 to impress me. I expect them to find the practices.

4. I "Ride the P&L" and the Key Metrics until I get what I want…100% of the Standards done on a day-to-day basis. No other outcome is acceptable. The numbers lead my month-to-month management. REPEAT, REPEAT, REPEAT, REPEAT...

44

Key Points in Creating Standards

- Set most of your Standards based on Benchmarking with most all of your Model NPR%s "slightly" better than the median.
  - This will result in a cumulative 12-14% profit without a great deal of work at any single person's part.
- One of the **BIGGEST** mistakes a Hospice can make is setting LOW profit Standards whether FP or NFP. One is setting themselves up for heartache and failure long-term. The point is, why waste money needlessly when a superior product & service can be provide for less?
- All work done within an 8-hour day without overtime.
- For clinical Standards, I take my highest performing clinicians and back the performance down approximately 20%.

45

Understanding the Nature of Best Known Practices and Human Behavior

MVI Multi-View Incorporated SYSTEMS

46

Outliers
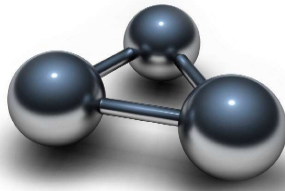
Why this topic first?
Because
"It is the Job!"

The CEO is *always*
selling/advancing and
innovative
ideas/practices!

MVI Multi-View Incorporated SYSTEMS

47

The Value of Humility

A spirit and attitude of Humility and
Openness allows a person to consider
alternative views and beliefs. Pride
and fear shut a person off from new
learning. We have to "let go," at least
temporarily, of what we perceive we
know to make "space" for alternative
ways to look at things! This comes from
the domain of **Integrity**.

MVI Multi-View Incorporated SYSTEMS

48

49

What we will discover about the adoption of Best Known Practices or the Model is that it is as much about **"De-Programing"** people from their prior ideas as it is adding new thought defaults/ patterns.
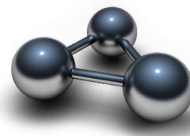
50

Best Known Success Patterns = Competitive Advantage

The Model
Balancing Purpose and Profit...

51

Understanding the Nature of Best Known Practices and Human Behavior

Virtually all "Best Known Practices" and innovations will pass through 3 stages just like penicillin, the idea the world is not flat and washing of hands decreases infections. They are:

1. Ridicule
2. Contempt
3. Acceptance

The Model
Balancing Purpose and Profit...

52

Why do people often have a hard time implementing Model Practices?

These are not uncommon to virtually all Best Known Practices from use of penicillin to the idea that the earth is not flat or that washing hands decreases infections… All revolutionary ideas...

1. **Unfamiliarity** – Humans gravitate to the familiar and comfortable. We are habit-creatures…and new habits or thinking takes effort, and often courage.

2. **Lack of Confidence/Belief in the Practices** – Implementers lack the experience of seeing the practice work and the results. MVI is not theory-based or academic…but pragmatic – "what has worked"… We have direct or observed experience which gives us incredible confidence in the practices espoused. Adopters often must trust until they gain the first-hand experience and see the results in CAHPS scores, in turnover %s, and the financials.

3. **For CEOs, Fear of Public Humiliation** – This is one of the greatest fears of humans. Being an Outlier takes guts… People are not usually treated well when they deviate from the Herd…even if they do well!

The Model
Balancing Purpose and Profit...

53

The Nature of Best Known Practices is a topic CEOs should know well as the CEO is the driver of change… It is both an Emotional as well as an Intellectual understanding.

The Model
Balancing Purpose and Profit...

54
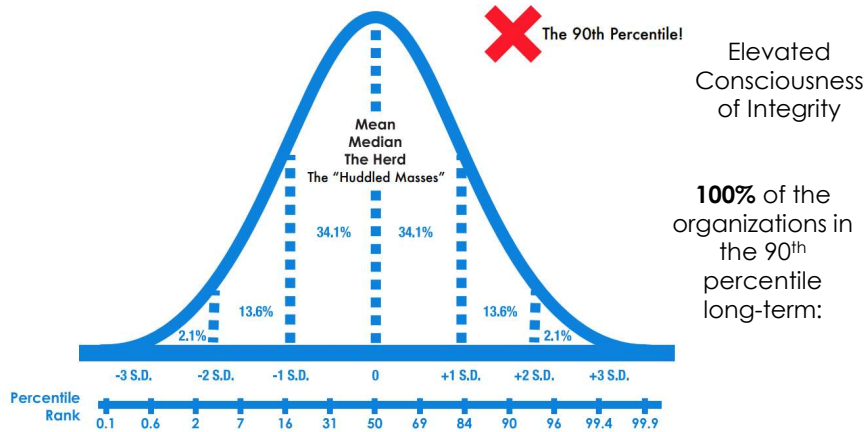
27

Normally Distributed Bell Curve

The 90th Percentile! ❌

Mean
Median
The Herd
The "Huddled Masses"

34.1% 34.1%

13.6% 13.6%

2.1% 2.1%

-3 S.D. -2 S.D. -1 S.D. 0 +1 S.D. +2 S.D. +3 S.D.

Percentile Rank

0.1 0.6 2 7 16 31 50 69 84 90 96 99.4 99.9

Elevated Consciousness of Integrity

100% of the organizations in the 90th percentile long-term:

1) Use unique/powerful methods of People Development.
2) Are highly "spiritual" organizations.
3) Have unique and different compensation practices.

The Model
Balancing Purpose and Profit...

55

The Bell-Curve...
is always with us...

You can choose where you land on the Bell-Curve!
The Herd is SLOW...
Take advantage of it!

The Model
Balancing Purpose and Profit...

56

57

58

It is a system or patterns... A system of Mutual Reliance.

MVI Multi-View Incorporated SYSTEMS

59

"A practice pattern is something that can normally be mimicked or imitated to create or produce a similar result.

MVI Multi-View Incorporated SYSTEMS

60

The 90th Percentile

We are **NOT** very interested in what the majority (the huddled masses) are doing. **You can call up the Hospice next door and find this type of practice information.** To become highly profitable based on extraordinary quality, you will have to become an "outlier" and do things that typical Hospices are ignorant of or are afraid of doing. It is a lonely but highly satisfying road.

NEVER focus on the mediocre majority!

The Model
Balancing Purpose and Profit...

61

"We don't have enough time... We have too many things going on..."

MVI Multi-View Incorporated SYSTEMS

62

Not Enough Time? Too Many Things Going On Now?

We all have enough time…and Best Known Practices GIVE you time!

Examples:
Perfect Visits with Perfect Documentation

The Model

63

Magic! was created as people tend to fall back into old ideas.

And doesn't cost anything really… as the quality & financial **results** are superior.
It's almost like paying for profit or working with an incredible investor.
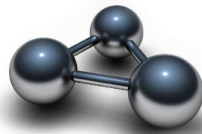
MVI Multi-View Incorporated

64

You have to see it...

Before you can Build it!

If you can't see it, you can't build it...

This is **VISION**!

A captivating, electric Vision creates **Energy**!

MVI Multi-View Incorporated SYSTEMS

65

Operating as an "Integrated, Coherent Whole, Where All Parts of the Organization Work Together!

- For **Marketing** to Promise Exactly WHAT Operations can actually do…

- For **Operations** to DO what Marketing has Promised…

- For **Indirect and Support Areas** to make sure that Marketing and Operation are have everything they need to be Successful!

The ONLY known practical means to do this is through your Compensation System, where it is DESIGNED to "incentivize HARMONY" and Internal Delight.

MVI Multi-View Incorporated

66

33

MVI is about…

The Creation[1] of a High-Quality[2], Predictable[3] Experience[4]

Where all parts of an organization operate as a coherent and completely integrated whole like a natural system…where meticulous attention and consideration, that is palpable, is experienced by all…

MVI Multi-View Incorporated

67
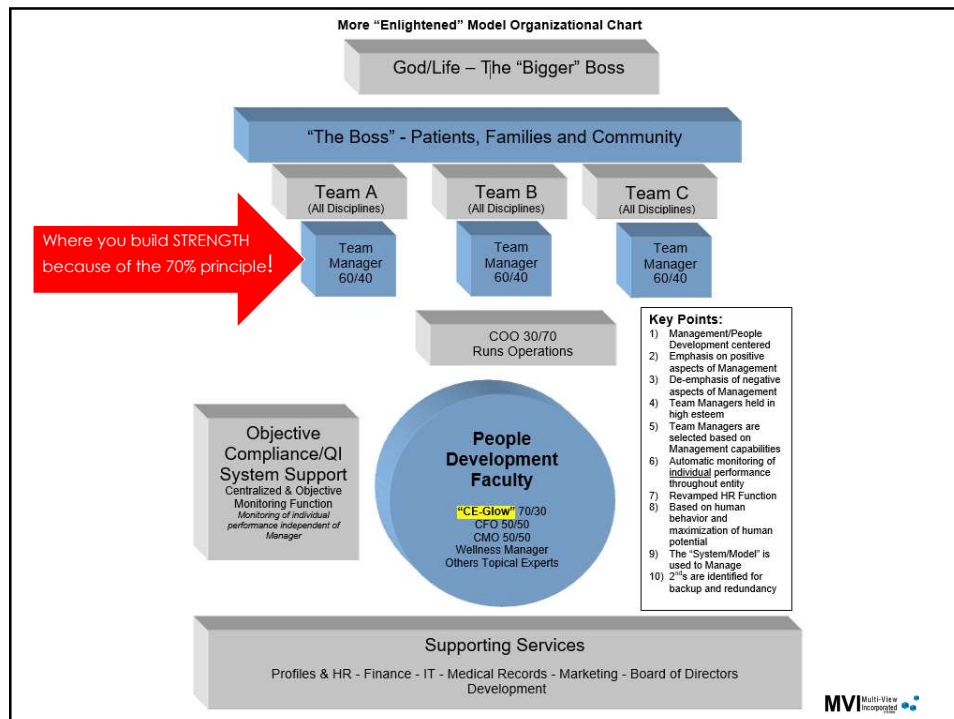
68

Key Points of this type of Organization Chart

1. Recognition of the "Boss" that will write every paycheck a person will receive.
2. Emphasis that 70% of the quality of an organization will come from the front-line Managers.
3. It is People Development centered, with the development of Managers as key to growth and replication. Methods based on human behavior and maximization of human potential.
4. Clinical Leaders are held in high esteem and the primary FOCUS.
5. Emphasis on positive aspects of Management - i.e. Teaching and Coaching.
6. De-emphasis of negative aspects of Management - i.e. Disciplining and Firing People.
7. Clinical Leaders are selected based on Teaching and Management (Self-Control) capabilities.
8. Systems are sensitized to monitor individual performance throughout the entity.
9. Accountability is tied to Standards via the Compensation System. SuperPay! pays better than other employment alternatives.
10. There is Objective Monitoring to "Do Accountability" as most people find doing Accountability undesirable. They don't want to do it! Ideally, this function is done remotely, where the people in this role have little interaction with the staff they are monitoring so they can be as objective as possible.
11. Non-Assigned Managers are trained for backup and redundancy or until a Management/Site position becomes available.
12. 2nds are identified for backup and redundancy.
13. All Indirect areas "live to serve" the Clinical Leaders by providing everything they need so they can FOCUS on developing their people/management.
14. All Indirect positions must work in a different Indirect capacity for 2 nonconsecutive months a year.
15. Direct Accountability to a SINGLE Leader. No "matrix" or dotted lines of Accountability to cause confusion.
16. FLAT - No Regional or Middle Management is necessary to "miscommunicate" or reinterpret communications.

MVI Multi-View Incorporated

69

FLAT as a "Pancake" Org Chart!
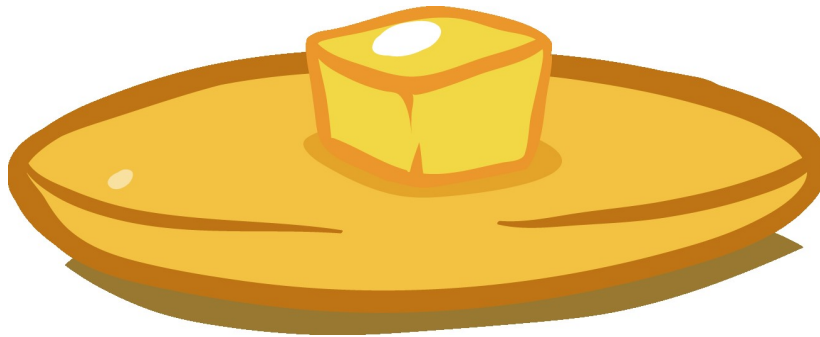
MVI Multi-View Incorporated

70

There comes a time, when an intelligent CEO or Leader has experienced "enough" frustration that they realize the utter need for Standardization and Systemization of the organization.

MVI | Multi-View Incorporated

71

The Steps of Standardization *(MVI-zed)*

1. **Define the Standards**
2. **Written Documentation to Common-ize**
   Material/Process/Strategy/Plan
   a) Written Sequence/Flow Chart
   b) This is a form of Visual/Tangible to Create BELIEF
3. **Creation of Materials for *System7*** – Intensive Training
   a) PowerPoint Modules - to get beyond the 10% oral narrative
   b) Flash Cards
   c) Tests/Measure
4. **Intensive Training** via *System7*
5. **Position Observation**/Review
6. **Analysis of Measurements**/Customer Gifts/Experience
   (Regularity of Measurement)

DESIRED RESULT: Delighted Patients/Families, Referral Sources & Staff.

MVI | Multi-View Incorporated

72

If I were to ask to see your Operational/Training manual(s) now, what would you hand me?

73

Understanding Standardization

(MVI-zed)

DESIRED RESULT: That Students understand that Standards & Systems" Liberate.
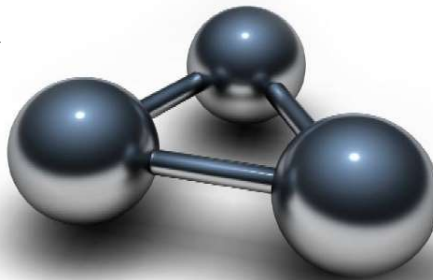
74

Requirements for Standardization *(MVI-zed)*

1. Adopt a set of Best Known Practices
2. Document them in Operational Terms
3. Establish Clear Performance Expectations
4. Design into Positions a State of Self-Control
5. Train Everyone - until they do 100% of the Standards, 100% of the time on a day-to-day basis and at 100% census volume.

DESIRED RESULT: Delighted Patients/Families, Referral Sources & Staff.

MVI Multi-View Incorporated

Characteristics of Standards *(have as few as possible)*
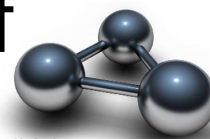
1. **Clear**
2. **Impressive**
3. **Sustainable** (based on the Realities of Human Behavior, Ergonomics, Human Tendencies for Ease, etc.)

DESIRED RESULT: Delighted Patients/Families, Referral Sources & Staff.

MVI Multi-View Incorporated

Achieving/Designing a Position-State of Self-Control
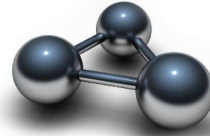
1. Know **what**[1] you are supposed to do and **why**[2] you are doing it (Client Delight, Measurements). This comes from Intensive Training (***System7***).
2. Know if you are doing it to Standard *with emphasis on Visual Controls/IRMs (Image Recall Mechanisms). (The more immediate the Feedback and Measurement, the better it teaches.)*
3. Have ability and authority to regulate for long-term Client Delight. *(Example breaking a Standard to gain an immediate "thank you" only to have them disrespect you later as not living the ideals you preach.)*
4. Refresh at least Annually.

DESIRED RESULT: Delighted Patients/Families, Referral Sources & Staff.

MVI Multi-View Incorporated

77

Monitoring & Control
Using fewer, but SMART Measurements
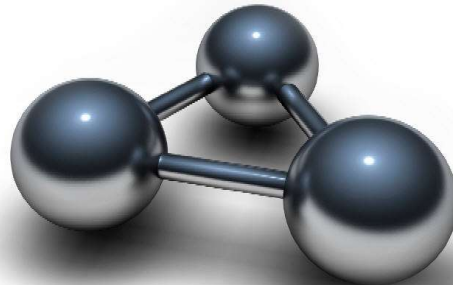
MVI Multi-View Incorporated SYSTEMS

78

If measurements are flawed....

MEaRSURE

anyway!

Don't get hung up on internal reporting "inconsistencies" within systems. Pick your reports and crown them as your Gold Standards. Use them! Don't let them become excuses to dodge **Accountability**.

Accuracy in measurement is less important than **Consistency** in measurement.

MVI Multi-View Incorporated

79

Bestest-Known Practices!

"Patterns"

Key Measurements/Reports *for* Clinical Leaders

Your NUMBERS tell the TRUTH about you...and those numbers are the BEST you know how to do...because if you could do better, you would...

MVI Multi-View Incorporated
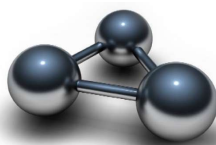
80

Key Measurements

*Measure FEWER but **Smart** things & Create FOCUS!*

1. Perfect Documentation[1], Productivity[2], Complaints[3] (Gifts) – *WITH IMMEDIATE FEEDBACK!*
   - *Solves CAHPS Scores, ZPICS/Audits, Direct Labor Inefficiencies*
2. Contribution Margin for Clinical Leaders
   - Eliminates the need for at least 30 other measures
3. Use of NPR%s (Net Patient-Revenue) rather than "old school" Patient-Day for Financial Management
4. Number of Visits without Documentation Errors or Complaints (Per Thousand Visits)
   - IMPRESSIVE NEW Measures! Designed for a Marketing Result!
5. Turnover (Retention of Talent) – Single Digits
   - Turnover is the #1 Destroyer of VALUE!
6. ADC
   - "High Water covers a lot of stumps…"

MVI Multi-View Incorporated

81

The Same Measures Can be Used for Virtually All Clinical Positions

Quality Measures for Clinical Positions
Version 22.0

Use as few as possible!

Choose only one if possible!

Position	(1) Documentation	(2) Productivity	(3) Quality
Clinical - Direct Labor			
RN	1) Documentation to Standard	2) # of Patients Visited and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
LPN	1) Documentation to Standard	2) # of Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
Aide	1) Documentation to Standard	2) # of Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
SW	1) Documentation to Standard	2) # of Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
Spiritual Care	1) Documentation to Standard	2) # of Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
Admissions RN	1) Documentation to Standard	2) # of Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
Advanced Practice Nurse	1) Documentation to Standard	2) # of Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
On-Call RN	1) Documentation to Standard	2) # of Visits or Chart Audits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
Occupational Therapist	1) Documentation to Standard	2) # of Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
Physical Therapist	1) Documentation to Standard	2) # of Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
Speech Therapist	1) Documentation to Standard	2) # of Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
Physician/NP	1) Documentation to Standard	2) # of Patients Visited or Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
Homemaker	1) Documentation to Standard	2) # of Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
Inpatient Unit			
RN	1) Documentation to Standard	2) Unit GIP Census	3) No Complaints/Gifts, Avg Pain Scores
LPN	1) Documentation to Standard	2) Unit GIP Census	3) No Complaints/Gifts, Avg Pain Scores
Aide	1) Documentation to Standard	2) Unit GIP Census	3) No Complaints/Gifts, Avg Pain Scores
Charge Nurse	1) Documentation to Standard	2) Unit GIP Census	3) No Complaints/Gifts, Avg Pain Scores

MVI Suggestion in RED

IF YOU CAN ONLY MONITOR DOCUMENTATION AND PRODUCTIVITY EASILY, THEN JUST USE THOSE!
MVI suggests RNs use Number of Patients Visited Per Pay Period and to 100% of the POC.
Simply running a Plan of Care (POC) report for compliance is really sufficient when the Number of Patient Visited is being used too!

82

83

Team/Location Report

Sunny Day Hospice				K'Dean	Marshall	Dani	K'Dean	Valerie	Ryan	Billy	Diana
For Periods Ending April 2020								Baker	La		
		Model	SDH	Fruitland	Caldwell	Meridian	Emmett	City	Grande	Bend	La Pine
ADC			306.8	52.2	34.7	36.9	30.7	52.9	36.6	32.1	30.7
ADC Goal			350	72	70	50	32	55	58	50	35
Revenue											
Medicare		95.00%	95.57%	95.77%	95.58%	97.05%	94.74%	94.75%	83.91%	102.76%	101.43%
Medicaid		3.70%	2.75%	0.07%	1.66%	-	6.99%	4.30%	9.15%	-	-
Insurance		3.00%	3.47%	5.94%	5.95%	2.19%	-	2.85%	8.61%	-	0.60%
Self Pay		0.05%	0.42%	0.49%	0.35%	2.76%	-	-	-	-	-
Adjustments		(1.75%)	(2.21%)	(2.26%)	(3.55%)	(2.00%)	(1.73%)	(1.89%)	(1.68%)	(2.76%)	(2.03%)
Total Revenue		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Direct Labor											
Nurses		13.50%	13.58%	12.25%	9.15%	12.96%	11.50%	16.88%	14.38%	16.25%	13.25%
Admissions		3.00%	2.80%	5.54%	8.14%	4.45%	5.58%	-	-	-	-
CNA		7.00%	4.77%	5.82%	6.33%	5.64%	4.86%	3.11%	6.26%	4.20%	2.34%
SW		3.00%	3.24%	4.08%	5.10%	1.91%	1.45%	2.35%	4.46%	3.59%	2.85%
SC		2.00%	2.29%	2.09%	3.26%	1.60%	1.77%	2.38%	2.18%	3.11%	1.97%
On-Call		3.00%	5.90%	4.72%	7.95%	5.39%	5.12%	2.76%	5.97%	11.61%	6.10%
Volunteer		1.50%	1.41%	1.46%	1.40%	2.43%	0.88%	1.18%	1.87%	-	2.19%
Physicians/NPs		2.00%	2.39%	3.16%	4.50%	4.35%	1.88%	0.59%	1.10%	2.32%	2.15%
Total Direct Labor		35.00%	36.39%	39.11%	45.84%	38.73%	33.04%	29.25%	36.21%	41.07%	30.85%

84

Team/Location Report

Sunny Day Hospice
For Periods Ending April 2020

			K'Dean	Marshall	Dani	K'Dean	Valerie	Ryan	Billy	Diana
		Model	SDH	Fruitland	Caldwell	Meridian	Emmett	Baker City	La Grande	Bend	La Pine
Direct Patient-Related Expenses											
	Pharmacy	5.70%	4.71%	6.80%	7.92%	4.21%	6.24%	1.87%	5.11%	3.11%	3.46%
	DME	3.70%	3.56%	5.63%	3.29%	3.76%	4.72%	3.04%	2.82%	2.62%	2.10%
	Medical Supplies	1.30%	3.77%	2.88%	4.18%	3.80%	3.68%	3.22%	3.80%	5.12%	4.27%
	Mileage & Vehicles	2.00%	1.02%	3.34%	0.43%	0.82%	0.31%	0.42%	0.43%	0.71%	0.87%
	Mobile Phone	0.20%	0.29%	0.28%	0.45%	0.27%	0.30%	0.28%	0.27%	0.28%	0.17%
	Other	0.10%	0.08%	0.05%	0.23%	0.15%	0.06%	0.06%	0.09%	-	-
	Total Direct Expenses	13.00%	13.42%	18.98%	16.49%	13.00%	15.32%	8.89%	12.52%	11.84%	10.88%
Indirect Expenses											
	Rent		1.75%	1.47%	1.97%	3.48%	1.88%	2.36%	0.42%	1.28%	1.05%
	Indirect Costs		0.40%	0.14%	0.26%	0.21%	0.07%	0.19%	0.16%	2.55%	2.62%
	Total Indirect Expenses	2.00%	2.15%	1.61%	2.22%	3.69%	1.96%	2.56%	0.57%	3.82%	3.66%
Total Expense		50.00%	51.96%	59.70%	64.55%	55.42%	50.31%	40.69%	49.30%	56.74%	45.39%
Contribution Margin		50.00%	48.04%	40.30%	35.45%	44.58%	49.69%	59.31%	50.70%	43.26%	54.61%

85

Team/Location Report

Sunny Day Hospice
For Periods Ending April 2020

			K'Dean	Marshall	Dani	K'Dean	Valerie	Ryan	Billy	Diana
		Model	SDH	Fruitland	Caldwell	Meridian	Emmett	Baker City	La Grande	Bend	La Pine
Operational Statistics											
Out of Standards											
	Perfect Visit		2.00	-	-	-	-	2.00	-	-	-
	Documentation		42.00	7.00	7.00	14.00	1.00	2.00	6.00	3.00	2.00
	Emergencies		-	-	-	-	-	-	-		-
	Total Out of Standards		44.00	7.00	7.00	14.00	1.00	4.00	6.00	3.00	2.00
Computed Caseloads											
	Nurses	10	8	10	14	10	10	6	8	7	8
	Admissions	50	45	23	17	31	23	-	-	-	-
	CNA	10	12	10	9	11	12	17	9	12	22
	SW	28	28	23	19	53	65	38	20	24	30
	SC	75	36	41	27	56	47	33	37	24	39
	On-Call	50	16	21	13	19	19	33	16	7	14
	Volunteer	100	38	41	26	26	68	47	31	-	25
	Physicians/NPs	140	73	57	42	44	95	286	157	70	76
Total Number of Visits											
	Nurses		2,858	520	287	244	186	712	270	400	239
	Admissions		543	97	214	184	-	-	-	48	-
	CNA		1,543	275	265	254	197	231	153	105	63
	SW		1,538	327	315	119	109	232	145	193	98
	SC		950	87	142	232	-	147	10	117	215

86

43

Team/Location Report

Sunny Day Hospice
For Periods Ending April 2020

	Model	SDH	K'Dean Fruitland	Marshall Caldwell	Dani Meridian	K'Dean Emmett	Valerie Baker City	Ryan La Grande	Billy Bend	Diana La Pine
Visit Hours Per Discipline										
Nurses		3,576	598	369	376	262	790	410	484	288
Admissions		834	235	329	201	-	-	-	69	
CNA		1,618	346	257	229	199	221	189	115	61
SW		1,384	308	319	78	77	203	114	182	103
SC		828	97	145	145	-	130	44	126	1?1
On-Call		992	102	191	127	55	27	138	273	78
Volunteer		-	-	-	-	-	-	-	-	-
Physicians/NPs		66	-	-	-	-	14	-	53	-
Average Visit-Hours for each Patient Per Week										
Nurses	1.50	0.60	0.61	0.66	0.69	0.82	0.47	0.62	0.46	0.75
Admissions	0.10	2.57	1.56	0.74	1.28	-	-	-	3.25	-
CNA	2.00	1.33	1.06	0.94	1.13	1.08	1.67	1.35	1.96	3.55
SW	0.50	1.55	1.19	0.76	3.32	2.80	1.82	2.24	1.23	2.10
SC	0.25	2.59	3.76	1.68	1.78	-	2.86	5.79	1.78	1.52
On-Call	0.10	2.17	3.58	1.27	2.03	3.89	13.81	1.86	0.82	2.75
Volunteer	2.00	-	-	-	-	-	-	-	-	-
Physicians/NPs	0.10	32.44	-	-	-	-	27.05	-	4.28	-
Average Visit Duration in Minutes										
Nurses	55	75	69	77	92	84	67	91	73	72
Admissions	90	92	145	92	66	-	-	-	86	-
CNA	55	63	75	58	54	61	58	74	66	58
SW	55	54	57	61	39	42	53	47	57	63
SC	55	52	67	61	38	-	53	266	65	3?
On-Call	45	79	54	52	84	100	50	84	164	77
Volunteer	55	-	-	-	-	-	-	-	-	-
Physicians/NPs	30	51	-	-	-	-	27	-	66	-

MVI Multi-View Incorporated

87

Contrast this... with giving your Leaders TONS of measures! The Antithesis of FOCUS!!

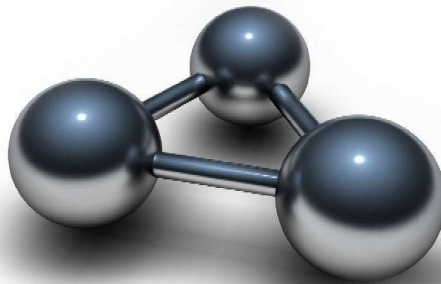It takes no special talent to complicate or ADD more! A truly Talented person

SIMPLIFIES!

MVI Multi-View Incorporated

88

89

90

91

The Definition of Net Patient Revenue

Net Patient Revenue – Revenue earned for the provision of services to patients from sources such as Medicare, Medicaid, Commercial Insurance and Private Pay. It is less contractual allowances and bad debt. It does NOT include pass-through income such as: Nursing Home Room & Board, Contracted IP, Contracted Respite or Consulting Physician Services. It also DOES NOT include Community Support or Fundraising. It is very important that you have a clear understanding of this term because most comparison data is based on a percentage of Net Patient Revenue.

92

Calculating Percentage of Net Patient Revenue (NPR)

Example: Medication Costs for a Month

$$\$25,000 \div \$300,000 = 8.3\%$$

MVI Multi-View Incorporated

FACT:

Most Hospice Managers are NOT Professional Hospice Managers for they don't even know the most the most *elementary* elements of the costs in our Hospice movement.

How can anyone have even the slightest claim of being a "professional" without this *basic* perspective?

MVI Multi-View Incorporated

Factor #3: Perspective/ Benchmarking

This objective and frequent perspective is your #1 tool to influence others in a positive direction and tells you if your Hospice is an Outlier or is a follower of the mediocre majority. This monthly objective perspective is a must in order to develop true Professional Managers. This is one of your primary financial educational tools. ***Always benchmark against ALL other Hospices in the database regardless of size, tax status, region of the country, etc.*** You want a national perspective. To provide a "filtered" perspective is to dumb down your team. Compare yourself with every Hospice in the database as the most data-oriented and sophisticated Hospices gravitate to benchmarking.

MVI Multi-View Incorporated

Benchmarking is absolutely necessary to be a True Professional Hospice Manager!

MVI Multi-View Incorporated
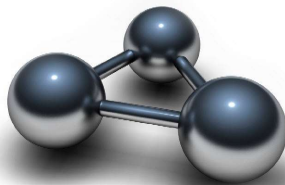
Benchmarking tells an organization *exactly* "where" to go to work to identify Best Known Practices and apply them!

It provides "precision" to management rather than reliance upon guesswork.

97

So what if you are hitting your own marks in a vacuum?

~ Jack Welsh

Benchmarking links you to the external world…

98

Benchmarking

is the means by which an individual moves from the ranks of an amateur to the ranks of the

Professional

within a relatively short period of time.

MVI Multi-View Incorporated SYSTEMS

99

The benchmarking information is one of your most persuasive tools for driving change because it is objective. You will need it to PROVE your views to staff.

MVi Multi-View Incorporated

100

If measurements are flawed....

MEaRSURE
anyway!

Don't get hung up on internal reporting "inconsistencies" within systems. Pick your reports and crown them as your Gold Standards. Use them! Don't let them become excuses to dodge **Accountability**.

Accuracy in measurement is less important than **Consistency** in measurement.

MVI Multi-View Incorporated

Benchmarking – External References

Benchmarks are absolutely necessary to move from the ranks of *amateur* leader to the ranks of the hospice *professional*. Our movement is overflowing with people masquerading as hospice professional leaders. This is evidenced by poor financial performance. **HOW** can a leader be a professional without quite precise financial knowledge of the industry (movement)? This continually evolving knowledge should be recitable from memory. If it isn't, it isn't deep enough...

MVI Multi-View Incorporated

Behind Every Line is a Practice

I use financial benchmarking as a road map. Each line represents an area of focus and there is a best known practice for each.

In the MVI world, **cost follows function**. This means that all traceable costs for a function are grouped in each line. Examples: Admissions would include the admissions RN and any supporting staff for the admission function. If a CFO wants an assistant, the assistance is charged to the Finance area, not Administration.

103

Define your Search Criteria

104

105

106

MVI: Perform Query an...

- Locate Server ●
- Check Password ●
- Reset Results ●
- Perform Query ●
- Get Results ●
- Build Excel Sheet — 10

Try Again

107

Hospice ~ Net Percentage of Revenue Comparison
Sunny Day Hospice   2021 - YTD November

MVI Multi-View Incorporated — BENCHMARKING

Version : 21.0

	Your Data	Variance of Median	Median	10th Percentile	90th Percentile	MVI Model	Your Rank	Count 375	Locations 806
Alerts		10.00%					20%		
Revenue									
Medicare	92.51%	-3.56%	96.07%	88.26%	113.31%		26%	356	793
Medicaid	6.31%	5.21%	3.10%	0.78%	7.47%		91%	307	697
Commercial Benefit	3.67%	-0.34%	4.01%	1.62%	10.08%		42%	305	693
Commercial FFS	0.00%	-0.44%	0.44%	0.00%	4.24%			29	51
Medicaid RB (own unit)	0.00%	0.00%	0.00%	0.00%	0.00%			3	4
Other RB (own unit)	0.00%	0.00%	0.00%	0.00%	0.00%			3	4
Physician Billing	1.26%	0.89%	0.37%	0.02%	2.03%		77%	123	334
Self Pay	0.13%	-0.20%	0.33%	0.04%	1.44%		28%	185	472
Other Charity Rev	1.03%	0.64%	0.40%	0.02%	3.55%		64%	190	443
Adjustments	-5.64%	-1.77%	-3.67%	-26.79%	-0.53%		36%	321	748
Total	100.00%		100.00%	100.00%	100.00%	100.00%		365	603
Direct Labor									
Nurses	12.91%	-5.30%	18.21%	27.82%	12.73%	14.00%	89%	360	798
HHA/CNA	4.15%	-1.49%	5.64%	8.87%	3.52%	7.00%	82%	356	792
SW	3.31%	-0.80%	4.11%	6.51%	2.60%	4.00%	74%	353	779
Spiritual Care	1.15%	-0.93%	2.08%	3.33%	1.15%	2.00%	90%	343	773
Physician/NP	1.06%	-1.18%	2.24%	5.40%	0.49%	2.00%	76%	293	722
On-Call	3.63%	0.02%	3.81%	7.34%	0.91%	3.00%	50%	258	519
Admissions	3.48%	-0.27%	3.75%	7.18%	1.18%	3.00%	55%	242	564
Bereavement	0.24%	-1.07%	1.31%	2.78%	0.45%	1.00%	55%	279	613
Volunteer	0.72%	-0.28%	1.00%	1.92%	0.51%	2.00%	76%	307	684
Triage	0.00%	-1.45%	1.45%	3.27%	0.44%	1.00%		87	274
Total	30.63%	-10.96%	41.79%	52.37%		39.00%	90%	362	800
Direct Patient-Related Expenses									
Ambulance	0.67%	0.30%	0.37%	1.09%	0.07%	0.35%	23%	330	759
Bio Hazardous	0.00%	0.02%	0.02%	0.14%	0.01%	0.02%		88	245
Crisis Care	0.38%	0.32%	0.06%	1.36%	-0.58%	0.37%	30%	115	349
Dietary	0.00%	-0.05%	0.05%	0.28%	0.01%	0.10%		88	223
DME	3.76%	-0.33%	4.09%	5.63%	2.88%	4.25%	65%	349	777
ER	0.00%	-0.08%	0.08%	0.41%	0.01%	0.08%		128	333
Food	0.00%	-0.06%	0.06%	0.48%	0.01%	0.08%		39	65
Imaging	0.16%	0.09%	0.07%	0.25%	0.01%	0.07%	21%	204	495
Lab	0.10%	0.02%	0.08%	0.35%	0.02%	0.15%	43%	299	707
Linen	0.00%	-0.02%	0.02%	0.22%	0.00%	0.00%		13	18
Medical Supplies	1.28%	-0.53%	1.81%	2.96%	0.86%	1.50%	74%	354	784
Mileage	2.43%	0.10%	2.33%	4.24%	1.30%	2.50%	47%	349	785
Mobile Phone	0.48%	0.00%	0.48%	0.99%	0.12%	0.40%	50%	256	595
Other	0.00%	-0.09%	0.09%	1.13%	0.01%	0.00%		192	405
Outpatient	0.00%	-0.15%	0.15%	1.01%	0.03%	0.15%		186	468
Oxygen	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		3	4
Pagers	0.00%	-0.06%	0.06%	0.37%	0.01%	0.00%		39	66
Pharmacy	3.59%	-1.51%	5.10%	7.89%	3.25%	5.00%	84%	360	798
Therapies	0.03%	-0.23%	0.26%	1.46%	0.02%	0.50%	86%	273	627
Pass-Through Residual	-2.15%	-2.84%	0.69%	3.05%	-1.18%	0.00%	54%	326	752
Total	10.73%	-6.07%	16.80%	22.98%	11.88%	15.00%	54%	359	796
Total Direct Expense	41.56%	-16.61%	58.17%	71.57%	46.72%	54.50%	96%	362	800
Contribution Margin	58.44%	16.63%	41.82%	28.33%	53.01%	45.50%	96%	360	798
Indirect Expense	42.46%	5.89%	36.57%	50.29%	25.10%	33.00%	30%	360	798
Net Segment Income	15.98%	11.29%	4.70%	-15.52%	23.27%	12.50%	83%	360	798

108

Hospice ~ Net Percentage of Revenue Comparison
Sunny Day Hospice 2021 - YTD November

MVI Multi-View Incorporated — BENCHMARKING

Version: 21.0

	Your Data	Variance of Median	Median	10th Percentile	90th Percentile	MVI Model	Your Rank	Count 375	Locations 806
Alerts		10.00%					20%		
Direct Labor									
Nurses	12.91%	-5.30%	18.21%	27.82%	12.73%	14.00%	89%	360	798
HHA/CNA	4.15%	-1.49%	5.64%	8.87%	3.52%	7.00%	82%	356	792
SW	3.31%	-0.80%	4.11%	6.51%	2.60%	4.00%	74%	353	779
Spiritual Care	1.15%	-0.93%	2.08%	3.33%	1.15%	2.00%	90%	343	773
Physician/NP	1.06%	-1.18%	2.24%	5.40%	0.49%	2.00%	76%	293	722
On-Call	3.83%	0.02%	3.81%	7.34%	0.91%	3.00%	50%	258	519
Admissions	3.48%	-0.27%	3.75%	7.18%	1.18%	3.00%	55%	242	564
Bereavement	0.24%	-1.07%	1.31%	2.78%	0.45%	1.00%	95%	279	613
Volunteer	0.72%	-0.28%	1.00%	1.92%	0.51%	2.00%	76%	307	684
Triage	0.00%	-1.45%	1.45%	3.27%	0.44%	1.00%		87	274
Total	30.83%	-10.96%	41.79%	52.37%	30.83%	39.00%	90%	362	800
Direct Patient-Related Expenses									
Ambulance	0.67%	0.30%	0.37%	1.09%	0.07%	0.35%	23%	330	759
Bio Hazardous	0.00%	-0.02%	0.02%	0.14%	0.01%	0.02%		88	245
Crisis Care	0.38%	0.32%	0.06%	1.36%	-0.58%	0.37%	30%	115	349
Dietary	0.00%	-0.05%	0.05%	0.28%	0.01%	0.10%		88	223
DME	3.76%	-0.33%	4.09%	5.63%	2.88%	4.25%	65%	349	777
ER	0.00%	-0.08%	0.08%	0.41%	0.01%	0.08%		128	333
Food	0.00%	-0.06%	0.06%	0.48%	0.01%	0.06%		39	65
Imaging	0.16%	0.09%	0.07%	0.25%	0.01%	0.07%	21%	204	495
Lab	0.10%	0.02%	0.08%	0.35%	0.02%	0.15%	43%	299	707
Linen	0.00%	-0.02%	0.02%	0.22%	0.00%	0.00%		13	18
Medical Supplies	1.28%	-0.53%	1.81%	2.98%	0.86%	1.50%	74%	354	784
Mileage	2.43%	0.10%	2.33%	4.24%	1.30%	2.50%	47%	349	785
Mobile Phone	0.46%	0.00%	0.46%	0.99%	0.12%	0.40%	50%	256	595
Other	0.00%	-0.09%	0.09%	1.13%	0.01%	0.00%		192	405
Outpatient	0.00%	-0.15%	0.15%	1.01%	0.03%	0.15%		186	468
Oxygen	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		3	4
Pagers	0.00%	-0.06%	0.06%	0.37%	0.01%	0.00%		39	68
Pharmacy	3.59%	-1.51%	5.10%	7.89%	3.25%	5.00%	84%	360	798
Therapies	0.03%	-0.23%	0.26%	1.46%	0.02%	0.50%	86%	273	627
Pass-Through Residual	-2.15%	-2.84%	0.69%	3.05%	-1.18%	0.00%	94%	326	752
Total	10.73%	-6.07%	16.80%	22.58%	11.88%	15.50%	94%	359	796

Visits — Locations: 806 Count: 375
Sunny Day Hospice 2021 - YTD November

MVI Multi-View Incorporated — BENCHMARKING

Version: 21.0

	Estimated Visits For Each Patient Per Week			Cost Per Visit / Before Markup of Patient-Related Costs			Total Cost Per Visit		
	Your Data	Median	Your Rank %	Your Data	Median	Your Rank %	Your Data	Median	Your Rank %
RN	2.1	1.6	86%	$153.95	$196.24	75%	$230.92	$297.65	76%
LPN	0.1	0.3	24%	$144.45	$148.22	52%	$216.68	$220.75	51%
HHA/CNA	1.4	1.8	28%	$81.07	$75.32	43%	$121.61	$100.08	31%
SW	0.4	0.4	41%	$220.58	$179.60	25%	$330.87	$293.80	39%
Spiritual Care	0.1	0.3	11%		$147.82		$356.39	$246.85	14%
Physician/NP	0.2	0.1	83%	$268.69	$225.97	43%	$403.03	$326.12	41%
On-Call	0.1	0.1	16%		$392.73			$590.44	
Admissions	0.1	0.1	20%		$379.13			$592.70	
Bereavement	0.0	0.1	12%	$400.58	$188.61	4%		$237.70	
Volunteer	0.1	0.1	49%	$133.99	$91.08	17%	$200.99	$157.76	36%
Total	4.6	4.8							

	Estimated Visit-Hours For Each Patient Per Week			Cost Per Visit-Hour / Before Markup of Patient-Related Costs			Total Cost Per Visit-Hour		
	Your Data	Median	Your Rank %	Your Data	Median	Your Rank %	Your Data	Median	Your Rank %
RN	1:43	1:45	47%	$186.77	$205.07	58%	$280.16	$305.30	58%
LPN	0:04	0:16	16%	$206.06	$145.44	27%	$309.09	$199.17	23%
HHA/CNA	1:08	1:51	14%	$98.18	$69.14	18%	$147.28	$97.05	14%
SW	0:15	0:24	16%	$338.45	$214.13	22%	$507.68	$314.31	20%
Spiritual Care	0:04	0:13	6%	$453.04	$231.60	11%	$679.55	$322.37	9%
Physician/NP	0:05	0:03	71%	$487.17	$505.18	53%	$730.76	$597.16	45%
On-Call	0:03	0:11	1%	$1,975.02	$455.55	2%		$558.17	
Admissions	0:06	0:15	9%	$865.32	$318.03	11%	$1,297.99	$424.63	6%
Bereavement	0:01	0:03	15%	$322.49	$431.47	59%	$483.73	$363.67	42%
Volunteer	0:16	0:14	61%	$64.23	$134.22	78%	$96.34	$139.39	63%
Total	3:48	5:17							

Slide 111

Executive Dashboard
Sunny Day Hospice   2021 - YTD November   Locations: 806 Count: 375

MVI Multi-View Incorporated — BENCHMARKING

Version: 21.0

Organizational Statistics

Indicator	Your Data	Median	MVI Model	Your Rank		Your Data	Median	MVI Model	Your Rank
Days in Accounts Receivable	55.2	46.7	45	33%	Org Net Income $ (Thousands)	3,188	92		92%
Debt to Equity Ratio	0.02	0.19	0.20	99%	Facility Mix	35.0%	35.0%	50.0%	49%
Days Cash on Hand	1541.9	83.0	180	100%	Facility Team Patient Days %		34.2%	40.0%	
Days in Accounts Payable	27.3	28.3	25	46%	Crisis Care % Served		0.7%	0.5%	
Revenue Per Payroll Dollar	1.70	1.46	1.50	80%	Volunteer %		8.0%	15.0%	
Incentive Comp for Marketing %		10.0%	30.0%		Development Return Ratio	2.54	3.50	3.50	33%
Direct Labor as % of All Labor	68%	65%	58%	65%	Development Signature Programs		3		
Mileage Rate	0.50	0.52		61%	EBITDA Ratio NPR %		6.6%		
Benefits % Total	28.1%	21.8%	22.0%	12%	IP Unit(s) Building Cost (Thousands)	0	3,670		
Benefits % - Health and Wellness	15.4%	10.1%	0.0%	10%	IP Unit(s) Cost Square Foot	0	214		
Benefits % - Payroll Taxes	8.4%	8.7%	0.0%	60%	IP Unit(s) Cost per Bed	0	252,500		
Benefits % - Retirement	2.6%	2.0%	0.0%	30%	% of Hospice Homecare Net Revenue:				
Benefits % - All Other	1.7%	0.9%	0.0%	26%	IP Unit Net Operational Income	2.0%	-3.7%	2.0%	87%
Indirect % of Net Revenue	37.1%	37.4%	33.0%	51%	Pal Care Net Operational Income		-2.0%	-2.0%	
Indirect Labor	18.9%	23.1%	22.0%	79%	Development Net	3.0%	3.6%	4.0%	47%
Operations	11.2%	8.8%	7.0%	26%	Other Programs	11.2%	-0.2%		95%
Facility-Related	6.9%	3.8%	4.0%	14%	Organization Net Income	42.5%	3.0%	16.0%	97%

Business Segments

	Hospice				IP Unit				Service Line			
	Your Data	Median	MVI Model	Your Rank	Your Data	Median	MVI Model	Your Rank	Your Data	Median	MVI Model	Your Rank
Average Daily Census	147.3	131.2		54%	10.3	9.5		53%		30.8		
Average Length of Stay		71.3	90.00			9.0	6.50			73.0		
Median Length of Stay		19.0	25.00			5.0	5.00			54.5		
Net Patient Revenue/Patient-Day	152.34	153.14		48%	568.18	619.28		31%	0.00	4.02		
Direct Labor/Patient-Day	46.97	64.90	59.41	86%	380.36	481.64	355.11	71%	0.00	11.95	0.00	
Patient-Related/Patient-Day	16.34	25.75	23.61	96%	60.37	91.19	65.34	77%	0.00	0.32	0.00	
Indirect Costs/Patient-Day	64.68	56.38	50.27	31%	82.90	201.74	102.27	88%	0.00	3.37	0.00	
Net Operational Income/Patient-Day	24.35	6.48	19.04	81%	44.55	-143.70	45.45	85%	0.00	-7.78	0.00	
Direct Labor % of Net Revenue	30.8%	41.8%	39.0%	90%	66.5%	74.8%	82.5%	63%	0.0%	151.2%	35.0%	
Patient-Related % of Net Revenue	10.7%	16.8%	15.5%	94%	10.6%	13.8%	11.5%	76%	0.0%	6.5%	23.0%	
Indirect % of Net Revenue (Segment)	42.5%	36.6%	33.0%	30%	14.6%	32.0%	18.0%	88%	0.0%	34.9%	33.0%	
Net Operational Income %	16.0%	4.7%	12.5%	83%	7.8%	-22.7%	8.0%	84%		-111.9%	9.0%	

Computed Clinical Visits

Computed Caseload	Hospice				IP Unit				Service Line			
	Your Data	Median	MVI Model	Your Rank	Your Data	Median	MVI Model	Your Rank	Your Data	Median	MVI Model	Your Rank
RN	10.3	8.7	12.0	74%	4.5	3.8	6.0	67%		0.0		
LPN	165.0	30.3	12.0	99%	39.1	2.5	6.0	98%		0.0		
HHA/CNA	15.3	10.7	10.0	84%	4.0	4.5	6.0	49%		0.0		
SW	31.9	27.1	30.0	74%	8.4	7.5	15.0	57%		0.0		
Spiritual Care	94.9	46.5	75.0	98%		7.8	75.0			0.0		
Physician/NP	111.7	97.6	140.0	55%	10.2	4.9		64%		0.0		
On-Call	33.5	31.5	50.0	55%		0.0				0.0		
Admissions	31.9	33.4	50.0	44%		0.0	40.0			0.0		
Bereavement	452.2	83.0	100.0	96%	47.3	0.0		86%		0.0		
Volunteer	130.4	84.0	100.0	80%	62.1	0.0		79%		0.0		

111

Slide 112

Computed Clinical Visits

Computed Weekly Visits	Hospice				IP Unit				Service Line			
	Your Data	Median	MVI Model	Your Rank	Your Data	Median	MVI Model	Your Rank	Your Data	Median	MVI Model	Your Rank
RN	21.5	13.1	20.0	94%	11.9	10.5		55%		0.0		
LPN	18.1	9.2	22.0	79%	6.6	0.0		60%		0.0		
HHA/CNA	21.2	19.1	22.0	66%	9.5	7.2		55%		0.0		
SW	12.6	11.4	20.0	61%	12.2	11.6		50%		0.0		
Spiritual Care	12.0	11.8	24.0	51%		1.0				0.0		
Physician/NP	17.6	8.6	10.0	78%	32.9	2.5		82%		0.0		
On-Call	2.4	3.6	15.0	33%		0.0				0.0		
Admissions	2.4	3.0	12.0	33%		0.0				0.0		
Bereavement	6.9	6.0		58%		0.0				0.0		
Volunteer	17.6	4.6		76%		0.0				0.0		

Computed Visit Duration	Hospice				IP Unit				Service Line			
	Your Data	Median	MVI Model	Your Rank	Your Data	Median	MVI Model	Your Rank	Your Data	Median	MVI Model	Your Rank
RN	0:49	1:06	1:00	16%	0:42	0:42		45%	1:00	1:03		39%
LPN	0:42	1:02	1:00	5%	0:04	0:44		7%		0:55		
HHA/CNA	0:49	1:03	1:00	14%	1:03	0:39		65%		0:57		
SW	0:39	0:56	1:05	14%	0:32	0:43		24%		1:04		
Spiritual Care	0:31	0:52	1:00	9%	0:21	0:33		15%		1:02		
Physician/NP	0:33	0:47	0:40	22%	0:28	0:35		30%		0:55		
On-Call	0:41	1:18	1:00	2%		0:51				1:03		
Admissions	1:21	1:52	1:30	16%		1:32				1:14		
Bereavement	1:14	0:42	1:00	81%		0:19				0:34		
Volunteer	2:05	1:16		85%		0:40				1:09		

Computed Weekly Visits per Patient	Hospice				IP Unit				Service Line			
	Your Data	Median	MVI Model	Your Rank	Your Data	Median	MVI Model	Your Rank	Your Data	Median	MVI Model	Your Rank
RN	2.1	1.8	1.8	86%	14.8	18.7		37%		0.3		
LPN	0.1	0.3	0.6	24%	0.2	3.8		19%		0.1		
HHA/CNA	1.4	1.8	2.0	28%	13.2	14.0		46%		0.1		
SW	0.4	0.4	0.5	41%	1.5	1.8		35%		0.1		
Spiritual Care	0.1	0.3	0.3	11%	0.5	1.1		19%		0.0		
Physician/NP	0.2	0.1	0.3	83%	3.2	2.5		64%		0.1		
On-Call	0.1	0.1	0.2	16%		0.1				0.0		
Admissions	0.1	0.1	0.1	20%		0.4				0.1		
Bereavement	0.0	0.1	0.1	12%		0.8				0.1		
Volunteer	0.1	0.1	0.2	49%		1.0				0.2		

Computed Weekly Visit-Hours per Patient	Hospice				IP Unit				Service Line			
	Your Data	Median	MVI Model	Your Rank	Your Data	Median	MVI Model	Your Rank	Your Data	Median	MVI Model	Your Rank
RN	1:43	1:45	2:00	47%	10:25	13:20		35%		0:27		
LPN	0:04	0:16	0:36	16%	0:00	2:38		5%		0:04		
HHA/CNA	1:08	1:51	2:00	14%	14:04	11:42		60%		0:15		
SW	0:15	0:24	0:30	16%	0:46	1:12		24%		0:14		
Spiritual Care	0:04	0:13	0:18	6%	0:10	0:39		10%		0:03		
Physician/NP	0:05	0:03	0:12	71%	1:31	1:21		54%		0:09		
On-Call	0:03	0:11	0:15	1%		0:07				0:01		
Admissions	0:06	0:15	0:15	9%		0:36				0:02		
Bereavement	0:01	0:03	0:24	15%		0:15				0:04		
Volunteer	0:16	0:14	0:24	61%		1:01				0:12		

MVI Multi-View Incorporated

112

Slide 113

Quality Section

HIS - Hospice Item Set	Your Data	Median	Your Rank	Count	Locations
1. NQF #1617 Patients Treated with an Opioid who are Given a Bowel Regimen				101	250
2. NQF #1634 Pain Screening				102	251
3. NQF #1637 Pain Assessment				102	251
4. NQF #1638 Dyspnea Treatment				102	251
5. NQF #1639 Dyspnea Screening				102	251
6. NQF #1641 Treatment Preferences				92	227
7. Modified NQF #1647 Beliefs/Values Addressed (if desired by the patient)				87	220
CMS Non-NQF-endorsed measure 1. Hospice Visits when Death is Imminent 3 days				38	71
CMS Non-NQF-endorsed measure 2. Hospice Visits when Death is Imminent 7 days				35	66
8. NQF #3235 Comprehensive Assessment at Admission				50	101
Non-NQF-endorsed HVLDL				26	53

CAHPS Hospice Survey Measures	Your Data	Median	Your Rank	Count	Locations
Q6 - Team Communication: While your family member was in Hospice care, how often did the Hospice team keep you informed about when they would arrive to care for your family member?				102	254
Q7 - Timely Care for Help Needed: While your family member was in Hospice care, when you or your family member asked for help from the Hospice team, how often did you get help as soon as you needed it?				102	254
Q5 - Timely Care for On-Call: How often did you get the help you needed from the Hospice team during evenings, weekends, or holidays?				101	257
Q38 - Emotional Support for Family: In the weeks after your family member died, how much emotional support did you get from the Hospice team?				102	254
Q16 - Help for Symptoms of Pain: Did your family member get as much help with pain as he or she needed?				102	254
Q22 - Help for Symptoms of Breathing: How often did your family member get the help he or she needed for trouble breathing?				98	249
Q25 - Help for Symptoms of Constipation: How often did your family member get the help he or she needed for trouble with constipation?				97	241
Q19 - Training on Pain Med Effects: Did the Hospice team give you the training you needed about what side effects to watch for from pain medicine?				99	250
Q20 - Training on Increase Pain Med: Did the Hospice team give you the training you needed about if and when to give more pain medicine to your family member?				97	240
Q23 - Training on Breathing: Did the Hospice team give you the training you needed about how to help your family member if he or she had trouble breathing?				98	249
Q36 - Spiritual Beliefs: Support for religious or spiritual beliefs includes talking, praying, quiet time, or other ways of meeting your religious or spiritual needs. While your family member was in Hospice care, how much support for your religious and spiritual beliefs did you get from the Hospice team?				99	250
Q10 - Information Continuity: While your family member was in Hospice care, how often did anyone from the Hospice team give you confusing or contradictory information about your family member's condition or care?				98	249
Q39 - Global Measure to Rate Hospice: Using any number from 0 to 10, where 0 is the worst Hospice care possible and 10 is the best Hospice care possible, what number would you use to rate your family member's Hospice care?				87	211
Q40 - Recommend this Hospice: Would you recommend this Hospice to your friends and family?				90	227

Alerts/Validation

Below are amounts that have been Excluded from the current submission. However, if you feel these amounts are accurate please notify our office to review expanding the current ranges. Please note that there are three groupings. First the Financial Amounts that should be reviewed in detail. The Statistical and Model amounts may have a lot of Exclusions if your Hospice has not put a lot of attention on these areas. In situations where a large amount of Excluded data is present the entire submission is Excluded and our office will contact your Hospice directly. Your Hospice's Management Application user will have the most relevant information on the exclusions. Please feel free to contact our office for questions. (772) 569-9811

Exclusions:
[Upload Process Date: 06-15-2022. [FINANCIAL EXCLUSIONS: Admissions Inpatient Unit NPR 0.00% Net Revenue. BS Cash $144587/ADC. BS Fund Balance $290535/ADC. Computer 5.06% Net Revenue. Linen Inpatient Unit NPR 0.00% Net Revenue. Other Charity Expense NPR -0.01% Net Revenue. Quick Ratio 53. Spiritual Care Inpatient Unit NPR -0.02% Net Revenue. [STATISTICAL EXCLUSIONS: Admissions Non-Allocated Visit Costs $1178.65. Admissions Visit Costs $1767.98. Bereavement Visit Costs $600.87. On Call Non-Allocated Visit Costs $1367.66. OnCall Total Visit/Hour Costs $2962.54. OnCall Visit Costs $2051.48. RN Direct Visit Costs Service Line $7538.56. RN Visit Costs Service Line $18280.32. Spiritual Care Computed Avg Caseload IP -334.3. Spiritual Care Non-Allocated Visit Costs $237.59. [MODEL EXCLUSIONS: [FINANCIAL ALERTS: [STATISTICAL ALERTS: [MODEL ALERTS:

MVI Multi-View Incorporated

113

Slide 114

IP Unit ~ Net Percentage of Revenue Comparison
Sunny Day Hospice   2021 - YTD November

MVI Multi-View Incorporated
BENCHMARKING

Version: 21.0

	Your Data / Alerts	Variance of Median	Median	10th Percentile	90th Percentile	MVI Model	Your Rank	Count 375	Locations 806
Revenue		10.00%					20%		
Medicare	85.90%	3.19%	82.71%	57.66%	100.62%		65%	179	443
Medicaid	6.71%	1.25%	5.47%	1.40%	12.03%		64%	156	403
Commercial Benefit	7.91%	0.11%	7.61%	3.59%	19.87%		51%	162	416
Commercial FFS	0.00%	-0.26%	0.26%	0.00%	1.41%			5	8
Medicaid RB (own unit)	0.00%	-1.62%	1.62%	0.00%	11.22%			16	38
Other RB (own unit)	7.24%	0.52%	6.73%	0.65%	48.56%		53%	88	238
Physician Billing	5.98%	0.63%	5.35%	0.86%	10.30%		56%	101	233
Self Pay	1.74%	0.24%	1.50%	0.26%	16.72%		-55%	111	305
Other Charity Rev	0.00%	-1.94%	1.94%	0.18%	5.67%			67	193
Adjustments	-9.50%	-2.73%	-6.76%	-27.69%	-0.90%		38%	158	403
Total	100.00%		100.00%	100.00%	100.00%	100.00%		156	156
Direct Labor									
Nurses	40.38%	-7.32%	47.70%	71.40%	34.08%	35.00%	71%	187	450
HHA/CNA	22.25%	7.04%	15.21%	26.42%	8.07%	15.00%	15%	177	430
SW	3.17%	0.11%	3.07%	5.29%	1.83%	3.00%	47%	144	361
Spiritual Care	0.00%	-1.34%	1.34%	2.62%	0.65%	1.00%		111	322
Physician/NP	0.81%	-3.93%	4.74%	13.53%	0.10%	4.00%	83%	140	319
On-Call	0.00%	-0.24%	0.24%	3.26%	0.02%	0.00%		31	117
Admissions	0.00%	-3.02%	3.02%	9.27%	0.70%	2.50%		72	155
Bereavement	0.15%	-0.68%	0.83%	2.61%	0.18%	1.00%	53%	69	167
Volunteer	0.20%	-0.64%	0.64%	2.20%	0.15%	1.00%	87%	79	197
Triage	0.00%	-0.55%	0.55%	4.11%	0.00%	0.00%		14	37
Total	66.94%	-7.68%	74.62%	106.76%	53.84%	62.50%	63%	186	451
Direct Patient-Related Expenses									
Ambulance	0.75%	-0.44%	1.19%	3.81%	0.18%	1.00%	66%	160	411
Bio Hazardous	0.02%	-0.14%	0.16%	0.74%	0.03%	0.15%	96%	95	232
Crisis Care	0.00%	-0.17%	0.17%	0.20%	0.00%	0.20%		11	24
Dietary	0.00%	-0.34%	0.34%	2.67%	0.02%	0.30%		57	98
DME	1.01%	0.55%	0.47%	1.86%	0.09%	0.40%	27%	150	354
ER	0.00%	-0.05%	0.05%	0.65%	0.00%	0.00%		16	92
Food	2.86%	0.84%	2.02%	7.04%	0.48%	2.00%	36%	165	403
Imaging	0.03%	-0.02%	0.05%	0.25%	0.01%	0.05%	65%	70	237
Lab	0.05%	0.00%	0.05%	0.29%	0.01%	0.05%	51%	87	263
Linen	0.00%	-0.92%	0.92%	2.27%	0.16%	0.70%		133	351
Medical Supplies	1.55%	-0.57%	2.12%	3.07%	1.21%	1.75%	78%	174	436
Mileage	0.00%	-0.11%	0.11%	0.46%	0.03%	0.10%		131	346
Mobile Phone	0.22%	0.13%	0.10%	0.45%	0.02%	0.05%	26%	86	259
Other	0.34%	0.15%	0.20%	0.67%	0.02%	0.10%	27%	108	263
Outpatient	0.00%	-0.12%	0.12%	0.82%	0.01%	0.10%		52	192
Oxygen	1.44%	0.82%	0.62%	1.74%	0.17%	0.65%	18%	108	260
Pagers	0.00%	-0.06%	0.06%	0.15%	0.00%	0.00%		8	14
Pharmacy	2.35%	-1.53%	3.88%	7.39%	1.83%	3.50%	83%	175	428
Therapies	0.01%	-0.36%	0.37%	2.80%	0.01%	0.40%	94%	104	290
Pass-Through Residual	0.01%	-0.01%	0.02%	6.17%	-1.08%	0.00%	57%	48	190
Total	10.83%	-3.13%	13.76%	23.80%	7.84%	11.50%	76%	182	445
Total Direct Expense	77.57%	-10.07%	87.64%	119.53%	63.58%	74.00%	68%	186	447
Contribution Margin	22.43%	9.96%	12.47%	-16.30%	36.42%	26.00%	67%	183	446
Indirect Expense	14.59%	-17.44%	32.03%	66.34%	12.00%	18.00%	88%	187	452
Net Segment Income	7.84%	30.53%	-22.65%	-78.02%	14.48%	8.00%	84%	187	450

MVI Multi-View Incorporated

114

57

"Red Circle Method" through the use of Monthly Benchmarking

Of the Hospices I have personally helped manage, here is how I do it on a Month-to-Month basis. I call it "Riding the P&L"… This has proven to be an EXTREMELY EFFECTIVE way to manage a Hospice of a few thousand or 30 patents a day.

Here are a few examples of past results:

- 18.5% average over 10 years (EBITDA 24%)
- 16% average over 6 years (EBITDA 28%)
- 28% average over 7 years (EBITDA 35%)
- 13% average over 5 years (EBITDA 19%)
- 12% average over 12 years (EBITDA 17%)

We have some that do much, much better than these but they are being served by other MVI team members. The above does not include my current **Magic** clients. In all of these examples, it is with ZERO community support. And all of these are "averages," which means that in the early years, profit were often lower than the later years when we were hitting on most cylinders… And the EBITDA was 3-5% higher as these are NET OPERATIONAL INCOME!

MVI Multi-View Incorporated

115

"Red Circle Method" through the use of Monthly Benchmarking

Here is what I do…

1. **I print out both the MVI Benchmarking for the 1) Month and then 2) YTD. I'm using my Unit or Memo accounts so it is EASY to run these without any additional manual input work. I run the MVI Team/Location Reports to analyze team or site performance.**
2. **Anything that significantly deviates from the Model is Red Circled and investigated. The Red Circles are prioritized according to**
   1. **where the biggest gains could be realized as well as**
   2. **what can be addressed with the least effort.**
3. **At first, you may have a lot to review, but later on you know WHY such deviations exist. Normally, anything above the Model is unacceptable.**
4. **I reference Best Known Practices for each area.**
5. **Then…GO TO WORK and work with each Manager on the practice in the Red Circled areas. I ride people until the performance is in Standard or until they quit. It's pretty straight-forward…and in a surprisingly short period of time, the organization is soaring!**

The Model
Balancing Purpose and Profit…

There are a good number of CEOs that do the same thing…ALL are highly successful with margins over 14%.

116

Indirect Costs Percentage of Net Revenue Comparison
Sunny Day Hospice 2019 - YTD September

	Your Data	Variance of Median 10.00%	Median	10th Percentile	90th Percentile	MVI Model	Your Rank 20%	Locations 785 Count 401
Indirect Labor								
Administration	3.71%	-2.16%	5.87%	13.64%	2.49%	3.50%	77%	346
Clinical Management	4.14%	-1.18%	5.32%	9.02%	2.04%	5.50%	70%	313
Compliance/QAPI	1.27%	0.00%	1.27%	2.68%	0.57%	1.50%	50%	233
Education	0.10%	-0.80%	0.90%	1.91%	0.24%	1.00%	96%	0
Finance	2.31%	-0.22%	2.53%	4.64%	1.08%	2.25%	61%	259
HR	0.73%	-0.43%	1.16%	2.06%	0.53%	0.75%	76%	208
Marketing	1.27%	-1.31%	2.58%	5.54%	0.77%	2.00%	81%	288
Medical Director	0.63%	-1.25%	1.88%	4.70%	0.51%	1.25%	88%	257
Medical Records	0.89%	-0.14%	1.03%	2.10%	0.37%	1.00%	58%	206
MIS	0.66%	-0.59%	1.25%	2.21%	0.39%	1.25%	82%	192
Other	0.00%	-0.79%	0.79%	4.39%	0.05%	0.00%		170
Total	15.71%	-7.10%	22.81%	30.91%	15.39%	20.00%	89%	342
Operational Costs								
Answering Service		0.22%	0.11%	0.28%	0.02%	0.10%	7%	197
Accounting/Audit	0.67%	0.30%	0.37%	1.13%	0.10%	0.35%	24%	274
Bank Service	0.04%	-0.01%	0.05%	0.22%	0.01%	0.05%	61%	244
Computer Expenses	4.12%	2.89%	1.23%	2.54%	0.16%	0.70%	1%	319
Consulting/Professional Fees	0.40%	0.01%	0.39%	1.72%	0.07%	0.30%	50%	260
Continuing Education	0.40%	0.15%	0.25%	0.74%	0.05%	1.00%	36%	334
Copier Expense	0.11%	-0.07%	0.18%	0.52%	0.06%	0.20%	72%	173
Depreciation-Major Moveable	0.00%	-0.72%	0.72%	1.68%	0.14%	0.75%		222
Dues, Licenses & Subscription		0.47%	0.37%	0.84%	0.14%	0.30%	10%	350
Insurance	0.95%	0.35%	0.60%	1.17%	0.21%	0.65%	18%	329
Interest-Operating	0.00%	-0.20%	0.20%	1.01%	0.01%	0.00%		134
Lease/Rent Equipment	0.01%	-0.14%	0.15%	0.63%	0.02%	0.10%	97%	199
Legal	0.43%	0.29%	0.14%	0.58%	0.02%	0.10%	18%	226
Marketing Other	0.74%	0.02%	0.72%	2.12%	0.17%	0.60%	49%	341
Meeting Expense	0.03%	-0.10%	0.13%	0.51%	0.02%	0.15%	87%	310
Mileage-Non-Patient	0.03%	-0.18%	0.22%	0.87%	0.05%	0.21%	96%	328
Minor Equipment	0.00%	-0.07%	0.07%	0.29%	0.01%	0.07%		187
Miscellaneous	0.01%	-0.07%	0.08%	0.32%	0.02%	0.00%	96%	225
Office Supplies	0.49%	0.19%	0.30%	0.74%	0.12%	0.35%	23%	352
Other Expenses	0.00%	-0.13%	0.13%	0.88%	0.02%	0.00%		215
Pagers (Non-Patient)		0.06%	0.06%	0.15%	0.02%	0.00%	30%	25
Postage/Mailings		0.13%	0.10%	0.24%	0.04%	0.18%	11%	339
Printing	0.00%	-0.19%	0.19%	0.44%	0.04%	0.20%		285
Service Contracts-Operating	0.02%	-0.12%	0.14%	1.50%	0.01%	0.10%	87%	179
Telephone	0.43%	-0.11%	0.54%	1.11%	0.17%	0.50%	63%	345
Training-Groups	0.03%	-0.02%	0.05%	0.18%	0.01%	0.00%	65%	124
Vehicle Exp-Owned/Lease	0.11%	0.00%	0.11%	0.95%	0.01%	0.04%	51%	125
Total	10.54%	1.91%	8.63%	14.87%	5.44%	7.00%	30%	342
Facility-Related Costs								
Alarm System	0.06%	0.03%	0.03%	0.19%	0.00%	0.03%	29%	138
Cleaning & Paper	0.30%	0.15%	0.15%	0.50%	0.03%	0.15%	23%	263
Depreciation-Building	4.54%	3.29%	1.26%	3.58%	0.18%	1.00%	5%	238
Exterminating	0.03%	0.01%	0.02%	0.04%	0.01%	0.02%	27%	97
Interest-Facility	0.00%	-0.55%	0.55%	2.00%	0.07%	0.00%		57
Landscaping	0.26%	0.15%	0.12%	0.37%	0.01%	0.06%	19%	174
Maintenance	1.09%	0.81%	0.28%	0.99%	0.04%	0.20%	7%	310
Maintenance Salaries	0.00%	-0.75%	0.75%	1.79%	0.24%	0.50%		24
Other-Facility	0.53%	0.47%	0.06%	0.28%	0.01%	0.06%	5%	58
Property Taxes	0.00%	-0.04%	0.04%	0.26%	0.01%	0.03%		116
Rent	0.26%	-0.93%	1.19%	3.25%	0.12%	1.30%	83%	294
Service Contracts-Facilities	0.00%	-0.15%	0.15%	0.71%	0.02%	0.15%		200
Utilities	1.54%	1.04%	0.50%	1.19%	0.14%	0.50%	5%	321
Total	8.61%	4.77%	3.85%	8.23%	1.58%	4.00%	9%	344
Total Indirect Costs	34.86%	-1.56%	36.42%	47.39%	26.78%	31.00%	58%	347

The Model™ Balancing Purpose and Profit...

117

Getting Clear about
Financial Statements
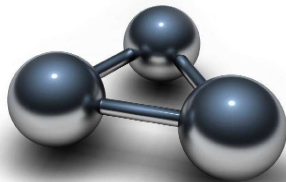
MVI Multi-View Incorporated SYSTEMS

118

Reports
Teach Managers to Manage!
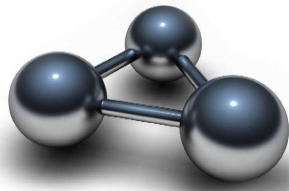
Most Hospice Managers are NOT Professional Hospice Managers for they can even relate the most basic of movement cost measurements.

MVI Multi-View Incorporated

119

What you Should and Should NOT be Doing?

- No Budgets!!!
- No Allocations!!!
- Use of F9 or other DDE Tool
- Timeliness: Period Closed in 3rd the week of month
- Accuracy: Your competence
- Presentation: Always use the same flow
- Only Issue a Few Reports for Management
  - Comprehensive Model Report
  - Team/Location Report/IPU Report
  - Indirect Report
- Method of Delivery: Email Reports
- Remove Internal Consistency Issues
  - Just determine what reports will use to Manage

MVI Multi-View Incorporated

120

121

122

123

Team-Location Report
Sunny Day Hospice
For Periods Ending YTD September 2020

	Model	SD ADC	NE Average	Jean Cleveland	Debbie Phil	Phil Norfolk	Mel Baltimore	SE Average	Kate Atlanta	Lynn Greenv...
ADC		520.0	67.7	56.1	72.4	112.3	29.8	44.3	53.7	
ADC Goal		494.0	58.5	72	68	60	34	48.0	65	
Revenue										
Medicare	95.00%	95.66%	96.3%	96.28%	96.71%	96.46%	95.85%	95.0%	94.14%	89.3
Medicaid	3.70%	2.12%	2.1%	0.89%	2.02%	1.25%	5.18%	2.2%	3.53%	3.
Insurance	3.00%	3.93%	3.1%	5.54%	3.57%	1.67%	0.50%	4.7%	3.96%	9.
Self Pay	0.05%	0.33%	0.7%	0.02%	0.48%	2.43%	-	0.0%	-	
Adjustments	(1.75%)	(2.04%)	-2.3%	(2.72%)	(2.77%)	(1.81%)	(1.53%)	-1.8%	(1.63%)	(2.
Total Revenue	100.00%	100.00%	100.0%	100.00%	100.00%	100.00%	100.00%	100.0%	100.00%	100.
Direct Labor										
Nurses	13.50%	15.33%	14.4%	14.38%	14.51%	14.43%	14.06%	16.2%	18.83%	15.
Admissions	3.00%	2.49%	5.0%	5.79%	5.65%	4.08%	3.93%	0.3%	-	
CNA	7.00%	5.00%	6.2%	6.80%	6.75%	5.48%	5.35%	4.0%	3.91%	4.
SW	3.00%	3.28%	3.6%	4.75%	4.50%	2.92%	1.70%	3.0%	2.67%	2.
SC	2.00%	2.18%	2.2%	2.45%	2.77%	1.78%	1.73%	2.1%	2.72%	1.

Team-Location Report
Sunny Day Hospice
For Periods Ending YTD September 2020

	Model	SD ADC	NE Average	Jean Cleveland	Debbie Phil	Phil Norfolk	Mel Baltimore	SE Average	Kate Atlanta	Lyn Green...
Contribution Margin	50.00%	47.73%	40.2%	35.39%	35.33%	43.77%	49.44%	54.2%	54.96%	5
Contribution Margin Standard			45%					51%	50%	

Operational Statistics

Out of Standards

			Totals					Totals		
Service Failure/Gift		46	33	8	12	8	5	10	1	
Documentation		72	39	10	11	12	6	26	12	
Efficiencies		-	-	-	-	-	-	-		
Total Out of Standards		117	72	18	23	20	11	36	13	

Out of Standards in Proportion to ADC

			Average					Average		
Service Failure/Gift		46	13.7%	14.3%	16.6%	7.1%	16.8%	5.5%	1.9%	8.8
Documentation		72	16.0%	17.8%	15.2%	10.7%	20.1%	13.4%	22.3%	17.
Efficiencies		-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0
Total Out of Standards		117		32.1%	31.8%	17.8%	36.9%		24.2%	26.5

MVI Multi-View Incorporated

124

Team-Location Report
Sunny Day Hospice
For Periods Ending YTD September 2020

	Model	SD ADC	NE Average	Jean Cleveland	Debbie Phil	Phil Norfolk	Mel Baltimore	SE Average	Kate Atlanta
Computed Caseloads			Average					Average	
Nurses	10	9	10	10	10	11	10	10	8
Admissions	50	60	34	27	28	41	39	25	-
CNA	10	13	11	10	10	13	12	15	16
SW	28	33	39	24	26	41	65	34	39
SC	75	44	49	41	37	60	56	46	34
On-Call	50	19	20	22	16	24	17	20	35
Volunteer	100	46	48	42	41	32	77	69	64
Physicians/NPs	140	78	71	59	44	51	129	136	232
Total Number of Visits			Total					Total	
Nurses		17,728	8,368	3,447	1,739	1,778	1,404	2,340	3,527
Admissions		1,843	1,730	479	755	387	109	28	-
CNA		15,708	9,342	2,865	2,250	2,275	1,952	1,592	2,246
SW		6,930	3,537	1,239	1,140	564	594	848	1,120
SC		4,600	3,126				845	104	636	972
On-Call							546	266	348	329
Volunteer							-	-	-	-
Physicians/NP			27	23	96	146		5,888	

Team-Location Report
Sunny Day Hospice
For Periods Ending YTD September 2020

	Model	SD ADC	NE Average	Jean Cleveland	De... P...

Quality Ranking

			Service Failures	Documentation	Efficent
1	Site 1	Clinical Leader Name 1	1%	1%	1%
2	Site 2	Clinical Leader Name 2	1%	1%	1%
3	Site 3	Clinical Leader Name 3	1%	1%	1%
4	Site 4	Clinical Leader Name 4	1%	1%	1%
5	Site 5	Clinical Leader Name 5	1%	1%	1%

Contribution Margin Ranking

			Direct Labor	Patient-Related	Other	CM
1	Site 1	Clinical Leader Name 1	32%	8%	2%	50%
2	Site 2	Clinical Leader Name 2	33%	9%	2%	49%
3	Site 3	Clinical Leader Name 3	34%	10%	2%	48%
4	Site 4	Clinical Leader Name 4	35%	11%	2%	47%
5	Site 5	Clinical Leader Name 5	36%	12%	2%	46%

Overall Ranking

			Total Non-Stnd	CM	50/50	Use a 50/50 w...
1	Site 1	Clinical Leader Name 1	10%	50%	1%	
2	Site 2	Clinical Leader Name 2	11%	49%	1%	
3	Site 3	Clinical Leader Name 3	12%	48%	1%	
4	Site 4	Clinical Leader Name 4	13%	47%	1%	

MVI Multi-View Incorporated

Comprehensive Model Report

Sunny Day Hospice

YTD December, 2008

Area/Program	Leader	Direct Labor	NPR% Model	Patient Related	NPR% Model	Contribution Margin	NPR% Model	Performance Pay
Hospice-Location 4	Johnny Rattler	34.7%	35.0%	4.5%	17.0%	60.9%	48.0%	0.0%
Hospice-Location 5	Jolly Roger	76.8%	35.0%	0.0%	17.0%	23.2%	48.0%	0.0%
Hospice-Location 6	Shivers Dunkin	0.0%	35.0%	0.0%	17.0%	0.0%	48.0%	0.0%
Hospice-Location 7	Jonas White	0.0%	35.0%	0.0%	17.0%	0.0%	48.0%	0.0%
Hospice-Location 8	Carrie Slasher	0.0%	35.0%	0.0%	17.0%	0.0%	48.0%	0.0%
Hospice-Location 9	Betty Horn	0.0%	35.0%	0.0%	17.0%	0.0%	48.0%	0.0%
Inpatient Unit (Loc 3)	Harriet Mackie	53.7%	59.0%	0.0%	17.0%	46.3%	24.0%	0.0%
Palliative Care (Loc 2)	Jill Scallywag	0.0%	70.0%	0.0%	17.0%	0.0%	13.0%	0.0%
Total Organizational		39.8%	40.0%	3.6%	17.0%	56.6%	43.0%	0.0%

Centralized Direct	Leader	Labor		Other		Total %	Model %	Performance
On-Call	Chris Davis	3.2%	3.00%	0.0%	0.05%	3.2%	3.1%	0.0%
Admissions	Ella Blue Ramsay	1.2%	3.00%	0.0%	0.05%	1.2%	3.1%	0.0%
Bereavement	Lil Timbers	3.1%	1.00%	0.0%	0.05%	3.1%	1.1%	0.0%
Volunteer	Mabel Barrels	1.4%	1.00%	0.0%	0.05%	1.4%	1.1%	0.0%
Total Centralized		9.0%		0.0%		9.0%	8.2%	0.0%

Indirect Areas	Leader	Labor		Other		Total %	Model %	Performance
Administration	John Rugged	3.9%	3.50%	0.0%	0.05%	3.9%	3.6%	0.0%
Clinical Management	Sal Frisk	7.2%	5.50%	12.7%	0.05%	19.9%	5.6%	0.0%
Compliance/QAPI	Moll Biscuit	0.9%	1.50%	0.0%	0.05%	0.9%	1.6%	0.0%
Education	Vera Skewers	1.6%	1.00%	0.0%	0.05%	1.6%	1.1%	0.0%
Finance	Tobias Story	2.6%	2.25%	0.0%	0.05%	2.6%	2.3%	0.0%
HR	Nancy Harpo	1.1%	0.75%	0.0%	0.05%	1.1%	0.8%	0.0%
Marketing	Roger Sellok	0.6%	2.00%	0.0%	0.05%	0.6%	2.1%	0.0%
Medical Director	Jacob Haul	0.0%	1.25%	0.0%	0.05%	0.0%	1.3%	0.0%
Medical Records	Eli Goodwin	1.5%	1.00%	0.0%	0.05%	1.5%	1.1%	0.0%
MIS	Mack Sweet	1.0%	1.25%	0.0%	0.05%	1.0%	1.3%	0.0%
Other	Lin Marko	0.0%	0.00%	0.0%	0.05%	0.0%	0.1%	0.0%
Total Indirect		20.3%		12.7%		33.1%	20.6%	0.0%

Operating/Facility	Leader					Total %	Model %	
Operating	Sammy Quick					8.20%	8.0%	
Facility-Related	George Fry					1.73%	4.0%	
Total Operating/Facility						9.9%	12.0%	
Total Operating Indirects						43.0%	32.6%	
Total Operating Expenses						95.2%	97.8%	

		Total	Model
Operating Income/(Loss)		4.7%	2.3%

Non-Operating Income
Support
Fundraising
Investment and Interest
Other Programs

Total Non-Operating Income (Loss)

Net Income (Loss)

Control Total

MVI Multi-View Incorporated

Team/Location Report			Team Leaders				
Sunny Day Hospice			Terry	John	Ann		
For Periods Ending July 31, 2008			North County	South County	East County	West County	County 5
		Model					
Revenue							
Medicare		93.59%	126.98%	125.92%	-	-	-
Medicaid		3.64%	6.11%	8.09%	-	-	-
Commercial Benefit		2.98%	7.02%	5.06%	-	-	-
Commercial FFS		-	-	-	-	-	-
Medicaid RB (own unit)		-	2.77%	-	-	-	-
Other RB (own unit)		-	-	-	-	-	-
Physician Billing		-	1.08%	-	-	-	-
Self Pay		0.03%	0.94%	-	-	-	-
Other Charity Rev		0.00%	-	-	-	-	-
Adjustments		(0.26%)	(44.91%)	(39.06%)	-	-	-
Total		100.00%	100.00%	100.00%	-	-	-
Direct Labor							
Nurses		14.00%	8.05%	70.44%	-	-	-
CNA		7.00%	1.99%	53.94%	-	-	-
SW		4.00%	2.32%	4.74%	-	-	-
PC		2.00%	0.81%	-	-	-	-
Physician		2.00%	3.33%	-	-	-	-
On-Call		3.00%	3.03%	-	-	-	-
Admissions		3.00%	1.59%	-	-	-	-
Bereavement		1.00%	-	-	-	-	-
Volunteer		2.00%	-	-	-	-	-
Total		64.76%	21.12%	129.12%	-	-	-
Direct Patient-Related Expenses							
Ambulance		0.92%	0.43%	0.02%	-	-	-
Bio Hazardous		0.00%	-	-	-	-	-
Continuous Care		-	-	-	-	-	-
Dietary & Dietary Labor		1.14%	0.14%	11.52%	-	-	-
DME		0.97%	3.31%	5.30%	-	-	-
ER		0.02%	0.53%	-	-	-	-
Food & Kitchen Labor		1.45%	-	9.36%	-	-	-
Imaging		0.09%	0.38%	0.12%	-	-	-
Lab		0.04%	0.22%	0.17%	-	-	-
Linen		-	-	3.82%	-	-	-
Medical Supplies		1.94%	0.96%	2.29%	-	-	-
Mileage		1.12%	2.73%	-	-	-	-
Mobile Phone		0.15%	0.40%	-	-	-	-
Other		0.00%	0.00%	0.35%	-	-	-
Outpatient		0.06%	0.30%	-	-	-	-
Oxygen (for Unit Only)		0.45%	-	-	-	-	-
Pagers		0.06%	0.11%	-	-	-	-
Pharmacy		4.52%	8.27%	7.88%	-	-	-
Therapies		0.81%	0.84%	0.19%	-	-	-
Therapies Chemo		-	0.76%	-	-	-	-
Therapies IV/Biological		-	0.09%	0.03%	-	-	-
Therapies Labor		-	-	-	-	-	-
Pass-Through Residual		-	(0.95%)	0.01%	-	-	-
Total		13.74%	18.53%	41.07%	-	-	-
Total Direct Labor and Expense		78.50%	39.65%	170.19%	-	-	-
Contribution Margin		21.50%	60.35%	(70.19%)	-	-	-

MVI Multi-View Incorporated

Indirect Report — All Percentages are a percentage of Net Patient Revenue (NPR) — NPR = $ 805,881

Year: 2008
Period: July

	Admin	Model	Actual %	Model %	Clinical Admin	Model	Actual %	Model %	Compliance QAPI	Model	Actual %	Model %	Education	Model
Expense														
Salaries	22,873	18,121	2.84%	2.25%	17,022	16,824	2.1%	2.09%	9,283	5,264	1.15%	0.65%	8,508	1,206
Contract Labor	-	-	0.00%	0.00%	-	1,469	0.00%	0.18%	-	-	0.00%	0.00%	-	445
Mileage Admin	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Vehicle Expense	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Computer Expense	3,126	4,180	0.39%	0.52%	-	135	0.00%	0.02%	-	-	0.00%	0.00%	-	-
Computer Support	-	419	0.00%	0.05%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Consulting Expense	2,710	1,454	0.34%	0.18%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Cont. Education	2,975	802	0.37%	0.10%	-	27	0.00%	0.00%	-	-	0.00%	0.00%	-	20
Dues, Licenses, & Subscriptions	3,060	905	0.38%	0.1%	-	26	0.00%	0.00%	-	-	0.00%	0.00%	-	7
Books and Publications	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Lease/Rent Equipment Expense	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
General Meetings	-	38	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Mileage-non patient related	965	74	0.12%	0.01%	-	2	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Minor Equipment	1,475	1,923	0.18%	0.24%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Miscellaneous	75	75	0.01%	0.01%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Office Supplies	2,350	1,617	0.29%	0.20%	-	-	0.00%	0.00%	-	29	0.00%	0.00%	-	-
Pagers-Non Pt. Related	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Postage/Mailings	1,643	654	0.20%	0.08%	-	3	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Service Contracts - Operating	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Telephone	2,471	1,674	0.3%	0.2%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Marketing Materials	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	2,609	4,581
Total	43,723	31,935	5.43%	3.96%	17,022	18,486	2.1%	2.29%	9,283	5,293	1.15%	0.66%	11,117	6,258

	Medical Director	Model	Actual %	Model %	Medical Records	Model	Actual %	Model %	Medical Director	Model	Actual %	Model %	IT/MIS	Model
Expense														
Salaries	38,878	49,500	4.82%	6.1%	3,577	11,876	0.44%	1.47%	-	-	0.00%	0.00%	-	-
Contract Labor	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Mileage Admin	-	171	0.00%	0.02%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Vehicle Expense	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Computer Expense	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Computer Support	-	494	0.00%	0.06%	-	434	0.00%	0.05%	-	-	0.00%	0.00%	-	-
Consulting Expense	-	102	0.00%	0.01%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Cont. Education	-	404	0.00%	0.05%	-	72	0.00%	0.01%	-	-	0.00%	0.00%	-	-
Dues, Licenses, & Subscriptions	-	-	0.00%	0.00%	-	133	0.00%	0.02%	-	-	0.00%	0.00%	-	-
Books and Publications	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Lease/Rent Equipment Expense	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
General Meetings	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Mileage-non patient related	-	89	0.00%	0.01%	-	11	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Minor Equipment	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Miscellaneous	-	-	0.00%	0.00%	-	34	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Office Supplies	-	2	0.00%	0.00%	-	26	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Pagers-Non Pt. Related	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Postage/Mailings	-	-	0.00%	0.00%	-	588	0.00%	0.07%	-	-	0.00%	0.00%	-	-
Service Contracts - Operating	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Telephone	-	84	0.00%	0.01%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Marketing Materials	-	-	0.00%	0.00%	-	4	0.00%	0.00%	-	-	0.00%	0.00%	-	-
Total	38,878	50,846	4.82%	6.3%	3,577	13,179	0.44%	1.64%	-	-	0.00%	0.00%	-	-

127

Analysis of Indirect Costs
Organization:
Period Specifier: December

MVI Multi-View Incorporated
BENCHMARKING

Cost Type	Allocated Actual Costs	Actual NPR%	Model NPR%	Indirect Cost %	% of Total Costs	Patient Day Cost	Program Actual Cost	Program NPR%
Indirect Labor								
Administration	13,050	4.1%	6.4%	10.5%	3.4%	6.85	13,050	4.1%
Clinical Management	22,248	6.9%	4.5%	17.8%	5.7%	11.68	22,248	6.9%
Compliance/QAPI	7,490	2.3%	2.1%	6.0%	1.9%	3.93	7,490	2.3%
Education	-						-	
Finance	12,572	3.9%	6.0%	10.1%	3.2%	6.60	12,572	3.9%
HR	5,695	1.8%	1.0%	4.6%	1.5%	2.99	5,695	1.8%
Marketing	7,098	2.2%	2.7%	5.7%	1.8%	3.73	7,098	2.2%
Medical Director	3,857	1.2%	0.8%	3.1%	1.0%	2.02	3,700	1.2%
Medical Records	2,428	0.8%	1.0%	1.9%	0.6%	1.27	2,428	0.8%
MIS	2,463	0.8%	1.0%	2.0%	0.6%	1.29	2,463	0.8%
Other	-						-	
Total	76,902	24.0%	25.4%	61.6%	19.8%	40.37	76,744	23.9%
Operational Costs								
Accounting/Audit	1,967	0.6%	1.3%	1.6%	0.5%	1.03	1,967	0.6%
Answering Service	-						-	
Bank Service	16	0.0%	0.0%	0.0%	0.0%	0.01	16	0.0%
Computer Expenses	2,712	0.8%	1.3%	2.2%	0.7%	1.42	2,712	0.8%
Consulting/Professional Fees	-		1.0%				-	
Continuing Education	605	0.2%	0.8%	0.5%	0.2%	0.32	605	0.2%
Copier Expense	944	0.3%	0.1%	0.8%	0.2%	0.50	944	0.3%
Depreciation-Major Moveable	2,446	0.8%	1.5%	2.0%	0.6%	1.28	2,446	0.8%
Dues, Licenses & Subscriptions	330	0.1%	0.4%	0.3%	0.1%	0.17	330	0.1%
Insurance	2,820	0.9%	1.0%	2.3%	0.7%	1.48	2,820	0.9%
Interest-Operating	-						-	
Lease/Rent Equipment	129	0.0%	0.1%	0.1%	0.0%	0.07	129	0.0%
Legal	-		1.0%				-	
Marketing Other	3,059	1.0%	0.8%	2.5%	0.8%	1.61	3,059	1.0%
Meeting Expense	786	0.2%	0.1%	0.6%	0.2%	0.41	786	0.2%
Mileage-Non-Patient	995	0.3%	0.4%	0.8%	0.3%	0.52	995	0.3%

Patient Days | **Indirect Analysis** | Team Design | Visit Design | Cards-Front | Cards-Back | Fle
Ready   Calculate

MVI Multi-View Incorporated

128

Inpatient Unit Management Report

Team:
Period: For the Period Ending March 31, 2008
Year: 2008

	Period Actual	Period NPR%	YTD Actual	YTD NPR%	Model NPR% Standard	NPR% Variance Period from Standard	YTD from Standard
Revenue							
Medicare	111,300.00	93.23%	319,200.00	94.09%	80.00%	-13.23%	-14.09%
Medicaid	4,200.00	3.52%	9,800.00	2.89%	5.00%	1.48%	2.11%
Commercial Benefit	7,000.00	5.86%	19,600.00	5.78%	8.00%	2.14%	2.22%
Commercial FFS	-	0.00%	-	0.00%	5.00%	5.00%	5.00%
Medicaid RB (own unit)	-	0.00%	-	0.00%	3.00%	3.00%	3.00%
Other RB (own unit)	-	0.00%	-	0.00%	6.00%	6.00%	6.00%
Physician Billing	-	0.00%	-	0.00%	6.00%	6.00%	6.00%
Self Pay	-	0.00%	-	0.00%	2.00%	2.00%	2.00%
Other Charity Rev	-	0.00%	-	0.00%	1.00%	1.00%	1.00%
Adjustments	(3,114.07)	-2.61%	(9,342.60)	-2.75%	-10.00%	-7.39%	-7.25%
Total	119,385.93	100.00%	339,257.40	100.00%	106.00%	6.00%	6.00%
IPU Labor						Desirable NonDesirable	Desirable NonDesirable
Manager/Charge RN	-	0.00%	-	0.00%	6.50%	6.50%	6.50%
Ward Clerks	-	0.00%	-	0.00%	3.50%	3.50%	3.50%
Nurses	35,098.67	29.40%	102,830.72	30.31%	33.00%	3.60%	2.69%
Hospice Aide	27,135.76	22.73%	77,838.65	22.94%	15.00%	-7.73%	-7.94%
SW	-	0.00%	-	0.00%	2.50%	2.50%	2.50%
Spiritual Care	1,304.37	1.09%	3,772.32	1.11%	1.00%	-0.09%	-0.11%
Physician	-	0.00%	-	0.00%	1.00%	1.00%	1.00%
Nurse Practitioner	-	0.00%	-	0.00%	1.00%	1.00%	1.00%
On-Call	5,115.84	4.29%	14,648.86	4.32%	1.00%	-3.29%	-3.32%
Admissions	2,432.12	2.04%	6,056.94	1.79%	1.00%	-1.04%	-0.79%
Bereavement	-	0.00%	-	0.00%	1.00%	1.00%	1.00%
Volunteer	-	0.00%	-	0.00%	1.00%	1.00%	1.00%
Other/Maintenance	-	0.00%	-	0.00%	1.00%	1.00%	1.00%
Total	71,086.75	0.60	205,147.50	0.60	68.50%	8.96%	8.03%
Direct Patient Related Expenses						Desirable NonDesirable	Desirable NonDesirable
Ambulance	135.00	0.11%	506.30	0.15%	1.00%	0.89%	0.85%
Bio Hazardous	-	0.00%	-	0.00%	0.10%	0.10%	0.10%
Crisis Care???	-	0.00%	-	0.00%	0.15%	0.15%	0.15%
Dietary	62.96	0.05%	164.90	0.05%	0.08%	0.03%	0.03%
DME	490.34	0.41%	1,307.56	0.39%	0.40%	-0.01%	0.01%
ER	1,284.46	1.08%	3,636.14	1.07%	0.00%	-1.08%	-1.07%
Food	1,219.37	1.02%	4,030.81	1.19%	1.75%	0.73%	0.56%
Imaging	-	0.00%	-	0.00%	0.10%	0.10%	0.10%
Lab	8.50	0.01%	8.50	0.00%	0.10%	0.09%	0.10%
Linen	569.89	0.48%	1,816.80	0.54%	1.00%	0.52%	0.46%
Medical Supplies	1,284.46	1.08%	3,636.14	1.07%	0.12%	0.92%	0.93%
Mileage	-	0.00%	-	0.00%	0.07%	0.07%	0.07%
Other	-	0.00%	-	0.00%	0.00%	0.00%	0.00%
Outpatient	-	0.00%	-	0.00%	0.15%	0.15%	0.15%
Oxygen	-	0.00%	-	0.00%	0.48%	0.48%	0.48%
Field Device (Pagers)	-	0.00%	-	0.00%	0.00%	0.00%	0.00%
Pharmacy	-	0.00%	-	0.00%	4.00%	4.00%	4.00%
Therapies	71.99	0.06%	1,945.14	0.57%	0.50%	0.44%	-0.07%
Pass-Through Residual		0.00%		0.00%	0.00%	0.00%	0.00%
Total	5,126.97	4.29%	17,052.29	5.03%	12.00%	7.71%	6.97%
Total Direct Expense	76,213.72	63.84%	222,199.79	65.50%	80.50%	16.66%	15.00%
Contribution Margin	43,172.21	36.16%	117,057.61	34.50%	25.50%	-10.66%	-9.00%

Statistics

Average Daily Census (A	-		-		10.0	10.00	10.00
GIP	-		-		8.0	8.00	8.00
Residential	-		-		1.0	1.00	1.00
CC	-		-		1.0	1.00	1.00
Respite	-		-		-	0.00	0.00
Average Length of Stay	-		-		8.0	8.00	8.00
Number of Patient Days	-		-		0.1	0.07	0.07
GIP	-		-		0.1	0.07	0.07
Residential	-		-		0.1	0.07	0.07
CC	-		-		0.1	0.07	0.07
Respite	-		-		0.1	0.07	0.07
Percentage of Occupanc	-		-		0.1	0.07	0.07

129

Sunny Day Hospice
Statement of Income
Year to Date September

	Hospice Homecare				Inpatient Unit				Other Program(s)				Indirect & Corporate				Total			
	Actual	Model	Actual %	Model %	Actual	Model	Actual %	Model %	Actual	Model	Actual %	Model %	Actual	Model	Actual %	Model %	Actual	Model	Actual %	Model %
Operating Revenue																				
Medicare	1,249,244	1,370,256	111.86%	111.86%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	1,249,244	1,370,256	111.86%	111.86%
Medicaid	108,133	118,608	9.68%	9.68%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	108,133	118,608	9.68%	9.68%
Commercial Ins.	91,046	99,865	8.15%	8.15%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	91,046	99,865	8.15%	8.15%
Patient Pay	(4,568)	(5,010)	-0.41%	-0.41%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	(4,568)	(5,010)	-0.41%	-0.41%
Staff Physician	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%
Other	9,293	10,193	0.83%	0.83%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	9,293	10,193	0.83%	0.83%
Revenue Adjustments	(336,184)	(368,749)	-30.10%	-30.10%	-	-	0.00%	0.00%	(148)	(162)	-0.01%	-0.01%	-	-	0.00%	0.00%	(336,332)	(368,912)	-30.12%	-30.12%
Total	1,116,964	1,225,162	####	100.01%	-	-	0.00%	0.00%	(148)	(162)	-0.01%	-0.01%	-	-	0.00%	0.00%	1,116,816	######	####	#####
Operating Expenses																				
Payroll-Related																				
RN	193,471	212,212	17.32%	17.32%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	193,471	212,212	17.32%	17.32%
LPN	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%
CNA	52,511	57,597	4.70%	4.70%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	52,511	57,597	4.70%	4.70%
SW	79,134	86,799	7.08%	7.08%	349	383	0.03%	0.03%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	79,483	87,182	7.12%	7.12%
PC	39,604	43,441	3.55%	3.55%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	39,604	43,441	3.55%	3.55%
Physician	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%
On-Call	39,394	43,210	3.53%	3.53%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	39,394	43,210	3.53%	3.53%
Admissions	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	3,128	3,432	0.28%	0.28%	3,129	3,432	0.28%	0.28%
Bereavement	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	34,708	38,071	3.11%	3.11%	34,708	38,071	3.11%	3.11%
Volunteer	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	38,280	41,989	3.43%	3.43%	38,280	41,989	3.43%	3.43%
Triage	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%
Total	404,114	443,260	36.18%	36.18%	349	383	0.03%	0.03%	-	-	0.00%	0.00%	76,118	83,492	6.82%	6.82%	480,581	527,134	43.03%	43.03%
Patient-Related Expenses																				
Ambulance	1,544	1,694	0.14%	0.14%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	1,544	1,694	0.14%	0.14%
Bio Hazardous	435	477	0.04%	0.04%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	435	477	0.04%	0.04%
Continuous Care	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%
Dietary	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%
DME	20,670	22,672	1.85%	1.85%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	20,670	22,672	1.85%	1.85%
ER	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%
Food	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%
Imaging	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%
Linen	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%
Lab	1,111	1,219	0.10%	0.10%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	1,111	1,219	0.10%	0.10%
Medical Supplies	11,705	12,927	1.06%	1.06%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	11,705	12,927	1.06%	1.06%
Mileage	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%
Mobile Phone	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%
Other	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%
Outpatient	2,459	2,697	0.22%	0.22%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	2,459	2,697	0.22%	0.22%
Oxygen (for Unit Only)	17,296	18,971	1.55%	1.55%	10	11	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	17,306	18,982	1.55%	1.55%
Pagers	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%	-	-	0.00%	0.00%

130

Team/Location Report
Sunny Day Hospice
For Periods Ending July 31, 2008

Locations	4	5	6	7	8	
Team Leaders	Terry	John	Ann			
	North County	South County	East County	West County	County 5	County 6
Revenue						
Medicare	126.98%	125.92%	-	-	-	-
Medicaid	6.11%	8.09%	-	-	-	-
Commercial Benefit	7.02%	5.06%	-	-	-	-
Commercial FFS	-	-	-	-	-	-
Medicaid RB (own unit)	2.77%	-	-	-	-	-
Other RB (own unit)	-	-	-	-	-	-
Physician Billing	1.08%	-	-	-	-	-
Self Pay	0.94%	-	-	-	-	-
Other Charity Rev	-	-	-	-	-	-
Adjustments	(44.91%)	(39.06%)	-	-	-	-
Total	100.00%	100.00%	-	-	-	-
Direct Labor						
Nurses	7.15%	62.59%	-	-	-	-
CNA	1.77%	47.92%	-	-	-	-
SW	2.06%	4.21%	-	-	-	-
PC	0.72%		-	-	-	-
Physician	2.96%	-	-	-	-	-
On-Call						

Team/Location Report
Sunny Day Hospice
For Periods Ending July 31, 2008

Locations	4	5	6	7
Team Leaders	Terry	John	Ann	
	North County	South County	East County	West County
Census	94	24	0	0
Census Goals	125	55	75	50
Computed Caseloads				
Nurses	9.0	6.4	-	-
CNA	36.2	8.3	-	-
SW	31.1	94.6	-	-
PC	88.8	-	-	-
Physician	21.7	-	-	-
On-Call	23.8	-	-	-
Admissions	45.4	-	-	-
Bereavement	-	-	-	-
Volunteer	-	-	-	-
Enter Total Number of Visits per Location and per Discipline				
Nurses	3,750			
CNA	5,000			
SW	1,500			
PC	750			
Physician	-			
On-Call	1,000			

MVI Multi-View Incorporated

131

MagicViews! for Clinical Leaders

132

Indirect Costs represent perhaps the
GREATEST Economic Opportunity!

HOWEVER, these will only be achieved through implementation of *Best Known Practices* that increase **QUALITY** as well changes in the way Indirect operate.

MVI Multi-View Incorporated SYSTEMS

133

Your BIGGEST
Operational Financial Gains will normally not come from Direct Labor or Patient-Related, but from the reduction of the number of Indirect Staff through radical increases in Quality.

Quality = Perfect Visits with Perfect Documentation

MVI Multi-View Incorporated

134

If you have any claim to "Economics of Scale" your Indirects are **31% or less!!!**

IF NOT then you don't know how to "do" Economies of Scale or you would already be doing it!

More census is NOT going to help you UNLESS the underlining operational processes are improved via implementation of better or *Best Known Practices*.

MVI Multi-View Incorporated

135

The best and most sound **Strategy** in uncertain times, especially with all the unknowns now, is to run a High-Quality, Highly-Profitable business...

The Model
Balancing Purpose and Profit...

136

In this program, there are ONLY

321

Things to FOCUS On! Whoa!

This is EXACTLY what you DON'T want

in order to be a World-Class, High-Quality Hospice! Poor FOCUS = Poor Quality… And FOCUS is what took Steve Jobs's Apple from near bankruptcy to the highest valued company in the world…in only a few years…

The same pattern applied would equate to success for any company

The Model
Balancing Purpose and Profit…

---

3 Strategy Areas to FOCUS On!

1. Operational Strategy/Internal Direction

2. Positioning Strategy/External Direction

3. Growth Strategy/Internal & External Direction

A strategy is a direction…or course of action…

"Directional Correctness"
is key.

You don't want to be in the group going in the wrong direction in the Poseidon Adventure…

The Model
Balancing Purpose and Profit…

Your **WINNING** is based on your choice of

Strategy

including operating patterns and practices.

I have learned that when "I (Andrew)" deviate from the patterns and practices that have worked…we lose…

Example: Letting Teams do their own Admissions…BAD IDEA- Simple, yet easily overlooked…

The Model
Balancing Purpose and Profit…

139

A helpful Flashpage...

FLASHPAGE

A Monthly Consolidation of the Practices of the 90th Percentile!

FEBRUARY 2020

INSIDE

Fix Your IPU NOW!
Page 4

MVI Tough Training Schedule
Page 5

2 Helpful Ideas for CEOs: Directional Correctness[1] and Pattern Recognition[2]

My job…

To show Hospices what is possible… and help them do it…

That's pretty much it… It's not about "theories" or "hopes" about what "could be" or airy-fairy… It's about what a Hospice or a small number of Hospices have done in REALITY using "different" operational practices than the majority - verifying them, systemizing them and providing "How To" assistance for MVI Network clients. The proof is in the pudding… It's in CAHPS scores as high as anyone has seen, record low service failures and documentation errors, single-digit turnover, and large bank accounts. A bank account is a great indicator of "it works," especially to a superficial world in general. We find ourselves working with private equity, massive Hospices, influential investor groups, NFP collectives, Managed Care and savvy business people… Why? The financial results are impressive and they want in on it… But those of us die-hard Hospice people also know that spiritual merit and karma are involved. NFPs can take the same *and even greater* financial surpluses and reward their staffs better and put more money into *effective care* rather than wasting resources unnecessarily. It's interesting and rewarding work… But it takes some metal as folks will take shots at you…often… Most criticism and negativity come from the innocent…an opinion perhaps without much investigation… However some are malicious with the intent to harm… But such is the nature of innovation and moving the Movement forward!

I'm not big into buzz words and such… Flavor-of-the-day to me is just that…transitory… Whereas things that are true last… Time vets truth… Time tells the truth about things…

Here are two "ideas" which are in most MVI materials if you look at their essence… Directional Correctness and Pattern Recognition. I know that many things MVI teaches may seem "far out," "different" and to some unreachable… Yet, you know there is something to them…

Continued, next page

Operational Info on Palliative Care Financial Success!

Download the PDF from the MVI Website! This is TOO HOT to publish!

MVI Interim Executives

MVI has a number of CEO/CFO Talents that we can recommend to serve on an interim basis. These are Hospice Executives with proven success that we have worked with through the years who known MVI practices. Interim situations are not predictable, and sometimes all are deployed, but MVI is a great place to contact if you have a need. Each executive negotiates their own fees.

And *MVI doesn't charge a dime for this!*

Directional Correctness

When you may not know all the specifics or best way - BUT you know there is something to it…

Examples:

The use of Performance Compensation

Extreme FOCUS on Visits & Documentation

The use of objective national comparisons to measure & drive progress

The Model
Balancing Purpose and Profit…

140

These are necessary & are related!

1. **Operational FIRST** as you have to BE QUALITY in order to provide quality. You can't give what you don't have…

2. **Positioning SECOND** as your ability to position and gain key relationships is based on *impressive results*, which are operationally data-driven.

3. **Growth THIRD** as it is really, or can be, a combination of #2 and #3.

The Model
Balancing Purpose and Profit...

141

For ease of presentation, we will cover these backwards from #3 to #1.

The Model
Balancing Purpose and Profit...

142

Growth Strategy

An Internal and External Move

Hospice is a Relationship-Based Business

The CEO's, Site Manager's, Marketer's, plus key clinician's **relationship skills** are the major factor.

#**3**
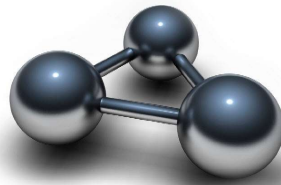
The Model
Balancing Purpose and Profit...

143

High Water covers a lot of stumps... You can have a lot of things not going so well at your Hospice and high census can make it where you don't see them...

The Model
Balancing Purpose and Profit...

144

Choose

your Growth Strategies!

You are not limited to only one!

21 KNOWN Methods that have WORKED!

The Model
Balancing Purpose and Profit...

145

Growth Strategy

21 KNOWN Methods that WORK for Growing ADC

1. **Pure Quality Model** (the **MVI Growth Model**) – Based purely on radical increases in quality. We train the community via the patients we admit as well as Marketers selling the Quality of our People as a result of the Quality of the Training Systems – Proof of Concept – Mind-Blowing Impressive.
2. **The LOTS of Aggressive Marketers Model** – The most common approach.
3. **Expanded Paradigm/Open Access** – Expanded clinician paradigm of "what" a Hospice patient looks like. This liberal definition expands referrals… Also careful attention is given as to HOW news of non-admissions are communicated … This will grow ADC without any increase in the volume of admissions.
4. **Avoiding the "Self-Regulation" of Census** - Drive admissions from a Corporate level and don't leave it to Teams or Clinical Managers. Clinical Managers are encouraged to grow their census, but don't depend upon it or let them influence growth directly by controlling their local Marketers.
5. **The A Model or Bill Model** – **The Entrepreneurial RN Model** – The RN owns Nursing Homes and other Facility Accounts. The RN manages team and shares in Revenue. No need for Marketers here.
6. **The WOW! Presenter Model** – B Model – 2 FTEs grew a Hospice to 1,000 focusing on NHs and facilities and filling rooms with spectacular in-services.

The Model
Balancing Purpose and Profit...

146

21 KNOWN Methods that WORK for Growing ADC

7. **The Charismatic Physician Model** - TS Model – The highly likeable and talented physician works a NHs or facility one at a time and then backfills with other staff…and then moves on to the next facility.

8. **Community Physician Retainer/Hourly Rate Model** - CP Model – Community Physicians are hired and paid based on <u>value</u> using a formula that incorporates some non-direct component of referral support that demonstrates belief in the quality. This gets a Hospice deep into a community. Not tied directly to things that will get you into OIG trouble. The truth is that all Hospices all want community physicians to support their programs.

9. **Key Relationship Model** – We have been a part of and have witnessed multiple 1,000 ADC Hospices build within a few years with this approach.

10. **The MVI and Key Relationship Model** – Quality Model plus a Key Relationship. Based on the MVI Model but a vested large Nursing Home/Health System partner that is willing to let the Hospice operate largely independently. This has proven to be perhaps the best and most profitable on a large-multi-location scale.

11. **Rural Model** – A huge Hospice empire can be built on many small sites with ADCs in the 30-50 range. Strict MVI staffing and keeping Indirects low is key.

12. **Managed Care Model** – K Model – Managed Care Relationships and sometimes a Key Physician. This can be a bit different than the Key Relation Model as it is a specialty approach where the Hospice operates as a true Managed Care organization with expert knowledge of cost by diagnosis & other demographics.

The Model
Balancing Purpose and Profit…

147

21 KNOWN Methods that WORK for Growing ADC

13. **Tying Compensation to NPR%** - When there is enough "skin in the game" where people's livelihood and life-style are on the line, census will not remain low.

14. **Beauty Shop Marketing** – An alternative Community Influencer Model. People talk when in the local salons… This is really an add-on approach.

15. **Faith Community Model** – Where 30-50% of admission come directly from the community. Normally, this increases LOS. This has been the most profitable in the history of Hospice as it is normally accompanied by HUGE volumes of volunteer labor.

16. **IPU Build-Out Model** – The S Model – This is where IPUs become the main value point. You have to know how to run PROFITABLE IPUs to do this.

17. **Tide & Cheer Model** – This is a specialty or boutique approach with different Hospice Brands for specific population segments.

18. **M&A Model** - Mergers and Acquisitions – Obviously this will grow a Hospice. Often quality suffers do to sheer size and culture change. However, Private Equity and Wall Street love BIG.

19. **Palliative Care Growth Model** – We have seen Hospice censuses go up with this method… But it has not been healthy growth always. It is perhaps a good maintainer or complementary product, but it hasn't been a primary growth method for most Hospices. However, it is plausible that it should work.

The Model
Balancing Purpose and Profit…

148

21 KNOWN Methods that WORK for Growing ADC

20. **IPU Entrenching Strategy** – This is where a Hospice sets up an IPU in a hospital or other facility. It places the Hospice within close proximity, plus the Hospice is normally leasing unutilized or underutilized space. This type of relationship however can "go away" quickly when there is a change of leadership at either end of the relationship. These usually last about half of a decade.

21. **Campers** – This approach is one of the most common growth strategies as a Hospice RN, NP or Physician is literally "camped out" at a specific hospital or two. This is a "proximity" approach.

The Model
Balancing Purpose and Profit…

149

What has NOT proven effective for Growing Hospice ADC

- **Lots of Use of Media/Media Campaigns** – These may work in short-term, but it seems humans don't like to think or be reminded about death. Also, it is common for ALL Hospices censuses to rise with such advertising as the general public often does not distinguish one Hospice from another.

- **Most Palliative Care** – Can and has "cannibalized" Hospice census as it is the "Easy Button" (the "death conversation" is avoided) and it often destroys a Hospice's FOCUS to the detriment of census. However, at this point in Hospice, having Palliative Care is "almost" a group requirement.

To make Palliative Care work, from a Hospice census and financial standpoint, takes strong Accountability fused into the Palliative Care Visit Design as to when the referral takes place with STRICT staffing discipline focused on VISIT PRODUCTION, mainly in facilities.

Please don't interpret this that MVI is anti-Palliative Care… We are supportive, but it has to be designed and managed well…much more tightly than Hospice. Access the website for more on Palliative Care.

The Model
Balancing Purpose and Profit…

150

75

Service to Others

Customer Service is quite dismal with many organizations, including Hospices. An awareness of this, and **FOCUS**ing on "*delighting the customer*" is enough to propel any business to the top of its field.

Most Hospices are not particularly good on the phones & average regarding visits.

MVI Multi-View Incorporated SYSTEMS

This creates great opportunities!

Positioning Strategy

An External Move

**Positioning should be looked at as fluid…as groups and entities come and go.
The point is to be as autonomous and independent as you can.**

This is needed for fluid innovation…with local response to communities…LOCAL Hospice can OUTDO larger entities… LARGE IS HARDER TO MANAGE!

#**2**
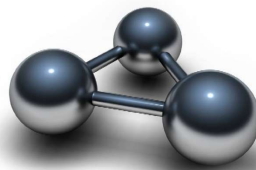
The Model
Balancing Purpose and Profit…

Groups

are helpful in these new times... Alignments, affiliations, partnerships and other business combinations.

Primarily for referrals[1] and payment streams[2]...or both...And for practices[3]

The Model
Balancing Purpose and Profit...

153

What Strategic Positioning moves should be made?

1. **Managed Care Positioning** -This is Carve-In and Insurance Company related. Negotiations as a group.

2. **Key Relationships with Strategic Partners Positioning** – This is access to patients, benefits and/or influence...which usually results in streams of referrals or increases in NPR%s on the bottom-line... The result of a high-value partner can be ENORMOUS... Hospitals and Health Systems, GPOs, lobbying muscle, etc.

3. **Know-How Relationships** – These are your Peer Groups and Experts... You are best served by ones that CHALLENGE you...not so much comfortable ones...where everyone can bitch and cry together or delude itself that it is superior to others... MVI is a type of peer group as it is a collective of as much as half of all Hospice Patients served. My advice is to find out who's winning...and hitch your wagon! Copy and imitate without shame!!!

The Model
Balancing Purpose and Profit...

The first 2 can sometimes be done with a single move...

154

77

I am **mortified** how many Hospices get into contractual deals with vendors and alliances without asking basic business questions…common sense stuff… Is it working now? Proof of Performance…

Is the Hospice or Hospice Group highly profitable? Above 6%? 12%? 18%? **An effective group should always be substantially outperforming the Herd.**
You MUST, HAVE TO KNOW the medians or measures of central tendency to know if performance is
Good, Bad or Mediocre…
Look at Benchmarking of groups and vendors…
What are they doing NOW…
Past performance is normally indicative of future performance…

The Model
Balancing Purpose and Profit…

155

Medicare

- More than 22 million beneficiaries choose Medicare Advantage, about 35 percent of all people with Medicare, up from about 11 million people a decade ago. *April 2019*

- There will still be a sizable percentage of MCR beneficiaries that choose traditional Medicare.

- The "enrollment/disenrollment period" runs from Jan 1 - Mar 31 and Oct 15 - Dec 7 each year.

There will be successful Hospices operating in either or both of these categories.

The Model
Balancing Purpose and Profit…

156

78

We should be FIGHTING the Carve-In like HELL… NAHC has it right, the FPs have it right… We have seen this movie in Home Health…and it doesn't end well.

There is NO playing "footsies" with these guys… You will lose a few toes…if not the whole foot…

These are not "nice guys" – we know after heated boardroom brawls and $2,000 dinners that they paid for…

The Model

157

To WIN with Medicare Advantage Providers

It's About…

1 … low costs… **#1, #1, #1** (Did we say #1?)

2 … quality…

3 … coverage… ⬅

4 … reality…your present numbers…

5 … making it a "No Brainer" to contract with you…

6 … their plan to get you addicted to patient-volume…

7 … "out-managing" managed care…and **THRIVING!**

The Model

158

3 It's about coverage...

MA providers prefer to contract with larger Hospices. Historically, MA providers are required to contract with a percentage of providers (sometimes 30-50%). As a result, there are many alliances, affiliations, mergers and various business combinations happening. The key is to try to only do deals with organizations that have Indirects below 31% and profits at or above 12%. Have "escape" clauses in your contracts AND make sure the "hooks" aren't so deep you can't get free from a bad alliance.

The Model
Balancing Purpose and Profit...

159

3 It's about coverage...

- It's just easier to contract with fewer Hospices.
- There are good relationships & affiliations and there are BAD ones… What to look for:
  - Look at their numbers via benchmarking.
  - Profits of 12% or greater for Hospice Homecare, 2% profit for IPUs.
  - Indirects less than 31%
    - If these numbers are NOT there, then the organization does not know how to do them yet…and YOU may be their plan to do "Economies of Scale." The ones that know how to do this are **already** doing it!
  - Have "escape clauses" where you can quickly get out of bad deals.
  - Do deals where it is month-to-month and not annual.
    - Month-to-Month demonstrates CONFIDENCE. Annual or longer deals reveal an entity that is NOT confident in their offerings.
  - Watch out for "hooks" in the deal which make it extremely difficult to extract yourself from. Yes, we've done this a long time! The Model

160

Helpful Advice about
1) How to set up a group
AND
2) What to watch out for
when joining one...

The Model
Balancing Purpose and Profit...

This not meant to hurt anyone or any organization...but just to be helpful...

161

Helpful Advice about How to Setup a Group or for Existing Groups.

1. **Establish Group Standards** – Most groups need uniform Standards. No meaningful member Accountability can exist without clear Standards. Quality Standards are paramount.
2. **Direct Accountability for Group Members** - This is the most difficult aspect of groups. Weak members will tarnish the reputation of the group. Therefore penalties and kick-notices must be administered to member organizations that are not in Standard.
3. **Rotating Elected Group Leadership** – Should be an annually elected person that is capable and is trusted - a person with a good sense of equity and fair-play.
4. **Costs** - Spread the costs of the group among members proportionate to ADC size. The primary cost is that of legal Managed Care representation.
5. **Hire Top Legal Representation with Insurance and Managed Care Experience.** These are the folks that cut the deals on your group's behalf with Medicare Advantage providers, insurance and other entities.
6. **An EASY and OBJECTIVE means of Group Measurement is Needed** – Monitoring of members is essential. Internally generated reporting is not nearly as powerful as data provided by an external, objective party. Many groups use MVI as it is already DESIGNED for this, requires no additional work and costs very little. It also allows for easy *comparison* of the group with the Hospice world in general to demonstrate **value** and demonstrate precise knowledge the Hospice sector on a *month-to-month* basis. **Benchmark as a Group and Individually** as a common basis of measurement is essential. The numbers will guide group Operational Strategy with fresh data, 898 data-points with 922 cross-calculations, every month. MVI will also show members how to get the advanced views of costs (by diagnosis, age and such) that are needed for Medicare Advantage deals as they can and will "load up" a Hospice with specific types of patients for cost shifting purposes. This is where precise "cost accounting" is paramount.

The Model
Balancing Purpose and Profit...

162

Helpful Advice about How to Setup a Group or for Existing Groups.

7. **Setup a Special Group Code with MVI** This code is given FREELY to any group of 3 or more Hospices that want to benchmark together. Again, without a way to easily consolidate group operations, HOW would you objectively evaluate the group's performance against other Hospices? How would you demonstrate your group's value?

8. **Membership does not need to be Mutually Exclusive.** Hospices can align with multiple groups if they want. However, the Standards of the member Hospice must comply with the Standards of the group.

9. **Independent Group Director.** If the administrative burden is enough, then the group can hire an independent coordinator and the costs of this position can be spread among the membership proportionately. This has worked very well for some groups. The person must truly be independent of any Hospice in the group, otherwise weirdness and suspicions creep in.

10. **Work with MVI closely for Practices** – There is LOTS of experience here. **The practices you utilize are the only thing that separate you from other Hospices and Hospice groups**...and you always want to be using the Best Known Practices or ways of doing things.

The Model
Balancing Purpose and Profit...

163

Special Group Code for Queries

164

82

What TO DO & NOT TO DO when considering a group or setting up a group.

1. **If you Relinquish Operational Autonomy and Ownership, you'll probably wind up a 2nd or 3rd rate Hospice** – We've seen this over and over though the past 26 years. It's a minefield out there, and some are out to own you to build their Empire! Yes, you must adhere to the Group Standards, but they should ALREADY conform or be surpassed with your own higher-standard! OR be what you aspire to achieve!

2. **BEWARE of Camouflaged Hospice "Roll-Ups"** – This is where the game plan is to get you into multi-year deals or make it EXTREMELY difficult to extract yourself from the Group should you want to. At such point, you and your board surrender and are assimilated into the Borg.

3. **DON'T DO Annual or Long-Term Agreements** – Weak Groups insist on long-term deals as they don't have a lot of confidence in their promises or value. Do Short-Term or Month-to-Month deals.

4. **Look at the Compensation of the Group Leadership** – With one group that flew in to try to get MVI behind them, I discovered that the CEO wanted $1,000,000 a year from NFP members. I'm cool with paying people well, but in this case, I had a hard time with that. Find this out in ALL deals…and if you find that what is told to you is not the WHOLE truth, kill the deal… Their compensation should be based on performance if they really have the chops. LOW base salary with high incentive to perform is what you want!

5. **An EASY means of Group Measurement is Needed** – Many groups use MVI as it is already DESIGNED for this and requires no additional work.

6. **Is the group working closely with MVI?** We are not the be-all of these, but it does tell you if they are serious about the numbers through benchmarking or if they are afraid or ashamed of how they compare when measured objectively. It also tells you whether it is an ego-build for something or if they are truly interested in the best ways of doing things, or at least, AWARE and consider them. The numbers are TRUTH…

7. **Do they have a Special Group Code Setup with MVI?** This no-cost code is given FREELY to any groups of 3 or more Hospices that want to benchmark together. Again, without this code for the group, HOW would you objectively evaluate the group's performance against other Hospices?

The Model
Balancing Purpose and Profit…

165

Don't get into alliances, groups or deals where you 1) lose control or 2) can't get out of them… 75% of MSP, groups, collectives and mergers fail to meet their objectives…

*If a collective is "working" for the purposes of reducing Indirect Costs, then your Indirects should be **31% or less NOW…and not in a future dream**…MUCH BETTER than median. Otherwise, why are you doing it? Those that know how to do "Economies of Scale" are ALREADY doing them NOW and don't need any more volume…*

The Model
Balancing Purpose and Profit…

166

Even a group of 100 Hospices will have a quite limited view of the Hospice landscape, especially if it is composed of similar type organizations. The most common divides are between and among NFP/FP, Large/Small, Urban/Rural…

I find you will learn from them all… **Humility, being open and slow to judge** is needed to get most effective practice advice from groups and other sources…

We have to watch out for our prejudices…

The Model
Balancing Purpose and Profit…

167

The Undoing of Groups in Hospice History usually comes down to a few things:

1. Most are run on "theory" without having actually achieved, in REALITY, *Economies of Scale*. There have to be real breakthrough Best Known Practices in place for *Economies of Scale* to happen. We know this for certain as we have Hospices with THOUSANDS of patients a day that still can't do *Economies of Scale*… Again, *Economies of Scale* can be done with 300 ADC. *Economies of Scale* is an EASY sell, but is much harder to do than most people imagine.

2. Accountability - It is very, very difficult to hold member organizations to the same Standards, unless *immediate* financial penalties or "kick-out" notices are given. Deferred Accountability doesn't work. A Hospice with high Accountability usually has margins of excess of 12% as money tends to follow the level of Accountability.

3. Egos get in the way… Empires and Dreams of Conquest…

The Model
Balancing Purpose and Profit…

168

84

Operational Strategy

An Internal Move

Are you a Tight Ship? Or have areas with losses where you don't even blink...like IPUs or Palliative Care?

Your NUMBERS tell the TRUTH about you...and they are the BEST you know how to do...because if you could do better, you would...

#**1**
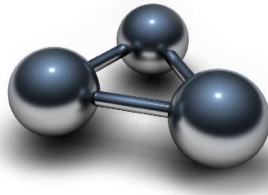
The Model
Balancing Purpose and Profit...

Your BIGGEST
Operational Financial Gains will normally not come from Direct Labor or Patient-Related, but from the reduction of the number of Indirect Staff through radical increases in Quality.

Quality = Perfect Visits with Perfect Documentation

The Model
Balancing Purpose and Profit...

What is the Model?

It is the creation[1] of a high-quality[2], predictable[3] experience[4]…

That is financially balanced… **Where an organization operates as an integrated & coherent WHOLE**…where all parts work together…and stands out from other healthcare entities by going "days and sometimes weeks" without a single complaint, service failure or documentation error. It is about pragmatic systems and processes fused with immense FOCUS on Spirituality and the Profound.

MVI Multi-View Incorporated SYSTEMS

171

The Why

MVI is a DEEP DEEP DEEP well of practices…

And they integrate…They work together as a "system" where each part supports the others with no silos… Most often, Hospices will pick and choose specific practices to implement without considering the whole… A deep understanding of the WHY behind the practice is necessary because without this understanding, Best Know Practices evaporate over time. This explains the reason MVI practices are simple and straightforward, yet we have **18** 500-page manuals that explain the WHY behind the simple and straightforward.

MVI Multi-View Incorporated SYSTEMS

172

Slide 173

FLASHPAGE

A Monthly Consolidation of the Practices of the 90th Percentile!

SEPTEMBER 2020

INSIDE

Flashpage Reference
Page 5

MVI Tough Training
Schedule
Page 7

People Development & the Model Virtual Event Dec 7th

10:01am-6:01pm (Eastern)

ALL Quality comes from the Quality of your People!

Your methods of developing your Talent make all the difference!

This is perhaps the most TRANSFORMATIONAL of all MVI programs!

"We Don't have Enough Time…"

to implement Best Known Practices… We have so many things we're trying to do now…"

This is the most common "type" of comment organizations use to explain why they can't get great operational practices into place. But this type of thinking or comment, unbeknownst to them usually, is a flat-out giveaway, in flashing neon lights, that they are not efficient and are wasting time and resources. Best Known Practices ARE your competitive advantage. Understand…I am not trying to be critical or humble anyone or organization here. I don't want anyone to feel bad as we all have been there if we have been leading an organization for some time. But it is a good thing to be candid. I'd like to be smooth, ivy-league and velvet eloquent, but I don't know that language… I'm middle-class Iowa, and we just call the sky blue if it is blue and know to step out of the rain…usually…

An organization that is efficient and is using Best Known Practices has time… Organizations that don't, don't have time… It is really that simple. TIME is one of the things that is REDEEMED when organizations work smart and have the common sense. Core operations must be efficient…and efficiencies come from "how you actually do your work." Yes, OPERATIONS. With such efficiencies, there is time to think…to contemplate, to take surer steps… In addition, initiatives get done, often rapidly…whereas the sloppily run organization is SLOW, and changes are implemented at the speed of molasses at subzero temperatures running uphill… And the management "buzz" word/practice or program-of-the-month is started with great fanfare…only to fade quickly if a molehill is encountered or something else that is new and shiny comes along…

Continued, next page

Not Enough Time? Too Many Things Going On Now?

We all have enough time…and Best Known Practices GIVE you time!

Examples:
Perfect Visits with Perfect Documentation

The Model

173

Slide 174

Money is obviously important…and needed to fulfill the MISSION of Hospice…

We need to be GREAT at it! The financials are perhaps the best way to manage…Quality & Economics….They will lead one throughout an organization and TELL you where to go to work…

Money is a fantastic teaching tool… The Nazarene used money in approximately 1/3 of the parables…

174

"Red Circle Method" through the use of Monthly Benchmarking

Of the Hospices I have personally helped manage, here is how I do it on a Month-to-Month basis. I call it "Riding the P&L"… This has proven to be an EXTREMELY EFFECTIVE way to manage a Hospice of a few thousand or 30 patents a day.

Here are a few examples of past results:

- 18.5% average over 10 years (EBITDA 24%)
- 16% average over 6 years (EBITDA 28%)
- 28% average over 7 years (EBITDA 35%)
- 13% average over 5 years (EBITDA 19%)
- 12% average over 12 years (EBITDA 17%)

We have some that do much, much better than these but they are being served by other MVI team members. The above does not include my current **Magic** clients. In all of these examples, it is with ZERO community support. And all of these are "averages," which means that in the early years, profit were often lower than the later years when we were hitting on most cylinders… And the EBITDA was 3-5% higher as these are NET OPERATIONAL INCOME!

MVI Multi-View Incorporated

175

"Red Circle Method" through the use of Monthly Benchmarking

Here is what I do…

1. **I print out both the MVI Benchmarking for the 1) Month and then 2) YTD. I'm using my Unit or Memo accounts so it is EASY to run these without any additional manual input work. I run the MVI Team/Location Reports to analyze team or site performance.**

2. **Anything that significantly deviates from the Model is Red Circled and investigated. The Red Circles are prioritized according to**
   1. **where the biggest gains could be realized as well as**
   2. **what can be addressed with the least effort.**

3. **At first, you may have a lot to review, but later on you know WHY such deviations exist. Normally, anything above the Model is unacceptable.**

4. **I reference Best Known Practices for each area.**

5. **Then…GO TO WORK and work with each Manager on the practice in the Red Circled areas. I ride people until the performance is in Standard or until they quit. It's pretty straight-forward…and in a surprisingly short period of time, the organization is soaring!**

The Model™
Balancing Purpose and Profit…

There are a good number of CEOs that do the same thing…ALL are highly successful with margins over 14%.

176

Indirect Costs Percentage of Net Revenue Comparison
Sunny Day Hospice   2019 - YTD September
MVI Multi-View Incorporated Benchmarking

	Your Data (Alerts)	Variance of Median 10.00%	Median	10th Percentile	90th Percentile	MVI Model	Your Rank 20%	Location Count 785 / 401
Indirect Labor								
Administration	3.71%	-2.16%	5.87%	13.64%	2.49%	3.50%	77%	346
Clinical Management	4.14%	-1.18%	5.32%	9.02%	2.04%	5.50%	70%	313
Compliance/QAPI	1.27%	0.00%	1.27%	2.68%	0.57%	1.50%	50%	233
Education	0.10%	-0.80%	0.90%	1.91%	0.24%	1.00%	96%	0
Finance	2.31%	-0.22%	2.53%	4.64%	1.08%	2.25%	61%	259
HR	0.73%	-0.43%	1.16%	2.06%	0.53%	0.75%	76%	208
Marketing	1.27%	-1.31%	2.58%	5.54%	0.77%	2.00%	81%	288
Medical Director	0.63%	-1.25%	1.88%	4.70%	0.51%	1.25%	88%	257
Medical Records	0.89%	-0.14%	1.03%	2.10%	0.37%	1.00%	58%	206
MIS	0.66%	-0.59%	1.25%	2.21%	0.39%	1.25%	82%	192
Other	0.00%	-0.79%	0.79%	4.39%	0.05%	0.00%		170
Total	15.71%	-7.10%	22.81%	30.91%	15.39%	20.00%	89%	342
Operational Costs								
Answering Service		0.22%	0.11%	0.28%	0.02%	0.10%	7%	197
Accounting/Audit	0.67%	0.30%	0.37%	1.13%	0.10%	0.35%	24%	274
Bank Service	0.04%	-0.01%	0.05%	0.22%	0.01%	0.05%	61%	244
Computer Expenses	4.12%	2.89%	1.23%	2.54%	0.16%	0.70%	1%	319
Consulting/Professional Fees	0.40%	0.01%	0.39%	1.72%	0.07%	0.30%	50%	260
Continuing Education	0.40%	0.15%	0.25%	0.74%	0.05%	1.00%	30%	334
Copier Expense	0.11%	-0.07%	0.18%	0.52%	0.06%	0.20%	72%	173
Depreciation-Major Moveable	0.00%	-0.72%	0.72%	1.68%	0.14%	0.75%		222
Dues, Licenses & Subscription		0.47%	0.37%	0.84%	0.14%	0.30%	10%	350
Insurance	0.95%	0.35%	0.60%	1.17%	0.21%	0.65%	18%	329
Interest-Operating	0.00%	-0.20%	0.20%	1.01%	0.01%	0.00%		134
Lease/Rent Equipment	0.01%	-0.14%	0.15%	0.63%	0.02%	0.10%	97%	199
Legal	0.43%	0.29%	0.14%	0.58%	0.02%	0.10%	18%	226
Marketing Other	0.74%	0.02%	0.72%	2.12%	0.17%	0.60%	49%	341
Meeting Expense	0.03%	-0.10%	0.13%	0.51%	0.02%	0.15%	87%	310
Mileage-Non-Patient	0.03%	-0.19%	0.22%	0.87%	0.05%	0.21%	96%	328
Minor Equipment	0.00%	-0.07%	0.07%	0.29%	0.01%	0.07%		187
Miscellaneous	0.01%	-0.07%	0.08%	0.32%	0.02%	0.00%	96%	225
Office Supplies	0.49%	0.19%	0.30%	0.74%	0.12%	0.35%	23%	352
Other Expenses	0.00%	-0.13%	0.13%	0.88%	0.02%	0.00%		215
Pagers (Non-Patient)		0.06%	0.06%	0.15%	0.02%	0.00%	30%	25
Postage/Mailings		0.13%	0.10%	0.24%	0.04%	0.18%	11%	339
Printing	0.00%	-0.19%	0.19%	0.44%	0.04%	0.20%		285
Service Contracts-Operating	0.02%	-0.12%	0.14%	1.50%	0.01%	0.10%	87%	179
Telephone	0.43%	-0.11%	0.54%	1.11%	0.17%	0.50%	63%	345
Training-Groups	0.03%	-0.02%	0.05%	0.18%	0.01%	0.00%	65%	124
Vehicle Exp-Owned/Lease	0.11%	0.00%	0.11%	0.95%	0.01%	0.04%	51%	125
Total	10.54%	1.91%	8.63%	14.87%	5.44%	7.00%	30%	342
Facility-Related Costs								
Alarm System	0.06%	0.03%	0.03%	0.19%	0.01%	0.03%	29%	138
Cleaning & Paper	0.30%	0.15%	0.15%	0.50%	0.03%	0.15%	23%	263
Depreciation-Building	4.54%	3.29%	1.26%	3.58%	0.18%	1.00%	5%	238
Exterminating	0.03%	0.01%	0.02%	0.04%	0.01%	0.02%	27%	97
Interest-Facility	0.00%	-0.55%	0.55%	2.00%	0.07%	0.00%		57
Landscaping	0.26%	0.15%	0.12%	0.37%	0.01%	0.06%	19%	174
Maintenance	1.09%	0.81%	0.28%	0.99%	0.04%	0.20%	7%	310
Maintenance Salaries	0.00%	-0.75%	0.75%	1.79%	0.24%	0.50%		24
Other-Facility	0.53%	0.47%	0.06%	0.28%	0.01%	0.06%	5%	58
Property Taxes	0.00%	-0.04%	0.04%	0.26%	0.01%	0.03%		116
Rent	0.26%	-0.93%	1.19%	3.25%	0.12%	1.30%	83%	294
Service Contracts-Facilities	0.00%	-0.15%	0.15%	0.71%	0.02%	0.15%		200
Utilities	1.54%	1.04%	0.50%	1.19%	0.14%	0.50%	5%	321
Total	8.61%	4.77%	3.85%	8.23%	1.58%	4.00%	9%	344
Total Indirect Costs	34.86%	-1.56%	36.42%	47.39%	26.78%	31.00%	58%	347

177

Operational Practice Breakthroughs & Best Known Practices – FOCUS AREAS

1. **Perfect Visits w/ Perfect Documentation**
   – The Cure of Most Quality & Financial Woes
   – Surges of CAHPS scores
   – Surges of ADC

2. **FOCUS on or "Sexy Up" the Job of Clinical Manager with Fantastic Pay and Emphasis on Teaching & Coaching** (Ride-Alongs)
   – Make one of the Most Desired Positions in the Organization
   – Removal of Negative aspects of Management
   – Solving Clinician Attraction & Retention Issues

3. **Lose Budgets & Allocations for On-Going Operational Management and use NPR%s for Managed Care and Accountability**

4. **Compensation Systems** – Most organizational problems can be cured via use of human motivation/incentives

5. **Managed Care Costing Systems**

6. **Getting Turnover to Single Digits and Attract Top Talent**

7. **Incorporation of EMDR/ IADC** and other "Less- Cognitive" Advanced Therapies into Bereavement – And not "marginalizing" Bereavement!

The Model — Balancing Purpose and Profit...

178

Operational Practice Breakthroughs & Best Known Practices – FOCUS AREAS

1. **Perfect Visits w/ Perfect Documentation**
   - The Cure of Most Quality & Financial Woes
   - Surges of CAHPS scores
   - Surges of ADC

2. **FOCUS on or "Sexy Up" the Job of Clinical Manager with Fantastic Pay and Emphasis on Teaching & Coaching** (Ride-Alongs)
   - Make one of the Most Desired Positions in the Organization
   - Removal of Negative aspects of Management
   - Solving Clinician Attraction & Retention Issues

3. **Lose Budgets & Allocations for On-Going Operational Management and use NPR%s for Managed Care and Accountability**

4. **Compensation Systems** – Most organizational problems can be cured via use of human motivation/incentives

5. **Managed Care Costing Systems**

6. **Getting Turnover to Single Digits and Attract Top Talent**

7. **Incorporation of EMDR/ IADC** and other "Less- Cognitive" Advanced Therapies

The Model
Balancing Purpose and Profit...

179

The Hospice Medicare Advantage Carve-In!

MA provider's Quality Bonuses are impacted by scoring related to QUALITY!!

And QUALITY will come from your

People

that perform VISITS!!!

MVI Multi-View Incorporated SYSTEMS

180

The Medicare Advantage Carve-In can be summed up in that Hospices will have to compete in business environment without set reimbursement.

MVI Multi-View Incorporated SYSTEMS

181

The best strategy for the Medicare Advantage Carve-In is to run a high-quality, highly profitable Hospice.

The Model
Balancing Purpose and Profi...

182

To **WIN** with Medicare Advantage Providers

1 … low costs… #1, #1, #1**!**

2 … quality…

3 … coverage…

4 … reality…your present numbers…

5 … making it a "No Brainer" to contract with you…

6 … their plan to get you addicted to patient-volume…

7 ... "out-managing" managed care…and **THRIVING!**

The Model
Balancing Purpose and Profit…

183

Obtaining Cost Views by
Patient, Diagnosis Group, Referral Source, etc.

The Model
Balancing Purpose and Profit…

184

Obtaining Cost Views by Diagnosis, Payer, etc.

Revenue & Expense Analysis

Revenue & Expense Analysis
For the Period from 3/1/05 to 3/31/05

Diagnosis: Lung Cancer

This could be payer source, physician, referral source, staff member, individual patient, age, sex, zip code, as well as diagnosis or diagnosis group.

	Amounts	Cost Per Patient-Day	Number of Visits	Visit-Hours Direct Time	Indirect Time	Travel Time	Total Time	Fully Absorbed Costs
Revenue	57,615.00	115.23						
Direct Labor								
RN	22,166.95	44.33	155	116.3	11.6	32.6	160.5	138.13
LPN	1,977.60	3.96	16	13.0	1.2	5.0	19.2	103.00
CNA	10,174.01	20.35	170	132.4	12.8	44.7	189.9	53.59
SW	5,507.76	11.02	22	14.5	1.7	5.5	21.7	254.40
PC	3,840.84	7.68	17	13.8	1.3	4.3	19.3	198.75
Intake	4,685.33	9.37	11	22.6	0.8	2.8	26.2	179.00
Berv	812.49	1.62	7	5.5	0.5	1.8	7.8	104.50
Total	49,164.98	98.33	398	318.05	29.85	96.55	444.45	
Patient-Related								
Medications	7,425.00	14.85						
DME	2,375.00	4.75						
Medical Supplies	1,050.00	2.10						
Therapies	2,250.00	4.50						
Mileage	1,875.00	3.75						
Total	14,975.00	29.95						
Total Costs	64,139.98	128.28						
Net Income	(6,524.98)	(13.05)						

Using the power of the relational database, we are able to transpose currently attainable costs onto historical activity. This provides a hospice the most conservative view of its costs.

We recommend that cost fields in patient management systems be updated quarterly.

Number of Patient-Days: 500   Number of Patients: 25

The Model

185

Obtaining Cost Views by Diagnosis, Payer, etc.

Top Twenty Lists

Top 20 Most Costly Patients List

Count	Patient ID	Last Name	First Name	# of Visits	# of Visit-Hours	Direct Labor	Patient Related	Total Cost	Diagnosis	Referral Source	Physician	Payor	Case Manager	Facility	# On-Call Visits	LOS
1	45465	Doe	John	41	103.0	9,901	14,546	24,447	Lung CA	Jones, J	Jones, J	Humana	Smith, J	Home	17	46
2	47565	Murphy	Frank	40	94.2	9,055	11,343	20,398	Lung CA	Jones, J	Jones, J	Humana	Brown, T	Home	8	72
3	75786	Emma	Jones	38	75.5	7,258	5,937	13,195	COPD	Jones, J	Jones, J	HMB	White, P	Home	4	32
4	43345	Snow	Jed	33	41.3	3,970	8,765	12,735	CHF	St. Mary's	Smith, R	Humana	Tillis, W	Home	7	56
5	44586	Higgins	Merl	36	61.8	5,941	4,778	10,719	Dementia	St. Mary's	Brown, T	United	Meyers, K	Home	4	29
6	53467	Bush	Justin	37	45.1	4,335	5,685	10,020	COPD	Humana	Williams, Q	United	Smith, J	Home	3	41
7	23346	Smith	Cindy	36	35.3	3,393	5,678	9,071	CHF	United	White, J	HMB	Tillis, W	Home	6	25
8	34344	Rock	Joe	37	37.3	3,586	5,446	9,032	Breast CA	Easy Living	Andrews, W	Humana	Smith, J	Easy Living	3	99
9	54678	Williams	Perky	33	41.0	3,941	3,467	7,408	Prostrate CA	Easy Living	Tate, D	BOBS	Smith, J	Easy Living	7	109
10	56789	Jackson	Larry	29	24.5	2,355	4,345	6,700	CHF	Hines, E	Hines, E	Humana	Pepper, G	Home	2	124
11	43456	Jacobs	Mark	28	30.5	2,932	3,456	6,388	CHF	Memorial H	Balk, N	ETNA	Tillis, W	Home	1	23
12	44767	Bleaker	Missy	29	38.2	3,672	2,368	6,040	Dementia	Memorial H	Hines, E	United	Smith, J	Country Side	4	34
13	33564	Booker	Jenny	27	26.8	2,576	3,345	5,921	Dementia	St. Lukes	Hines, E	BOBS	Kent, S	Home	0	21
14	67767	Elder	Sidney	27	41.1	3,951	1,343	5,294	CHF	Jones, J	Jones, J	HMB	Smith, J	Sunnyville	5	21
15	44676	Jones	Sue	29	32.4	3,115	2,121	5,236	COPD	Memorial H	Brown, T	Humana	Jones, R	Home	4	17
16	56887	Steel	JD	32	25.2	2,422	2,343	4,765	Lung CA	Easy Living	Smith, R	HMB	Smith, J	Easy Living	2	15
17	44565	While	Lilley	35	40.3	3,874	567	4,441	Breast CA	Jones, J	Jones, J	Medicaid	Smith, J	Home	1	26
18	56754	Muller	Fancis	26	34.4	3,307	1,009	4,316	Dementia	Jones, J	Jones, J	BOBS	Blue, H	Home	1	18
19	98787	Gravel	Maude	21	30.9	2,970	1,234	4,204	Leukemia	Green Acres	Hines, E	Humana	Smith, J	Green Acres	0	32
20	65564	Pit	Ned	22	28.3	2,720	1,232	3,952	Prostrate CA	Jones, J	Jones, J	United	Jenckins, D	Home	0	23
		Totals		636	887.1	85,277	89,008	174,285							79	

The Model

186

187
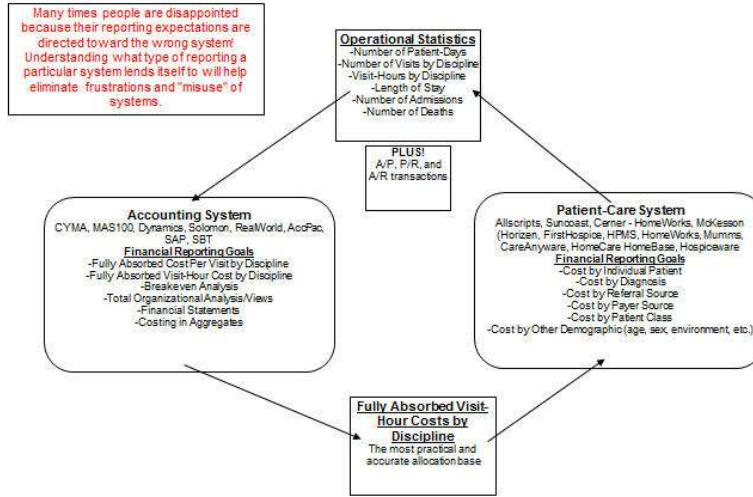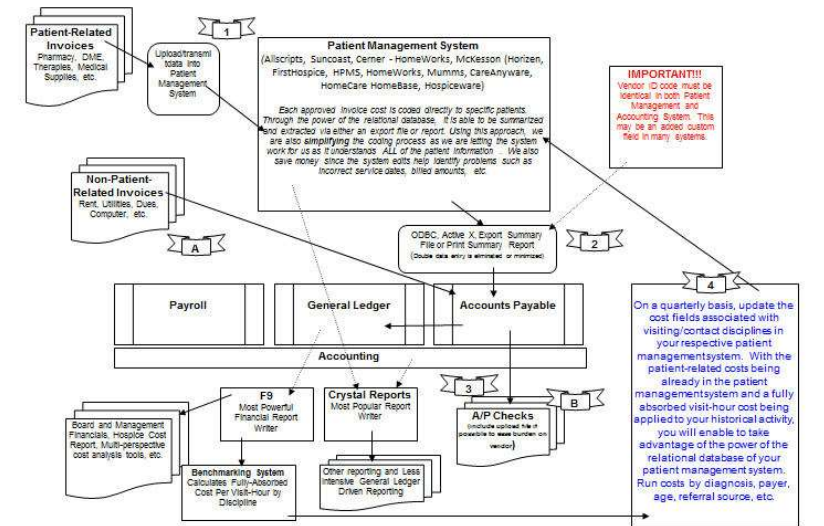
188

Obtaining Cost Views by Diagnosis, Payer, etc.
Calculation of Direct Costs

Application of Operational Statistics to Financial Amounts

Direct Cost Category		Amount	Patient-Days	Visits	Visit-Hours	Cost Per Patient-Days	Direct Cost Per Visit	Direct Cost Per Visit-Hour
Direct Labor *								
RN	$	60,000	2,500	750	750	24.00	80.00	80.00
LPN	$	5,000	2,500	75	75	2.00	66.67	66.67
CNA	$	20,000	2,500	825	780	8.00	24.24	25.64
SW	$	10,000	2,500	100	125	4.00	100.00	80.00
PC	$	2,500	2,500	75	40	1.00	33.33	62.50
Intake	$	7,000	2,500	50	100	2.80	140.00	70.00
Berv	$	2,500	2,500	40	50	1.00	62.50	50.00
Total	$	107,000		1915	1920			
Patient-Related								
Medications	$	25,000	2,500	NA	NA	10.00	NA	NA
DME	$	12,000	2,500	NA	NA	4.80	NA	NA
Medical Supplies	$	5,000	2,500	NA	NA	2.00	NA	NA
Therapies	$	8,000	2,500	NA	NA	3.20	NA	NA
Mileage	$	9,000	2,500	NA	NA	3.60	NA	NA
Total	$	59,000						
Total Direct Costs	$	166,000						

* NOTE: Benefits are included in Direct Labor amounts as a percentage of Salaries & Wages.

The Model

189

Obtaining Cost Views by Diagnosis, Payer, etc.
Two Step Allocation of Indirect Costs

Allocation Step 1

Indirect Area	Allocation Base	Amount		Hospice Homecare		Palliative Care		Hospice IP Unit
Administration	Time Study	$	100,000	$	70,000	$	10,000	$ 20,000
Operational	Resource Consumption	$	50,000	$	35,000	$	5,000	$ 10,000
Facility	Square Footage	$	10,000	$	4,000	$	1,000	$ 5,000
	Total	$	160,000	$	**109,000**	$	16,000	$ 35,000

Allocation Step 2 *(using Payroll Dollars instead of Time Studies)*

Hospice Homecare

RN	LPN	CNA	SW	PC	Intake	Berv	Total
$ 43,600	$ 2,725	$ 21,800	$ 21,800	$ 5,450	$ 10,900	$ 2,725	**$ 109,000**

The Model

190

95

Obtaining Cost Views by Diagnosis, Payer, etc.
Computing Fully Absorbed Costs

Computing Fully Absorbed Costs for Each Discipline

Direct Cost Category	Direct Cost Amount	Indirect Costs Applied	Fully Absorbed Cost

Calculation of Fully-Absorbed Cost Per Visit-Hour

Direct Labor '

RN	80.00	+	58.13	=	138.13
LPN	66.67	+	36.33	=	103.00
CNA	25.64	+	27.95	=	53.59
SW	80.00	+	174.40	=	254.40
PC	62.50	+	136.25	=	198.75
Intake	70.00	+	109.00	=	179.00
Berv	50.00	+	54.50	=	104.50

Calculation of Fully-Absorbed Cost Per Visit

Direct Labor '

RN	80.00	+	58.13	=	138.13
LPN	66.67	+	36.33	=	103.00
CNA	24.24	+	26.42	=	50.67
SW	100.00	+	218.00	=	318.00
PC	33.33	+	72.67	=	106.00
Intake	140.00	+	218.00	=	358.00
Berv	62.50	+	68.13	=	130.63

Calculation of Fully-Absorbed Patient-Day Cost

		Divide by Patient-Days	
Total Segment Direct Patient-Day Costs	166,000	2,500	66.40
Allocated Indirect Costs from Step 1	109,000	2,500	43.60
	275,000	2,500	110.00

On a quarterly basis, update the cost fields in your patient-management system.

Applying currently attainable costs to historical activity provides the most conservative estimates of cost.

The Model

191

Obtaining Cost Views by Diagnosis, Payer, etc.
Revenue & Expense Analysis

Revenue & Expense Analysis
For the Period from 3/1/05 to 3/31/05

This could be payer source, physician, referral source, staff member, individual patient, age, sex, zip code, as well as diagnosis or diagnosis group.

Diagnosis: Lung Cancer

	Amounts	Cost Per Patient-Day	Number of Visits	Visit-Hours Direct Time	Indirect Time	Travel Time	Total Time	Fully Absorbed Costs
Revenue	57,615.00	115.23						
Direct Labor								
RN	22,166.95	44.33	155	116.3	11.6	32.6	160.5	138.13
LPN	1,977.60	3.96	16	13.0	1.2	5.0	19.2	103.00
CNA	10,174.01	20.35	170	132.4	12.8	44.7	189.9	53.59
SW	5,507.76	11.02	22	14.5	1.7	5.5	21.7	254.40
PC	3,840.84	7.68	17	13.8	1.3	4.3	19.3	198.75
Intake	4,685.33	9.37	11	22.6	0.8	2.8	26.2	179.00
Berv	812.49	1.62	7	5.5	0.5	1.8	7.8	104.50
Total	49,164.98	98.33	398	318.05	29.85	96.55	444.45	
Patient-Related								
Medications	7,425.00	14.85						
DME	2,375.00	4.75						
Medical Supplies	1,050.00	2.10						
Therapies	2,250.00	4.50						
Mileage	1,875.00	3.75						
Total	14,975.00	29.95						
Total Costs	64,139.98	128.28						
Net Income	(6,524.98)	(13.05)						

Using the power of the relational database, we are able to transpose currently attainable costs onto historical activity. This provides a hospice the most conservative view of its costs.

We recommend that cost fields in patient management systems be updated quarterly.

Number of Patient-Days:	500	Number of Patients:	25

The Model

192

96

Obtaining Cost Views by Diagnosis, Payer, etc.
Top Ten Lists

Top Ten List - Highest Costs

		Number of Visits	Number of Visit-Hours	Direct Labor Costs	Patient Related Costs	Total Costs	
1	Betty Jones	48	68.6	13,049.94	12,457.54	25,507.48	Run Summary Services Report for all patients if you can't create a report that can pick out the top 10 most costly and top 10 least costly patients.
2	Billy Ford	42	65.3	7,453.37	14,678.78	22,132.15	
3	Melissa Smith	41	60.4	9,240.79	11,265.81	20,506.60	
4	Emma Blue	38	58.2	10,321.66	7,934.72	18,256.38	
5	Rodney Conrad	36	55.8	6,159.78	6,721.27	12,881.05	
6	Julie Brown	35	48.5	4,028.81	6,976.47	11,005.28	
7	Suzie Dillingham	30	45.7	4,862.17	3,767.78	8,629.95	
8	Jack Zittelman	33	39.3	6,135.39	1,743.90	7,879.29	Review Monthly.
9	Mary Mohahan	27	37.2	5,333.68	1,295.39	6,629.07	
10	John Winter	29	36.6	5,600.43	903.53	6,503.96	

Top Ten List - Lowest Costs

		Number of Visits	Number of Visit-Hours	Direct Labor Costs	Patient Related Costs	Total Costs
1	Larry Carr	0	0.0	-	55.08	55.08
2	Mel Howe	1	0.5	62.56	-	62.56
3	Jeff Veck	1	0.6	59.63	15.44	75.07
4	Eric Clap	2	1.2	104.25	45.88	150.13
5	Kelly Johnson	2	1.4	87.16	87.99	175.15
6	Sue Wreck	3	1.6	90.62	109.56	200.18
7	Gene Simmons	4	2.0	128.79	121.43	250.22
8	Henry Williams	4	2.5	213.70	99.08	312.78
9	Jed Dorr	4	3.0	209.57	165.76	375.33
10	Jim Morrison	5	3.7	315.14	147.77	462.91

The Model

193

MasterPractice

BIG People Development Insights!
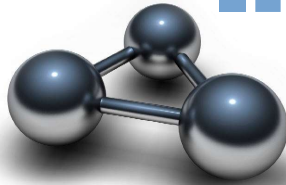
All QUALITY will be a DIRECT RESULT of the QUALITY of our People Systems.

MVI Multi-View Incorporated SYSTEMS
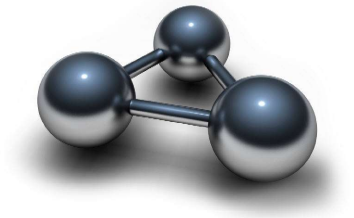
194

What are You?

195

You are a

Feeling...

We are essentially "sensations"
and "consciousness."
This is really all we know…

196

98

MasterPractice

Learn to teach to the

feeling…
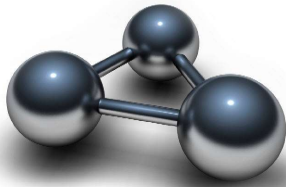
197

MasterPractice

According to scientific findings, **ALL** thoughts are stored in the memory's filing system based upon the associated **feelings**. They are filed according to **feeling and tone**, not fact…

Gray-LaViolette, 1982

198
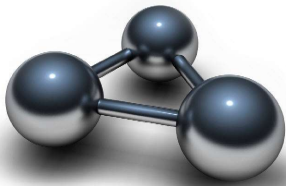
Taking Ownership of Your Life

Accountability

The Topic of Personal Transformation
and Empowerment

MasterPractice

MasterPractice

Nearly **ALL** of an organization's quality and financial woes will be CURED by learning to do Perfect Visits with Perfect Documentation.

Perfect = To the Standards of the Organization

accountability noun

ac·count·abil·i·ty | \ ə-ˌkau̇n-tə-ˈbi-lə-tē 🔊 \

Definition of *accountability*

: the quality or state of being accountable

especially : an obligation or willingness to accept responsibility or to account for one's actions

// public officials lacking *accountability*

Accountability is owning one's life without blaming others or circumstances.

Because of the importance of this topic, a
simple definition, known verbatim, is needed by
the organization.

MVI Multi-View Incorporated

201

The Skill of the Manager
is that of
"Doing Accountability"
without losing Talent.

This involves having a compelling Vision, gaining respect, creating trust and having a supportive/transformative relationship where you can Teach Self-Ownership effectively. This will cure so many problems.

MVI Multi-View Incorporated

202

Victimhood and blame are not very empowering…

You want to get yourself[1] and your people[2] beyond victimhood, blame & excuse…

Simply taking responsibility for one's attitude is a CHOICE and is the beginning of positive change!

The teaching of Self-Ownership is the beginning of creating a culture of Self-Regulation/Self-Control/FOCUS.

MVI Multi-View Incorporated

203

Teaching Self-Ownership Effectively

1. Create a Standardized Definition of Accountability.
2. Accountability needs to Hired For in a Hiring Profile as well as Cultivated Culturally.
   - We want people that **want** to grow Spiritually.
3. The Ongoing Cultivation of Self-Ownership:
   - ❑ *The 3 Questions with a Call-Out on "What day is it?"*
   - ❑ *System7*!!!

MVI Multi-View Incorporated

204

The Paradigm Shift
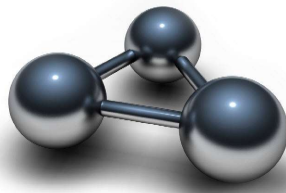
From a "**Provider of Care**" to a "**Teaching Organization**," first and foremost.

MVI | Multi-View Incorporated SYSTEMS

205

The Paradigm Shift to a Teaching Organization, First & Foremost, is a Strategic Decision. In fact, it is your

#1 Strategic Decision.

We are a Teaching Organization rather than a "Provider of Care"

MVI | Multi-View Incorporated SYSTEMS

206

What are some of the logical questions when making People Development the

#1 Strategic Direction

1. How would the room be constructed/setup?
2. Who leads it? – Do they have the Vision!
3. Who teaches it?
4. What will be taught? In what sequence?
5. How will the learning be evaluated?
6. What are the Best Known Methods from top organizations and the greatest Teachers that have ever walked on the planet? AND do we have the "guts" to do them?

MVI Multi-View Incorporated

207

What is the price your organization is paying EVERYDAY from NOT training people well?

MVI Multi-View Incorporated SYSTEMS

208

It is *impossible* for an organization to become extraordinary without an extraordinary People Development System.
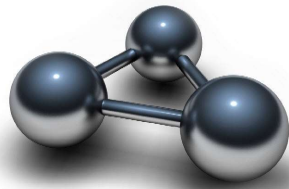
Big Model Concept #5

209

MasterPractice

An organization using Best Known Practices has TIME.

FLASHPAGE

A Monthly Consolidation of the Practices of the 90th Percentile! SEPTEMBER 2020

INSIDE

Flashpage Reference
Page 5

MVI Tough Training Schedule
Page 7

"We Don't have Enough Time…"

to implement Best Known Practices… We have so many things we're trying to do now…"

This is the most common "type" of comment organizations use to explain why they can't get great operational practices into place. But this type of thinking or comment, unbeknownst to them usually, is a flat-out giveaway, in flashing neon lights, that they are not efficient and are wasting time and resources. Best Known Practices

People Development

210

How Perfect Visits Cure Most Quality & Financial Woes!

1. Patients/Families are Happy! Complaints are RARE.
2. Team sizes of Clinical Managers easily increase.
3. Billing goes out on time with little effort.
4. Less Compliance Staff are needed.
5. Marketers don't have to Lie…Quality is easy to sell in a broken healthcare world.
6. Census increases as a direct result of radically increased QUALITY!
7. Financials surge.
8. CAHPS scores surge.
9. Less Staff are needed and organizations can flatten.
10. You don't have to worry about a ZPIC (or similar) KILLING you off! You're tight!

MVI Multi-View Incorporated

211

MasterPractice

Compensation

is perhaps your most effective teaching tool.
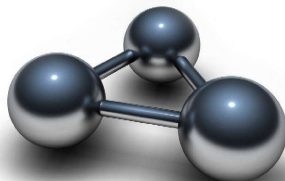
SYSTEMS

212

106

We are not paying you to do the care! We are paying you to

Teach

caregivers how to provide the care!
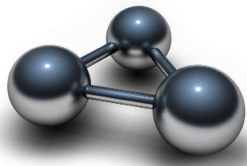
MVI Multi-View Incorporated

213

The **Truth** about **Quality**

A Hospice can have no more or less quality than the quality of its
People Development System.

It is a **COMPLETE FANTASY** to think otherwise.

So what is the quality of your People Development System?
Is it Extraordinary or something less?

MVI Multi-View Incorporated SYSTEMS

214

Your Effectiveness is "Structurally Dictated" by your People System Design!

1. **10% Design**
   - *Lecture/Oral Narrative*

2. **30-40% Design**
   - *Written Manual, PowerPoints, Note-Taking*

3. **50-80% Design**
   - *Written Manuals, PowerPoints, Note-Taking, Written Testing*

4. **100% Design**
   - *Written Manuals, PowerPoints, Note-Taking, Written Testing, Practice/Demonstrate, Annual Certification, 60-Day Ride Alongs*

An organization will only get the results it DESIGNS into the people development process.

MVI Multi-View Incorporated

215

Seven Step Training Method
System 7 - Teaching Well

1. Issue Self-Study Module
2. Tell – The Why & How
3. Show - Visual
4. Test - Evaluate Learning
5. Practice - Demonstrate
6. Evaluate Practice - Test
7. Certify/Annual Recertification

This sequence makes it IMPOSSIBLE for knowledge deficits to exist…or the excuse, "I didn't know that!"

MasterPractice **MVI**

216

NO ONE GETS OUT ALIVE
UNTIL THEY CAN DO 100% OF THE STANDARDS UNDER STRESS CONDITIONS.

All Teaching Is Done to Pass/Fail…

MVI Multi-View Incorporated

Testing = Accountability

217

We are Humans in Human organizations serving Humans… So we better "get" Human…
and understand reality…
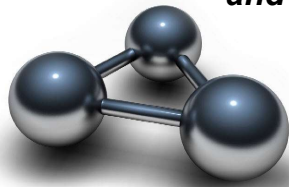
MVI Multi-View Incorporated SYSTEMS

218
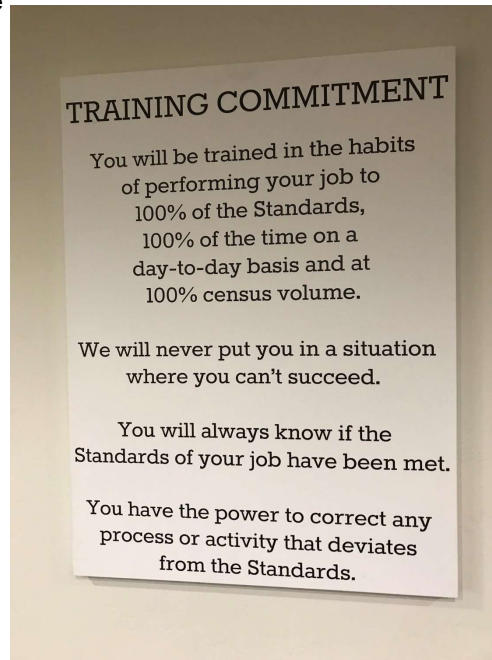
219

Our Training Commitment: You will be trained in the <u>habits</u> of performing your job to 100% of the Standards, 100% of the time on a day-to-day basis and at 100% census volume. We will never put you in situation where you can't succeed. You will always know if the Standards of your job have been met. You have the power to correct any process or activity that deviates from the Standards.

220

The Center of the Universe! Wellness Center or Center of Happiness?

We can create cultures or environments where people can pursue **happiness**! We can enrich a culture through emphasis on personal & group **progress** which leads to happiness!

MVI Multi-View Incorporated SYSTEMS

221

People Development
should be the
Center of the Universe
- the "Core" -

It should be CREATED by the VISION of the organization! And be and remain the

#1 Strategic Initiative

It is the most important part of any organization.

MVI Multi-View Incorporated SYSTEMS

222

Most Clinicians dislike or sometimes **HATE** their jobs!

This IS your Opportunity!

223

224

225

226

What do people really want?

To be… **Happy!**

MVI Multi-View Incorporated SYSTEMS

227

228

How do People Learn?

229

You are a

Feeling...

We are essentially "sensations"
and "consciousness."
This is really all we know…

230

According to scientific findings, **ALL** thoughts are stored in the memory's filing system based upon the associated **feelings**. They are filed according to **feeling and tone**, not fact...

Gray-LaViolette, 1982

231
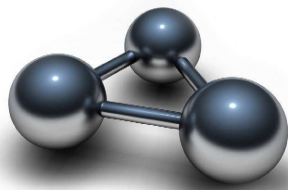
What Would an Effective Training Program Look Like?

232

You have to see it...

Before you can Build it!

If you can't see it, you can't build it...

This is **VISION**!

A captivating, electric Vision creates **Energy**!

MVI Multi-View Incorporated SYSTEMS

Your Effectiveness is "Structurally Dictated" by your People System Design!

1. ## 10% Design
   – *Lecture/Oral Narrative*

2. ## 30-40% Design
   – *Written Manual, PowerPoints, Note-Taking*

3. ## 50-80% Design
   – *Written Manuals, PowerPoints, Note-Taking, Written Testing*

4. ## 100% Design
   – *Written Manuals, PowerPoints, Note-Taking, Written Testing, Practice/Demonstrate, Annual Certification, 60-Day Ride Alongs*

An organization will only get the results it DESIGNS into the people development process.

MVI Multi-View Incorporated

Seven Step Training Method
System 7 - Teaching Well

1. Issue Self-Study Module
2. Tell – The Why & How
3. Show - Visual
4. Test - Evaluate Learning
5. Practice - Demonstrate
6. Evaluate Practice - Test
7. Certify/Annual Recertification

This sequence makes it IMPOSSIBLE for knowledge deficits to exist…or the excuse, "I didn't know that!"

Master Practice

MVi

235

NO ONE GETS OUT ALIVE
UNTIL THEY CAN DO 100% OF THE STANDARDS UNDER STRESS CONDITIONS.

All Teaching Is Done to Pass/Fail…

MVI Multi-View Incorporated

Testing = Accountability

236

Your People System has has 4 Processes

1. People Attraction Process
2. People Selection Process
3. People Development Process
4. People Retention Process

The word "Talent" is a more powerful description than "People."

The Compensation System is the powerful foundation of all 4 of these processes.

MVI Multi-View Incorporated

237

Set a time expectation regarding the amount of time it will take to fully train each discipline. Examples: RN 28 days, Aide 14 days, Accountant 21 days, Call Center Rep 14 days, etc. Limiting the amount time creates FOCUS as less important topics are shortened or are omitted.

Training Time:

RN 28 Days, PCAs 14 Days, Care Navigators/Spiritual Comforter 21 Days

MVI Multi-View Incorporated

238

Step	What	Who	How
	Talent Attraction Process		
	Create SUPER ADs that pull in Candidates who are the "type" of people we want…and at rates 50-80% greater than ads from other similar organizations. Candidates are directed to the website.	HR	Through SUPER ADs using all practical media sources.
			Professional Workshops and Training Programs offered to the Community and Clinicians.
	SUPER ADs promote the following PAYOFFs.		Volunteer Life-Changing Events
	1) NewLife – (Create a Cultural Brand) - An Inspirational/Spiritual/Electric Work Atmosphere – The Culture and Work Environment is MORE important than FINANCIAL Compensation! The work atmosphere is one that deliberately liberates human potential and fosters personal growth.		Educational Events Advertising/Internet Word of Mouth Public Speaking
	2) SuperPay! – The BEST and FAIREST Compensation System! People would prefer to be paid what they believe they are worth and what they have rightfully earned.		

MVi Multi-View Incorporated

239

1) People Attraction Process

There are 2 primary reasons people are Attracted to an organization:

1) **NewLife** – (Create a Cultural Brand) - An Inspirational/Spiritual/Electric Work Atmosphere – The Culture and Work Environment is MORE important than FINANCIAL Compensation! The work atmosphere is one that deliberately liberates human potential and fosters personal growth.
2) **SuperPay!** – The BEST and FAIREST Compensation System! People would prefer to be paid what they believe they are worth and what they have rightfully earned..

MVi Multi-View Incorporated

240

The Factors that Attract & Retain People

1. An "Electric/Life-Changing /Enlightened" Work Atmosphere (A Form of Compensation)

2. Financial Compensation
   - Most people in the modern world have material needs and wants
   - People want to be paid what they believe they are worth

MVI Multi-View Incorporated

1) People Attraction Process

The central demographic of people that are attracted to Hospice work is they are seeking meaning & purpose.

Also, you want to attract Spiritually-Oriented candidates because they will more easily understand Accountability.

MVI Multi-View Incorporated

Seeking a Special RN

Do you want to work with an organization that lets you actually do nursing? That helps you be what you want to be?

We don't know your name, but we know the type of person you are. You are a professional…and you want to be treated as a professional...and you want to be paid what you are worth… You want to grow in your skills and as a person. You want to work with a peer group with incredibly high standards…a group of professionals like you, who inspire you to become more and more exceptional. If this is you, please visit the Sunny Day website in the Extraordinary Employment Opportunities section.

243

		Talent Selection Process		
	A	Screening – Short Website Video of the CEO teaching on Sunny Day's Vision, Values and Ideologies – *A Teaching Company, First & Foremost!* <u>The Skill We Value is the Ability to TEACH!</u> We are Seeking Spiritually-Growth-Oriented People who want to GROW and ADVANCE both personally and professionally! We are people that are more motivated by Mission than Money…but who can have BOTH!	CEO/ HR/IT	Link in Website to Life-Changing Employment Section
	B	Screening – Via the Website, Test for Technical Competencies which include a *written narrative section* so we know how well the Candidate writes and documents since documentation is so critical in our work. This step signals that people will be held Accountable. It lets the Candidate demonstrate to us that they are serious.	HR/IT	Link in Website to Life-Changing Employment Section
	C	Screening – Via the Website or by sending out an email, Candidates complete a puzzle which is the <u>Byrum</u> Method for Cultural Fit based on Values/Judgment with Extreme Emphasis on Accountability Optional: Have the Candidate send a self-recorded CELL Video of him or herself teaching ideas about Accountability. Hartman Value Profile/ Steve <u>Byrum</u> Method byrum4@aol.com	HR/IT	Link in Website to Life-Changing Employment Section ink in Website

244

	Talent Selection Process		
Step	**What**	**Who**	**How**
D	Phone Call to Determine Initial (Emotional Reaction) Impressions and Gain Insights into Competency. Ascertain if the Candidate wants to "grow spiritually" through Self-Ownership and being *Accountable* for performance and behavior. A standardized set of questions are used for each discipline.	2 People (HR) Or a single talented person. A good "picker."	*Standard* Set of Discipline-Specific Questions 1) (2-5 seconds) 2) 1-2 Characteristics Put Candidate into a scenario where Accountability must be applied to see how they react and interpret it as we want to hire "mature" people.
E	Formal Interview which includes creating a Video of Candidate Teaching after signing a "Video Consent Release" form. This provides "evidence" that a person can EFFECTIVELY teach.	HR & Applicable Managers	Ask *Standard* Set of Discipline-Specific Questions
F	A kinesiological muscle test is run resulting in a Yes or Not-Yes response. Though this is not a "acid test," it is a physical/chemical indication of positive-ness or life-affirming-ness which is both, interesting and "insightful," which would contribute to the idea that "all of Life is connected" by a universal field of intelligence" which we can tap into…	2 Talented, objective people with high, high integrity and devotion to Truth. Testers should be familiar with and reference the work of Dr. John Diamond and Dr. David Hawkins.	Use the extended arm method and the question, "Should we hire XXX now?"

245

Getting Past the
Business Prevention Units

246

	Talent Development (Liberation) Process		
1	Introduce Self-Learning Modules These enable "self-learning." Once the cultural expectation is one of "learning" and "Accountability," Students come into the "live" events already knowing 50-60% of the material. Thus the "live" teaching events become more of a reinforcement.	Transformation Officer and/or Site Leader	Web Learning/LMS (Learning Management System), MP3s and CDs Manuals Slides Quick Guides

247

	Talent Development (Liberation) Process		
Step	**What**	**Who**	**How**
2	Teach (Sell) Vision, Values & Ideologies (CEO live and with Video) This sets the "tone" of the company. It is important that this be powerful and compelling. It must give each person a "glimpse" into his or her personal potentials.	CEO/Site Leader/ Transformational Officer	Use System7
3	Overview of the "Sunny Day" Model [REVIEW] -Why and How the Model was Created -Set Yourself in the Patient Chair -Meticulous Attention to Details of the Experience/FEELING -Model Portals for Your Input – If_I_Owned@SDH.org -Accountability: What does it mean? Why is it is important? -Our Measurements and Why they Matter -Meeting Formats -Letting Go, Self-Actualization, Spiritual Advancement -SuperPay! How and Why we pay differently!	CEO, Master Teacher & Site Leader	Use System7
4	Teach the Sunny Day Perfect Phone Interactions. This can normally be accomplished in a single half-day teaching according to System7 using Pre-Recorded Phone Scenarios.	2 HR Talents	Use System7

248

124

	Talent Development (Liberation) Process		
5	Teach the Sunny Day Perfect Visit Structure in 2 or 3 days or half-days devoted strictly to *System7*. COACH-UPS - VIDEO with audits – Have ED COACH-Ups if the visit is bad… Question at end: Are you doing the HnH visit every day? Is your ED teaching you the HnH visit as you were taught at Global? Videos Sent to Education Faculty in 2 days with their Test/Out so they can become familiar with the new clinicians and to help them begin the relationship building process.	Transformational Officer and/or Site Leader	Use System7

249

	Talent Development (Liberation) Process		
Step	**What**	**Who**	**How**
6	Basic Documentation for Everyone! This overview helps everyone, clinicians and non-clinicians get on the same page and understand the importance of documentation. It also helps create Internal Accountability so that non-Standard documentation can be identified and remedied.	Documentation Talent, Site Leader	Use System7
7	Revolutionary Bereavement Because we are in the Loss Business, all staff must know of the advanced methods and technologies our Hospice employs beyond traditional cognitive approaches including EMDR, IADC, Hemi-Sync, SAM, etc. This knowledge helps clinicians explain our services better and also gives them life-enriching tools for their personal growth.	Bereavement Talent Transformational Leader and Site Leader	Demonstrate methods – EMDR, Hemi-Sync, SAM…perhaps allow Students to experience these at the end of the day.

250

125

	Talent Development (Liberation) Process		
8	**Teach the Business of Hospice** To help eliminate the "administration vs clinical" division that can exist in many organizations, all employees are trained in the core measurements and metrics as well as how we get paid from Medicare, Medicaid, Commercial Insurance, etc. This knowledge empowers any employee to understand our financial statements and helps prepare them for professional advancement. We want all employees to "buy in" to our system of care which includes running a world-class business.	Transformational Office/Site Leader and CFO	Use System7

MVi Multi-View Incorporated

251

	Talent Development (Liberation) Process		
Step	**What**	**Who**	**How**
9	Computer Curricula – Communications, Network This has to do with mastering the protocols and technologies the organization utilizes.	Telecommunications Talent	Use System7
10	Discipline Breakouts Nursing, Aides, SW, Spiritual Care, Bereavement (Admissions and On-Call is reserved normally for seasoned clinicians with great professional judgment and a high degree of Self-Control/Regulation).	Content Specialists	Use System7
11	Perfect Documentation with examples of a type of Cancer, COPD, CHF, Dementia with emphasis on how to document slow decline to defend clinical decisions.	Documentation Talent	Use System7

MVi Multi-View Incorporated

252

	Talent Development (Liberation) Process		
12	Clinical Skills Modules – Video followed by MP3s Specific clinical skills such as Wound Care, Breakthrough Pain, Catheters, etc. are taught using Self-Learning Modules and *System7* where practical.	All Key Functions Marketing/Life-Changers	Demonstration of Competence in a Synthetic Space (part of System7)
13	Life-Changing/Transformational Practices Your Life Flows Out of You! You Become What You Think About! How to be Happier? The Choice of How to Perceive the World! Exercise: Deep Examination of Beliefs and View of Relationship with the World	Transformational Leader/Site Leader	Use of dialogue and exercises which help people see their individual potentials.

MVi Multi-View Incorporated

253

3) People Development Process

Staff want to "believe" that they are talented and well-trained. We must transform this desire from a "want" into a certainty.

MVi Multi-View Incorporated

254

Seven Step Training Method
System 7 - Teaching Well

1. Issue Self-Study Module
2. Tell – The Why & How
3. Show - Visual
4. Test - Evaluate Learning
5. Practice - Demonstrate
6. Evaluate Practice - Test
7. Certify/Annual Recertification

System7 hits most of the modes which human beings learn!

MVi Multi-View Incorporated

255

Step	What	Who	How
	Talent Retention Process		
1	People stay at organizations for the same reasons they were attracted to organizations. If they are being "Paid Well" – with a fantastic, Life-Affirming work atmosphere as well as financially, people rarely leave. However, 70% of the creation of this "electric work atmosphere" comes from the "relationship" the employee has with the employer. Therefore, the Clinical Leader or immediate Manager is the key FOCUS regarding retention of Talent. 1) NewLife – An Inspirational/Spiritual/Electric Work Atmosphere 2) SuperPay! – The BEST Pay!	Immediate Clinical Leader and All Managers	The way we live, work and play every day!
2	1st Duty of the Extraordinary Clinical Leader Teach and Coach and help the employee realize his or her personal potentials. This includes tools, attitudes and mindsets to foster happiness and positivity as well as specific practical skills such as communication, Self-Control, Accountability and FOCUS to help the employee be a mature professional.	Immediate Clinical Leader and All Managers	The Clinical Leader's job is developing people and liberating the personal potentials within each person they lead.
3	Life-Skill Programs and *Letting Go* Meetings The core competence of the ENTIRE organization is the development of People. Being a Life-Changing company.	Staff Outside Experts, EDs CEO/CTO	Semi-monthly, non-mandatory meetings that teach life-skills and Spiritual Values

256

128

Retaining Talent

By creating the Workplace of Tomorrow…

MVi Multi-View Incorporated SYSTEMS

---
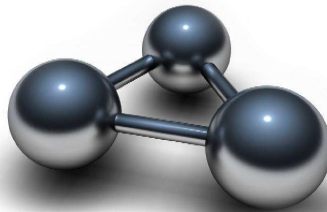
4) People Retention Process

Loss of Talent is the

#1

Destroyer of Value

MVi Multi-View Incorporated

The Factors that Attract & Retain People

1. An "Electric/Life-Changing /Enlightened" Work Atmosphere (A Form of Compensation)

2. Financial Compensation
   – Most people in the modern world have material needs and wants
   – People want to be paid what they believe they are worth

MVI Multi-View Incorporated

259

4) People Retention Process

The central demographic of people that are attracted to Hospice work is they are seeking meaning & purpose.

Turnover greater than 10% means that a Hospice is NOT nourishing their employees in this key area/"environmental" factor.

MVI Multi-View Incorporated

260

4) People Retention Process

The intentional creation of a workplace is one of the most underutilized ideas in most organizations.

MVi Multi-View Incorporated

Why is this so important?

MVi Multi-View Incorporated

4) People Retention Process

100% of the
Hospices operating in the 90th percentile have Highly Spiritual Cultures!

263

4) People Retention Process

Spirituality is the unobvious factor in the most successful Hospices...

This will come from the CEO...

264

Perfect = To the Standards of the Organization

We have to be "near-flawless" in Hospice work because our Return Policy SUCKS! There are NO REDOS! And patient and families DESERVE meticulous consideration of EVERY aspect of an orchestrated EXPERIENCE!

Going Days or Weeks without Documentation Errors, Service Failures or Complaints
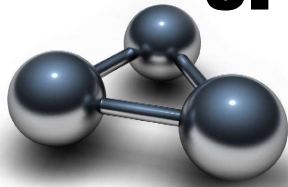
Perfect Visits with Perfect Documentation

Why Should You Learn the Visit Structure?

Why Should Clinicians or Clinical Managers
(your primary Students)
Listen to You?

Trust

TRUST is what is needed! They must know that you know the business and what they do! You know if you are trusted if you can fairly easily convince clinicians to move to a new compensation system!

The Model
Balancing Purpose and Profit...

271

There are Hospices that are going days, sometimes weeks, without a single service failure, complaint or documentation error. Hospices have had to often cancel weekly quality meetings as there was nothing to report.

The Model
Balancing Purpose and Profit...

272

These are almost unbelievable results achieved by a few Hospices with truly <u>Impressive Standards</u> combined with <u>unique training methods </u>fused with strong <u>Accountability</u>.

The Model
Balancing Purpose and Profit...

273

The Visit Structure

<u>We are NOT using "scripts" nor are we making "robots."</u>

Clinicians will get SO GOOD at the Structure that it "liberates" their personality and reduces stress because NOTHING is missed!

The Model
Balancing Purpose and Profit...

274

Only 30% of the Visit is prescriptive! The remaining

70%

is up to the clinician's professional judgment!

How Perfect Visits Cure Most Quality & Financial Woes!

1. Patients/Families are Happy! Complaints are RARE.
2. Team sizes of Clinical Managers easily increase.
3. Billing goes out on time with little effort.
4. Less Compliance Staff are needed.
5. Marketers don't have to Lie…Quality is easy to sell in a broken healthcare world.
6. Census increases as a direct result of radically increased QUALITY!
7. Financials surge.
8. CAHPS scores surge.
9. Less Staff are needed and organizations can flatten.
10. You don't have to worry about a ZPIC (or similar) KILLING you off! You're tight!

When implementing Perfect Visits with Perfect Documentation DO NOT form committees. This will defeat you...
Resist COMMITTEES!

MVI Multi-View Incorporated SYSTEMS

277

Here is our definition of a committee:

com·mit·tee   kəˈmidē/

noun
1. Where people get together as a group and spend enormous amounts of time making concessions, showing how clever they are, neutering out important nutrients, devastating value and ending up with a mediocre result.

MVI Multi-View Incorporated SYSTEMS

278

FOCUS on the FEELING...

279

A Hospice really doing the **Model** has

considered **every** aspect of the care experience and cares enough

to create that experience for every patient, every time, every patient, every time, every, every patient, every time...

280

A Hospice doing the **Model** has considered **every**

word and phrase

smell

image

our look, uniform

activity

from the viewpoint of
"How does it make a person feel?"

An exploration of some of the specific practices of Hospices that are actually achieving this level of quality.

Exploration of the Practices of Hospices Achieving this Level of Quality

1. The Visit Structure is defined for all Clinical Disciplines.
2. Perfect Documentation is defined for the most common & anxiety-ridden diagnosis groups.
3. All materials for System7 are created - Self-Learning Modules *(Visits using the Modular Visit-Step Approach)*, Manuals, PowerPoints, Pre-Recorded Scenarios, etc.
4. IRMs are embedded into physical products to cue behaviors.
5. **Clinical Managers** are trained using a non-deviating 7-step system under-stress conditions using Pre-Recorded Visit Scenarios of escalading complexity in Synthetic Labs .
6. Clinicians are trained using the same non-deviating 7-step system under-stress conditions using Pre-Recorded Visit Scenarios of escalading complexity in Synthetic Labs .
7. A portion of compensation is directly attached to doing the Visit and Documentation Standards to 100%. Every paycheck is impacted. *Systems are sensitized to detect deviations from Standards.*

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

283

People Development Paradigm

Staff want to "believe" that they are talented and well-trained. We must transform this desire from a "want" into a certainty.

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

284

What is the
goal of a
Visit?

285

To make the
Caregiver
the Hero!
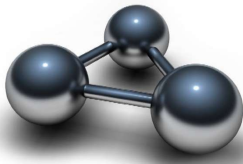
The Model
Balancing Purpose and Profit...

286

We are not paying you to do the care! We are paying you to

Teach

caregivers how to provide the care!

The Visit

Too many Hospices have mistakenly "assumed" that clinicians know how to do a great visit. If we are under this illusion, I guarantee that we are NOT providing as high of quality Hospice care as possible.

MVI Multi-View Incorporated SYSTEMS
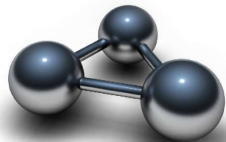
Why Design Visits?

- Diminish the variability of care
- To **"delight"** patients & families with an integrated, coherent experience via impacting them emotionally…and having all team members on the same page via Perfect Documentation
- Brand our care/Hospice
- Liberate clinicians and conserve Energy by providing Energy-Saving structures & tools
- Keeps you out of legal or payback trouble
- Increases CAHPS and Medicare Advantage deals
- Is the starting point for addressing productivity.

MVI Multi-View Incorporated · The Model

289

Teaching the Visit Structure is NOT clinical! It is more about the Creation of the Extraordinary Experience/Feeling!
Many Hospices miss this point.

828-698-5885
MVI Multi-View Incorporated · The Model Balancing Purpose and Profit…

290

By using System7 you

remove the excuse,
"I didn't know that…"

It is impossible to have knowledge deficits with this system.

828-698-5885

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit…

291

Seven Step Training Method
System 7 - Teaching Well

1. Issue Self-Study Module
2. Tell – The Why & How
3. Show - Visual
4. Test - Evaluate Learning
5. Practice - Demonstrate
6. Evaluate Practice - Test
7. Certify/Annual Recertification

MVI Multi-View Incorporated

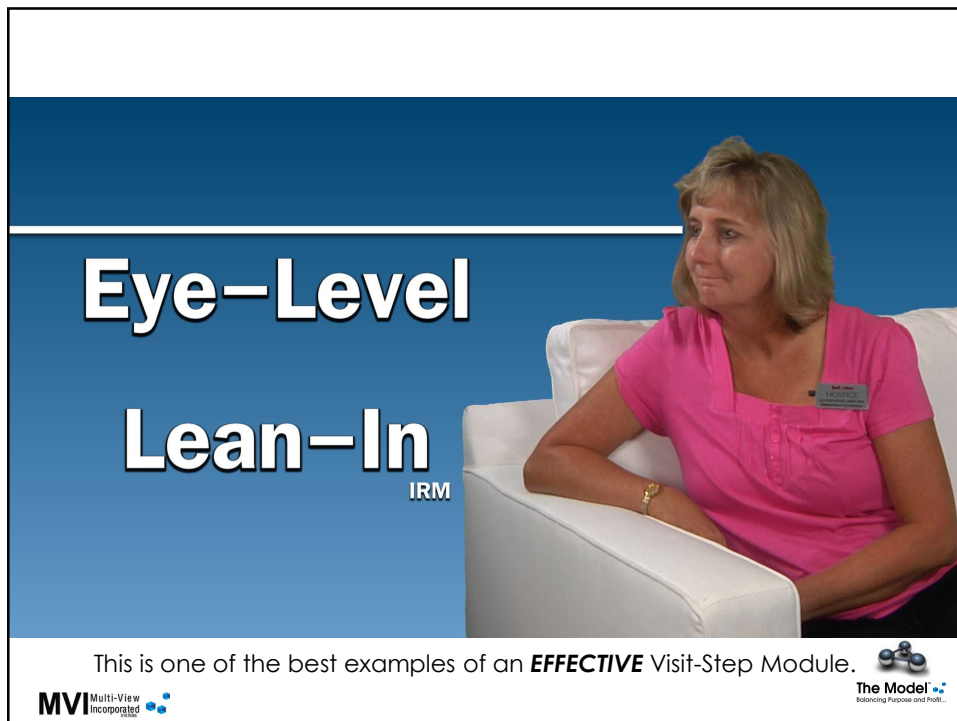The Model
Balancing Purpose and Profit…

292

Teach Rather than Do
IRM

This Visit-Step Module must be one of your **BEST** as it impacts more CAHPS elements than any other step in the Visit!

293

Eye–Level Lean–In
IRM

This is one of the best examples of an *EFFECTIVE* Visit-Step Module.

294

How are you FEELING?
What is Your BIGGEST Concern?

295

Tell Me How Grim it is!

296

148

Confidence

Unconfident people provide unconfident care.

To the degree that people BELIEVE in the system and their individual abilities to succeed within the system, is the degree of high-quality care will be provided. Our People Development Methods must instill confidence on unprecedented levels...

Confidence is an end-product of our People Development efforts.

297

A MUST...use

Pre-Recorded Visit Scenarios

to reduce variability , conserve Teacher Energy, and not damage your reputation by "training" clinicians with actual patients/families... Clinicians can't do a Visit or even answer the phone until they are certified via demonstration in the lab...

Role Playing is weak ....and is used sparingly...

298

Key Pre-Recorded Visit Scenarios

1. Normal Visit
- Average American (Caregiver)
- Deep South (Caregiver and Patient)

2. Reluctant Caregiver

3. Service Failures (Complaint, Gifts)

4. The Visit from Hell

MVI Multi-View Incorporated

The Model

299

Sunny Day Perfect Visit Stucture - 5-Minute Test (Complete "in order" without skipping Visit-Steps)

The Goal of Your Visit is to "_____ / "Every Visit is a _____ /

1	2	3	4	5	6
		Professional _____	Document _____		
Time Est: 5 minutes	Time Est: 5 minutes	Time Est: 15 minutes	Time Est: 20 minutes	Time Est: 5 minutes	Time Est: 10 minutes

You have just made a difference in the world!!!

Building Great Karma!

Windshield Time
Enjoy the Scenery

The 3 Rs
Relax
Retool
Refuel

Total Direct Time (Including documentation): _____ minutes *[Travel Time Excluded]*

We do a Visit Structure because we _____ enough! The Visit _____ is about creating a _____ !

300

150

Test #3 – Linking the Perfect Visit with CAHPS!

301

The Synthetic Lab

302

Synthetic Labs

Example of Cardboard Stand-Ups

303

304

Flashcards!

The use of Flashcards is a VERY effective way to learn the visit structure!

Flashcards are used often when clinicians are not in the synthetic lab!

Use an iPad, iPod or PC to control the Scenarios!

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

307

308

309

310

311

Synthetic Labs

312

156

A Synthetic Lab for the Final Test-Out!

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

313

You should be able to ask ANY clinician at random...

What are the 6 Phases of your Visit Structure?

What are the 35 discrete points that happen on 100% of your Visits?

And they can confidently teach it back without hesitation because they know it SO well!

MVI Multi-View Incorporated

The Model

314
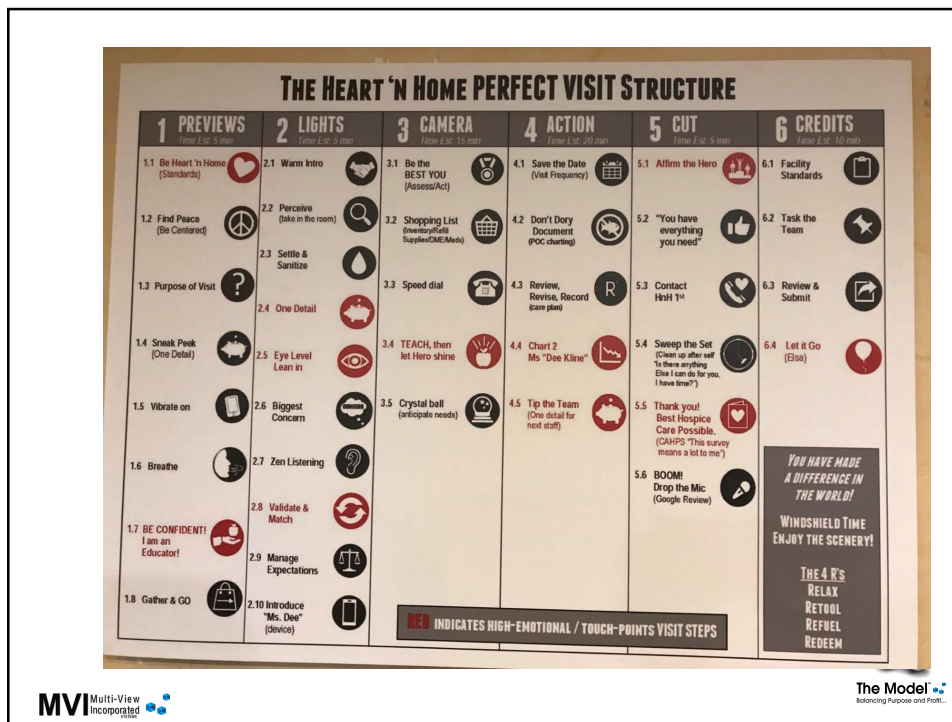
315

Usually the basic Visit Structure for Nurses can be used for All disciplines with only minor changes…and these changes are normally in the Professional Judgment phase.

MVI recommends that you simply adopt this structure and implement it. This way important elements will not be removed. After an organization gets more experience, THEN modify.

316

Sunny Day Perfect Visit Structure

The Goal of Your Visit is to "Make the Caregiver the Hero!" Every Visit is a Performance, Energy Up!

The ONLY thing caregivers will REMEMBER is how we made them FEEL!

1 Backstage *Time Est: 5 minutes*	2 Entrance *Time Est: 5 minutes*	3 Professional Judgment *Time Est: 15 minutes*	4 Document for Comfort *Time Est: 20 minutes*	5 Grand Exit *Time Est: 5 minutes*	6 Off Stage *Time Est: 10 minutes*
1.1 Clean Behind the Scene Q6 *Green Bag*	2.1 Project Warmth Q11 Q12 *Car Box*	3.1 Hands On Q15 Q21 Q22 Q24 Q26 Q27 Q28 *Laptop/Device Skin/Clipboard*	4.1 French Fries *Laptop/Device Skin/Clipboard*	5.1 "I've watched what you are doing and ..." *Pill Box*	6.1 "I've Just Got to Get a Message to You" *Dashboard IRM*
1.2 Ask for Divine Help (800) *Dashboard IRM*	2.2 Perceive *Car Box*	3.2 Hands & Eyes, on Meds, Beds & Supplies! *Laptop/Device Skin/Clipboard*	4.2 Tell Me How Grim it is! *Laptop/Device Skin/Clipboard*	5.2 "You have Everything You Need" *Pill Box*	6.2 Facility Standards
1.3 Drive Way Manners *Dashboard IRM*	2.3 Bag Mat - One Detail *Bag Mat*	3.3 Rock the Doc *Laptop/Device Skin/Clipboard*	4.3 Verify Visit Frequency	5.3 Manage Expectations Q5 Q7 *Hospice Menu*	6.3 Let Go (800) *Dashboard IRM*
1.4 One Detail Q10 *Dashboard IRM*	2.4 Sanitize *Bag Mat*	3.4 Crystal Ball *Caregiver Quickguides*	That's Important! Great Point!	5.4 "Is there anything else I can help with? I have time." Q15 *Door Hanger*	You have just made a difference in the world!!!
1.5 Vibrate On! *Visor*	2.5 Eye-Level Lean-In *Sanitizer Sticker*		4.4 Record One-Detail	5.5 Zen Listening Q14 Q35	
1.6 "Breathe" I am a Teacher... *Visor*	2.6 Biggest Concern Q13 *Sanitizer Sticker*	3.5 Teach Rather than Do! Teach Back x 2! Q3 Q8 Q9 Q16 Q17 Q18 Q19 Q20 Q22 Q23 Q24 Q25 Q29 Q30 *Caregiver Quickguides*		5.6 Validate & Match Q11 Q36 Q37 Q38	*Windshield Time* *Enjoy the Scenery*
1.7 Take Everything I Need *Car Box*	2.7 Zen Listening Q14 Q35			5.7 Number in View	*The 4 Rs* Relax
	2.8 Validate & Match Q11 Q36 Q37 Q38			5.8 Express Gratitude Google Reivew – a Way to Giveback "This survey means a lot to ME..." *Laptop/Device Skin/Clip Board*	Retool
	2.9 Manage Expectations Q9 Q31 Q36 *Hospice Menu*				Refuel
	2.10 Introducing Mr. Gates *Laptop/Device Skin/Clipboard*				Redeem

MVI Multi-View Incorporated SYSTEMS

The Model™ Balancing Purpose and Profit...

93%
of all communication is non-verbal.

MVI Multi-View Incorporated SYSTEMS

319

Steps to Create **IRMs** ™
Image Recall Mechanisms

1. Define What (Habit Creation: Action)
2. Explain Why (Habit Creation: Reward)
3. Attach a Visual Image (Habit Creation: Cue/Trigger)
4. Attach a Word or Phrase (Habit Creation: Cue/Trigger)

320

We will attach an IRM to every component of the Visit, Phone Interaction & other work where Predictability is critical.

321

We will strategically place IRMs in the patient/family environment to cue Habits !

322
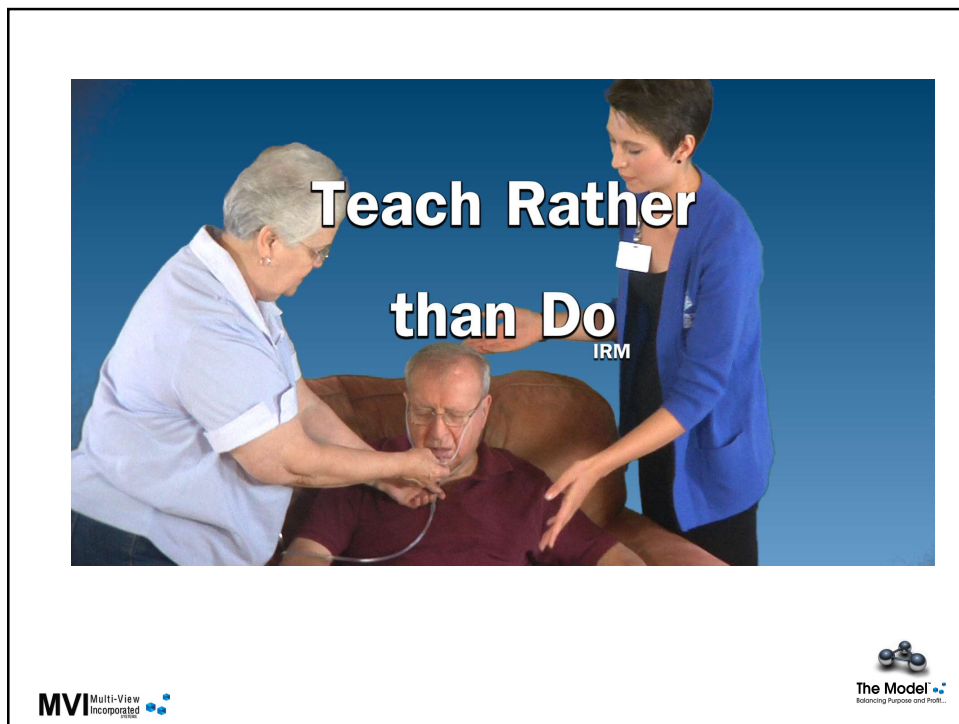
323
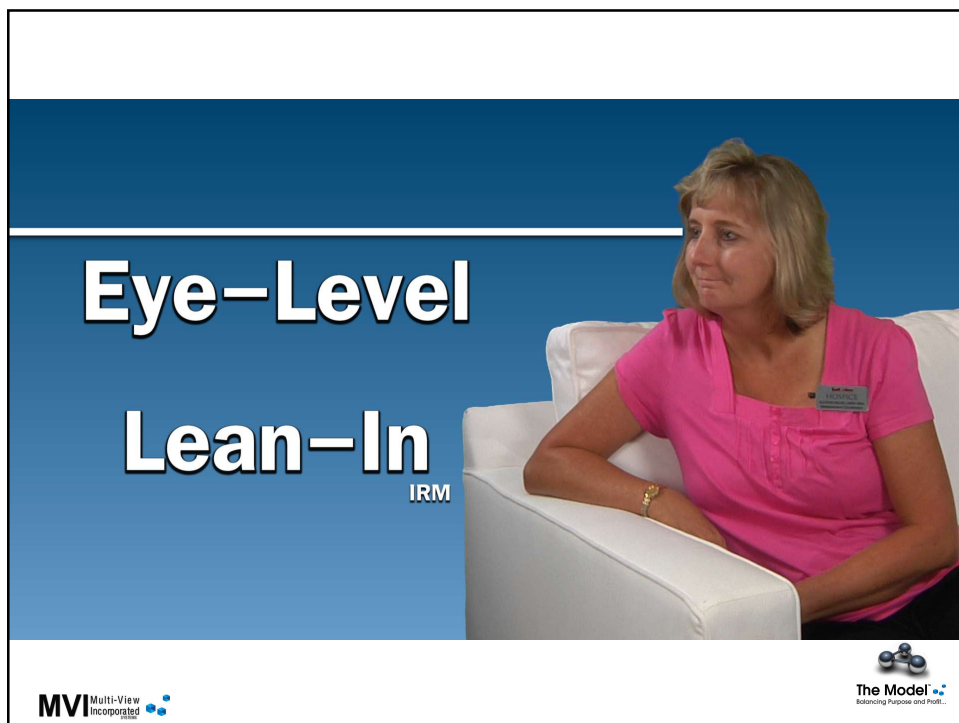
324

325
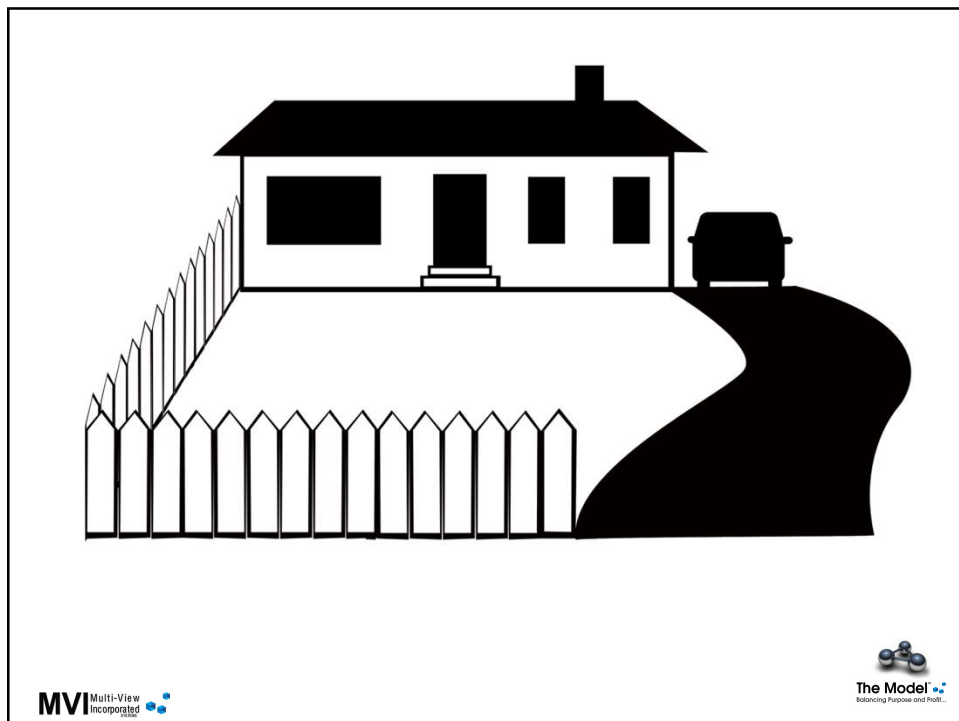
326

IRMs are usually one of the things organizations struggle with...
Make it easier by just using words at first!

Test your IRMs in your lab
and USE what is effective!

327

TeleHospice Visits - Teach Rather than Do

It's time to become a teaching organization.

- We're going to have to learn to teach remotely through standardized – Perfect TeleHospice Visits. We're going to have to practice it. We'll be teaching our clinician about
  - tone
  - eye contact
  - attention to background
  - audio quality
  - digging
  - teach-backs and more.
- We're going to have to make Self-Learning Modules for our Caregivers.
- We're going to have to create Diagnosis Guides for families.

328

164

Sunny Day Perfect Visit Structure
The Goal of Your Visit is to "Make the Caregiver the Hero!" Every Visit is a Performance, Energy Up!
The ONLY thing caregivers will REMEMBER is how we made them FEEL!

1 Backstage *Time Est: 5 minutes*	2 Entrance *Time Est: 5 minutes*	3 Professional Judgment *Time Est: 15 minutes*	4 Document for Comfort *Time Est: 20 minutes*	5 Grand Exit *Time Est: 5 minutes*	6 Off Stage *Time Est: 10 minutes*
1.1 Clean Behind the Scene Q6 *Green Bag*	2.1 Project Warmth Q11 Q12 *Car Box*	3.1 Hands On Q15 Q21 Q22 Q24 Q26 Q27 Q28 *Laptop/Device Skin/Clipboard*	4.1 French Fries *Laptop/Device Skin/Clipboard*	5.1 "I've watched what you are doing and ..." *Fill Box*	6.1 "I've Just Got to Get a Message to You" *Dashboard IRM*
1.2 Ask for Divine Help (800) *Dashboard IRM*	2.2 Perceive *Car Box*	3.2 Meds, Beds & Supplies *Laptop/Device Skin/Clipboard*	4.2 Tell Me How Grim it is! *Laptop/Device Skin/Clipboard*	5.2 "You have Everything You Need" *Fill Box*	6.2 Facility Standards
1.3 Drive Way Manners *Dashboard IRM*	2.3 Bag Mat - One Detail *Bag Mat*	3.3 Rock the Doc *Laptop/Device Skin/Clipboard*	4.3 Verify Visit Frequency *Laptop/Device Skin/Clipboard*	5.3 Number in View *iManage Expectations Q5 Q7* *Harpice Mono*	6.3 Let Go (800) *Dashboard IRM*
1.4 One Detail Q10 *Dashboard IRM*	2.4 Sanitize *Bag Mat*		That's Important! Great Point!		
1.5 Vibrate On! *Timer*	2.5 Eye-Level Lean-In *Sanitizer Sticker*	3.4 Crystal Ball *Caregiver Quickguider*	4.4 Record One-Detail	5.4 "Is there anything else I can help with? I have time." (1) *Door Hanger*	You have just made a difference in the world!!!
1.6 "Breathe" I am a Teacher... *Timer*	2.6 Biggest Concern Q13 *Sanitizer Sticker*	3.5 Teach Rather than Do Teach Back Q3 Q8 Q9 Q16 Q17 Q18 Q19 Q20 Q22 Q23 Q24 Q25 Q29 Q30 *Caregiver Quickguider*		5.5 Zen Listening Q14 Q35	*Windshield Time* *Enjoy the Scenery*
1.7 Take Everything I Need *Car Box*	2.7 Zen Listening Q14 Q35			5.6 Validate & Match Q11 Q36 Q37 Q38	*The 4 Rs* *Relax* *Retool* *Refuel* *Redeem*
	2.8 Validate & Match Q11 Q36 Q37 Q38			5.7 Express Gratitude *Google Reivew –a Way to Giveback* "This survey means a lot to me.. *Laptop/Device Skin/Clip Board*	
	2.9 Manage Expectations Q9 Q31 Q36 *Harpice Mono*				
	2.10 Introducing Mr. Gates *Laptop/Device Skin/Clipboard*				

Total Direct Time (Including Perfect Documentation): 60 minutes *(Travel Time Excluded)*

MVI Multi-View Incorporated | The Model — Balancing Purpose and Profit...

329

Why do we Document?

MVI Multi-View Incorporated | The Model — Balancing Purpose and Profit...

330

The 2 Primary Reasons We Document

1. Because we **LOVE** our patients enough to coordinate the most caring experience we can
    – The written (Common-ized) chart is the ONLY practical way a group of people can coordinate a care coherent experience. This is what HOSPICE is!
2. It is also how we happen to get paid.

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

331

Other Payoffs from Perfect Documentation

1. Patients and Families are provided coherent, integrated care from an interdisciplinary team via a written common-ized source of information.
2. Your Hospice will continue…and serve others in the future.
3. You will not have to wear an "orange jumpsuit."
4. LOS will increase (if confidence in the documentation is increased).
5. ADC will increase from increased LOS without increasing admissions.
6. If Self-Control is achieved, you can reward your staff with increased pay.

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

332

If a Clinician does not Document, he or she does not Love at the level we need! The person needs to grow Spiritually.

In addition, the Clinician that does not Document doesn't respect the other interdisciplinary team members. The person needs to grow Spiritually.

70% of the important details of a visit are lost after only 6 hours!

335

French Fries...

Documentation Details
LOST
... in MOMENTS!

336

168

Documentation Example

1. Documentation Standards are defined.
2. Self-Learning Modules with a short test are created.
3. Documentation is taught strictly to *System7*.
4. QI/Compliance audits charts to a 90-95% statistical confidence interval. The job of making sure documentation is to Standard is REMOVED from Clinical Manager duties.
5. If any material defect in a chart is identified (variance from Standards), QI/Compliance sends an email with a Self-Learning Module link to the person and notifies the Clinical Manager as well.
6. The clinician fixes the issue, if possible, and completes the Self-Learning Module within 1 day.
7. In addition, any performance pay as well as Standards Bonus is not received. Normally this is 5% for 2 weeks.

MVI Multi-View Incorporated   The Model Balancing Purpose and Profit...

Compliance – Audit Sheet

Audit to an 90% Confidence Interval over a 3, 6, 9 or 12 Month Period (depending upon # of Employees)

	NAME	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type
	Pay Period	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12
1	Doe, Jane	3/19 A											
2	Smith, Sally												
3	Brown, Robert			4/16 B									
4	Dally, Dilley												
5	Nice, Jill												
7	Bob, Billy						5/21 C	6/2 C	6/18 A				

A = Use of non-organizational language
B = Signatures not timely/not signed
C = HHA Supervision 14 days
D=Visit not adhering to the POC
E= Other

MVI Multi-View Incorporated   The Model Balancing Purpose and Profit...

Confidence

in Documentation will increase LOS.

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

339

Accountability & Standards

MVI Multi-View Incorporated
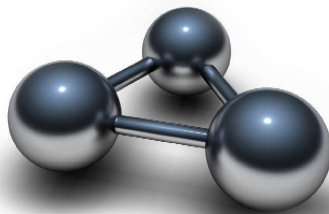
340

When an organization DOES NOT get the results it wants to the Model, it can usually be traced to one thing,

Lack of Accountability!
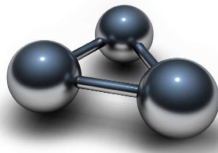
With each interaction we are...

Creating the
Experience
or Feeling
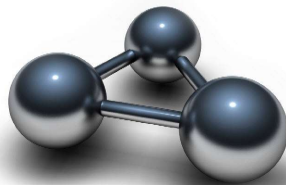
A <u>system of care that</u> starts with the **meticulous** creation of the patient/family experience and gracefully engineers all supportive structures to make sure that the feeling is created for every patient, every time...a world of **non-exception**.

There is incredible value in high-quality

Predictability!
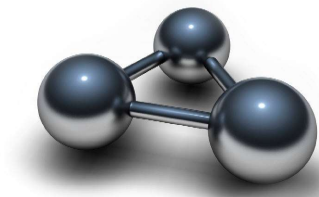
Big
Model
Concept #4

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

343

Best Definition of the Model:

The Creation[1] of a High-Quality[2], Predictable[3] Experience[4]

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

344

Creating a Culture of
Accountability
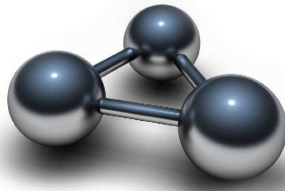
MVI Multi-View Incorporated SYSTEMS

345

Developing Professional Managers

All Managers on Video Teach (1-7) :

1. Memorize The Training Commitment
2. Memorize System7
3. Learn to use Master Teaching Methods
4. Teach the Standards
   - What is a Standard! Why 100%? Two Categories, 3 Attributes, 3 Things to Implement
   - Why Pain? Accountability & Responsibility, Spirituality
5. Teach the Visit
6. Teach Phone Skills
7. Demonstrate command of the *norms of quality & cost* via Benchmarking

8. Provide a Written Plan to the CEO how the area will remain at or below the Model NPR% with 10% fluctuations of census.

MVISign an Accountability Contract

The Model
Balancing Purpose and Profit...

346

173

A Culture of

Accountability

starts with

Standards!

MVI Multi-View Incorporated SYSTEMS

347

Standards

are the basis of all
People Development & Accountability
Systems.
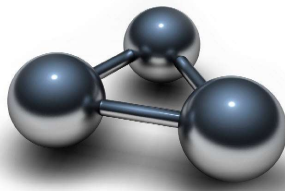
In fact, Standards are
the ONLY thing you
will teach…

MVI Multi-View Incorporated SYSTEMS

348

NO COMPANY as ever achieved and maintained World-Class quality & performance without Standardization.

The Model
Balancing Purpose and Profit...

349

There can be **NO** meaningful discussion of **Accountability** w/o clear **Standards**!
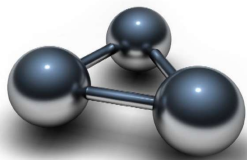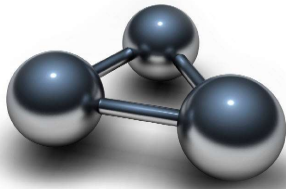
The Model
Balancing Purpose and Profit...

350

What is a
Standard?

A Standard is NOT a goal! It is a norm. It is an everyday activity or result.
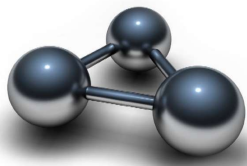
100% is the only acceptable Standard! Why?

If Standards are not Standards, call them suggestions…
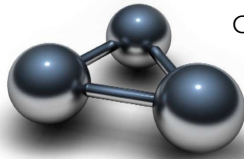
Compound a 10% knowledge deficit by 100 employees and your screw-up factor is exponentially multiplied.

The Model
Balancing Purpose and Profit…

Standards
are NOT optional!
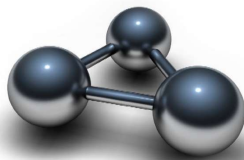
All testing is done to Pass/Fail…
Anything less will create knowledge deficits…

The Model
Balancing Purpose and Profit…

BAD IDEA: When you train people, you should expect them to make mistakes. In fact, new staff need to make mistakes in order to learn...

If this is the case, your Standards are not high enough...

828-698-5885

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

355

The Two Categories of Standards

- Behavioral
  – Less or non-measurable
- Performance
  – Includes the numeric denomination
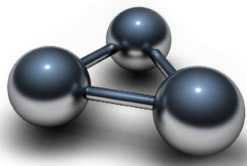
The most important things in Life are BEYOND measurement...

The Model
Balancing Purpose and Profit...

356

Only **5** Behavioral Standards !

1. Perfect Phone Interactions.
2. Dress in SD apparel.
3. Perfect Visits with Perfect Documentation.
4. Time to Meet, Ass in the Seat! – Eight58, Eleven17, Transformation Four29
5. Report all service failures (gifts) to the CEO/Chief Teaching Officer. Remedy before the Sun sets.

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

357

If there is no **"pain"** attached to non-standard behavior or performance, your system is weak...

The Model
Balancing Purpose and Profit...
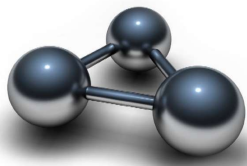
358

If your Accountability system is based on the "personal inspection of work," your system is weak…

The Model
Balancing Purpose and Profit…
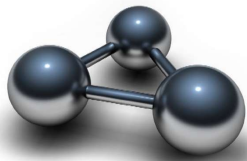
Standards Standards Standards

This means:

❑ **Clear/Written Manuals** – Everybody understands our Standards.

❑ **Impressive** – They are motivational. We take pride in our Standards.

❑ **Sustainable** – Our Standards do not burn people out. They are doable within our system of care. Our Standards rarely change. All routine work is done in an 8-hour day. Overtime is EVIL!

MVI | Multi-View Incorporated

The Model
Balancing Purpose and Profit…

High Standards
attract and help retain Top Talent!
The <u>Talented</u> don't want to work with the Mediocre.

<u>Standards tied to Accountability</u>
enable you to create a
"World of Non-Exception,"
which saves time, stress & money.
There simply is not a great need for many meetings as things aren't breaking and new issues are minimal.

363

Only 30% of the Visit is prescriptive! The remaining

70%

is up to the clinician's professional judgment!

364

Managers have to have great

Judgment!

Your Judgment must be better than those you lead.

The 3 Things You Need to DO with Standards to Fuse them with Accountability

1. Clearly <u>Define</u> each Standard.
2. <u>Teach</u> each Standard by *System7*.
3. Attach <u>Uniform Accountability</u> to each Standard.

Your Accountability must be <u>uniform</u>. "Billy Bob can't have his own system!"
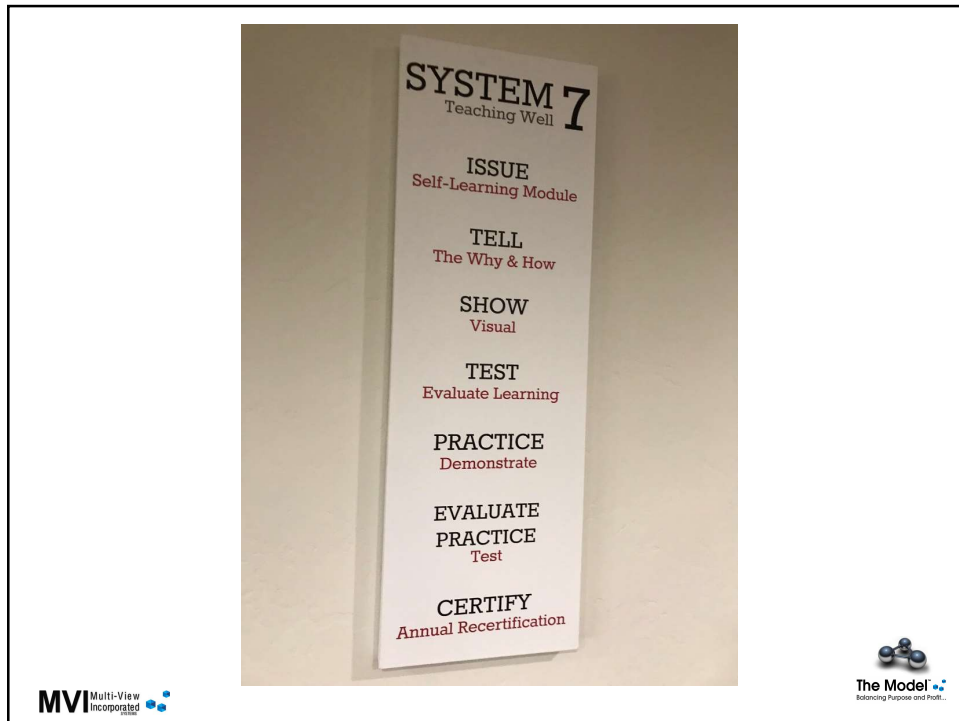
367

Seven Step Training Method
System 7 - Teaching Well

1. Issue Self-Study Module
2. Tell – The Why & How
3. Show - Visual
4. Test - Evaluate Learning
5. Practice - Demonstrate
6. Evaluate Practice - Test
7. Certify/Annual Recertification

368

By using System7 you

remove the excuse,

"I didn't know that..."
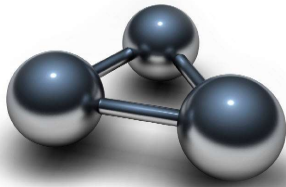
828-698-5885

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

369

In System 7,

"Where does the emotion come into the teaching?"
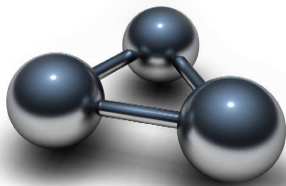
828-698-5885

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

370

Accountability Tools/Methods

- Self-Control (where anyone has the power to correct anything that deviates from our Standards)
- Compensation
- Videos of all Employees and Candidates
- The Personal Inspection of Work - Lead from the Front
- No committees (It is hard to "fire" a committee)
- All Disciplines Report to a Single Team Manager
- Peer Reviews
- Focus Board at Meetings
- The "Jar" – Cash in the Can!
- Lock the Door
- Accountability Contracts
- Weekly Update from Managers
- Incident Reports/Essay
- Public Posting of Scores/Results
- Reports with Individual's Names Denoted for All Areas

NOTE: Counseling is not an effective method of Accountability. However, it is often necessary in conjunction with other Accountability Methods.

MVI Multi-View Incorporated

The Model — Balancing Purpose and Profit…

371

Locations	4	5	6	7	8
Team/Location Report	**Team Leaders**				
Sunny Day Hospice	*Terry*	*John*	*Ann*		
For Periods Ending July 31, 2008	North County	South County	East County	West County	County 5	County 6

| Revenue						
Medicare	126.98%	125.92%	-	-	-	-
Medicaid	6.11%	8.09%	-	-	-	-
Commercial Benefit	7.02%	5.06%	-	-	-	-
Commercial FFS	-	-	-	-	-	-
Medicaid RB (own unit)	2.77%	-	-	-	-	-
Other RB (own unit)	-	-	-	-	-	-
Physician Billing	1.08%	-	-	-	-	-
Self Pay	0.94%	-	-	-	-	-
Other Charity Rev	-	-	-	-	-	-
Adjustments	(44.91%)	(39.06%)	-	-	-	-
Total	100.00%	100.00%	-	-	-	-

Direct Labor						
Nurses	7.15%	62.59%	-	-	-	-
CNA	1.77%	47.92%	-	-	-	-
SW	2.06%	4.21%	-	-	-	-
PC	0.72%	-	-	-	-	-
Physician	2.96%	-	-	-	-	-
On-Call	2.56%	-	-	-	-	-

Locations	4	5	6	7
Team/Location Report	**Team Leaders**			
Sunny Day Hospice	*Terry*	*John*	*Ann*	
For Periods Ending July 31, 2008	North County	South County	East County	West County
Census	94	24	0	0
Census Goals	125	55	75	50
Computed Caseloads				
Nurses	9.0	6.4	-	-
CNA	36.2	8.3	-	-
SW	31.1	94.6	-	-
PC	88.8	-	-	-
Physician	21.7	-	-	-
On-Call	23.8	-	-	-
Admissions	45.4	-	-	-
Bereavement	-	-	-	-
Volunteer	-	-	-	-
Enter Total Number of Visits per Location and per Discipline				
Nurses	3,750			
CNA	5,000			
SW	1,500			
PC	750			
Physician	-			
On-Call	1,000			

MVI Multi-View Incorporated

The Model — Balancing Purpose and Profit…

372

Documentation Example

1. Documentation Standards are defined.
2. Self-Learning Modules with a short test are created.
3. Documentation is taught strictly to *System7*.
4. QI/Compliance audits charts to a 90-95% statistical confidence interval. The job of making sure documentation is to Standard is REMOVED from Clinical Manager duties.
5. If any material defect in a chart is identified (variance from Standards), QI/Compliance sends an email with a Self-Learning Module link to the person and notifies the Clinical Manager as well.
6. The clinician fixes the issue, if possible, and completes the Self-Learning Module within 1 day.
7. In addition, any performance pay as well as Standards Bonus is not received. Normally this is 5% for 2 weeks.

MVI Multi-View Incorporated

The Model — Balancing Purpose and Profit...

373

Compliance – Audit Sheet

Audit to an 90% Confidence Interval over a 3, 6, 9 or 12 Month Period (depending upon # of Employees)

	NAME	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type
	Pay Period	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12
1	Doe, Jane	3/19 A											
2	Smith, Sally												
3	Brown, Robert			4/16 B									
4	Dally, Dilley												
5	Nice, Jill												
7	Bob, Billy						5/21 C	6/2 C	6/18 A				

A = Use of non-organizational language
B = Signatures not timely/not signed
C = HHA Supervision 14 days
D = Visit not adhering to the POC
E = Other

MVI Multi-View Incorporated

The Model — Balancing Purpose and Profit...

374

187

Incident Reports with Essays

This is a relatively easy method of accountability to implement and it is effective. Using documentation as an example, an RN fails to documents a visit to the Hospice's Standards. Upon detection (by Compliance or other), the RN must come into the office, that day, and fill out an Incident Report, sign it and complete an essay explaining how his or her lack of documentation impacted the team. You will get pushback on this initially. You will also get REAL insight into the behaviors of your team members. Some essays will be filled with excuses as to why they didn't document to standard. These are the weenies. I think you have to question whether they are fit to represent your Hospice. Other clinicians will take responsibility, which is exactly what you want! "I did it, I fess up. It won't happen again." You want people to take responsibility for their actions and to be grownups. This method of accountability can be applied to many, many things.

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

The Steps to Get World-Class Results

1. For Accountability to be possible, Standards must be created. I use Benchmarking and normally set the Standards a bit higher than the median or 50th percentile. This knowledge of the *norms of quality & cost,* through benchmarking, gives me professional perspective with which to make sound professional judgments.

2. I dig into MVI practices (Best Known Patterns at that time), into EACH major data-point topic where the benchmarked result is not what I want. Then I prioritize in light of:
   a) How much result can we get?
   b) Will it be difficult or easy to implement the practice?

3. I look, *with my most pragmatic eyes*, at my Managers… Can they create an electric work atmosphere and achieve the Standards? I give people only a month or 2 to impress me. I expect them to find the practices.

4. I "Ride the P&L" and the Key Metrics until I get what I want…100% of the Standards done on a day-to-day basis. No other outcome is acceptable. The numbers lead my month-to-month management. REPEAT, REPEAT, REPEAT, REPEAT...

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

Key Points in Creating Standards

- Set most of your Standards based on Benchmarking with most all of your Model NPR%s "slightly" better than the median.
  - This will result in a cumulative 12-14% profit without a great deal of work at any single person's part.
- One of the **BIGGEST** mistakes a Hospice can make is setting LOW profit Standards whether FP or NFP. One is setting themselves up for heartache and failure long-term. The point is, why waste money needlessly when a superior product & service can be provide for less?
- All work done within an 8-hour day without overtime.
- For clinical Standards, I take my highest performing clinicians and back the performance down approximately 20%.

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

377

Only 5 Behavioral Standards !

1. Perfect Phone Interactions.
2. Dress in SD apparel.
3. Perfect Visits with Perfect Documentation.
4. Time to Meet, Ass in the Seat! – Eight58, Eleven17, Transformation Four29
5. Report all service failures (gifts) to the CEO/Chief Teaching Officer. Remedy before the Sun sets.

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

378

Making Management EASIER!

The Compensation System is the ONLY known means to remove the need for Managers to:

1. **Monitor Documentation**
2. **Monitor Productivity**
3. **Do Annual Reviews**
4. **Need to Fire People**

These are REMOVED from the Clinical Manager's job description to free up time to do the *1st Duty*...to Teach and Coach as all employee's learn to self-regulate to the organizational Standards.

MVI Multi-View Incorporated

The Model — Balancing Purpose and Profit...

379

Compliance – Audit Sheet

Audit to an 90% Confidence Interval over a 3, 6, 9 or 12 Month Period (depending upon # of Employees)

	NAME	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type	Email Date/ Error Type
	Pay Period	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12
1	Doe, Jane	3/19 A											
2	Smith, Sally												
3	Brown, Robert			4/16 B									
4	Dally, Dilley												
5	Nice, Jill												
7	Bob, Billy						5/21 C	6/2 C	6/18 A				

A = Use of non-organizational language
B = Signatures not timely/not signed
C = HHA Supervision 14 days
D = Visit not adhering to the POC
E = Other

MVI Multi-View Incorporated

The Model — Balancing Purpose and Profit...

380

Clinical Leaders!

The 70%ers!

The Model
Balancing Purpose and Profit...
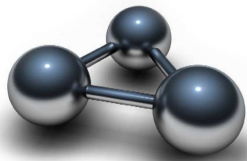
381

Why Were You Selected to be a Clinical Leader?
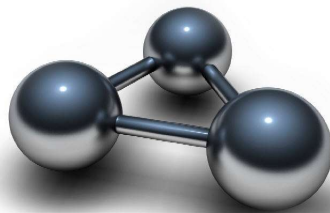
MVI Multi-View Incorporated SYSTEMS

382

You were selected to be a Manager because we believe you can Teach.
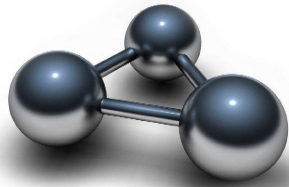
Teaching is the *1st Duty* of all Managers.

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

383

70%

of an employee's development[1], morale[2] & retention[3] will come from the immediate Manager!

Whoa!!!

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

384

Breakthrough Paradigm

The Quality you want in your Leaders is that of being

INSPIRING!

It has ENERGY! Motivates Others! Gives others insight into their potential(s). It "Gives" and is a "Gift" as it can't be commanded…

MVI Multi-View Incorporated SYSTEMS

385

To be INSPIRING

Do AMAZING Things!
Live Exceptionally Well!

Be Inspiring!

MVI Multi-View Incorporated SYSTEMS

386

Profound Work

Don't be afraid to take your staff "with you" on your Spiritual Journey!

387

Profound Work

I have found that Hospice clinicians don't burn out because of hard work. Rather, it is because they lose their sense of meaning and purpose…

388

Talented people don't quit the organization, they quit the Manager.

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

389

Why such FOCUS on Managers?

- Up to **70%** of an employee's development[1]/morale[2] and retention[3] comes from the immediate Manager!

- A Manager is a "multiplier" and will reproduce what they have become in the people they lead. Multipliers are necessary to fulfill purpose on any scale.
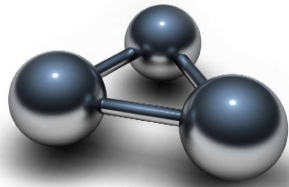
- Employees take their behavior and performance cues from their Manager.

- We are interested people that can impact the tangible world. We need people with "means" to make ideas reality. This is Management.

- ALL of your QUALITY and financial results come from the quality of your Managers!!!

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

390

391
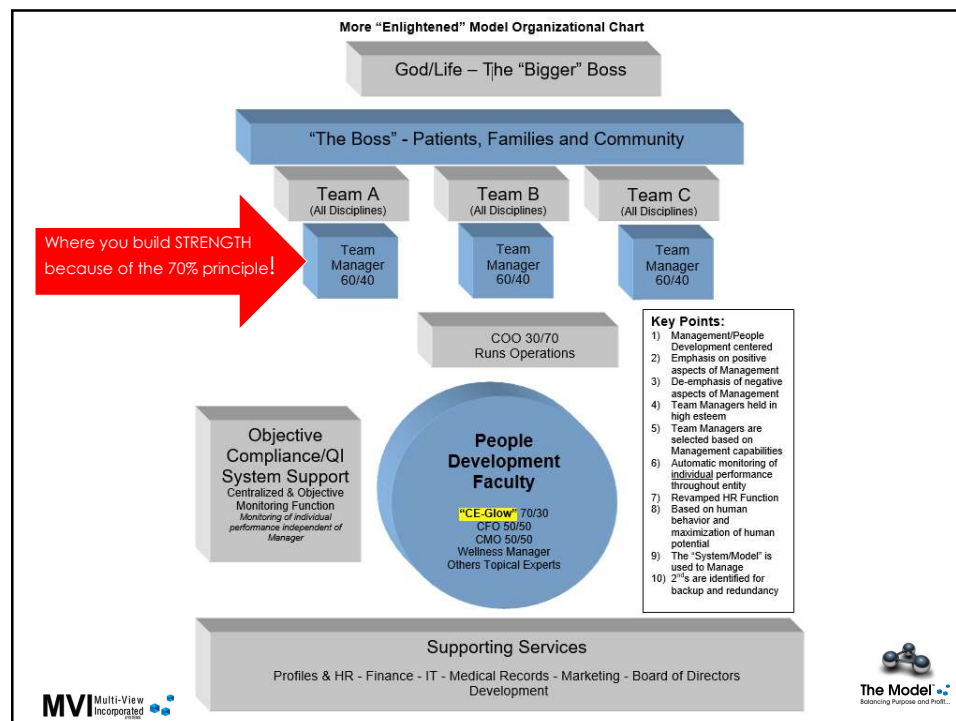
392

Receiving the State *Malcolm Baldrige* Quality Award

393

The 3 Characteristics You Want in Leaders/Teachers

Intelligence

Energy

Integrity

⬇

Self-Control
FOCUS

394

Self-Control

The Quality of the most Successful People
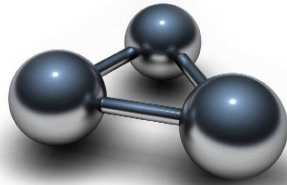
If this is true, then it is the quality we want to cultivate in Managers and all Staff…

MVI Multi-View Incorporated SYSTEMS

Self-Control = FOCUS

395

The Primary Things a Manager Manages through Self-Control are Energy & Emotions.
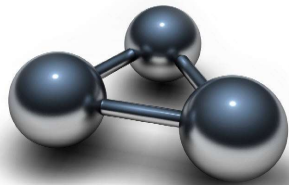
Energy is Life. Energy is limited and it must be directed. In addition, most decisions are made on an Emotional basis first, and this is subsequently justified Intellectually.

MVI Multi-View Incorporated SYSTEMS

The Model
Balancing Purpose and Profit…

396

A Person can develop Self-Control through Practice.
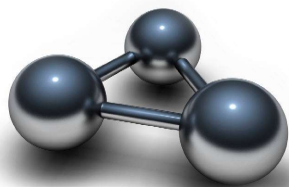
What does a Manager Teach?

Standards!

This is your job as a Manager!
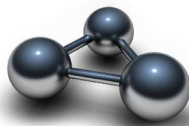
The purpose of many of these methods is to build

Confidence

Unconfident people provide unconfident care.

People have to **BELIEVE** in the systems of the organization as well as their individual abilities to succeed within those systems.

Our People Development Methods must instill confidence on unprecedented levels…

Increased Confidence is an end-product of our People Development efforts.

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit…

399

Methods of increasing Confidence in Clinical Leaders

1. **Written Testing to 100%-Pass/Fail**
2. **Timed-Testing**
3. **Practice**
4. **Video**
5. **Compensation**
6. **Public Speaking**
7. **Objective Evidence - Measurements**

All of these must be done **successfully** to increase confidence levels.

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit…

400

Confidence

is increased through successful practice and real-world experience under fearful/stressful situations.

Muscle/Ability/Personal Power is built through overcoming resistance.

MVI Multi-View Incorporated

The Model — Balancing Purpose and Profit...

401

The 5 Most Effective Tools for Developing Clinical Leaders

1. **Standards**
   1) Clear
   2) Impressive
   3) Sustainable

2. **System7**

3. **Video with emphasis on Public Speaking/Master Teaching Skills**

4. **Compensation System**

5. **Benchmarking – Knowledge of the** *norms of quality & cost*

MVI Multi-View Incorporated

The Model — Balancing Purpose and Profit...

402

Developing Professional Clinical Leaders

1. Select employees that have demonstrated effective/impactful communication through the use of video reviews.
2. Watch them over a 12-18 month period for their Level of FOCUS/Self-Control, Depth of Self-Ownership and Professional Judgment. You want Spiritually-Oriented people.
3. Develop/Make Sure that these people have a DEEP understanding of Self-Ownership (Accountability) and are Spiritually-Oriented. Managers are taught the Spirituality of personal ownership - "Owning your Life & Results" without blaming others or circumstances.
4. Develop DEEP understanding within Managers of the job/skills of Management and providing "*Conditions for Success.*"

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

403

Developing Professional Clinical Leaders

5. Train these people according to *System7* to instill a DEEPER understanding of the Standards of the organization, especially, Perfect Visits w/ Perfect Documentation and Perfect Phones/TeleHealth.
6. Develop Master Teaching skills in these people including "Doing Accountability without losing talented people" as well as public speaking skills.
7. The Business of Hospice/Home Health is taught according to *System7*.
8. Base salaries are reduced and are restructured with pronounced emphasis on performance and results. This continually teaches Ownership and builds confidence /personal power.
9. Managers are HELD Accountable (ownership of work) primarily through the Compensation System. Without this, your Standards are **meaningless** and Standards will be ignored.

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

404

Developing Professional Clinical Leaders

10. Managers manage with "Easy-to-FOCUS/Time-Saving" reports comparing all sites/teams regarding financial, statistical and quality. No Managers receive their own individual reports for their site/team as this creates "silos" and weakens Accountability, decreases Ownership.

11. Expose ALL Managers <u>monthly</u> to national Benchmarking, comparing performance to all other Hospices in the database, so they have <u>professional perspective</u> of the ever changing *norms of quality and cost*.

12. Expose All Managers to the Best Known Practices as they are discovered.

13. Personal "Coach-Ups" for Non-Standard Manager performance or behavior is provided a Teacher skillful in that Standard.

14. Recertify all Managers annually.

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

405

Emphasis -FOCUS-

on Teaching &

Public Speaking

Skills

MVI Multi-View Incorporated

406

The Desired Results from a Manager

- High-Quality Visits with Documentation to Standard.
- Virtually ZERO gifts (complaints).
- Plan of Care followed.
- The Retention of Talented Clinicians.
- To remove poisonous, non-productive culture-destroyers and energy-sucking people.
- Team to produce a Contribution Margin that is above the minimum Standard by managing the costs they can control well and by having the humility to imitate others and naturally throwing in their own creativity and flavor.

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

407

If you can hire a Clinical Manager from the "outside".... You don't have much of a system...

They will bring their own "ways" and break your system unless there is no system really to break!

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

408

It normally takes from 12 to 18 months for a person to "learn" a culture and its proprietary methods.

The Model
Balancing Purpose and Profit...

409

The Job of the Manager is to provide

"Conditions for Success"

The Model
Balancing Purpose and Profit...

410
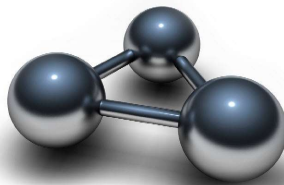
A Manager can't control other people.
A Manager can't make a person a success.

A Professional Manager understands what they CAN as well as not control

A Manager can only exercise Self-Control
and
provide the
"Conditions for people to succeed."

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

The "Conditions of Success"

1. <u>Standard</u>s are defined so employees can Self-Regulate and Own their behavior and performance.
2. Knowledge Deficits are eliminated via *System7,* transforming the <u>*desire*</u> to be well-trained into a <u>*certainty*</u>.
3. The <u>Compensation System </u>tells the employee immediately when they are "in or out" of Standard helping them Self-Regulate and Own work.
4. Work is simplified on all levels and tools are provided to support success, *especially* the EMR.
5. Work is organized in its *natural* order.
6. Eliminate, as much as possible, discretion at the operating level.
7. The Extraordinary Clinical Leader provides praise for excellent work and addresses non-Standard performance or behavior *without* delay. Clinicians with poor attitudes/non-Standard work are removed so as to not disrespect the hardworking and Standard-honoring employees.
8. The Clinical Leader is an <u>Inspiring</u>, Life-Changing person through the teaching of Owning One's Life.
9. The Student/Employee receives <u>Attention</u> on a day-to-day basis, enough that they FEEL significant!
10. Each clinician receives a Ride-Along every 60-days minimum.
11. The <u>Physical Environment </u>is intentionally created to be conducive and support success.

The <u>Student should FEEL inspired </u>and that he or she is being transformed through this "Life-Changing" Experience.

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

413
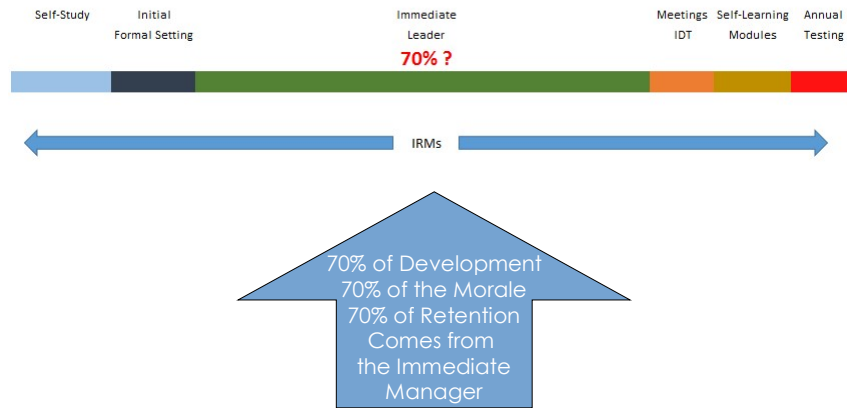
Therefore, the **1st Duty** of all Managers is the responsibility to train the people they lead.

This is the ONLY way excellence can be replicated and multiplied...

414

Teaching

is the most important thing a Manager does!!!

This is the
1ˢᵗ Duty!

415

What does a Manager Teach?

Standards!

This is your job as a Manager!
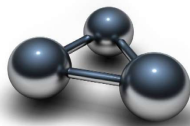
416

Unless you have an extraordinary **Manager Development System**, your on-boarding work will be **DESTROYED** within minutes by a Manager that is **NOT** on-board!

417

Is the Management Pipeline Full?
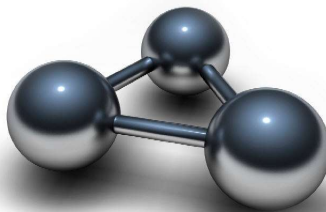
418

Hire one more than you need!

If you need 2 Clinical Managers, hire 3! You can only grow with quality to the extent that you have competent Managers!

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

419

If you can hire a Clinical Manager from the "outside".... You don't have much of a system...

They will bring their own "ways" and break your system unless there is no system really to break!

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

420

It normally takes from 12 to 18 months for a person to "learn" a culture and its proprietary methods.

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

421

An organization using "System7" and World-Class HR or hiring practices has

videos

of all employees and candidates.

This is a fantastic means of <u>efficiently</u> identifying "talent" - who can be put on the managerial development track!
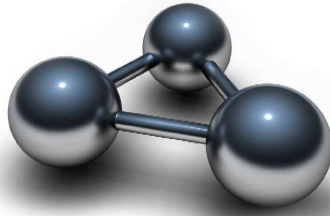
MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

422

423

424

425
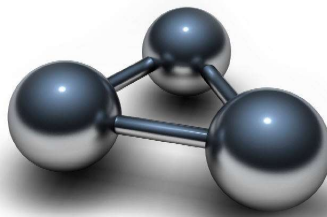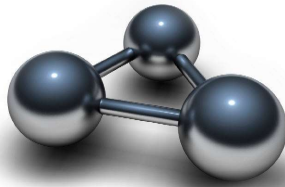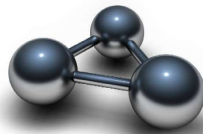
426

People **behave** the way they are **paid**.

And we **ALL** get paid... in every situation...

Even the Volunteer gets paid...

The Model
Balancing Purpose and Profit...

427

Compensation

is your **#1 Tool** to shape behavior.

What is the Payoff?

The Model
Balancing Purpose and Profit...
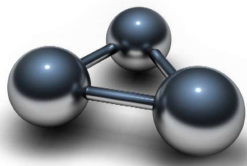
428

Compensation

is perhaps your most effective teaching tool.
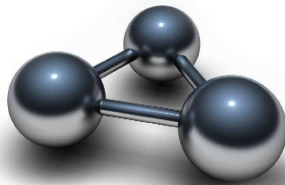
MVI Multi-View Incorporated SYSTEMS

429

Getting Past the

Fear Barrier

& the Importance of the Rollout
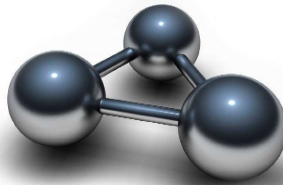
MVI Multi-View Incorporated SYSTEMS

430

The CEO...

Needs some backbone!!!
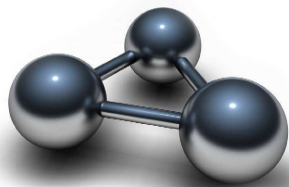
Implementation of a Compensation System needs to FULL support of the CEO

MVI Multi-View Incorporated SYSTEMS

431

The Phantom

"Everyone will quit!"
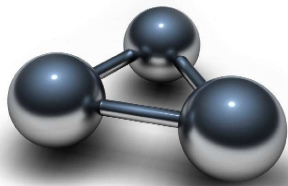
No they won't… This is a "phantom fear." We have NEVER EVER seen a large or even small scale exodus of people…even poor employees don't quit as you'd like them to!

MVI Multi-View Incorporated SYSTEMS

432

Phantom Fears...

- Everyone will quit... If it's done even half-way intelligently, they won't. And if some people do quit, are they really the players you want on your team anyway? If they don't have the confidence to bet on their own performance, do you really want them?
- We will lose good people...
- Staff will dislike me...
- It will change the organization's values into a corrupt and un-noble business.
- People will be motivated by money and not by the mission anymore.
- Once we change the Compensation System,

MVI Multi-View Incorporated SYSTEMS   The Model Planning Purpose and Profit...

Getting Past the
Business
Prevention
Units
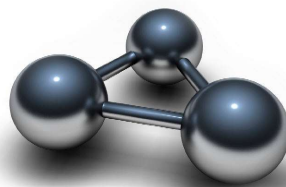
MVI Multi-View Incorporated SYSTEMS

We are not paying you to do the care! We are paying you to

Teach

caregivers how to provide the care!
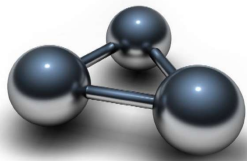
435

Money is NOT the biggest form of compensation…. but it is surely important.
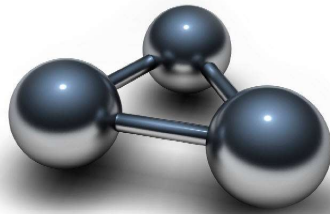
People would prefer to be paid what they believe they are worth. To say that money is not important is ignorant as it impacts so many areas of our lives. Where we live, how we live, our educational opportunities, our healthcare, our dreams and on and on… The paycheck matters!

436

We want
Confident People....
People that are willing to bet on themselves and the company...
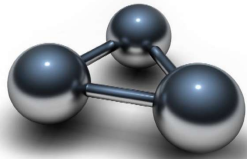
Confident people provide Confident Care…

The Model
Balancing Purpose and Profit...

437

We want to be the
best paying system around!
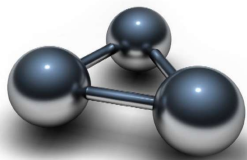
We want to attract and retain the most talented, caring and productive people in our area.

The Model
Balancing Purpose and Profit...

438

We want a **fair** system!

That rewards the hardworking and productive…
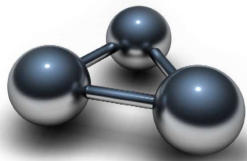
439

Create a
Life-Style
for your People!
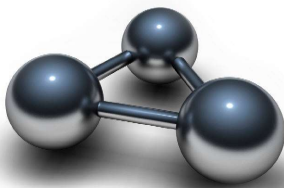
- No 8-5 Work Hours for Clinical staff
- Set Your Own Pay
- Spiritually Rich Work Atmosphere
- Incredible Opportunities for Personal Growth
- Becoming a Master Teacher
- Total Positivity!

440

441

442

SuperPay! (Brand your Comp System!)

1. ## Low Base Pay – Salary, Hourly or Per Visit
   - 30-60% is STRONGEST, but it can be 100% or 90-95% of current pay UNLESS comp is excessive

2. ## Individual Pay with Standards Portion -
   Based on "Productivity Unit" – Result - "Just Doing Your Job" including a "Standards" Portion of "Productivity Unit" or %

   The most important element!

3. ## Attitude/Team Accountability Pay- 20%

4. ## Clinical Leader/Manager Pay (Based on Savings/Beat the Cost Percentages) Monthly

   **Every paycheck essentially becomes a "report card" telling the person how well they are doing with little effort, especially from the Manager. This creates a culture of "self-regulation."**

MVI Multi-View Incorporated

The Model
Balancing Purpose and Profit...

443

A fair system where "gain" and "pain" are shared to create a natural system of mutual reliance.

The Model
Balancing Purpose and Profit...
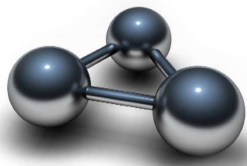
444

If there is no **"pain"** attached to non-standard behavior or performance, your system is weak... This includes compensation.

The Model™
Balancing Purpose and Profit...
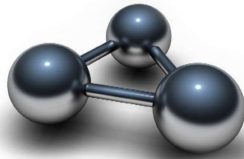
445

People have to be **sufficiently impacted** by your compensation system to move them to the behaviors and performance needed by the organization. And it is **NOT** all upside comp!
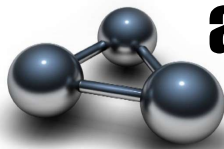
446

Up to **75%** of the value of a compensation system will come from a person not receiving **Standards Pay** (structured as a bonus we expect to pay out every pay cycle).
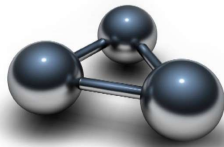
447

3 **Main Categories of** Pay

SuperPay! Enpowerment Pay!
Liberation Pay!

Attitude/Team Accountability Pay
20%

Base Pay
60%

Individual Pay
20%

+

Individual Pay
20-40%
MORE!

Creating these "categories" of Pay provide an organization incredible flexibility, levers and options!

MVI Multi-View Incorporated

448

3 Main Categories of Pay

1. Base Pay is what they can count on every pay period.
– Why? It creates a FEELING of certainty and people like that.

2. Attitude/Team Accountability Pay is based on how their peer group rates them regarding Attitude and team performance (critical for a Happy/Productivity work environment).
– Why? To retain talented people, a Happy and Productive work environment must be created. Even with incredible pay, you will lose talented people if the culture is sick.

3. Individual Pay to reward the employee for productivity. It is something they can directly control.
– Why? This creates personal Accountability and GROWTH as forces people to have to OWN their work and results.

The Model

449

Attitude/Team Accountability Pay

Attitude/Team Accountability Pay

Pay Period: February 1-15 - 2023

Person #		Code	Growth Area
1	Andrew	A	
2	Jamie	-	
3	Chris	-	
4	Max	-	
5	Julie	-	
6	Shawna	C, P	
7	Debbie	-	
8	Nancy	-	
9	Jason	-	
10	Wendi	-	
11	LuAnne	-	

ENTER Negative (Growth) Codes if you are impacted negatively by a team member. Use as many codes as necessary, but only one of each category.

If you wish to assign a Postive Code, only assign them rarely to reward truly "out of the ordinary" - "extraordianry" work/job performance. A great Attitude should be expected.

Helpful Feedback Codes to GROW!

A	Poor **Attitude**
P	Non-**Performance**/Poor Follow-Through
C	Poor **Communication**
Q	Poor **Quality** of Work/Errors
M	Late to **Meeting**(s)
L	**Late** to Work
G	Customer Complaint/**Gift**
E	**Exessive** Time-Out - Abuse of Work Latitude
+	Outstanding Job Performance

The system "resets" NEW every Pay Period...a NEW/FRESH Start each time!

450

225

SuperPay/Empowerment Pay - RN

Hospice RN

	Multiple Factor	Base Rate		Standards Portion		Base + Standards	Number	Totals		Annualized	%
Individual Pay - Unique # of Patients Visited	1	$ 40	+	$ 60	=	$ 100	12	1,200	288	28,800	36%
Admission/Info Visit		$ -				-		-	-	-	0%
spare	0	$ -	+	$ -	=	$ -	-	-	-	-	0%
Compassion Pay - Last 7 Days	1	$ 20	+	$ 30	=	$ 50	10	200	240	4,800	6%
On-Call - Weekend		$ -	+		=	$ -	-	-	-	-	0%
Attitude/Team Accountability Pay		$ 7.00					87	607	2,080	14,560	18%
Base Pay - Case MGMT Pay		$ 15.00					87	1,300	2,080	31,200	39%
Sub-Total								3,307		79,360	100%
Optional: Standards Bonus as a %		0%						-		-	0%
spare		$ -					-	-		-	0%
Total	# Pt. Visited		FTEs					3,307		**79,360**	100%	$ 38.15
Number of FTEs	12		8.33					27,556		661,333	
Percentage of NPR								0.4%		10.4%	
Benefits								6,062		145,493	
Percentage of NPR with Benefits								0.5%		12.6%	

Per Hour Equivalence

$ 38.15

3 Main Categories with Standards Portion for Accountability/Quality.

MVI Multi-View Incorporated

SuperPay/Empowerment Pay - CNA

Hospice Aide

	Multiple Factor	Base Rate		Standards Portion		Base + Standards	Number	Totals		Annualized	%
Individal Pay - Number of Visits	1	$ 10	+	$ 10	=	$ 20	20	400	480	9,600	29%
spare visit type											0%
spare visit type											0%
Attitude/Team Accountability Pay		$ 4					20	80	480	1,920	6%
Meetings	1	$ 10	+	$ 10	=	$ 20	1	10	24	240	1%
On-Call - Weekday		$ -	+		=	$ -	-	-	-	-	0%
On-Call - Weekend		$ -	+		=	$ -	-	-	-	-	0%
											0%
Base Pay - Case MGMT Pay		$ 10.00					87	867	2,080	20,800	64%
Sub-Total								1,357		32,560	100%
Optional: Standards Bonus as a %		0%		Per Hour Equivalence				-		-	0%
spare		$ -		$ 15.65			-	-		-	0%
Total	# Pt. Visited		FTEs					1,357		32,560	100%
Number of FTEs	20		0.00					-		-	
Percentage of NPR								0.0%		0.0%	
Benefits								-		-	
Percentage of NPR with Benefits								0.0%		0.0%	

Per Hour Equivalence

$ 15.65

3 Main Categories with Standards Portion for Accountability/Quality.

MVI Multi-View Incorporated

SuperPay/Empowerment Pay - LPN

Hospice LPN

	Multiple Factor	Base Rate		Standards Portion		Base + Standards	Number	Totals	Annualized		%
Individual Pay - # of Visits	1	$ 15	+	$ 20	=	$ 35	40	1,400	960	33,600	55%
											0%
											0%
Meetings	1	$ 15	+	$ 20	=	$ 35	1	15	24	360	1%
Attitude/Team Accountability Pay		$ 3.00					87	260	2,080	6,240	10%
Base Pay - Case MGMT Pay		$ 10.00					87	867	2,080	20,800	34%
Sub-Total								2,542		61,000	100%
Optional: Standards Bonus as a %		0%						-		-	0%
spare		$ -					-	-		-	0%
Total				FTEs				2,542		61,000	100%
Number of FTEs	Caseload	40		2.5				6,354		152,500	
Percentage of NPR								0.1%		2.4%	
Benefits								1,398		33,550	
Percentage of NPR with Benefits								0.1%		2.9%	

Per Hour Equivalence
$ 29.33

3 Main Categories with Standards Portion for Accountability/Quality.

MVI Multi-View Incorporated

SuperPay/Empowerment Pay - SW

Hospice SW

	Multiple Factor	Base Rate		Standards Portion		Base + Standards	Number	Totals	Annualized		%
Individual Pay - # of Regular Visits	1	$ 10	+	$ 25	=	$ 35	40	1,400	960	33,600	45%
Admit Visits	3	$ 30	+	$ 75	=	$ 105	-	-	-	-	0%
Recert Visits	2.5	$ 25	+	$ 63	=	$ 88	-	-	-	-	0%
spare		$ 10.00					40	400	960	9,600	13%
spare	1	$ 10	+	$ 25	=	$ 35	1	35	24	840	1%
Compassion Pay - Last 7 Days		$ -	+		=	$ -	-	-	-	-	0%
spare		$ -	+		=	$ -	-	-	-	-	0%
Attitude/Team Accountability Pay		$ 3.00					87	260	2,080	6,240	8%
Base Pay - Case MGMT Pay		$ 12.00					87	1,040	2,080	24,960	33%
Sub-Total								3,135		75,240	100%
Optional: Standards Bonus as a %		0%						-		-	0%
spare		$ -					-	-		-	0%
Total		Caseload		FTEs				3,135		75,240	100%
Number of FTEs		27		3.7				11,611		278,667	
Percentage of NPR								0.2%		4.4%	
Benefits								2,554		61,307	
Percentage of NPR with Benefits								0.2%		5.3%	

Per Hour Equivalence
$ 36.17

3 Main Categories with Standards Portion for Accountability/Quality.

MVI Multi-View Incorporated

SuperPay/Empowerment Pay - PC

Hospice Spiritual Care

	Multiple Factor	Base Rate		Standards Portion		Base + Standards	Number	Totals	Annualized		%
Individual Pay - # of Vists	1	$ 15	+	$ 25	=	$ 40	35	1,400	840	33,600	46%
spare visit type											0%
spare visit type											0%
spare		$ -					35	-	840	-	0%
spare	1	$ 15	+	$ 25	=	$ 40	-	-	-	-	0%
# of Patient-Care Volunteer Hours	1	$ 5	+		=	$ 5	50	250	1,200	6,000	8%
# of Non-Patient-Care Volunteer Hours	1	$ 3	+		=	$ 3	70	210	1,680	5,040	7%
Attitude/Team Accountability Pay		$ 4.00					87	347	2,080	8,320	11%
Base Pay Case - MGMT Pay		$ 10.00					87	867	2,080	20,800	28%
Sub-Total								3,073		73,760	100%
Optional: Standards Bonus as a %		0%						-		-	0%
spare		$ -					-		-		0%
Total				FTEs				3,073		73,760	100%
Number of FTEs	Caseload	80		1.3				3,842		92,200	
Percentage of NPR								0.1%		1.4%	
Benefits								845		20,284	
Percentage of NPR with Benefits								0.1%		1.8%	

Per Hour Equivalence

$ 35.46

MVI Multi-View Incorporated

3 Main Categories with Standards Portion for Accountability/Quality.

455

Examples of the Flexibility of the use of Attitude/Team Accountability Pay

- **"Avoidable Waste" Pay Type** - It is interesting to note that by simply "adding" a Pay Type, without using it or rarely using it, WILL IMPACT human behavior! The establishment of an "Avoidable Waste" Pay Type is such a thing!

The Avoidable Waste Pay Type can be added to all positions on the Org Chart. It can and should be displayed on every pay stub to reinforce its message and meaning. The Avoidable Waste Pay Type establishes a set portion or method of pay where an employee's compensation can be reduced IF poor or foolish purchase decisions or resource use are unnecessarily and are "egregiously" wasted.

- **Complaints/Service Failures** is another pay type that can be applied. The rule could be that receiving an avoidable "complaint" would wipe out all of a person's Attitude/ Team Accountability Pay for a pay period.

The Model

456

228

A Big Deal...
Objective Monitoring

- **Objective Monitoring -** The monitoring and enforcement of organizational Standards and Performance is one of the most difficult things to do. We are all humans with Feelings…and most of us don't like to be perceived as the "bad person" or the one that "rats" on transgressors. We just don't like it! People will avoid associating with us…won't look you in the eye when you walk down the hall…it's a drag! OK! This is a Human Reality we have to face with a meaningful Compensation System. There are a few ways of handling it: based on how their peer group rates them regarding Attitude and team performance (critical for a Happy/Productivity work environment).
  - OPTIONS:
    - Outsource to Objective External Entity
    - Designate a "Tough Minded" Person within your organization
    - Rotate Monitoring

The Model

457
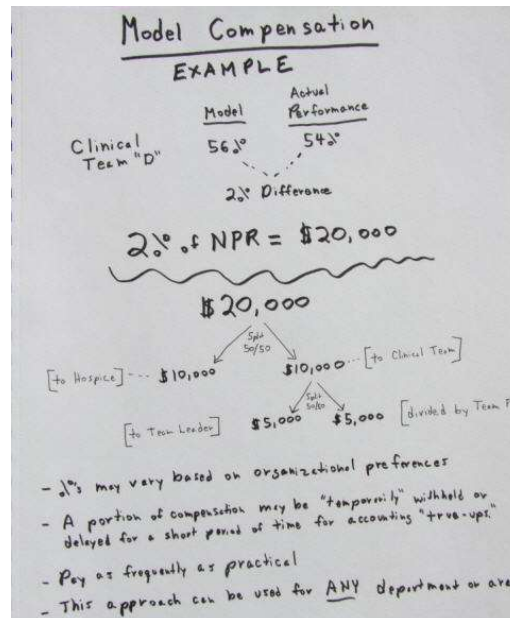
458

Sunny Day Hospice - Compensation Structure
SUPERPAY!
Version 23.0

Total NPR = 10,220,000
1 % of NPR = $ 3,931

Example Area	Actual Performance	NPR% Model	Difference	Frequency

Clinical Team A

1) Position Pay (Base plus Standards Pay)				Per Pay Period
2) Individual Manager Pay Based on "beating" Contribution Margin				Per Pay Period
Controllable Costs	42%	45%	-3%	
Contribution Margin	**58%**	**55%**		Per Moth

3% = $ 11,792

split
50%
50%

$ 5,896 (to SDH company) $ 5,896 (to Clinical Leader)

Managers need to be rewarded if we believe that Management is key

The Model
Balancing Purpose and Profit...

459

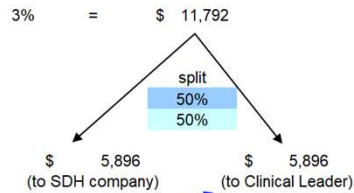| Locations	4	5	6	7	8	
Team/Location Report	Team Leaders					
Sunny Day Hospice	Terry	John	Ann			
For Periods Ending July 31, 2008	North County	South County	East County	West County	County 5	County 6
Revenue						
Medicare	126.98%	125.92%	-	-	-	-
Medicaid	6.11%	8.09%	-	-	-	-
Commercial Benefit	7.02%	5.06%	-	-	-	-
Commercial FFS	-	-	-	-	-	-
Medicaid RB (own unit)	2.77%	-	-	-	-	-
Other RB (own unit)	-	-	-	-	-	-
Physician Billing	1.08%	-	-	-	-	-
Self Pay	0.94%	-	-	-	-	-
Other Charity Rev	-	-	-	-	-	-
Adjustments	(44.91%)	(39.06%)	-	-	-	-
Total	100.00%	100.00%	-	-	-	-
Direct Labor						
Nurses	7.15%	62.59%	-	-	-	-
CNA	1.77%	47.92%	-	-	-	-
SW	2.06%	4.21%	-	-	-	-
PC	0.72%	-	-	-	-	-
Physician	2.96%	-	-	-	-	-
On-Call	2.59%	-	-	-	-	-

Locations	4	5	6	7	
Team/Location Report	Team Leaders				
Sunny Day Hospice	Terry	John	Ann		
For Periods Ending July 31, 2008	North County	South County	East County	West County	
Census	94	24	0	0	
Census Goals	125	55	75	50	
Computed Caseloads					
Nurses	9.0	6.4	-	-	
CNA	36.2	8.3	-	-	
SW	31.1	94.6	-	-	
PC	88.8	-	-	-	
Physician	21.7	-	-	-	
On-Call	23.8	-	-	-	
Admissions	45.4	-	-	-	
Bereavement	-	-	-	-	
Volunteer	-	-	-	-	
Enter Total Number of Visits per Location and per Discipline					
Nurses	3,750				
CNA	5,000				
SW	1,500				
PC	750				
Physician	-				
On-Call	1,000				

The Model
Balancing Purpose and Profit...

460

461

Why Does a Manager Make More?

- **70%** of an employee's development/morale/retention comes from the immediate supervisor (Teacher)
- Sexy up the Job where People want it!
- Responsible for Operations (ROI) - Quality & Financial
- Responsible for Upholding Culture - Accountability
- Responsible for Retaining Talent
- Responsible for Terminating Non-Productive, Culture Destroyers and Energy Sucks

462

463

464

Overall Organizational Pay

Actual	Model
17%	14%	3%

3%   = $ 306,600

Need to incentivize people to build cash reserves of 6-9 months.

split
50%
50%

I would not recommend it be complicated by tenure differentials or other factors to keep it simple.

$ 153,300
(to company)

$ 153,300
(to All Staff by FTE)

Amount Per FTE   Number of FTEs =   100   **$ 1,533.00**
(All that are in Standard)

Conditions:
1 Accounting must be timely and accurate
2 No bonuses are distributed until accounting reports are issued
3 Financial Model must be surprassed first! Then quality measure is applied.
  (You can't pay bonuses if you don't have the money!)
4 Quality Measurements are met or exceeded.
5 Optional: Withhold 1/2 of bonus from previous period for "accounting adjustments" or spikes.

The Model
Balancing Purpose and Profit...

465

What if a Manager's NPR% exceeds the Standard?

The Manager's <u>Standards Pay</u> is removed. The <u>Team Pay</u> is also not given as there is nothing to bonus to the team.

The Model
Balancing Purpose and Profit...

466

Executive Management

We recommend that all Executive Management reduce salaries to minimal levels and then make up the difference, and even "outdo" previous compensation, through a "distribution" type system similar to "shares." This especially applies to the CEO…and can even apply to Board members.

467

Executive Management – Why Reduce Salaries and use "Shares"

- To Model and set an Example. This is Integrity.
- To have personal experience in "betting" on yourself and the organization.
- To increase your ability/power to "sell" the compensation system to others.
- It sets a "cap" on base compensation.
- To decrease your Indirect Costs
  - Even though, if profitable, you will certainly outdo previous compensation in dollars paid out.
- **An increase of Personal Power will result almost magically.**

468

Executive Management Comp Split

1.50% = 153,300

split
50%
50%

76,650.00
To Company

76,650.00
To Clinical Leader or Manager

If Cash/Near-Cash Reserves are below 6-9 months, then we would advise NOT to do the Organizational Pay. Plus, delaying this provides a buffer for Executive Management Pay.

split
50%
50%

38,325.00
Hospice Bottom-Line

38,325.00
Executive Management

This will be further reduced by payroll taxes and other to approximately 10%. However, why should this be a concern if you are already making 14%? **Don't get greedy!**

The Model
Balancing Purpose and Profit...

469

What about
Quawlity?

MVI Multi-View Incorporated
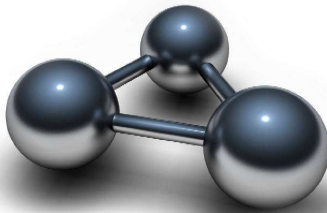
470

The Same Measures Can be Used for So Many Clinical Positions

Quality Measures for Clinical Positions
Version 22.0

Use as few as possible!

Choose only one if possible!

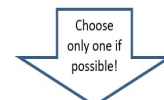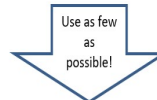| Position	(1) Documentation	(2) Productivity	(3) Quality
Clinical - Direct Labor			
RN	1) Documentation to Standard	2) # of Patients Visited and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
LPN	1) Documentation to Standard	2) # of Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
Aide	1) Documentation to Standard	2) # of Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
SW	1) Documentation to Standard	2) # of Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
Spiritual Care	1) Documentation to Standard	2) # of Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
Admissions RN	1) Documentation to Standard	2) # of Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
Advanced Practice Nurse	1) Documentation to Standard	2) # of Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
On-Call RN	1) Documentation to Standard	2) # of Visits or Chart Audits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
Occupational Therapist	1) Documentation to Standard	2) # of Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
Physical Therapist	1) Documentation to Standard	2) # of Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
Speech Therapist	1) Documentation to Standard	2) # of Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
Physician/NP	1) Documentation to Standard	2) # of Patients Visited or Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
Homemaker	1) Documentation to Standard	2) # of Visits and 100% to POC	3) No Complaints/Gifts, Avg Pain Scores
Inpatient Unit			
RN	1) Documentation to Standard	2) Unit GIP Census	3) No Complaints/Gifts, Avg Pain Scores
LPN	1) Documentation to Standard	2) Unit GIP Census	3) No Complaints/Gifts, Avg Pain Scores
Aide	1) Documentation to Standard	2) Unit GIP Census	3) No Complaints/Gifts, Avg Pain Scores
Charge Nurse	1) Documentation to Standard	2) Unit GIP Census	3) No Complaints/Gifts, Avg Pain Scores

MVI Suggestion in RED

IF YOU CAN ONLY MONITOR DOCUMENTATION AND PRODUCTIVITY EASILY, THEN JUST USE THOSE!
MVI suggests RNs use Number of Patients Visited Per Pay Period and to 100% of the POC.
Simply running a Plan of Care (POC) report for compliance is really sufficient when the Number of Patient Visited is being used too!

The Model

471

Where Do You Get the Time to Teach & do Ride-Alongs?

MVI Multi-View Incorporated

472

Making Management EASIER!

The Compensation System is the ONLY known means to remove the need for Managers to:

1. Monitor Documentation
2. Monitor Productivity
3. Do Annual Reviews
4. Need to Fire People

These are REMOVED from the Clinical Manager's job description to free up time to do the *1st Duty*...to Teach and Coach as all employee's learn to self-regulate to the organizational Standards.

The Model
Balancing Purpose and Profit...

473

The "system" does the heavy lifting for the Managers and removes many of the negative aspects of management.

The Compensation System brings great relief and makes management radically EASIER!

The Model
Balancing Purpose and Profit...

474

Documentation Example

1. Documentation Standards are defined.
2. Self-Learning Modules with a short test are created.
3. Documentation is taught strictly to *System7*.
4. QI/Compliance audits charts to a 90-95% statistical confidence interval. The job of making sure documentation is to Standard is REMOVED from Clinical Manager duties.
5. If any material defect in a chart is identified (variance from Standards), QI/Compliance sends an email with a Self-Learning Module link to the person and notifies the Clinical Manager as well.
6. The clinician fixes the issue, if possible, and completes the Self-Learning Module within 1 day.
7. In addition, any performance pay as well as Standards Bonus is not received. Normally this is 5% for 2 weeks.

The Model
Balancing Purpose and Profit...

Who do
Indirect and Support Staff
"live to serve?"

The Model
Balancing Purpose and Profit...
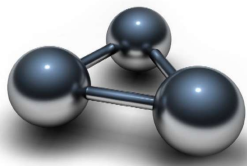
477

Indirect and Support Areas Live to Serve the Clinical Managers!

478

This Creates a Service Culture at all Levels of the Organization

Indirect Labor - A simple and effective system that fosters a "Culture of Service".

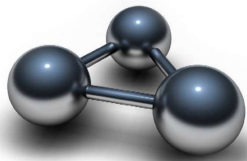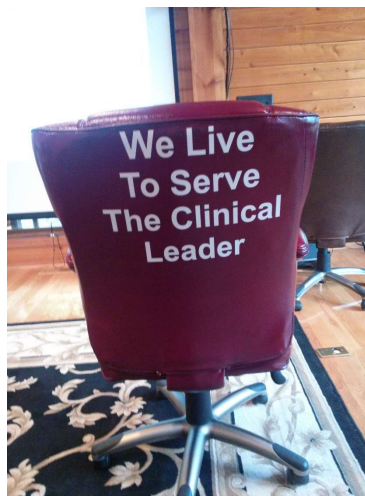|	
Administration	If 2 Negative Codes are received, 5% of Attitude/Performance Pay removed. If more than 2, 10%.
Clinical Management	If 2 Negative Codes are received, 5% of Attitude/Performance Pay removed. If more than 2, 10%.
Finance	If 2 Negative Codes are received, 5% of Attitude/Performance Pay removed. If more than 2, 10%.
HR	If 2 Negative Codes are received, 5% of Attitude/Performance Pay removed. If more than 2, 10%.
IT	If 2 Negative Codes are received, 5% of Attitude/Performance Pay removed. If more than 2, 10%.
Marketing	If 2 Negative Codes are received, 5% of Attitude/Performance Pay removed. If more than 2, 10%.
Education	If 2 Negative Codes are received, 5% of Attitude/Performance Pay removed. If more than 2, 10%.
Compliance/PI	If 2 Negative Codes are received, 5% of Attitude/Performance Pay removed. If more than 2, 10%.

Each Pay Period, Clinical Leaders can register a Standard Growth/Negative Code if they experience serious dissatisfaction with an Indirect/Supporting area.
Do the same monthly for each Indirect area.
If a Indirect or Support area gets less than a 7 average score, the entire department's 10% Standards Pay is removed for one pay cycle.

Growth Codes	
Helpful Feedback to GROW!	
A	Poor **Attitude**
P	Non-**Performance**/Poor Follow-Through
C	Poor **Communication**
Q	Poor **Quality** of Work/Errors
M	Late to **Meeting**(s)
L	**Late** to Work
G	Customer Complaint/**Gift**
E	**Exessive** Time-Out - Abuse of Work Latitude
+	Outstanding Job Performance

The system "resets" NEW every Pay Period…a NEW/FRESH Start each time!

All Indirect functions also must have at least one person crossed trained in each function and allow the person to work in that capacity for 2 non-concurrent months of the year. Costs are not allocated from their normal position.

If a position or function is outsourced, that cost still remains with the Indirect Area and is including in the NPR% calculation.

The Model
Balancing Purpose and Profit...

479

It is up to Indirect Departmental Managers to determine a few specific weekly/monthly measures for their people, which are far fewer in number.

Indirect Positions - These should already be in job descriptions.

CEO/Executive Director	Chief Education Officer! A walking billboard of Vision and Confidence. Scored by Quality, Profitability and Growth.
Executive Assistant	Based on the assessment of the CEO (1) ability to anticipate (2) communication skills (3) Scores from Management team.
Chief Clinical Officer/Primary Clinical Manager	Based on Overall Quality, Profitability and Scores from Clinical Managers and Management Team
COO	Based on Overall Quality, Profitability and Scores from Clinical Managers and Management Team
CFO	Overall Satisfaction Scores of Clinical Managers and Management Team
Staff Accountant	Satisfaction Level of Clinical Managers & CFO
Billing Supervisor	Days in AR-Quality of Billing Function
Biller	Days in AR - Adjusted for ADRs
Accounts Payable	Days in Payables
Payroll Clerk	Accuracy of Payroll-# of Reported Errors Errors in Payroll impact morale
Data Entry Position	# of Errors
Chief Medical Officer	(1) Documentation, including 180 Recerts, (2) Education & Outreach contacts, (3) Calls to Patients and (4) Visits
Medical Director	(1) Documentation, including 180 Recerts, (2) Education & Outreach contacts, (3) Calls to Patients and (4) Visits
Clinical Team Manager/PCC	Based on Documentation, Live Patient Scores and Confidence Scores
Quality Improvement Manager (VP, Director)	Same as Education or People Development
Quality Improvement Staff	Scores from Audits
Compliance Officer	# of Deficiencies, Independent Review of Compliance
Director of Education (VP, Manager)	Level of Confidence of Staff via Mental and Synthetic Testing
Staff Educator	Level of Confidence of Staff via Mental and Synthetic Testing
Bereavement Manager (VP, Director, Supervisor)	Overall Level of Confidence of Staff - Appreciation Scores 1-10
Bereavement Staff	Appreciation Scores 1-10, Contact with All Bereaved on a predictable and eff With our innovative methods, often grief is vastly minimized
Volunteer Coordinator Manager (VP, Director, S	Overall Number of Patient-Care Volunteer Hours and All Volunteer Hours
Volunteer Coordinator	Number of Patient-Care Volunteer Hours and All Volunteer Hours
Marketing Manager (VP, Director)	Overall Number of Admissions
Marketers	Number of Admissions
HR Manager (VP, Director)	Satisfaction Level of Clinical Managers and ALL other areas
HR Staff	Satisfaction Level of Clinical Managers and ALL other areas
IT Manager (VP, Director)	Satisfaction Level of Clinical Managers and ALL other areas

The Model
Balancing Purpose and Profit...

480

Our Quality comes from the Quality of our

People

Be rather than to Seem…

The Model
Balancing Purpose and Profit…

MVI Multi-View Incorporated SYSTEMS

481

MVI Multi-View Incorporated

Questions/Contact Information:

areed@multiviewinc.com
mvi@multiviewinc.com

828-698-5885
All calls answered within 3 rings!

www.multiviewinc.com

MVI Multi-View Incorporated SYSTEMS

482