TOP SECRET
FOR HOMECARE & HOSPICE INNOVATORS ONLY

MVI
MULTI-VIEW INCORPORATED

AUG 2026

FLASHPAGE

INSIDE

Financial Management..... Page 1

Finding Our Way - Sharon Lutz.... Page 3

More HOPE for Hospice..... Page 11

MVI Contest - Nicest.....Page 13

Inspiration Page - Candy Bar..... Page 14

A 45-Minute HIGH IMPACT Lesson on Intelligent Hospice Financial Management!

A High-Value Empowerment Hour for CEOs & CFOs to move QUICKLY to the 90th Percentile!

This ultra-practical webinar turned out to be a great one! As many may not know, Andrew is often the CFO of Hospices in addition to running MVI. He likes to be *directly* involved and employed by Hospices, and has done so throughout MVI's 30-year history, as he feels it connects him as closely as possible to the front lines in the field so he understands *exactly* what clients are experiencing.

In a mere 45-minutes, Andrew explains *exactly* how he manages a Hospice's finances! **Manage** is the key word! Management is the direction of Energy[1] and Resources[2]. Andrew shows how Benchmarking (an external dynamic reference) is KEY for Intelligent month-to-month management, where Leaders can know *precisely* what to work on!

This method has PROVEN to be *devastatingly* effective in ALL Hospice situations, from start-ups to turnarounds, to taking an Average Hospice to World-Class! And the RESULTS of this method happen FAST! Within months! Enjoy!

the excitement continues on next page....

CLICK HERE TO WATCH THE VIDEO

Benchmarking → System Solutions → TURNAROUND.
A Hospice can go from strong to struggling faster than most Leaders imagine—and it can also TURN AROUND faster than most believe possible. In this Empowerment Hour, Andrew walks through a real not-for-profit Hospice that declined from strong performance and substantial reserves to the brink of sale, then rebuilt itself into roughly **90th–95th percentile financial performance** within only a few years. The lesson is not about chasing impressive numbers. **QUALITY comes FIRST.** Strong economics are what give an organization the strength, capability, reserves, and TIME to pursue extraordinary care without constantly operating in crisis.

Andrew opens the actual Benchmarking reports he uses as a working Hospice CFO and shows the practical playbook behind the turnaround: **Benchmark FIRST, Red Circle the largest opportunities, apply Best-Known Success Patterns, build Perfect Visits with Perfect Documentation, strengthen the Clinical Leader, replace static budgets with NPR percentages, and use Compensation to create Automatic Accountability.** The transformation does not come from finding one magical person. It comes from deliberately changing the Processes, Systems, incentives, and structures that dictate organizational Results.

What you'll learn:

- Why **Benchmarking is the ROAD MAP** for a turnaround—and how it tells Leaders precisely where to spend their Energy and resources instead of guessing.
- How Andrew uses the **Red Circle Method** to identify the biggest financial deviations, prioritize the highest-value opportunities, and attack quick wins FIRST.
- The real-world turnaround of a not-for-profit Hospice that moved from deteriorating census, depleted reserves, and a near-sale to a Health System back into approximately **90th–95th percentile overall financial performance.**
- Why the major levers include **Perfect Visits with Perfect Documentation, extraordinary Clinical Leaders, NPR percentages instead of static budgets, and intelligent Compensation Systems.**
- How **Contribution Margin, Direct Labor, Patient-Related costs, Indirect costs, visit patterns, caseloads, and team/location reports** reveal where individual sites and departments are actually performing.
- Why extraordinary overall Results do NOT require every individual measurement to be at the 90th percentile—the cumulative effect of many areas performing better than the herd can produce an OUTLIER organization.
- Why Andrew emphasizes f**ewer talented people, cross-training, streamlined Indirect functions, and System Solutions** instead of continually adding people to solve operational problems.
- How Compensation teaches through every paycheck—using BOTH incentives and disincentives so Documentation, Standards, Contribution Margin, and other expectations can become Self-Regulating rather than requiring constant managerial supervision.

Who is this for?
Hospice CEOs, CFOs, Boards, Finance Leaders, Clinical Leaders, and Executives

Finding Our Way: The Hard Work Behind Building One Hospice Standard

People often ask me what changed at Hospice of the North Coast.

The simple answer is that we became more disciplined.

The more truthful answer is that we spent years transforming nearly every aspect of how we delivered hospice care. It wasn't one initiative or one strategic plan. It was hundreds of decisions—some small, some incredibly difficult—all centered around one question:

"How do we ensure every patient receives the same exceptional experience, regardless of who walks through the front door?"

When I became Executive Director, I knew we had extraordinary people. Our staff cared deeply about patients and families, and that compassion had built a trusted reputation in our community.

But compassion alone was not enough.

Like many hospices that had grown over time, we had developed different ways of practicing. Every clinician had their own style. Every manager approached accountability a little differently. Documentation varied. Visit structure varied. Communication varied.

We were relying on individual excellence instead of organizational excellence. That realization became the turning point for our organization. It also became the beginning of one of the most difficult periods in our history.

We made a decision that if we were going to fulfill our mission at the highest level, we needed more than dedicated clinicians. We needed a system that made exceptional care predictable. That decision led us to adopt the MVI Model and ultimately create what we now call **The HNC Way**.

The transformation did not happen quickly. It unfolded over years.

Written by: Sharon Lutz
Executive Director of Hospice of the North Coast

It required rebuilding workflows, redefining accountability, retraining managers, redesigning case management, strengthening our Quality Assessment and Performance Improvement program, and developing leaders who could coach instead of simply supervise.

Perhaps most importantly, it required changing our culture. Some people embraced the vision immediately. Others needed time. Some decided this was no longer the organization where they wanted to practice, and we respected those decisions. There were also times when leadership had to make difficult decisions because maintaining different standards of care was no longer fair to our patients or to the employees who had committed themselves to the new direction.
Those were painful moments.

No Executive Director enjoys losing good people. But I learned that preserving relationships can never come at the expense of preserving standards. As our team became more aligned, something remarkable began to happen. The chaos gave way to consistency.

- Managers spent less time solving preventable problems and more time developing their teams.
- Clinical conversations became focused on patient outcomes instead of process failures.
- Interdisciplinary team meetings became stronger because everyone was working from the same playbook.

Families noticed.

- They experienced more coordinated care, clearer communication, and greater confidence that every member of our team understood their loved one's needs.
- Our quality outcomes reflected those changes.
- So did our family satisfaction scores.
- But another transformation was taking place at the same time.
- As our clinical operations became more disciplined, our financial health improved as well.

Reducing unnecessary variation improved productivity without sacrificing compassion. Stronger case management supported more appropriate visit utilization. Better documentation strengthened compliance. Managers learned to make decisions using both clinical outcomes and operational data.

Financial stewardship was no longer separate from patient care. It became one more way of protecting our mission.

Today, Hospice of the North Coast is recognized as one of the leading independent hospices in North County San Diego—not because we found a shortcut, but because we committed ourselves to doing the hard work of building a culture where compassionate care and operational excellence reinforce one another every single day.
Looking back, I don't believe our greatest accomplishment was implementing the MVI Model. Our greatest accomplishment was creating an organization where every employee understands that excellence isn't left to chance. It is built into every visit, every conversation, every decision, and every patient entrusted to our care.

That is the HNC Way.

And that is the legacy I hope we leave behind.

When Compassion, Discipline, and Financial Stewardship Work Together
For many years, I hesitated to talk about financial performance in hospice.

Some people believe that if a hospice is financially successful, it must somehow be compromising patient care. I have come to believe exactly the opposite.
When an organization is financially healthy because it delivers consistent, efficient, high-quality care, financial stewardship becomes one of the greatest expressions of its mission.

The goal was never to make money. The goal was to ensure that Hospice of the North Coast would remain strong enough to care for our community for generations to come.

Building a Hospice That Could Stand the Test of Time

When I became Executive Director, Hospice of the North Coast was caring for approximately 47 patients each day.

Like many independent nonprofit hospices, we faced significant financial pressures. Every decision felt urgent. Resources were limited, and it was difficult to think beyond the next budget cycle.

We knew we could not continue operating that way.

As we implemented the MVI Model and built what became known as the HNC Way, something remarkable happened. Clinical excellence and financial strength began to grow together. Within six months, the organization became profitable. Over the following years, our average daily census grew to more than 200 patients.

Operating margins approached 30 percent while we continued investing in our staff, our programs, our community, and our future. We built an investment portfolio that grew to between $26 million and $40 million—not as a measure of success, but as a measure of security.

Those resources represented something much bigger than a balance sheet. They represented stability.

They meant we could continue serving our community through changing reimbursement models, economic uncertainty, and increasing regulatory demands without compromising the quality of care our patients deserved.

Financial Health Protects Patient Care

Patients never ask to see a hospice's financial statements. But they experience the effects of financial stability every day. A financially healthy organization can hire and retain excellent clinicians.

It can invest in education, technology, quality improvement, and innovative programs. It can maintain staffing levels based on patient need instead of financial desperation. It can respond thoughtfully to change rather than reacting out of crisis.

The numbers themselves are not the mission. They simply make it possible to fulfill the mission well.

Integrity Is an Operational Strategy

The hospice industry has changed dramatically over the past decade. Competition has increased. Labor costs continue to rise. Regulatory oversight has become more intensive. The fraudulent practices of some organizations have damaged public trust and placed ethical hospices under increased scrutiny.

During these years, we made a conscious decision about the kind of organization we wanted to be.

We would never offer inducements for referrals. We would never admit patients who did not meet hospice eligibility. We would never bill for care that was not fully supported by

clinical documentation. There were times we chose not to pursue reimbursement opportunities because doing so did not align with our values or our interpretation of regulatory intent.

Those decisions were not always the easiest. But they were always the right ones. Integrity is not simply an ethical principle.

It is an operational strategy that protects the organization, strengthens community trust, and safeguards the patients we serve.

Why the MVI Model Endures

The MVI Model has never been just a productivity system. For Hospice of the North Coast, it became the framework that connected compassionate care with operational discipline.

- It gave leaders visibility into performance.
- It provided consistency for clinicians.
- It reduced unnecessary variation.
- It strengthened accountability.

Most importantly, it helped ensure that every patient received thoughtful, coordinated, patient-centered care regardless of who provided the visit.

Even as healthcare continues to evolve, those principles remain remarkably durable.

Because they are built around patients—not payment systems.

Looking Back

When I reflect on the past fourteen years, I do not measure success by census growth, operating margins, or investment balances alone.

- I think about the thousands of patients and families who trusted us during the most sacred moments of their lives.
- I think about the clinicians who embraced a higher standard and became stronger because they challenged themselves to grow.
- I think about an organization that chose discipline over shortcuts, accountability over complacency, and integrity over convenience.

Hospice of the North Coast found its way by aligning four essential commitments:

- Exceptional patient-centered care.
- Clinical accountability.
- Operational discipline.
- Responsible financial stewardship.

None of these can stand alone. Together, they created an organization that is stronger, more resilient, and better prepared to serve our community for generations to come.

If there is one lesson I hope other hospice leaders take from our journey, it is this:

Financial strength is never the destination.

It is the foundation that allows your mission to endure.

At the end of every strategic discussion, every budget meeting, every difficult personnel decision, and every operational improvement, I came back to the same question:

Will this help us care for patients and families better?

If the answer was yes, we moved forward.

That simple question became the compass that guided Hospice of the North Coast from uncertainty to stability—and ultimately to becoming one of the most respected nonprofit hospices in North County San Diego.

Because in hospice, every decision eventually reaches the bedside.

That is where leadership matters most.

*this was an unsolicited article that Sharon Lutz wrote to let her community (at home and within hospice) know that the Model really works!

PERFECT PHONES ARE THE FRONT DOOR OF YOUR HOSPICE

We can't wait to show you how **PERFECT PHONES** from **MVI** can be used to **SOLVE** so many common Hospice frustrations and problems!

PERFECT PHONES™

CLICK HERE

MVI
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EMPOWERMENT HOUR

This webinar will be focused on the *Perfect Visit* in detail!

The PERFECT Visit™

MVI 30th ANNIVERSARY

PERFECT VISIT The PERFECT Visit MVI CERTIFIED SUNNY DAY HOSPICE

WHERE TO START?… ***the Perfect Visit!*** After working with hundreds of hospices since the 1990's, we can say with certainty that implementing Perfect Visits with Perfect Documentation cures most Financial and Quality issues within an organization! In this Empowerment Hour, we will take a deep dive into the Perfect Visit structure with a focus on the "Why". This Empowerment Hour is the first in a series of 3. "Why" the Perfect Visit; Teaching the Visit according to ***System7***; and Rolling Out the Perfect Visit in your Organization.

October 8th @1:01pm EST

Presenter:

Nancy Mueller

Model Magician

FREE for MVI Clients

CLICK HERE

BenchPress

MVIBenchmarking
Make informed decisions based on PRECISE data!

Gain Organizational Strength through Comparison with Reality and the Toughest Competitors in the Business! It is via the regular/frequent comparison with the External References that provides perhaps the most insight into an organization's actual performance.
"So what if you're hitting your own marks in a vacuum… ~ Jack Welsh

More HOPE for Hospice!

Following up on our prior article on HOPE for Hospice (link below):
https://mviwpmedialibrary.s3.amazonaws.com/wp-content/uploads/Flashpage_January_2026-The_Hospice_Aggregate_CAP-MVI_CAP_Services.pdf

Why is there more HOPE? Simply because the communication is much more better than we had in the early days between Hospice and CMS! Limited or bad communication when we were first required to have quality data initiatives was a very tough pill to swallow! In that spirit below are a few references and links to CMS that are providing information in a more timely manner.

Who knows… maybe all this data collection can be a win-win after all? So many leaders in Hospice fought uphill battles just to get us recognized as a professional industry. We needed that spirit so we could keep reimbursement at a fair level. We are recognized and funded enough for our mission… now let our Data continue to prove that we are the best end of life care option for America!

Onward and Upward,

David (with thanks to Melissa for the awesome articles showing FY 2028!)

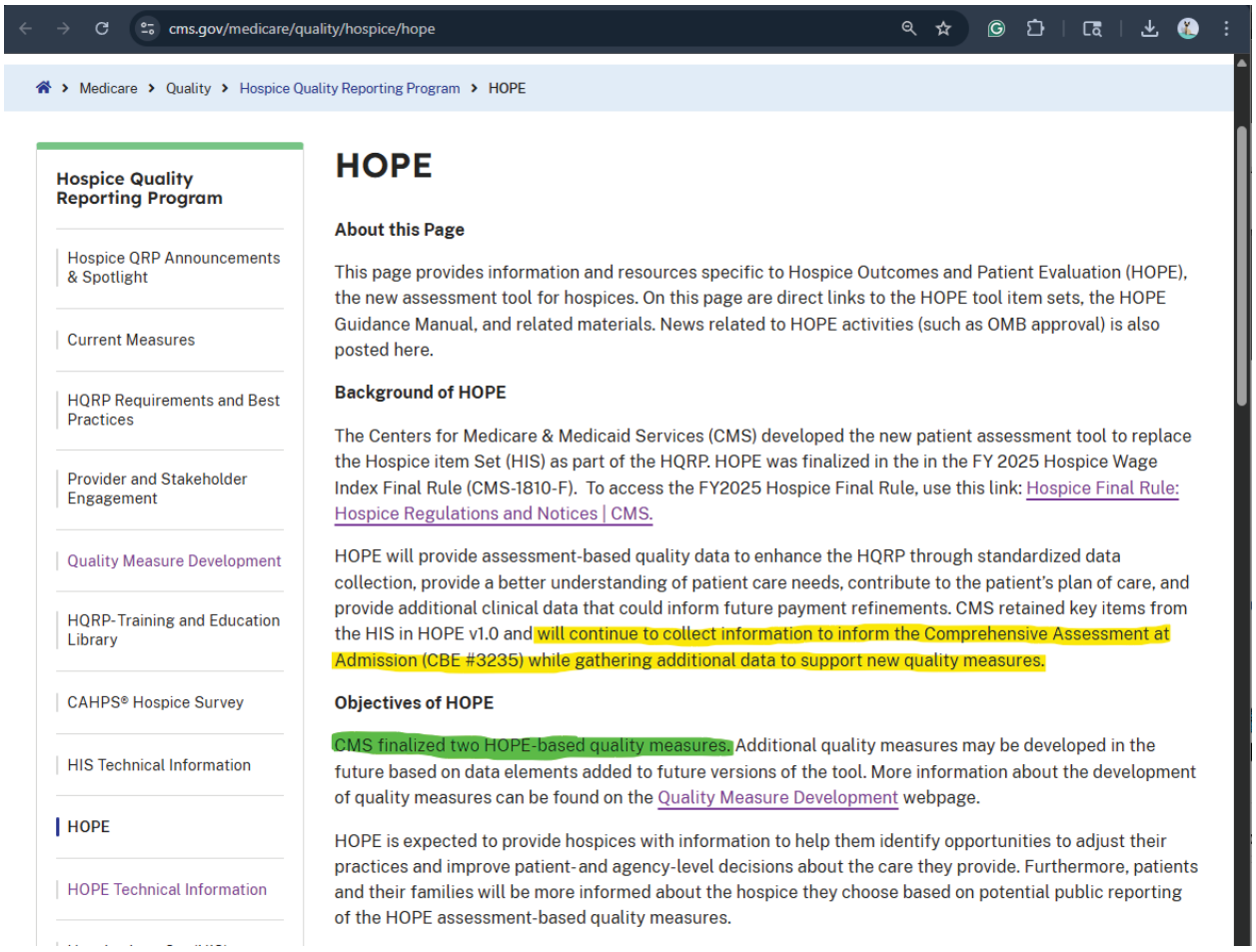
the excitement continues on next page….

2. IMPLEMENTATION OF TWO PROCESS QUALITY MEASURES BASED ON PROPOSED HOPE DATA

COLLECTION

Section 1814(i)(5) of the Act requires the Secretary to establish and maintain a quality reporting program for hospices, develop and implement quality measures, and publicly report quality measures. In this final rule, we are finalizing the addition of two process measures no sooner than FY 2028 to the HQRP calculated from data collected from HOPE: *Timely Follow-Up for Pain Impact* and *Timely Follow-Up for Non-Pain Symptom Impact.* We will use the data collected from HOPE (see section III.D.3 on the proposal to implement HOPE and associated PRA), which a nurse would assess at multiple time points during a hospice stay to collect data related to patients' symptoms during those assessments. These two measures will determine whether a follow-up visit occurs within two (2) days of an initial assessment of moderate or severe symptom impact.

https://www.federalregister.gov/d/2024-16910/p-211



https://www.cms.gov/medicare/quality/hospice/hope

From the Ancient MVI Scrolls...

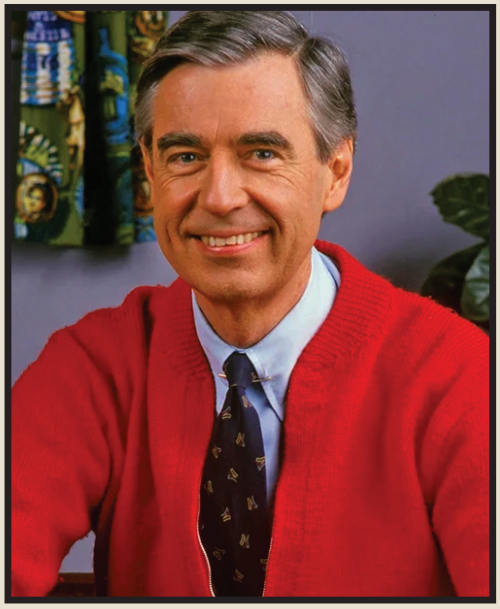
from cave #457, scroll 67

MVI wants to know!

The MVI Most Nicest Contest

Bonus! No One Can Compete With These 2!

WHO'S THE MOST NICEST??

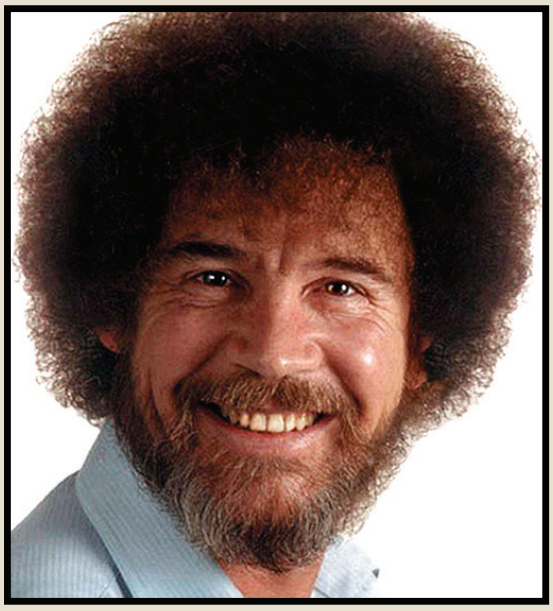


FRED "MR." ROGERS

"WON'T YOU BE MY NEIGHBOR"

"YOU ARE SPECIAL. YOU'RE SPECIAL TO ME. THERE'S ONLY ONE YOU IN THIS WONDERFUL WORLD."

"WHEN I WAS A BOY AND I WOULD SEE SCARY THINGS IN THE NEWS, MY MOTHER WOULD SAY TO ME, "LOOK FOR THE HELPERS. YOU WILL ALWAYS FIND PEOPLE WHO ARE HELPING."



BOB ROSS

"LET'S PAINT A HAPPY LITTLE TREE"

"WE DON'T MAKE MISTAKES, JUST HAPPY LITTLE ACCIDENTS."

"THERE'S NOTHING WRONG WITH HAVING A TREE AS A FRIEND.!"

WHO DO YOU THINK IS MOST NICEST!

☐ **I THINK MR. ROGERS IS MOST NICEST!**

☐ **I THINK BOB ROSS IS MOST NICEST!**

Check the appropriate box. Then mail to MVI - 1611 Asheville Hwy. Hendersonville, NC 28791
And then store this magazine in a place with similar security standards as the Crown Jewels.

*THIS IS AN ACTUAL CONTEST! SEND IT IN AND RECEIVE A COOL MVI PATCH OR GIFT! THE WINNER WILL BE ANNOUNCED IN THE NEXT ISSUE! THE LOSER'S IDENTITY WILL BE KEPT CONFIDENTIAL, BUT NEITHER OF THESE INDIVIDUALS ARE LOSERS!

One Little Candy Bar

Can a simple candy bar change the world? Maybe not the whole world—
but it can change someone's entire day.

I recently read about "The Candy Bar Challenge," a simple text-book exercise in everyday kindness. When checking out at the grocery store, you ask the cashier: "I want to get a candy bar but can't make up my mind, what's your favorite candy bar?" When they tell you, you grab that candy and hand it to them. Then once it's scanned and they try giving it back to you, you tell them to keep it as a thank-you.

When I told my wife I wanted to try it, she gave me a loving reality check: "Don't be weird." I pushed past her naivety and decided to be a little weird anyway.

Our cashier looked completely drained. She was moving through the motions, clearly having a rough shift. I went ahead with my script and asked for her favorite.

"Oh me, I'm a Snickers girl," she said.

I tossed it on the belt. When she went to hand it to me, I said, "That's actually for you. We really appreciate how hard you work."

The transformation was instant. It was like watching someone wake up. She lit up, completely revitalized, and immediately started proudly sharing stories about her kids—especially her youngest son who is finishing up his college degree and also loves Snickers.

In a matter of seconds, she went from exhausted to fully alive. As we walked away, I heard her greet the next customer with a bright, genuine warmth that wasn't there before.

If you think a tiny gesture doesn't matter in a world this big, go read the story of The Star Thrower.

And next time you're checking out, try being a little weird. Buy the candy bar.

I hope this helps!

~ Bernie

MVI Tough Training Schedule

The Proprietary Model Workshop

SCHEDULED BY INDIVIDUAL HOSPICES

The Proprietary Model Workshop is a 2-day transformational program where Andrew guides an individual Hospice or Healthcare system through the design of its proprietary Model. The Model is an approach to operating a Hospice as an integrated, coherent and coordinated "system of care" that creates a high-quality, predictable experience that is financially balanced. Andrew's role in this unique program is to keep a Hospice's team FOCUSED, clock management and to introduce insights gained from experience with hundreds of Hospices. Andrew will press to make sure the team walks out with the key Model parameters and Accountability established. This program is a cost-effective way to unify your team and establish long-term organizational structures that have helped Hospices set the benchmarks in quality as well as economic performance. NASBA approved: 16 CPE hours. More Info>>

NEW! Virtual Training Program OPTION for Individual Hospices!

Scheduled by Individual Hospices or Hospice Groups

Choose YOUR TOPICS! Upon request, Andrew will conduct Virtual trainings for individual or specific Hospice groups!

During these times, we must be flexible and provide OPTIONS to EMPOWER Hospice Leaders and Clinicians with Best Known Practices (Patterns)! We will cover ALL topics of interest by the Hospice or group with fluid and open exchange between your team and Andrew. More Info>>

Inpatient Units & The Model Training

TBA | Virtual

This program covers the 8 BIG MOVES an IPU needs to make to be financially successful and increase quality! In addition, 58 other Best Known Practices to-date will be shared regarding the management of Hospice IPUs so it can be financially viable. This insight is based on our work with 200+ IPUs that MVI has helped construct as well as hundreds of others. This program also has direct application to Continuous Care programs. If a Hospice has even an annual $100,000 loss over a decade, this translates to a MILLION DOLLARS that COULD HAVE been used to compensate staff better or build much needed financial reserves! One of the large units Andrew managed had a 108% occupancy rate and double digit profits! Time to STOP the LOSSES! Bring a laptop with Microsoft Excel, the reports you currently use to manage your IPU, Medicare rates (GIP, Routine, CC), average hourly rate by discipline and cost information regarding your Hospice's current IPU operations. This is a 1 day program. More Info>>

Compensation & The Model

TBA | Virtual

Compensation is your LARGEST cost. Yet most organizations use traditional methods and get traditional results. Compensation is the most POWERFUL STRUCTURAL tool a Manager has to create a happy and productive work atmosphere with ultra-strong Accountability. This workshop is for the most forward-thinking Hospices. 100% of Hospices that operate in the 90th percentile have great compensation systems. Yes, 100%! A Hospice's most dramatic advances in quality and profits will come from movements of Talent and the compensation of that Talent. A great compensation system makes management VASTLY easier. Compensation systems also directly impact an organization's People Attraction and Retention system. Talent must be retained over the long-term as the turnover of Talent is the biggest destroyer of quality. A great compensation system is a key! Get rid of the "poverty mindset" regarding how you reward staff! Why not pay better than the hospital or other healthcare entities! Compensation is the fastest way out of financial troubles, as well as one of the most effective structural means to create a healthy Hospice culture. You will need a laptop with Microsoft Excel. Compensation was the beginning of MVI and where we started as a company. MVI only holds the Compensation & the Model Workshop annually. This is a 1 day program. More Info>>

MVI
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Balancing Purpose and Profit...

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www.multiviewinc.com

MVI Tough Training Schedule

Designing an Extraordinary People Development System

TBA

This entire workshop will focus on creating a world-class training system for your organization where the paradigm of the Hospice changes to that of a "teaching organization": first and foremost. In this fascinating program, we will explore the teaching practices of master-class teachers in-depth and how these practices translate to a Hospice organization. How to Teach Visit Structures and Phone Interactions will receive extreme emphasis. The workshop is directed toward anyone that either instructs or coordinates training at a Hospice program. People Development IS the center of your Hospice universe as the mission is only accomplished through people. More Info>>

The CEO Retreat

TBA

This is an Executive Retreat that helps CEOs become aware of what Outliers (the 90th percentile) are doing…because you have to see it in order to build it! This is a pragmatic program which would benefit any Executive Level person as most all Leaders come to a point where they realize the absolute need for STANDARDIZATION, SYSTEMS and STREAM-LINED PROCESSES…and that these are the solution to virtually all of an organization's frustrations. It is a humble and open program where, as a safe group, we speak candidly and delve into the biggest challenges we face as Hospice & Homecare CEOs. We will also cover 3 Key Strategic areas – 1) Operational, 2) Positioning and 3) Growth, which includes the 21 PROVEN Ways to grow a Hospice. This will help simplify work on all levels though Standardization and understanding of Process. Many of these insights were used when we helped the only Hospice ever to win the Malcom Baldrige Award in our area. More Info >>

The Extraordinary Clinical Leader

TBA

The Extraordinary Clinical Leader Program is a LIFE-CHANGING and rigorous 2-day program with laser-beam FOCUS on the Leadership and Management skillset needed to be a TRUE Professional Hospice Leader. There is nothing else like it. If a Clinical Leader masters this material, they can literally "Write their own ticket in Hospiceland" This program is designed to instill the mindset and advanced technical competencies into motivated individuals that want to be TOP Hospice Clinical Leaders. This program is a crash course about the BUSINESS of Hospice. More Info>>

The CFO Program

TBA

A TOP RUNG CFO is essential to the success of an organization as REALITY has to be quantified and effectively communicated. This program will teach the technical skills and mindset for dramatic IMPACT on operational RESULTS.
The CFO Program has proven to be an EFFECTIVE advancement system for CFOs. The CFO is armed with some of the most persuasive information in the organization, the quantified facts of the business…data! The underlying reality is that the economic model MUST work. To be effective, the CFO must accurately quantify the current state of the organization, interpret the situation with predictive insight, formulate strategies, and influence others to execute positive action. The EVIDENCE of an effective CFO is in the numbers! An effective CFO can help a Hospice be radically successful. A poor CFO can help a Hospice out of business. Participants undergo a sequence of testing, training, and retesting until the subject matter is mastered. Participants will have 6 opportunities to score 100% in order to pass the 300 question exam which includes Hospice scenarios, best practices, and measurements. More Info>>

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www.multiviewinc.com

FLASHPAGE *Reference*

Here is a list of past Flashpages by topic over the past 2 years for reference, plus a few of particular significance. Normally, Flashpages cover material on a high level, so it is *highly* recommended that more comprehensive Best Known Practice information (manuals, PDFs, financial tools, templates, videos and audio messages) be obtained by accessing the MVI Website and/or by contacting the MVI offices for unlimited support. All calls are answered within 3 rings.

- JULY 2026 – ADMISSIONS REIMAGINING – 4 DAY WORK WEEK
- MAY 2026 – ADMISSIONS REIMAGINING FROM THE PATIENT CHAIR – 4 DAY WORK WEEK
- APRIL 2026 – COMPENSATION & THE MODEL TOUGH TRAINING – "HOW DO YOU PROVE QUALITY"
- MARCH 2026 – QUALITY & LEADERSHIP – HOW DO YOU PROVE QUALITY
- JANUARY 2026 – THE HOSPICE AGGREGATE CAP – MVI CAP SERVICES
- DECEMBER 2025 – HOSPICE SUCCESS STRATEGY – EMPOWERMENT HOUR: HOSPICE CAP
- NOVEMBER 2025 – WE DON'T HAVE ENOUGH TIME – EMPOWERMENT HOUR: HOSPICE CAP
- OCTOBER 2025 – DIRECTIONAL CORRECTNESS FOR THE ASPIRATIONAL HOSPICE, WITH JIM
- SEPTEMBER 2025 – WHERE SHOULD CFOS SPEND THEIR TIME? – "LESS IS MORE"
- AUGUST 2025 - PRODUCTS AS IRMS WEBINAR – EMR COMPARISON REPORT IS OUT!
- JULY 2025 – PERFECT MEETINGS EMPOWERMENT HOUR – EMR COMPARISON REPORT
- JUNE 2025 – EMR COMPARISON REPORT – DEVELOP YOUR LEADERS
- MAY 2025 – HOW TO USE THE NEW MVI PODCASTS TO HELP DEVELOP YOUR LEADERS & MANAGERS! – SYSTEMATIZE YOUR BENCHMARKING
- APRIL 2025 – NEW EPIC MVI PODCASTS! – WHAT ARE THE PODCASTS ABOUT?
- MARCH 2025 – BLACK COVE/BIG HUNGRY FIRE – NBC NEWS W/ LESTER HOLT INTERVIEWS ANDREW
- FEBRUARY 2025 – BEST-KNOWN SUCCESS PATTERNS/PRACTICES – TONE FROM THE TOP
- JANUARY 2025 – MVI COURSES ON STANDARDIZATION – TONE FROM THE TOP
- DECEMBER 2024 – MAKE 2025 EPIC – ADVANCED BUSINESS SEGMENTS
- NOVEMBER 2024 – THE MVI "SIMPLE COMPENSATION PLAN" THAT WILL CHANGE YOUR HOSPICE
- OCTOBER 2024 – HELENE – LESSONS & EXPERIENCES
- SEPTEMBER 2024 - QUALITY & GROWTH - WHAT'S IT ALL ABOUT
- AUGUST 2024 – WE DON'T HAVE ENOUGH TIME – GETTING SOME EDGE!
- JULY 2024 – CEO2CEO EMPOWERMENT HOUR – SHOW ME THE INCENTIVE – BENCHMARKING
- JUNE 2024 – HOW TO BECOME A FIVE – STAR HOSPICE – WHEN DO THINGS HAPPEN
- MAY 2024 – INSIGHTS FOR GROWTH FROM MEGA HOSPICES – QUICK SUMMARY OF MEGA HOSPICE
- APRIL 2024 – CLINICAL LEADERS – 70%ERS! – KENT BROOKS MAGICLITE – LABOR BREAKOUTS
- MARCH 2024 – OPERATIONALIZING YOUR MODEL – CEO AFTERPARTY 2024
- FEBRUARY 2024 – CEO RETREAT 2024 – LEADERSHIP & THE CEO – THE VALUE OF BENCHMARKING
- JANUARY 2024 – TROY GEHRKE CAP VIDEOS – EMR COMPARISON REPORT
- DECEMBER 2023 - SUCCESS STRATEGY – EMR COMPARISON REPORT
- NOVEMBER 2023 – EMR COMPARISON REPORT-BENCHMARKING DRILL DOWN FEATURE -
- OCTOBER 2023 – NEW MODEL NPR% – EMR REPORT IS BACK – THE TOTAL COST OF YOUR EMR
- AUGUST 2023 – LEADERSHIP – PART 1 – RAISES & PROMOTIONS – MOST SOFTEST CONTEST
- JULY 2023 – EMPOWERMENT HOUR VIDEO – CHANTAL REED 1998-2023 – MOST NICEST CONTEST
- JUNE 2023 – WHERE DO WE START – SELF LEARNING MODULES – 3 & 1/2 HABITS HIGHLY EFFECTIVE PEOPLE
- MAY 2023 - What Happened to Customer Service - Most Nicest Contest - EMR Benchmarking
- APRIL 2023 – COST REPORT WARS – REVOLUTIONARY BEREAVEMENT – VIRGIN MUSIC DEAL

MVI
Multi-View Incorporated
Balancing Purpose and Profit...
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- MARCH 2023 – SAFETY FIRST–GROWTH CAPABLE LEADERS – BEST BEE GEE CONTEST
- FEBRUARY 2023 – TRUE SCIENCE – DOUBLE SHOT VIDEO LINKS – GROWTH
- January 2023 – Modern Scarelines – Tough Training Schedule 2023 – Your Compensation System
- December 2022 – YOUR NUMBERS ARE YOUR TRUTH – STARTING POINT OF SUCCESS – CLASSIC ALBUM COVERS – ADVENTURES IN SELF HELP – REALITY = NATURE
- November 2022 - Just Go Ahead & Stop Your Inpatient Unit Losses - You Should Care About What People Think
- October 2022 – Where Do We Start - Self Learning Modules - 3 and a Half Habits Highly Effective People
- September 2022 - Financial Models - What Is F9 - Remedy Out of Balance
- August 2022 - Percentages of NPR & Not Budgets - Baldest Man Contest - Map of Consciousness
- July 2022 - Action Accountant - Getting Clear About Financial Statements - Accounting Centerfold-How To Transform Yourself - Clients
- June 2022 - Modern Hellthcare - Value of Standardization Pt2 - New Benchmarking Decision Dashboard-CEO Attitude About Money - Best Mullet
- May 2022 - True Job - Value of Standardization - New Benchmarking Decision Dashboard - CHAP Operations Certification
- April 2022 - Real Work - Disappearing Nurses Webinar - What You Want From 70ers - Least Worst Healthcare - CHAP Operations Certification
- March 2022 - Resources For Key Frustrations - Most Exciting Time In Hospice - Cost Report Wars
- February 2022 – Clinical Manager's Toolbox – Kent Brooks Wins Hospice Award
- January 2022 - Hospices Grow Census w/Covid - Why Not Pay People Well?-CHAP Operations Certifications
- December 2021 - Make 2022 the Best Operational Year Ever - We Don't Have Enough Time - What Practices Andrew
- November 2021 - Managing on a Month to Month Basis - The Magic Formula is the FOCUS of these 2 areas - Where are a Homecare and Hospice Biggest Economic Opportunities - Universal Music Release - Tough Training Schedule 2022
- October 2021 - New Benchmarking Version21 - Why Benchmark
- September 2021 Pre-save-Twisted-World-Universal-Music-Selling-Your-Culture-How-to-be-successful-in-this-world
- August 2021 – CEO2CEO – Retention of clinicians issues – Virtual Extraordinary Clinical Leader Program
- July 2021 - Part 2 Turnover - Why do people come to work at a hospice - how do we take care of people - How do we take care of our people
- June 2021 - Creating the Inspiring-Electric- Life-Changing" Work Atmosphere- Culture with Meaning & Purpose - Turnover Nursing Shortage - tough trainings at MVI conference center!

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