



FLASHPAGE

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EMPOWERMENT HOUR

Things to Do to Make 2025 EPIC!



***Plus, Ask Andrew**



ASK ME ANYTHING

MVI CEO Andrew Reed

Dec 19th 1:01pm EST

[Click-Here](#)

The MVI “Simple Compensation Plan” that Will Change Your Hospice

(1 of 2 HIGH-IMPACT things you can do in this issue!)

When we visit Hospices (especially with Magic fast-turnarounds), we find the same issues it seems, over and over again... *“Clinician documentation is late...incomplete...not done at the point-of-care.”* In addition, with the SIA (Service Intensity Add-On) impacting our quality scores, we find clinicians not doing these visits reliability or to the extent needed to satisfy scrutinizing authorities. All of these can be remedied with a simple, reasonable structural change in your compensation system. Usually, an organization will not implement such measures until “they have had ENOUGH” and are through with wasting hours and hours of regurgitating the same “silly” complaints and then expecting Managers to address them...

REALITY: Most Leaders and Managers WILL NOT effectively hold their people Accountable. Nobody likes to do it...unless you are one sick puppy... Nobody likes to hold people Accountable, not even me... It's perhaps the worst part of Leadership. Thus, the solution is yet another “System Solution” – making the “system” be the bad guy and DOING the Accountability for you!

We have Hospices that just need “easy” to implement solutions, not designed for peak or optimal performance, but just to solve pesky issues, like Documentation! Documentation comes to the forefront as our very existence as a Hospice depends on it! The compensation system shown below does not address productivity, as that is another important topic... Most Leaders shy away from that for strange reasons...

the excitement continues on next page....



Here is **the MVI Simple Compensation Plan**

- 1) Without reducing anyone's pay (unless it is excessive), divide each person's pay throughout the entire organization (to make it fair) into 2 categories in proportions. Here is our suggestion. Note, the Standard Portion must be "enough" to motivate.

- Base Pay (70-80%)
- Standards Pay (20-30%) – "Just Doing Your Job" Pay

This "structural" move immediately gives Leadership capacity to create "levers" that can be used at any point to address issues and areas where improvement in Standards is needed. By establishing these "buckets" – a Leader can "dip into" the Standards bucket IF the Standards of the organization are not being met and create a Penalty via a payroll extraction for not doing the "basics" of the job. The penalty should be automatic, not "3 strikes you're out" or anything that softens it or makes it difficult to administer. Standards should be HIGH to create organizational pride and energy, but they should also be REASONABLE... This is "Just Doing Your Job" Pay without any stretch or goals... Employees are *expected* to receive 100% of their Standards Pay. Thus, if you don't do your job, you don't and shouldn't get paid...

REALITY: There has to be some Pain or Discomfort associated with NOT doing the Standards of the organization, either willfully or unintentionally. This is what Accountability is all about. If people can violate the Standards and not be held Accountable, then Standards are meaningless – and you will actually lose High-Quality Leaders and Clinicians as they come to disrespect the low-quality organization. People aren't stupid... High-Caliber/High-Quality people WANT to be associated only with High-Quality organizations. Thus, the HIGHER Leadership takes its Standards, the more ATTRACTIVE the organization becomes to WINNERS!

- 2) Have Compliance track (MVI has an example worksheet) and identify all LATE, MISSING or NON-STANDARD documentation. A Non-Wounding email is sent to the Clinician and the Clinical Leader is copied on it for coaching purposes as well. This email explains the Non-Standard item in a nice but firm and fair way. An expectation is powerfully communicated that the organization expects people to behave as professionals and not as children. *"It is our professional obligation to point out this Non-Standard item to preserve our Mission and Vision. No doubt this was an unintentional error and we realize that they can happen from time to time. Nevertheless, it is our duty to bring this to your attention. Thank you for being a true professional about this. Onward and Upward!"* For each Non-Standard, \$40 is removed from the Standards Pay bucket. This tracking form is given to Payroll before payroll is run. Believe me, your Compliance department KNOWS where the issues are!

To offset the perceived "Negative" or "take-away" for Non-Standard items, a Positive is added that provides the incentive for the needed SIA visits!

- 3) For each successful SIA (where we get paid), the Clinician will receive \$40 for each Visit-Hour. Rules need to be implemented so that Clinicians will not "game" the system (and as noble as I want people to be, "gaming" WILL happen). Example: If a family does not want SIA visits and perhaps is confident/well trained or doesn't want others to "rob them of time" with their loved one, the Clinician must honor this request and DOCUMENT it. I also like to add the Number of Complaints as a Quality measure. Thus, if a family complains about the SIA visits, then the Clinician is not being a very sensitive professional, in either the frequency, duration or both. Since the SIA is hourly, a Hospice's "ideals" of the patient/family experience must be considered – all from the Patient/Family Chair FOCUSING on the FEELING! This principle should guide Clinicians to make "considered" choices regarding the amount of time to spend with patients/families. It is perhaps better to make a short SIA visit rather than a long SIA visit. This would satisfy CMS to the extent that the efforts were made, even if the duration was short.

the excitement continues on next page....

The Service Intensity Add-On (SIA) program is a Medicare and Medicaid Services (CMS) program that pays hospices extra for nursing and social work services provided to patients during the final week of life. The SIA program was introduced in 2016. The SIA program provides hospices with a financial incentive to improve the quality of care they provide to patients during the end of life. The SIA payment is calculated by multiplying the hourly rate for continuous home care (CHC) by the number of hours of nursing or social work provided, up to a maximum of four hours per day. The SIA payment is in addition to the standard per diem reimbursement.

To illustrate: If a Clinician (RN or SW) does 4 SIAs per week, the employee would receive an additional \$160 per pay period or, if sustained over a year, \$4,160. Many Clinicians will do much more! **You can look at this as “Medicare is GIVING us money to bonus Clinicians!”** rather than a cost.

There we go! A Simple and REASONABLE Solution for a few of the most nagging frustrations in Hospiceland! If you need ANY assistance, this is something that can be implemented with Magic pretty quickly! Just give us a call!

I hope this helps...

Serving from a place of Love for ALL Expressions of Life...

~ Andrew



MVI “Simple Compensation Plan”



A GRRREAT Way to Quickly Size-Up Clinical Leaders!

(2 of 2 HIGH-IMPACT things you can do in this issue!)



Perhaps the biggest bane of Leaders and Leadership is that of holding people Accountable. Finding people who WILL do this is hard! Or perhaps not as hard as we think...

At one of the most effective, High-Quality, Award-Winning, High-Profit/Surplus Hospices MVI helped create, we had various Clinicians run the IDT meetings. RNs, SW, CNAs, Chaplains, etc. RUNNING the IDT! It wasn't a "rotating" thing, but it was a way to vet people who we respected, and who could substitute for the Clinical Leader if necessary or if the Clinical Leader just wanted to give someone else a chance to develop some Leadership chops while he or she looked on! We had some Aides do a great job here! And thus, we promoted them!

Running a Meeting

MVI has GREAT materials for learning how to run meetings! It is valuable time! Cell phones should be put away, meetings should start on time, and they should stay FOCUSED on HIGH-VALUE items. In addition, they might have some drama or element of fun involved to keep it interesting, HOLDING people's attention! The "drama" part is needed when stressing a point, as well as to communicate that, *"You say what you mean, and mean what you say."* A Leader of an IDT must STAND for something and BE a person of substance and not just "razzle-dazzle."

1. **Timeliness** – Meetings should start on time PERIOD! It is disrespectful to the prompt and a waste if people are ALLOWED to be late. MVI recommends a clear glass jar with the word RESPECT on it to be placed near the door so that anyone who is late, even 1 minute, needs to put \$5, \$10 or \$20 into it. The amount depends upon your Meeting Standards. This is Accountability, and setting this Standard will solve lateness issues. For the purpose of finding Leaders, you are actually watching the person who is leading the IDT. *Do they enforce the Standard? Are they uncomfortable with it? What is their Attitude towards it? Do they feel it is too harsh or non-spiritual?* An organization can size-up potential Leaders with this simple, real-life demonstration of "Doing Accountability." This has to do with Modeling Leadership or Modeling the Behaviors you expect from staff. **IF you allow people to be late to meetings, they are also late for visits...**
2. **FOCUS!** Does the person leading the IDT keep it FOCUSED and on track? Does the person leading the IDT "let" people take over the meeting, or waste time with too many details or overly long explanations or just "yapping?" The job of the meeting Leader is to cover all of the content within the time-constraints and make sure all important things are stressed, even reinforced.
3. **Is the Meeting Leader Compelling and able to HOLD Attendees' Attention?** This quality of Leadership is difficult to explain or define, but you know it when you are in the presence of it! It is FELT... The Meeting Leader has to hold people's attention, which means NON-boring, interesting and, if possible, INSPIRING! Motivating people to ACTION!

That is about it! The simple use of running an IDT to FIND your Talented Leaders is something any Hospice can do! And all organizations seem to be short on effective Leaders!

I hope this helps...

Serving from a place of Love for ALL Expressions of Life...

~ Andrew



ADDITIONAL NOTE:

The 3 Questions - In addition, for those organizations really "Doing the Model", the Meeting Leader should not only be starting the meeting on time (at an "odd" time to emphasize respect for time), but the person should also be asking "the 3 Questions". Explanation about the importance of this "habit" is in the *Extraordinary Clinical Leader* manual as well as in a PDF extract, available on the MVI Website.

BenchPress



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.

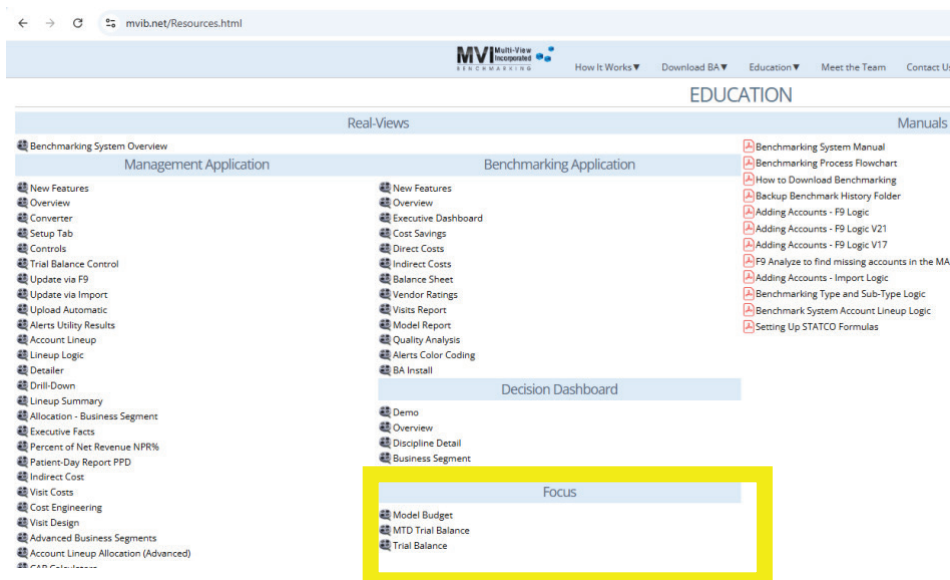
"So what if you're hitting your own marks in a vacuum... ~ Jack Welsh

We are so very thankful for the input of clients like you! Your feedback is what has helped shape the Benchmarking System into what it is today! So often we hear client comments on how helpful the Real-View training videos are. Shucks, they have been modified over many years based on client questions in hopes to save your organization valuable time and energy.

If you have not visited our **Education** page in a while (<https://mvib.net/Resources.html>), we have redesigned it to make it more user-friendly.

For those new to the Real-Views you do not need a login or password! Simply select the training you are interested in. Additional links to related materials will show below the video, and many have links to navigate to the next logical training... what a snap! Think YouTube but a much cooler MVITube! OK we don't have cat videos yet... but you get the idea.

In addition to the detailed educational trainings on the Management Application, Benchmarking Application and Decision Dashboard, we have started a new **Focus Series**. These are more topic-specific trainings, as opposed to those for detailed reports:



the excitement continues on next page....

Here are the details of the three new **Focus Series** Real-Views:

- **Model Budget** is focused on turning your old dusty static budget into a living Model Budget and how to create a Management Application that is dedicated to this effort for easy comparisons!
- **MTD (Month-to-Date) Trial Balance** looks at this often overlooked but valuable part of accounting. To not just view your Year-to-Date amounts but how a single month is doing!
- **Trial Balance** reviews the basics of a TB, how to identify incorrect Debit and Credit balances, getting the TB into the Management Application (MA) and possible need for additional allocations. It is always best to have the detail in your accounting system but the MA is designed to help out when that is not convenient. It covers a variety of Trial Balances logics as many of the small business systems have different settings -- like QuickBooks Online has their Account Number feature turned off by default. Yuck!! In Hospice we have experienced accounting professionals to help lead operations and this is one of the dumbed-down features that makes auditors' and Cost Report work more difficult than it needs to be!

We already have a list of more topics for video trainings and if you have any ideas, please give us a quick call or email and we will look at adding it to the agenda!

Again, we thank you for your ongoing feedback in helping not only your organization but the wide world of Hospice, Home Health, Palliative Care, and IP Units to be empowered in making timely and effective decisions!

David
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Happiness

There is perhaps much confusion regarding what Happiness is... Often it is confused with Fun... A real study of Happiness will quickly reveal that it is not based on congeal circumstances, but is rather an “inner state” – and is often a product of the “Will” or choice... It might even be that we are all Happy all the time, but just don’t know it... Just KNOWING or being Conscious that you are Happy is such a Happy state! All Happiness seems to involve PAIN or SACRIFICE or SUFFERING... i.e. – The spoiled brat, given everything, yet is miserable... WHY? No sacrifice, no striving, no doing without, no discipline, no struggle to achieve some level of SKILL or attainment... No Pain/No Gain...is perhaps a WISE expression! Perhaps the thing to do is to learn to enjoy the Struggle, the Journey, the Challenge from the loss or sudden change in your future? One may find themselves in an “Oasis” where all is easy and set... But after a while, usually a surprisingly short while, a person tends to become BORED...and longs for the Desert Journey again! Looking for another “pickle” to get themselves into!

I hope this helps...

Serving from a place of Love for ALL Expressions of Life...

~ Andrew





Announcement

Helene - Part 2 will come out in a subsequent Flash-page as we are still in recovery mode. There was and is ALOT to integrate and sort out. But, letting things settle seems to make good sense with bridges and roads still being re-built, as well as working out how to get Mail, Fire and Emergency services in our area. Over 300 bridges were destroyed as well as thousands of sections of roads.

**For anyone who missed the [Helene - Lessons & Experiences Part 1](#) broadcast and was interested in it, [here is the link](#).*



ABOUT MVI...



What is MVI in 173 Words...

Perhaps no other organization has meticulously considered and cared enough about the Hospice and Homecare experience to breakdown and systematize everything from phone interactions to clinical visits to revolutionary bereavement to enormous utilization of volunteers to the economic welfare of the mission. After working with over 1,300 Hospices and Homecare entities, MVI starts with Benchmarking for professional perspective (quantification) and guides an organization all the way through the Model with its establishment of 1) Clear, 2) Impressive and 3) Sustainable Standards. Then via extraordinary People Development, an organization with near-flawless quality is created, where it can go days, sometimes weeks, and even “thousands of visits” between complaints, service failures or documentation errors. Economic results are often 200%-400% above average and are a natural byproduct of radically increased quality as organizations can easily flatten. This is the reality in the Hospice and Homecare world IF the practices of the 90th are adopted. In a healthcare world that is falling apart, there can be something that actually works... This can and should be your organization!

Common Questions:

All the Standardization and changing so many ways we are operating seems like a lot of work! It seems overwhelming.

At first that might appear so. However, one must recognize that with each “Smart Move” your organization 1) REDEEMS time and 2) reduces WASTE. We normally help an organization prioritize those operational moves that redeem time first, as that frees up human capacity for each subsequent move!

Do we have to do “all” of the Model? Can’t we just do parts of it?

You bet! The search for Best Known Practices is continual...and no single organization has the whole enchilada! In fact, there are not too many Hospices or Homecare entities that do the entire Model. Most all are “in process” or select the practices they think that would be most beneficial or easy to do. Heck, anytime you replace an inferior practice with a better one, you’re ahead!

Subscribing to MVI doesn’t cost much, especially for larger organizations. How can we really be getting value for so little? How can you even throw in doing our Medicare Cost Report?

Ha! We have actually applied the practices we recommend and these moves radically decrease costs and increase efficiencies! The fact that MVI hasn’t increased rates on any existing Network or Benchmarking client in 26 years says something... Its unheard of and is almost unbelievable! And all phone calls are answered within 3 rings by a real, live, competent person! SERVICE is King to us as old fashioned as that sounds! We also have learned how to spread our costs over hundreds and hundreds of organizations. This helps us keep our prices low.

Though Network and Benchmarking services are budget dust, Magic costs are actually a percentage of Net Patient Revenue. That seems like a lot of money!

It does until you really think about it... Look at it this way. If we help to implement Your Model and it increases Quality to the point that your Net Income is 200%, 300%, even 400% greater than what you are getting now...to us, that is good business! And what does it really cost you? NOTHING! The MVI costs are built into these economic results! It’s like “paying for profit” or hiring a really, really super talented FTE! That super talent FTE creates so much value! This is really just a matter of looking at it differently! Almost like fees you pay for a super broker that makes you money with your investments in all market conditions, up or down! You STILL WIN!

YOU GET:

With **Network**:

- UNLIMITED Technical Support (all calls answered within 3 rings)
- Access to the E-Normous Library of Best Known Practices, Templates, Tools, Financials, Operational and Training Manuals, Videos, Audio Files, Perfect Visit IRMs and other cool products!
- THE PRACTICES!
 - o Compensation Systems
 - o Perfect Visits with Perfect Documentation
 - o Perfect Phone Interactions
 - o Creating Extraordinary Clinical Leaders
 - o People Development Systems (System7)
 - o Perfect Financials
 - o How HR, IT, Education, Compliance are structured and work to truly support the front-lines of care and FLATTEN the organization like a pancake!
- Medicare Cost Report Preparation (1 Provider Number included with Network Services)

With **Benchmarking**:

- UNLIMITED support like Network...BUT you get the NUMBERS! Extracted on a monthly basis! So that you can precisely direct 1) Energy and 2) Resources! This is KEY to on-going, month-to-month management as it tells you precisely where to go to work!

With **Magic**!

- This is where MVI partners with you with “feet on the ground” and helps you implement Your Model and continually makes sure your organization is using Best Known Practices for the highest ideas known to humankind. Cultures are changed, lives are improved, Quality & Financials SURGE and it is great fun in the process!

The **Resources for KEY FRUSTRATIONS PDF**. This **high-value 56-page booklet** provides insight into obliterating or greatly alleviating the main frustrations of creating and running a Hospice or Homecare organization.

CLICK HERE!

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

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

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>>](#)



Balancing Purpose and Profit...

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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 through 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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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.

- 📌 [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](#)
- 📌 [APPLICATION VERSION 24 – TRANSACTIONAL WORLD OF BALANCE](#)
- 📌 [JUNE 2024 – HOW TO BECOME A FIVE – STAR HOSPICE – WHEN DO THINGS HAPPEN IN AN](#)
- 📌 [ORGANIZATION – BENCHMARKING APPLICATION VERSION 24](#)
- 📌 [MAY 2024 – INSIGHTS FOR GROWTH FROM MEGA HOSPICES – QUICK SUMMARY OF MEGA HOSPICE](#)
- 📌 [POINTS – GETTING THROUGH TOUGH TIMES – BEST IRWIN ALLEN TV SHOW CONTEST](#)
- 📌 [APRIL 2024 – CLINICAL LEADERS – 70%ERS! – KENT BROOKS MAGICLITE – LABOR BREAKOUTS](#)
- 📌 [MARCH 2024 – OPERATIONALIZING YOUR MODEL – CEO AFTERPARTY 2024 – MOVING FORWARD WITH](#)
- 📌 [BENCHMARKING – BEST FOODIE MEGASTAR CONTEST](#)
- 📌 [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 -](#)
- 📌 [IMPLEMENTING STANDARDS-HOSPICE BY THE NUMBERS](#)
- 📌 [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 AND A HALF HABITS HIGHLY EFFECTIVE PEOPLE](#)
- 📌 [MAY 2023 - What Happened to Customer Service - Most Nicest Contest - EMR Benchmarking -Inspiration Page - Adventures In Self-Help](#)
- 📌 [APRIL 2023 – COST REPORT WARS – REVOLUTIONIZING BEREAVEMENT – UNIVERSAL VIRGIN MUSIC DEAL – BEST ROCKY FOE – HIERARCHY OF NEEDS – ADVENTURES IN SELF-HELP](#)
- 📌 [MARCH 2023 – SAFETY FIRST-GROWTH CAPABLE LEADERS – BEST BEE GEE CONTEST – THE BENCHMARKING SYSTEM – ADVENTURES IN SELF HELP – MVI MOVIE REVIEW](#)
- 📌 [FEBRUARY 2023 – TRUE SCIENCE – DOUBLE SHOT VIDEO LINKS – GROWTH CREATING A SELLING SYSTEM – SKILL OF HAPPINESS – ADVENTURES IN SELF HELP – WHATS REAL-ER CONTEST](#)
- 📌 [January 2023 – Modern Scarelines – Tough Training Schedule 2023 – Your Compensation System Is Your Best Teacher – Ask Andrew Webinar – Wanted El Troy – The New MVI Look](#)
- 📌 [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 And Stop Your Inpatient Unit Losses - You Should Care About What People Think About You - The Importance of a Peer Group](#)
- 📌 [October 2022 – Where Do We Start - Self Learning Modules - 3 and a Half Habits Highly Effective People](#)



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