

FLASHPAGE

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

MARCH 2021

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No Budgets & Unit Accounts

Save Time, Manage with Precision and Have a Better Life!

MVI is about Homecare and Hospice operations – Visits, Phone Interactions, how Indirect areas function, Training Systems, Compensation, Focus on Clinical Leaders...and of course, Finance and Accounting... With Finance and Accounting being so fundamental, we sometimes innocently, but incorrectly, assume that most clients, even clients that have been with MVI for decades, use the Best Known Practices in the financial area. 2 topics that are so often overlooked are addressed here. Implementing them will save EONS of time and create FOCUS that results in better quality as well as economics! And with this redeemed time, you can dramatically decrease your golf handicap or do that yoga thing that you always wanted to!

The CEO Virtual Retreat

April 13, 2021
10:01am EST till 6:30pm

What is the BEST Hospice Strategy NOW?

To grow ADC, position for the Carve-In, and create high-quality, sustainable operations!

This extraordinary “virtual retreat” is

Only \$500

where a single practice can result in MASSIVE advancement!

Is this exciting or what!

Click here to register!

No Budgets! Use NPR%s!



Continued, next page

The Model Does Not Use Budgets but Rather NPR%s

The Model will represent a departure from traditional management approaches. In the Model, we don't use traditional budgets. I know this might "feel" like you will be "losing control" or that you will not doing your "fiduciary responsibility." This is the normal reaction! The point is, you will be! And you will be doing it much more effectively. Most Managers do not know what costs "should be" at a typical or World-Class Hospice right? This is normally true. However, if you were given the percentages of how much an average or top-rung Hospice spends its money and could easily compare your Hospice with such, wouldn't that help you manage better? Of course it would!!! And that is really what we are doing here. The use of percentages of NPR (Net Patient Revenue) is VERY beneficial for organizations to help Managers to become True Professional Hospice Managers! **Managing by percentages of NPR (Net Patient Revenue) enables ANY person to see, with great ease and with great precision, where the organization needs to go to work as well as where it is doing great!** It helps the Board, CEO and all Managers direct Energy and Resources...the essence of Management! So let's begin!

Two areas of special note are:

- the non-use of traditional Budgets,
- and the use of NPR or Net Patient Revenue as the primary financial measurement.

Don't be alarmed at the thought of not using a budget. These ideas are tried and true and have an almost magical impact on an organization.

When you think about traditional budgets, they do not make much sense. The process is started about mid-year, they take months to complete, they require huge portions of time and even emotional energy, people submit greatly exaggerated amounts because they know their submissions are going to be wacked by the CFO, and then the organization gets 3 months into the budget year and patient volume is materially different than projected. Then come the calls for a

"re-stated" budget as the volume variance masks the efficiency variance, so that Board members can't tell whether the variances are volume-based or efficiency-based. Ultimately, the budget and budget process end up being one of the most non-value adding activities for most organizations. When, by contrast, a Hospice could create a Model that would be used perpetually and simply adapted when necessary or advantageous.

With a Model approach, the best attributes of the traditional budget process are kept such as census goals. However, the period-to-period financials are flexed according to patient-volume. **This totally eliminates the volume variance problem.**

All that is left is the efficiency variance, which is compared to actual Hospice performance. If a budget is needed for external use such as governmental reporting or for foundations or other entities, a budget can be produced by projecting the current Model 12 months into the future. Once established, the Model is used perpetually and is modified as needed. Thus, all of the time and effort is saved. But this is not the big win. The greater benefits come from:

- the clear establishment of operational *Standards* for all areas;
- simplicity of the business model, in that the same measurements can be used for long periods of time, thus saving communication and educational problems;
- unification of the Hospice;
- and organizational transparency.

When operational *Standards* are clear, then Accountability becomes a matter of monitoring and addressing performance with rewards and consequences. Most Hospices have an Accountability problem. The Model goes a long way towards solving this problem.

The Model simplifies the Hospice business, segregating the various components into logical groupings and classifications so that informed decisions can be made based on precise information. We have found that Hospices that do "less well" have higher satisfaction scores than Hospices that try to do a lot sloppily.

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Balancing Purpose and Profit...

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The mathematical equation to calculate NPR is quite simple. We can take any financial revenue or cost amount and divide it by Net Patient Revenue. This amount is only Medicare, Medicaid, Commercial Insurance and Private Pay. It is less Bad Debt and Contractual Allowances. It does not include Pass-Throughs or ANY community support. That is, it does NOT include any donations, memorials, fundraising or any gifts. It is strictly earned revenue. It helps us answer the question, "Could our Hospice make it without community support?" Because community support can go south. Experience one really bad PR disaster, whether substantiated or not, and see what happens to community support. And it will happen. There are community Hospices that were dependent upon community support with hundreds of patients a day that have been wiped out in a matter of months due to inadequate cash reserves and dependency upon community dollars.

Within a true Model system, the organization does not use a budget for on-going, perpetual management. Rather, the organization operates with a dynamic and flexible system that automatically adjusts to fluctuations of operating revenue (patient volume) as often as financial statements are issued. This allows an organization to critically evaluate past performance, establish *Standards*, address current performance and more easily forecast the future. All with EASE!

The absence of traditional budgets for on-going operational management is a big mindset change for many organizations, CEOs, Boards of Directors and especially CFOs. Many organizations are not able to "completely" move to a "non-budget" world due to affiliations with health systems and other old fashioned mindsets. We also realize that the "outside world" and many traditional Board members will still want "budgets." The Model system can produce a traditional static budget as needed to appease adamant individuals or affiliate organizations by just projecting the Model forward based on revenue assumptions. This would also satisfy other entities such as banks, governmental & regulatory organizations, related organizations, etc. The point is, that traditional budgets waste valuable Energy and Resources when a BETTER result can be done more elegantly and will little effort!

With this said, **there IS a place for a traditional static budget such as building and other special projects.**

These incidences typically involve projects with a defined period of time or end date. For such, traditional budgets work great! They just don't work that well when an organization has revenue or volume fluctuations as a traditional budget mask the efficiency of management performance.

There are many reasons why the modern and progressive organization will not use a traditional static budget for on-going and perpetual management.

-  **Almost Instantly Outdated** – Static Budgets often lose their comparative value with fluctuations in patient volume. Any increase or decrease in census will cause material overage or underage in census-sensitive areas. Often the budget will have to be "revised." Also, static budgets are normally all but ignored by not only the end of the year, but at mid-year! All focus is on "next year's budget."
-  **A Waste of Time** – Most Organizations spend tremendous time (months) creating the budget. It is truly one of the most wasteful uses of energy and resources in most organizations. A budget is usually outdated within the first months unless census approximates the budget (as mentioned above) which is RARE!
-  **The Idea of Budgets is Negative** – Budgets do not excite people. They are not motivating. They are the opposite. Budgets are limiting, truncating, and stiff. The term budget doesn't stir the imagination nor does it garner much enthusiasm or cheers. A "Model", or whatever term you want to substitute, is alive and flexible. A new name also accommodates the best ideas.
-  **Budgets Offer Little Comparability or Perspective** – Traditional budgets are difficult to compare to other similar organizations. Few aspects of budgets lend themselves to comparison to gain the much needed perspective that separates true professionals from amateur Managers.

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When we contrast the Model (NPR%) with traditional budgets, the choice is obvious:

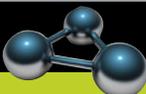


- ❖ **The Model is always based on Current Census** – The Model automatically adjusts every category based on Net Patient Revenue (NPR) which is derived from census. You are always comparing “apples to apples” with the Model approach. In accounting, you have two types of variances, **volume variances and efficiency variances**. The Model eliminates the volume (census) variance and all that remains is the efficiency variance. With a traditional budget, these two variances are “combined” making decisions drastically more difficult.
 - ❖ **The Model Establishes Standards** - The Model forces an organization to establish financial and operational Standards. Areas include: caseloads, weekly visits, visit durations, costs parameters, etc. These Standards apply regardless of fluctuations of patient volume!
 - ❖ **Transparency** – The Model based on NPR creates the immediate transparency that so many organizations seek. Percentages are widely understood by most people. Because the Model uses percentages as the common unit of financial measurement for all areas, anyone that is familiar with the Model amounts could easily evaluate the performance of any department or area. This would mean that if the Model were taught throughout an Organization, ANYONE, from staff member to Board of Director to volunteer, could judge financial performance.
 - ❖ **Comparability** – Because the Model is constructed on a Percentage of Net Patient Revenue basis, a common unit of measurement, results are easily comparable to other Organizations. In fact, each line item is comparable so an organization is not even limited to comparing grand totals or broad categories. Again, perspective and insight
- into the overall Hospice or Homecare world separates the professional from the amateur Manager.
- ❖ **Once Established, the Model takes Little Time to Maintain** – The Model is a perpetual system. It continues to be used indefinitely until the decision to change it is made. There is no need for months of effort to create something new. A Model can be changed in minutes, if needed.
 - ❖ **The Model is Flexible** – If the Model needs to be changed it can be altered in minutes to accommodate the new direction. It is not the alteration of the Model, mechanically, that is time consuming. It is the “what” and “how much” questions that require much mental work. However, this is exactly where we should be spending our time, thinking of improvements rather than thinking about the mechanics of measurement.
 - ❖ **The Model is More Easily Understood** – People “get” the Model concept. It is that simple! They understand easily that the “pieces must work together” by the mere mention of the word Model.
 - ❖ **The Model Still has Static Goals** – A well-developed Model will have static or established goals. These are similar to the goals in the traditional budget in that normally annual goals are created. The Model establishes goals as well. However, the goals or targets pertain to things like ADC, Model %, productivity measurement, etc. It does not pertain to static dollar amounts for each area of the Organization. Also, we recommend the use of the term “goal” rather than “target” or another term. Goal has a less negative connotation.
 - ❖ **The Model can produce a Traditional Budget when one is Needed** – Need a budget report for the United Way or the Board of Directors that does not understand a Model approach? The Model System can produce an annual budget in minutes as the current Standards are projected into the next twelve months. These amounts can be uploaded via F9 into your accounting system to produce a traditional budget report.
 - ❖ **The Model becomes a Forecasting Tool** – Relating to the point noted above, the Model can be used as a forecasting tool. An organization can change the Standards in the Model and project operational performance into the future. The Model becomes a decision support tool.

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We are completely biased regarding the use of the Model over traditional budgeting. It is a “no-brainer” in our opinion. It is the way of the modern Organization.

automatically pulled into the application for ANY desired period of time. In addition, the statistical amounts will be available for use in ANY financial-oriented report. There will also be greater internal consistency among reports.

MVI INSIGHT: 

Transparency – The Model based on NPR creates the immediate transparency that so many organizations seek. Percentages are widely understood by most people. Because the Model uses percentages as the common unit of financial measurement for all areas, anyone that is familiar with the Model amounts could easily evaluate the performance of any department or area.

Here are some examples of the accounts that MVI uses. MVI will import these accounts into your CYMA system if needed. Or, if you are impatient, you can manually input the few accounts required to get the Management Application (MA) and Benchmarking Application (BA) running.

Unit Accounts

Many Hospices fail to fully utilize the capabilities of their respective accounting systems. All organizations are guilty in some respects. One area that is commonly overlooked is the use of “unit” or “statistical” accounts. Memo or Unit accounts are

used to track statistics and other measurements and not financial amounts. In CYMA, they are referred to as Memo Accounts. In Dynamics or Sage, they are referred to as Unit Accounts. These accounts are used for reporting and calculations. What do they do? **They allow the easy application of statistics to financial amounts. Hospices that fail to use statistical accounts are probably needlessly wasting time inputting this information into spreadsheets.** The solution is to create Unit/Memo accounts within your accounting system and then use them in conjunction with F9 to automate management reporting. Using Unit/Memo accounts will also facilitate your MVI Benchmarking and use of the Management Application as your key statistics will be

Unit or Memo accounts do not appear in the financial statements. MVI recommends that the 9000 accounts be used for statistics exclusively. The offset account for the “credit” side of the journal entry would be 9999.

To facilitate the updating of unit accounts, we recommend the use of imports or Recurring Journal Entries. Recurring Journal Entries eliminate the need for users to type account numbers and simply update the unit account amounts.

Long Account	Short Account	Description	Used
01-6000-9000-00-00	1-60-9000-00	Number Of Days In Period	No
01-6000-9003-00-00	1-60-9003-00	ALOS-All	No
04-6000-9005-00-00	4-60-9005-00	Average Daily Census-All	Yes
04-6000-9007-00-00	4-60-9007-00	Patients Served-Total	Yes
04-6001-9100-00-00	4-61-9100-00	RN Visits-Hospice	No
04-6002-9100-00-00	4-62-9100-00	LPN Visits-Hospice	No
01-4200-9100-00-00	1-10-9100-00	Admission Visits-Hospice	No
04-6005-9100-00-00	4-65-9100-00	CNA Visits-Hospice	No
04-6006-9100-00-00	4-66-9100-00	SW Visits-Hospice	No
04-6007-9100-00-00	4-67-9100-00	PC Visits-Hospice	No
01-4600-9100-00-00	1-V8-9100-00	Volunteer Visits-Hospice	No
01-4400-9100-00-00	1-80-9100-00	Bereavement Contacts	No
04-6001-9110-00-00	4-61-9110-00	RN Direct Time-Hospice	No
04-6002-9110-00-00	4-62-9110-00	LPN Direct Time-Hospice	No
04-6005-9110-00-00	4-65-9110-00	CNA Direct Time-Hospice	No
04-6006-9110-00-00	4-66-9110-00	SW Direct Time-Hospice	No
04-6007-9110-00-00	4-67-9110-00	PC Direct Time-Hospice	No
01-4600-9110-00-00	1-V8-9110-00	Vol Direct Time-Hospice	No
01-4400-9110-00-00	1-80-9110-00	Bereavement-Direct Time	No
04-6001-9120-00-00	4-61-9120-00	RN Total Time-Hospice	No
04-6002-9120-00-00	4-62-9120-00	LPN Total Time-Hospice	No
04-6005-9120-00-00	4-65-9120-00	CNA Total Time-Hospice	No
04-6006-9120-00-00	4-66-9120-00	SW Total Time-Hospice	No
04-6007-9120-00-00	4-67-9120-00	PC Total Time-Hospice	No
01-4600-9120-00-00	1-V8-9120-00	Vol Total Time-Hospice	No
01-4400-9120-00-00	1-80-9120-00	Bereavement-Total Time	No
04-6000-9200-00-00	4-60-9200-00	Admissions	No
04-6000-9205-00-00	4-60-9205-00	Deaths	No
04-6000-9210-00-00	4-60-9210-00	Discharges	No
04-6000-9212-00-00	4-60-9212-00	Transfer In	No
04-6000-9214-00-00	4-60-9214-00	Transfer Out	No

At minimum, import or, if impatient, manually input the accounts in YELLOW.

Yes, MVI can put together great imports for stats, but in reality, it only takes 5 minutes to enter the stats necessary for great management. When you use more statistics, automation becomes a bigger issue.

Let's Get the Future Right!

The Extraordinary Clinical Leader

May 4, 2021

Attention Hospice ROCKSTARS! This year's Extraordinary Clinical Manager Tough Training has been changed to a virtual conference. Normally we hold this program at the MVI Conference Center, but with the pandemic still making travel dicey, we decided to open it up as a web experience this year!

70% of the **Development**, **Morale** and **Retention** of employees comes directly from the immediate Manager. Therefore, if a Hospice wants to radically increase quality and performance, it will come from **extreme** FOCUS on development of Clinical Managers. This is how the highest quality and top performing Hospices have done it...and Perfect Visits with Perfect Documentation are at the heart it! MVI has trained 8,500+ Hospice Clinical Managers at this point through this program.

[Click here to register and learn more about this Tough Training!](#)

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.

- 📌 [February 2021 – Productivity and Efficiency are Overrated! – Hospice A Spiritual Business](#)
- 📌 [January 2021 – 3 Evidences of Best Known Practices – Develop Perhaps the Most Essential Skills in Your Clinical Leaders](#)
- 📌 [December 2020 – DOWNLOAD Perfect Visit Step Modules & Videos for Your Relias or other LMS – Life-Changing PDFs on the MVI Website – NEW 2021 Tough Training Dates](#)
- 📌 [November 2020 - Medicare Advantage Power Point: The Emphasis on Quality - Becoming a Teaching Organization is a Strategic Decision - Can We Sell the Idea that People Development is Important? - Registration is open for the Designing an Extraordinary People Development System Virtual Event on December 7th! | Hospice & Homecare Consulting | Hospice & Medicare Cost Report | Multi-View Inc](#)
- 📌 [October 2020 - Understanding the Nature of Best Known Practices and Human Behavior – Intelligence can be Defined as Pattern Recognition – The Outlier – Benchmarking – Managing Well – Sign-up for The CFO Program Virtual Event now!](#)
- 📌 [September 2020 - “We Don’t Have Enough Time to Implement Best Known Practices. We have so many things we’re trying to do now...” – Sign-up for The The Extraordinary Clinical Manager Virtual Tough Training now!](#)
- 📌 [August 2020 - Hospice Groups for Medicare Advantage and Other Purposes – Client Testimonial from Northern Illinois Hospice – Sign-up for The CEO Virtual Retreat now! A massive value at only \\$500!!!](#)
- 📌 [July 2020 - Hospice Turnover: “Your work is far too important for poor performance” – Hospice of the North Coast and COVID-19 & MVI – Compensation is Part of the People Attraction and People Retention Processes – It’s 2020! Don’t do a Traditional Budget!](#)
- 📌 [June 2020 - Hospice Operational Comparisons by ADC – Cedar Valley Hospice Wins National Gallup Exceptional Workplace Award – MVI Webinar: The Simple Way to Manage a Hospice on a Month to Month Basis for TOP Results! – June 23 @ 1pm – Register Now](#)
- 📌 [May 2020 - Hindsight is 20/20 – Benchmarking System Vendor Updates – MVI Webinar: How Hospices have Decreased Turnover to 5% and Attract Top Talent! With Covid-19 showing us a Few Things – May 12 @ 1pm – Register Now – Dramatically Raise your ROI](#)
- 📌 [April 2020 - What is the Best Hospice Operational Strategy during Covid-19? – Telehealth – Now and in the Future... – Regional Differences of the Impact of Covid-19 – MVI Webinar: The Best Hospice Strategy...NOW! Tuesday April 28 at 1:00 pm EST – Register Now](#)
- 📌 [March 2020 - Regional Differences of the Impact of Covid-19](#)
- 📌 [February 2020 - 2 Helpful Ideas for CEOs: Directional Correctness and Pattern Recognition - Operational Info on Palliative Care Financial Success! Plus Home Health! - Register Now for Our Upcoming Inpatient Unit Tough Training on April 6-7](#)



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- 
[January 2020 - What has changed in the New MVI Model? - Benchmarking - The Value of Benchmarking - Technical Aspects of the MVI Benchmarking System](#)
- 
[December 2019 - Breakthroughs in the Compensation System Implementations - MVI Tough Training Schedule - New Model NPR% in January 2020, Especially for Hospice IPU's!!! - Modular Visit Steps](#)
- 
[November 2019 - Cross-Training Indirects - Data-Grids: ADC and Pharmacy - MagicViews! The Clinical Dashboard for ANY EMR! - MVI Tough Training Schedule](#)
- 
[October 2019 - Benchmarking Data-Grids: Comparison by ADC & Pharmacy Vendor Comparison - MVI Tough Training Schedule](#)
- 
[September 2019 - Teaching the Spirituality Of Accountability - MVI Tough Training Schedule](#)
- 
[August 2019 - The CEO Retreat - People Development & the Model Workshop - MVI Tough Training Schedule](#)
- 
[July 2019 - Results of the Compensation System! - Compensation & the Model Workshop - The Steps in Sequence of Hospices that Go Days & sometimes Weeks without Documentation Errors or Complaints - Why MVI Matters Now!](#)
- 
[June 2019 - What are the Most Practical Things a CEO Can Do to Make Significant Operational Improvements? - Compensation & the Model - MVI Tough Training Schedule](#)
- 
[May 2019 - Why the Compensation System? Because the Hard Truth is that Most Clinical Managers will Not Hold their People Accountable... - Why are we FOCUSING on the Clinical Manager? - MVI Tough Training Schedule](#)
- 
[April 2019 - Video Interview with Edo Banach from the NHPCO - Hospices have 2 Years to Prep for the Medicare Advantage Carve-In - 3 Areas of Focus for the Medicare Advantage Carve-In - There is Still Time to Register for the Extraordinary Clinical Manager Program on May 6-7 – The CFO and CEO Programs Have Been Updated Specifically for the Medicare Advantage Carve-In!](#)
- 
[March 2019 - The Hospice Medicare Advantage Survival Guide 19.3! - Where to start? The Hospice Medicare Advantage Carve-In! - Why Would a Medicare Advantage Provider Want to Contract with You? - The CFO and CEO Programs - Updated Specifically for the Medicare Advantage Carve-In!](#)
- 
[February 2019 - New! Resources for Key Frustrations Document available now on our website - Fix Your IPU! Registration is open now for our IPU workshop in March! - 2019 Dates for all MVI Tough Training Workshops](#)
- 
[January 2019 - One Hospice Finds the Key to Teaching the Feeling - MVI Tough Training Schedule - Download the 3 Latest MP3's](#)
- 
[December 2018 - 2019! Our Great Opportunity! - 2019 Dates for all MVI Tough Training Workshops - If you are looking to supercharge your organization's growth & maximize potential, give us a call to discuss our Magic! service line](#)
- 
[November 2018 - A New MVI Box for clients containing some truly transformational materials - 2019 Dates added for all MVI Tough Training Workshops - If you are looking to supercharge your organization's growth & maximize potential, give us a call to discuss our Magic! service line](#)



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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. [More Info>>](#)

The CFO Virtual Program

JUNE 1, 2021 • 10:01am - 6:01pm EST | VIRTUAL WEB CONFERENCE

Updated specifically for the Medicare Advantage Carve-In. 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. [More Info>>](#)

Designing an Extraordinary People Development System

NOV 2, 2021 • 10:01am - 6:01pm EST | VIRTUAL WEB CONFERENCE

How can a Hospice be extraordinary without having an extraordinary People Development program? The truth is, it can't. A Hospice cannot become an Outlier that lives in the extremities of the bell curve without effective and efficient Talent 1) Attraction, 2) Selection, 3) Development and 4) Retention processes. This truly revolutionary workshop FOCUSES 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 and organizations in-depth and how these practices translate to a Hospice organization. How to Teach Perfect Visits with Perfect Documentation and Perfect Phone Interactions will receive extreme emphasis as these are essential in order to create an extraordinary service experience. The workshop is directed towards the CEO and anyone that instructs, coordinates training or should be teaching at a Hospice such as the COO, senior leadership and Clinical Managers. People Development IS the center of your Hospice universe as the mission is only accomplished through people. In our humble opinion, it is a fantasy to think otherwise. [More Info>>](#)

Inpatient Units & The Model Training

TBA - 2022 • 10:01am - 6:01pm EST | VIRTUAL WEB CONFERENCE

Hospice Inpatient Unit financial losses are epidemic...and it is getting worse. This program will convey the best known practices to-date regarding the management of hospice IPUs so that they can be financially viable. This program covers the Best Known Practices to-date regarding the management of Hospice IPUs so that they can be financially viable based on our work with 174+ IPUs. This program also has direct application to Continuous Care programs. Have 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, and all times are in Eastern Standard Time. [More Info>>](#)



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MVI Tough Training Schedule

The Extraordinary Clinical Manager Virtual Tough Training

MAY 4, 2021 • 10:01am - 6:01pm EST | VIRTUAL WEB CONFERENCE

The Extraordinary Clinical Leader Program is a REVOLUTIONARY program with laser-beam FOCUS on the Management skillset needed to be a TRUE Professional Hospice Leader. There is nothing else like it. The program will show how to make work as well as the job of being a Clinical Leader much EASIER based on what the 90th percentile Managers do! Up to 70% of an employee's development/morale/retention is based on the immediate supervisor as all front-line staff take their behavioral/performance cues from this position! Therefore, a Hospice "doing the Model" will recognize this fact and build its strength/quality around creating top-rung Clinical Leaders supported by amazing structures that transform the job of management! [More Info>>](#)

Compensation & The Model Training

TBA - 2022 • 10:01am - 6:01pm EST | VIRTUAL WEB CONFERENCE

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, and times are listed in Eastern Standard Time.

[More Info>>](#)

The CEO Retreat

APR 13, 2021 • 10:01am - 6:01pm EST | VIRTUAL WEB CONFERENCE

UPDATED FOR THE HOSPICE MEDICARE CARVE-IN: This is an executive retreat that helps CEOs become aware of what Outliers 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. It is a humble and open program where, as a group, we can delve into the biggest frustrations and challenges we face as Hospice CEOs leading an organization. There is a deliberate concentration on the practices of the 90th percentile as they tend to make all work and management easier...which is of great relief for all in the organization! [More Info >>](#)



Balancing Purpose and Profit...

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