



Getting the Most Out of Shelter Medicine

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Agenda

- Who We Are
- Basics of Shelter Medicine
- Organizational Goals and Shelter Medicine
- Shelter Operations
 - Case study from HSSV
- Committing to Shelter Medicine


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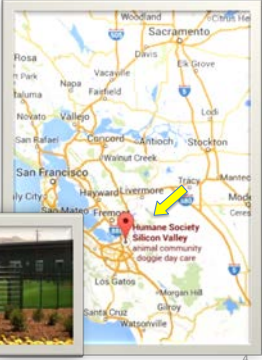
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Who we are ...

- 49,000 sq. ft. main location
 - Gold LEED Certified Animal Community Center
- 3 Neighborhood Adoption Centers
 - Petco and Petsmart stores
- Intake: Strays, Owner Surrender, Regional Rescue, Wildlife
- 75% of Funding From Private Sector (Donations)
- Approximately 100 employees and 1,000 volunteers



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Who we are ...


Six Shelters Working Together to Provide a Home for Every Homeless Animal in Silicon Valley

We C.A.R.E Alliance
- **Community**
- **Alliance to**
- **Reduce**
- **Euthanasia**



www.sheltersfirst.org

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Mission Impact

- **Fiscal Year 2010**
 - ✓ Save Rate = 77%
 - ✓ Intake = ~4,200
 - ✓ Extended Care = 44%
- **Fiscal Year 2015**
 - ✓ Save Rate = 91%
 - ✓ Intake = ~5,800
 - ✓ Extended Care = 76%

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What is Shelter Medicine?

“Shelter Medicine is a field of veterinary medicine dedicated to the care of homeless animals in shelters or other facilities dedicated to finding them new homes.”

“Shelter Medicine has emerged as a specialty field in order to elevate and promote a better quality of life for shelter animals.”

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Shelter Medicine vs. Private Practice

- Shelter Medicine**
- Un-owned patients
 - Individualized care
 - Population health
 - Epidemiology
 - Preventive medicine
 - Infectious disease control
 - Facility design
 - Policy development
 - Animal behavior
 - Facility design
 - Veterinary forensics

- Private Practice**
- Owned patients
 - Individualized care



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Why do we need specialists?

Create a pool of experts:

- Practitioners
- Educators
- Researchers
- Consultants



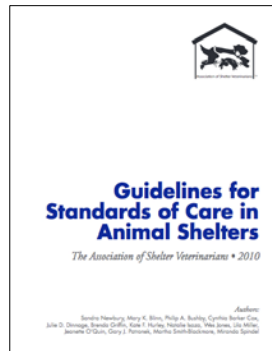
“Promote research and excellence in the field, thus expanding the knowledge base, which will ultimately result in increased animal welfare and better service to shelter animals.”



Guidelines for Standards of Care

Why do we need them?

- Shelters historically designed for short-term holding of large numbers of animals.
 - Poorly suited for long-term care.
 - Does not meet physical/behavioral needs
- Good intentions/lack of training
 - Good husbandry
 - Sanitation
 - Infectious disease control
 - Behavior
- Higher community expectations





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HSSV STRATEGIC PRIORITIES (5 Years)

- COMMITMENT TO COMMUNITY SOLUTIONS**
Through collaborative leadership with weCARE, we find creative, caring and life-saving solutions for Silicon Valley animals.
- COMPELLING "PET-PATRON" EXPERIENCES**
We seek feedback, integrate "voice" and recognize the value of key stakeholders in making our life-saving work possible.
- ORGANIZATIONAL STRENGTH**
We leverage the power of people, process, and data to continually improve our performance and results.
- EXPLORATION TO EXTEND REACH & IMPACT**
Through pilots, iterative learning, and due diligence, we identify the best opportunities to deliver on our mission in years to come.
- FINANCIAL SUSTAINABILITY**
We undertake fiscally responsible initiatives to secure our present and ensure our future.

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Wildly Achievable Goals (Annual WAGs)


- “Assess resources and capabilities needed to optimize length of stay we can help more animals.”
- “Build high a performance team through organizational development.”
- “Focus on process and infrastructure to increase effectiveness and efficiency.”

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What is LOS?

- Los Gatos
- Los Altos
- Los Lobos
- Los Angeles
- Los Alamos
- Level of service
- Line of sight
- Linux operating system
- Line of scrimmage
- Left over salmon

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**What is LOS?**

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*****LENGTH OF STAY*****

LOS = number of days between intake and outcome


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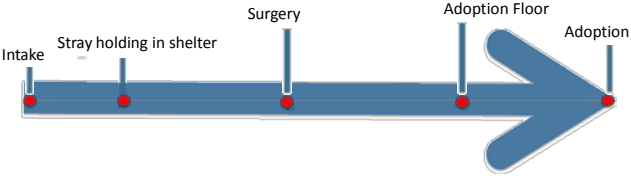
**Putting it to Action**

- 1. Alternatives to intake**
- 2. Managed admission**
- 3. Capacity for care**
4. Removing barriers to adoption
5. Return to field

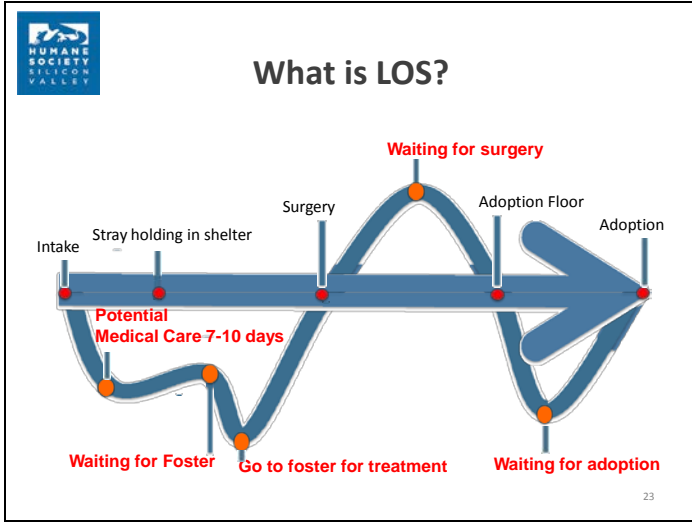


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**What is LOS?**




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Moral of the Story

If we decrease our LOS we can save more lives!



The number '25' is in the bottom right corner.



Case Study: Alternatives to Intake

“Provide positive alternatives to keep cats in the home or community when admission to a shelter is not the best choice.”



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Alternatives to Intake: Pet Pantry



- Open to all Santa Clara County pet owners and verified colony caregivers.
- All participating pets and community cats must be spayed / neutered.
- Assistance for spay / neuter surgery available.
- Distribute ~24,000 pounds of dry food and ~12,000 cans of wet food
- 65 families, 36 colonies, 10 rescues

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Alternatives to Intake: PUP Program Preventing Unwanted Pregnancies

- First contact at surrender request.
- Owner takes care of kittens with the queen until old enough for adoption.
- We provide medical care, food through the Pet Pantry if needed.
- We intake the kittens when they are old enough for adoption.
- In exchange, queen spayed (tom neutered) and vaccinated for free.



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Case Study: Managed Admission

“Schedule intake of cats to match the shelter’s ability to assure humane care and safe movement through the shelter system to an appropriate outcome for every cat.”



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Managed Admission: Pre-Intake

- Scheduled intake for owner surrenders.
- Pre-intake appointment while waiting for intake
- Intake Processes:
 - Health Assessment
 - Behavior Assessment
 - Vaccination/Deworm
 - FeLV/FIV Testing
 - Spay & neuter
 - +/- blood work
 - +/- dental cleaning



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Managed Admission: Intake Team

- Managed owner surrender intake and transfers
- Planned pathway prior to intake
- Organized decision-making process




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 **Managed Admission: Intake Team**

Total Cats Transferred		
2013	2014	% Change
344	569	65.4% ↑



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 **Capacity for Care**

“Match the number of cats cared for at any one time with the capacity required to assure the Five Freedoms of Animal Welfare for all cats in the shelter.”

Five Freedoms

1. Freedom from hunger or thirst (adequate nutrition and fresh water).
2. Freedom from discomfort (provide appropriate comfortable environment).
3. Freedom from pain, injury or disease (prevention, quick treatment).
4. Freedom to express normal behavior (sufficient space, companionship).
5. Freedom from fear and distress (ensure conditions avoid mental suffering).

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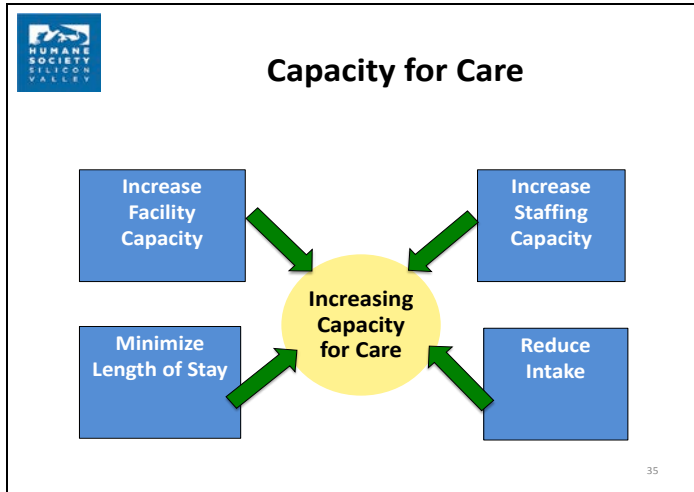
 **Case Study: Capacity for Care**

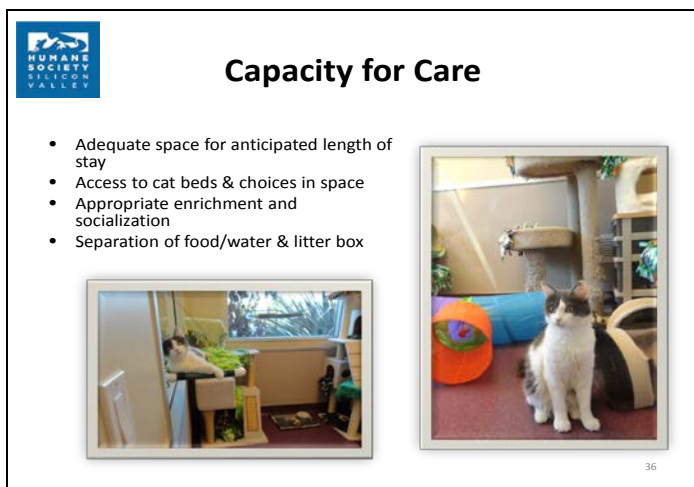
“Match the number of cats cared for at any one time with the capacity required to assure the Five Freedoms of Animal Welfare for all cats in the shelter.”

Five Freedoms SIX FREEDOMS

1. Freedom from hunger or thirst (adequate nutrition and fresh water).
2. Freedom from discomfort (provide appropriate comfortable environment).
3. Freedom from pain, injury or disease (prevention, quick treatment).
4. Freedom to express normal behavior (sufficient space, companionship).
5. Freedom from fear and distress (ensure conditions avoid mental suffering).
6. Freedom from euthanasia!

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Capacity for Care: Kitten Nursery



Capacity for Care: Bottle Babies



Capacity for Care: Community Cat Garden

**Capacity for Care:
Community Cat Garden**





- Post-adoption support: phone, email
- Transition support: kennel loan program

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**Capacity for Care:
Community Cat Garden**


- Successful Pilot
- Lots learned!
- Ongoing program refinement
- Staff favorite




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The Results


FELINE LENGTH OF STAY			
	2013	2014	% Change
Cats	34.3	28.1	18.1% ↓
Kittens	13.5	12.4	8.1% ↓
Combined	19.9	17.6	11.6% ↓



FELINE URI HOSPITALIZATIONS			
	2013	2014	% Change
URI Cases	145	123	15.1% ↓
% of hosp.	33.1%	29.9%	9.7% ↓
% of intake	5.4%	4.5%	16.8% ↓


FELINE LIVE RELEASE RATE	
2013	2014
84%	87%

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Change is Really Really Hard

- Total Team Effort:
 - Ideas and programs are a group effort
 - Not hung up on stats or numbers
 - Start small, gain momentum
- Total Buy-in From Everyone:
 - Get on the same page
 - Agreed on where we wanted to be
 - Set the vision and the goals
- Open Minds / Mild Discomfort:
 - Try something new, outside comfort level
 - Okay to not get it right the first or second time




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Transitioning to Shelter Medicine

- Leadership Commitment to Shelter Medicine
- Needs and Costs Associated with Animals Most at Risk
- Investment in Veterinarians' Continued Education
- Outreach to Community Veterinarians and Veterinary Schools


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Leadership Commitment to Shelter Medicine

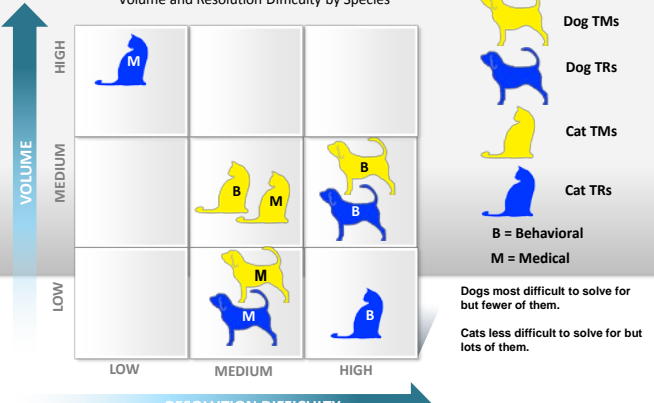
- Identify leadership capabilities and veterinary background of existing veterinarians and willingness to adapt
- Educate key stakeholders on value of shelter medicine and how that links to results
- Toe-in the water: Shelter medicine consult to identify opportunities

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Treatable Rehabilitatable/Treatable Manageable CHALLENGE

Volume and Resolution Difficulty by Species




- Dog TMs
- Dog TRs
- Cat TMs
- Cat TRs

B = Behavioral
M = Medical

Dogs most difficult to solve for but fewer of them.


Cats less difficult to solve for but lots of them.




Resources

- Association of Shelter Veterinarians:
www.sheltervet.org
- Guidelines for Standards of Care in Animal Shelters
www.sheltervet.org/assets/docs/shelter-standards-oct2011-wforward.pdf
- Koret Shelter Medicine Program at UC Davis
www.sheltermedicine.com
- Maddie's Shelter Medicine Programs
 - www.sheltermedicine.vetmed.ufl.edu
 - www.sheltermedicine.vet.cornell.edu
 - www.vet.purdue.edu/vcs/MaddiesFund
- Local Community Colleges – RVT programs

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The Journey Continues ...



THANK YOU!
ANY QUESTIONS?

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