



***In One Door and Out the Other:***  
***Practical Flow-Through Planning for Animal Shelters***  
**Live Webcast Audience Questions and Answers**  
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**1) Q: How important is medical isolation/quarantine at time of intake (in an open-admission facility)?**

**A:** “Isolation” and “quarantine” are two terms that are often (incorrectly) used interchangeably in shelters. They are two very different things; it is crucial to know the difference. An *isolation* ward houses ill animals; ideally, isolation has a separate entrance, along with its own staff, supplies and ventilation, minimizing any risk of contamination of healthy animals by fomites, including people. A *quarantine* ward houses animals that have potentially been exposed to a disease, but who are not showing signs; they are housed there for a period of time until they are deemed to be healthy.

Traditionally shelters effectively quarantined all animals at intake until they were deemed to be clear of infectious diseases – this could be up to 2 weeks. However, long quarantine times for animals that appear healthy at intake are not effective at keeping animals healthy or preventing disease. Therefore, now we advise that rather than quarantining healthy animals at intake for an extended period of time (7-10 days), we would prefer that they be carefully examined and screened at intake, given preventive care, and moved along to adoption or transfer whenever possible.

While *isolation* is critical to managing illness in the shelter, and *quarantine* is critical to managing animals that have been exposed to disease, neither of these should be the same as the intake ward where healthy animals are housed for the brief period in which they are being processed to the adoption floor or waiting out stray holds.

Both isolation and quarantine facilities are important in any shelter, including an open admission facility that will undoubtedly house animals with infectious disease or exposure to infectious disease.

**2) Q: What is the most difficult change to implement in your experience?**

**A:** A cultural shift – which I referred to multiple times in my webinar – is undoubtedly the hardest change to implement in any organization. It is really a wave that begins slowly with a few believers, and then grows as small successes turn into larger success. It may involve a change in thinking, or approach to problem solving. Especially when change involves a shift in job descriptions and activities, people fear that new ideas will result in worse outcomes or more work.

- 3) **Q: I am curious - approx 30% of responders here said that their shelter was not ‘at capacity’. Does that mean that they could actually take in more animals and not kill them, and that they are successfully adopting most intakes?**

**A:** Great question. Although I can’t say for sure what the case is for all of these responders, I am aware of several shelters that – with recently implemented improvements in flow-through planning and preventive care such as those discussed in my webinar – have actually found themselves in a position of having space and resources to take in additional animals, and have been successful in placing these additional animals. Their daily census has decreased so that they can humanely house, care for, and adopt out more animals than they currently have in-house. Members of some of these shelters were online for the webinar. These organizations currently import animals (even cats!) in order to increase their populations, increase their adoption potential, and decrease euthanasia in their surrounding communities. This is a great place to be!

- 4) **Q: Capacity Planning - How would you determine maximum occupancy for a communal cat room?**

**A:** While there are several ballpark guidelines for calculating occupancy for communal cat rooms, they are based on limited studies and information collected from lab animal medicine. Minimum calculations range from 11 to 18 square feet per cat up to 30 cubic feet per cat. I don’t know that anyone really has a magic number, but these provide a ballpark when looking at spaces. Even large rooms with more than 8 to 10 cats housed together tend to have more issues with interpersonal disagreements and points of stress. In addition to square footage, you need to also take into account numbers of litter boxes, feeding stations, etc. These items can be limiting factors even in a larger space.

When actually calculating maximum occupancy, I would take into account the size of the room, the availability of vertical spaces, the numbers and locations of litter boxes and feeding stations – as a starting point. Of course there are times when you have older cats, larger cats, and/or more ornery cats when your calculations will not represent the practical carrying capacity of that space.

- 5) **Q: Explain please what is wrong with housing animals in bathrooms?**

**A:** When it comes to private homes providing foster care, certainly an extra bathroom can be appropriate short term housing for a litter of kittens, etc. These rooms often work well in that setting as there is a sink in the room, and the means to clean the space appropriately – this benefits the animals and the humans involved.

In a shelter, a staff or public bathroom should be reserved for the humans, and not a site for housing animals. This is a public health issue as well as an animal welfare issue. Animals in bathrooms that are being used for humans are essentially exposed to all staff members daily, and not under the most sanitary or stress-free conditions. If the room is an extra bathroom, and has essentially been converted to an animal space with appropriate caging, a working sink and enrichment, then I would argue it is no longer the bathroom, but an isolation ward with a toilet!

☺ That of course assumes that there are other facilities for the people.

- 6) **Q: Where can we find the formula for calculating length of stay? We have several formulas; one is based on intake date and one on outcome date.**

**A:** In simplest terms, the length of stay (LOS) is the number of days between the intake date and the outcome date. Obviously, several factors influence the length of stay other than flow-through planning: stray holds, illness, time in foster care, etc., all play a role and extend LOS for valid, potentially uncontrollable reasons. For example, with PetPoint software, the LOS as calculated by the automatic report includes stray holds, foster care, and other valid reasons for prolonged stay; furthermore, it calculates an *average* length of stay which can be impacted by extreme outliers (i.e., the animal in foster care for a year, or bottle feeder kittens requiring 8 weeks of foster before adoption). Therefore, one needs to be careful when looking at these pre-generated reports, and take into account what one knows about the animals being represented. It is possible to pull these animals out of the data if you are willing to do some work by hand, or know someone skilled in Microsoft Access and Excel.

Consistency in calculating length of stay (however you are doing it) and then tracking the trend in your shelter is probably the most important and simple approach initially. Then as you get people on board who are excited about data, you may be able to get fancy and start calculating LOS by intake type (stray vs. owner surrender) or age group, eliminating foster care or other necessary holds, and even further distinguishing LOS at each stage of the process (holding, medical hold, adoption floor). This can be done by looking at LOS in a particular location.

- 7) **Q: How can we combat the “cost driven mentality” of shelter directors who think overcrowding & euthanasia is the way to run a shelter? In NYC, there is a shelter system where this is the SOP & isn’t open to change.**

**A:** Again, I would return to the idea of humane housing, and humane care. The ASV Guidelines for Standards of Care in Animal Shelters is a good place to start when examining issues of overcrowding and compromised care. Then I would turn to several excellent resources on “intake diversion,” including those on ASPCApro. Is your community actively designing and funding alternatives to animal surrender and abandonment? (i.e., subsidized spay/neuter, pet food pantries, pet friendly housing, TNR, etc.). With NYC’s Mayor’s Alliance, several proactive programs are seeking to reduce euthanasia of animals entering municipal shelters by transferring them to organizations where they have a better chance of finding placement. I truly believe that no one in animal welfare for the right reason wants to euthanize healthy and treatable animals if there are other *appropriate, humane* placements for them backed by necessary resources. The more we can grow humane alternatives – through proactive programs reducing intake as well as increasing placement – the more successful we will be at providing humane sheltering.

- 8) **Q: I am on the board of a large rescue and am a highly involved hands-on volunteer. I also have an MBA. I am desperately trying to determine capacity and urge them to slow down intake. We are always over healthy capacity because they are making emotional decisions and are so resistant to change. I am determined to help them so I need your help!**

**A:** It is always hard for one person to effect change, but it is possible. Sometimes it is a matter of exposing more people to the national conversation around shelter medicine and animal shelter issues, so yours is not the lone voice, but one of many! Furthermore, solid, evidence-based information from legitimate sources goes a long way in addressing emotional topics.

One way to begin is to propose a discussion group around the ASV Guidelines for Standards of Care in Animal Shelters; with an understanding of the intent and language of the document, it is possible to take it in sections for focused reading and discussion. Through this process, many shelters have been able to identify their own strengths and weaknesses and design step-wise strategies to address their own issues. There are also so many online resources now to help shelters like yours think through their challenges – perhaps holding a group viewing of a webinar from Maddie’s Institute<sup>SM</sup>, PetSmart Charities, or ASPCApro can start some good conversation and problem solving. Realizing that your shelter shares issues with other shelters that have been successful in addressing their overcrowding can take some of the emotion out of the decision making process.

**9) Q: What can you suggest for those shelters without the benefit of in house vets, surgery rooms, behaviorists, large staff, etc.? Our shelter is a long-term care shelter. We run on a shoestring budget and have very little funding.**

**A:** This is a difficult question to address without knowing more details about your particular organization. What I would say is that a long-term care shelter really needs to have a close relationship with a veterinarian and a behaviorist – when you are housing animals long-term or with chronic conditions, the shelter is essentially acting as an owner. Most of us in animal welfare expect owners would/should provide regular and/or ongoing veterinary care for the animals in their care, and therefore a shelter/sanctuary committed to long-term care is under an obligation to provide care as well. This is when organizational capacity is so important to consider. As stated in the ASV Guidelines, “Capacity to provide humane care has limits for every organization . . . and operating beyond an organization’s capacity for care is an unacceptable practice.” This includes behavioral and veterinary care, and an organization – especially one committed to long-term care – should only take on what their resources can fulfill. Obviously veterinary care can come in several forms – including volunteer and per diem work by local vets – but this needs to be reliable, regular, and to the level that the shelter residents require.

**10) Q: Do you have a recommendation for how much sacred time should be set aside for team daily rounds?**

**A:** This is a great question. I hesitate to throw out numbers, as every organization is different, but generally each animal should take no more than 1-2 minutes, tops. Some are much faster; others are slower. If you are doing it every day, you are not starting over with each animal’s story each day, but simply catching up on why that animal is still in the cage and confirming follow-up on issues. However, for some large shelters, even this rapid-fire approach can be unwieldy because they have so many animals. My rule is they have to try the model first, and then adjustments can be made to the process.

Here is an example of a modification. While the basic picture of daily rounds involves every animal, every day, with a consistent team, sometimes the size, mission, and organization of a shelter requires adaptation. For instance, an intake/holding building may have one daily rounds team, and an adoption center have another daily rounds team if the spaces are separate, and good “transfer” communication occurs between the two teams. This can work well, especially if good mechanisms are in place to move animals from intake/holding to adoption.

In my experience, every shelter will be opposed to daily rounds at first, and complain heartily for the first month until the routine becomes established and the benefits become apparent. These benefits include better communication, shorter lengths of stay, and healthier/happier animals. Stick with it, and it becomes very efficient – especially when people realize it is not going away!

**11) Q: Can you recommend a good chart layout that you like for easy recording on daily rounds?**

**A:** This may surprise you, but I tend to be a minimalist when it comes to charts and forms (I know, shocking!). If a shelter already has a checklist or log system in place for animals needing medical exams, surgery, behavior evaluations, foster care, or adoption promotions, it can help to have the various team members overseeing those activities bring their scheduling sheets and record items immediately. Some teams also use software scheduling programs, with wireless internet and a laptop that cycles with rounds. For a basic starter chart, there is an excellent example of the UC Davis Koret Shelter Medicine Site. See <http://www.sheltermedicine.com/node/387>

**12) Q: If one kitten in a litter dies of FIP, and the others appear healthy, what do you do with them?**

**A:** As you know, although there is a greater risk of a littermate developing FIP, many littermates of an affected kitten will NOT develop the mutation of the common coronavirus and will go on to live a healthy full life. For this reason, I usually recommend adopter education over euthanasia of littermates. If the littermates have already been adopted, I advise calling the adopters with the news and explain the risks. If the littermates are still in the shelter, potential adopters are counseled on the risks. Those kittens are monitored, and if they develop illness the shelter will take them back for confirmation and euthanasia rather than the adopter having to pay for evaluation at their veterinarian. This is a terrible disease, and I don’t know that there is any perfect approach with current testing methods, but I prefer not to euthanize exposed kittens unless they are demonstrating clinical signs of FIP.

**13) Q: How are adoption returns counted in capacity - as “new” animals?**

**A:** This is a good question, and can differ in shelters depending on their software and their internal methods of tracking data. Often, they are brought back in and counted as new animals with new ARN numbers, but then a return rate is also tracked. Defining an *adoption return* is important in terms of time elapsed since adoption and reasons for surrender, in order to evaluate whether a poor match was made, or if circumstances changed in the adopter’s life.

**14) Q: We hold our kittens in foster homes until they are old enough to get their rabies shot as well as being spay/neutered and microchipped. Should we get them in earlier for adoption and not hold them back for their rabies shot?**

**A:** I would not hold kittens back until 12 weeks of age (the most common minimum age for a rabies vaccination) unless there is an issue with state laws that contradict this recommendation. As far as I know, adoption is allowed at 8 weeks of age in all states, and I would encourage shelters to consider spay/neuter at 2 pounds/2 months, followed by moving those animals to adoption. The adopter should follow up with veterinary visits, including a rabies vaccination at the appropriate age.

**15) Q: Would it help to include a member of the volunteer & adoptions in daily rounds?**

**A:** I would absolutely include a member of the adoption team in daily rounds, whether it be a staff member or volunteer. Adoption promotions are critical to getting animals out of the shelter, and our adoptions staff member often uses our discussions in daily rounds to decide her social media posting of the day. In cases where foster may also be an important opportunity for an animal struggling in the shelter, foster personnel should also be included.