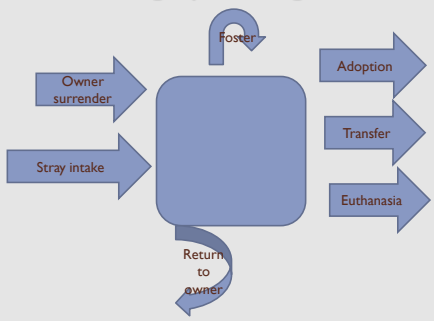
In one door and out the other: practical flow-through planning for animal shelters

Elizabeth Berliner, DVM
Director of Clinical Programs
Maddie's® Shelter Medicine Program at Cornell
March 15, 2012

Flow-through planning: the what



Flow-through planning: Who?

- Medical staff
- Behavioral staff
- Adoptions
- Operations
- Foster coordinator
- Intake staff
  - EVERYONE!

Flow-through planning: the what

- Can require a cultural shift
- Thinking of the shelter as a system
- Thinking of the shelter as a business
- Involves PROACTIVE population planning from the "systems," large-scale level to the individual level
- Involves full staff enrollment to be effective

Cultural shift

- "*Individuals and groups seek stability and meaning. Once achieved, it is easier to distort new data by denial, projection, rationalization, or various other defense mechanisms that to change the basic assumption. . . Culture change is difficult, time-consuming, and highly anxiety provoking.*"

Schein, EH. Organizational culture and leadership, 4th ed.

CAPACITY FOR CARE

From the Standards:

- *"Capacity to provide humane care has limits for every organization, just as it does in private homes…"*
- *"Effective population management requires a plan for intentionally managing each animal's shelter stay that takes into consideration the organization's ability to provide care …"*

Defining capacity for care

- Physical capacity
  - Number of appropriate housing units
- Care capacity
  - Number of staff and volunteers providing direct care
  - Capacity of in-shelter services (spay/neuter, behavior, foster)
- Adoption driven capacity
  - Number of animals available for adoption so as to maintain target LOS and meet adoption needs

Physical capacity

- Number of *appropriate* housing units …

NOT how many cages you have

Capacity assessment

Location	Holding Unit	Recommended Occupancy Per Holding Unit	Maximum Occupancy All Holding Units	Maximum Capacity Per Room
Cat holding	26 Small Cages	1 Cat / Up to 2 Kittens	26 Cats / 52 Kittens	
	12 Medium Cages	1 Cat / Up to 3 Kittens	12 Cats / 36 Kittens	46 Cats or 108 Kittens
	4 Large Cages	Up to 2 cats / 5 Kittens	8 Cats / 20 Kittens	
Infirmary 1	8 Small Wire Cages	Up to 2 Kittens - No Cats	16 Kittens	
	15 Small Cages	1 Cat / Up to 2 Kittens	15 Cats / 30 Kittens	17 Cats or 52 Kittens
	2 Medium Cages	1 Cat / Up to 3 Kittens	2 Cats / 6 Kittens	
Infirmary 2	2 Small Wire Cages	Up to 2 Kittens - No Cats	4 Kittens	
	5 Medium Wire Cages	1 Cat / Up to 3 Kittens	5 Cats / 15 Kittens	23 Cats or 64 Kittens
	9 Large Cages	Up to 2 cats / 5 Kittens	18 Cats /45 Kittens	

Capacity assessment

Location	Holding Unit	Recommended Occupancy Per Holding Unit	Maximum Occupancy All Holding Units	Maximum Capacity Per Room
Cat holding	26 Small Cages	1 Cat ~~/ Up to 2 Kittens~~	26 Cats ~~/ 52 Kittens~~	
	12 Medium Cages	1 Cat ~~/ Up to 3 Kittens~~	12 Cats / ~~36 Kittens~~	18
	4 Large Cages	Up to 2 cats ~~/ 5 Kittens~~	8 Cats ~~/ 20 Kittens~~	
Infirmary 1	~~8 Small Wire Cages~~	~~Up to 2 Kittens - No Cats~~	~~16 Kittens~~	.
	15 Small Cages	1 Cat / Up to 2 Kittens	15 Cats / 30 Kittens	11
	2 Medium Cages	1 Cat / Up to 3 Kittens	2 Cats / 6 Kittens	
Infirmary 2	~~2 Small Wire Cages~~	~~Up to 2 Kittens - No Cats~~	~~4 Kittens~~	
	~~5 Medium Wire Cages~~	~~1 Cat / Up to 3 Kittens~~	~~5 Cats / 15 Kittens~~	9
	9 Large Cages	Up to 2 cats / ~~5 Kittens~~	18 Cats ~~/45 Kittens~~	

Physical capacity

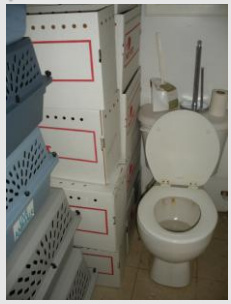
- Number of *appropriate* housing units . . .

NOT how many cages you have

You can do this too!!

Thanks to Dr. Denae Wagner and the crew at UC Davis for the plans and inspiration

Full disclosure: my personal pet peeves



Raise your hand if you've done this too!!

Care capacity

Time for care (min) X # of animals = Required capacity for care (min)

- Compare this to how many minutes of staff/ volunteer time you actually allot for direct animal care.
- Are you meeting basic needs? What about enrichment needs? Are there differences throughout your system?
- Your required capacity for care should meet minimal standards for the # of animals in your care
  - HSUS and NACA minimal requirement is 15min/day – includes only feeding and cleaning

Some basic truths…

- Capacity is inversely related to length of stay
  - Decreasing your length of stay increases your capacity
- You CAN impact your length of stay
  - Shorter stays
  - Healthier animals, physically and behaviorally

Capacity is directly related to length of stay

Daily intake (animals/day) x LOS (days) = daily inventory (animals)

Daily intake (animals)	LOS (days)	Daily population
10	5	50
10	10	100
10	20	200

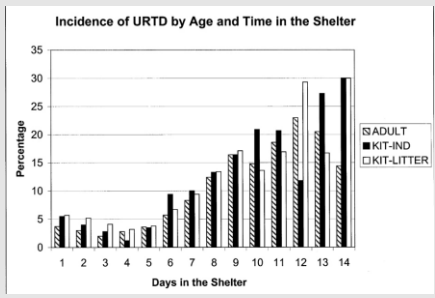
Sincere thanks to Dr. Sandra Newbury for continuing to teach us math in the real world!

Capacity is directly related to length of stay

Sometimes it is useful to think of it in terms of animals served (daily intake)

Daily Capacity (cats)	LOS (days)	Daily intake (cats)
100	5	20
100	10	10
100	20	5

LOS and health are also related

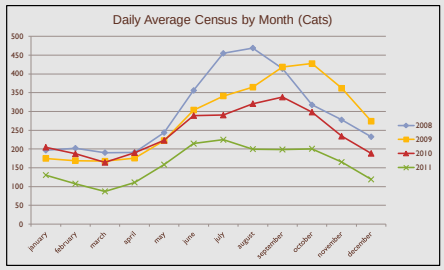


Dinnage, JD, Scarlett JM, Richards JR. 2009

Goal setting

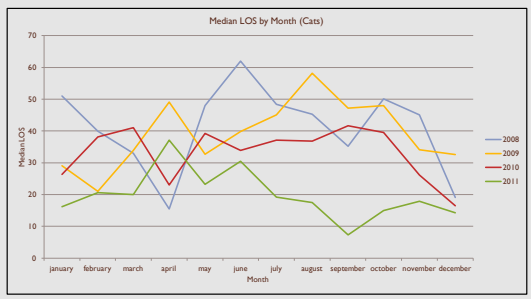
- Use data to set goals
- Prioritize those goals
- Don't be surprised if one change affects multiple goals
- Celebrate your successes
- Don't expect overnight success

Goal: reduce the average daily census

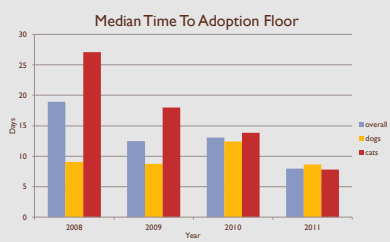


Open admission, adoption guarantee facility

Goal: reduce median LOS

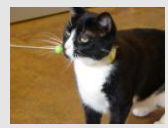


Identify bottlenecks in flow-thru
Reduce time to adoption floor



Goal setting also speaks to rewards

- Define your targets
- Define your players
- Report on progress
- Be ready to re-evaluate
- Don't give up too soon!!



Where are the bottlenecks in the system?

SELF-ASSESSMENT

Adoption bottlenecks

- Problem area: adoption areas always full, with animals waiting
  - Can you increase adoptions?
  - Are animals in adoption ready to go?
    - Are they waiting for s/n after adoption, or delayed adoption procedures?
  - Do you have enough of the right people working in adoptions?
  - Are you in the ballpark of your ideal adoption capacity?

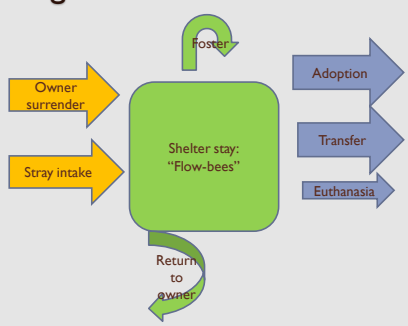
In shelter bottlenecks

- Problem: Adoption areas empty, while holding is backed up
  - Spay/neuter surgeries
  - Behavior evaluations
  - Medical evaluations
  - Intake exams
  - Stray holds
  - Illness
  - Foster

- Ironically, this can lead to adoption failures, as there are not enough animals to choose from

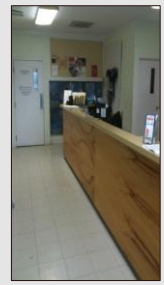
STRATEGIES FOR IMPROVING FLOW-THROUGH

Strategies



Counseling at surrender as a focus





Proactive management of owner surrenders

- Surrender by appointment
- Foster to surrender or adoption programs
- Re-homing resources
- Pet friendly housing resources
- Behavior resources in the community
- TNR/ Community cat programs
- Pet food pantries, subsidized veterinary care

Proactive management of return to owners

- Make Pet ID a mission
  - Offer microchip/ collar and tag programs
  - Weisse E, Slater MR, Lord LK 2011.
    - Free collar and tag at adoption
      - 94% still wearing at follow-up (mean 8 weeks)
      - 5% had lost pet and regained because of the tag
- ACOs scan for a microchip
- Use technology and social media

Proactive management of strays

- *Open selection*: Putting likely to be adoptable strays in public view
  - "Like me? I'll be available on ____"
- Changing legislation to re-define litters and puppies of kittens
- Perform behavioral evaluations during stray hold
- Vaccinate strays at intake for infectious diseases common in the shelter

Corralling those foster animals

- Track foster care inventory via software, shelter statistics
- Pro-active planning for foster needs – anticipate monthly intake
  - # of foster homes, # of litters, LOS in foster
- Rechecks, and schedule for surgery at 8 weeks of age

Reducing in-shelter delays

- Intake exams including
  - Preventive medicine
  - Risk assessment
  - Pathway identification
  - Proactive planning
- Stress/health management for healthy populations
- Daily population management rounds
- Timely behavior evaluations
- Proactive medical treatments
- Meeting spay/neuter needs

Proactive intake procedures

- Vaccinate AT INTAKE for common infectious diseases
  - Modified live (or recombitant) vaccination
  - (Almost) all animals
- Train staff to screen for infectious disease
  - Ringworm, URI, etc

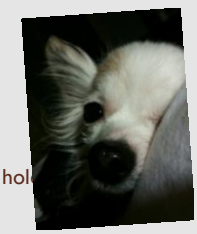
Intake exams

- Vaccinate all animals *on intake* for common infectious diseases
  - Modified-live (or recombitant_ vaccines
  - Few exceptions
- Microchip scanning/ pet descriptions
- Risk assessment – disease ID
  - Veterinary intervention ASAP
- Pathway planning
  - Sprinters
  - Distance runners

Pro-active stress/health management

Appropriate housing
- Sick animals: isolation
- Stray-hold
- Species separate
- Ages separate

- Enrichment, especially in hol areas
  - Worst areas
  - Sanitation, illness, stress
- Treatment/ assessment protocols
- Proactive medical treatments



Timely behavior evaluations

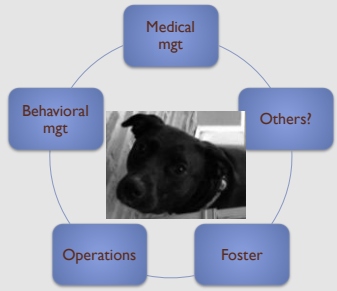
- When?
  - At intake?
  - During stray hold?
  - After stray hold ends?
- Who?
  - Appropriate staffing and training
- How?
  - Efficiency planning

Daily Rounds

NOTE: this is not the same as medical rounds, inventory, or duck-duck-goose

- Team approach to problem solving where the individual care meets population management

Daily Rounds: the players



Daily Rounds: The skinny

- Physical walk-through the shelter with a stop at each cage
- Examine
  - Who are you?
  - What condition are you in?
  - What do you need right now?
  - What is the plan for you?
  - What can we do TODAY to facilitate that plan?

Patient 1

- Who are you?
- What condition are you in?
- What do you need right now?
- What is the plan for you?
- What can we do TODAY to facilitate that plan?

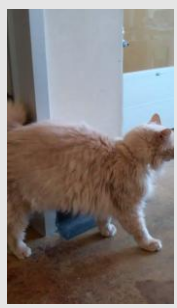
Patient 2

- Who are you?
- What condition are you in?
- What do you need right now?
- What is the plan for you?
- What can we do TODAY to facilitate that plan?

Patient 3

- Who are you?
- What condition are you in?
- What do you need right now?
- What is the plan for you?
- What can we do TODAY to facilitate that plan?

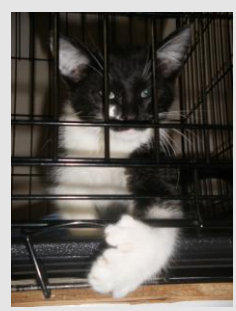
Patient 4



- Who are you?
- What condition are you in?
- What do you need right now?
- What is the plan for you?
- What can we do TODAY to facilitate that plan?

Daily Rounds Helpful Hints

- Sacred time
- Efficient movement
- Stay on task
- Creation of a task list/ action items
- A system: color-coded cards, stickers
- Designate a leader
- Act now



The Checklist Manifesto by Atul Gawande, MD

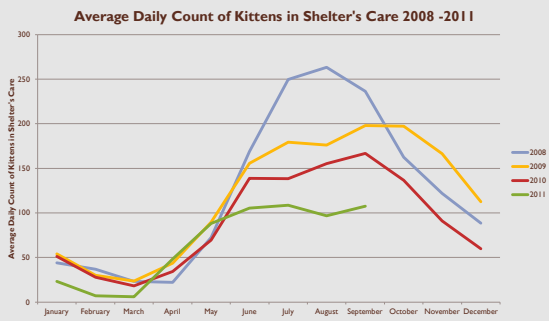
- Information overload
- Complexity
- Checklists decrease mistakes by individuals
  - NOT protocols or prescriptions
  - Reminders
  - First is often a communication point

Unexpected consequences

- *Atul Gawande, re: Pre-surgical checklists*
  - *"We surmised that improved communication was the key. Spot surveys of random staff members . . . did indeed report a significant increase in the level of communication. . .The greater the improvement in teamwork, the greater the drop in complications . . ."*
- *Cultural shift can occur when you least expect it*

How do the numbers really help you? The Case of the Annex

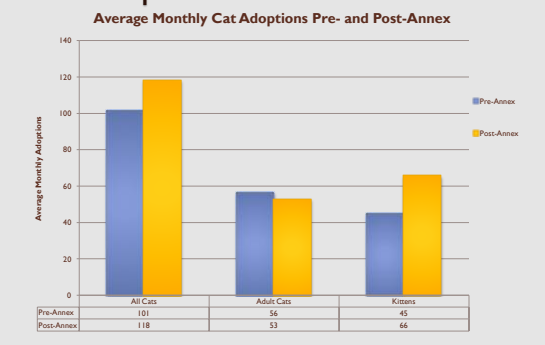
Average daily count: Kittens



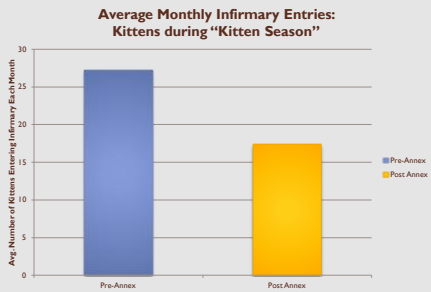
Background

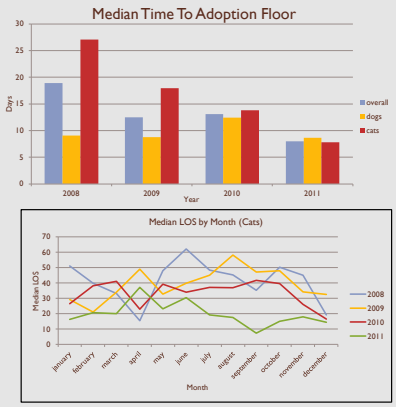
- Prior to the opening of the Annex in 2009, no kitten-specific housing in adoption center
  - Cages in lobby; communal rooms
  - Rooms of kittens, often mixing litters
  - Public moved from room to room freely
- Overloaded kitten foster system
- Many sick kittens in shelter and foster

Adoptions

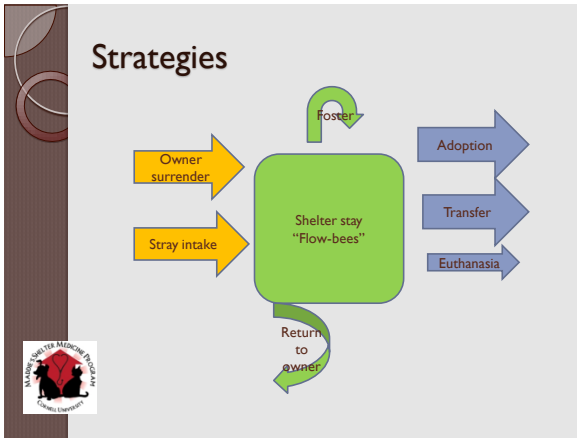


Infirmary entry



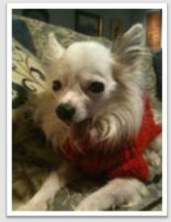


Strategies



Thank you . . .

- Maddie's® Fund and Dr. Laurie Peek
- Dr. Jan Scarlett
- Dr. Michael Greenberg
- Drs. Kathleen Riley, Kate Gollon, and Nicole Putney
- Dr. Sandra Newbury
- Drs. Kate Hurley and Denae Wagner
- Frohman Lee



References

1. Schein, EH. Organizational culture and leadership, 4th ed
2. Newbury et al. *ASV Guidelines for Standards of Care in Animal Shelters.* Avail at www.sheltervet.org
3. Koret Shelter Medicine Program, UC Davis. Calculating shelter capacity. Avail at www.sheltermedicine.com/documents/calculating-shelter-capacity
4. Koret Shelter Medicine Program, UC Davis. Cate Cage Modifications. Avail at http://www.sheltermedicine.com/search?keyword=cage+double&op=allwords&tid_keyword=&tid=All
5. Dinnage, JD et al. Descriptive epidemiology of feline upper respiratory tract disease in an animal shelter. *J Fel Med Surg* 2009; 816-825.
6. Lord LK et al. Characterization of animals with microchips entering animal shelters. *J Am Vet Med Assoc* 2009;235:160-167.
7. Lord LK et al. Evaluation of collars and microchips for visual and permanent identification of pet cats. *J Am Vet Med Assoc* 2010;237:387-394.
8. Weisse, E et al. Retention of provided identification for dogs and cats seen in veterinary clinics and adopted from shelters in Oklahoma City, OK. *Prev Vet Med* 2011;101:265-269.
9. Gawade, A. The Checklist Manifesto.

Related resources I may have mentioned

- Adoption promotions
  - Webinars http://www.aspcapro.org/upcoming-webinars.php
- Intake diversion
  - ASPCA "ID ME" at aspcapro.org
  - Richmond SPCA resources, also at aspcapro.org
- Intake Exams

DiGangi, B. The first 60 minutes: Animal shelter's critical hour. Avail at www.maddiesfund.org/Resource Library/The_First_60_Minutes.html