



Why Policies and Procedures Will Help Your Hospital Succeed

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INTRODUCTION

In my previous role as a technical services veterinarian, I visited an average of 20 veterinary hospitals per week. Within most hospitals, I frequently observed a lack of clearly defined policies and procedures. Each employee was doing his or her best to get a job done, often contradicting the recommendations made by different team members during previous client visits. In some cases, the recommendations were undermined by fellow team members in the same visit, such as the time when a technician recommended wellness bloodwork for a three-year-old dog. When the veterinarian engaged the client in conversation, the veterinarian said, “Your dog is young, you don’t need to do bloodwork now”. I do not believe that the veterinarian deliberately sabotaged the veterinary technician’s efforts, but this exchange had the negative effect of demoralizing the technician thereby impacting her effectiveness and credibility.

As a consultant that works closely with veterinary teams, I see the real impact that a lack of clearly defined policies and procedures imparts. It is disruptive not only to a hospital’s culture, but also to the client/hospital relationship. When team members provide conflicting

information and recommendations, the client is often confused and frustrated. A key finding in the 2015 AAHA State of the Industry report revealed that effective communication was essential in client retention, with 3 of 10 clients stating that they had left previous practices due to ineffective communication and customer service issues.¹

Why aren't hospitals better at defining policies and procedures? I don't believe leaders consciously decide *not* to have clear guidelines; the lack of defined processes evolves due to passivity and lack of awareness. In other words, no one is steering the boat!

Implementing clearly defined policies and procedures will:

- Build teamwork and increase team member job satisfaction.
- Provide a coherent framework for team and client communications.
- Allow veterinary hospitals to perform "best practices" medicine.
- Establish clear expectations for veterinary team members in how they do their jobs.
- Serve as training tools for new employees, both doctors and animal health care team members.
- Help to support a defined hospital culture.
- Provide a process for reviewing what is working well and what could be even better yet.
- Provide a consistent client experience.

Developing Guidelines

While establishing written processes might seem overwhelming, it is not difficult once the commitment is made. I advise my clients to initiate the development of guidelines by answering the following questions:

"Policies and procedures are needed throughout the entire hospital."

Where would guidelines be most helpful?

Policies and procedures are needed throughout the entire hospital. I counsel my clients to start in departments where there is a noticeable lack of consistency. Examples of high yield areas that quickly show positive results of consistent processes that are easy to implement include:

Customer Service Representatives:

- Client communication such as standardized phone greetings and how medical questions are handled.
- Protocols that teach how to establish relational interactions, rather than translational ones (for more information regarding this process,

please reference the article by Wendy Hauser, DVM “*How Much Is a _____?*” *Creating Relational vs. Transactional Interactions*).

- How future appointments are addressed. Strategies for implementing the forward booking of are available in the article “*Forward Booking Appointments: Is Your Practice Benefiting?*” by Dr. Wendy Hauser.

Examination Room Communication:

- Preventive care recommendations.
 1. Clearly define what diagnostic services are to be offered to each pet. This may be based on age categories such as less than one year, one to seven years, seven or older or for dogs, breed based on size (toy, small, medium, large, giant) and breed specific diseases.
 2. What are the hospital’s vaccination recommendations? How are they communicated to clients? Where are vaccinations administered on the body of the pet and how is that documented?
 3. What client education is discussed at each visit? How is consistency ensured (via a checklist? Electronic medical record prompts?)
 4. What are the hospital’s recommendations for parasiticides such as prophylactic deworming, heartworm preventives and flea/tick preventives? How are these communicated with the client?
 5. How do clients know when they are to return for their next visit? Is it documented in the medical record, on an invoice, or as a future appointment scheduled?

- Estimates for additional services:
 1. When are estimates for additional services provided?
 2. Whose responsibility is it to make the estimate? Are there “canned” estimates for commonly performed services available?
 3. Who presents the estimate to the client?
 4. How are the additional services scheduled? In the examination room? At the reception desk before the client leaves the hospital? Are callbacks to remind clients to schedule the services entered in the computer? Who calls these clients to remind them to schedule the procedures?

“ Clearly define what diagnostic services are to be offered to each pet. ”

I recommend asking animal health care teams where they feel there is confusion or variability. This technique is a great way to begin to build consensus and consistency. Additional benefits are the buy-in and emotional investment of the team in improving the overall hospital operations.

Who designs policies and procedures?

For policies and procedures to be embraced, I believe that they need

to come from the stakeholders. In my hospital, medical protocols were designed by the doctor team. Technicians and assistants were crucial in identifying and solving communication challenges in the examination room as well as defining expectations in other hospital sections such as hospitalized patient care, anesthesia, surgery and dentistry. I depended heavily on my manager and on the customer service representatives to design methods to optimize the client experience during appointment scheduling, checking in and the invoicing processes.

All newly created policies and procedures were reviewed by the hospital leadership team. Once the methods were fine-tuned, the new guidelines were discussed, and training occurred during staff meetings.

How do I manage these guidelines?

Policies and procedures are dynamic documents. As medical recommendations change and client expectations evolve, so must your hospital processes. The documents should be reviewed and updated annually by the stakeholders in the hospital to ensure that they still achieve the desired objectives.

Another time to modify practices would be if there is an adverse event. Investigate the situation and critically dissect the failure. It

" As medical recommendations change...so must your hospital processes. "

is important to not assess blame during this process and to seek input from those close to the situation. The goal is to determine a process to avoid repeat events. In a team meeting, acknowledge the event and outline steps to prevent future recurrences.

What resources are available?

There are many resources available that help in the design and implementation of hospital processes. Below are some of my favorites:

AAHA

The American Animal Hospital Association (AAHA.org) excels at creating and updating standards that are geared toward developing excellence in every part of a veterinary hospital. My favorite resources include:

- Sample Protocols:
 1. <https://www.aaaha.org/accreditation--membership/aaaha-standards/protocols/>
 2. <https://www.aaaha.org/about-aaaha/media-room/press-release-list/implementing-preventive-care-protocols-2019/>
- Guidelines and Toolkits: <https://www.aaaha.org/aaaha-guidelines/what-are-aaaha-guidelines/>

NASPHV Compendium of Veterinary Standard Precautions, 2015

This recently published compendium is a valuable document in designing policies and protocols regarding veterinary occupational health and safety:

<http://avmajournals.avma.org/doi/abs/10.2460/javma.247.11.1252>

Example Guidelines

How Do You Manage a Coughing Dog?

With cases of H3N2 canine influenza virus now diagnosed nationwide this is an ideal time to design a hospital policy that addresses infectious disease control in patients presenting for examinations. A sample protocol is below:

“Your Animal Hospital” Outpatient Contagious Disease Control Policy

“Your Animal Hospital” will utilize the following protocol to reduce the spread of infectious disease when potentially contagious animals are presented for physical examination:

1. Client Communication

When the Customer Service Representative (CSR) schedules an appointment for an ill animal, the CSR should ask if the patient is showing any signs of respiratory illness such as coughing or sneezing. If the client answers “yes”, then:

- A.** The appointment should be “flagged” as a potentially contagious dog in the appointment schedule.
- B.** The clients should be instructed to wait in their car when they arrive at the hospital and to call the CSR to announce their arrival.
- C.** The CSR then informs the technical staff that a potentially contagious pet has arrived and is safely confined in the client’s car, awaiting the staff member to escort them to the appropriate examination room.
- D.** All financial transactions are handled within the examination room, so that the client does not interact with and inadvertently transmit infection via fomites to any waiting clients or patients.

2. Handling the Potentially Contagious Patient

A. Health Care Team

- Prior to the examination of the pet, the health care team members involved in the care of the patient should don appropriate protective attire, including long surgical gowns to cover as much of their clothing as possible and shoe covers.
- All potential equipment, including venipuncture supplies, should be placed in the room prior to the introduction of the patient.
- Every effort should be made to minimize leaving the room once the patient has been introduced.
- Health care team members should remove and discard their shoe covers into a specific “contagious disease” trash bag immediately prior to exiting the room, donning new shoe covers before re-entering the room.

B. Facility

- An examination room should be designated to be used when potentially contagious animals are examined. This room ideally has a unique entrance; if not available, then the room closest to the entrance should be used.
- The client and patient should be escorted through a preferably empty hospital lobby into the examination room. If the patient is small enough it should be carried into the examination room. If the patient is unable to be carried, a team member should follow the patient through the lobby and disinfect the path the patient took to enter the examination room. A “caution-wet floor” sign must be erected to protect against human falls.
- If possible, the patient should be placed directly onto the examination table and kept there throughout the entire in-hospital examination.

C. Examination

- The examination should be conducted within the confines of the examination room. If any diagnostic samples are to be collected, they should be collected while the patient is in the room.
- The exception to the above would be radiographs. If necessary to relocate the patient for radiographs, please refer to the “Inpatient Infectious Disease Control Policy” for safeguards and processes.
- Upon completion of the physical examination and diagnostic sample acquisition, treatment recommendations and invoicing, the client and patient should exit the facility in the same way they entered, with the same precautions taken.
- Appropriate and frequent hand washing measures should be taken during and after the examination and prior to leaving the room.

D. Disinfection

- The doctor and team member should remove all protective including the examination gowns and discarding the shoe covers prior to exiting the room, placing the gowns into a separate bag which will be taken to the laundry and immediately laundered after cleaning of the room.
- The team member that assisted in the examination should be responsible for thoroughly disinfecting the room, after donning a clean surgical gown. All surfaces including tables, chairs, floors, sinks/handles, walls and cabinets (top and sides) and doorknobs should be thoroughly cleaned with a broad spectrum bactericidal and virucidal spray and paper towels. All equipment used in the exam will be cleaned and disinfected as well, including stethoscopes, computer keyboards, etc. Items that are porous or non-cleanable must be discarded. The mop head used to apply this solution to flooring is removed and soaked in a bleach solution before washing or discarded.

ABOUT THE AUTHOR



Wendy Hauser, DVM is AVP, Veterinary Relations, Crum & Forster Pet Insurance Group. In 2015, she established Peak Veterinary Consulting, after working as an industry Technical Services Veterinarian. With a DVM from OK State, she has practiced for 30+ years as an associate, owner and relief veterinarian. She is highly engaged in AAHA leadership and currently serves as the AAHA Delegate to the AVMA House of Delegates. She is the co-author of "The Veterinarian's Guide to Healthy Pet Plans."

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REFERENCES

¹https://www.aaha.org/graphics/original/professional/resources/library/aaha_state_of_the_industry_2015_fact_sheet.pdf

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