THE WELLCARE DILEMMA

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Wellcare is the best HAB activity available
to the companion animal practice.
Dr. Tom Cat

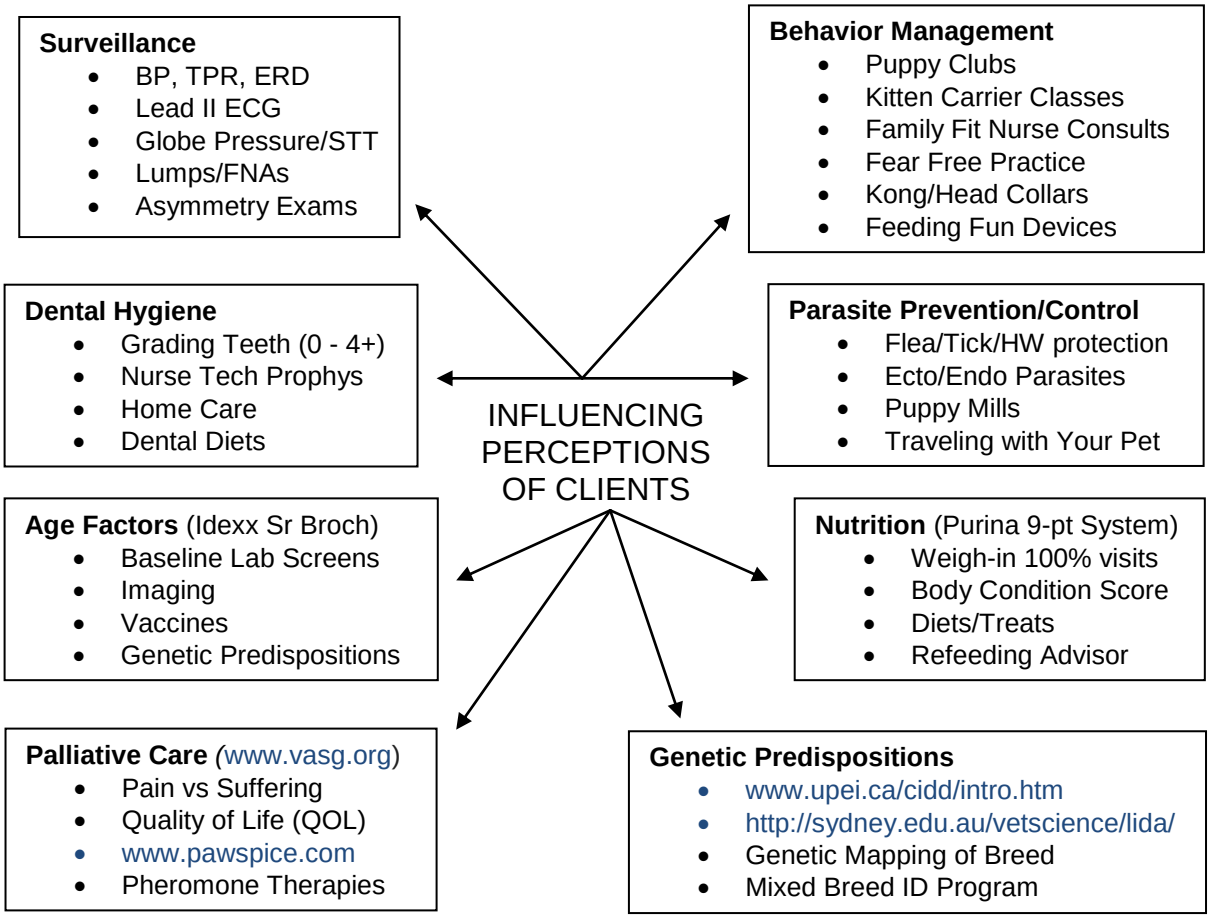
I have been promoting HAB wellcare since I discovered the Delta Society (I am a charter member and Dr. Leo Bustad was the man who introduced the term Human-Animal Bond). I have been in a couple thousand veterinary practices, and the one constant is the excuse for why they are not pursuing the HAB activities.

- First, medical directors and associates were trained to fix "broken animals" in veterinary school - academics are board certified in fixing specific systems of "broken animals" - well care has NOT usually been pursued in the hallowed halls of academia.
- Second - veterinary practice management software has only recently started to track certain elements of well care delivery, but has not yet differentiated nurse technician consults from veterinarian consults - dentists did this long ago for their hygienists (e.g., 9 t0 15 columns in appointment log per dentist), to include differential pricing, but our veterinary software vendors seem stuck in the past of production medicine (e.g., single column appointing per doctor).
- Third - practice administrators/managers have not determined how to track procedures (since most all software systems are $$ heavy in their tracking systems), and tracking nursing procedures is beyond their thought process since it is often ignored by the practice's medical director, as well as the veterinary practice management software.
- Fourth - Associations are still promoting continuing education programs heavy in "fix the broken animals", and usually require board certification of their speakers, who are specialized in fixing "broken animals", even if it is rare case that is being presented.
- Fifth - the practice manager does not force the medical director to accept that the majority of the front door swing is caused by clients wanting to keep their companion animals healthy, does not set up a tracking system to prove it to the veterinarians, and seldom sets up a recognition system based on proactive client relations by the nurse technicians.

I WROTE THE BOOK!

A dozen years ago I wrote the text, *Promoting the Human-Animal Bond in Veterinary Practice* . . . it was my 10th text . . . my editor had been telling me it was not a popular concept . . . and it was immediately requested by Brazil for translation . . . and it sold out faster than any other text I had ever written . . . but the new publisher (old one was bought out) decided not to do a reprinting, so I got the rights back, and had the VIN PRESS publish the second edition (circa 2009) . . . and VIN then put it into the VIN Library for FREE download, as the companion piece for *The Practice Success*

Prescription: Team-based Veterinary Healthcare Delivery (also a free download text in the VIN Library, circa 2008). Most well care is best done by the trained nurse technician after referral from the attending veterinarian (but that training is also a weak point in most practices, so TRAINED TO TRUST has been neglected as a practice culture benefit). In my seminars, I use a "spider diagram" to show the key well care programs possible (there are more than core 8 programs, but we have to start somewhere when doing seminars):



The most interesting thing about the above eight programs, they start with a referral by the attending veterinarian to a trained staff member, and that nurse technician then assumes the role of healthcare provider for surveillance, as directed by the veterinarian. Sure, most semi-annual Life Cycle Consults are attended by the veterinarian, but as the client-patient-practice bond increases, the doctor time decreases and the nurse technician time increases. The Nurse Technician has the job of sharing good news, or stating, "*I am glad we caught this now, we need the veterinarian to look at this!*"

WHERE IS THE DILEMMA?

The first challenge is practice mindset - when can staff be valuable veterinary extenders (e.g., Saturday morning overfilled reception room). This is leadership in action, and there are three separate monographs in the VIN Bookstore.

The second challenge is training to a level of trusting the staff member - this takes time and a systematic plan (e.g., we use the self-directed, 90-day four-phase system, for *Orientation & Training*, the monograph is available in the VIN Bookstore).

The third challenge is building a mutual respect with small outcome-based projects, where the staff member is trusted, the effort is recognized, and the completion is celebrated publically. If ideas are needed, there is a free text for download in the VIN Library, with 26 plug-n-play type appendices, *Promoting the Human-Animal Bond in Veterinary Practice*.

The fourth challenge is identifying program accountability and jointly defining the outcome expectations, milestones, and measurements of success. Again, the staff member is trusted, the effort is recognized, and the completion is celebrated publically. There is a 500-page, 18 appendices, text available for free download in the VIN Library, *The Practice Success Prescription: Team-based Veterinary Healthcare Delivery*.

The fifth challenge is the hardest, establishing a clear Standards of Care for Risk Level 1 patients (young healthy animals), and ensuring there is 110% support and consistency by all providers, including the owner(s) [there is a monograph available in the VIN Bookstore]. Clinical freedom starts with Risk level 2, yet requires detailed and complete medical record plans before the primary provider departs for the evening.

The sixth challenge is routine self-assessment and target action (goals/objectives) planning, preferably at 90-day intervals . . . this starts the innovation engine . . . the *Performance Planning* monograph is available in the VIN Bookstore.

When I do a year-long consultation, we can usually resolve most of the dilemmas that cause stumbling blocks in the practice culture evolution. But that is the challenge of the practice leadership: creating a culture that nurtures motivation, provides for the pursuit of happiness, and instills pride and confidence at every level of the practice staff. The traditional control-centered veterinarian must give way to the pursuit of UNCOMMON LEADERSHIP, developing people through work rather than just getting work done through people.

Quick test: get a ladder and start changing a light bulb, see who comes to supervise or give directions . . . these are the control-centered people of the practice. I have had one practice where the fluoro tube ballasts were kept locked away in the doctor's desk . . . the apogee of control!

SOC-based Test: Track referral rates to nurse technicians by veterinarians for a few factors from the SOC, such as weight surveillance, deferred dental, quarterly STT surveillance, or just prescription adherence (compliance is internal to the practice team, while adherence is what clients do when told something is needed/expected).

If your manager says "the software cannot do this", you have another problem, since a small spiral notebook in the pocket of each nurse, with a column for each doctor, could be maintained and summarized at the end of each month for each referral program being tracked.